

**Professional identification in student experience:
perspectives from occupational therapy
and physiotherapy courses**

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Abstract

This research explores the student experience and formation of a professional identity on undergraduate and postgraduate occupational therapy and physiotherapy programmes at Hillside University. In my administrative role, I was aware that the student experience on these programmes did not reflect the typical “college experience” associated with transitions into student and campus life and then towards qualification. These health profession students make simultaneous transitions into higher education, and into a profession through practice placement settings where they learn skills and work alongside health professionals. Thus, they navigate between two worlds of very distinct modes of learning and socialisation, with the shared objective of a professional qualification and career.

Using a phenomenological approach, the study explores those transitions through the subjective eyes of the participants. Data was gathered using semi-structured interviews with first and final year students on both UG and PG professional courses over one academic year, offering a longitudinal perspective and revealing students’ personal experiences of the formation of a professional identity through learning and socialisation.

The study reveals how students engage less in traditional student activities due to anticipated periods on placements, and some non-standard start dates, and how students develop a strong focus on their learning and close cohort and peer groups bonds. The research found that as practice placements were experienced, students became more engaged with their future professions in the placement contexts, and also more distant with the university and its conceptualisation of a learner’s identity.

These aspects of student experience could be further explored, with more pre-registration health courses being developed and increasing numbers in the Health Faculty on programmes with placements, it is important for the HEI to recognise this and ensure these student perspectives are considered.

Abbreviations and Terms

COT	College of Occupational Therapists
CRB	Criminal Records Bureau (now DBS)
CSP	Chartered Society of Physiotherapy
DBS	Disclosure and Barring Service (formerly CRB)
EBL	Enquiry Based Learning
HCPC	Health and Care Professions Council
HPC	Health Professions Council
HEI	Higher Education Institution
IPL	Interprofessional Learning
ODP	Operating Department Practice
OT	Occupational Therapy *
OTA	Occupational Therapy Assistant
PBL	Problem Based Learning
PG	Postgraduate
PSRB	Professional Statutory and Regulatory Bodies
PT	Physiotherapy *
PTA	Physiotherapy Assistant
UG	Undergraduate

* Where used in quotations from students “OTs” or “PTs” will refer to occupational therapists or physiotherapists respectively and, depending on context, they may be referring to students or health professionals. Students also use “physio” as an abbreviation for physiotherapy or physiotherapist depending on context.

Terms

Fieldwork	Practice Placement
Fieldwork Educator	Practice Educator
Fieldwork Education	Practice Education
Supervisor	Practice Educator

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Professional identification in student experience: perspectives from occupational therapy and physiotherapy courses

Chapter 1 Aims, Introduction and Context

1.1 Aims of the research

In recent years the subject of student satisfaction and the importance of the student experience in the Higher Education sector has risen high on the agenda, in part due to student surveys and league tables and the need to compete in the market to attract student numbers. This study was therefore timely, as it aimed to explore the student perceptions of their experience progressing through one academic year of study on health professional programmes in either physiotherapy (PT) or occupational therapy (OT), on the undergraduate (UG) or postgraduate (PG) route to qualification. The students on these programmes entered the Higher Education setting not only to qualify with a degree, but also to become a qualified health care professional with a focus on their professional identity and future career.

The aim of this research was to gain an insight and understanding of how individuals' perception of their career choice, and how their engagement with learning and other dimensions of their learner's experience, evolved along their student journey. I hoped to see how students anticipated and experienced transitions into different learning contexts during their course, as they were not only based in the university learning environment, but also involved periods of practice placements in a variety of professional settings with their values and specific patterns of assessment and recognition. The initial literature search revealed little previous research written purely from the student perspective of those multiple transitions, especially in allied health profession courses and the intention was to explore this gap in knowledge.

At the time this research started, my role in the HEI institution was as a senior administrator working with the postgraduate programmes in the Health Faculty, and I had previously worked in an administrative role with the undergraduate programmes, which had given me

an insight into the running and structure of both programmes. I had always been interested in the student experience on these programmes and this was an opportunity to hear and record the student voices and to explore and convey their perceived reality. This piece of practitioner research, drawing on conceptual and methodological techniques from educational research, was from the start conceived as a contribution to improving our knowledge and ultimately our support to the student experience on professional courses. As a postgraduate researcher I combined distinct statuses whilst carrying out this study - administrator and researcher. This is further explored in Section 2.6.1. The participants were fully informed of my dual role and reassured that it would not affect my professional relationship with them. I hoped that the knowledge I had of the programmes would facilitate my understanding of the dynamics observed and reported, and help build a rapport with the participants.

My intention was always to share the findings with the course providers, to make them aware of the student perceptions about their experiences on the programmes. As will be seen, some of the literature suggested that what course providers and academics think of the student experience may not necessarily match student perceptions of it (Moffatt 1989, Nathan, 2005) and this research was therefore be an opportunity to bridge the gap by reporting a “reality” as experienced and narrated by the students at different stages of the transition process..

1.2 The Higher Educational context

Higher Education (HE) has seen the growth of new universities since the 1960s. By the mid-1990s there were one and a half million students in UK HE, including the newly named polytechnics in the early 1990s. There was an increase in the number of students entering HE in the UK which doubled since the 1970s to reach 1.6m (Higgs and Edwards, 2002) moving from elite to mass education. Students went from the traditional adolescent school leavers to a much more diverse group of full and part time students, within a wider age range including mature students, with a higher percentage of women, and from a wider range of social backgrounds – meaning widening participation and increasing numbers (Silver and Silver, 1997). Students were able to gain entry to university from a widening range of

qualifications eg Access courses. Higher Education moved from elite to mass education and the 1990s brought about a growth of vocational and professional courses.

In 2010 the Government changed the main source of Higher Education funding to undergraduate student fees, for these courses this represented increases from £3375 in 2011/2 to £6900 in 2013/4 and led to a much more competitive and responsive environment with the students as customers (Brown and Carasso, 2013). Higher Education became competitive and focused on recruitment and was market driven.

Since this research was first proposed, the student experience has risen even higher on the university agenda because of the increased importance of published league tables and student surveys from universities nationally and internationally. These have become important indicators for universities, for prospective students, their parents (who may be paying their fees) and current students. The league tables measure different aspects of full-time university undergraduate provision and achievements, such as courses provided, academic results (good Honours), research status, student satisfaction and employability. Published examples of surveys/league tables are the Times Good Universities Guide, First Destination Survey, Student Satisfaction Survey and the National Student Survey (NSS), and internationally, the World Rankings. The results are used in marketing by universities, especially to draw attention to aspects they are rated highly in, and this has put the topic of the student experience even higher on the university agenda of priorities. How relevant this information was in choice for applicants for these professional programmes was to be considered in the thesis. The Complete University Guide (2016) under Subject Tables recently ranked the university number one (of 35) for Physiotherapy and number five (of 26) for Occupational Therapy, based on Entry Standards, Student Satisfaction, Research Quality and Graduate Prospects.

1.3 Institutional Context for the research

The setting for this research was Hillside University ¹, a campus university on the outskirts of a UK city. The Health Faculty at the university identified the importance of enhancing the

¹ A pseudonym is being used throughout to anonymise the study context, and generic terms of Health Faculty and Health School are used.

overall student experience as part of their strategic plan in 2006. The university is committed to providing a high standard of student experience, and in order to evaluate the provision, problematic areas need to be identified, then improved, then reviewed.

The three year undergraduate full time courses in Occupational Therapy and Physiotherapy were established at Hillside University in 1991, they were the first jointly validated programme leading to separate professional qualifications (Routledge and Willson, 1994). The students are a mix of school leavers and mature students (defined as over 21). These students mainly live in campus accommodation in their first year, moving into shared rented houses in years two and three, usually with their peers on OT, PT and Speech and Language Therapy (SLT) courses.

In February 2004 the first cohort of 20 students started the pre-registration MSc in Physiotherapy. This two year accelerated Masters course had an entry requirement of an honours degree awarded within the past five years, preferably at 2:1 or above, in a subject related to Physiotherapy eg Biological Sciences, Sports Science. The following year the pre-registration MSc in Occupational Therapy started with a cohort of 20 students and had entry requirements of an honours degree awarded within the past ten years, preferably at 2:1 or above, in Sciences or Arts.

On the MSc pre-registration programmes, the students came to the course with previous experience of being an undergraduate student from completing their first degree. Most had done this at other institutions, of the 2008/9 intake, 3 out of a total of 49 OT/PT students had previously studied at Hillside.

Hillside University was one of the first to introduce shared teaching for occupational therapy and physiotherapy (Routledge and Willson, 1994), and later interprofessional learning was introduced and seen as a positive part of marketing to these programmes. This aspect was supported by the Health Faculty's Interprofessional Teaching Centre founded in 2002 which included undergraduate and postgraduate pre-registration students who share Enquiry Based Learning (EBL) learning with medical, nursing, midwifery and speech and language therapy students.

With limitations on student entry numbers by the NHS funding, and a high level of entry requirements, only applicants who reach the specific entry requirements and illustrating the relevant experience, knowledge and commitment to the professions are interviewed by faculty and a health professional before being offered a place on their chosen programme.

In the academic year 2009/10, the year of data collection for this research, entry numbers were 25 PT and 47 OT undergraduate, 20 PT and 28 OT postgraduate - all programmes are oversubscribed, for example in 2009/10 postgraduate there were 98 applications for the 20 places for PT and 64 for the 28 OT places, PT normally has the higher number of applications. The different professional status/profile which may affect this is further considered later in the thesis in Chapter 3.

Practice placements form a large part of both UG and PG courses. Each require students to have successfully passed placements amounting to a minimum of one thousand hours over the period of their programme, as a requirement from the two professional bodies. These formed slightly different patterns, both UG courses have a brief observational practice placement towards the end of year 1. The UG course then has blocks of 6/8 week long placements during years 2 and 3. The PG course after an introductory placement at the end of year 1, at the time this research was carried out had most of the second year on placement with only brief periods back on campus. All practice education is assessed at undergraduate level, currently on a Pass/Fail basis, although there was a period in the past where these had been graded.

1.4 Learning to be a health professional in a Higher Educational context

From the 1980s when allied health profession qualifications became degree level and moved into the Higher Education sector (where the profession of medicine had been traditionally for some time), students have had to combine the learning of practical and professional skills and competences with the theoretical knowledge and academic skills expected of higher education graduates on any “standard degree” qualification. For the purposes of this research, the term “standard degrees” or programmes will refer to typical university subjects such as English, History, Biology and other theoretical degree subjects.

Whilst ethnographic research in health programmes has been carried out on the student experience in health professions since the 1960s in studies such as *Boys in White* (Becker et al., 1961) in medicine, and more recently in professions such as nursing, these have focused on the perspective of the learning experience and the educational perspective, little so far has been carried out from the perspective of the overall student experience.

1.4.1 Occupational Therapy and Physiotherapy Professions

In 1992 the professions of physiotherapy and occupational therapy became degree level entry only, and were validated by their respective professional bodies, the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT), entry having previously been by qualification at Diploma level. These professional bodies now require qualified graduates to have a degree from a recognised institution and be registered with the Health and Care Professions Council (HCPC) – previously the Health Professions Council (HPC) – before they are entitled to practice as a health professional. This raised the status of the two professions, with the professional title being legally protected and practitioners requiring registration with the HCPC in order to practice as an occupational therapist or physiotherapist in the UK. The HCPC annually monitors both programmes and re-accredits them when major changes occur. This ensures that graduates are being educated to the required standards of theory and proficiency of practice (Health and Care Professions Council, 2014).

The Occupational Therapy profession is defined by the College of Occupational Therapists (COT, 2015) as:

... a science degree-based, health and social care profession, regulated by the Health and Care Professions Council. Occupational therapy takes a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential. Occupational therapy provides practical support to enable people to facilitate recovery and overcome any barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life. "Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity.

Occupational therapists work with children and adults of all ages who may have a range of conditions such as mental health illness, physical or learning disabilities. OTs work in a wide variety of settings such as hospitals, social care services, housing, education, voluntary organisations or as independent practitioners.

Physiotherapy is defined by the Chartered Society of Physiotherapy (CSP, 2015) as follows:

Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability. Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible.

The Allied Health Professions of occupational therapy and physiotherapy are far less “researched” than medicine and nursing, which epitomize the health profession in the eyes of the public and have long served as grounds for the analysis of professional socialisation. Students on entry to OT and PT may not themselves be as aware as future medical or nursing students are of some of the various settings in which their future profession operates. As they go along as students, they also gradually develop an awareness of other professions operating in the healthcare field, which socialises them in being part of this broad sector and its associated ethos, while exposing them to shared learning and interprofessional learning and practice valued by the course provider.

At the time of this research, the NHS annually commissioned OT and PT student numbers at undergraduate and postgraduate level, and the Home and EU student fees were fully funded by the NHS. Attendance at all teaching sessions on these pre-registration health courses is compulsory and the students attend lectures, tutorials and practical sessions. Students enter their course from a variety of backgrounds and education, some already have experience of a first degree, including all the students on the MSc routes. On both UG and PG courses, they also have differing work and life experiences. Once registered, students then individually participate to different extents in the various aspects of student life. They also engage in different social activities and their accommodation life, which influences their

individual experience. These are described by Brennan and Osborne (2005) as the Higher Education (HE) “collective” and “individualised” experience, in parallel to which students also experience paid work, domestic life and other commitments/loyalties.

1.4.2 Dual Identity of Student and Student Health Professional

In a review of the literature in “How College Affects Students”, Pascarella and Terenzini (1991) recognised that college imparts more than cognitive skills, and suggested that the occupationally relevant socialisation in college comprises “the development of favourable personality styles, attitudes and values, interpersonal and organisational skills and levels of ambition, motivation and self-confidence.” (p429). The authors acknowledged that some of these changes may develop through the process of maturation anyway, and that it is therefore hard to evaluate what difference is actually made only by attending college.

Pascarella and Terenzini (1991) suggested that living on campus, as opposed to commuting, is “associated with higher levels of integration in the academic and social systems of an institution and, in turn, with changes in a variety of value, attitudinal and psychosocial areas.” (p653). They realised that major future direction of research would have to focus on the increasing number of students classified as “non-traditional” as these students have more individualised student experience (aspects of student experience and transitions are considered in Section 4 of this thesis). But non-traditional in this case refers to the multiplicity of student experiences brought into standard degree courses by access and widening participation agendas. The dual identity explored in this thesis highlights the contrasting and potentially contradicting demands placed on learners on those courses where learning and socialisation occur in multiple places with significantly different conceptions and values attached to learning and to belonging.

Higgs and Edwards (2002) suggested education in health professions “uniquely bridges the gap between human services (particularly the health and social services) and education.” (p315), and as a result it faces what the authors described as “challenges” from both within the professions and the Higher Education sectors, as courses have to meet quality standards of both Health Professions Bodies and Universities. On health courses, students experience not only general student life, both academic and social, but they have the

additional challenge of learning to take on the professional identity of their chosen health profession and this places additional pressures on them (Richardson, 1999a and 1999b).

This section has defined the professions of OT and PT and introduced the context of the health professional education within the HEI sector and the research carried out so far in the field of the professions of occupational therapy and physiotherapy since they became degree programmes which has been mostly from an educational perspective, with little carried out from a student perspective about the actual experience on being on a health professional course within a higher educational context. This research was therefore an exciting opportunity to explore the reality from the student perspective by hearing individual experiences during an academic year of study, and additionally consider students on the postgraduate programmes, where they could draw on their undergraduate experiences and hear if they perceived this affected their health professional programmes.

1.5 Defining the Field of Health Professional Education

As discussed above, students in health professions combine several perspectives on what counts as student learning and experience in comparison with “standard” courses. This is largely due to the professional orientation of the course, which adds to the typical formation of a subject identity, the socialisation into the explicit and implicit codifications of a profession. This section will therefore outline key implications in terms of identity formation, and of the nature of health professional education by returning to the important concepts of Professionalism, Professionalisation, Professional Identity, Professional Identity, Professional Development and Professional Socialisation in the context of the OT and PT professions.

1.5.1 Professionalism

Professionalism considers the development of professional knowledge, skills, attitudes and values which in recent years has become more clearly defined and transparent for students. Mason et al. (2014) described elements perceived as important to professionalism which were “values, attributes, behaviours, skills, and knowledge” termed by the authors as “responsibilities” (p99) following the introduction of a Professionalism Charter for Allied Health Professions at their HEI in 2011. The purpose of the Charter was to be a tool which would provide a framework to document individual students’ professional performance and

take into account each individual's knowledge and experience, and formal teaching and assessment of this through the curriculum. It would be assessed, for example, in discussion with tutors. Mason et al. (2015) identified this as a framework enabling students to recognise their development and map the changes in their professional attitudes and behaviours as they progress on an ongoing basis, and identify areas they still need to develop.

Professionalism takes into account requirements of the Regulatory Bodies, such as the Disclosure and Barring Service (DBS), Occupational Health, attendance, fitness to practice, ethics, confidentiality and behaviour which students are aware of on entry to the course. This will be further considered in later Chapters, including in relation to practice education, where Professionalism is assessed on a Pass/Fail basis (Appendix IV) as part of Practice Education Assessment criteria.

1.5.2 Professionalisation

Richardson (1999a and 1999b) wrote two articles on Professionalisation from a physiotherapy perspective. Richardson (1999a) suggested that “the manner in which students learn to act as professionals is determined by their experiences of being a student of a profession” (p463). Richardson believed that this would include interactions with tutors and other students in the educational environment, and also experience in professional practice, in that context students would have interactions with clinical supervisors and other qualified professionals (in this case, physiotherapists).

This is a process of development of learning to be a health professional over the course is considered further in Chapter 4 relating to theoretical learning as a student in the HE setting and in Chapter 5 relating to practice education.

1.5.3 Professional Identity and Professional Development

Adams et al. (2006) looked at factors influencing professional identity across first year students. The findings suggested that students started to develop professional identity before they arrived and started their degree courses – and further exploration will be made of the lifelong learning aspect later in the thesis towards qualification and beyond qualification.

Richardson (1999a) stressed that the practice education experience is an important element of the course to help students develop professionally over the period of studies, and Lindquist et al. (2006) suggested that they gain independence throughout the placements to promote a strong professional identity. The practice educator is viewed as an important part of student learning in practice education, and the relationship between student and educator is described by Rowan and Alsop (2009) as one which should be facilitatory and encouraging. Richardson (1999a and 1999b) recognised the need for undergraduate education programmes to prepare students to respond to changes in their professions and to prepare them to do this over the course of their careers. She felt that over the period of the student's education at university and in practice education they need to professionally develop and gain autonomy to become a qualified health professional. This will be explored further in Chapter 5.

1.5.4 Professional Socialisation

Vollmer and Mills (1966) suggested that Professional Socialisation was a process within which individuals are able to learn values as well as attitudes and beliefs of a chosen profession which enables them to develop their commitment to their professional career. Professional Socialisation is recognised as taking place mainly in the context of the practice education setting as students learn to become members of their profession alongside health professionals, especially from their practice educators and professional team, who will become future colleagues. An important aspect of professional socialisation is the learning of communication skills, not only with other health professionals but also with patients and families. Students are assessed on practice against curriculum learning outcomes (Richardson et al., 2002).

It is recognised that students became aware of the rules (written and unwritten) and they learn to conform to the systems in place, which practice education gave them the opportunity to do, but also to learn to challenge and improve practice, and not just duplicate current practice. Clouder (2003) described the professional socialisation process as "learning to play the game" (p217) and "presentation of self" (p218) in health and social care professions. This important aspect of health professional education will be further explored in Chapter 5.

1.5.5 Professional Learning in different contexts

The curriculum for each of these programmes is subject not only to the university quality and standards scrutiny approval in line with the Quality Assurance Agency for Higher Education (QAA), but also approval from their respective professional body and the HCPC. They are carefully structured to ensure they meet the learning outcomes of the approved programme and are reviewed annually by the university and reported to the professional bodies. They are also subject to quinquennial Course Review by the university and which is attended by the professional bodies, and requires full approval and regulation by the professional bodies and reaccreditation with the HCPC if major changes are proposed.

Although learning theories are not the core focus of this thesis, which is more concerned with the overall student experience, a brief exploration of the types of learning which take place and contexts in which these occur informs the experiences individually or collectively. As already indicated, there are aspects of theoretical, reflective skills, practical skills, professional and interprofessional learning and lifelong learning which take place in these OT and PT programmes which are beyond the learning on more standard programmes. The context of this learning takes place not only in the university, but also in a variety of practice education settings, and also in informal settings (such as student shared accommodation) where the process of identification with the profession and its ethos continues to operate. Rogers (2014) considered the differences between formal, non-formal and informal learning. Formal learning was identified as intentional learning provided by an educational institution with structured learning objectives, leading towards certification, which he described as the visible “tip of the iceberg” (p29). The author suggested that non-formal learning was not provided by the institution, but intentional from the learner’s perspective. Informal learning was described as unplanned and includes self-directed, incidental and unintentional learning, described as the bigger part and the “base of the iceberg” (p29), below the level of visibility. Rogers acknowledged that learning takes place in different contexts and recognised lifelong learning.

Although Rogers (2014) termed some types of learning as informal, such as self-directed and unconscious, on these programmes the learning process takes many forms but all are aiming towards the overall achievement of the curriculum learning objectives of the

programme and the development of lifelong learning. Students are encouraged on the courses to be self-directed learners, for example, they are given topics as individuals or in small group, which they then present to the whole group (either uniprofessional or multiprofessional), but this is part of the collective group achieving shared curriculum topics on their programme of study.

Other literature suggested that students learn more at university than the written outcomes in the course literature. Brennan and Jary (2005), in their research of the student experience on standard courses recognised that learning outcomes may go “beyond those announced in official statements, outcomes that might be of great value to learners.” (p8). It will be of interest to explore to see if this is also the case on a health professional course. Nathan (2005) found that students interviewed on standard courses in a US university felt that classes and related work were a minor part of what they were learning.

Informal learning may take place on the OT and PT programmes, which will be considered in the findings discussion, and consideration will be given to who students are learning from, as well as the contexts. These will be further considered in Chapter 4 (as students make the transition into the HEI setting) and Chapter 5 (focusing on the student experiences in practice education settings). In these chapters transitions will be considered in terms of Communities of Practice (Lave and Wenger, 1991) as different contexts within which teaching and learning take place on these programmes.

Some authors suggested that the actual student experience was different from how faculty perceive it to be (Moffatt 1989, Nathan, 2005), and this emphasised the need for this type of research. I felt it was important to accurately know what students were experiencing in the educational climate and to share this information with faculty, as they may be making inaccurate assumptions about the overall student experience. The course directors expressed interest in the outcomes of this research in order to hear what the student perceptions of their experiences were, it would also be an opportunity to have the perspective of the placement experiences. Although regular evaluations on course content take place, this in depth exploration of student perceptions of their experiences intended to provide a different perspective longitudinally.

Becker, Geer and Hughes (1968) recognised that faculty felt that there were differences between cohorts and that by studying only one group they may be atypical, implying that different group dynamics may exist between cohorts. It was also clear from the longitudinal study carried out by Lindquist, Engardt and Richardson (2004) and Lindquist et al. (2006) that students develop over the period of their studies. It was an important consideration for my research to include different cohorts, and at different stages to ensure that a diverse representation of cohort/s was captured in my research and no generalisations will be suggested by this research.

In the current financial climate, students may have been attracted to health courses to retrain in a health profession and enter university with a first degree or other qualification. Where this makes students eligible for an accelerated route of study, such as the postgraduate pre-registration health course, this aspect of student experience was worth exploring further – where all the students are considered “mature” ie over 21. Shanahan’s (2000) small research study on mature students, provided evidence of the pressures mature students feel has an impact on their student experience.

This chapter has set the context for the research, and the background to the professional status of occupational therapy and physiotherapy and the impact of professional aspects of the educational experiences and the student identity. The overall aim of the research will now be defined and the research questions which will help explore the stages of the student journey in this longitudinal study.

1.6 My Research Questions on the student experience

As stated at the start of the chapter, the aim of this research was to gain an insight and understanding of how individuals perceived their career choice, motivation and important factors on their student journey. I hoped to gain understanding of how students anticipated and experienced transitions into different learning contexts during their course, as they were not only based in the higher education institution (HEI), on the university campus, but also undertaking periods of practice placements in a variety of professional settings as they progressed towards qualification.

The following research questions were identified to achieve this overall aim and helped me to explore stages of the student journey:

- **How is the choice of these courses shaped? What was the motivation and what expectations are this choice generating?**

These questions address the source of early professional identification of a future career and issues relating to the perceived status of their chosen profession.

- **What sort of transitions do students on these professional courses experience as their identity as health professionals is developing?**

This question addresses the process of consolidation of a professional identity on a university course and how this shapes their engagement in other different dimensions of the student experience, academic and non-academic, university and subject-related, individual and collective, reflecting the dual identity of student and health professional.

- **How is the student perception of taught and practical elements of their health professional course evolving over their period of study?**

It was an objective of this research to understand how the students perceived their development and to give the student view of their experiences, including practice education elements over the academic year of study. This is within the contextual framework of professionalisation, professional socialisation as well as personal and professional development over the period of the research.

- **How do students on different routes refer to transitions? How do students on the postgraduate routes feel their first degree experience affected their approach to the course objectives and their learning experience?**

There had been little research into the postgraduate student experience of the pre-registration programmes of health professions of OT and PT. The intention was to include the perspectives of mature students, those with experience of first degrees and professional socialisation leading to a common profession.

1.7 The Structure of the Thesis

Chapter 2: Methodology and research structure

The methodology chosen for this research was Phenomenology using semi structured interviews to gain the student's view of their student lifecycle longitudinally over one academic year of study, either their first or final year. This enabled individual perspectives, stories, and the student voice, to be heard and reflect participant's perceptions on their student life and experiences in the university environment and on placements.

The structure of the three main chapters (3-5) of findings in this thesis fell naturally into stages of the student life cycle and it seemed most relevant to include the literature relating to of the three main chapters at the start of each chapter. The literature looks at relevant key concepts, authors, texts, ideas and issues surrounding the subject before presenting and analysing the findings.

Chapter 3: Choosing a career as a Health Professional

This chapter introduces the participants, their reasons for choosing their course and their expectations at the start of the programme. For the final year students, it considers student reflections from when they were at this early stage.

Chapter 4: Transition from student to Health Professional – the student experience at university

This chapter looks at the stages in the student life cycle as they start their course in the Higher Education (HE) setting, and considers additional aspects of taking on a health professional identity on the route to qualification.

Chapter 5: Transition from student to Health Professional – the student experience on placement

This chapter takes a closer look at the role of practice placement in the student development as health professionals working in the health care settings with health professionals and the additional transitions this involves for the students.

Chapter 6: Discussion and Conclusion

The final chapter of the thesis contains a discussion of the main themes from the student perspectives and ends with the conclusion and suggestion of possible future work to further explore issues which could be of interest for further exploration.

Chapter 2 Methodology and Design of the Research

2.1 Area of enquiry

This study aimed to explore the student perceptions of their experience progressing through one academic year of study either on the undergraduate (UG) or postgraduate (PG) route to qualification as a physiotherapist or occupational therapist. The students came to these programmes from diverse backgrounds and experiences but shared a strong focus on their future chosen career and identity as health professionals. The intention of this project was to gain an insight and understanding of how individuals perceived their career choice and the important factors on their student journey. I also hoped to gain an insight into how students anticipated and experienced transitions into different contexts during their course, as they were not only based on the university campus, but also had periods of practice placements in a variety of professional settings as they progressed towards becoming a qualified health professional.

Mason (2002) suggested that those coming from different perspectives may have different views and convey different stories. As the purpose of my research was to gain an understanding of the range of experiences of individual students on different routes towards a professional qualification, I needed a methodology capable of categorising attitudes and discourses without compromising their diversity. The intention of the research was to convey the standpoints of students and relate them to specific dimensions and moments of their experience, therefore qualitative research methods were used. In line with Patton's (1990) suggestion that a qualitative approach recognised that not only are each individual's experiences different, but also at the individuals place different significance on aspects of their experiences, the methodology adopted give prominence to individual reflections and their interpretation.

2.2 Ontological and Epistemological Perspective

Ontology is the researcher's assumptions and understanding of the nature of social reality, and can range between positivism and constructivism. My aim for this research was to

construct knowledge about the social world of students and, therefore, my Ontological position is constructivist. There are as many different views on the student experience as there are students. Crotty (1998) suggested that “Different people may construct meaning in different ways, even in relation to the same phenomenon.” (p9). Student experiences are all individual, each having come to the start of the course from a variety of backgrounds and education, some already having experience from first degrees, they also have differing previous work and life experiences. Once they are registered as students, they may then participate to different extents in the various aspects of student life. Although all students attend lectures, tutorials and practical sessions (all teaching is compulsory on these pre-registration health courses), they engaged in different social activities and accommodation life, which also influenced their individual experience.

There is a difference between the individual perspective – a single student’s experience, the perspectives of several individuals in the group – the students’ experience, and the shared overall view of education “the student experience”. Mason (2002) suggested that individual perspectives may result in different accounts being told, and the purpose of my research, was to gain as much understanding of the different experiences individual students had, and the most appropriate methodological approach was needed to explore this. An important aspect of a health profession course which makes each student’s experience different from most other academic courses, is the practice education, which also gave individual students different experiences in a variety of settings.

I would locate my broad epistemological standpoint within the interpretive paradigm. If constructions of the social reality are multiple, relative, and mediated then the interpretation of those mediations (systems of meanings, perceptions of what is reality) is what this project was aiming to achieve. As an interpretivist researcher I am interested in meanings, and other subjective experiences understood in their context.

2.3 A phenomenological approach

Finlay (1999) defined six principles of phenomenological inquiry which were used to describe individuals’ experience which I have summarised as follows:

1. A focus on the life world that is being experienced

2. A commitment to description of the participant's experience, over explanation, including the structures of experiences and the use of direct quotes
3. To reduce any presuppositions and previous understandings to enter the world of the individuals
4. To present the participants views acceptingly without judgement
5. Acceptance of a role of interpretation in order to find understanding
6. The concept of intentionality – recognition that different people perceive the same thing differently

Patton (1990) described Phenomenology inquiry as focusing on the question “What is the structure and essence of experience of this phenomenon for these people” (p69), and he states the phenomenon may be a programme, an organisation, or a culture, thus making it appropriate to use in my study on students in the context of the Higher Educational Institution (HEI).

It was acknowledged by Patton (1990) that interpretation is an essential part of phenomenology to make sense of the world, and that each individual only knows their own experience and what it means to them. He expressed an aspect of the phenomenological approach being that “there is an essence or essences to shared experiences” (p70) which was relevant in this study, because the students were sharing experiences of their chosen programme, but they are coming from contrasting backgrounds, experience and perspectives and even whilst on the course are in different personal circumstances (eg accommodation). It is important for this study to be able to encompass this by the choice of methodology.

Smith and Osborn (2008) described Interpretive Phenomenological Analysis (IPA) as an in-depth exploration of “how individual participants are making sense of their personal and social world, and the main currency for and IPA study is the meanings particular experiences, events, states hold for participants.” (p53). This allows detailed analysis of the personal experience, and is the approach which is appropriate for this qualitative research using semi-structured interviews. The authors see the process as dynamic, and recognise the active role of the researcher and their conceptions, which help to make sense of the participant's personal world through the interpretive activity, including study over an extended period of time. This research, whilst being located within the phenomenology

paradigm and reflecting an IPA approach, has been adapted to accommodate my local circumstances and taking into account my own position within the field as will be seen later in this section.

2.4 Longitudinal study

Mason (2002) suggested that longitudinal studies were used in qualitative research where the research question is developmental and the aim is to observe or interpret developments as they occur over a period of time. The research therefore supported the process of gathering data from participants as their experiences occurred and not rely on memory and later interpretation in the light of later experiences looking back. The changes could therefore be interpreted and understood contemporaneously.

However, Houston, Lebeau and Atkins (2009) identified the value of a brief longitudinal overview as offering insights into the understanding of multiple transitions which take place within the student life cycle, as students are in a position to look forward and back.

Data analysis from longitudinal studies permitted the capture of how individuals changed over a period of time (Saldaña, 2003, p64). The author suggested seven questions to consider in longitudinal studies:

- What increases or emerges through time?
- What is cumulative through time?
- What kinds of surges or epiphanies occur through time?
- What decreases or ceases through time?
- What remains constant or consistent through time?
- What is idiosyncratic through time?
- What is missing through time?

He also considered that participant thoughts, emotions, attitudes, values and beliefs are all dynamic through time and that changes over time may interrelate. Disadvantages identified with carrying out longitudinal studies include the possibility of participants dropping out.

Saldaña (2003) identified obstacles of longitudinal studies as the difficulties in managing vast amounts of data, the continuous attunement and sensitivity to the many possible types of changes, identifying and considering in what way changes interrelate and analysing how and why they occurred, and the difficulties of pulling everything together for a coherent report.

The longitudinal perspective seemed particularly suited for studies of transitions and processes of socialisation. Clouder (2003) carried out a longitudinal study over 3 years of the occupational therapy programme to gain an insight into professional socialisation in health and social care. Twelve students volunteered to participate in the study which aimed to capture a flavour of their experiences and perceptions of students as they progressed through the programme. Regular interviews were held to explore changes in personal and professional identities, including interviews on placement experiences. Clouder also attended a module in the second year of the programme on interpersonal skills to carry out participant observation.

Gray and Smith (1999) carried out a longitudinal qualitative study in nursing which considered the process of professional socialisation, and as part of that study ten students were interviewed on five times over the three year period of their course, in addition to which they were encouraged to keep diaries whilst on placement to help recall their experiences.

The researchers felt that “Interviewing students at key points during their course permitted a detailed picture of the processes involved in the transition from lay person into a member of the nursing profession” (p640). Their findings reflected on aspects such as the anticipation of placement and the subsequent reality, and how the students coped with this reality. The study also considered how students then progressed as they acquired their new skills and increased in confidence and subsequently moved into the staff nurse role. They found that the professional socialisation that these students experienced was facilitated by the mentor and the learning environment during the three year course, and that students were initially daunted by their new responsibilities and increased independent working.

Collecting the data over the period of the transition enabled Gray and Smith to consider the student experiences at the different stages which they classified into 5 phases: anticipatory anxiety; reality hits home; becoming a branch student; total surrender of supernumerary status; the end is nigh.

2.5 Interviews

Patton (1990) described the purpose of qualitative interviewing as beginning “with the assumption that the perspective of others is meaningful, knowable, and also able to be made explicit” (p278). Using semi-structured interviews and open ended questions with minimal structure helped the students to express what was important to them at the particular point in time of each interview, and enabled me to gain insight into their development by providing in-depth information on their individual experience and progress at each stage on the way through to qualification during the period of this research.

The use of open-ended questions is described by Patton (1990) as being “to find out what is in someone else’s mind” (p278). The intention was not to put ideas into the mind of the participants, but to get them to convey their perspectives and experiences, which I could not observe.

Holstein and Gubrium (2003) recognised that interviewing was a means of accessing the views of others and give an insight into their personal lives and experiences, and what meanings these hold for them. The authors made an interesting observation that contemporary life and media means that people are more used to their views being sought, and interviews are a format with which people are generally familiar. They suggested that interviewing is more than a research tool, it is “part and parcel of our society and culture” (p11). It was hoped that the students would be willing to discuss their perspectives, and that as the researcher I would enable them to share their views and experiences.

Successive interviews helped me build up a relationship with participants as I engaged with their responses and followed through, as in a proper conversation, getting an in-depth insight of how the students felt at each stage of their study, with subsequent interviews allowing me to return better informed to issues raised previously and gain a better sense of their ongoing professional socialisation.

I recognised that the research needed to be reflexive in that it needed to be able to evolve over the period of development, data collection and analysis and the research questions may need to be refined or change focus in the light of early findings, or other influences, on an ongoing basis. The process of reflection on the research involved in qualitative

interviewing allowed me to identify and address my assumptions and preconceptions, particularly those induced by my professional role at the time of the research. I was prepared to review questions on an ongoing basis. It is an important part of qualitative research that it recognises that the research problem may develop as part of the on-going research, and the focus may change in the light of early findings (Patton, 1990). This is relevant to this research where the students may not know themselves at the start of the academic year what their experience is going to be, or what issues may emerge, for example when approaching and experiencing their placements.

Documentary materials were used to provide information on the professional bodies and course materials eg marketing information, student handbooks, course review information and were used to present the professional aspects of the programme. Although this research does not engage into a critical analysis of policy texts produced by regulatory bodies and universities, I am treating them as part of the context of study and socialisation and they are quoted and referenced throughout.

I had earlier considered Ethnography to find out about aspects of the student experience. Ethnography, as described by Hammersley and Atkinson (2007) as usually involving “the researcher participating, overtly or covertly, in people’s daily lives for an extended period of time, watching what happens, listening to what is said, and/or asking questions through informal and formal interviews, collecting documents and artefacts – in fact, gathering whatever data are available to throw light on the issues that are the emerging focus of inquiry.” (p3) The purpose for the researcher being to gain insights into the area of inquiry in order to answer the research question/s and gain understanding. However, due to my full time role, and the nature of the professional programme, which would not have permitted an observer to be part of the cohort, this approach was not possible.

Some in-depth work on student life came from participant observations and ethnographic approaches of authors such as Becker et al. (1961), Moffatt (1989) and Nathan (2005). I found the most vivid parts of these studies in the quotations from students, telling their stories and experiences in their own words, which included references to placements in Becker et al. (1961). This use of quotations was therefore an approach I chose to use in my research. I felt that to some extent the descriptive parts of the student experiences, eg

Moffatt (1989), Nathan (2005), were conveyed more as coming from the author's perspective, rather than that of the participants.

2.6 Research Design

2.6.1 Role of the Researcher

My professional role at the time of the data collection was as a senior administrator for postgraduate programmes in the Health Faculty at the university. At that stage I had worked at the university for fourteen years and had gained knowledge and was familiar with course structure, terminology, content and processes on both the UG and PG courses. As an administrator supporting the MSc programmes I had a particular interest in the student experience and was concerned that the School received positive student evaluation and scored well in the Student Surveys. I felt I was in a position where students would not feel they would have to be cautious about what they say, which might have been the case if they were interviewed by a member of faculty.

I made my status known to each participant from the start, in a very open way. The students invited to participate were reassured that information they discussed would not affect their progress in any way, and would not be communicated to anyone – even anonymised - until they had completed the course. This was particularly important for the students on the MSc, who I had a direct professional relation with, while I had at the time no professional contact with students on the BSc courses. I also introduced myself as a student to emphasise what was at stake for me in this process, and how I was dependent on their collaboration for my own progression.

Due to time constraints of my work role and the professional nature of the programme, I would not be able to use participant observation as a data collection method or socialise with the students during the teaching day, but I felt that the interviews and establishing a relationship with the participants was the nearest I could get from my own professional position to the conditions in which students actually do attribute meanings to objects and events, in order to accurately interpret those meanings (Becker 1996).

In qualitative research it is sometimes important to establish the relationship between the researcher and the participants, and this develops, and is maintained over the period of the research, which is normally over a long period. This gives the researcher the opportunity to gain accurate insights which will enable them to accurately portray the way of life they are studying to the reader (Hammersley and Atkinson, 2007). I invited the students to participate in my research as soon as possible at the start of their course (or final year) and tried to meet them at the earliest opportunity. To conduct this research effectively I needed to establish a rapport with the participants and this was an important aspect of this research and should help students to build their trust in me to enable an honest discussion to take place in the interviews. I worked to achieve this by initially introducing myself at the start and explaining my purpose in carrying out the research. I always expressed interest in their experiences, and especially picked up issues important to the participants and thoroughly preparing for interviews including follow through from previous interviews, and this is explored further in Section 2.6.6.

Both Moffatt (1989) and Nathan (2005) were professors at the College where they carried out their research, and it was interesting that Nathan commented that she thought culture could be invisible to its “natives” because it is so accepted and taken for granted that they would not see it as something to even comment on. I felt therefore that as an administrator, not a member of faculty, and this meant it would be helpful for me to carry out the research – I had a different perspective on the student experience from faculty who work with students on a daily basis. The literature revealed that sources (Moffatt 1989, Nathan, 2005) had both identified that the student’s perceptions were different from how faculty perceive the student experience to be, and this would therefore make it an important aim of my research, to communicate the findings to faculty.

2.6.2 Ethical Issues

Permission to carry out the research was obtained from the Head of School of study in which the research took place and my School of study as a research student prior to the start of the research.

Selected students were sent a letter inviting them to participate in the research (Appendix I) with the accompanying information sheet at the start of their year, with the intention of the

first interview taking place during their first two weeks at university. The students who were willing to participate returned the Consent Form and retained their copies of all documentation, including a Withdrawal Form in case they subsequently decided to withdraw during the course of the research.

As the researcher I was identified as a senior administrator in the Health Faculty, and students were assured that there will not be any implications for their progress on their course by participating.

It was made clear that the data would be dealt with confidentially, and not used in any identifiable form – it was to be completely anonymised, including data relating to placements. Informed consent was obtained from all participants and permission gained for publication on those grounds.

2.6.3 Participant cohorts and recruitment

As part of the study design I had a small number of students, and analysed the data I obtained from them and considered how their individual experiences and perceptions were built over the year of the research, analysing the data to see how the progression towards professional qualification happened at university and on placement, to see how students were building on experiences and competencies over the time of the study. I selected one student from each of the professions (OT and PT) in the first and final academic year of study (2 years on the MSc and 3 years on the BSc), so that made a total of 4 PG students and 4 UG students.

BSc student profile - year of research September 2010 to September 2011:

PT		Male	Female	Total
2010/1	Year 1	4	18	22
2009/0	Year 2	9	16	25
2008/9	Year 3	3	22	25

OT		Male	Female	Total
2010/1	Year 1	5	37	42
2009/0	Year 2	5	43	48
2008/9	Year 3	3	38	41

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PT		18-20	Mature 21+	Total
2010/1	Year 1	18	4	22
2009/0	Year 2	16	9	25
2008/9	Year 3	24	1	25

OT		18-20	Mature 21+	Total
2010/1	Year 1	23	19	42
2009/0	Year 2	27	21	48
2008/9	Year 3	24	17	41

MSc student profile for the year of the research Feb 2010 to Feb 2011, cohorts:

PT		Male	Female	Total
2009/0 Feb 10 entry	Year 1	7	13	20
2008/9 Feb 09 entry	Year 2	12	8	20

OT		Male	Female	Total
2009/0 Feb 10 entry	Year 1	3	25	28
2008/9 Feb 09 entry	Year 2	4	25	29

On the MSc programmes all students are mature (over 21) on entry:

PT		21-30	31+	Total
2009/0 Feb 10 entry	Year 1	20	-	20
2008/9 Feb 09 entry	Year 2	18	2	20

OT		21-30	31+	Total
2009/0 Feb 10 entry	Year 1	22	6	28
2008/9 Feb 09 entry	Year 2	24	5	29

The selection of participants from each cohort of each subject for the research was intended to be made at random, there was no need for them to be representative of the cohort in terms of mature/non-mature, male/female. The students were invited to participate in the study, making it clear that this would be a commitment over the course of one academic year of their studies.

Becker et al. (1961) recognised that faculty felt that there were differences between cohorts and that by studying only one group they may be atypical. Also it was clear from the

longitudinal study carried out by Lindquist, Engardt and Richardson (2004) and Lindquist et al., (2006) that students develop over the period of their studies. It was a consideration for my research to include different cohorts, and at different stages to capture perspectives of the range of students.

2.6.4 Recruitment

The new MSc students responded to requests to participate and the initial interviews were held in week 3 for the first years, the intention had been to hold these as early as possible at the start of the academic year, and it was followed a few weeks later with a second interview. This was an important part of the design, not only to help establish a good relationship with the participants, but also to get an early indication of how participants were finding the reality of student life compared to any expectations after an initial settling in period when they were getting more established into their new routine as health professional students.

The final year MSc students were not available until week 19 (OT) or week 44 (PT) due to placement patterns, and therefore fewer interviews were achieved.

BSc Year 1 and Year 3 – I initially had difficulties in getting students to respond to my requests to participate, and the UG Course Directors agreed to approach the student cohort for me to find willing participants. I therefore had fewer interviews with the BSc students than intended, but when interviewed the students were very willing to be participating. Periods on placement also made it difficult to accommodate the interviews as planned.

With the Final Year 3 BSc, this ultimately meant that there was only one interview carried out for each of the UG programmes with Beth (PT) and Becky (OT), the final data were therefore retrospective, but this data gave an important perspective where the students considered their overall experiences of the course.

2.6.5 The participants

At this point, it seems appropriate to introduce the participants and summarise which programme they are on, and their reasons for choosing the profession and course at the start of their studies.

The participants have all been given pseudonyms to make it easy to identify which level of course they are on, and their stage of study, whether in the first year or final year of their programme.

MSc students have pseudonyms starting “**M**”

BSc students have names starting “**B**”

The second letter of the name denotes the stage they are on “**a**” **at the start** of the course, “**e**” **the final year** of the course (MSc year 2, BSc year 3).

Mark (PT) and Maisie (OT) were at the start of their MSc programme

Melvyn (PT) and Megan (OT) were in their final year of their MSc programme

Bailey (PT) and Barbara (OT) were at the start of their BSc programme

Beth (PT) and Becky (OT) were in their final year of their BSc programme

Where quotes are used within the thesis, this will be indicated by interview (A, B, C...) and line numbers from the transcript of the interview eg (Maisie,B:543-9).

The profiles and backgrounds of the participants follows: their motivation for choice of programme and university which is considered in Chapter 3.

MAISIE

MSc in Occupational Therapy Year 1

First degree: Psychology at City Centre University

Living locally with partner

MEGAN

MSc in Occupational Therapy year 2

First degree: Creative degree at City Centre University

Living in student accommodation with peers, OT and PT, she had moved locally not knowing anyone

BARBARA

BSc in Occupational Therapy year 1

Education: started a degree but did not complete it, took an Access Course to qualify for the OT programme which she achieved with distinction

Living locally with husband

BECKY

BSc in Occupational Therapy year 3

Education: A Levels, fortunately taking appropriate subjects when she decided on OT career during sixth form

Living in a house locally with OT/PT friends

MARK

MSc in Physiotherapy Year 1

First degree: Sports and Exercise Sciences at a City Centre University

Living Shared house with 2 PT and 3 OT students

MELVYN

MSc in Physiotherapy Year 2

First degree: Science degree

Living Shared house with other OT and PT students

BAILEY

BSc in Physiotherapy Year 1

Education: A Levels chosen to do Physiotherapy

Living in student accommodation, few houses with PT, OT, and SLT students

BETH

BSc in Physiotherapy Year 3

Education: 4 A Levels including Biology

Living in shared accommodation

2.6.6 Data Collection Methods and Schedule

The students were interviewed individually at intervals, see the schedule of actual interviews below in this section. The interviews occurred throughout one academic year of study whilst attending university, not during placements. The interviews were one to one with the researcher and took place in seminar rooms in the School of study with which participants were familiar and I briefly explained by role as Senior Administrator at the start of each first interview, expressing my interest in their student experience.

The interviews were semi structured, Appendix II and Appendix III illustrate the outline of questions used. These were just used as a basic structure for the interviews, and I was keen for the students to describe their experiences with minimal prompting, although the original structure appears as a list, there was no intention of using it as a list of questions. The reality was that for the first interview I intended asking key opening questions such as “tell me what led you to your choice of degree....” which I hoped would lead the participant to describe and explore their choice factors, and then by using such open ended questions I would gain in depth responses which would cover other topics and move naturally into perhaps a discussion about their previous education and first degree (for the MSc), to further explore. By using further open ended questions such as “and how did you feel about that.....”, “tell me more about that.....” I hoped to gain further elaboration on each student’s views in their own words and language. The initial list was for my reassurance as I felt unsure how the interviews would flow and how long they would take, but they did go as planned and naturally move from topic to topic. I made very few notes whilst interviewing, only jotting the odd prompt to myself to return to something the student had said, which I wanted to explore further with them, and explained I may do this. This approach was because in previous research the first interview I had carried out with a student they were quite distracted if I made any notes, so I always try to avoid doing this, and feel it is more important to maintain eye contact with the student and appear engaged and interested in what they were saying and helped establish a relationship with the students. The same applied to second and subsequent interviews, I used the semi structured format not only to serve as a prompt to explore questions relating to timing in the course structure, for example, how students felt about their first placement approaching, but also as a prompt to ensure I picked up and followed through topics students had raised in earlier interviews. For example, in Appendix III Maisie’s second interview I picked up on her concern in week 3

about learning Anatomy, and I asked her how she was actually progressing at the time of the second interview, which reinforced my interest in the students as individuals in my role of researcher. I always worked hard to make interviews flow and be spontaneous, and as a researcher, appear interested in the student's experiences and progress therefore strengthening the relationship with the participant. I felt this strategy worked well in reality and there was always plenty to discuss with the students and I was able to follow up anything that emerged from the interviews at the time, or in the following interview.

The participants appeared interested in my progress with my research, recognising me as a student too, and asked how I was getting on often before or after the recorded interview. This was particularly true of the final year students, and the MSc students who were planning their own research or had completed research as part of their first degree. They also realised that I was doing this whilst also working full time and with a busy family life and that I had an understanding of their deadlines and academic workload.

I discussed the first early transcripts with my supervisor for advice and comments on where improvements could be made to my interview technique, and no substantial problems were identified.

Student quotations are used in this thesis, and that has hopefully conveyed a feel for the student experience in their own words, although recognising that it was my selection of quotes. The quotations were unaltered and appear verbatim, only slight hesitations or repetitions have been removed to make it easier for the reader. Where a deletion was made it is represented by dots ".....".

I did not feel that it was necessary to gain participant validation by returning scripts to the students, because by having several interviews planned with each student, I was able to clarify anything that was unclear to me from previous interviews either during the transcribing process or in early data analysis from the interviews at the next meeting with the students. This also meant I was able to follow up anything I realised I had omitted or did not follow up in the previous interview with the student. That was a fortunate position to be in, it was timely to reflect on interviews during the transcribing and data analysis and I realised where I could follow up on a topic on reflection, when the original interview had moved on, or where I later felt I could have pursued a topic further at the time.

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I used Emails occasionally to remind students of arranged interviews and participants knew they could contact me between interviews, where there were a few weeks between dates, or if an issue emerged, but they did not email for that purpose, they waited for the next interview.

Diaries, emails or Facebook may have been useful tools to help students record their experiences whilst on placement for long periods, but on most occasions I had arranged interviews for as soon as possible on return from placement to ensure the students felt their experiences felt current.

Planned Timetable

The two year accelerated MSc programmes runs from February to February with no break between the end of one academic year and the start of the next, and data collection took place between February 2010 and February 2011.

The data from the BSc courses was collected from the cohort September 2010 to July 2011.

The proposed interview schedule:

2010	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Interviews		Y1 MSc A		Y1 MSc B		Y2 MSc A	Y1 MSc C				Y2 MSc B	Y1 MSc D
									Y1 BSc A		Y1 BSc B	
									Y2 BSc A		Y3 BSc A	

2011	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Interviews		Y2 MSc C										
			Y1 BSc C			Y1 BSc D						
	Y2 BSc B		Y3 BSc B			Y3 BSc C	Y2 BSc C					

Chapter 2

The actual interview schedule:

Interviews 2010	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
MSc year 1		Y1 MSc A Wk 3		Y1 MSc B Wk 12			Y1 MSc C Wk 22			Y1 MSc D Wk 37		
MSc year 2 (Final)		MSc Year started				Y2 MSc A Wk 19 (OT)						Y2 MSc B Wk 44
BSc year 1									Year started			
BSc year 3 (Final)									Year started			

Interviews 2011	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
MSc year 1		Y1 MSc E Wk 50										
MSc year 2 (Final)		Y2 MSc C Wk 50										
BSc year 1		Y1 BSc A			Y1 BSc B End yr							
BSc year 3 (Final)					Y3 BSc A							

The actual number of interviews (21 in total) were as follows:

MSc

	Year 1	Interviews	Final Year	Interviews
Occupational Therapy	Maisie	5	Megan	3
Physiotherapy	Mark	5	Melvyn	2

BSc

	Year 1	Interviews	Final Year	Interviews
Occupational Therapy	Barbara	2	Becky	1
Physiotherapy	Bailey	2	Beth	1

The factors which affected the differences between the planned schedule and actual schedule were explained in Section 3.6.4

As planned, the time between the interviews of the students meant an initial analysis of previous interviews was done before undertaking the next interview with each student. In all cases this allowed accurate follow up of issues individual students brought out in early interviews, and it was an opportunity to see if what was of concern at an earlier point subsequently becomes resolved/less or more important to the student.

The schedule for questions then had follow up individual questions personal to the student as well as the general open questions outlined to follow up general areas depending on the stage/year. This can be seen by the additional questions in Appendix III for Maisie, for her second interview to follow up issues she had raised in the first interview and this linking of interviews enabled me to follow the individual professional development.

2.6.7 Analytical framework

Data analysis is described by Hammersley and Atkinson (2007) as involving “interpretation of the meanings, functions, and consequences of human actions and institutional practices, and how these are implicated in local, and perhaps also wider, contexts. What are produced, for the most part, are verbal descriptions, explanations, and theories; quantification and statistical analysis play a subordinate role at most.” (p3). The data was treated qualitatively, and used tools, such as discourse analysis.

Hammersley and Atkinson (2007) suggested that “Much of the effort that goes into early data analysis is concerned with formulating and reformulating the research problem in ways that make it more fruitful and/or more amenable to investigation” (p24).

The transcription of the interviews was spread over the period of data collection and this allowed initial data analysis to be done on an ongoing basis, and enabled me to follow up any issues arising from early interviews as the students progressed through their year of study, as already described in the previous section. It was a helpful part of the design that the interviews were being carried out over the course of the academic year and analysis could occur between interviews for each participant.

Chapter 2

At each stage of this longitudinal study the transcribed data was analysed from the interviews as the research progressed. It was categorised on an ongoing basis which also helped after each interview to identify any topic for any follow up in the next interview which was an important aspect of the longitudinal approach. It also enabled students to raise new topics in subsequent interviews and following up on those new areas in later interviews. It also meant that coding evolved as the interviews progressed, and initial themes and codes constantly developed.

Appendix III illustrates an outline for a second interview with semi structured questions, which also incorporated some topics I wished to follow up from the previous interview shown in blue font. This was done for every second or subsequent interviews.

When each interview took place, the data was transcribed by myself as soon as possible, then coded. This gave me familiarisation with the interview data and enabled planning of any ongoing issues I noted to follow up in the next interview with the student, and revise coding on an ongoing basis, this initial analysis was identified by Silverman (2013) as helpful to data analysis. From the coded data early categorisation of themes from the data emerged but these were added to after each interview. The themes came from the data itself, not from any pre-conceived ideas made by me as the researcher during the course of the data collection and analysis.

Once the themes were identified and the interviews were completed the analysis took place, main themes and sub themes were identified and writing up commenced. For example, placements theme was analysed in sub themes eg anticipation, role models, educators, profession team. I put these in a chart and entered the line numbers for each sub theme by interview (some passages related to more than one theme) in preparation for analysis and writing up.

Literature was searched on an ongoing basis, and the literature for the review component of the thesis was updated. It also allowed emerging themes to be further investigated as they occurred and were related to the research.

2.6.8 Financial aspects

There were not any costs involved in this research, I was able to borrow the digital recording equipment and foot control pedal to facilitate transcribing.

This chapter has outlined the process and rationale of choice of methodology and plans and then the reality of the data collection. Whilst the initial plan of the number of interviews for data collection was not achieved for the final year BSc students, due to placements and recruitment difficulties, the participants both provided their reflections on the course in their one interview, but in both cases this provided rich data from the perspectives of these students. The next chapter will consider the participant experiences on their choice of career and motivation to take their course as a future health professional at Hillside.

Chapter 3 Choosing a career as a Health Professional

This chapter considers the first steps towards the student journey by identifying the factors that students take into account when choosing their degree course and university. It will refer to a selection of literature on choice of degree, initially looking at what will be described as “standard” degree programmes, then looking at the aspects of choice in health professional courses, and then focus more specifically on occupational therapy and physiotherapy professions.

Section 3.5 contains an analysis of the interviews with the participants in this research, which revealed their individual experiences in identifying their choice of future health professional career, then selecting their course of study, at either postgraduate or undergraduate level. It will focus on the factors the students perceived as important to them as individuals, in relation to their choice of career and university.

3.1 Literature Review on Course Choice

When looking at choice of course in Higher Education (HE), Reay et al. (2001: p860) suggested that “individuals applying to do higher education courses are making very different kinds of choices within very different circumstances and constraints”. Examples of the diversity of choices being made by prospective students entering HE were: the subject choice, interest in the subject, subjects they had previously done well in, job prospects appearing good, the reputation of the institution or course, the geographical location, standards appearing achievable, being able to work during the course, also personal and emotional constraints such as being able to stay close to family and friends, not having to move away from home, knowing others on the course. The authors looked at the widening diversity of students from a range of backgrounds including mature students, female students, ethnicity, class and social backgrounds. The authors considered how these students make decisions on course and university and how these factors affected their choice. The authors used data from two cohorts of students choosing degree courses across 6 institutions in the London area. They considered how family, friends and institution overlap to influence choice. The article explored how students from minority backgrounds

may self-exclude from institutions by anticipating they would feel they did not fit in and it would not be the right place for them.

On standard courses students would be fee paying, which at the time of my research 2010/11 would have been £3290 per annum on a standard undergraduate programme and students would, in many cases, have applied for a means tested student loan to cover their fees and accommodation costs. Fees increased dramatically since then, to £9000 per annum. The students on these health professional courses had their fees fully paid by the NHS, but still needed to pay for their accommodation and living costs, for which students were eligible to apply for a means tested NHS Bursary. Callender and Jackson (2008) considered how the fear of debt may constrain student choice and affect their choice of course and university, eg influence students to take a course whilst remaining living at home. They found that social class may influence how students feel about debt and affected their choice of course and location. With the health professional courses, if students wished to choose the profession the only route to qualification was by completing a degree in order to gain registration with the professional bodies and enter practice, and the location of the university may have been a factor in student choice to reduce debt.

Houston, Lebeau and Watkins (2009) explored the choice of subject and institution when carrying out their research on students in Biosciences and Sociology courses and identified the importance of subject interest, and they found that other important factors were employment prospects and institutional reputation. They used questionnaires and semi structured interviews in their research. They found the importance of factors appeared to vary depending on the choice of subject, eg geographical location was important to 66% sociology and 52% biosciences students.

When looking at how prospective students seek out and use information from different sources when decision making on choice of course and university, Slack et al. (2014) reflected on earlier literature, and conducted qualitative and quantitative research on sixth formers from different backgrounds and first year degree students. They suggested “hot” information sourced directly from siblings, friends, school based contacts was seen to be the most open, honest and truthful source on what the course/university is really like. If they did not have access to direct links they felt “warm” information from students they met at open days who they felt to be a trustworthy source of information. “cold” information was seen as

that gained from websites, course guides and any other information provided by the university which is the source applicants with no personal contacts rely on, but was felt to be distrusted as it may be perceived as selected and biased by the institution.

This brief introduction to the literature on choice in HE courses has given an overview of some of the elements considered for standard UG courses and indicated some of the factors students find important, such as subject interest, doing well in a subject area, reputation of a course/HEI, location and employment prospects. It also considered how students find information to make decisions and how it may be perceived as more valuable and trustworthy from more personal type sources than some published sources.

3.2 Literature Review on Choice in Health Professional Courses

This section will look at choice of courses in health professions, then move onto an overview of the literature for the two professions being considered in this research, occupational therapy and physiotherapy.

As outlined in the introductory chapter, it is only fairly recently that Occupational Therapy and Physiotherapy became accredited degree level programmes, leading to registration with the Health and Care Professions Council (HCPC) on qualification. In addition, each has its own professional body. In Physiotherapy the UG and PG degrees are approved by the Chartered Society of Physiotherapy (CSP), the Occupational Therapy programmes are approved by the College of Occupational Therapists (COT). Both programmes are monitored annually by reporting to the Professional Bodies and the HCPC annually monitors both programmes and re-accredits them when major changes occur. The programmes are reviewed every five years as part of the university's Quality Assurance monitoring process. By being one of the accredited HEIs for these programmes, students were assured when making choices that the programmes were maintaining the required professional criteria.

The professional status of these two programmes was raised when they became degree entry professions, as identified in Chapter 1. This may have affected the choice of career as a health professional. Students applying to take a degree to qualify in a health profession in any area were expected to be highly motivated to learn not only theory, but also practical

skills needed for their future career and have a sense of vocation and identity. This was the start of the process of professionalisation and students need to be able to demonstrate an understanding of the profession they are wishing to enter, along with other qualities such as a desire to help others, an interest in what the profession does, the desire to work in a health profession setting, and be motivated. This was in addition to the appropriate academic requirements for entry. Students therefore had to demonstrate their professional knowledge and motivation to successfully apply to the course.

Becker et al. (1961) considered the status of the medical profession in America in “Boys in White” and the motivation of choice of career. Medicine was already an established and recognised profession which the authors described as the “most honoured” and “most lucrative” of the professions (p3). It was largely male dominated when their research was carried out, hence the title “Boys in White”. It was an achievement for students to get a place on the course, and student were expected to have a sense of vocation and show the strong stereotype of the medical profession of “doing good”. This is an illustration of how the well-established medical profession carried a status and attracted applicants to it.

3.2.1 Occupational therapy choice of profession

In 1992, Rozier, Gilkeson and Hamilton carried out research in America to identify why students chose Occupational Therapy as a career. They used questionnaires for students in four randomly selected institutions offering OT. 54% of 400 students responded, 218 students, in total. The questionnaire was designed to sample attitudes towards OT, using an attitude inventory where they indicated on a Likert scale how much they agreed with statements about choosing OT as a career. The statements with strongest agreement for choosing OT as a profession were the desire to help others, job availability, and identified that previous experience in OT was a positive influence in choice of career.

Craik and Alderman (1998) carried out a study at Brunel University in London, noting the amount of research that had been carried out in America. They used a semi-structured postal questionnaires from 37 student respondents aged 30 and above in year 2 or 3 of their studies on the UG OT course. The most important reasons for choosing the career of OT for the 36 respondents was job satisfaction, helping people, job security and the variety of work

settings. They also asked students why they had chosen to go to Brunel, with 74 respondents the most common reason was close to home, no real choice due to personal circumstances, and not accepted elsewhere. It would have been interesting to be able to compare these responses to the whole cohort, including non-mature students. The authors acknowledged that OT was not as well-known as other health professions.

Craik et al. (2001) used questionnaires over a period of 4 years on year 1 OT students at Brunel University (total 330) with a 75% response rate. By rating 17 factors on the decision to study OT, the most important first, were variety of work settings, challenge/variety, lots of personal contact, client appreciation, holistic approach and desire to help disabled people. The top few factors for why they chose the university were the unconditional funding, nearest course to home, structure of the course and that it was the only full time course in London. Whilst it is interesting to see the factors those students identified as important, they do not give any further insight into student choice which would be revealed by qualitative data. The students also ranked how they first heard about the profession, the most frequent responses were by working in a health care setting 90(30%), OT/student family member/friend 55(16.7%), whilst researching allied health professions 39(11.8%), non-OT family member/friend 32(9.7%) school careers advisor/teacher 23(7%).

Craik and Naphthine (2001) acknowledged there was little research in the UK into recruitment of OT students. They looked specifically at 58 students taking the 3 year UG course as a second degree as a route to qualification. Previous research they indicated had consistently identified the motivations of working with people, particularly those with disability. When choosing the profession as a career for the mature full time students, those with the highest weighted scores were job satisfaction (211), helping people (191), variety of settings (149) and professional status (79) the lowest scores were promotional prospects (17) and salary (6). These students learned of the course via the Professional Body – the College of Occupational Therapists (COT) (49%), personal contact (17%), clearing (10%) and UCAS (8%), the Internet came surprisingly low (3%). The two most popular responses for choice of university for 64 students were the situation in London (39%) and the large number of mature students (16%).

Allen, Strong and Polatajko (2001) looked at students entering the accelerated pre-registration graduate entry in occupational therapy in Australia following the introduction of the programme when there were four in Canada and Australia, and one in the UK at York. The authors stated that the new pre-registration graduate entry programmes, had been developed in response to the changes in requirements in the workplace. The programmes provided the opportunity for OT students to qualify with research capabilities and these skills would strengthen the profession. They found the students chose their profession for similar reasons to UG students and they suggest the route offers a career path consistent with student values, competencies and goals. Their reasons were career/employment opportunities, contact through life experiences, diverse areas of practice, a challenging and satisfying career, working in a team and interest in a specific client/patient group. Although these are similar reasons to UGs the emphasis appears to be more on career/employment opportunities ahead of interest in the patient (this remains in the top five reasons). The research mentions the benefits of the “richness of experience” of graduate level entry students and the ultimate benefit to the profession on their qualification.

3.2.2 Physiotherapy as choice of profession

Richardson et al. (2002) published a study partly undertaken at a UK university and also at the Karolinska Institute in Stockholm. This was an analysis of the findings from the students at the start of their programme using a phenomenographic approach, and the participants (10 Swedish, 8 English) were from a range of sex, age, earlier work experiences and educational background, interviewed over the period of their studies. At this stage of the study looking at the students' early views of the profession they varied in their views, which was seen to have been influenced by a range of recruitment literature, careers advice, informal meetings with peers and friends, the media and personal past experiences of healthcare. It was recognised that students could develop concepts of their professional role from their educators in the HE institution as well as in the professional practice education context. They found a “strong identification with caring for the sick, injured and healthy people by treating the musculoskeletal system”, (p625) the importance of knowledge of anatomy, physiology and pain, as well as caring and communication. There was a concern to look and behave like a professional, plus the need to gain knowledge to build confidence, and to learn to instruct patients.

In 2002 Ohman, Solomon and Finch looked at career choice in physiotherapy in Canada based on questionnaires taken at two points in the programme for 60 students. The highest reason for career choice was job accessibility or economic reasons (25.5%), and 22.5% of respondents indicated that positive exposure to the profession influenced their career choice. The article also considered having a positive role model, including on clinical placements, which must have been from students later on in the course. The role models of physiotherapists that students had worked with, or received therapy from themselves, was indicated by 28% of respondents, and then family members and friends 21%. The authors implied that professional socialisation commences when students start the programme, noting that it is a lifelong process, yet students seem to need a clear idea of this before they start the course and need to illustrate professional knowledge and understanding before then, in preparation to apply and be accepted onto the programme.

Park et al. (2003) conducted a qualitative study looking at the attractiveness of physiotherapy as a career choice in the National Health Service. They interviewed a range of participants (92) including students, school pupils, mature students on Access courses, qualified physiotherapists and PT Assistants. The current students who participated in the study (24) identified important aspects which attracted them to working as a physiotherapist in the NHS as teamwork and a supportive working environment, the ability to progress in a career, helping and caring for patients, the variety of work, job availability, although recognising the high workload and perceived low pay. Mature students who were potential recruits had a perceived autonomy of working compared to nursing, and the current students noted their perception of the low recognition of the profession in general, as well as by other healthcare disciplines. When this article was written the programmes were oversubscribed and there was a shortage of trained physiotherapists meaning job availability on qualification was good, although this has diminished in more recent times since their study was written.

The literature has revealed factors affecting student choice of career for both occupational therapy and physiotherapy courses which are summarised as follows.

Occupational Therapy (in no specific order), recognising the appeal of the professional status, and career opportunities and variety of settings, strong motivation for the profession appeared to be a desire to help others, and the personal contact and anticipated client

appreciation. It was an expectation of working in a team, job satisfaction, availability and security, along with being able to work in a variety of settings.

Physiotherapy motivating factors were caring for the sick, injured and healthy people, having a knowledge of anatomy, physiology and pain, also caring and communication.

Positive exposure to the profession was a factor, job accessibility and economic reasons influenced their career choice as well as a perceived autonomy of working. Teamwork, being in a supportive working environment, and ability to progress in a career, with a variety of work and job availability.

There were common themes which are the appeal of the professions themselves and expectation of job satisfaction in a career where there was teamwork, with a variety of settings to work in, but also strong factors about the desire to help and work with people, described as “altruistic” reasons for career choice.

This chapter goes on to consider the factors that the participants considered the most important to them in terms of their choice of future career and course, and the choice of university, was considered. As indicated in the introductory chapter, one of the aspects of this research which had not been researched was the MSc student experience and how, or if, their first degree experience may have affected their choice, and how important they felt some of the factors were for them on their health professional course.

3.3 Student application process to Hillside University

It is made clear in course literature for the PT and OT programmes at Hillside University that, students underwent a rigorous selection process and were only selected for interview if they met the entry criteria and conveyed knowledge and interest in their chosen profession, the Admissions tutor would have been “looking for evidence of work shadowing/experience, understanding of the profession, leadership and communication skills and humanity” (MSc Course Review document, 2010). Prospective students were invited to attend OT/PT Open Days to gain course information. At open days and interview days the reality of being a health professional student was conveyed by Faculty. They put the emphasis on the expectation of professional and appropriate behaviour because students will be representing

their chosen profession. All students were informed so they realised the importance of focusing and working hard, and the expectation that they would have to "hit the ground running" (as some students termed it) especially on the MSc, this was conveyed from interview and open day talks.

Disclosure and Barring Service (DBS) checks (previously Criminal Records Bureau (CRB) checks) and Occupational Health screening were pre requisites for entry to the courses, to enable students to go on placements. Students were also made aware of the Fitness to Practice policy, the need for 100% attendance on the programme and expectations from the professional bodies. There were also ethics, behaviour and confidentiality which students were made aware of and they signed a form on entry to say they are aware of the policies and agreed to abide by them and notify the School should their status change.

Those shortlisted were interviewed, which was conducted by a university academic and clinician of their chosen profession. This was to help ensure the candidate's suitability for the programme and profession. On entry to the course, therefore, students would have demonstrated knowledge of their chosen profession based on their personal previous experience of that profession and any other information they would have gathered about the profession for example, from having received therapy themselves, meeting health professionals, other literature on the professional role eg marketing materials, prospectus, careers information. They would also have illustrated their awareness of professional values and reflective practice.

Interprofessional learning was part of the health profession degrees which was a new concept when it was introduced in occupational therapy and physiotherapy shared learning at the Hillside University in 1991, when the OT and PT programmes became the first jointly validated programme leading to separate professional qualifications (Routledge and Willson, 1994). This has been further developed, and interprofessional learning became an important and attractive aspect of the programmes. Since the early days on the OT and PT programmes, it was further developed by the introduction of the Centre for Interprofessional Professional Practice and the degree includes shared Enquiry Based Learning (EBL) sessions for OT and PT students with Speech and Language Therapy students, Medical students, Nursing students and Operating Department Practice (ODP) students. This helped prepare students for placement and working alongside other professions in future practice.

3.4 The Participants' Choice of Profession and University

In their first interviews at the start of the course, or for final year students when reflecting on their start point, the participants talked about the factors which had motivated them to choose their profession and future career to gain an insight into their perceptions of their future profession of physiotherapy (PT) or occupational therapy (OT) on entry. To capture the motivation for each of the students who participated in the research these sections start with an overview for each of the participants giving their pseudonym, degree and profession, year of study, and summarises the motivation for choice of profession OT (Section 3.4.1) or PT (Section 3.4.2) and university (Section 3.4.4).

In each section there then follows an analysis of the data incorporating quotations from the interviews. This data was mostly captured in the first interview, including the students who were starting their final year to give the context to their choice of profession.

None of the students directly talked about the topic of the status of their chosen profession, or that the perceived raising of that status because of either of the programmes having become degree only qualification. There were some reflections on the profile and awareness of the two professions, physiotherapy is the higher profile of the two professions generally, largely due to knowledge and publicity in the media from a variety of sporting events. Unless students have personal contacts or knowledge of occupational therapy, as indicated in the findings, there appeared to be much less awareness of the profession, which was reflected in the interviews.

The students appeared focused on aspects of their future professional career, and it was of particular interest that the students taking the MSc as a second degree reflected on the differences in their reasons of choice of first degree compared to their choice of career and course to qualification.

3.4.1 Choice of occupational therapy career

BARBARA BSc OT1

Barbara was working in an unrelated job in a local business having moved to the city, and saw an advertisement for OT. She looked into the profession and thought it sounded “amazing” and “interesting”. She started the Access course and worked as a care worker to gain experience then applied to Hillside on the undergraduate programme.

BECKY BSc OT3

Of the four OT participants, Becky indicated that she wished to become an occupational therapist at the youngest age, in year 12 (first year of A Levels in sixth form). She had wanted to do medicine but did not have the grades “I knew I wanted to do something in health care” (A:21-2), not to work behind a desk, and be “using your hands and moving about.....I’m stronger on my practical side than my academic.” (A:92-3).

She had chosen OT after information gained at an Open Day, when she had received leaflets on various health related professions, but on further investigation into OT she realised that was her career preference. Becky did a day’s experience locally and from then on knew she wanted to do OT and “once I knew I wanted to do OT there was no, no doubts or anything” (A:38-9).

From the participants in this study, it appeared there was also an attraction to the profession from knowledge gained personally or through friends and family having been service users, which would have been seen as “hot” knowledge by Slack et al. (2014).

Maisie and Megan both moved into work in different areas following their first degrees, but both had then found themselves via other care professions working as Occupational Therapy Assistants. They had really enjoyed the roles, and were motivated to progress and qualify as health professionals themselves, with a desire to become the person making decisions and having responsibility.

MAISIE MSc OT1

Maisie had discovered OT through working in a job at the local Council with people in residential care which had led her to finding out more about the profession and then being motivated to qualify. She realised that she found helping people “rewarding” this led to her finding out about occupational therapy realising she wanted a career which would be patient focused. She was motivated to apply to work as an OT Assistant (OTA) on a specific project, a role she loved and found rewarding, learning a lot from the occupational therapist she was working with. She wanted to qualify and progress, she wanted more responsibility and to learn more about OT, because she was really enjoying being an OTA Maisie realised she wanted a rewarding career with patient contact, but felt motivated and had the vision to apply to qualify in the profession, as she stated:

Deciding I wanted to do it, well yeah, I just want to have a profession where I'm able to, you know, I want to be able to do it myself, you know, at the moment I work as an Assistant and I really love it and enjoy it, but I'd like to be able to sort of, be more in control of the situation and be help, doing the help myself, with my own Assistant (laugh). (Maisie,A:326-30)

So, it's just really pushing myself and progressing for my own career, and my own, I feel like I would be more fulfilled if I'm doing it, if I'm doing the pract, if I'm treating clients myself, rather than at the moment, I love what I do, but I'm just, I am just doing the assistant role, so I'm more sort of observing what the OTs are doing and then I help them with things like making accessible packs and stuff which is really, like I say, people can see what décor choices they've made, I've been doing things like that which is really fun, but, you know, I feel like I can push myself a lot more, I've got, hopefully, the capability. (Maisie,A:336-44)

This illustrated Maisie's vision and motivation to become a qualified occupational therapist which would enable her to become the decision maker. “And, yes, so, I feel like I'm capable of being a therapist and that I'd be a good one, so yeah, I guess it's, it's just that really, and then I applied and got on.” (Maisie,A:350-2), she had gained confidence through her previous work experience and had a desire to succeed.

Maisie said that at the point at which she chose her first degree she did not know about OT and felt that she had not had very good careers advice at her Sixth Form. However, she did state that had she chosen the profession as her undergraduate choice it would not have been such a “conscious decision”, she chose Psychology as her first degree because she enjoyed the topic, but had not known what career path she would take after that.

From her time working as an OT Assistant (OTA) Maisie learnt from the OT she was working with:

They're elderly and things but, I've been working alongside a specialist, and occupational therapist in inclusive design and it's amazing how much you can pick up and learn, yeah, and I just love it! (Maisie,A:318-20)

This learning was ongoing which she anticipated would make placements very attractive and help her develop further as a professional:

I don't do any assessments or anything, obviously, well I don't know if OTAs do in other roles but I don't do anything like that in my role at the moment, but I expect as a student will be expected to do some assessments obviously they won't count towards anything that we'll be doing, so I'm really excited about, I look at people in my role now and because of my role I think in a more analytical way as if I were an OT but I'm interested in seeing how I'd, I'd get on with that as well. (Maisie,A:873-9)

MEGAN MSc OT2

Megan OT final year 2, reflected on what had helped her to choose her career, having worked in a college with students with learning and physical difficulties she realised that she preferred working with people, having taken a creative first degree. She then worked as an OT Assistant in a large hospital and loved the job, but wanted to progress and recognised she “couldn't stay doing that job because there was nowhere to progress and get qualified” (A:335-6), she wanted more responsibility, to learn about OT and therefore she applied for the course whilst working.

The perceived attributes and role of the Occupational Therapist, therefore, was something that attracted students to the profession, once they had become aware of this less well known profession. Few of the participants appeared to have been aware of the career of occupational therapy from an early stage, which was reflected in the way in which some OT students had “found” their chosen profession. This may have been partly due to less general awareness of the profession of occupational therapy compared to that of physiotherapy, which appeared to be better well known as a profession eg physiotherapists working at sporting events such as football and tennis events, and in a rehabilitation role.

3.4.2 Choice of physiotherapy career

Both undergraduate physiotherapy participants made it clear they had wanted to be physiotherapists from a young age - Bailey since year 8 (age 12/13), Beth since she was 11 years old, and both through the experience of knowing sports physiotherapists.

BAILEY BSc PT1

“I’ve known I wanted to do physio probably since I was in like year 8” (A:12-3).

Bailey experienced physiotherapy after a sporting injury on her knee and realised “oh that is definitely for me like, because it incorporates things that I was interested in like still having the sports side of things and like exercises... and the body as well” (A:39-40). Bailey had always known she had wanted to do something medical for a career. and took the A Levels needed to do the degree and arranged shadowing a private physiotherapist for a week and a hospital physiotherapist in two one day settings between years 12 and 13 before applying for the course.

BETH BSc PT3

Beth said she always knew she wanted to do physiotherapy, through playing football since she was 11 she got to know a sports physiotherapist and was interested in what she was doing. Beth had considered various health profession options during a 2 weeks work experience in year 10 and had felt that physiotherapy was the right career. She arranged work experience in a nearby hospital shadowing various professionals and hospital staff. and

with sports teams. She admitted that she did not realise before the course how broad physiotherapy is.

Mark and Melvyn both wanted to take physiotherapy while taking their A Levels, but neither achieved the grades to enable them to do this as their undergraduate degree.

MARK MSc PT1

Mark originally wanted to do physiotherapy as his undergraduate degree, but he had not done well enough in his A levels to take physiotherapy as his first degree, instead he took a degree in Sports Science due to his interest in anatomy/physiology/human sciences. Mark admitted that at 16 he “did not really get to the mindset needed to buckle down” (Mark, A:213-4) nor had he managed to arrange the work experience needed to successfully apply to the UG programme. Mark had one parent working in a healthcare profession and would therefore have been exposed to what Slack et al. (2014) would have considered “hot” information on health professions. Mark explained that growing up this had given him an interest on how things work, which he described being “like a constant inquisition, what, why does this happen to the body” (A:238-9).which he felt had fed his curiosity and led to him becoming more interested.

On completion of his first degree, Mark found that he was seeking a second degree when he had found it was possible to do an accelerated Masters to qualify in physiotherapy which really appealed to him and re-sparked his interest in the profession, he had not previously been aware of this option. He found this appealing with his knowledge gained from his first degree and that he could take a Masters degree “and a professional qualification” (A:298). He said it was an “appealing career, to be able to sort of stimulate your mind” (A:897-9) and the end product is being able to help someone. Mark had little professional experience before starting, but he felt he had a basic knowledge of the profession and had portrayed knowledge and enthusiasm plus his previous academic achievement to gain his place on the course.

In deciding where to go to study, Mark had sought and taken into account “cold” information from websites and he said he felt that Hillside had not sugar coated the course requirements and had been most transparent about the fact that students on the accelerated masters

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need to learn 3 years undergraduate knowledge in one year - most of year 2 being spent on placement, when students get “hands on” experience. The other factors he felt were important was co-teaching with occupational therapy students and the physiotherapy cohort was slightly larger (20) than two others he considered (10), which he may have felt more comfortable with because of his lack of practical experience at the start of the course. He stated:

I think the initial reasons that a health care profession appealed to me was this sort of intrinsic reward of helping people and bringing them back to, sort of a healthier living, but also the clinical reasoning and the problem solving side of things, I mean perhaps, it's not a reason in itself to choose a health care profession but coupled with the fact that you have this enjoyment of human sciences and a sort of desire to help people improve their lives, it is quite a, a very sort of intellectually stimulating idea to sort of get, build up this thought process in your head and sort of put the pieces of the jigsaw together, I think, I mean, for me it's a very appealing career to be able to sort of stimulate a, your mind, in that respect to really sort of get the cogs turning, but then the fact that the end product is helping someone, whether it is just a stroke patient or a musculoskeletal patient, or someone like that, to actually bring them back to, to good health, whilst you are really engaging your brain is quite, quite appealing to me. (Mark,A:884-97)

Mark again expressed this anticipation of what he thought the profession would be like in week 12 before his first placement:

It's great if you can help people get better but you need, I mean, you need some sort of mental stimulation, and I think really that is going to be the, the sort of, I suppose you would call it like a little buzz, from helping people get better but you are constantly solving these problems and that, that's really appealing to me. (Mark, B:653-7)

MELVYN MSc PT2

The second year MSc PT participant Melvyn had also not done well enough in his exams at the same stage to take physiotherapy, but had then taken a science degree instead (his

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specific course subject has been anonymised to “science”), which he recognised might be a “gateway for me to fall into physio if I wanted” (A:165-6), and get the job he wanted later. Melvyn did 5 or 6 days in hospitals for observational experience prior to the start of the course.

Melvyn was attracted by the assessment, diagnosis and treatment process of the profession, which he had experienced personally and he had also experienced his grandmother having physiotherapy after a stroke which he had found interesting as a teenager. He stated:

Like I say originally it was because of me going in myself with various knocks and bruises picked up, usually playing rugby and whatnot, and just the whole assessment and treatment process of what went on, I loved that my physio was able, was really good at diagnosing what she felt was wrong and kind of, I just found it really interesting, the whole process. (Melvyn,B:175-9)

Although he was interested in physiotherapy he described his first degree choice:

I fell into Science, which is fine, so I eventually got to where I wanted, but em it was yeah, that's basically how I ended up in science first, it was a good broad degree, like whereby, you will get a good university experience out of it and also there was a gateway for me to fall into physio if I wanted, but also it would get me a job as well, if I decided I was happy in Science like other ways to progress your education with PhDs and whatnot, they throw them about in science. (Melvyn,B:162-8)

Both Mark and Melvyn had later realised they could take physiotherapy as an accelerated Masters, which their choice of a relevant undergraduate degree plus knowledge of the profession made them eligible to apply for. The aspect of being able to do this as an MSc over two years rather than taking a further three years made this an attractive option for them, and Section 3.6 will look specifically at the aspects influencing the students taking the MSc as a second degree to qualify in their chosen profession.

3.4.3 Different motivations between professions

Although there was an element of shared teaching and subject areas between the occupational therapy and physiotherapy programmes, they are two distinct professions and the factors which had attracted students when choosing their profession will now be explored. It became apparent that physiotherapy was much more “visible” and well known generally as a profession, mainly from sporting activities and being mentioned in connection with football and other high profile sports. On the other hand, occupational therapy appeared to be relatively unknown generally, unless information had been sought on health related careers, or from personal experience of relatives/ friends who had been referred to occupational therapists.

The following table provides a brief summary and synthesis of the contrasting experiences of motivation and professional subject choice which identifies some of the differences from the view of the participants. As outlined in the first chapter, there is no suggestion that the findings from the participants represent the whole cohort.

Physiotherapy	Aspect of choice	Occupational Therapy
Visible profession		Less visible profession
All four students aware of their chosen profession from their own sporting experiences at young age, one student also aware of stroke rehabilitation from a relative - all motivated to become physiotherapists based on these experiences	Knowledge and status of chosen profession	Only one student (UG/PG) was aware of OT by the end of school – the other three students did not find out about profession until working in other jobs
Several other clinical areas not mentioned eg neuro, respiratory at this stage	Less known aspects of profession	There are a lot of clinical areas of OT, many of which the students appeared to be aware of at this stage
Identified the skills professionals use of diagnosis, choice of treatment and follow up as enjoyable, challenging	Student recognition of professional attributes they saw as desirable for future profession choice	Seeking the responsibility of being the professional making the choice of therapy
Making a difference to client’s lives by helping them to improve		Making a difference to client’s lives by helping them to improve

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Physiotherapy	Aspect of choice	Occupational Therapy
From personal sporting experiences	Source of information about the professions	Two MSc students were working as OT Assistants. One found out about OT whilst at school researching health professions, other OT student saw ad for the profession whilst working and researched further
Expectation for entry Mark only had minimal sports science exposure	Working experience gained before subject choice – professional exposure to profession	Expectation for entry: Maisie and Megan were working as OTA's when realised they wished to become OT professionals themselves.

The students on the two courses in this research, physiotherapy and occupational therapy, appeared to differ in the timing of when they became aware of their respective future careers, what the roles entailed and what created their interest as a future career option

Physiotherapy was the more visible of the two professions, and all four of the participants were initially drawn to the profession through knowledge gained from their own sporting experiences where they encountered physiotherapists. The students were initially drawn to aspects of the profession based on these experiences, they witnessed professionals working in sporting settings and perceived attributes of the profession from this. It was only Melvyn who mentioned additional personal knowledge of stroke recovery based on his observations when his grandmother received physiotherapy, which was the only other setting mentioned. Beth commented on reflection in her final year that she thought that she did not think that students realised before the start of the course how broad the profession of physiotherapy actually was.

Occupational Therapy, on the other hand, appeared a much less visible profession and only those who are actually seeking out a health related profession for a career choice seemed to have become aware of it in school. Students did not mention having received careers advice at school on the subject of occupational therapy.

For the MSc, with 20 PT places and 28 OT in 2009/10, there were more applicants per place for Physiotherapy, 4.9 per place, compared to 2.29 for Occupational Therapy, which illustrated the numbers attracted to applying for each of the professions.

There were qualities of the roles of both professions which seemed to have attracted students to their respective professions. There was also some commonality, such as the desire for leadership and decision making and responsibility for patient outcomes. There did appear to be slightly more focus on client/patients as a reason for career choice with the OT students, expressed for example by Maisie. This compared to a focus on the career of physiotherapy being seen as challenging and interesting and appealing as a career, although there was still a desire to help people expressed by the students.

3.4.4 Choice of Hillside University

Hillside's entry requirement at undergraduate level was for three B grades at A Level to study occupational therapy and AAB for physiotherapy, both programmes being competitive and oversubscribed. For the MSc students must have a relevant first degree with a 2:1 or above classification.

The programmes for the two health professions had been approved and validated by the Professional Bodies, and students were aware that completion of the degree at Hillside University will qualify them to work as a health professional. Their choice of this HEI was based on other factors, which the students informed me were as follows:

Occupational Therapy:

BARBARA BSc OT1

Barbara was living locally, knew it was a good university with a good reputation, but she did apply to other universities too. There was a Local Teaching Hospital and she was aware that resources were good at Hillside.

BECKY BSc OT3

Becky's interview at Hillside clashed with that of another university; but she chose to attend Hillside as they had been helpful to rearrange a previous interview due to bad weather. She

deliberately chose to attend the interview without her family or boyfriend, “I know that’s for my own reasons why I’ve come, it was a gorgeous sunny day, I saw rabbits and I was like, this is my university and the interview, I just found it so easy and it was just perfect” (A:47-9). She knew that Hillside offer a lot of placements “it’s good to see what you’re going to be doing in the future anyway, so it’s brilliant that they have the opportunity here.” (A:95-6).

MAISIE MSc OT1

Hillside was local to where Maisie was living and thus most financially viable, but she knew it was a good university, reputable and the course was good, including the focus on anatomy, which she explained not all courses do, she had investigated other universities. At Hillside, OT/PT/SLT students had their own building, the lecturers had been occupational therapists and there were visiting practicing occupational therapists, and Maisie felt the active researchers were important.

MEGAN MSc OT2

Megan liked the city, and she had heard good reports about Hillside from the occupational therapists she was working with in another city in the region and had met a couple of people who had taken the course at Hillside who said it was good.

Physiotherapy:

BAILEY BSc PT1

Bailey also applied to four other universities, her interview at Hillside went well. One of the things that attracted her was the sports facilities; she participated in some sports and knew she could join various clubs.

BETH BSc PT3

Beth was successful in all her interviews and was given all her offers but she lived in the region, about an hour by car, and decided on Hillside being relatively close and she felt any local placement would be helpful for accommodation and would help financially.

MARK MSc PT1

There were five other universities that Mark considered, from the website he felt Hillside “put the most effort into portraying what the course would offer you, what the requirements were”

(A:306-7) they “weren’t sort of sugar coating the fact that it was a lot of work” (A:313-4), and Hillside had a bigger cohort (20) compared to 10 elsewhere, and had shared teaching with occupational therapists.

MELVYN MSc PT2

Melvyn worked and had gone travelling following his first degree, he applied for more than one university although he had been a bit thrown by the February start at Hillside.

In summary, the main factors were as follows:

Reputation of Hillside

PT students said they had found Hillside attractive, having chosen it ahead of the other HEIs they had applied for. It appeared from the interviews that all the PT students also applied to other HEIs.

OT - Becky applied to other HEIs. Megan lived in city in the region and applied because of good reputation and she had met a couple of people who had taken the course at Hillside who said it was good. The good resources at Hillside were noted by Barbara.

PT student Bailey said one of the things that attracted her was the sports facilities at Hillside, she participated in some sports and knew she could join various clubs.

Visit/ interview days

Mark felt Hillside were honest and open about the course requirements and the need to work hard.

Becky had an interview at Hillside which clashed with another university; she chose to attend here as staff had been helpful to rearrange a previous interview due to bad weather.

Geographical location

As anticipated from the literature, (Reay et al., 2001)) some students choose their HEI due to geographical location, but this only appeared to be two students Maisie and Barbara and was not the only factor for them. Maisie (OT) was already living locally when she realised she wanted to become an occupational therapist, having been working in the city and living here with her partner. Although this was more convenient and financially the best decision for her, she did take into account the good reputation of the course which she had checked, including the focus on anatomy which she felt was important, the purpose built building and

the lecturers having been occupational therapists and active researchers as well as visiting lecturers being practicing occupational therapists.

All the PT participants moved to Hillside to study, none were living locally on application. Beth lived in the region, about an hour by car, and decided on Hillside being relatively close and she felt any local placement would be helpful for accommodation and would help financially. For OT there were two of the participants already living locally in the city, Maisie was living locally with her partner, her family were local. Barbara too lived locally with her husband, but had also taken into account the good reputation of the university and had applied to other HEIs. She mentioned the local hospital and the good resources at Hillside as factors in her choice.

Course specific aspects

The structure of Placements in year 2, in preparation for practice, was identified as important. Mark (PT) said he felt this would better prepare students for work as they would qualify three months afterwards and he felt he would therefore feel more assured in his abilities because of the good grounding which the course provided. Mark also felt it important that Hillside had a bigger cohort (20) compared to 10 elsewhere, and had shared aspects with OT students.

Becky knew that Hillside offered a lot of placements “it’s good to see what you’re going to be doing in the future anyway, so it’s brilliant that they have the opportunity here.” (A:95-6).

In her final interview Megan made it clear that League Tables had not made any difference to her choice of university, she liked the city and had heard good reports of the course from occupational therapists she had been working with (she was an OT Assistant). She also met a couple of people who had previously done the course, she rated it from that feedback, the knowledge that it focused on anatomy and physiology, which was what she was interested in.

The choice of Hillside as a university to study occupational therapy and physiotherapy appeared to have been made for a variety of reasons for each of the students, but all seemed concerned to ensure the HEI and the course had a good reputation for the subject.

They appreciated aspects such as the resources available to the students, the format of the programme with the placements, and content.

Megan and Maisie both obtained information from other occupational therapists they were working with. This was seen as valuable and trustworthy. Becky too had valued the personal information gained from other health professionals on the university and the good reputation of Hillside and the programme. Personal information and the impressions gained at Visit and Interview Days were also factors, and the students appreciated the honesty of the course leaders in conveying how challenging the course would be.

3.5 Focus on chosen future career

From the start of the course there was evidence of the students being focused on their eventual qualification and beyond, and on their future identity as a health professional. The MSc students particularly noted and commented on this, in contrast to their experiences on their first degree.

There are a wide range of clinical areas where occupational therapists or physiotherapists can work, but on entry to the programme students may not be aware of the full extent of these, as shown by Park et al. (2003) in the case of physiotherapy. As the students become more experienced in their chosen profession, through learning and during placements, which will be further considered in Chapter 5, they started to select areas they were interested in and felt they would like to work in on qualification. At this early stage students were starting to perceive themselves as future health professionals at the start of the course based on their experiences at that stage.

Maisie said in her first interview that her focus this time was on her future career in OT, which she compared to her first degree experience. She was keen to identify the area of the profession she would like to end up in on qualification:

Much more focused, because of the end goal, and what I want to do, and also I just feel generally a lot more switched on this time, you know, I want to be looking at different areas of occupational therapy just to sort of identify which area I want to go into and I want to be at the point before I finish that I know where I want to go, so

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that I can start applying and try and get myself into the work that I want to do, because I think being that much older as well, I don't want to be faffing around in a job I don't want to do. (Maisie,A:789-95)

She was motivated to becoming a qualified occupational therapist and was forming ideas of what that would be like, and how the course differed from her first degree:

That's another reason why I'm still here as well, and I think it, obviously it's going to be quite different, because you know that your role will have, the end goal of this degree is to be a therapist, so that is going to be a responsible role, I'm going to have to think about lots of things very seriously, and you know, ethical issues and confidentiality and all that sort of thing, and also reflective practice which is required and so that will be a different way of working, like we had a lecture the other day on writing essays and things and just saying the different styles that we'll be writing, like reflective essays are very different from anything I've ever written, I've never written anything with I in it, certainly. (Maisie,A:807-16)

Students recognised the importance of placements in helping them identify their future speciality and how this will help them achieve this, Becky expressed this when talking of placement periods and her choice of course: "it's good to see what you're going to be doing in the future anyway, so it's brilliant that they have that opportunity here". (Becky,A:95-6).

Maisie illustrated the desire to know which area she would work in following her qualification:

I'm looking forward to seeing a new area, by working in a new area, and with another OT, see how they work differently, and just meeting, I'm just basically looking forward to like meeting other clients, seeing how, what we can do to help them and stuff, just the basics really just interested in sort of gaining as much knowledge as possible from the professional that I am working with, or professionals and seeing how the team runs, getting a good idea about whether I'm, I want to aim to know what I want to do when I'm graduating, I want to, don't want to just leave uni and not have something set up, I want to try and work out the area what, that I want to go into or work out that I definitely want to do a rotation before I leave, so that I can get something sorted so, I'm very keen to sort of try and gain as much from each

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placement to see if that's where I want to be, so, I think maybe, mainly those are the things just seeing how it can be managed, getting as much as I can from the people there and the, the clients and patients, or what do they call them in social services, but no, clients probably (laugh), or service users I think, but that's not very nice.
(Maisie,C:652-67)

Mark expressed some of his perceived realities of the future, but seemed ready to embrace the hard work and study that he was aware would be needed to qualify in his chosen career:

I mean, perhaps, some people think that physio is going to be glamorous, you're always just going to see sports injuries but, it's not till you are actually here and you see the fact that these people that we are talking about, more clinical, and more sort of everyday activities, that you think OK, now I need, not change my mindset, but to incorporate this sort of extra dimension to it. (Mark,A:684-8)

I mean obviously I've got my sort of friends and leisure pursuits to sort of integrate as well, but I just find, I've, you know, I've done the hard part, I got onto this course and I want this, this is a career for sort of forty odd years, You know for the two years, you can deal with it, you can avoid other things for now if you've got your whole life ahead of you. (Mark,B:1135-9)

Melvyn recognised what first attracted him to a career in PT, but at the start he still felt that he had an open mind about his future career although he had been influenced by the role model of a physiotherapist he had personally experienced when younger playing rugby:

Mainly what made me interested was me going there with musculoskeletal complaints of my own, that's how I got interested in it and I think that's what still mainly interests me, but then again, work, doing a rotation could quickly change my point of view, and that wouldn't be a bad thing if that happened either.
(Melvyn,C:520-29)

Maisie identified the professional aspects of the course as important factors in her choice of career, but she also picked up on specific examples such as ethics, values and reflective practice, which she saw as important aspects of learning and personal growth.

At this early stage students quickly recognised that they had a lot to learn about their own professions and the opportunities they may offer and be able to experience to help them with their future career speciality choice. They recognised that learning was going to be over the course of a working lifetime, not just the relatively brief time at university leading to qualification.

3.6 MSc students at the start of the course– a second degree

The MSc students had chosen to take this programme to qualify them as a health profession as a second degree. They had previously experienced being a student on their first degrees, and the strong motivation and focus was evident in their focus at the start of this degree. As explained in the introduction no qualitative research had been carried out with the MSc students and this was an exciting opportunity to hear their perspectives.

The students who were on the MSc programmes had completed a first degree, which some said they had originally chosen because of their interest in the subject of their degree, which Houston, Lebeau and Watkins (2009) had identified as an important factor of undergraduate choice.

In their early interviews at the start of their new degree, or in finalists interviews reflecting on how they felt at the start of their degree, the participants appeared to be fully focused on their future professional career, not just on their identity of being a student, again. Mark and Melvyn had both originally wanted to do physiotherapy as their first degree, but had not achieved the results to enable them do it and they subsequently studied their first degrees in Sports Science and a Science subject respectively. They had subsequently found out about the MSc accelerated programme to qualification and were attracted to it, meaning a further two years of study rather than three.

3.6.1 MSc - a second degree and a different level

The MSc students appeared to be fully aware that they were expected to “hit the ground running” on the accelerated programme, and Maisie expressed some of her feelings which she implied was consistent with the cohort:

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I think with this, with this cohort, coming in at the MSc level and maybe the age difference as well, you know, we're all here, we know we want to be here, and also it's a little bit more, I think it's a bit more of a risk for us, because obviously we're taking time out of earning, whereas your first degree you do get sort of a bit more help and stuff. (Maisie,A:429-33)

There was an awareness conveyed by Maisie that learning will be at Masters level:

I suppose we are all used to the style of, doing a degree I suppose, so, obviously we're expecting a different level now. (Maisie,A:531-2)

Megan too reflected on the contrast with her undergraduate experience and, as with Maisie, she implied the cohort felt the same and all appeared very motivated to question and learn. She appeared to attribute this to being a Masters student, although in a later question she also said she felt could have been because the course was leading to a job and into a profession:

I think it is quite a different experience being a Masters student to being an undergraduate student, I think it's a different kind of mind set, I think everybody on this course is, they're here because they want to do the job and they're here because they, or because they want to, really because they really want study, and they really want to learn about the subject and in our lectures everybody's, well, quite often people ask a lot of questions and I didn't find that so much on my undergrad course. (Megan,B:665-71)

Mark appeared to really value the opportunity he had been given, having found out about the MSc accelerated route to qualification, and realised that although he had not had as much practical experience as most of his peers he really appreciated being given a place on the course with just his undergraduate Sports Science experience:

I imagine for the majority of people here, and for myself included the ability to take on a preregistration course, or something that obviously now should reflect a professional qualification is also about undergraduate for people who don't necessarily, not even acknowledge, but aren't even aware that there is this second

option, that it does make you think I'm here to work, and they're obviously, they're taking, not taking a chance, but they think I'm capable of doing this, so I need to, sort of pay back that respect. (Mark,A:520-7)

Mark had recognised that there was a strong purpose to this programme, following his first degree experience, “we’re not here to enjoy the novelty of university to start with, we are here to gain this professional qualification and an MSc at the end of it,” (A:1102-4) and he was also motivated because of having to take a further two years to qualify.

The students on the MSc were aware of the difference between their first degree experiences and the expectations on the higher level award leading to a professional qualification and their perceptions were helpful to be able to identify and contrast their experiences as the students themselves had recently been undergraduates. There was evidence of strong motivation to enter the programme with a positive attitude to get on with the work and start working towards their identified future careers and from their comments they seemed grateful to have this opportunity to take the accelerated course.

3.6.2 An investment for a future career – a sense of responsibility

Mark reflected on the first degree experience in Sports Science, having a “big social aspect” for the first two years, but then had to buckle down “a bit” in his final year, which he compared to doing a health profession as a second degree: This conveyed the seriousness and motivation with which he was approaching his physiotherapy course having not reached the entry requirements to do physiotherapy as his first degree.

That's the thing, it's, not only the time, but just the mentality of the students on an undergraduate course, it is a lot of sort of gimmicky, I'm away from home, I've got my own rules if you like, whereas everyone here is, or are more sort of settled, with their life and everyone has sort of got their head down and wanting to work which is quite refreshing compared to my last course. (Mark,B:965-9)

On entry to the accelerated two year course for the profession at Masters level, Mark was stating how seriously he was taking this opportunity, and giving a stronger commitment to his studies. His earlier quote illustrated how he was willing to prioritise his two years of study as

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an investment in his future lifelong professional career. He also indicated that he wanted this career to offer him challenges:

It's great if you can help people get better but you need, I mean, you need some sort of mental stimulation, and I think really that is going to be the, the sort of, I suppose you would call it like a little buzz, from helping people get better but you are constantly solving these problems and that, that's really appealing to me.

(Mark,B:653-7)

Melvyn too had not achieved the grades to get onto the undergraduate physiotherapy degree and had taken an undergraduate science degree, and he described his contrasting attitude from his first degree:

Comparing it to my last degree, there is just, and obviously that was an undergraduate course, and where first year, obviously, a lot of undergrads, myself included kind of took their time settling in and didn't necessarily see, their course as the main reason to be in uni. (Melvyn,C537-40)

There was no compulsory attendance on his UG course, and if students had fallen behind it was "their problem", even though there were support services. He contrasted this with the MSc expectation of compulsory attendance:

Obviously the NHS are funding it so, that's why it's partly it, and also, you can't be an effective therapist if you haven't had the education, or you haven't done the work and I mean, it's the responsibility, there's basically a greater responsibility on you to do it because you will be, you'll be looking after people and if you do something, you do something wrong, it won't be just you affected. (Melvyn,C549-54)

Melvyn mentioning NHS funding appeared to convey a sense of responsibility for the outcome, and this appeared to have added to his motivation to complete and qualify:

People who do our course are very serious about what they do but, I really don't know, I think maybe a little bit more is expected of you, but maybe that's the

difference between an undergrad and a Masters, I can't really tell because my only other experience is my undergrad. (Melvyn,C556-60)

Melvyn appeared to find it hard to unpick what was causing his more serious attitude to qualification on the MSc in PT, to what extent it was because it was a professional degree, or because it was a higher level Masters degree – or combination of both.

3.7 From choice and selection to becoming a student

At the start of the UG and PG programmes, the students had chosen their careers based on their perceived expectations of their chosen profession which included aspects such as autonomy, decision making and a rewarding profession and a desire to help people and have a “hands on” approach. Students were expected to illustrate that they were aware of the values of their health profession and some reflections on the traits of professionals in their chosen future career, this they based on their experiences and information they had found out about the profession at that point.

The qualitative data has given a more detailed insight into the diversity of student perspectives and the complexity of their decision making, knowledge of courses, and investigation into the professions which are considered and explored by students before applying to their chosen programme. This is in contrast to a lot of the literature for occupational therapy and physiotherapy where research has been carried out by questionnaires, some forcing students into choosing from a limited list of reasons and asking them to prioritise from those. It was especially interesting from the perspective of seeing how students became aware of their eventually chosen profession, and how they then came about deciding they wished to pursue this as a long term career.

In order to further consider aspects of the two distinct professions which the students had found attractive, the use of the language the students used to express their choice are given in the examples as follows.

Occupational Therapy students:

decision making; rewarding; “a profession”; in control of the situation; capable of being a therapist; seeking responsibility; profession sounded amazing and

interesting; wanted to work in health care; hands on; practical job; communication with patients.

Physiotherapy students:

enjoying anatomy and physiology; professional qualification; career to stimulate the mind; helping people; assessment and treatment process interesting; diagnosis; outcomes from treatment; interest in sports, exercises and body.

This reflected the expectations of the professions themselves, and the sort of aspects the students were motivated to achieve in their future professional careers, and reflected their desire to have a challenging and practical based career, and to help others.

The choice of profession for occupational therapy and physiotherapy degrees appeared to have different motivation from the choice of a standard degree which literature suggested the enjoyment of a subject and having done well in that topic were amongst the top reasons for choosing undergraduate degrees (Reay et al., 2001).

The literature in occupational therapy and physiotherapy on the determinants of choice on professional degrees included working with people, helping people, working in a variety of settings and job satisfaction as seen in Sections 3.2.1 and 3.2.2 above. The students in my study had identified aspects such as seeking responsibility as important for their professional choice and the students conveyed that they were choosing a future career, not just a degree qualification. There were also some differences from the literature, for example, Craig and Napthine (2001) had found promotional prospects as scoring very low for mature students choosing a second degree, whereas all the mature students who participated in this research seemed particularly interested in promotional prospects and the fact that there was an identified career path which they identified as a motivation to select the profession.

On entry to the programmes the students appeared to be clear about the demands of the course and the profession they are working towards qualification in. They all appeared very motivated and focused on their future career which would hopefully be expected at that stage. What emerged from the literature was how the students expressed interest, even before starting the course, in identifying areas of future specialism within their profession.

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This chapter represented the period before the start of the course and, it appeared, for students this was the in reality the start of their process of becoming a health professional, the early start of their professionalisation. The next chapter moves on to the next step on the student journey and considers the transition into the reality of becoming a health profession student, and how the students experienced this, and settle in with their peers in their new cohorts and start to experience life on the university campus and on their course. It was intended to see how anticipated on entry are then experienced longitudinally by the students in reality.

Chapter 5 will go on to look more closely at the role of placements as the practical part of the programmes and preparing students for their future profession.

Chapter 4 Transitions from student to Health Professional – the student experience at university

This chapter focuses on the multiple transitions experienced by students engaged in a health profession course. It starts with a review of some of the literature on transitions into and through Higher Education, before considering the specific literature on transitional learning experiences on health professional courses. The chapter then presents an analysis of the findings, trying to capture the perspective of the undergraduate and postgraduate participants on their lived experience.

The literature suggests that students on “standard” degree programmes, as defined in Chapter 1, undergo a staged transition into the Higher Educational (HE) learning context, marked by the interplay of a student social experience experience and the acquisition of generic and subject-specific cultural knowledge and practices, before emerging from the HE environment as graduates (Lawrence, 2009). Lawrence’s model shows that not only is a student entering the HE environment and becoming part of the University culture, but they are also part of the environment comprising other expectations and demands, and also acknowledged the social and personal transitions that students need to adjust to. Lawrence acknowledged that each subject may have its own prerequisites and assumed knowledge, and acknowledged the complexity of the learning environment as there are other discourses that students need to engage with, such as administrative, research discourses, computer technologies as illustrated in Figure 4.1 overleaf:

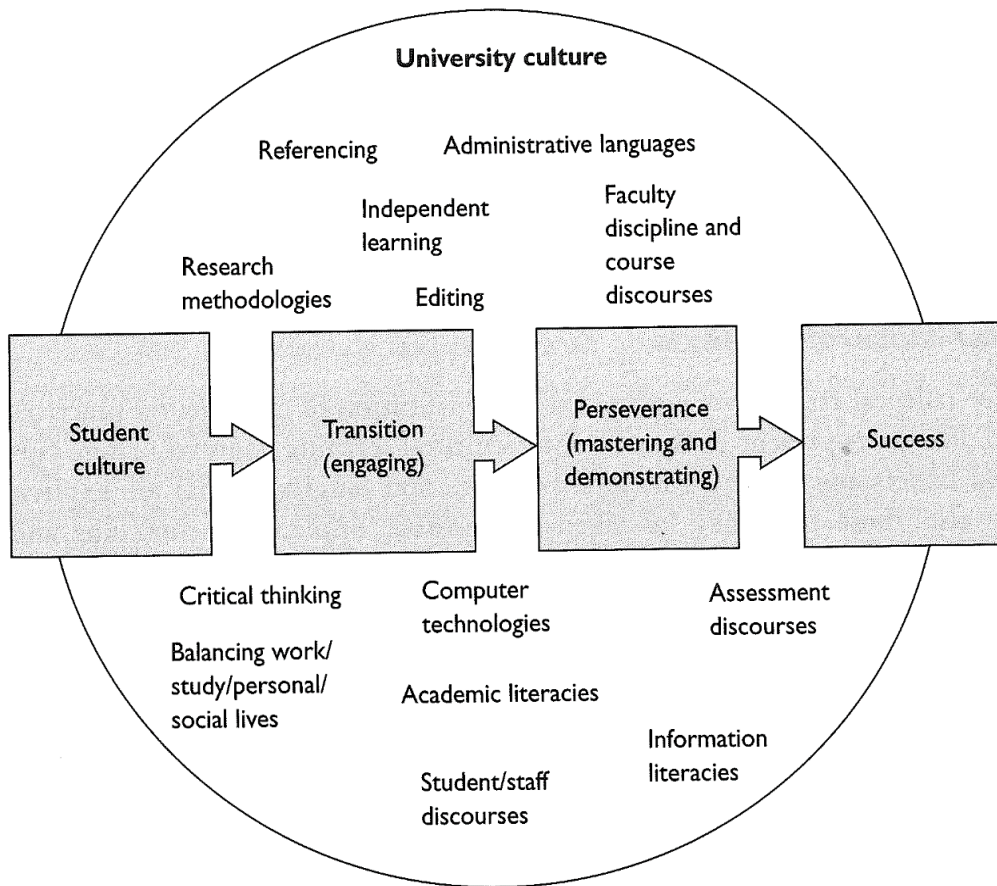


Fig 4.1 The New Learning Framework applied to Higher Education (HE) (Lawrence, 2009)

Brennan et al. (2010) gave more detailed consideration of the diversity of students and the non-academic dimensions to transitions. They looked at students as they enter university, with differing personal and educational backgrounds and how they then experience HE both as an individual and as part of the collective, alongside any parallel experiences (eg their domestic life, personal commitments and other work).

This is illustrated in the following Figure:

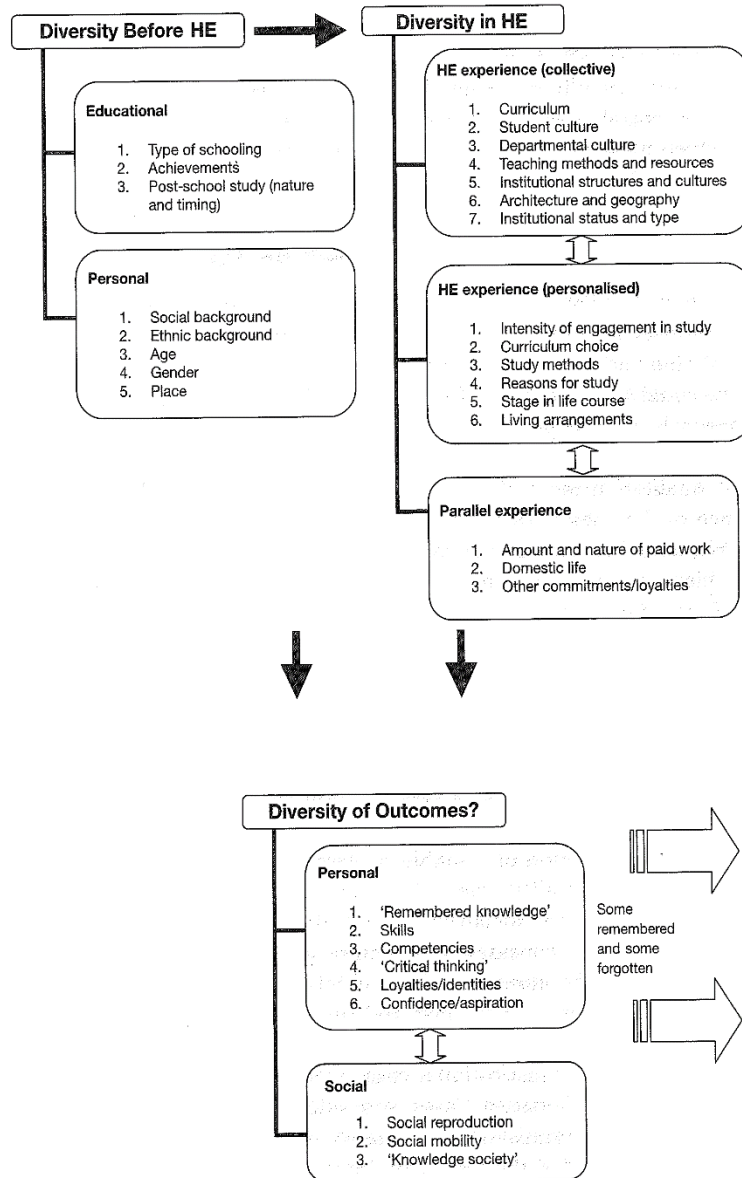


Figure 4.2 What is learned at University (Brennan et al., 2010, p27)

According to the authors, multiple trajectories into and within universities lead to a diversity of outcomes, some remembered, and some forgotten. On health professional courses, this aspect needs to be further considered as part of a Continuing Professional Development and lifelong learning process, which starts for some before entry, experienced by students in the practice placement component of their programme and continues beyond qualification into the professional working environment.

Ecclestone (2009) described transition as a process of “becoming somebody”, acknowledging that this is therefore not just about the student experience itself, but as preparation for the next stage. In the case of the context of this study it could be interpreted as developing into a “health professional” through skill acquisition and also through patterns of identification with archetypal images of the profession rather than with archetypal images of the university student. This notion of “becoming” helps address what I felt had not been taken into consideration by Brennan et al. (2010), i.e. students anticipation of their post-study status within the course of their studies as well as their preparation for this next stage (qualification and beyond). Ecclestone, Biesta and Hughes (2009) looked at transitions in the lifecourse and commented on the growing interest in managing transitions and identifying where this is problematic. This aspect will be considered in the light of the findings, and if any problematic areas can be identified to convey to the course directors.

Gale and Parker (2011) produced a Good Practice Report looking at student transition into higher education and considered student transition in three stages

T₁: Transition as Induction

T₂: Transition as Development

T₃: Transition as Becoming

They recommended the need for research to reflect the lived reality of the student transitions with the aim of making it more reflexive and responsive to students. Also they suggested more research beyond the first year, which this research study will include as participants in their final year were included, the last interviews were done at the point of qualification, but again the “Becoming” is not the end of their transitions as professionals, they are then making the transition into the working environment for further professional development and learning.

Houston, Lebeau and Watkins (2009) looked at the concept of transitions in the context of university students across a range of subjects, and as a three stage process involving:

- i) entering
- ii) experiencing
- iii) leaving university

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The first stage of choice from application to entry to university and becoming a student follows a number of decisions eg the choice of degree subject, the choice of university which has been explored in Chapter 3.

On entering university, the authors suggested that other transitions occur for the student, including social and academic transitions. Socially, students may have to displace or marginalise their existing social networks, especially if they are re-locating to their new university setting which may also involve new living arrangements eg living on campus or other student accommodation. Academically, students adjust to new forms of teaching, reading, academic writing and assessment. This early transition into university is described as the “first degree experience”. Houston, Lebeau and Watkins (2009) saw the second stage of transition as experiencing university which they described as “personal and intellectual development as a result of their experiences as a student” (p149). Student social interactions may be influenced by aspects such as living arrangements, and the organisation of the curriculum and term-time employment. During this stage of transition, the authors suggest that students experience personal development as a result of increased independence. The authors identified the expected third stage to be that from graduate to employee. On leaving higher education many similar aspects of transition on entry occur eg changes in living arrangements and social networks.

The authors considered that students may change their perceptions of what they learn as they progress and they may be influenced by other factors such as subject culture and organisational factors, also by social factors. This may be influenced by the extent to which students are involved and integrated in student activities within the student environment and beyond the university sphere. It will be interesting to consider how participants’ views change over the period of this study, not only in the university context but also during placements in the professional environment. As Brennan et al. (2010) also pointed out , these changing perceptions of what is learned reflect the balance of students’ academic and non-academic, individual and collective experiences, positive or negative, on and off campus. The authors called for more nuanced and contextualised approaches to transitions, taking into account the multiple forms of socialisation affecting the process.

Lave and Wenger (1991) offer an interesting conceptual support to the analysis of these contextual influences of the learning process. They considered the situated nature of

learning, and the participation of learners in communities of practitioners. The authors termed “Legitimate peripheral participations (LPP)” as “a way to speak about the relations between newcomers and old timers, and about activities, identities, artifacts, and communities of knowledge and practice. It concerns the process by which newcomers become part of a community of practice.” (p29). The authors described learning as apprenticeship, implying workplace learning, but developed this to “situated learning”, then “legitimate peripheral participation (LPP) in communities of practice” (p31) in recognition of cognitive learning and social practice. They realised that changing locations and perspectives was part of the process of learning, and developing identities and forms of community membership. They considered the person and how they learn to become a full participant in social practice, including the construction of identity. Although, the authors did not focus on school based learning, curriculum or learning institutions, their approach to the socialisation of newcomers into knowledge by a form of apprenticeship has been used to better understand the development of professional health practitioners (Field, 2004). Sayer (2014), for instance, highlighted how supportive communities of practice are in nursing education where one person with expertise (placement tutor or mentor) sponsors the student in a process of transformation of their professional identity.

Lave and Wenger (1991) looked at the relationships of participants who enter a context of practice as newcomers and as they progress and develop to a point where they become “old timers” (p56). This also recognised that they would replace old timers in due course as part of a generative process in the context of practice which is their own reproduction cycle, producing people with knowledge, skill and mastery in practice. It also suggests hierarchical relationships as apprentices develop to masters and consideration of who apprentices are learning from. In situated learning in practice the authors suggested that the circulation of knowledge also spread between peers and others, as they are learning and starting to work in their professional context.

Wenger (1998) suggested that people may belong to several communities of practice which included institutions such as schools. He recognised that individuals come together in classrooms and socially to contribute to learning, not just of the curriculum but also due to personally being a member of a community of practice, formally and informally, for individuals, communities and organisations. The author recognised that social theory of learning is not just an academic enterprise, but it comprises theories of social structure,

identity, situated experience and practice which he refined to include power, subjectivity, meaning and collectivity. I believe that all these dimensions interplay in the learning and socialisation process described in this thesis.

This view of the educational environment allows the university setting to be viewed as a community of practice, and the student identity to be considered both individually and collectively within it, where development takes place. It was also recognised that a person may belong to several communities of practice with more or less immediately palpable learning objectives, for example as part of a social club or sports team, or crucial in the constitution of a cohort culture and shared ethos. This view developed the perspective of Lave and Wenger (1991) which only considered learning by participation in practice in the workplace, and will be helpful in this research looking at the overall student experience on the professional programmes and the connections of all the communities of practice that students are part of.

Fuller et al. (2005) had described Lave and Wenger (1991) as “overly dismissive” (p65) of the role that formal education and teaching had when they were considering workplace learning. The teaching that is in the workplace is from experienced staff with knowledge they are sharing with others, but Fuller et al. (2005) also drew attention to the importance of what the workers themselves bring to the workplace as a community of practice. This will be worth considering as students on the professional courses come with a range of professional and other life and work experiences, as well as previous educational experiences, especially the postgraduate students.

From a postgraduate perspective, Tobell, O'Donnell and Zammit (2010) carried out research looking at the transition into postgraduate study and identified that there had been little previous research looking at this, which they attributed to factors such as the assumption that the transition with students who have successfully had an undergraduate experience means the environment is already familiar and does not change and is therefore less challenging so students find there is little to overcome. Postgraduate students were also familiar with institutional expectations if they were in the same institution in which they had done their undergraduate studies, and the research suggested that postgraduate study with previous experience of an institution may challenge staff and students, because the students may perceive themselves as “experts”. The findings also indicated more complex demands

on postgraduate students, for example, social activities that have to be sacrificed to fulfil the demands of the course where students continue in paid employment. They also acknowledge that these students give up time and money in order to pursue their studies which the authors described as indicating their “commitment and involvement with the process” (p270) and that this also causes tensions in student lives with family demands and self-denial, suggesting students need to actively self-manage.

Although some of these findings appear to be considering postgraduate taught and research students, the specific context of the students entering a vocational pre-registration postgraduate experience is not mentioned. It is a consideration of this study as students on the MSc programme will already have undertaken an undergraduate experience and are now entering a professional pre-registration postgraduate qualification and this research will therefore be of interest to reflect this aspect of postgraduate study experience.

The above literature has explored aspects of transitions for students from entering to completing university standard degrees, and it raised issues and dimensions also pertaining (to a certain extent) to health programmes. But there are further considerations of transitions to consider in the context of health profession education in the university setting, for example, the requirements to meet standards of professional bodies as well as university criteria of a standard course.

Transitions for Health Professional Students

Benner (1984) considered the essential importance of learning of theory and experiential learning as an important part of acquiring professional expertise in the transition stages in relation to nursing. This was based on the five stages that Dreyfus and Dreyfus (1986) had identified in the acquisition of skill (based on their experience of air force instructors in acquiring the skill of flying):

1. Novice
2. Advanced Beginner
3. Competence
4. Proficiency
5. Expert

The model was used to define the process of achieving knowledge and skill up to the point where it is taken for granted, less attention is paid to the rules and guidelines originally referred to when training, and the skill has become intuitive. The Expert no longer appreciates the extent to which learning took place to reach that point. Dreyfus and Dreyfus (1986) also suggested that continued practice is essential in order to retain the level of knowledge, otherwise lack of practice means that knowledge can be lost.

Benner (1984) applied Dreyfus and Dreyfus' model of Novice to Expert to Nursing and the acquisition of Clinical Skills. Benner identified this type of skill acquisition as a lifelong learning experience in a health profession (nursing) which could also be applied to other health professions learning clinical skills. Benner (1984) defined each stage relating to clinical skills, which I have summarised as follows:

Stage 1 Novice

Beginners with no experience of the situations in which they are expected to perform. In order to gain skills they are taught about the rules which guide performance, and when they enter a new clinical area as a novice they usually only have a theoretical knowledge of the principles and the context of the area. Benner recognised that at this stage a nurse may be experienced in one clinical area but then may enter a new area as a novice.

Stage 2 Advanced Beginner

The nurse is starting the process of recognising recurring patterns in the area of clinical practice, and is demonstrating a "marginally acceptable performance". As with the novice, they still need to remember the rules they have been taught, but have dealt with enough real situations to enable them to note recurring situations, although sometimes still with supervisor support, these are identified by prior experience and defined as "aspect recognition".

Stage 3 Competent

Benner suggested this stage is reached with 2 or 3 years experience in the same or similar situations, it enables the clinician to consider attributes and aspects of a given situation which are important and those which can be ignored.

By this stage the clinician now has the ability to cope and manage with a range of situations but may not yet have the speed and flexibility of a proficient clinician.

Stage 4 Proficient

By this stage the clinician will be viewing and understanding situations as a whole rather than as aspects, both in the short and long term. They have learnt from experience and know how plans can be modified in response to different events. This is described as a holistic understanding which is reflected in proficient decision making. Benner sees the proficient nurse as considering fewer options because they focus more accurately on the area of the problem.

Stage 5 Expert

At this stage, Benner proposed that the clinician no longer uses an “analytic principle” to connect their understanding of the situation to an appropriate action.

The expert nurse has an “enormous background of experience” and an intuitive grasp of each situation which enables them to focus accurately on the problem without having to consider alternative solutions, this is because of their automatic and deep understanding of the total situation.

They are in a position to document their expertise and are consultation point for other nurses to help them understand and recognise clinical changes, and have a vision of “what is possible”.

Spalding (2000) applied the model to newly qualified Occupational Therapists. Her research was focused on two occupational therapy participants who looked at skills acquisition, experience in practice and the part it played in their learning process in becoming a health professional as an overall accomplishment. She recognised that it was possible to be competent in some areas yet still be at novice level in others, and this could be due to experience in some speciality areas on placement as a student or during a basic grade rotation following qualification.

Houston, Lebeau and Watkins (2009) defined the second stage of experiencing university as “personal and intellectual development” including social and personal development for students on standard courses such as those they considered. Students entering the MScs in Physiotherapy or Occupational Therapy took on a student identity, not only as students of

an HEI, but also as health professional students. They were therefore experiencing professional socialisation, continuing professional development and professionalisation which added more complexity to the student experience.

Adams et al. (2006) looked at factors influencing professional identity across first year students on health and social care programmes, gathering data by questionnaire across students from ten professions. The findings suggested that students started to develop professional identity before they arrived and started their degree courses. The findings in the previous chapter also supported this, the OT and PT students appeared to start their professional identity once they recognised their future career choice, and it was reinforced by gaining experience and application to entry on a course. In their research Adams et al. (2006) went on to suggest different levels of identification depending on the profession and that the highest level of identification was found to be with physiotherapy students.

This review of the theoretical aspects of transition above provides a framework within which I can consider the participant's actual experiences and analyse their perceptions of these transitional experiences as they become health professionals. The diagram from Brennan et al. (2010) particularly, took into account personal and collective experiences which were especially pertinent, with students also entering the programmes with a diversity of professional experience which is an additional requirement for these health professional courses.

Stage two of the transition, described by Houston, Lebeau and Watkins (2009) as "Experiencing" being a student, will be considered here through the following categories, based on the participants' perceptions of their student experience of becoming health professionals:

- transition to student identity a new cohort
- transition to OT or PT health professional – forming new identities, professionalisation and professional socialisation.
- sharing teaching and learning with other health professions
- other aspects of transition into student life
- development of cohorts and student development

- transition from theory to practice – into placements and other learning environments (in Chapter 5)
- transition from graduate to employee as a health professional (in Chapter 5)

Each of these aspects will be explored in the light of data from the student interviews and relevant literature. The transitions into practice placements and to qualification are considered in depth in Chapter 5.

4.1 Transition to student identity – a new cohort

As Figure 4.2 from Brennan et al. (2010) in the introduction to this Chapter suggested, students enter their programmes as individuals, coming into Higher Education from a range of educational and personal backgrounds, and then went on to have both collective and personalised experiences, as well as what was described as their personal “parallel experience” (p27) eg paid employment, domestic life and other commitments/loyalties.

In this research I refer to the peer group of students on the same professional course as the “student cohort”, but noting that each cohort also had an element of shared teaching as part of their programme - OT and PT for the two MSc programmes, plus Speech and Language Therapy (SLT) for the two BSc programmes, especially at the start of the course. The student perceptions of shared teaching is explored further in Section 4.3.

As discussed in Chapter 3, all the students on entry to the BSc and MSc programmes were expected to enter with previous knowledge of their chosen profession as part of the entry criteria. This varied from student to student, from brief observation days and speaking to professionals, to others who had worked for a period in the health care setting as an Assistant role in their chosen profession. The students who had worked as Assistants would have had the opportunity to work with Therapists, to observe them and have a good insight into the profession which they then brought into their new cohort.

The students also entered their UG or PG cohort with varying amounts of life experience from their personal and family backgrounds, not necessarily age dependent, some younger students may have experienced difficult circumstances which older students had not. Most

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had experienced a range of other work from which they were able to draw on transferrable skills gained. These sorts of experiences might not have been seen as valuable or be relevant in non-health related courses, but it provided the students with experiences to draw on and share with their peers. For example, this was seen as valuable in sessions and experiential (activity-based) groups which took place during the course when personal experiences were discussed in a confidential setting. It also helped with communication skills, which gave students more confidence for when they started on placement and needed to speak with a wide range of patients/clients, as well as health professionals – this aspect will be further considered in Chapter 5.

In reality, on these health programmes students rarely continued or started paid employment as the MSc especially required focused learning and a heavy workload, with long periods on placement. At the start of the course Maisie (OT) was continuing with a project she was working on as an OT Assistant. UG student Beth did some voluntary work during term time when not on placement and Barbara continued to work one day a week as a carer. It is worth noting that both Maisie and Barbara were both students already living locally with existing commitments.

The students became part of a relatively small cohort structure, compared to those of standard programmes, the numbers being limited by the NHS funding - the cohorts starting in the year of this research were PT 20, OT 28 on the MSc programmes, and PT 22, OT 42 on the BSc in the cohort years on entry during this study.

The students came together as a cohort on arriving to their first day of induction in their School of study. On arrival the students normally started to socialise as part of the shared group (occupational therapy and physiotherapy plus speech and language therapy students for the undergraduates), and over lunch. The first day involved introductory talks by the programme directors, the administration and placement teams were introduced, and the students met with their Personal Advisors as well as other faculty who introduced their module content. Some of the introductory module sessions were profession specific.

As well as the transition into becoming a student in the university setting, the findings indicated that on entry the participants felt they encountered peers who were similarly strongly motivated with a shared ambition and professional focus who entered the

programme seeking qualification in a health profession. They seemed to recognise in each other the qualities and focus which they themselves had at that point. They commented on this being an exciting prospect to be with others similarly focused on their future career, and in terms of sharing experiences and knowledge with peers.

The language that Maisie used to describe the general motivation was “we want to be helping people”, a generic expression of intention, rather than anything specific about a programme’s professional identity. It revealed that although each person experienced transitions into student life differently due to their individual circumstances, how important it was for students to identify commonalities within their cohort to help them settle and socialise from the first day of the course.

Mark too recognised that commonality of purpose, interests and motivation helped the PT students to come together as a cohort:

All the people I’ve met have been great so far, I think that has been one of the things I’ve enjoyed most because it all seems to be quite, I mean from my perspective all very like-minded people, so for example I’m quite a physically active person and I enjoy my exercise and all the rest of it and there is probably 70% of the physios, that is, I can’t really speak for the OTs, but they all seem to have very similar interests to and it’s quite nice because you have got this common ground before you’ve actually started you know, you’re all here to learn your trade as a physio, you’ve all got this interest in exercise and all the rest of it, and it seems to just really help everyone get on, and sort of socialise outside what would be classroom stuff or you know, just sort of going out on the town or whatever so you’ve got this extra avenue where you can sort of socialise with people, it’s quite nice. (Mark,E:208-220)

This related not only to the shared purpose of the degree itself, but other aspects of a cohort coming together which was the social and leisure interests of the individuals, and the commonalities were what Mark felt was helpful.

The formation of the BSc and MSc cohorts will now be considered in more detail.

4.1.1 Students on the BSc programme forming a cohort

The undergraduate students who participated in the research reflected on their entry into Higher Education (HE) in different ways. The traditional view of students was that the transition to UG study was a rite of passage, getting away from parents, and for students to be setting up on their own (Silver and Silver, 1997).

Bailey (PT) described her first week at university as feeling “weird, but a good weird” (A:218), and she was nervous the night before her first day and meeting her new cohort of 22. When she did meet her new peers she said she immediately felt she had clicked with a couple of people, which she informed me in an interview five months later, she was still closest to.

Two of the undergraduate participants, Bailey and Beth, both PT students, mentioned the Buddy system. New students could be allocated a Buddy in the year above them, and they therefore had somebody who could give them general advice about the course as they had experienced it themselves. Bailey described them as being really good, “willing to help you all the time” (A:276) and they socialised with the new students too, giving a wider group of support. Contact with Buddies was made via Facebook as well as personally, and this willingness to be approached was appreciated by the new students.

Beth, in her only interview at the end of her final year, commented on the Buddy system continuing throughout her programme, and even beyond her Buddy’s qualification, as the Buddies for her cohort were working by that stage, and Beth commented that she felt it was really interesting to hear what job they are doing, so students were still learning from their Buddy’s experiences. This was an additional supportive resource for the BSc students.

Becky did not mention having a Buddy, but as she had intercalated (taken a break from study) for a year, this system may not have been in place when she originally started her course. Bailey found the Buddies very supportive and not only her own allocated Buddy, but socially they met others (OT and PT students) and felt them all to be approachable and supportive.

This Buddy system was not available to the MSc students because second year students were on placement for some weeks when the new cohort started, but as the MSc students had already personally experienced HE, they would be less likely to need the same level of support on entry. The evidence in the next section suggested they soon settled in with their new peers. What they did not have access to was support from students who had previously experienced the start of the health professional course, and aspects such as subject advice and assessment.

Beth (OT) commented that her cohort comprised mainly young school leavers with only one mature student in her cohort, which also contained very few male students. She felt that the mature student gave another perspective which was helpful to the cohort, as that student had worked as an assistant and her experience was evident in taught sessions. For example, in moving and handling in practical sessions, when she was “more clued up” and Beth felt other students learnt from her and it was “valuable just to ask her or be her partner for a little while just to see how she does it” (Beth,A:474). Beth did feel it would have been more valuable to have had more mature and male students in the cohort, there were only three males and she felt there had been a few disagreements, but nothing serious, she felt more of a “mix of gender” would have helped. Bailey (PT) mentioned that the mature students in her cohort were willing to go on nights out with the others when they could and that the whole cohort got on well.

On the UG programmes, whilst there was evidence of peer support at the start of the programme, there was little further evidence of peer learning and mutual enrichment on entry. This may be attributable to indicate the students were fairly even in their knowledge on entry. This initial socialisation and early identification as health professionals starting their development was considered here as part of professional identity on entry.

Bailey spent time socialising with her new flatmates in student accommodation at the start of the course, where she described there being “quite a community feel” (A,233), with an OT, PT, nursing and a few SLT students. There were further strong links indicated in the data from the students at the start of their course with social aspects and settling into accommodation being important aspects at this early stage. These aspects will be further considered in Sections 4.4.1 on accommodation and 4.4.2 on socialising.

Barbara, as a mature student, commented on the difference between the work ethic of younger students, and their awareness that the year 1 marks do not count towards the overall degree classification (although on these programmes all assessments must be passed). She commented on the cohort as “divided” with those students taking their studies seriously, and wanting to “develop and to behave professionally and to learn” which she contrasted with others “the other group” who she felt do not put any effort in (B:299). She was interested to see how this might change in years 2 and 3 when the marks will count.

The data from the undergraduate students, most of who came to university from A Levels, appeared to have found the Buddy system very supportive on entry. The students who were in the year ahead offered them support, based on their own experiences of academic and assessment matters, and there appeared to be positive social aspects to the Buddy system too. The relationships with Buddies appeared to continue even beyond qualification too, which students found supportive.

4.1.2 Students on the MSc programme forming a cohort

One of the important and interesting aspects of this research was how the MSc students perceived the difference it made to them by having student experience from their first degree, and this time from the perspective of being on a health professional course. It was an aim of this research to see how, going through these transition stages for a second time was perceived and expressed.

In their interpretation of the stages on student experiences, Houston, Lebeau and Watkins (2009) did not address the possible effects of having obtained previous experience of HE, by completion or partial completion of a degree, on then taking a further degree.

All the participants had taken their undergraduate degree in a different university, and had taken a range of subjects which were now seen as relevant to their new health profession. The literature suggested that although students may be better prepared to return to the university culture, and recognised the importance of being proactive in settling in with their new cohort, however, they may also have found their other personal commitments harder to accommodate (Tobell, O'Donnell and Zammit, 2010).

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The students were, therefore, in the position to contrast these experiences and issues they raised they felt to be significant and the findings suggested that they appeared to feel much more focused on learning for the purpose of becoming a health professional; having already gone through the settling in and socialising period as an undergraduate student. It was a bonus of this research that the students could also comment on their perceived differences with a UG experience on a standard programme, and therefore not having to make any assumptions about what those might be.

On entry, both of the new student participants starting on the MSc commented on the cohort sizes in contrast to their first degree experiences. OT student Maisie had been in an undergraduate cohort of 300 (Psychology), PT student Mark in a cohort of 120 (Sports Science). Mark mentioned that he had chosen the Hillside course (20 students) because it was a bigger cohort than at another university he had applied to which only had a cohort of 10 on their MSc.

Although on entry Mark explained that he found it difficult at the start of the course due to being in a smaller cohort and he was aware that he was personally less experienced in the professional workplace, but he found that others were supportive, including faculty:

Almost quite strange initially but you just find as the weeks go on you sort of get to know people better and everything becomes a bit more relaxed, and you're not so worried about, sort of, not looking stupid but showing that you've not got as much knowledge as other people in certain areas, and being, maybe it's a postgraduate option, but everyone is happy to go through things with you and just take it steady, because obviously we're not on the same level, we've been doing different things.
(Mark,A:356-62)

The students were aware of being “mature” students on return to university, and Mark commented on this at the start of the course in week 3 and felt that they were quickly settling in, across the OT and PT cohorts:

As a rule, I mean age comes into it a little bit where people fresh out of uni, or fresh out of an undergraduate, people who are taking up a gap year so have probably

been working in well, in healthcare in any sort of aspect. Then you've got the mature students and so it was a bit, sort of raw, if you like, to start with but everyone is, everyone is getting involved and everyone is happy to chip in, I think in terms of coming together as sort of a group of students both as just physios and AHPs, so including the OTs it's quite, it is quite good to see how everyone's sort of coming together. (Mark,A:396-403)

Maisie realised that other students in her cohort have same aims and motivations and felt therefore that there is a level of trust and shared values, which she expressed in her second interview:

Everybody brings different experiences in, but we've all got the same sort of general motivations in, as somewhere like that we want to do, this is what we want to do, we want to be helping people, so yeah, it's really nice, it's perhaps that we are that little bit older as well. (Maisie B:391-5)

Megan commented on the difference of being on a health professional course, and the higher contact hours:

I think on this course, I know it has changed now, but for us we were in every day, so we were in five days a week and we had a lot of taught time, lectures, so a lot of time in the university, so less time to kind of, to go out or to stay in bed. (Megan,C:516-9)

The MSc students commented on further aspects of the new cohort coming together, and whilst in the early stages on their new health programme, they were able to identify differences from their undergraduate degrees. This was as a result of their first hand experiences and this emerging information provided a rich source of their individual perspectives.

4.1.2.1 Sharing resources in cohort

Both new MSc students mentioned a willingness from their peers to share information, experiences and knowledge to help each other within the cohorts and across OT and PT as they experienced shared teaching in topics such as anatomy and physiology.

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I think that we're all nice people and that we are all getting on with the course, it seems to help, because we support each other, we've been talking about it, and helping each other, saying like I've read this, maybe you should try reading this, it helped. (Maisie,A:509-12)

Maisie indicated that sharing of information took place on Facebook, links having being established initially by students who were meeting others and arranging shared accommodation before starting the course. She also gave the example of being reminded of something herself, and then messaging others to remind them, she was finding this a helpful and supportive environment. Maisie felt:

Because if you're concerned about something, or if you are stressed with something you can guarantee that other people on the course will be feeling the same like, it's nice that we can all talk about it, I think we're all, we're all quite worried about the exam. (Maisie,B:622-4)

As a result, they had been helping each other revise, she had done this with her close small group which they had found helpful.

Mark commented on the early support in week 3 and the diversity of student backgrounds meaning some are more specialist in some subject areas others have no knowledge on and how that is handled and supported by staff and peers:

I think everyone seems to be a bit more settled in now, that we're three weeks in, I think everyone's, everyone's quite comfortable with the way the learning materials is delivered at the moment, if people have got problems then the lecturers are quite happy to stay behind for ten minutes and just explain sort of if we've got questions. Within the lecture they're quite happy going off on a small tangent to sort of explain it, to make sure that everyone is on same level because where we've come from all these different, academic backgrounds if you like, obviously everyone is at different stages, and some people might be very clear on some aspects of it, whereas other people have quite honestly got no clue, and that's fine. (Mark,A:1048-57)

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The students, according to Mark, welcomed that faculty were willing to help them, in the light of their variety of different backgrounds:

I think the people who don't, are less, not educated, but less refined on an area, then they need to ask questions and I think a lot of the people here are quite happy to do that, because they know they're going to get this response from the lecturer, and not just say go and read on it, they'll actually take the time to say, OK, here's the initial bit, and I would suggest you go and read this as well, rather than just throwing everything at them and telling them to go through it. (Mark, A:1048-65)

Maisie echoed this perception of a supportive environment and sharing of resources across both professions:

They're a lovely group really, there are things like, we've got a Facebook group, for the cohort, and you know, if somebody found a good website or good resource on the internet for learning, there is one for ascending and descending tracts, so they put it up on theirs for the whole cohort to share and stuff, ... and people send emails round if they, especially, we've got our two course reps and they are really good, they're voicing our concerns, they're really proactive, so that is really useful, but yeah everybody is very supportive and you know, you could ask anybody, even, you know, physios, OTs, you could ask any of them for help or advice on something you are struggling with, even if you are just sitting in the Common Room, and you want to chat about it, so yeah, it's good in that way. (Maisie,C:336-53)

Mark gave an example of one of his peers who was strong in practical sessions, but struggled academically, whereas he felt his own strengths were the academic side, not practical. In his first interview he gave an indication of how other students were being supportive:

We've got a guy who did sports therapy as his undergraduate degree so he's got a very strong anatomical basis at the moment, and he's quite happy to just sort of go through things with people when we're saying what does that mean? Why is that happening? And it is quite comforting in that respect... everyone will help each other out. (Mark A:374-8)

By the second interview Mark further expanded on the different strengths and weaknesses he recognised in himself and his peers and their willingness to share and support each other:

All the students are OK to be sort of there for everyone, because you do find that there are people who are finding it tougher than others, people who aren't understanding stuff, or struggling with the time management, and you just have to sort of say, you're doing, you know, you're doing fine. (Mark,B:789-92)

It was the students who identified that they felt they had common aims and objectives with their peers on these programmes and they appeared very keen to help each other. The students appeared to share resources informally; the above data suggests this is done in person when at university, via Facebook, during or after practical sessions, in shared accommodation or in discussions in the student Common Room. The students bringing additional previous relevant experience to the programmes appeared to be well received and was seen as a helpful resource for others due to their willingness to share and support others. This was recognised as mutually supportive by Mark and Maisie, students also appeared to be aware of the problems others were having and they were willing to support their peers, as evidenced above. The two first years also recognised the additional support provided by Faculty if students appeared to have gaps in their knowledge.

4.1.2.2 M Level academic expectations versus reality

Expectations of the workload on these professional courses were emphasised from the start, in talks on open days, interview days and in marketing materials for the course. As noted in Chapter 3, students were aware of the higher expectations of the performance of MSc students both in academic and in practical settings, although noting that practice placements are assessed at the same level as the BSc programme.

Maisie expressed her expectations in week 3 of the course:

I suppose we are all used to the style of doing a degree I suppose, so, obviously we're expecting a different level now, but, yeah, we're also helping each other with

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learning styles. I think we've got a lecture this week on learning styles actually, to help us work out which is the best way to revise and learn. (Maisie,A:530-5)

At the same stage Mark commented:

Essentially from day one, and I think people came here have hit the ground running because they knew that, and there has been, I mean, people in the first week had quite a lot of anxieties about, there's so much to learn, and because it is sort of, it is front loaded at you but you almost, you have to land on your feet, quickly, but I think myself and the people that had these anxieties in the first week we were just thinking how are we going to learn all this stuff, you just, you learn to break it down, and because you can't, you can't tackle something head on immediately you have to break it down, I think that is probably one of the skills that comes quite quickly, ...in sort of transferring from undergraduate where you have a lot more time to sort of formulate your thoughts and your plans and stuff whereas when you come to postgraduate, and there is a lot more, well at the end, like I suppose the time management and organisation has to be there from the start, ...So it is pretty much, you learn or you fall behind. (Mark,A:542-66)

By the end of his first year he further reflected on how he had found the expectations of M Level learning at the end of his first year:

I'm surprised how much I've still got to learn, because maybe you think coming in from a, postgraduate entry maybe you feel a bit, you've got more of a leg up, but equally, maybe because you've got more expectation as an MSc rather than a BSc, it's quite, not daunting, but, almost like humbling how much you need to know, not only just to get through your placement, but how much you're, sort of you can see where your, your peers in the lecturers have been with regards to their professional development and you sort of wonder are you going to aspire to be at that level, are you going to go more, are you going to fall short, so it's almost like just trying to get to where you go from, from this year. (Mark,E:14-23)

Mark (PT) commented on the nature of the transitions onto the MSc course at the end of year 1 following his first placement. He noted that he found the academic transition from A

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levels to undergraduate level quite an easy one to make on starting his first degree, which due to having some knowledge and background being similar to his first degree topic. He had found the transition to this accelerated Masters level course a harder adjustment to make, as he felt he had underestimated the workload even though he had been made aware of it prior to the start, (which he had mentioned in the first interview), and also by an ex-student. His reflections give insights into his perspectives of the differences between his first degree and this health profession degree.

Both final year students on the MSc reflected on the expectations on entry and it was helpful that they could then compare that with their real experiences. Megan (OT), at the start of her second year said that it seemed “scary” on entry, and that it was not until after the first exam and coursework that she felt more comfortable:

You don't know what level you're at, and if you are at the right level, well you need to get better, so once I'd had my first, done my first assessments and had the marks back and I knew that I was OK then I felt a lot more comfortable. But the lectures were all so interesting, I didn't enjoy the work, initially I was quite, anxious, just because I kept being told that it's a difficult course and that we had to apply ourselves and I didn't know if I was good enough, I guess. (Megan,A:491-7)

Melvyn (PT) too expressed a similar experience on the expectations versus the reality of the workload:

You do get your down time as well, it's actually even more relaxed than I saw it being, I thought it was going to be constantly stressful, but I haven't really found it that way. But no, I don't think so, I don't, I think most people have found it the same way, as well, I think. (Melvyn,B:510-3)

This section considered how the MSc students perceived the transition and difference of learning at Masters level on their health profession programme. It appeared that all the MSc participants felt that the message that the workload is high and focused due to the accelerated nature of the programme was conveyed at visit and interview days, and in course literature, and they therefore were prepared for this on entry. Some of the participants said they only became more confident about targeting their efforts appropriately

on their programme once they had received their first coursework marks back, to ensure they were “pitching” their work correctly, as some described it.

The students conveyed a sense of responsibility for their own learning and indicated proactivity in their learning, which appeared to have been facilitated by their previous degree experiences. In this section the participants were considering their student identity and academic learning on transition to Masters level, with little mention of the professional content, although in the earlier section Megan had said it was hard to unpick to what extent the workload was because of it being M Level or because it was a health professional programme.

4.1.2.3 Risk and urgency

For students who were taking the accelerated MSc, there was evidence from the participants that they were focused on their studies with the aim of getting a professional qualification within the two year timeframe, as taking time out of earning to take a second degree was a risk for them:

We’re not here to enjoy the novelty of university to start with, we are here to gain this professional qualification and an, sort of, MSc at the end of it. (Mark,A:1102-4)

Mark also indicated his prioritisation of learning over socialising:

I mean, everyone does just sort of seem to be willing to have a laugh and enjoy themselves when we’re not learning.” (Mark,A:1197-8)

Maisie felt that age may make a difference at the start of the course, but identified that the risk of taking time out of earning was more significant for students taking a second degree, and that is why the accelerated Masters over two years was a better option than the 3 year UG degree.

I think with this, with this cohort, coming in at the MSc level and maybe the age difference as well, you know, we’re all here, we know we want to be here, and also it’s a little bit more, I think it’s a bit more of a risk for us, because obviously we’re

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taking time out of earning, whereas your first degree you do get sort of a bit more help and stuff, but I think that makes it easier to make good friends because you've all got, you know, very strong things in common, you want to be therapists, so you're all really nice (laugh). (Maisie,A:429-35)

In her second interview Megan (OT) reflected on the difference being on an MSc:

I think it is quite a different experience being a Masters student to being an undergraduate student, I think it's a different kind of mind set, I think everybody on this course is, they're here because they want to do the job and they're here because they, or because they want to, really because they really want study, and they really want to learn about the subject and in our lectures everybody's, well, quite often people ask a lot of questions and I didn't find that so much on my undergrad course. (Megan,B:664-72)

Megan found it hard to define whether this was due to being on an MSc or because it was a professional degree, but she thought it maybe both. She also mentioned that she did not really speak to students other than people on her course and was focused working on her degree:

I don't want to go out like I did on my first degree and I don't want to meet as many people as I did then, I'm quite happy not, I'm quite happy staying in. (Megan,B:707-9)

These reflections on urgency and investment in time were not generally mentioned by the undergraduate participants, with the notable exception of Barbara (OT). She was a mature student, having previously started a science topic degree but she had to withdraw due to personal circumstances. She had since discovered the profession of OT and realised it was a career she was really motivated to do. She was very focused on her learning, having entered by taking an Access course. Barbara said "If you are going in that kind of profession you must be really willing to do the work, to be able, but not everyone is like that" (A:296-8). She appeared disappointed, for example, that her peer UGs in group work seemed less willing to work, which she recognised as different priorities, but she did not blame them, saying she was once young, so she was attributing their lack of prioritisation to their age.

This section considered aspects of the individual student experience on entry to the UG or PG programmes and some of the factors the students perceived as important on entry, coming from a range of backgrounds and experiences. It has been considered how the students formed a cohort and they appeared to immediately identify strongly with their new peers and take on their new professional identity as well as that of becoming a student. On entry this professional identity was based on their knowledge of the profession at that time, and therefore the characteristics they associate with the archetype of a PT or OT student.

The postgraduate students seemed focused on their new accelerated two year programme and shared a motivation and purpose of learning, being prepared to “hit the ground running” on entry, and bringing their previous degree experiences and knowledge with them which they appeared very willing to share with their peers. The students also indicated that they tried to keep a balanced work/life balance.

The undergraduate students benefited from the Buddy system where students in their second year of study offered their allocated new first year Buddy support, not only on entry but during their first year of study and beyond. This also had a social aspect which helped the students settle in and gain informal information about their programme and professional culture from students who had already experienced it. This appeared to be valued by the new students.

4.2 Transition to OT or PT health professional – forming new identities, professionalisation and professional socialisation

On entry UG and PG students are starting to develop their professional identity and start their professional socialisation. At this stage they are learning about their own future profession as well as the other health profession students they are learning alongside at university. Their focus and motivation on becoming a future health professional is not just on becoming a student taking a course on entry to the HEI, but reflects the dual identities of student and a future health professional.

As the literature suggests, the professional identification has in most cases already started before entering university (Adams et al., 2006). On entry the students start experiencing the

learning of theory, practical skills, professional attitudes and values, initially from lecturers, and then later from clinicians and other health professionals on clinical placements. Aspects relating to placement experiences will be further explored in Chapter 5.

4.2.1 The start of Lifelong Learning

On these professional courses the students recognised they were expected to start learning theory, and that this was knowledge which they needed to retain for their future career. They expressed these differences from the start, and contrasted this with their previous learning experiences. The UG students compared it to their A Level experiences, the MSc students also compared it to their first degree experiences.

Mark commented on the value of learning for the future, and retaining knowledge whereas previous revision for exams had been to learn information, then forget that subject knowledge and move on to the next exam.

Because it's not, I mean, it's not a case like, on my last degree where you can remember something for an exam and just forget it, you need to know this stuff, you need to keep it fresh, ... and it's difficult, to keep it all fresh and try and remember everything, but I mean, you know, it's got to be done, if you are going to be using it out in practice, you can't afford to not learn something. (Mark,B:1071-6)

The students indicated that they felt they were learning for a purpose, not just completion of a degree, but for qualification and beyond the course. This emphasised the difference in the transition process between these programmes and more conventional university courses. Benner (1984), when looking at development from Novice to Expert, recognised that the students were learning continuously from their previous experiences. The lifelong learning started with theoretical learning at Hillside and then continued after the transition into placements, developed during practical experiences, continues as experiential learning beyond qualification.

There was a clearly perceptible transition from theory to practice in students' discourses, which is analysed in more detail in Section 4.6 below and in Chapter 5. This was particularly

noticeable in comments made by the MSc participants when contrasting their current programme of study with their first degree experience. The style of assessments on the programmes also represented some different modes of assessment to those students have previously experienced in their educational qualifications. On commencing the course they also started the process of learning to be reflective practitioners, and this was also incorporated into summative assessments across a range of placements, reflective essays, case study coursework, presentations and practicals. This is further considered in Section 4.5.2.

4.2.2 Learning from academics and health professionals

On entry it has already been seen how students were influenced by the exposure they had personally experienced by working with or observing health professionals, either when they were younger, or as part of their work experience gained in preparation for entry to the course. This had contributed to motivating students and enabled them to gain further insight and in-depth knowledge of their chosen profession, to which they had since successfully applied, and entered university to study.

This learning from health professionals continued on entry to university, initially from faculty, who were qualified clinicians before they had become lecturers. The students made comments on their perceptions of the influence of learning from faculty on entry to the course, and the support given to them by faculty either as lecturers or in their role as academic advisors. A small number of faculty still spent some time in clinical practice on a part time basis. Beth, for example, commented on one of the physiotherapy lecturers who specialised in orthopaedics, but she also mentioned other lecturers with specialist areas of interest, and that students have access to them, and were familiar with these lecturers and saw them in the School building. Bailey described being in this context with faculty with specialisms as having “quite a good support base” (A:816) as they were approachable and willing to help either as lecturer or Personal Advisor, it suggests that academics may also be viewed by students as role models. The students benefitted from visiting clinical lecturers who were specialists in their fields who came to teach sessions at Hillside.

Mark indicated that faculty were receptive to student strengths and weaknesses and were supportive in answering questions and responding to queries where they recognised

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students (in this case on the MSc) needed further explanations as to why they were doing or learning something, such as treatments (B:1235-40) due to lack of previous knowledge.

When we're just learning with the lecturers and stuff, and I found in my last degree as well, interacting with these people who are, well, I suppose you would say at the top of their game, people who had been out there and got their experiences, it's so stimulating, and inspiring to work with these people, because you can, I mean you can ask them anything, and they'll give you an answer the best they can, and OK maybe you'll ask, you'll have some abstract question and they won't be able to answer it, but they'll do the best they can, and I find that very helpful... and the fact that they can draw on experiences is quite, quite refreshing because that's what I found at A Level, it's just, almost learning the syllabus to pass an exam, there was no real enjoyment about it. (Mark B:674-89)

Barbara, in her first year on the UG OT programme had previously experienced HE and it was interesting to hear her perceptions on the role of faculty compared to her previous experience, now as a mature student, which is similar to students on the MSc programmes:

While here it is just friendly, and it is just really, really easy, you, they will really will explain us, you know, if you need help, if you have problems, there is so much help you can get so I just thought it's, and we have the two weeks introduction which was really, really, I found very helpful, because in the beginning everybody is scared and you don't know what to do, where to go, and I thought that they were really, really well organised. (Barbara,A:259-65)

She contrasted the support she received from an academic as personal advisor compared to her previous HE experience:

We didn't have personal advisor, you just, you don't have any support when I think about it. Just go to lectures and seminars and go to your exams and no-one really cares how you feel, while here, I find it very, very good because you can go and talk about academic stuff and get support but you can also go talk about your personal issues and they will still help you or they will point you to the right direction which is just incredible. (Barbara,A:317-29)

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Barbara felt able to seek advice when she was having problems with her presentation which she found supportive: she also encountered a problem with the lack of engagement of others in group work which she found frustrating, but her advisor was able to put this into perspective which she found helpful:

I was talking to my personal advisor because I used to get quite frustrated when we do group work and you have some people that are just not willing to do the work, and it is annoying because you don't want to do the work for them, but you want to present yourself in a good way, and I did talk to my personal advisor and she did really help me see what is important, you know, at the end of the day it is you learning stuff, it is you getting the marks so it doesn't matter if the other people are not willing. So yeah, everybody has been very, very supportive so far, so I did make the right choice I think of university. (Barbara,A:320-9)

The students on both the undergraduate and postgraduate programmes started their programmes already identifying with their future professions, which they then appeared to build on when entering onto the programme and learning about their future profession. Initially they are learning from faculty who had previously worked as health professionals. Beth had found faculty very supportive:

Some of them have acted as role models themselves, like the idea that, for example, one of the lecturers has worked at the NHS, had a football career as a sports physio, has lectures and now has a career as a lecturer. (Beth,A:789-794)

Beth found this helpful to know, because it illustrated another sort of career path for students, which another physiotherapy student also commented on, because on entry neither of them had realised this possible career path. This lecturer's experience showed that they could decide to follow a specialist PT career initially (in this case sports), but it did not mean that they have to stay doing that, they could gain experience and change career focus later, maybe into academia. Beth was grateful that lecturers had been open about their careers.

The students recognised that they were also starting the process of professional lifelong learning, and that the learning on these programmes differed from their previous experiences, either on A Levels or first degrees, this time they had to learn and retain information rather than learn for an exam and then forget that subject and move on to the next exam. Any knowledge they learned on their health profession degree was learnt to be applied to their future professional practice.

Once students had progressed following the transition to placement, the professional learning moved to being primarily from clinical educators and other team members. Additional learning was from the wider multi-disciplinary team members. The influence of these educators and how they are as perceived as health professional role models will be considered further in Chapter 5 on placements.

4.3 Sharing teaching with other health professions

Students were not just starting their programmes and developing a shared sense of belonging to a health profession within their subject cohort, but found themselves sharing classes from the start with the cohort of the other subject/s taught in the School ie occupational therapy and physiotherapy. On the BSc programme they also shared classes with Speech and Language Therapy (SLT) students. This aspect of shared learning was an innovation when the then Health School started the BSc degree programmes in both occupational therapy and physiotherapy in 1991. Students still viewed this as a valued early opportunity to work alongside other professions and later on in the course they participate in Interprofessional Learning (IPL) sessions and enquiry based learning sessions (EBL).with medical, nursing, ODP and midwifery students.

On induction to the programmes, whilst all the students from the professions attend shared sessions in the early weeks in their first year, they appeared to bond closely. Initially this was with OT/PT (and SLT UG) professions, and whilst faculty encouraged this, no special events were organised by them beyond teaching sessions, so their closeness across professions may have been due to a combination of factors. On the MSc, the start time of the course being February (not a standard September start), appeared to be a factor, but the data suggested it likely for both levels that the shared purpose and values of the professional

courses they were registered on and that both professions had small cohorts. This initial bonding appeared to be spontaneous; and there was evidence of strong links with social and accommodation aspects to student life which is further explored in Section 4.4.

It appeared from Becky (OT), who took a break from studies at the end of their first year and returned a year later, that these strong bonds between other professions must be established at the start of the course. She found when returning to her new cohort at the start of year 2, even though she established new bonds with her profession specific cohort, this did not occur with the other two professions in the way that it had in the first year.

On entry students indicated that they were keen to work alongside other health professional students, as this was an early opportunity to gain experience of other professional perspectives whilst still gaining knowledge of their own professional perspective. Mark expressed this in week 3 at the start of the course, although it was interesting to note that he had no professional experience to draw on at this stage:

I mean everyone, because we don't want to separate ourselves into PTs and OTs, it's because not only is it less people to interact with, but it's just, if you're looking at it from an interprofessional aspect, I mean, obviously we've only been here for three weeks, but if we're looking at it from early on, if you can engage with these people you can get an understanding from what sort of character traits draws someone to physio, also OT, and it is quite nice to be able to engage with them now, and then see what it is, how they are going to develop into sort of professional, professional respect. (Mark,A:411-18)

These comments from Mark suggested he perceived “characteristics” of other professions. The language Mark used at the start, referring to “these people” when commenting on other health professionals may change longitudinally as he appeared not to know how to refer to them, having not experienced the professional setting at that stage.

The interprofessional aspect of Enquiry Based Learning (EBL) added to the student experience learning to be a health professional. Students felt more confident as their own professional identity and knowledge developed and became clearer over time, especially after placements. Their experience of other professions also increased which is later

considered when students reflect on their experiences. At the start Maisie commented in week 3 that this shared teaching was not as much as she had expected at that stage.

On entry the students seemed keen to learn about other health professions they were learning alongside, and wanted to understand others' perspectives for the future as they would later be working alongside these other professions on entry to working life.

4.4 Other aspects of transition into student life

4.4.1 Accommodation (UG and PG)

Where the first year students were in student accommodation they were often in flats with other health students, for example, Bailey (PT) described it as "quite a community" (A:233), and "more of a health building" (A:234), including students of PT, OT, nursing and SLT. She felt close to them all, after finding it nerve racking on arrival, and she described having quickly clicked with a couple of them, and they were her closest friends on her course a few months later. From Bailey's comments the relationships of these students was also social, and this was an additional aspect where the programme also intentionally co-taught OT, PT and SLT, as part of the programmes. She mentioned "pub golf" for all these students as a forthcoming event.

Beth (PT) was sharing accommodation with other health students - this would have been arranged by themselves, only first year students were entitled to university campus accommodation. From the second year students made arrangements with friends and rent houses locally. Beth found it helpful especially in the first year being with others learning the same subjects such as anatomy and being able to talk things through, also the understanding of others when returning having been treating patients on placements.

From a social and professional perspective, most of the MSc students had moved into shared student houses, not campus accommodation, because of the academic year for the MSc starting in February, which was out of synchronisation with the university accommodation booking cycle. The participants found this a very supportive environment to live in, especially with shared deadlines and peaks of workloads. Maisie mentioned that shared housing was arranged via Facebook prior to starting the course which implied that

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links between students were established prior to arriving at the start of the course. This indicated how some students may have initially met up electronically before they arrived at university.

The Facebook site was set up by the students themselves prior to starting the course. This was an early way for students to be in contact with each other before moving to the city and university. It was used to arrange shared accommodation and was a helpful icebreaker for those coming to Hillside not knowing anybody else here.

Prior to starting the course there was evidence from the students that they corresponded using Facebook to organise shared rented housing. Maisie was aware of this, although she already lived locally.

I think it's probably down to Facebook as well as anything, and, because through Facebook a lot of the cohort who were moving here from away gelled before they'd even come to get houses together. So there's quite a few houses where there's lots of people in and sort of so, that's brilliant for them, and then because they're all in houses together and they're all away from home I suppose they want to be sociable and stuff, so there's actually quite a lot goes on, and it's OT and Physios, like, it's all quite nice. (Maisie,B:535-42)

Maisie was living locally with her partner but felt that the amount of time spent with other students at university meant that not sharing accommodation did not disadvantage her. Maisie said she did not feel that socialising with her cohort or her personal commitments disadvantaged her, and she felt welcomed whenever she could attend social activities with her peers.

Mark too expressed the PG perspective of starting in February and how the students had approached seeking accommodation, including Social Media before starting the course not only provided them with colleagues starting at the same time to share accommodation with, but also making contacts and getting to know each other across cohorts before arriving in February:

Where we've come from all different backgrounds in the middle of the year, obviously it is quite difficult to find housing... because obviously a lot of the leases are going to run from September to September, but where we have found, I mean we found, I found each other through like social networking sites, so things like Facebook and the Hillside Housing Board, that was how I found, one of my housemates, we found each other through the Hillside Housing Board, and then other people started coming together and then we got an email from a landlord who said he's got a house which was rented by physios and OTs the year before, so it runs on that, that twelve month lease that we need, but, yeah, I think in that respect everyone's sort of, because we knew, we didn't know anyone before we came down here, we're, more receptive to socialising with these people that are in the same situation. (Mark,A:1135-45)

Mark thought that students who had partners at home would not be able to see them as much as they might like to, which affected some people more than others. He thought this might get them down a bit, and noted that some students travelled too, but unless students stayed focused he felt they would fall behind, making it worse, and more stressful for them.

4.4.2 Socialising aspects of cohorts (UG and PG)

Students commented on the development of networks during the course of their studies, and on the changes that they went through, spending periods out on placements and then returning to university.

With undergraduate students, the experiences of socialising and cohort groups and accommodation appeared intertwined, along with the additional aspect of the Buddy system where students were supported and socialised with the previous cohort. This socialisation within subject and shared teaching groups with other co-taught health professions therefore immediately extended beyond the taught sessions.

Barbara (OT), a mature student, said she had an existing friend on entry to the course who was on the physiotherapy programme, and with another OT they tended to socialise together and participate in sporting activities. She already lived locally before the course and indicated that for her, socialising was done over coffee or studying together, she did not drink and did not participate in going out to the pub. She was clear that it was her choice to be focused on study.

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I think I spent, it's not very balanced but it, in a way it is, because it's my choice, I mean I do spend most of my time studying but it is because I want to do it, so it's kind of, it's also leisure, so I guess it is balanced, yes, Because as I said, I don't go out much to like drink, so I'll meet friends for meals and go and do some sports and then I'll study because I enjoy it. (Barbara,B:369-73)

The BSc physiotherapy cohort of 22 was described as “very close” by Bailey and “see each other out all the time” (A:351), they arranged events and she indicated that everyone participated, including the mature students did so when they could, she recognised that they all fully participated as a cohort and they all got on well.

Mark reflected on the social aspects with the PG cohort at the start of the year, which he set in the context of the need to work hard, and keep a balance of socialising too. From Mark's comments it appeared that everyone respected that other people sometimes needed to work hard at any point too, depending on their individual needs.

For the most of it, the people on our, the PTs and OTs at MSc seem to be quite happy in just engaging with each other, But obviously not to the point that we are adverse to seeing other people, it is merely that we all came in together, so we are in the same boat with regards to who we know, what we know around here, sort of the general idea of this city. (Mark,A:453-8)

This acknowledged the difference the MSc February to February academic year on this programme, and the amount of work involved in the accelerated Masters courses.

I think it's quite handy because we are all, well, our sort of social group is mainly within our classes, we're obviously all on the same timetable, so, I think there is a lot of, in terms of sort of social occasions, you know when everyone is free. (Mark,A:1089-92)

Maisie, who lived locally before starting the course, had found it more difficult to balance work and life due to her existing friends:

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It was like sort of high pressure and I found it really hard, because I suppose there were a lot of different elements but balancing home life, working as well, you know, all my friends and having a new set of friends as well from here. (Maisie,E:32-5)

Maisie made it clear that although she could not always participate in social events, but was always welcomed when she could make it and that her peers understood her situation:

Sometimes I can't go along because I've got other arrangements but there's a lot of people in that sort of similar position, and no one treats me any differently you know, if I'm at a social thing they're really pleased I'm there and if I'm not they understand why I can't. (Maisie,B:682-5)

Mark acknowledged the heavy workload and how differently he felt the focus was on the MSc, compared to the undergraduate start of year which he expressed as follows:

You know when you can get together if there is no lectures the day after, or if you finish early, then you can get together as and when, but, I think, we do, although there is a lot of emphasis put on learning in, as I think they said in the first week, for every hour of sort of contact with lecturers you need to put in two hours of study, which, it seems like quite a lot, but, I mean, we're not here to enjoy the novelty of university to start with, we are here to gain this professional qualification and an, sort of, MSc at the end of it, but even in saying that, we do, there is, you know, you do need to cut loose once in a while, I think people are quite happy to sort of draw the line between academia and social. (Mark,A:1098-1107)

The students were trying to ensure a balance between studying and socialising, which he attributed to the professional nature of the course: Mark implied (as he often did in his interviews) that the whole cohort felt the same, and that the priority was the workload and learning at this early stage of the course, he said "I mean, everyone does just sort of seem to be willing to have a laugh and enjoy themselves when we're not, we're not learning." (A:1197-8). He recognised the value and need to keep a healthy work/life balance:

Mark explained the diversity of his MSc PT cohort and how this influenced their ability to socialise:

We seem to have a bit of a range, obviously there's people who commute in from places like, I think a couple of people come in from a town (about 45 minutes away), and sort of quite far away which is unfortunate really, but I think there is one guy who lives on campus, and there's six of us who live about 15 minutes away from here and then from our house there's people a couple of minutes away, so basically in terms of sort of socialising everyone is quite happy to either come to the University campus or to someone's house if we are having a sort of gathering or something. (Mark,A:1171-8)

From the data, it appeared that both the undergraduate and postgraduate students tended to socialise with their peers and this was an important part of their student experience. Student accommodation arrangements and timetabling also affected socialising. The MSc students seemed aware of the need to retain a focus on work as a priority, and then socialising as a way of retaining a work/life balance. Maisie, who had already established local links, was less able to be involved with social events, but said she always felt welcome when she could join in.

4.4.3 Engagement in student campus activities (UG and PG)

When discussing the campus facilities, clubs and societies, there was more evidence of undergraduate participation in campus activities than PG. As several students had been introduced to physiotherapy due to their sporting interests, it was likely that their sporting interests would mean they would have been attracted to the university sporting facilities.

Bailey (PT) played hockey in a team at Hillside and had been attracted by the university's sports facilities, as well as the course itself. She acknowledged the time it took, needing a commitment of three times a week – two evening training sessions and a match at the weekend. She had been able to attend these except when on placement. At the first interview Bailey was intending to do tennis in the summer and was also a member of the cocktail society but was not always able to attend due to course commitments. She found these activities fun.

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Beth (in final year of PT study) had not joined in any sports or campus activities feeling she could not fulfil the commitment because of placements, but she was doing some voluntary work helping a partially sighted football fan at local matches as a “match buddy”, she said she felt that this experience also fitted with equality/diversity aspects of the course as a useful experience. During her second year she had also done some football training for partially sighted children, but she was unable to continue in the third year due to the workload, she admitted she would have been able to accommodate this if she had been on another course, but she was happy with what she had been able to do.

Becky (OT year 3) had been in the athletic and boxing clubs in her first year, as well as choir which she describes as making her “quite busy”. She had needed some extra physiology learning in her second year after she had intercalated. She mentioned that there had been other things that she would have like to have participated in eg a language course, or sign language, but had become a student ambassador, attending recruitment fairs on behalf of the university (to fit around timetable) but the other clubs were not possible in the third year due to placements and workload.

Barbara (OT year 1) was continuing with an occasional shift in a caring role and for her she wanted to prioritise study, as a mature student she felt she had done her bit going out in her previous education experiences, and described the health profession as much harder work saying “if you are going in that kind of profession you must be really willing to do this work” (Barbara,A:296-7), and as a mature student she wanted to get good marks and recognised different priorities. By the time of her second interview at the end of year 1 Barbara had started going swimming and doing aerobics once a week, as she felt she could accommodate this.

Mark, although interested in sport, saw this as an individual activity rather than wanting to get involved in clubs:

I mean I'm more just sort of health and fitness kind of person, sort of thing, it is quite an individual sport and I enjoy that because it does just allow me to sort of get, get away from everyone, And just have my own sort of “me” time, if you like, but I think some people on our course have got involved with, there's a sort of, maybe not a society, but sport clubs and stuff. (Mark,A:443-7)

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Although Megan (PT) was learning to climb, she was not in a club, but she did not attribute that to being on a programme running Feb to Feb, but she did know someone else on the course who was unable to join the swimming team for that reason.

Maisie (year 1 OT) was aware of some students using the sports facilities, but she commented “we’re sort of separate aren’t we in a lot of ways from other students?” (B:750-1). Besides being a mature student, and having returned as a new student she recognising the workload and said “I suppose we are just like, get your heads down try and focus on this, and not too much else” (Maisie,B;771-2).

Melvyn (PT) contrasted his PG student experience and expressed how different it was to his UG one:

This hasn’t been a university experience, not in the way that my undergrad was, I mean obviously I get along with everyone in physio and the OTs that I know, I don’t know all the OTs by the way, all that well, so I get along with everyone and we have nights out and what not, but it’s not university in the sense, or it doesn’t feel like university did last time, it just feels a bit more isolated, and not personally, but from the rest of the campus, from the rest of the, I don’t know any of the undergrads, no, maybe that’s something I could have done myself but just haven’t really met any.
(Mel,A:475-82)

From the participants’ comments, it appears that the postgraduate students did not make much use facilities, and did so more as individuals, not by joining organised clubs, and they were very aware of their additional workload on their programmes being a priority. They appeared to partly attribute this to the a-typical nature of their programme, running February to February and also containing extended periods away from the university on practice placements, as well as the workload on an accelerated Masters programme.

This section gave an insight into how the cohort came together, which was wider than the university based grouping, and considered non-academic aspects of the student cohorts on entry, including the influence of student accommodation arrangements and the personal experiences of students, whether living in their own homes or student accommodation. The

undergraduate students were in university accommodation if they were not in existing personal accommodation, and the postgraduate students were in shared rental properties which they had arranged via social media with their new peers due to the academic year being February to February and university accommodation not being available to them.

The data suggested that the students sharing accommodation tended to be with health professional students, with a few exceptions, and this was perceived as helpful by students.

The social aspects of shared accommodation and socialising appeared interlinked for both UG and PG students. It was suggested that, especially at PG level, the students wished to retain a balance between working hard on their studies and relaxing and socialising. The data indicated that students who were in their own accommodation were always welcomed if and when they could join their peers at social events, but recognised this may not always be possible for them due to their home situations.

The data also indicated the role of social media in students establishing themselves as cohorts and also networking socially and establishing professional identity. Students mentioned they used Facebook to arrange accommodation before starting the course, and it was used for sharing course information and resources as well as arranging social events.

4.5 Development of cohorts and personal development

In this section, the data collected over several interviews in the first year of study will be considered, during which the students were developing and growing in their professional identity, professional socialisation and professionalization. This was mostly based in the university context, with the first placement towards the end of the year.

The reflections of the final year students during or following placements as they moved to the end point of the course and qualification will be further considered in Chapter 5.

4.5.1 Shift of focus at the end of year from theory to practice

At the end of their first year of studies, students on both the UG and PG programmes reflected on their experiences on the course to date.

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Barbara (OT) reflected on how surprised she had been about the extent of how much she had learnt in the first year:

I think the clinical reasoning was probably the biggest thing this year for me, because until a few weeks ago I really wasn't aware of how much I know and when you start putting everything together it's like wow, I actually know so much, it was a really good moment when you realise that you do know a lot. (Barbara,B:232-6)

She was impressed on how everything had been made relevant by faculty which she compared to her Access course experience:

It's just going so quickly, it's incredible, at the beginning of the year I really didn't have any idea how much you can learn for a year, and we were talking with some of my friends that it's just every single thing we've learnt, they've just made it relevant, they explain to you why you need to learn it, like when I was in College, I guess it was an Access course, that they have you give you foundations, but it was just like you need to learn this, and this and this, and if you don't know why you are learning things it's kind of a bit pointless, and here I just think that everything, every single subject, every lecture we had, that's why the clinical reasoning was, it's just everything fits into place, and they always tell you why you need to need to know this and this, and it was, it has been really good. (Barbara,B:470-9)

Barbara had recognised that even though something may not have appeared immediately relevant it may be later in a different setting and still needs to be learnt, which she felt some of her peers did not realise:

A lot of other students say oh why do we need to study anatomy and physiology, and I say well why do we need to study mental health? You know, you can end up in a physical setting, or you can go in a mental health setting, and they say well you can learn it on the job, and I say well you can learn mental health on the job, because it's the same thing, and just because you don't like it. (Barbara,B:485-90)

Bailey realised she had learnt a lot on placement on professional learning, although she had felt she had a good idea of what physiotherapy was about on entry, but she had learnt a lot

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on placement about practice eg mobilising patients, getting elderly patients to sit up to avoid chest infections. At the end of her first year Bailey also became more confident, and she was happy about her future profession, and felt she had developed through the year. Bailey recognised that she had made the right choice of career for her and was happy she had chosen it.

Mark reflected in his final interview at the end of year 1 on the shift he felt had occurred over his first year of study, and specifically following the first placement, moving from learning theory to practical experience. He commented on his own inexperience when he had entered the MSc which he felt had become a level playing field by the end of the first year, and all the students had learnt the same theory and had experienced their first placement. He was aware that at the start of his course he had tended to focused on sporting type examples due to his first degree background.

Mark suggested an initially competitive atmosphere with his peers, comparing marks in assessments:

I wouldn't say competition, just it's sort of almost like human nature of students, always sort of compare and contrast your marks and see if there is any sort of like hierarchy with regards to who is the best, who is sort of, I don't want to say worst, but not best, but, it started off that way and it was probably inevitable because, I mean, everybody does it. (Mark,E:53-7)

It was unclear to what extent the students did participate in this “compare and contrast” with others, even though Marks said “everybody does it”. Students received their anonymised feedback in sealed envelopes and are only aware of the spread of marks for an assessment (available electronically) if they wished to access this information. It was possible that some students, and Mark was one of them, did this in the early days when other data had suggested they were finding early assessments hard to pitch, especially writing academic essays using professional knowledge which they were all unfamiliar with.

He then reflected on the shift from the academic to the practical results which he described as “critical” compared to academic results:

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It seems to be as time has gone on people have just disregarded, not so much disregarded the importance of the academic side of this course but seen it as less important than the practical aspects which ultimately is going to be critical compared to how you do in an essay, how you do in a report, something like that. (Mark,E:57-61)

This was an illustration of the recognition of the point at which Mark experienced the shift of focus on the professional course from academic results and being with his cohort and peers to a focus on practical experience and results. What he appeared to feel at this stage was the important aspect of how he would be standing with other health professionals, not how he stood with other students. This personal development saw Mark recognised the move to a new identity as a future professional where the importance shifted from academic success to recognition as a future health professional and succeeding in placement assessment.

When asked if he felt the changes he experienced had been because he had been on his first placement, or as part of professional development Mark responded that he thought it was a bit of both. Mark went on to express his opinion of the importance of placements at the start of the second year:

But everyone seems to be quite sort of content with where they are, and I think the next eight months or whatever is just going to be (sigh) the defining moment for everyone rather than what a piece of, you know, a piece of coursework says about you, your ability. (Mark,E:85-8)

Maisie reflected on her focus at the end of year one being on planning for her second year, both from the academic and coursework perspectives as well as anticipating placements. She was keen to get the assessment schedule to start planning her workload, which would have been released before the students commenced year 2 of the course, including the assessments relating to placements:

The last placement we did we had obviously a couple of essays based on that, and because I knew of that in advance I made sure that I had a client that would fit in, and made sure I made appropriate notes for the essay kind of thing. (Maisie,E:296-9)

Maisie was keen to know her placement clinical areas to enable her to read up on these ahead of the placement itself.

I suppose I'm going to have to do quite a lot more preparation for like my orthopaedic, I will have to remind myself of all the bones and muscles and things, nerves and things, and with the mental health, I don't know what prep I will do for that, I suppose just on dementia and stuff but I suppose it's just those ones allow you to do more specific preparation work, whereas with this one I don't know what I'm going to come across, with the community one because it could be really anything.
(Maisie,E:322-8)

At the end of their first year some of the students commented that they realised how much they had learnt, and they appeared to have a boost of confidence with this recognition, and were ready to put their theoretical skills into practice. This aspect of their personal and professional development was important recognition before the next transitional phase to placements which they would do as individuals (not a cohort) into separate health profession settings, not just once, but four or five times to gain a range of practical experience.

4.5.2 Methods of Assessments

Some students on the MSc found their first degrees had provided them with useful academic skills which helped with assessment on their programme, for example, Mark felt quite confident with academic writing but this was not the case for all of the students.

Melvyn had not done essays on his Science degree and found that difficult to start with, which he had not anticipated, he had felt quite unsure what was needed to pass "I just go in and I do what I think they want me to do and kind of hope they kind of agree with what I have done so, so it feels a lot more uncertain and subjective when you hand in an essay that, I just feel a bit powerless." (B:590-3) He felt some of the marking had been subjective, especially on the reflective essays and had felt he had done better on some work than his mark, but at the end of the course he said "most things are very subjective and I don't know, it just leaves me, I've got to the stage where I don't care, I just want to pass, so, as long as that P sign I'm fairly safe, it's all that matters." (B:619-21). He commented that he would

have preferred more exams. Melvyn also said he had not been prepared for the amount of group work which occurred on the programme. He did recognise that there was an expectation of this being a self-directed course, but that made it a harder approach for him.

It was at the end of her first year that Maisie commented on her first year assessments, having learnt from a late submission penalty on her first piece of work. She had enjoyed one of her essays because of the content, and had been surprised with a good mark on her reflective work which she had not anticipated:

I loved the biopsychosocial essay, because that, I like that, that's the impact of, on the person and, but I suppose it was to do with who I'd chosen, I found that really interesting, I didn't, I felt like I really struggled with the reflective essay but that's the one I did best on, which is really strange. (Maisie,E:386-9)

She also anticipated the different types of assessments and ensuring she was prepared to gather information for those:

The reflective diaries because I think we're definitely going to have to do another reflective essay, and then just reading, yeah, I think, it's not too bad, and, but I suppose we've got the research project looming over our heads as well, and other things I suppose. (Maisie,E:303-6)

These examples gave a flavour of some of the ways the students developed during their assessments on the professional programmes. The variety and professional aspects of the content did appear to have caused uncertainty when approaching coursework initially.

4.5.3 Cohort pre-placements

By the end of the first year, Maisie reflected on the cohesive and social aspects of the cohort, and the role of social media in communications, also looking forward to year 2 and the important role she feels it will play as students will be mostly out on placement which meant the cohort would be dispersed:

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While we are away we will definitely stay in touch, and a couple of us are all going to (a town about an hour away) at the same time together, we'll be living together and stuff so that will be really good, so yeah, I think in terms of the needs and the importance of having a little bit of a group situation going on, it won't change that much because we sort of stay in touch and still help each other out, and then yeah, I think Facebook really helps everyone stay in touch to be honest as well, people update stuff on there all the time, they arrange these group nights out and when people are back, and yeah, still, yeah still, I mean obviously we'll, we won't be together so much the whole group, so it will affect things a little bit but not drastically and yeah we will all be pleased to see each other again when we do come back and stuff. (Maisie,E:519-30)

At the end of his first year Mark realised he had learnt a lot, but still there was a lot more to learn:

It's been a very quick year, but I've met a lot of new people and I'm surprised how much I've learnt, but equally I'm surprised how much I've still got to learn, because maybe you think coming in from a postgraduate entry maybe you feel a bit, you've got more of a leg up, but equally, maybe because you've got more expectation as an MSc rather than a BSc. (Mark,E:13-7)

At the end of year 1 on the MSc, Mark spoke about the cohort and how they planned to stay in close touch even though they were about to be moving into placements across the region at start of year 2. Their plan was to stay in communication with the cohort and supporting each other because it can be isolating on placement eg in hospital accommodation, coming back to their local accommodation at weekends.

Mark commented on how close the cohort were at the end of the year, and felt that it was a shame that everyone was going away, but he was due to be on placement with one of his friends. He intended to return at weekends, and retain social "access".

He did intend to "go to some areas where people are on placement and just stay there for a weekend, so it sort of breaks it up a bit and sort of freshens things up a bit.". (Mark,E:102-4)

He was also anticipating what it would be like staying in hospital accommodation, but he was aware that he would be another student from his course:

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But there's going to be two people there that we don't know, so we don't know are they going to be students are they going to be hospital employees are they going to be people that just don't interact with other people, it's just sort of uncertainty.

(Mark,E:116-9)

However, he did recognise that it would give him time to focus on work during the week, but was keen to keep a balance and keep social contact in his term time accommodation at weekends with friends which he described as the “best of both worlds”:

Barbara had enjoyed her first year and had focused on studying hard:

Well I think I spent, it's not very balanced but it, in a way it is, because it's my choice, I mean I do spend most of my time studying but it is because I want to do it, so it's kind of, it's also leisure, so I guess it is balanced, yes, Because as I said, I don't go out much to like drink, so I'll meet friends for meals and go and do some sports and then I'll study because I enjoy it. I never thought I'd say that when I was fifteen (laugh). (Barbara,B:369-74)

Bailey (PT) reflected on her first year and said she felt at that stage “we seem to be alright as a cohort” (B:893), and said others were supportive:

There's obviously a little competition between everyone as to who can get the best grades and things, but I'd say we very much we get on very well, particularly as a physio cohort. (Bailey,B:898-900)

The UG PT cohort used Facebook to communicate and set up meetings, to answer queries and provide clarification if anyone had missed anything in their notes.

Bailey was still having some shared teaching with the OT students in Human Sciences at the end of the first year, they then split in their profession specific groups for further teaching, which was getting more refined in preparation for placements. She did say that they still were socialising together, and for her especially with SLTs due to her accommodation.

There were plans for when they finished forthcoming assessment. She did indicate, as with

the MSc students above, that they had plans to meet up to go to the beach one day where four or five of them were going on placement.

The students at the end of their first year seemed keen to stay in touch with their cohort group and friends when they moved onto placements. They hoped to catch up with others at weekends when returning to their Hillside accommodation and planned visits to friends at their placement locations. This peer support appeared important to them as they moved into the next phase of their course.

4.6 Transition from theory to practice – into placements and other learning environments

This chapter explored the transitions the students made from the start of their health professional courses, and in this context of their early student experience, the participants indicated that on arrival on the course that they recognised the shared focus and similar motivation, and this appears to make them feel immediately like engaged members of their new cohort which Wenger (1998) described as a “Community of Practice”, in their new identity as a student within the university context, and also as a student of their chosen profession. In contrast to a standard degree, students do not just settle in gradually and socialise into student life, but they were expected to “hit the ground running” in terms of demands of the course having been well informed beforehand of the high expectations of the pace of the programme and having to prepare for transitions into placement settings and back into the university life again on several occasions. The data revealed that students have taken on their professional identity even before they started the course, coming to Hillside as new students, whilst already identifying with their new profession.

In the HEI setting students are learning not only from academics, who were once practicing clinicians, with some still engaged in part time practice, which students seemed to value and respect. The findings also revealed the significance of the formation and support from peer cohorts students drew on, and contributed to. They commented on support from the other professions they worked with in groups and are co-taught with, learning both formally and informally on their programme of study. As recognised by Wenger (1998), as individuals some students appeared to belong to what would be viewed by the author as other Communities of Practice at university, such as sporting groups, groups sharing student

accommodation, and the findings indicated that informal learning takes place in this way and students appeared to recognise this, referring to each other by profession eg sharing accommodation with SLTs, As a collective, students belong to other Communities during co-teaching with cohorts of other professions. UG students said they benefited from the experience of their Buddies who would be in a different Community the year ahead of the participants, and PG students appeared to quickly bond with their new peers and were willing to share their experiences and draw on the diverse professional, work and first degree experiences and specialisms of their peers. At the early stage of the course the students started developing personally and professionally – building on existing knowledge (which varied on entry), from their peers and lecturers and their experiences formally and informally. They had to develop theoretical and practical skills (initially on their healthy peers) until placements commenced when they moved on to learning in practice from health professionals, and additionally learning communication skills with patients, fellow professionals and other health professionals. By the time students reach their first placement they are preparing to join the Community of Practice where they will start working in professional settings, and to the transition of being taught skills by clinicians, both educators and other professionals, which will be further explored in the next Chapter, including the longitudinal aspects of student development across the placements as anticipated and experienced by students. On courses with placements, experiencing transitions into professional practice (four or five times) and then back into student life again, across contrasting learning environment, presents very specific challenges and opportunities.

Students were expected to prepare for each specific placement area, then adjust into each working environment, settle in and establish themselves in their student role with their supervisor and other health professionals, both from their own profession and others in multi-disciplinary teams they were working with, the structure of these teams would vary depending on the setting. They also faced the challenge of not only learning to communicate with other health professionals but were learning to engage with and develop a professional rapport with the patients and their families. At the same time, over all the placements in the programme following the initial period of observation, students would be developing and becoming more autonomous and independent working as a health professional, starting their progression from novice to expert.

Chapter 5 Transition from student to Health Professional – the student experience on placement

Chapter 1 introduced and defined the terms “Professionalisation”, “Professional Socialisation” and “Professional Development” to describe the processes which students experience from entry to their chosen course, learning theory and practice in both the university and placement contexts as they move towards qualification as a health professional. This chapter considers the practice education aspect of the course in more detail and how the students perceived their experiences and development as part of their professional education in the different contexts of the placement settings they experienced. As the students make transitions into the work environment, termed “Communities of Practice” by Lave and Wenger (1991) they are learning from qualified health professionals, and developing skills which can only be learnt in the professional environment, including communication skills.

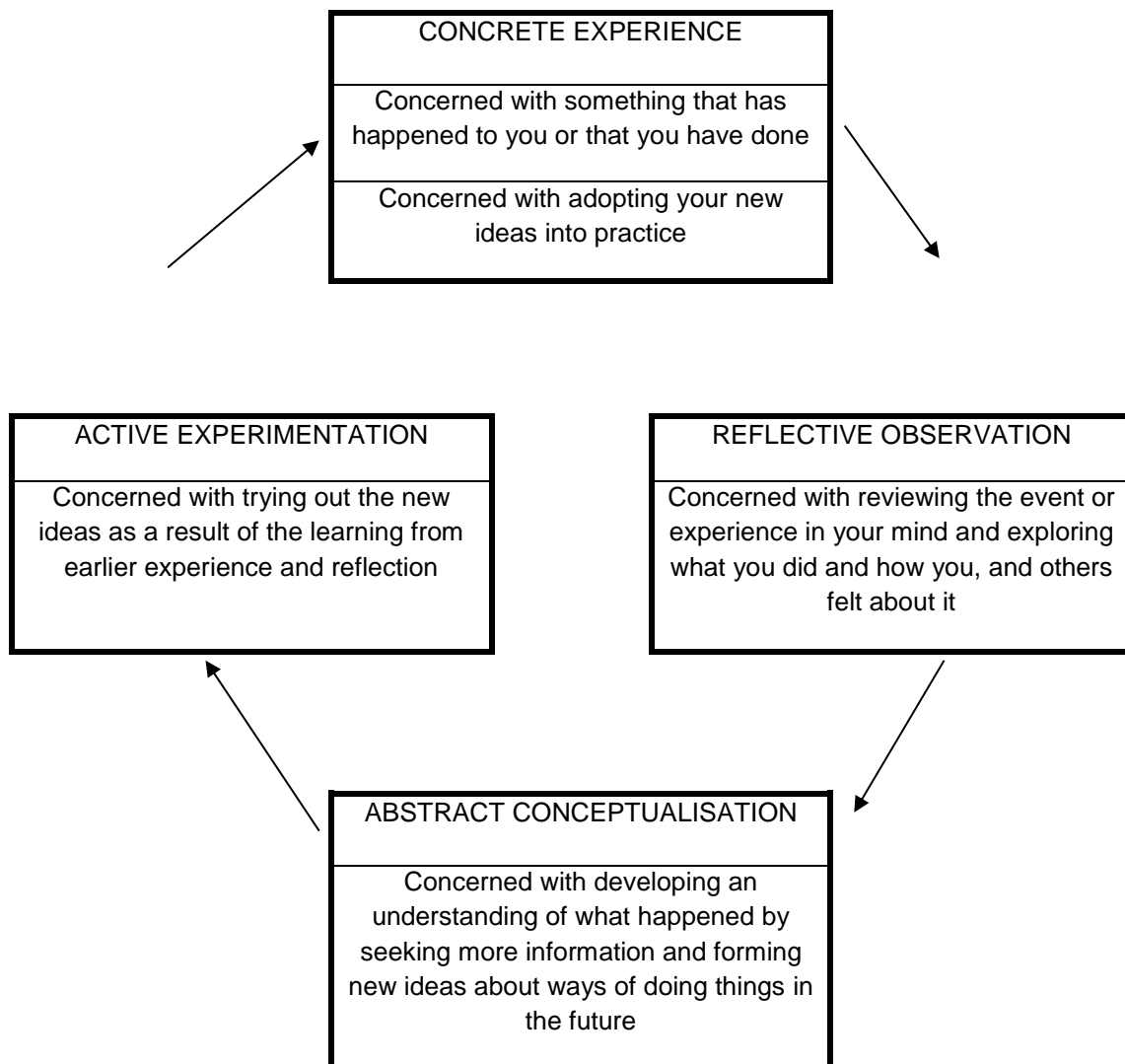
It is a requirement of the professional bodies, the Health Professions Council (HPC) (which since became the Health and Care Professions Council (HCPC)) and the profession specific professional bodies - the Chartered Society of Physiotherapy (CSP) and the College of Occupational Therapists (COT) - that students must complete 1,000 hours of placement experience as part of their programme of study. The aim of placements is to give students the experience of putting theories and practical skills into the professional context they will be working in on qualification. Students learn skills and values for the profession to become a health professional in the health care system and placement gives students the opportunity to witness the reality of practice, for example, professional issues, constraints, experience of working with clients.

Kolb (1984) suggested that reflection is an essential element of learning and this is viewed as an important element in practice education, and therefore considered as part of the literature relating to this component of the programmes. As the learning cycle is followed round in the diagram overleaf, after having an experience, students would review the situation in their mind, maybe thinking abstractly about the experience for a while, possibly seeking further advice or information. They would then come up with ideas for approaching the situation differently next time. By trying out the new ideas to see if they are effective, they

complete the learning cycle, but it is an ongoing process. In learning, perfection is never achieved, but people always find new ways of doing things based on learning from previous experience.

In a wide range of clinical environments students were encouraged to reflect on their experiences which reinforced the learning process, as illustrated by Kolb (1984) in the experiential learning cycle:

Kolb's Learning Cycle:



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The terms Professionalism and Professional Socialisation were introduced in Chapter 1, these concepts will now be further considered in the context of placements, firstly from the literature and then from the perspective of the participants as they experienced their practice education on placements.

The Student Practice Education Handbook (Health School, 2010) stated:

The aim of practice education is to integrate practice and theory, and to demonstrate the progression of skill development which underpins a competent practitioner. Thus, each placement block is seen as developmental, with increased learning outcomes and responsibilities. You will acquire new skills in differing clinical environments whilst developing and consolidating the transferrable skills of professional practice.

The expectations of the professional healthcare practitioner are detailed in the Handbook, in preparation for placements, including Personal Conduct (outlining requirements to look “neat, clean and professional at all times”, adhering to the department’s policy on uniform, the need to follow other advice eg jewellery, hair, make-up, personal care and footwear.). The students would have already completed checks with the Data and Barring Service (DBS), Occupational Health, professional liability insurance, and would be required to ensure their “Placement Passport” document was current for every placement, including evidence of their Mandatory Training at the start of the course eg Moving and Handling, and currency of immunisations. The requirements for attendance, and the need for students to conform with Trust and professional body’s confidentiality Policy, is also included.

On placement students are assessed by the practice educator, initially at a midway and then at the final stage of the placement on a Pass/Fail basis. The practice educator will be a qualified therapist of the student’s profession, registered with the Health Professions Council (HPC) as it then was. They will also normally have undertaken the Practice Educators’ Course at Hillside. For each placement at Level 1, 2 or 3 the learning outcomes for that level are assessed for Professionalism, Clinical Reasoning, Client Management, Interpersonal Skills and Information Management.

These areas have expected levels of performance which are developmental across the levels, for example, as given in guidance from the MSc Placement Handbook:

Professionalism (*Initiate and maintain effective communication/working relationships*)

Fail – Inconsistent, careless or withdrawn, with avoidance behaviours

Level 1 – Starting to talk to and maintain conversation with clients/ other professionals.

Level 2 – Communicates/ works effectively with other professionals

Level 3 – Initiates and maintains effective communication/working relationships with other professionals

Each of the main areas above are marked by more detailed criteria on Level 2-5 which practice educators mark Fail/Satisfactory/Good/Very Good/Excellent. The sample Final Assessment Form in full is in Appendix IV. The students also prepare a self-assessment document, using the same paperwork, for their midway and final assessment, which is seen as part of their personal and professional development.

As introduced in Chapter 1, it was recognised by Richardson (1999a and 1999b) that students learn to act as professionals through their experiences as students of their profession, including interactions in the professional context. This aspect of the process of professionalisation will be further considered in this chapter related to practice education.

Alsop and Ryan (1996) suggested that on placement students are expected to conduct themselves professionally and gain professional experience, they will need to “draw on professional knowledge, develop professional expertise, exercise professional judgement and be assessed on professional competence.” (p144). Placements provide students with the opportunity to develop the concept of professionalism, they learn the appropriate behaviour of a professional, and the boundaries of their future role, alongside becoming more responsible and independent in their role. Professionalism indicates the way that students conduct themselves in practice and this is assessed by the Practice Educator as part of the placement assessment.

Tompson and Ryan (1996) suggested in their study looking at the experience of occupational therapy students that they learn the reality of working in the clinical setting, and the authors felt students “gained an understanding of the breadth and depth of their role within the health care system” (p68) and experienced the reality of working in the clinical

setting, not only the hard work but also aspects of the profession such as facing rejection by clients eg when they are not being sought out by clients in need of care. Initially students experience not knowing what to do on occasions and also the reality of their assumption that OT would produce tangible results and they seek to get a feeling of accomplishment in their work with clients.

In order to develop professionally, Richardson (1999a) recognised that the practice education experience is an important element of the course in all health profession courses. It is also an area where students develop over their period of studies fostering a growing independence throughout the placements to promote a strong professional identity (Lindquist et al., 2006).

Richardson et al. (2002) carried out four studies based on a longitudinal study at the University of East Anglia and the Karolinska Institute in Sweden which looked at the professional socialisation of undergraduate physiotherapy students during their studies using a phenomenographic approach. The data from eight UK students and ten Swedish students was used, the data had been obtained from semi-structured interviews and analysed across the countries at different stages of the study. The interviews from these studies were collected over the period from early student learning experiences (Richardson et al., 2002) to professional development on the edge of working life (Lindquist et al., 2006) in the physiotherapy profession. This approach over the span of student study helped gain an insight into student development in one of the health professions, and suggested that there were three qualitatively different categories of students' professional identity as a physiotherapist, Empowerer, Educator or Treater.

Richardson et al. (2002) identified from the early interviews that students were concerned with looking and behaving like a professional, learning communication skills, how to instruct patients whilst gaining responsibility and listening to patients, also caring for the patients and motivating them.

In 2001 Bonello carried out a literature review looking at practice education in occupational therapy in the context of higher education. She confirmed the importance of practice education as being "instrumental in the development of professional behaviour in clinicians" (p93). She commented on the "dearth" of research carried out based on the perspective of

the student's perceptions and experiences. Bonello (2001) identified the importance of the role of the Practice Educator in ensuring an optimal learning environment.

Tompson and Ryan (1996) carried out a qualitative study on four occupational therapy students in Canada which looked at the influence of practice education on their professional socialisation into their profession. It considered the changes over time during their practice education experiences and how this affected their concept of occupational therapy and the profession. The authors realised that learning professional behaviour was complex and hard to articulate, and felt that from the student perspective "learning the attributes and roles of a professional came about more from a process of osmosis and modelling rather than through any explicit instruction" (p66).

Bandura (1977) used the term "Social Learning Theory" to understand how learning occurs in a variety of settings, including how individuals acquire skills through observational learning, which is particularly relevant in practice education. The author identified personal factors, behaviour and environmental factors in relation to social learning and interaction. One aspect of this is learning from modelling, and Bandura commented that this enables the learner to form ideas on how behaviour, as well as skills are learned, so this can be seen especially relevant to professional socialisation. Bahn (2001) related this to nursing education, and particularly contrasted the development of this learning which had made a transition to degree learning as opposed to historically relying more on observational learning as part of the workforce. The opportunity in developing practice skills and socialisation in practice education for a professional role through modelling was recognised by the author as important to the student role. As Bandura (1977) had suggested, this was valuable to convey values, attitudes and behaviour in the professional workplace, particularly from their Practice Educator, which enables the observer, in this case the student health professional, to reproduce this.

Cross (1995) used questionnaires to identify the most important attributes of the ideal clinical educator that students at different stages of their UG programme, educators and academic tutors perceived in PT educators. Participants selected from a list of 12 attributes plus written feedback. The analysis revealed a close correlation between the educators and students, who selected "Approachable", "Good Communicator", "Good Role Model", "Enthusiastic" and "Knowledgeable" as the top descriptors (in slightly different order)

whereas the tutors included “Interested in the learning process” and “Concerned about patient care” in their top four. Bennett (2003) carried out a survey of 42 clinical educators looking at the perceived abilities/qualities of PT clinical educators with the intention of establishing how senior educators need to be for students to benefit most from placements, and suggested that students can learn from other grades of staff (including some more recently qualified) to gain professional insight into many aspects of clinical education. The most important abilities/qualities were identified as “Approachability”, “Good Communicator”, “Enthusiasm” as the most important, also with “Share knowledge with learner” and “Desire to facilitate learning”.

Tompson and Ryan (1996) considered how students learn the boundaries of their roles eg dealing with patient privacy, dealing with clients in a health care setting, staying emotionally detached whilst keeping empathy and concern in check as a health professional. They must also learn about their place within the team and experience how the teams work together and with other health professionals, including the hierarchy in the clinical setting. This is the time when students learn about the status of their profession, and although they feel as occupational therapy students that they are essential to the rehabilitation process, Tompson and Ryan (1996) found in their study that others were less aware of that, and that they had to explain what occupational therapy was to clients and to justify their role within the wider health team.

When considering professional socialisation in health and social care professions, Clouder (2003) described this process as “learning to play the game” (p217) and “presentation of self” (p218) in the 3 year longitudinal study she carried out based on the experiences of 12 undergraduate occupational therapy students. The former recognised that students became aware of the rules (written and unwritten) and they then learnt to conform to the systems in place, which practice education gave them the opportunity to do. The students in the study suggested this was more prescribed in practice, in comparison to the university setting. Where the students considered challenging this, they mostly put up with things, recognising that the appropriate time to do that would be when they were qualified, as they were aware their qualification was dependent on their practice educator who was assessing them. Clouder suggested this illustrated the “power differentials” experienced by a newcomer wishing to join the profession.

The “presentation of self” indicated the student awareness of the need to present themselves and act in an appropriate way according to expectations of the profession from the first placement eg looking keen and enthusiastic, being polite. In Clouder’s research after more experience, several students recognised the importance of putting others first and appearing confident, but not too confident as they became more professionally socialised and received feedback from their educators ensuring they conform to professional expectations.

An important aspect of professional socialisation discussed by Tompson and Ryan (1996) was learning the language of the profession. Students had to learn to communicate effectively and professionally with clients as well as relating to written and verbal communication, all important aspects from early placements. Students also learn to relate to other staff and communicate with them. In early days they found students do not perceive communication as easy, because they do not feel very knowledgeable, and, for example, they do not always know at that stage how to follow on treatment. Written communication is another important professional skill which has to be learnt, client records are legal documents and students need to learn to use professional language concisely and precisely. Verbal communication with other professionals is another aspect of skills to be learnt on placement, and one which the students in the study found difficult, especially in meetings, where they felt vulnerable and found it stressful having to speak up in front of strangers, using appropriate terminology in meetings which were held at a fast pace.

Tompson and Ryan (1996) reflected on the different level of placements and how students developed from just having to learn to be students in the clinical setting, and, at the basic level, learning something whatever they experienced. By intermediate placements they became more confident in their role, and moved from learning to be a student on placement to learning to be an occupational therapist. They also suggested that students became more competent in learning to handle the experience of going into a new placement. Tompson and Ryan (1996) found that the students in their study were surprised at the speed at which they were expected to assume responsibility, and also that clients assumed they had a certain amount of knowledge. This was commented on less in later placements. They felt encouraged and permitted to work independently as time progressed.

This section recognised aspects of professional learning and development that students make during their practice education components of their programme, in contexts identified by Lave and Wenger (1991) as “Communities of Practice” in different professional settings, bringing students through situated learning into community membership through legitimate peripheral participation as outlined in Chapter 4. This should be seen as the start of the lifelong learning in the profession, as even following the transition from university on qualification into the workplace there is continuing professional development still to occur on the continuum from Novice to Expert as a health professional.

5.1 Transition from Theory to Practice

As discussed in Chapter 4, once the students move towards the end of their first year of study on both the MSc and BSc programmes their focus turns firmly to the practice element of the programme and practice placements. As recognised in Section 4.5.1, the students recognise this as an important shift from theory to practice. Although students started the course with varying amounts of practical experience, the findings in Chapter 4 suggested that their progress became identified by theoretical knowledge prior to placement, and their marks received for coursework. Mark especially commented on this. In this next stage through practical experience on placement students have to start to combine the theory they have learned into practice on the journey from Novice to Expert, and they further develop their socialisation into their chosen profession with health professionals.

This Chapter opened by considering the literature relating to the professional aspects of practice education, and will explore the students’ perspectives in anticipation of their first placement (Section 5.2), then consider aspects of their growing professional development and identity as a future health professional as they experience further transitions into different settings of their chosen profession (Section 5.3). Students go through the transition into placement 4 or 5 times during their course, usually into different settings, only placement 1 (UG observational / PG introductory) and placement 2 may be in the same setting for some students.

At the start of placement students made the transition from being part of a cohort, with their peers who have reached the same stage of theoretical learning and moved as an individual into one of a variety of health care settings where they were the “Novice”. Only occasionally

students are on placement with other students from their own or one of the other programmes, OT/PT/SLT. Beth felt this put students in a position of making new friends too, where they may not have known somebody prior to the placement due to them being in different groups and they may be sharing hospital accommodation with other students eg nurses. Up to this point on the course the students had been learning from faculty and peers, and this point of transition represented a transition to learning from clinical practice educators, other team members of their profession, and other health professionals in the setting they are working in. Practice Educators attend a Practice Educator Course at the university to enable them to supervise and assess students on placement.

On placement the Expert is intended to teach the Novice in the professional setting, passing on skills and knowledge. The practice educator also assesses student progress against the learning outcomes for that level of placement. This is further explored in Section 5.3.2.

Unless students had worked as Assistants, up until this point they will have only been learning their practice in practical sessions where their peers were acting as patients, ie they were practicing on healthy people, before they started on placement and worked with real patients. They were therefore anticipating learning to communicate and diagnose with real patients/clients, either in a health care setting or in the community in the homes of the clients. Students recognised this as an important part of their professional development, and depending on their natural ability to communicate with people, means that some are nervous of this aspect of the placement.

5.2 Anticipation of First Placement and Early Experience

Placements are a key part of the course, and were much anticipated by the students, even at their point of entry, and especially the first placement. The early interviews with first year students provided an insight into this aspect of their student experience as the first placement approached and longitudinally the final interview of the first year students reflected on their perceptions of the reality of the early placement. The final year students reflected on their earlier placement experiences.

It emerged from the interview data that placement anticipation varied according to how much experience students had already gained in a work setting. As shown in Chapter 3, this

experience varied on both MSc and BSc programmes, the most confident approaching placements were the participants such as Maisie and Megan, both OT students, who had both worked as Assistants in their chosen profession.

The experience this had given them working with senior professional staff appeared to make a difference to their approach to placements, and their confidence prior to going on placement.

In the early stages, my interview data suggested that some of the students appeared to feel security in having a new student status when entering placements. They were in a position to ask questions and make mistakes; it also meant they could easily be corrected by their educator which felt acceptable at that stage. One student commented that educators would recognise, especially on their first placement, that they would be coming in with a range of knowledge in the placement area. For example, Mark, with little experience at the start of the course, was well aware of the impact his decision making may have on patients on placement, which he commented on before his first placement:

The element of responsibility is quite daunting, in that you have actually got someone's wellbeing at stake, but, equally, you're not being put in a position where you're going to be making decisions that are critical, if you like, you can't say, this, obviously your clinical educator is going to have the final say. (Mark, B:513-7)

Maisie recognised what she wanted to achieve through placement learning based on her knowledge on entry and her expectation of her next stage of professional development:

I am very excited about the placements, I think it's a brilliant opportunity, obviously it's a major component of the course, but yeah, I'm excited about working with OTs, OTs that you know, want to help us learn and, working in the different areas, really exciting prospects. (Maisie,A:161-5)

Because of my role I think in a more analytical way as if I were an OT but I'm interested in seeing how I'd get on with that as well actually doing assessments and things like that, and that's part of the reason I'm interested in like seeing how other people work, and, I think we'll be given, probably we'll be given quite a lot of

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autonomy I think in the placements, not in the first ones maybe, but later on, and I'm really excited about working with clients and seeing if I can help. (Maisie,A:877-84)

In this early interview Maisie also mentioned that she was not afraid to ask someone if she was unsure about something, indicating her self-assurance. She commented that she was not too nervous about placements due to her previous experience, and there was the reassurance that a Hillside tutor would be visiting on placement. She had previously been working under other occupational therapists as an Assistant, in what she described as a “self-directed” role on a project. She was therefore anticipating moving ahead on placements and developing to the next stages:

I'd be looking towards getting more autonomy and working sort of on my own, and managing myself, yes. So that's something I'll be nervous about, and, yeah sort of a bit apprehensive about, but sort of ready to take on the challenge. (Maisie,A:1116-9)

Maisie acknowledged that her life experience helped her confidence at this stage, including her previous experience gained working in the social service support sector, was making her “keen” to get out on placement. Maisie’s anticipation at this stage compared with those with less experience who were focusing on other aspects of their first placement eg working with senior staff, educator/s, patients/clients.

In contrast, Mark at the equivalent stage to Maisie, but Physiotherapy, indicated in his interview that he was noticeably anxious anticipating his first placement. Mark was well aware of his lack of experience in practice compared to others at the start of the course, and that his experience was more theory based. However, he recognised that this increase in anxiety was temporary, and in a way positive, knowing he would get beyond this initial barrier. He described the first placement as “not terrifying but worrying” (Mark,A:866-7), and identified specific aspects he was concerned about:

It's not something that I've had experience with before, but, and I suppose it is what transpires a bit into some, not worries, but concerns about the placement, over sort of the summer of next year because I've not had this patient contact, I think it's going to be very much in at the deep end with regards to how to interact with members of the public, who are, in this position of ill health or dysfunction or whatever, because

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obviously we are practicing on healthy people, that in the house, there's not, you haven't got this sense of, is what I'm going to do, make them worse, is it going to irritate them, agitate them, are they going to sort of act adversely to me, for that reason, but I think it would be very much sort of in at the deep end. (Mark,A:787-98)

This quote indicated Mark's awareness of the aspect of placement where students will be in position when deciding how to treat clients has an impact on the patient/client and the potential for upsetting them due to his inexperience, and the realisation that their reaction to his treatment may not be well received.

Mark appeared aware that his knowledge was limited at that stage to practical sessions with his peers, and this recognition indicated he felt there was a limitation to the theoretical learning at university, and that practical experience limited to healthy students is no replacement for the reality of working with real clients. There was also an impact from decisions made on treatment in reality on people who were actually experiencing health problems. Mark recognised that he, and others, were students at an early stage on the course who are not expected to know everything, and that early placements were an important learning opportunity:

I think it, in the same respect there was with this course you've got to hit the ground running, and as long as you go prepared, and you're, sort of accept that you're not going to be fantastic from day one, you can obviously prepare yourself mentally for that. (Mark,A:802-5)

By Marks' final interview at the end of year 1 after his first placement he did not mention the possibility of failing. He seemed to have grown in confidence which is further explored in Section 5.5.

Melvyn reflected on the change from theory in university to the actual environment where people will be working and how he felt approaching his first placement:

Placement experiences compared to, just kind of the learning curve and the fresh environment where you know you are going to end up, as a professional eventually, I mean the learning curve was just so steep compared to uni, basically because it has

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to be, because you are kind of in that environment but no, it was really good. Personally I found it really enjoyable as well because I mean I was a little bit nervous going in, because of kind of having done a year of physio in uni, it's all classroom based, and good fun, but once you get into the "Real World" and can actually know for sure that's what you want to do. (Melvyn B 18-26)

In his final interview Melvyn reflected that the placements had been his favourite part of the course, "because it is ultimately what you want to do" (C:323), even though he recognised that students are hand held through part of it, he stated "that's as close as you get, and obviously you can't really simulate sick people in the gym, or sore people in the gym" (C:324-5) referring to School based sessions. He felt the learning made sense on placement in the clinical situation.

Melvyn mentioned the long gap following the final placement until the students start work, but the programme structure changed the following academic year and the students in the following cohort did not do the same lengthy period in placement at the start of year 2. The placements became structured in 8 week blocks with students returning for theory in between.

Megan commented on how she felt about her educators before placements

I tend to worry what my educator would be like, because I think that is quite an important sort of relationship really, I think if you get on then you tend to sort of, it feels more comfortable because then you feel like you can approach them and yeah, I worry about that before I start, but that's never a problem. (Megan,A:957-61)

Megan expressed her view on how going on placement made a difference to the student experience:

I think also when you are on placement, as well then it is very different, it's a very different student experience, because of working, so, and on top of that you are doing extra reading outside of it as well. (Megan,C:525-7)

She had not done a lot of work on coursework whilst on placement, preferring to focus on reading relevant to the placement area she was in, she felt she had not had time to do both.

Bailey, PT, admitted she was “very nervous” before she started her first placement, in spite of reassurances from her peers, she felt she did not know what to expect. She was not sure how her educator was going to be like towards her. Bailey was not too concerned about communicating with clients, as she was a confident communicator, even at the early stages of the course but she realised “it did make you think and I probably learnt a lot from watching my educators the way they communicated with these patients” (A:542-4). She perceived this being different from communicating with the public in general, because clients were what she described as “poorly” in the hospital setting, but she felt she became more confident during her placement.

Barbara OT enjoyed her first placement, realising that the opportunity to have an observational placement enabled her to experience the hospital setting and watch without the responsibility of expectation of having much to do due to students not having enough knowledge at that point (after only about 12 weeks). Beth interviewed in her final year of the PT programme reflected on her first placement in a community setting, saying she had felt nervous before she started, but had been with a friend on the placement which had helped.

Becky OT had particularly looked forward to placements because she acknowledged that she was stronger on the practical side and had partly chosen the Hillside course because of the placement structure:

The university here they offer a lot of placements, and I'm stronger on my practical side than my academic, and I mean, it's good to see what you're going to be doing in the future anyway, so it's brilliant that they have that opportunity here. (Becky,A:94-6)

The data supported the importance of the practice placements from the student perspective, and the opportunity it provided to learn in the health care setting and learning from clinicians, but also the aspect of working with clients in their new roles as students of their respective professions. The evidence suggested this was much anticipated, and all the students admitted to being nervous on the first occasion undergoing this transition into the placement

environment. Some students mentioned they had been in touch with the placement area before they started, which had helped.

5.2.1 Developing communication skills

On entry UG and PG students have had a range of work experience, from health and non-health related jobs, voluntary work, and other life experiences which meant some were more confident communicators than others. Tompson and Ryan (1996) recognised that learning to communicate effectively is an important aspect of professional development on placements. Not only are students learning to work with patients, interact with them and communicate appropriately with them, but they then need to convey information professionally to their Educator and other health profession colleagues. This section considers how students felt in anticipation of their placement/s, most expressed being nervous about communicating with patients/clients in different settings and then looks at how they developed once on placement.

When asked if her experience as an OT Assistant had helped her prepare for her first placement, Megan felt it had given her confidence with communication:

Confidence about, because you have to go up to people and, introduce yourself and then ask them sometimes quite difficult questions and quite sort of personal things and I guess that I learnt from being an Assistant not to be, so I felt confident to do that on placement, even though it is a different setting. Yes it was helpful.

(Megan,A:944-8)

Megan, who was between second year placements at the time of the interview, did say she had been nervous before a later mental health ward placement because she did not know what to expect and the type of clients that she would be working with. This reinforces what Benner (1984) suggested about health professionals becoming more proficient in one setting, but still a novice in others.

A good example of evidence of students learning communication skills on placements was illustrated by Mark, year 1 MSc in Physiotherapy who admitted in his very first interview in week 3 of the course that he felt a lot less experienced than his peers as he had little work

experience prior to starting the degree, other than from his first degree in Sports Science. Although Mark was really looking forward to going on placement (which was not until after 5 months of the first year) he was also nervous and worried about it due to this lack of experience and was concerned about communicating with patients. In his first interview his language was quite basic, he naively described his lack of experience of dealing with “the ill” and that he was aware of his own need to develop interpersonal skills with patients as well as the wider multi-disciplinary team on placement. He was interested in other health professionals that he would be working with.

Bailey felt that her communication skills were good in some areas at the start of the course, for example with children, due to coaching she had done in sport, and talking with their parents/grandparents but she recognised that her experience was not the same as the skills she would need in practice where patients would be unwell and in hospital, and she reflected on that;

When I did work experience even I got to speak to patients who were there, so I sort of had a little bit of knowledge of how to communicate but obviously that placement helped me build it up a lot more, to be a lot more confident. (Bailey,A:560-64)

Melvyn (PT) felt he was a natural communicator, at the end of the course he reflected that he had not been nervous about that aspect of placement, and that he felt that the box on the assessment form that he had consistently done well in related to this:

The feedback I got that was the only thing, the only box that was consistently very good or excellent throughout the placements, so, I was always quite happy yapping away and you just find common ground and go with that really, you find a young person who ruptured their cruciates playing football and football, that's an easy one, kind of thing, the older people you just talk about the weather (laugh), that's fine, I don't know, I just feel very natural doing it, I don't even have to work it, I was fairly lucky in that regard, just start chatting to people really. (Melvyn C 423-431)

Melvyn explained that on his first placement and early placements he developed a strategy to help him focus:

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One thing I did find was that I, certainly at the start of placement back in February and also say the first week of each new placement was I tried not to chat too much because I'd forget about what I was doing, and I remember once or twice trying to balance the two, trying to talk and also get along with what I needed to do, and then because of what I was talking about, I mean, plus everything was so new I just stopped mid-sentence and had to turn round to my educator and get her to carry on kind of thing because, I was just trying to do too much before I was comfortable with what I was actually doing, so, that was the toughest thing on communication, (Melvyn C 431-40)

He found he was learning to communicate as a professional, but he was also aware of being protected from difficult patients in the early days:

I think I was probably protected to a degree from difficult patients on the wards, certainly the most difficult ones, so, that'll be a challenge when I get going, just making sure that I'm properly assertive with people. (Melvyn C 441-4)

Melvyn's concern was that he may have been a "bit of a push over" with a non-compliant stroke patient, on an early placement, but realised he had not been enough of a "drill sergeant" (ie as a training instructor ensuring patient compliance) which he had learnt from, and he knew he had improved as time went on. He realised he had to learn when to stop the chit chat and take a professional stance, which he then brought to later placements.

Becky felt she did not experience much difficulty communicating with patients,

I love talking to patients because you can only read so much and understand so much from notes, or their family, or anything, you have to talk to them, they are your primary resource really. (Becky,A:531-33)

She felt she was quite a confident communicator:

I think in general I've loads of interpersonal skills anyway so I don't think that was really a problem for me, I think it was just the, the applying my knowledge regarding like clinical reasoning, or equipment, or the academic side, I think without the PR

skills, it would be very hard to actually be good in that kind of a role. I think I got a lot of it there from mum and dad so I was quite lucky that way. (Becky,A:547-52)

Once students gained their first practice education experience, it appears from examples above how much students learned from that, and how it was important helping them increase in confidence from experiences working with patients/clients as well as from health professionals. The longitudinal development of confidence as students were gaining from further experiences is considered in Section 5.5.

5.2.2 Career choice affirmed

The first placement in UG (observational) and PG (introductory) occurred towards the end of the first year, and this was the point at which the students started to experience work in the real setting for their profession. It was an important point at which students affirm their career choice or, very rarely, become aware they have made an error in their choice of career and the profession is not what they had anticipated, based on the knowledge they had on application. Although this occurred several months into the course, it appeared quite late to identify this, however, it has happened, albeit very rarely. It did not happen with any of the students in this study, but in my administrative role I have encountered at least one student who withdrew having realised they had made an error in career choice having not enjoyed the reality of working in the first clinical placement setting.

Mark (PT) identified after the introductory placement that he did not expect anyone to drop out at that stage, because even though they have struggled during the first year, he suggests they would need to give placement experiences a chance and *“just stick it out until they have had a good stint on a placement,”* (Mark D: 757-8) before evaluating if it is really what they want to do, because it was possible to have a bad experience.

He realised that he had taken a risk on application with little experience, and when he made the following comments he had been on his first introductory placement:

Thankfully, it did sort of pay off because it was what I expected, but equally you may have people who saw a particular experience or, did a particular shadowing or placement whatever you like, beforehand and thought OK physio is all like that,

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fantastic, but in actual fact what you've got is a completely isolated incident that is either completely different or not representative of the profession as a whole. (Mark D: 772-8)

At the start of year 2 PT, Melvyn articulated his view that one of the values of placement was in helping students ensure that it really is the career they want to do. Students can learn theory and have a limited work experience, but until they are actually in the workplace on placement in their chosen profession they have not experienced the reality of the job they are training for:

Placement experiences compared to, just kind of the learning curve and the fresh environment where you know you are going to end up, as a professional eventually, I mean the learning curve was just so steep compared to uni, basically because it has to be, because you are kind of in that environment but no, it was really good. Personally, I found it really enjoyable as well because I was a little bit nervous going in, because of kind of having done a year of physio in uni, it's all classroom based, and good fun, but once you get into the real world and can actually know for sure that's what you want to do. (Melvyn,B:18-26)

This comment from Melvyn links into the next Section 5.3 which considers how learning in what he termed the “real world” is experienced by the participants, and considers aspects such as communication skills, working with patients, and learning to cope with emotional aspects of the role, as well as working within the constraints of the workplace in different settings.

Maisie recognised that the range of placements which can be experienced was an important aspect of identifying areas of the profession in which students may wish to specialise or focus their careers, and an important opportunity to either confirm or revise their career plans:

I'm really excited about all of them really, and just, just an experience to see where I want to go with it and more chance to see OTs actually working and then obviously we've got our elective placement, which is another reason I wanted to get to know what, where my placements are going to be, and also just to get a feel of what I

would like to do, because I'd like my elective placement to potentially help me get into my career or whatever. (Maisie,A:848-54)

The first placement especially, therefore appeared to be an important part of affirming the student choice of career, as students appear to recognise that the limited view they may have had of the profession before they started the course had only given them an insight into a small area of the profession, which may not be representative of the reality in practice.

5.3 The Reality of Practice - Working with Health Professionals

An important aspect of professional identity and professionalisation was the development students experienced during the course, through learning theory and gaining practical experience in the university and workplace environments. Lindquist et al. (2006) suggested that there was a growing independence throughout the placements as students develop a strong professional identity.

Some of the students commented that an important aspect of professional identity was putting on their uniform as a student of their profession. Wearing the uniform of a student of OT or PT was a symbol which indicated the identity of the profession, which was apparent to others of the same profession, different professions and clients. Uniforms were not always worn in some settings, such as Mental Health. Beth (PT) commented on how exciting it was to put the uniform on (A:53). Bailey (PT) said she felt "more professional" in a uniform (B:642) and it also gave students more confidence, and helped others identify which profession students were part of, OT or PT, Bailey said she felt it gave an indication to "show that you are being serious" (B:647-8).

5.3.1 Learning from experience on placement

Once on placements students were learning from their experiences in a range of professional environments, as Kolb (1984) indicated, the reflective process was a key part of placement learning. This represented a different kind of learning from a standard programme and the first part of the course which had been mainly theoretical. The

theoretical knowledge was recognised by the students as something they needed to retain as a context to put their practical skills into, as noted in Chapter 4.

At the start of his placement Mark commented that it felt like everything fell into place once he was using the knowledge on placement, and this was an example of how things changed for students due to having being on placement that could not have been achieved in any other way and was an illustration of the value of placements for students and their professional learning:

Everything we did in class that I sort of had to hang onto with the hope of making sense on placement just, fell into place really, I think it was probably about the first week or so was just everything as clear as day, and it was so nice because there was so much stuff where I was just thinking – why doesn't this make sense? And you're just sort of clinging onto the hope that it is going to make sense when you see it in practice and when you've got your educator explaining it and using it, and it did, for the most part. (Mark,D:7-13)

Mark recognised that there were some actual knowledge gaps still but the placement made him much more confident for going out again onto placement.

Whilst it was not the intention of this research to consider the theory of the learning process, the student perceptions on how they were learning as health professional students on placement was apparent, so it was of interest to consider their perspectives. Maisie, for example, told me about an important learning incident for her (which the students termed “critical incidents”) when she visited a client with Multiple Sclerosis (MS) with her educator on her community based placement: Maisie commented on the effect this had on her on her first placement,

A lady with MS really like, that really affected me, I found myself thinking about her a lot, her symptoms really like, nasty and very difficult to manage, to cope with I think for her, so I thought, that, I've used that a lot in my reflection, reflective learning goals for next time as well, because obviously I don't want to spend loads of time like, thinking about everyone's problems like that, I want to be helpful, but I did find that really quite hard to begin with, but her attitudes and stuff, she was very focused on

remaining independent and helping herself, and with something like MS there's so many biopsychosocial implications. (Maisie,D:120-9)

This not only illustrated how an event on placement affected the student at the time emotionally, but how she then used the incident to reflect on the experience and learn from it, which enabled her to consider how to deal with any future similar experience, an example of Kolb's Learning Cycle (1984). At the same time Maisie expressed her desire to help the client, which had been an important factor which motivated her to choose her profession and future career.

The literature suggested students learn professional boundaries and appropriate professional behaviour on practice placement (Tompson and Ryan, 1996). Becky (OT) gave some examples which illustrated this. She was asked by a lady whose husband had just died to pray for him, but she was aware of the policy "you can't really mention faith and spirituality and all out there, when you are working because you could get struck off" (Becky,A:609-10). So, although she felt this would be important to some clients and families, and she felt it was a long way from trying impose any religious beliefs on clients, in the light of the professional boundaries she had responded appropriately.

Becky had also been advised by another member of staff (not her educator) that she should not have been speaking with a patient when it was her own lunch break. Becky had felt the conversation was important to the client, which was why she had done it. These examples on implementations of professional practice illustrate the learning of professional behaviour and boundaries on practice placement. It also illustrated that students may not always agree with them, but have to follow them, and an example of what Clouder (2003) termed "learning to play the game" (p217) as part of professional socialisation in the workplace setting. There were aspects which may not have been learnt theoretically before placement and students would normally discuss emerging issues on placement with their practice educator as they occur.

5.3.2 Role models in practice

As already identified, there was a distinct shift when students started practice placement as they made the transition out of the university setting and into a health profession setting.

This represented a significant change in who students were learning from, instead of faculty in the academic setting they started working with, and learning from, their identified educator/supervisor/s, team of their own profession (depending on the setting) and the wider multi-disciplinary team (MDT). As suggested by the literature, Bandura (1977) recognised that education from models in the workplace enables the students to learn behaviour and skills, which is especially relevant to professional socialisation. Practice Educators are often recognised by students as important role models, (Clouder, 2003) and there was evidence of the influence of learning from Educators in the field, including recognising desirable traits and students learning about their professional practice. Benner (1984) termed this as the Novice learning from the Expert. The students anticipated this being an exciting and important aspect of the placement, for example, Maisie indicated that she was looking forward to this “I’m excited about working with OTs, OTs that, you know, want to help us learn, working in different areas, really exciting prospects.” (Maisie,A:863-5).

Students still had access to their tutors in the university and knew they could always contact them for advice, for example, if they feel they are having problems. During the course of the placement students have an identified Visiting Tutor who comes to meet the student and their Educator to discuss their progress and address any concerns.

5.3.2.1 Practice Educator/Supervisor

As identified by Cross (1995), the students in her study of PT students, using questionnaires, found their Educators very important on placement, and had considered the most important attributes of the ideal clinical educator at different stages of their UG programme. My participants explained the influence that their Practice Educators had on them, and their learning as the future health professional they were aspiring to become. Below are some of the comments made by the participants from different stages on their programmes, which illustrated a range of their perceptions of practice educators and how this influenced their personal and professional development.

Maisie came to the course with experience working as an Occupational Therapy Assistant, and she had been able to observe two occupational therapists she had been working with, she described them as:

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Very open to teaching and helping me learn, and when I worked there before they really encouraged me to apply and, when I got on, they were giving me lots of advice and stuff, and so yes, it's really nice to have another expert you can ask and I really respect both of them, I think they're brilliant with what they do, so yes, it's good, it's nice. (Maisie,C:80-4)

This additional support was valued by Maisie, and both occupational therapists, experienced educators, offered her ongoing support as she started her studies, such as being willing to lend her books. Maisie described the occupational therapist she worked with as “quite inspirational”, she also had done some teaching at Hillside, and Maisie therefore saw her as “proactive”. Maisie used the term “expert” to describe the occupational therapists as that was how she perceived them, as expert in their area of work, at that stage of her learning before starting the course.

In her third interview, just before the introductory placement, Maisie anticipated the next stage of learning on placement, and learning from another occupational therapist:

I'm looking forward to seeing a new area, by working in a new area, and with another OT, see how they work differently, and just meeting, I'm just basically looking forward to like meeting other clients, seeing how, what we can do to help them and stuff, just the basics really, just interested in sort of gaining as much knowledge as possible from the professional that I am working with, or professionals and seeing how the team runs. (Maisie,C:652-7)

This reflected Maisie's expectation of how she would be learning on placement, by observing the health professionals which would be a source of knowledge for her.

Mark, who had not experienced working with a clinician until his first Introductory placement, reflected on the learning he had experienced from his practice educators. He had two educators, one more senior than the other, which he found helpful for his professional development, being able to learn in a different way from each of them by developing a working relationship with them to facilitate his learning:

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You can interact on different levels which I found really helped for the first part because there was no problems with me asking questions if there was something that should be clear but I just didn't understand, and I think it worked really well, because I was able to have a laugh with them, I was able to work hard with them and I think being able to just sort of switch from one environment to the next at that instant it was really good, because it did help just put up, I think it put me more at ease. (Mark,D:83-94)

Mark also commented that he learnt a lot about how educators worked, how they treated their patients and how they organised information. He was in an outpatients setting working with four or five physiotherapists, and he felt that he learnt from all of them as he felt they all had a completely different approach.

I mean generally people's reasoning, like clinical reasoning and stuff was the same but just seeing how they go through stuff and how they explain it, engage with patients was a little bit different, so it just sort of made me feel a little bit more at ease in terms of do I have to subscribe to one approach as a professional, but the answer is no, because obviously everyone does their own different thing and they are obviously sort of successful in what they do. (Mark,D:187-93)

Megan reflected on her experience with one educator (a hand therapy specialist) during her final year:

My educator was brilliant, she'd been working in hand therapy for about ten years, her knowledge was amazing, and I thought that, I did really like how, because she had specialised in it quite early on, so her knowledge was brilliant because she'd studied it for so long and she'd worked in it for so long and she'd seen so many different cases. (Megan:B:155-9)

Megan's experience working with Experts in the area of hand therapy on placement appeared to have inspired her, and she further commented on the bigger picture of learning from different educators across all her placements:

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I think all of my educators have been, I've learnt different things from, one of my educators was extremely organised and it helped me, working with her helped me to be very organised, to be more organised, and that's something that I'd like to try and continue with. (Megan,C:554-7)

My first educator on the mental health placement, and she was quite challenging, which I found very helpful, but not that enjoyable, it was quite hard being challenged all the time. (Megan,C:562-5)

Megan had also experienced a supervisor in her role as OTA who had helped her and she recognised her strengths:

The team leader who I worked for the whole year and half, and was also my supervisor, she was very inspirational, she taught me a lot, about occupational therapy and she always took time, even when she was the busiest person, but she always had time if you had a problem, which was very nice, and she was also very organised. (Megan,C:575-80)

At the start of his second placement, Melvyn's allocated supervisor had not been available, and he had found that difficult. In the end he did have good experiences with patients, although he felt it had not been as ideal and directed as it should have been. Melvyn commented on his experience of educators after his second placement:

The supervisors and educators, they are all really good and in terms of the direct educators, there is no-one there that I would want to be exactly like but I'd like to take bits from all of them, that's not a reflection on them, it's just kind of different personalities and what not, but I would like to take bits and pieces from everyone, some of their knowledge and what not, and others who were just, you can see that they clearly loved what they're doing, I want to find something where I feel like that and I think I probably will in time, but in terms of any one individual, no, not really. Like I say, aspects from everybody sort of thing. (Melvyn,B:372-80)

On return from his final placement Melvyn further commented on the influence of the two contrasting educators on his orthopaedic placement, one he described as very laid back, but

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having a “really good way with the patients, and kind of was really approachable” (C:400-1) and the contrast with the other who “was real old school physio but, he took no nonsense from anyone kind of thing” (C:402-3).

Melvyn concluded that he would draw on this experience and draw on the aspects he admired from both, but also recognised aspects he would avoid:

I mean they were both brilliant but both, I appreciated what both of their approaches to being educator, so just that as an example I'd like to take aspects from both of them, I mean Steve (pseudonym), knew stuff to a ridiculous extent as well, so, I don't know, I kind of have in mind what I'd like to be and yeah, I'd like to take pieces from those two educators and maybe as well kind of identify parts of what they do and make sure I don't do that as well. (Melvyn,C:410-16)

Likewise, the undergraduate students drew on their experiences with their educators. Barbara, following her observational OT placement, commented about her supervisor she had worked with and how inspirational she had been:

She only graduated two years ago, and at the moment she is acting as a Manager to the whole centre and you know, for someone who graduated three years ago, and the whole team is looking up to her and I just think wow, I hope I am like that one day that would just amazing, it's just, I think because when you do a lot of academic work you kind of like forget that you're going to one day go and work and placement is the, it just makes everything, you know, you just know what you are working towards. (Barbara,A:396-413)

Bailey recognised that she was naturally a capable communicator, but was keen to learn from educators about this aspect of the placement, and to learn this as a transferrable skill to bring to the next placement:

Communication wise that was a, I know I can talk for England, so, it's never really, but it never really crossed my mind until you got there and you see the different patients have got different, like, difficulties, and maybe understanding, but it did make you think and I probably learnt a lot from watching my educators like the way they

communicated with these patients like so, it definitely makes, definitely for the next one I'm going to be more confident when I go in and I see certain patients that I've already like seen similar, maybe with similar speech difficulties or whatever.

(Bailey,A:539-46)

Beth, in her only interview at the very end of her PT course commented on her educators. She especially mentioned her first placement educator as being very welcoming and very caring “willing to talk things through” (A:52). Later, she experienced a wide variety of educators, with different styles which she identified as reflectors, who were “into their theory” (Beth,A:112), to those who just delve in. She felt it was very useful to experience different approaches. When interviewed, Beth had most recently experienced an educator she described as a role model due to her specialist knowledge, attending conferences and being a key speaker. Beth aspired to be in that position herself, and she hoped to bring the theory and teaching into the university as a recognised specialist one day as she enjoyed teaching others and doing presentations. She felt it would be “amazing” to achieve that. She had also learnt a lot from working with the PT Teams, who had been welcoming to her as a student.

Tompson and Ryan (1996) had identified the educator as an important role model in students learning professional socialisation and professional behaviour. This section provided data on aspects of learning that the participants felt were important from their educators, and due to the longitudinal nature of this study, it was viewed from different stages of their placements.

At the start, having made the transition into the placement context, the students appreciated a welcoming supportive educator, and a professional who was willing to explain things to them. Students perceived the importance of how educators interacted with them and helped them to learn and respond to questions to facilitate their understanding and knowledge, and on occasions, challenged them. Students did not appear to just select one educator/clinician they viewed as a role model, but as their studies progressed and by experiencing different educators in different professional settings, they recognised traits they felt were important, and even dismissed some they would personally seek to avoid. It was valuable for them to see how educators interacted with clients, organised their work, and organised their team/s. The students valued the opportunities to work with clinicians who had reached what Benner

(1984) would define as “Expert”. They appreciated the depth and currency of their specialist knowledge in a particular area of their profession. This was mentioned by Beth, Melvyn and Megan.

Cross (1995) identified attributes that students, educators and academic tutors perceived as important in PT practice educators as “Approachable”, “Good Communicator”, “Good Role Model”, “Enthusiastic” and “Knowledgeable”. With the additional insight gained from my qualitative data it can be seen that, for example, “Good Role Model” was seen as an important attribute, and important in helping the student develop their own professional identity, but the qualitative data revealed that it led to subtle choices as students are selecting what they perceived as desirable aspects of each educator’s professional approach to take on, and they are rejecting other aspects to enable them to build their own future professional identity, and will be discussed further in Chapter 6.

5.3.2.2 Professional Team

Depending on the professional setting eg hospital ward, community, students worked with other OT or PT team members of their own profession and this also provided them with opportunities to observe different working approaches as well as those of their identified Educator/s. As Bennett (2003) suggested, students can learn from team members, including those more recently qualified, and the findings from the survey of clinical educators suggested that students do learn from other professional team members.

In this study there is evidence that the participants did select desirable attributes to help them with building their own professional identity from the wider teams they work with, seeing strengths and different approaches to professional working. Beth expressed her enjoyment working with teams, and had found them all welcoming to her as a student in the different settings, she felt her previous experiences working with different teams eg sports, group work, as helpful for gaining transferrable skills to bring to this. The profession specific team may also be working closely with other teams which is considered in the next section looking at student experiences working with Multi-Disciplinary Teams (MDT).

5.3.2.3 Multi-Disciplinary Team

The wider multidisciplinary team (MDT) that students were working with on placements, and how their own profession worked alongside other health professionals was also anticipated as important before they started placements.

The experience of working in university in Interprofessional Learning groups (IPL) was mentioned as experience before placement by Beth, and helpful for learning about the role of others and goal setting prior to being on placement, and valuable for making the healthcare better for patients too. In her interview at the end of the final year Beth commented that she felt seeing how other professions work together had been more observational, seeing how the team interacts, which she had found generally positive, but had witnessed occasions where it had been the “traditional medical model” with the doctor taking the lead, with others following and agreeing, or even on occasions “then having to really reason why they’re doing what they’re doing” (A:756-8), but other teams “are more sort of equal”. Beth had felt that the physiotherapy opinion had always felt valued, and it was good teamwork.

Becky had been proactive and made the most of opportunities to learn from MDTs:

I had no problems at all, I always wanted to actually shadow them as well, so I managed to shadow like pharmacists, or doctors during like electric convulsive therapy, I asked them, with my supervisor’s permission, could I see it, I think they actually respected me a bit more for that because it’s nice when other professions know what other professionals are doing, or what their role is, so you don’t overlap and you get to understand it, so I think they actually respected me more and then would acknowledge me more, and speaking up during meetings and stuff with an MDT, you know, just makes you stand out that wee bit in a positive light.

(Becky,A:507-15)

Megan had also enjoyed interaction with other professionals and opportunities placement had provided, with an extended scope practitioner:

He had worked in hand therapy for about fifteen years, a long time and his knowledge was amazing. I also worked quite closely with one of the consultants who let me come into surgery when he was doing surgery one day, that was fascinating, and it was really seeing inside and what they do in surgery that we then deal with afterwards. That was really interesting. (Megan:B:160-65)

Melvyn felt it was an important part of communication at the start of a new placement for him to make himself known to the MDT, to show his face and “make sure people know who I am” (C:471).

These examples illustrated how the students wanted to make the most of the opportunities available to them on practice placement to gain experiences actually working with the wider profession specific and MDT on placement, which could only be obtained in the workplace environment and learnt therefore on placement.

5.3.2.4 Academics

During placements students are routinely visited by an academic who has the role of visiting tutor, to meet with the student and practice educator. School policy is that the tutor visits during placements other than the undergraduate observational one (which is a briefer placement and not formally assessed). Tutors meet with the student and educator separately and together if requested, this policy is made clear to students in the Practice Education Handbook. Tutors are available via phone or email to contact for advice on the final Elective placement on the MSc in OT and BSc programmes which are most likely to be out of the region. Whilst students are aware of support available from the academics at university, very little of this was reflected in the interviews, most likely because none of the students felt they had encountered major difficulties. This is also an indication that the students recognised the shift of learning on placements to be from their educators and other team members in the placement settings during their placement weeks of their programme. At this stage students only have minimal support from academics at the university, although they were involved in visits to the students and support to the educators in the assessment process.

5.3.3 Assessment on placement

Becky, who was interviewed once in her final year of the BSc OT programme recalled how exhausting she had found placements due to constantly being assessed:

But the placements, I remember doing one day of placement and coming back and just about getting my uniform off before just falling onto the bed and falling asleep, the idea of shadowing and having to concentrate and you are being assessed was exhausting, but I loved the placement side. (Becky,A:110-3)

This section has provided a sample of student experiences learning from health professionals in the placement environment, and how students perceived their experiences. These experiences could only have occurred in the workplace and illustrate the value of the placement experience.

5.4 After placement - the Transition back to being a student

On return from placement, students made the transition back to their student cohort on campus, representing another transition experience which is specific to these two health professional programmes, compared to standard degrees.

Following on from Chapter 4, which considered the mutual enrichment and learning that students share with each other, it emerged from the interviews that on return from placement that students also share their experiences about placements from the different settings they have experienced. This gave others wider learning about practice and also helped those going into similar settings on later placements to prepare for this. Mark commented on aspects of this:

Every time we have a class or a presentation, something, someone will always pipe up with on placement I saw this, and it is really helpful, and again you see in the, again the PBL (Problem Based Learning) sort of stuff or the practical sessions you see the people who have done this thing on it, like a technique or an approach on a particular patient because they know what to do. (Mark,D:675-81)

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He further commented that students returning from placement are informing others in the currency of techniques they are learning, which is also recognised by faculty and welcomed and valued:

They are seeing stuff that even sort of the lecturers here have not come across and are oh like yes, that is a really good idea, I didn't know we could do it that way, so it is just seeing that, you know, you can teach so much here but until you get into practice and you are working with someone who is a practicing physio, who obviously some of the lecturers aren't, they have sort of moved away from that now, you just see that the approach is so, sort of developmental and evolutionary regardless of where you are, there are so many ways to approach something. (Mark,D:681-88)

His comments on the academics who may not have been in practice for some years welcoming this, enriched the teaching, especially in professions where research is being carried out and, as Mark stated above, they recognised there were “many ways to approach something”. This also reflected the relationship students have with faculty, who welcomed the currency that students bring back from their experiences in practice.

Bailey (PT) on return from her first observational placement also indicated how helpful it was for students to share experiences on return, and indicated that most people seemed to have really good experiences. They also learnt by sharing information, including any reflections and critical incidents. Bailey gave the example of a student whose elderly patient died in front of her, which “shook her up a little” (A:657). This being fed back to her peers may have helped others to think about how they would feel if this happened to them and prepare for it.

Beth (PT) said the sharing of information was more common in the placements where they had all be experiencing similar placements eg respiratory. She explained that students identified things they had been doing, and this helped others to request experiences, and Beth felt it was helpful to know where they were standing and progressing compared to others: She suggested there was less commonality to share in the final elective placement, as the areas they experienced were much more diverse.

During her second placement Beth was aware of a student who was failing the placement at the midway point, which said “made it quite real” (A:265). She commented that the students

had discussed this possibility in the first year, and that students had been informed that not everyone passes for a variety of reasons “they just warn you of that” (A:268). Fortunately her friend intercalated and returned to the next cohort due to their circumstances, but at the time she termed it as “a bit of a shock to the system” (A:271) but she was not aware of it happening to anyone else.

The consolidation and sharing of information with peers was something the students found valuable, especially where a student was planning their next placement and being able to speak to a student who had previously been in that setting to help them prepare, not only from the content and professional theoretical knowledge which would be helpful, but also information on accommodation and other practical aspects.

5.5 Longitudinal Professional Development on Placements

Students developed their knowledge over their period of study on the programme, the theoretical side of this was considered in the previous chapter, and this chapter has focused on the students’ perceptions of their progress and professional learning during their placements. Lindquist et al. (2006) suggested that students would grow in independence throughout the placements to promote a strong professional identity.

When students have completed each placement there is evidence that they feel different at the end of the placement and have grown in confidence in themselves as future health professionals.

This section will give examples of data from the participants on both level of courses to illustrate aspects of personal and professional development and growth across the range of placements as the students develop their identity as future health professionals through professional socialisation, professionalisation and reflection.

Megan articulated the difference in her abilities having moved from being an OTA to becoming a student on the course to qualify as an OT health professional. She reached a point where she understood why an intervention is chosen and recognised the importance and had become capable of doing more herself on placement. She commented on this when she was interviewed at the start of her second year having experienced two placements:

I'm excited about it, I feel a lot more, but compared with being an assistant I feel like I do know a lot more about the background, because as an assistant I used to carry out interventions but I didn't really have an understanding of why, and now I do a lot more and I see the importance more. (Megan,A:909-13)

In her final interview at the end of the course Megan commented on the growth of confidence from placements:

I think having experience gives you, has given me a bit more confidence, it's given me some different, very different experiences and that increases my confidence, I am still quite nervous about starting a job but I think that once I start I will remember that I have done some things before on placements, so, I'll feel less, hopefully feel less nervous, I think also doing placement that, in different areas it will help prepare me to do a rotational job, because you move every six months because I've got used to changing after two months. (Megan,C: 483-90)

The literature suggested that experiences learnt in one setting will be useful in other settings so not starting from the beginning again in new settings. At the same time can shift from being a Novice in one area to Advanced Beginner – or further - but still be a Novice when they start in a new area on the progression from Novice to Expert (Benner, 1984).

5.5.1 Placement opportunities and future career plans

As identified in Chapter 3, at the very start of the course, the students had a strong desire to identify the area of their chosen profession they wanted to work in after qualification. This section considers the value of placements in the development of the view of their future career for students. Experiences on placements were influential on the student's view on the area of their profession they wish to work in on qualification, and by experiencing a range of placements students were able to consider and develop their thoughts on their future career preference.

Students realised the value of experiencing different professional areas:

Physiotherapy students experienced placements in Acute settings (eg musculoskeletal, neurology, respiratory, stroke, orthopaedics, older people's medicine) and Community physical settings

Occupational Therapy students experienced Acute Physical, Mental Health, Community settings and they chose their own area for their final Elective placement.

Maisie (OT) in week 3 at the start of her course admitted to being very excited prior to her first placement, describing it as "an amazing opportunity because we are going to be in lots of different contexts" (A: 844-5). She talked about the different OT contexts, acute setting (usually the first), mental health, community which would give her the chance to see occupational therapists working in these settings, and with the opportunity of arranging an elective in a setting which she could choose would "potentially help her to get into her career" (A: 854). She had identified this career focus as an important consideration for her right from the start of the course. Following the first placement she felt much better prepared in anticipation of her next placement which would be happening at the start of year 2.

The range of placement experiences was recognised as important by Melvyn as an important part of learning about different areas of physiotherapy:

I didn't really fully, still didn't fully appreciate what that side to physio involved until going through placements and as I say, you can sit in the classroom all you like you're still going to appreciate it, well I won't, until I go through it. (Melvyn,B:188-91)

Although some of the students had clear preferences at the start of the course, for example, Barbara expressed a desire to work in Paediatric OT, all the students seemed to be open to new experiences and realised their ideas may change in the light of the opportunities they experienced during placements and they expressed their flexibility. Some appreciated that placements gave them the opportunity to experience areas they had not been aware of, or even considered, on entry. Students appeared to recognise they were learning transferrable skills which can then be applied to other professional areas. As identified by Benner (1984) as health professionals progress from Novice to Expert, initially as students complete

practice placements they become more experienced in one area, but then start again in new settings, but they carry forward transferrable skills including the theory they have learnt in the academic setting or specifically for a placement area (Spalding, 2000). Practice placements presented an ideal opportunity to do this as part of the course and this broadens professional experience and is recognised in the Student Practice Education Handbook (Health School, 2010). It also builds on skills learned before starting the course (including academic and other work experiences for MSc students) and includes communication skills which may have been developed either in professional or other settings, thus providing students with increasing confidence as they apply their experiences and further their professional development. On qualification, several of the students said they were aspiring to get their first post in a rotation, which meant they would have the opportunity to work in about four specialist areas before applying for their next grade post which would in most cases focus in one specialist area.

Following her placement in Mental Health in her second year, Megan realised that she did not want to specialise specifically in Mental Health in her future career, but what she had learnt could be transferred to other settings eg acute. After her Placement in Hand Therapy Megan had been working with an Extended Scope Practitioner who was able to carry out diagnosis and injections, which had given her an insight into where the profession may be heading in the future:

I really enjoyed it so, I'd definitely like to work in physical, on the physical side, I was a bit, I just think that sometimes the psychological aspects of injuries weren't addressed that much through therapy, but then, I went there thinking that, but then I realised that because you spend half an hour talking to somebody very close to them and obviously holding their hand, so you kind of do, there is sometimes a bit our counselling involved in that, which I quite liked, because I think that's quite interesting the psychological impact of a physical illness, so, instead of going into mental health I'd like to stay working in physical health, but bringing in the kind of the psychological and social side too. (Megan,B:138-47)

Maisie had anticipated that placements would be an opportunity to help identify her future career area, and at the end of her first year Maisie said:

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I am forming an idea and I'm very keen that when I come out at the end of this I do want to have a job and I want to know roughly where I want to be, but I think probably try and get a rotation post anyway, because regardless of the, I think I might like to work in neuro, but I haven't ever done it, so I don't know, but I think regardless of whether I think that, I still need to do a rotation just to build up some more experience, I think that's what I will aim for anyway, and then because diseases like MS and Parkinsons I think are so dreadful for people and there's a real difference that OT can make, that's why I think I like them. (Maisie,E:124-33)

Maisie had been influenced by the patients she had met on her first placement, and was keen to make a difference to people in her future professional role, which she felt would be a satisfying career. In reflecting on the end of her first degree when she said she did not “have a clue what I wanted to do” (E:146) she felt she was in a very different position at the end of year one in her OT degree but remained keen to gain as much experience in different areas to help her to decide on her future area to specialise in. She had come into the course anticipating that she wanted to specialise in mental health, but after one placement felt that she would like to work in a non-acute setting such as neurology which also incorporates mental health aspects. Maisie felt that the biggest difference would be made by spending time with patients in these settings, rather than an area where there is a rush to discharge patients.

Melvyn mentioned the awareness of the range of PT from placements; he had been interested in musculoskeletal as a speciality on entry to the course, due to his early experience as a patient. In his last interview at the end of the course he hoped to gain a rotational post to widen his experiences and intended to choose a speciality later.

In her first interview in year 1 of the OT course, Barbara had widened her horizons considering her future career following her observational placement working with the elderly:

I always thought I want to work with children with physical disabilities, and it was older people mental health and I loved it, it was, now I think I want to do older people mental health. (Barbara,A:88-90)

By the time of her second interview towards the end of her first year, Barbara was keen to find out where she would finally work using placement experiences. She especially wanted to try to make good use of her final elective placement to help gain an insight into one particular specialist placement area she had identified that she was interested in at the start of the course, Paediatric OT:

I want to be a paediatric OT, I really want to work with children with physical disabilities, but I know that it is more difficult to become a paediatric OT, and everywhere you look it's, they always want you to have experience for all the paediatric OT jobs, you have to have experience so I was, I will probably try and arrange that for my elective placement, because I know it is not, it's still graduate experience, but still it is something. (Barbara,B:437-22)

She voiced her hope "I might even get offered a job" (B:454), but at the same time she recognised that her plans may change in the light of experiences on placement yet to come and the variety of different settings of the profession (OT):

I may change my mind later, you never know, do go to a place where you really, really like, so, I am aware that most OTs end up working with older people because that's what the situation is at the moment, isn't it, you have people living longer so they will need help, but, I can still have dreams. (Barbara,B:505-8)

The reflections the students made as they progressed through their placements indicated that their perceptions of the range of options for their future careers had widened as they experienced new areas, and their professional focus developed.

5.5.2 Work-life balance

The students had expected a heavy workload, both undergraduate and postgraduate levels, as initially considered in Chapter 4 during the theoretical learning, and then as they started experiencing placements, and finally returning to university setting for the last few weeks of theory and assessment.

Beth was happy towards the end of her final year to be socialising more, she commented that in the first two years she needed to "work really, really hard, sort of probably more than I

should do” (A:593) and had been much more work orientated which she compared to “most others” who were socialising a lot more, and were less so at the end of their final year.

Melvyn PT noted that the period towards the end of his final year, after the last placement, was a “constant peak” rather than the peaks and troughs of the rest of the course, there had been several assessments due at the end of the final year of the MSc. It helped for him to know everyone was in the “same boat” and he commented that although the final few weeks had not been “fun” the students had all appeared to have successfully got through the course, although he was aware of some of his peers who had just received a fail mark on the morning of his interview for the reflective account (which would have the impact of delaying their qualification).

At the end of the MSc, Megan found the final period back at university following the placements as “very heavy” with assessments and learning, but as she said, “I think that should be expected” at the end of a Masters degree. Megan felt that students had been advised of the heavy workload before starting but that had added to the anxiety at the start, and a more helpful message would be as follows:

When we first started, all of our lecturers kept saying this is a really intense course, it's really hard, and you have to work very hard and I found that quite, like just being told that, made me feel quite anxious, and I think actually this course is very well structured and if you just keep working, it's manageable, and I think maybe that should be what we should have been told instead of this is really hard and you have to work really hard. I think if you go onto a Masters then you kind of expect that, that it's going to be hard, and that was one thing I didn't like right at the beginning, but, I felt quite scared about doing this because I kept being told that it is really hard, I kept thinking well I don't have an academic background, and I'm going to fail at it.

(Megan,C:403-13)

This revealed an interesting perspective emerging from the data, where Megan felt that the message given on workload before the start of the MSc meant she was prepared to work hard on entry to the course, but that it had caused her some anxiety initially until she realised that the course was structured to accommodate this, as long as students kept up with the

pace. She felt that might have been a more helpful message to convey to prospective students.

5.5.3 Assessments and development

The participants had commented on the variety of assessments. Reflective writing was something several students had not previously encountered, but it formed an important part of professional development and lifelong learning for these programmes, PG students had a reflective essay at the end of both years.

Beth had enjoyed the Reflective Essay because it related to placement, and helped identify goals and apply the learning. It had also motivated her to keep a reflective diary and carry out SWOT analysis (Strengths, Weaknesses, Opportunities and Threats).

Melvyn's previous experience of assessment on his first degree had been by exams which he described himself as "skilful" at, and he said he found essay writing difficult, especially the reflective assessments, but by the end of the course commented he was pleased he got through it all.

Presentations were something that several students commented on as finding difficult, and Beth said although she found the first presentation in year 1 "terrifying" she really enjoyed it, and then developed further over the three years. It helped focus on learning and retaining information, but she recognised it did not suit everyone, and commented that the "majority have like blossomed, you can see everyone's more confident" (Beth,A:675-6). She recognised this as a skill she would need in the future when qualified, and would be keen presenting to students, as she would like to be a clinical educator herself in the future.

Megan had been inexperienced in reflective writing and did not have what she described as a "very academic background" (C:295) from her first degree. She also had to learn presentation skills, which she felt the course had well prepared her for. She commented on the different assessments, and not knowing how to approach some of them eg Journal Article and Case Studies, but that she had found support from her Personal Advisor which had been helpful. She noted that a lot of the skills were useful preparation for continuing professional development which reflection was an important part of which she described as

“a really good way of sorting it out so you can look at it a bit more objectively and think of how to solve a problem or change something” (Megan,C:322-3). Megan also pointed out that this was important for learning from good and bad experiences:

Good experience so that you can find out why it was a good experience, think about why it was a good a experience and then repeat, and bad experiences so you can think about why it didn't work as how you wanted it to, and make changes so that it happens a different way. (Megan,C:330-4)

Beth reflected, as others had, that some of her friends had not liked that placements were Pass/Fail components of their assessment. Passing a placement well, therefore, had no impact on their overall weighted mean mark for their degree.

5.5.4 Finalists' view of their professional development

This section will look specifically at the perceptions and experiences of the four finalists, to see how they felt they had progressed with their professional development over their period of study.

The two undergraduate students were Becky (OT) and Beth (PT):

Becky, OT

Becky had chosen her future career and selected the university because she felt it would provide her with the practical experience she would need. Becky said she had loved the placement side of the course in her interview at the end of the programme, and had experienced a wide range of placements, and she acknowledged the first one had consolidated her choice of profession.

Although Becky had to intercalate (take a break in studies) and return to the next cohort due to her circumstances, she felt the experience had helped her to mature. She recognised that she had spread herself a bit too thin in her first year being involved in activities on top of university work. She learnt from that, and returned much more focused on study and motivated, she said “I knew then I had to work harder, I really wanted to be an OT.” (A:180).

Becky commented on the differences being on a health professional course, including the need to sign registers (to ensure 100% attendance), and the higher contact hours from other courses, which she compared it to being a Humanities student. She recognised that “we know we’re going to make like a professional” (A:243-4) but commented that she thought the socialising side was the same as a normal course.

She felt the second year was the hardest workload for assessments, but felt each time had better prepared her for the next, and her marks had improved each time. She was hoping to attain an overall 2:1 classification. She did comment that she thought her marks would have been higher if placements had been marked by percentage rather than Pass/Fail. Becky had valued learning from educators on placements, and the teams she had worked with, she had deliberately sought out permission to shadow other health professionals to learn about their roles, she hoped placements had provided her with the opportunity to work with other professions and gain the respect of medical staff.

Another aspect of placement Becky found valuable was the opportunity to talk to clients, who she described as “your primary source” (A:533), although she felt she was a naturally confident communicator. Becky described the “reality of placement” as living out of a suitcase and spending evenings reading (about the placement specialist area).

Beth, PT who had always known she wanted to be physio, had been very involved in sport and had become very interested in what the physio did in the sporting context. In her only interview at the end of the course, she recognised that on entry she had not realised how broad the profession was, and had valued her placements in a range of settings. She also admitted that on entry she had really been quite naïve about the NHS and what it would be like working on a ward, as neither herself or her family had experienced being in hospital.

Beth acknowledged she was nervous on her first placement and at the end of her two week observational placement felt she had “done a lot because I managed to talk to a patient” (A:50), but recognised that was a minor step in her career development. In her first placement in Community she felt communication was easier in the client’s own home and she felt this was a nice stepping stone in her development, even though she was not taking the lead, it was reassuring having someone with her.

On her outpatients placement she found herself “thrown in” and was given a patient very early on (when she noted some of her peers were still shadowing) but she felt she responded well to that, and was given appropriate cases and she felt well prepared academically for those, having revised her notes for the three months beforehand on the two joints she had been informed she would need for the placement.

By the third year, Beth explained, students need to know a lot more. She recognised there were some areas eg paediatrics where she had not had the chance to gain experience but knew that employers recognised students come with varied amounts of experience on qualification. However, she said she was feeling “relatively confident” in what she was going into (A:323) and felt she had gained a lot of experience, and was ready to pursue her career as a physiotherapist. She compared this to some of her friends who had been taking standard degrees in subjects eg English, Business, who were delaying decisions about job seeking and considering doing an extra course on completion to “make their degree have a purpose, say to go into teaching or something like that” (A:328-9). She had found it motivating to have had clinical experience, which had inspired her on what she wanted to do in the future. Friends had commented to her about how they would have hated to keep going away from university saying “you should be a student” but Beth felt they did not understand what the course entailed. She commented that it had felt like “we’re on a different planet” because other students would be stressing in the Library, but her cohort was “different” and would have had an earlier assignment/s. She had found the practical assessments in the first year (UG) tense and had revised hard for those, but that it was not until placements that the students could “get hands on and treat someone” (A:385) in years two and three. She had much preferred the format of her course and the different assessments seemed spread out, commenting that she did time manage these, and not leave them to the last minute as some of her peers did.

The two students interviewed at the end of the MSc programmes were Megan (OT) and Melvyn (PT):

Megan OT found the course quite self-directed and found her first degree very helpful preparation for this, and needing to be self-motivated. She said she felt she had been much better supported by faculty on this course than her first degree, the staff were very approachable and willing to help.

She said she was finding it “quite a different experience” being a student on a Masters compared to being an undergraduate student:

I think it's a different kind of mind set, I think everybody on this course is, they're here because they want to do the job and they're here because they want to, really because they really want study, and they really want to learn about the subject and in our lectures everybody's, well, quite often people ask a lot of questions and I didn't find that so much on my undergrad course. (Megan,B:672-7)

When asked her to what extent she felt that might be because it was a Masters course or because it was a health professional course, Megan responded she thought “Maybe it is both, and because it is leading into a job, or into a profession,” (B:684-5)

Melvyn PT had found that, as he thought was to be expected, his first degree in science experience had helped him on entry, saying “I felt a lot more prepared and mature coming into this Masters” (C:191). As anticipated, he found the MSc very self-directed, which his first degree helped with, but the nature of physiotherapy meant that there were what he described as “so many more doubtful elements” (C:202).

These student perceptions of their personal and professional development as they had progressed through their course, at either undergraduate or postgraduate level, over the period of a year revealed how the students felt at the point of completion of their respective degree courses and on the point of qualification as a health professional. They recognised the aspects of their learning and how they had developed personally and professionally over the period of their studies, including placements.

5.6 Transition from student to qualification as health professional and beyond

As identified, before commencing the course (Chapter 3), on entry and during the theoretical component of the course at university (Chapter 4) and during placements (in this Chapter) it was evident that the students had been focused on their eventual qualification as a health professional from the early stage on their course. The participants appeared focused on

their future careers and identity, especially after their development and changes that took place in the light of placement experiences. Houston, Lebeau and Watkins (2009) considered the third transition to be qualifying to graduate, and adjustments into working life. The additional aspects for students completing health professional courses has been explored in this research, they are qualifying not only with a degree, but with a health professional qualification which entitles them to registration with the Health and Care Professions Council (HCPC) and, in the case of the participants in this study, registration with either the Chartered Society of Physiotherapy (CSP) or College of Occupational Therapists (COT). The newly qualified professionals are already looking beyond qualification to lifelong learning as a health professional and further progressing on the route from Novice to Expert.

Below I considered the data from the four finalists, at the end of their studies on the BSc: Beth PT and Becky OT and the MSc: Melvyn PT and Megan OT to see how the students were feeling at the point at which they found out they had successfully completed their respective degrees and were about to be qualified and make the transition to health professional.

Becky OT

Becky, who had intercalated for a year and returned to a different cohort had become more focused, she recognised, because of that experience. Her placement experiences had not always been as planned (she had hoped to do paediatrics and have a placement abroad neither of which had been possible), but she was looking forward to a rotational post to gain more experience on qualification. As a result of placements, Becky recognised that she wanted to work in a post which makes a difference to the client, and that she wanted to feel “I am needed in this role” (A:361). In her final interview Becky was hoping to work in spinal injury, neurology (stroke or spine) or palliative care for her future career. She also recognised that there were areas she had not yet worked in such as paediatrics or learning disability which she did not yet know if she would also like to consider.

Becky had felt that the course had not weighted placements in assessments by giving Pass/Fail grades, and that she had not been recognised for the work she had done on placement which she said was “beyond what I was supposed to do” (A:424). She was the

only student interviewed who voiced dissatisfaction at the outcome of the marking on one of her second year placements, she felt she should have had a commendation in a placement, and felt this had not been attained because of the expectations of the educator being too high. The marks for the OT/PT placements are by an overall Pass/Fail, rather than being graded by percentage, which had been the case for a period in the past (due to Professional Body requirements at the time). This helped create less tension between the practice educator and student, as in the past students may have felt they deserved a higher percentage mark, and Pass/Fail helped avoid raised expectations and potential disappointments between Educators and students when placements were being assessed.

On placements Becky had valued working with Educators, the professional team and the wider Multi-Disciplinary Team (MDT). She felt it important to be valued and the professional perspective respected as part of the team decision making.

Beth PT

In her interview, very close to the end of her final year, Beth felt she was prepared for work, and she would be seeking broader further experience in a rotational post on qualification. She said she needed refreshing on areas such as Community and Outpatients which she had experienced early on in her course because she felt it had been a long time ago. She enjoyed the range of placements she had experienced, and had liked the one she was on each time, but then had moved to another area and liked that too. Beth said that although she felt prepared for work, she recognised there were areas she had not touched on eg paediatrics, but she knew employers would be aware that students would be starting with varied amounts of experience. Beth recognised her development on her final placement:

You're being quite autonomous as a practitioner and that as a third year you're basically running the ward, and begin working for yourself really, so that's been my first experience speaking at a meeting which was nerve-racking. (Beth,A:714-8)

It was a useful experience, and she recognised that speaking at meetings was something she needed to further develop and improve on once qualified.

At this final stage Beth felt that she had received a lot of feedback, positives and negatives from lecturers, assessments, practice educators and her peers, and that in the light of that information “you should have a pretty good idea of what your strengths are, what your weaknesses are, and things to develop, which is really useful” (A:735-8). She had found the course a really positive experience:

I think I've really developed professionally, I can see the progress from year one to year three definitely, and as a person as well really, you don't realise quite how much that you grow up and even working with lots of different people and living with different people, living away from home, the whole experience. (Beth,A:816-22)

The development of students personally as well as professionally may not always be recognised by the students themselves, but it may have depended on their individual experiences before and during the course.

Megan OT

In our final meeting at the end of the MSc, Megan had been for an interview for a post, and had recently learnt the legislation aspects of the profession for the Viva, the final assessment, which had helped prepare her for the interview. She observed that she felt she had not come across legislation in placements, and felt that the knowledge of the NHS legislation helped put things into context. As a result of this knowledge Megan felt that although she felt prepared at that end point of the course, she felt she had not been at the end of placement before the final teaching time on the programme.

Megan was looking forward to employment, and especially being able to follow through with patients:

I'm looking forward to getting into, like really being able to get involved with the clients that I am working with, and knowing that I can see it through to the end as well, it's not like a placement where I have to leave, so I'm looking forward to that a lot, and also, I want to do a rotational post, where we do six months in different areas but I'm looking forward to getting to learn about one area in a bit more depth, have six months to learn about it, so yeah, it will be good. (Megan,C:161-8)

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She was anticipating that in her first post she would have “more responsibility and more accountability, because you don’t have the sort of protection of being a student”, (Megan,C:175-7). She recognised there were still skills to learn, such as working with Assistants, and delegating, which she had not experienced on placement. Megan was looking forward to following through and seeing interventions through from start to the end with clients. She felt well prepared by the theoretical knowledge from lectures and assessments at university, and placements. Megan recognised she still needed to become more confident, but was ready to embark on her new profession:

I feel like with experience my confidence will grow, I feel like I’m in a good position to start, I don’t feel that confident about doing the job, although in different areas actually, working with clients I feel quite OK about that, because I, that’s the part of it that I really enjoy, I like talking to people and finding out how I can help them and thinking of ways of trying to help, the MDT, working with the MDT, I do like working as part of a team, I prefer that to working completely on my own, but I do find it difficult speaking up in like team meetings and things, because I’m quite a shy person, well not shy, quiet, and I let other people talk rather than speaking up myself sometimes, so that, I am a bit worried about but I think it is just, I think the more I go to MDT meetings, and the more I will speak, I think initially I probably, that might be something I might struggle with. (Megan,C:601-12)

Megan came across as quite shy, but it was clear that her recent experiences had helped her grow in confidence and knowledge to a point where she was prepared to speak up more in the PBL sessions on return to university, and felt better prepared following that:

I still get quite nervous at presentations, but having to do them has been really helpful, and having to speak up in front of everybody, and not just presentations but having class discussions as well, where I found that really helpful because that’s not even something I’ve prepared to say, but then the discussion has kind of drawn me in to wanting to speak up so that’s been very helpful. And that’s happened more in the last couple of weeks of PBL, in those discussions. (Megan,C:618-24)

Melvyn PT

At the point of his final interview, Melvyn was aware of his provisional pass and he was applying for his first rotational post, reassured by the knowledge that all the students from the previous cohort seemed to have been employed. The last few weeks with intensive assessments had been a “constant peak” in workload, but he knew “everyone was in the same boat”.

Melvyn felt his first degree experience had helped him on entry to the course in terms of feeling prepared and more mature coming into the MSc in PT and the self-directed aspect of study. Although he had socialised, it had not been to the extent of his UG experience.

Melvyn had found placements valuable, and reflected:

I thought it was great, placement was my favourite part of the whole thing, I mean, because that's ultimately what you want to do isn't it, even if you are quite hand held through it, I mean, that's as close as you get. (Melvyn,C:322-4)

Although Melvyn had been drawn to the profession due to an interest in sport and a musculoskeletal focus, he was still interested in that area on qualification with orthopaedics, but realised he may still change his view from rotational experiences on qualification.

On the MSc Melvyn had been aware of the responsibility of being on a health professional course, the emphasis on attendance, and expectation because the programme fees were NHS funded. The eventual greater responsibility and looking after patients was also important he felt, with the serious implications “if you do something wrong it won't be just you affected” (C:553-4), and he recognised that “people who do our course are very serious about what they do” (C:556-7) and also because it was a Masters course there were higher expectations.

This chapter has focused on the importance of placements by providing students with practical experiences to gain the skills needed for practice on qualification. It is worth noting that on a standard programme this chapter would not exist, yet with its rich data and evidence of student personal and professional development the practice education

component of occupational therapy and physiotherapy it has formed an essential part of their professional learning providing experiences that could not be obtained elsewhere. This learning, termed Professional Socialisation and Professionalism by the literature, with examples from the student interviews given in this chapter, and has illustrated how the participants experienced this development in their year of study.

As students made transitions into their practice education environments they experienced their new identity of being a “student occupational therapist” or “student physiotherapist” in a health care setting, working alongside their practice educator, other team members of their profession and health professionals of the multi-disciplinary team. This was reinforced in some settings by wearing their uniform which reinforced their professional identity and made students recognisable to fellow health professionals and patients/clients and raised expectations of knowledge and behaviour.

The transitions into the professional setting also represented a change in the student identity, as students were learning from professional educators and other health professionals during that period with little contact with the HEI and their tutors. For most this appeared to be limited to the mid placement visit, or if they sought support from university tutors if they were concerned about something causing them difficulties. This distancing of the students from the university setting may not be fully recognised by the university centrally.

The data also revealed the individual participants finding the different experiences in practice education important to help them inform their future career specialisation on qualification. Some had expressed this intention on entry to their programme, as identified in Chapter 3.

As suggested by the literature, and the data, the transition out of HE on the point of completion on standard programmes was not the end point for these students, as it would be on standard programmes. Instead, for the professions of OT and PT the point of qualification represents the transition into the next phase of personal and professional development on the progression as qualified occupational therapists or physiotherapists from Novice to Expert.

Chapter 6 Discussion and Conclusion

This research has considered the student transitions of first and final year undergraduate as well as postgraduate courses at Hillside University over one academic year. It has given an insight into the reality of being a student on health professional courses to qualify as an occupational therapist or physiotherapist. It explored the students' reflections on their journey from the choice of a future career, through their student experience in a Higher Education Institution (HEI) and the early stages of their professional socialisation. It considered the student and health professional identification and moved onto aspects of the anticipation and experience of practice placements in the contexts of different settings. This discussion draws on key findings from the research. It is recognised that these findings are based on the experiences of the eight participants, and there is therefore no suggestion that these were generalisable or even typical of their cohorts.

The adoption of a phenomenological approach and the data gathered enabled me to gain an insight into the reality of the experiences of these eight participants, and into their perceptions and rationalisations as future occupational therapy or physiotherapy health professionals. The use of student voices in their own words aimed to express their perspectives and hopefully will have given the reader the opportunity to get to know the students and their feelings as they progressed and developed personally and professionally through their year of study during this research.

Based on the findings, I have incorporated what I have termed "OT/PT professional" aspects into the diagram on student transitions figure suggested by Brennan et al. (2010,;p27). This expands the range of experiences covered in the "diversity" strand of their diagram to include these health professional courses, and expands on factors for standard programmes.

Chapter 6

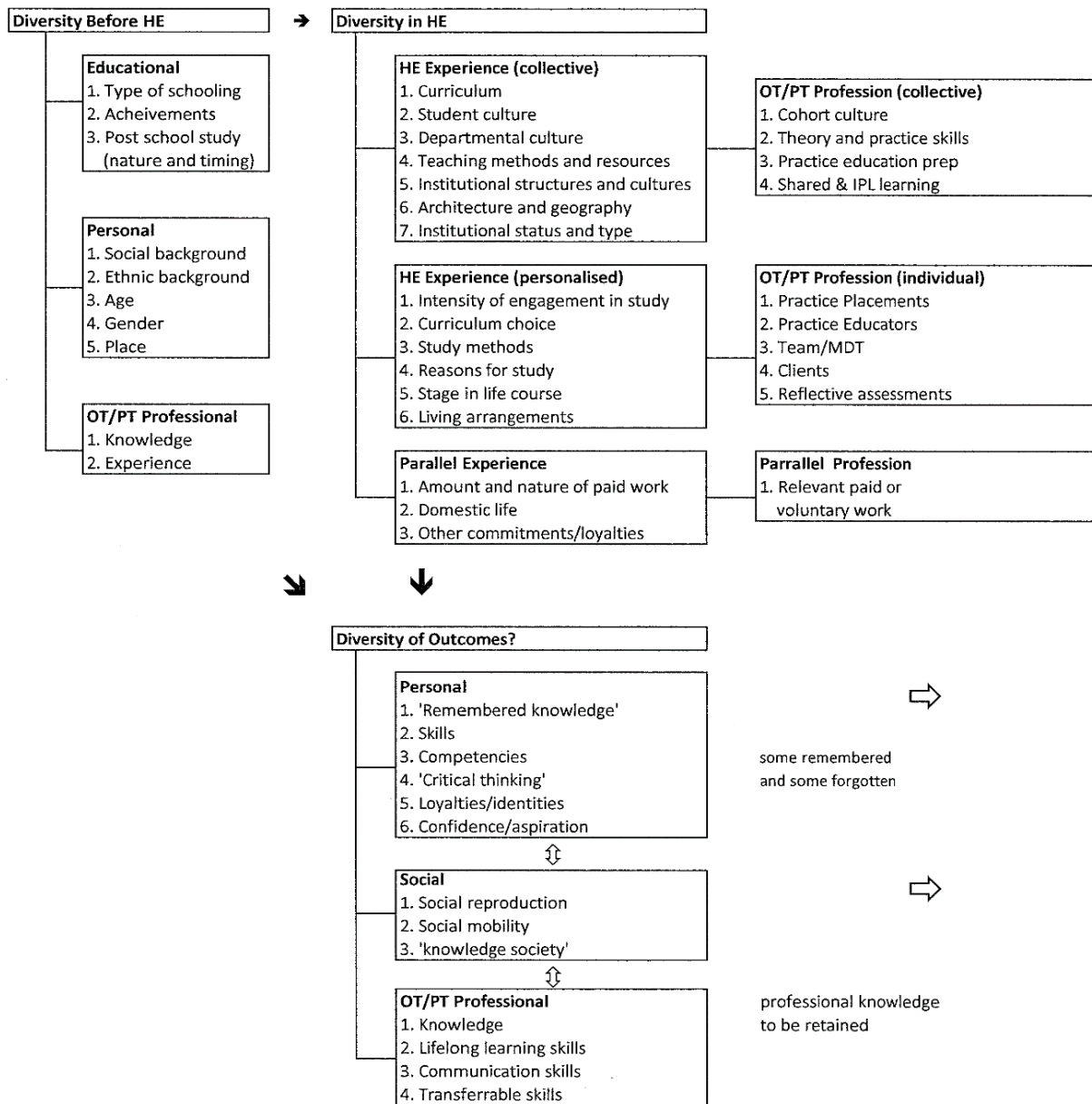


Figure 6.1: Diversity of Student Experiences and Outcomes (based on Brennan et al., 2010, p27)

In their research Brennan et al. (2010) had not been seeking experiences based on professional or vocational courses, yet their diagram helped me to incorporate in the analysis some of the non-academic references and moments that shape the students' experience of their courses, and to consider how these complex patterns of identification evolved during the student lifecycle.

6.1 Transition as an individual to student and professional identities

Admission to the OT and PT programmes started with a demonstration of motivation and commitment to the profession in the students' application, requesting students to project themselves into the future beyond the course they were about to start, while the literature suggested that on standard university degree courses, students were most likely to enter university having chosen their degree based on their previous ability and interest in a chosen topic (Reay et al., 2001). Also, the higher educational experience starts on standard courses on entry to university and ends on qualification (Houston, Lebeau and Watkins, 2009), while for students on the programmes considered in this research the choice and motivation to study had resulted from knowledge gained from either personal contact with the profession, or experience gained in the workplace, and their course experience is taking place within a lifelong learning process.

The motivation to work in a chosen career meant participants already identified themselves with their future profession, and in some cases, this process had started long before they applied to their programme, and commenced their studies. The two professions of occupational therapy and physiotherapy were diversely perceived at this stage; with physiotherapy appearing a more visible profession than occupational therapy.

The process of course choice revealed that most students in this study entered university not only with a focus on the end point of qualification, but beyond the course and university experience with a professional focus. This implied students viewed the degree as a means to an end, rather than as an aim in its own right. The students were already identifying with their future professions before commencing, but on entry they were focused on their professional future and expressed an early desire to learn about the options they would have, and areas they could specialise in upon qualification which I had not anticipated students to be so engaged with right at the start of the course. The longitudinal data saw participants refine these ideas and preferences in the light of their own practice placement experiences and those of their peers. They also recognised that their personal and professional growth and learning would continue post qualification.

The students had clear expectations of their future professional life and spoke of the perceived traits of their chosen profession which had motivated them to make their choice, including autonomy in decision making, helping others and being involved in management. Students recognised they would be learning in different contexts, and not just in the university, making these courses distinctive with transitions away from the university context into a variety of practice placement settings. The interviews revealed that students were thinking about these transitions to practice settings right from the start of the course. The cognitive flexibility required by this immediate engagement in the professional socialisation appeared to be facilitated by their deep pre-existing professional identification.

Beyond the professional orientation of the course, Hillside's reputation as an established HEI provider for these professional programmes, with purpose built facilities, were factors in choice. Students appeared to be keen that they would be learning at an HEI with a good reputation, standing and resources, and most participants had actually chosen Hillside from several options. Students also reported being attracted by other aspects of the institutional life including the environment, campus facilities, sporting and other activities on campus, but these latter dimensions, often presented as iconic of the student experience, tended to be downplayed by students in the sample; their main focus appearing to be the course content and format. Similarly, Hillside's standing in various League Tables did not appear to have influenced the students in their choice, but the reputation of the School and programme did. Some students had local knowledge from health professionals who had studied at Hillside and recommended it based on its reputation and their own experience.

6.2 Transition - becoming part of a cohort: collective professional identification

The process of consolidation of a professional identity on a university course and how this shaped the student engagement in the different dimensions of the student experience, both academic and non-academic, university and subject-related, individual and collective was explored.

In consideration of the transition to becoming students at the start their degree and moving into the HEI, the data revealed that students did not seem as connected to the traditional student experience as the university might assume them to be. Whilst this could have been

perceived as a lack of engagement in a more traditional HE course, this apparently more superficial student experience of the cohorts in this study appeared to have contributed to the consolidation of their collective identity, especially for the MSc students starting their courses in February. When students commenced the course, and came to the university as individuals with diverse experiences, they joined a cohort of students who were equally already engaged in the process of professional identification, they started learning and acquiring their professional identity together. Students commented on others having like-minded motivation to themselves, with a desire to work hard to achieve their goal and they made references to a shared identity with their student peers. These strong cohort groups I have considered as Communities of Practice as identified by Wenger (1998) as a collective group of individuals in environments such as education settings.

Peer support was evident throughout the interview data, and especially among the MSc students who came to the programme from a wide variety of first degrees, academic experience, professional and other work and personal backgrounds. There was evidence in the findings of shared experiences and a willingness by the students to share information and knowledge with each other, providing peer support and peer to peer learning. The diverse experiences appeared to be valued by students, and was shared and welcomed by faculty, not only on entry but also following placements where the findings indicated that faculty were open to new ideas brought from practice, recognising that not all of them are still practicing and in touch with more recent approaches. This respect for the students' input was welcomed and presented in interviews as illustration of the positive relationship between students and academics.

This kind of practical knowledge may not always be recognised as important on standard programmes, where any previous experience students may have had could be seen as fairly equal. Here, the data suggested that those with first degrees in subjects such as anatomy/sports science showed willingness to offer help to others struggling with the topics. Others, coming with strengths such as academic writing experience were also found helpful, although some types of assessment on these programmes, such as reflective essays and case studies were new to all. It was noted that the practice experiences of students who had worked in clinical settings, or with substantial experience were especially valued, and not only by PG students. One example was an UG student who commented on one of her peers

having valuable moving and handling skills from working experience which others recognised and valued, actually choosing to partner the student in practical sessions.

The shared teaching element across the programmes and Interprofessional Learning which takes place was also seen as attractive by students, and it enabled them to learn about the perspectives and roles of other health professionals who they would be working with on practice placements and on qualification.

One of the aims of this study was to find how the students on the MSc programme, who had already completed an undergraduate degree experience, entered university and student life again, but this time to take a professional pre-registration postgraduate qualification. Little research had been carried out to date at the time of this research on this aspect of student experience at Hillside University or elsewhere, and it was also of interest to see what impact the non-standard February start had on the student experience.

What emerged from the data gave not only an insight into student experience of the course from first and final year MSc students, but it provided the students' perspectives on the differences they perceived on their health profession degrees which contrasted with their own individual first degree experiences, which students expressed spontaneously. The main difference appeared to be the clear focus on their professional identity which developed over the period of study in preparation for their future OT or PT career. From the start of the course it was apparent that the MSc students were focused and motivated with a clear aim of becoming qualified in their respective professions. This was important, but in the context of retaining a work/life balance and socialising too, which these students recognised.

Some students on the MSc felt that the age difference made them more focused, and prepared to settle in quickly and get on with the course. They felt they had taken a risk by taking a second degree and taking time out of earning. This was minimised, to some extent, by NHS funding paying student fees on these allied health profession courses. At least one student expressed the feeling of additional responsibility and obligation on them to do well and succeed because of this. The students appeared accepting of the 100% attendance requirement, but apparently more in recognition of the need to have all the professional learning than because of the funding.

Students coming to university with a first degree experience and becoming full time students for the second time voiced strong focus and motivation to work hard on their studies on their OT/PT programmes. Students appeared well prepared before starting, knowing their course was going to be intense in workload, contact hours, assessments and eventually period of practice placement, and they felt there was a higher expectation of themselves as students, and at a different level. Although socialising did occur, and was seen as an important aspect of the experience, the evidence revealed that for most this was the case with other students in similar programmes, and often linked to accommodation arrangements.

The non-standard start date for their programmes in February, along with the impact of long periods on placement, meant that students felt somewhat distanced from the “traditional” view of student life and involvement in student social and sporting and other activities eg clubs and groups. Data suggested they had chosen the accelerated route in order to get on with their study to qualification. There was a sense of urgency in their engagement with their studies, and a recognition of an element of “risk” due to taking time out of working in order to qualify in their new profession. This had been identified by Tobell, O’Donnell and Zammit (2010) in relation to postgraduate courses. The impression from the findings was that students recognised that the two year accelerated programme was an investment in their future careers, preferable to taking another three year degree to qualify.

A further consideration of the non-standard start date meant PG students were not eligible for university campus accommodation, and the data revealed that the students had overcome this by using Social media (Facebook) to contact others and arrange shared accommodation before starting. This gave the students the advantage of arranging shared accommodation with those on similar programmes, which was seen to be beneficial in terms of being with others experiencing the same sort of workload pressures, deadlines and periods on placement. It could also be argued that this was, therefore, an early example of professional socialisation and appeared to consolidate bonds and identity across the two professions in addition to the shared teaching which was a deliberate part of the course structure. The evidence revealed that these bonds developed with peers, and it was interesting, as already observed, that students referred to their peers by their future profession. The MSc students socialised with others in local accommodation in similar settings, which second year interviews suggested continued into the final year.

Undergraduate students were eligible for campus accommodation in year 1 and it appeared that the participants who used this were allocated in groups with other health professional students on OT, PT, SLT, nursing and medicine programmes. In addition to being with students in shared or similar professions, UG students also appeared to value the Buddy system which helped them when they initially started and throughout their studies. It emerged that one final year student was still in contact with her Buddy who was then post-qualification, and this provided her an insight into post qualification experiences. The data suggested that UG students socialised with their own Buddies and those of their friends in accommodation thus giving them a broader supportive network, not only at the start of the course but throughout their student experience. Socialising appeared important to the UG students, and it was interesting that they still identified their friends and Buddies by their student profession when referring to them. This suggested that they were accepting others as representing their future profession, and were possibly aware of professional attributes and identities of others as well as their own cohort. They did appear to recognise similar pressures and types of issues eg when working on assessments, when returning from placements.

The data from the UG students indicated that although the students engaged more with socialising and campus activities, there was evidence where one student had done that, but then recognised that she had overloaded herself and ended up needing to intercalate due to circumstances, and on resuming studies had focused more on the priority of study whilst still accommodating some activities.

The feeling of being “different” from students on standard courses was expressed by UG participants as well as PG. Participants commented that other students perceived the OT/PT students as different too, Beth told me of the comments from someone she knew on a standard course who told her they would have hated to have had to go out on placement, and live in accommodation for periods of 8 weeks at a time. These comments indicated how students on standard courses may perceive the distinctive nature of health courses with placements, Beth recognised the true value of the placements. Other comments reflecting differences were made especially by OT/PT students seeing students on standard programmes stressed around exam times.

The students learnt theory and some practical skills in the first part of their programmes, but they then became increasingly focused on their practice placements and they recognised the value of working in the clinical settings and the transition into practice placement learning contexts which was much anticipated in order to gain practical professional experience from qualified professionals.

From the PG perspective, it was evident that students had come to the course with a wide variety of experiences, academic and professional but from the data it appeared that students felt that towards the end of the first year a “level playing field” had been achieved on the course (this wording was expressed by one of the MSc students). At that stage all the students had learnt the same theory collectively before going out as individuals into the practice placement settings.

Transition onto these programmes represented a period of learning for a purpose, to do a specific job and learning for the future, beyond the end of the course learning continuously from their previous experiences at Hillside in theory and then on practical experiences. The students started to develop their identity as future health professionals within a contextual framework of professionalisation, professional socialisation as well as personal and professional development over the period of their studies which was evident in the research.

Figure 6.1 on page 186 illustrates how the OT/PT professional courses are providing students the skills they will need for the future, beyond qualification, for Continuing Professional Development (CPD) and Lifelong Learning. Benner (1984) had considered the progress in nursing across the stages of development from Novice to Expert, it recognised that on completion of the course whilst students may have progressed in one clinical area following a practice placement towards the second stage Advanced Beginner, and having acquired transferrable skills they would become a Novice again when moving to a new clinical area.

Students were aware that acquisition of knowledge was for the long term and lifelong learning, as they needed to retain this for their career as a future health professional, which they contrasted with standard degrees, and for MSc students they commented on this from experience, where subjects were learnt for an end of year exam and then dumped to

progress onto the next exam subject. Profession specific knowledge, such as anatomy and physiology, had to be learned and retained.

Students identified types of assessment in preparation for lifelong learning which they found very different from the previous experiences of essay writing, even those with first degrees. This was in areas such as academic writing in professional subject areas, presentations of case studies based on clinical experience, reflective learning and writing, and practice placements. There were no exams on these programmes. The students did recognise and value the practice of these assessments and final year students especially commented on the value for the future eg presentations helped increase their confidence for presenting cases in multidisciplinary meetings. This is an illustration of how the process of professional socialisation and development takes place at the same time as learning on placement, but is interlinked with student academic development.

6.3 Transition into practice placements

The literature and course structure reflected the importance of practice placements in the professional socialisation and professional development of students, with aspects of learning that could only be experienced in the workplace setting.

Identified by students themselves as one of the most defining features of the experience of the OT/PT programmes, compared to standard programmes, placements take students into a variety of professional settings, before they return to the university setting. This was a much anticipated part of the course, and all the participants felt nervous ahead of their first practice placement, even those with a wider range of practical experience at that stage. Not only was this transition out of the university context and into practice, it was a uniquely lived experience, because rarely did more than one student go to the same setting.

Students appeared aware that it was not until they started their first placement that their choice of profession would be confirmed to themselves as the right choice. Generally all went well for the participants at this stage, and the rare cases of difficulties on placement were quickly overcome.

On entry to the first placement, students were aware of their new professional identity in the work setting as student occupational therapists or student physiotherapists, and appeared comfortable with the security of the recognition by their educators and other team members in that placement that they were given the time to settle in, ask questions, and be “hand held”. The reality of taking on the professional role and identity was felt by the students when they wore their uniform for the first time. Students commented they became aware that they felt they were being recognised by clients/patients as a health professional, and therefore expected to have a certain level of professional knowledge. During practice placements the students learned skills and progressed in their professional socialisation as well as personal and professional development.

The teaching on these programmes is done by health professionals - initially by academics in the university setting, and then, following transitions into practice placements, the shift of teaching moved to clinicians, Practice Educators and profession team members. Learning also took place by working with the wider multi-disciplinary team (MDT) in the clinical environment. Students returned to the university setting between placements and then for a period of teaching/assessment at the end of their programme on both BSc and MSc programmes.

Working with health professionals in a variety of clinical settings was seen as a very valuable way of learning by experience, as illustrated for example, by Kolb (1984), Lave and Wenger (1991), Bandura (1977) and Richardson (1999a and 1999b). The students talked in their interviews about their experiences and how they framed their own future approach as a health professional from working with their practice educators and other team members. What emerged from the data was that students appeared to take aspects of professional behaviour from a range of health professionals in different settings which they felt were positive, rather than basing their future practice on one role model. These multiple placements and interactions with a range of experts therefore allowed students to develop their own identity within the profession and select the most positive aspects of the professionals they worked with, rather than with a more traditional apprentice model of basing their future practice based on working with one individual master/expert.

On practice placements, the data in Chapter 5 revealed that students identified strongly with professionals and they grew in experience and autonomy in preparation for qualification, and

beyond. Learning from critical incidents and practice, although initially supervised, students became more confident and autonomous. Some students commented on how rapidly they felt this process happened after the first placement. There was learning developing in communication, not only with professional teams but with clients/patients.

As students progressed through their transitions into practice placement and back into the university context, and returning to collective experiences, they gained skills and practice which they saw as valuable and this progressed them along their development from Novice to Expert. It also revealed a detachment from the university learning context into a professional learning context, which may not be fully appreciated by the course providers.

Although students were distanced from the university when on placement, they recognised the value of the supportive role of faculty as visiting tutor and advisor. Most of the placements experienced by the participants went well, but one or two did contact staff for advice or commented on peers who accessed this. Faculty were recognised and valued as previously practicing clinicians, and students valued that some were keeping their hand in working in clinics part time. One PT student commented that they had seen another aspect of potential career prospects where a PT faculty member had been working in sport, then specialised as a physiotherapy professional, before moving into an academic career.

At the point of qualification, students were preparing for their future careers so it was viewed not as an end point, but a progression to the next stage and students were keen to identify areas of the profession for future specialism, though all final year participants anticipated further rotational posts to consolidate learning and gain broader experiences.

As a Senior Administrator reflecting on the outcomes of this research, I had seen the perspectives of the students emerging from the qualitative data and these have been considered in the analysis above. For my future practice, in wider discussions about “the student experience” I am now far more aware of the reality of the differences the students on these students health programmes with non-standard start dates and periods spent in practice education settings and will be prepared to represent their perspectives in debate. With expansion in student numbers and more programmes being planned with non-standard start dates it is important that the reality of this is conveyed. I was impressed, for example, by the evidence from MSc students about how they immediately bond and form their strong

“Community of Practice” as a cohort, not only “hitting the ground running” as they anticipated the workload, but also their willingness and openness to share their experiences and expertise with each other and the different modes of learning, including the use of social media for communication, both course related and for social arrangements. Their strong identity as students of their future profession from such an early stage on transition to university student and desire to seek a future specialism was notable, and the way students cope with their transitions to and from the “real world” of practice on these non-standard programmes as they develop their learning in different Communities of Practice, including the university as they prepare to be future health professionals and beyond with lifelong learning.

These aspects of student experience could be further explored, with more pre-registration health courses being developed and increasing numbers in the Health Faculty on programmes with placements, it is important for the HEI to recognise this and ensure these student perspectives are considered.

6.4 Conclusion

This research has identified not only what the students perceived as their experiences on the undergraduate and postgraduate courses, but it has also given an insight into the reality of being a student on a health professional courses to qualify as occupational therapists or physiotherapists in the Higher Education context.

Houston, Lebeau and Watkins (2009) felt there were three transitions in the student experience on standard degree programmes - entry into university, the student experience and qualification. The authors had not considered professional programmes, and their attempt to address diversity in programmes and HEIs therefore lacked a reference to a significant range of experiences increasingly represented in higher education but under-researched in mainstream studies of student experience.

The findings in this research suggest that students on the OT/PT programmes undergo more complex transitions, starting before the start the course, and that learning and professional development then continues beyond qualification and employment as an OT or PT health

professional. Figure 6.1 on page 186 based on the diagram of Brennan et al. (2010) captured the parallel experiences of these students by adding their professional perspectives alongside those they had included for standard courses. This illustrates how students start developing their professional identity before they officially enter the HEI. They go on to experience, both individually and collectively, professional practice alongside traditional student experiences, with detrimental consequences on their participation in student activities and groups due to their workload, contact hours and later periods spent on placement.

Figure 6.1 also shows how the end point for these students is not on leaving university on qualification, because qualification represents the start of a new career to move students further along the pathway from Novice to Expert, and lifelong learning, and continuing professional development.

The importance of the cohort group was identified on entry to the course, especially as the students appeared to have felt a little distanced from the traditional student experience and activities for reasons discussed in this thesis. In terms of socialising it is also clear from the data that the students tend to socialise together as cohorts, with both their own course peers and other health professions.

The research and institutional focus on student experience has previously tended to pay little attention to health professional course experiences despite their growing numerical importance in the student population. This research attempted to start to bridge this gap and describe what the experiences are for some of these students, especially as they progress into the latter part of their programme. They make multiple transitions into practice placement settings, and back into their peer groups in the HEI context.

This experience of multiple transition is one the key findings of this research as it impacts on the students' changing perception of the value of their HE experience (both social and academic) as well as their growing anticipation about their future status as health professionals. This is a feature of the course curriculum as the OT/PT programmes value learning from practice through placement, as well as interprofessional learning across cohorts, thus increasingly engaging students with their professional identity as they progress. At the same time there appears to be a disengagement from the university student

life and a growing distancing with the university as an institution, and this is the second key finding of this research. The students continued to socialise with their peers during placements, through visiting each other on placement places, or when returning to the University town at weekends. Once on placement there was little mention of engagement with the university, until the student received a visit by an academic from the course, so while support from faculty was acknowledged, the connections with the institution as a space of socialisation and focus of identification to their student status it became increasingly distanced. The dual identity expressed at the start of the course when students, particularly on UG courses, still exhibited those attitudes and expectations of typical “first year” HE students is therefore gradually giving way to a stronger professional identification that does not sit comfortably (for both practical and symbolic reasons) alongside a “traditional” student identity as presented by the student experience literature.

If employability is defined as the attitude and achievements of graduates towards obtaining a “graduate job” (HEA, 2006) then there is a case for making courses such as the ones under focus models of transformative experiences. In particular the reflections of students on placements and how they change they views of the course itself is significant indication that employability works as a curricular process by not just fitting professional experience in a course, but by stimulating the “ways in which the student learns from his or her experiences” (HEA 2006: 7). In this respect and in relation to the two core findings (multiple transitions and a distancing from the university context), OT/PT programmes offer interesting examples of total transformation (cognitive, social, statutory) with professional identification at the core of the process. Every single aspect of the transition reported by students appears to be driven by this controlled process where the interests of the students meet the expectations of a profession, the requirements of employers and the ambitions of HEIs (league table positions).

Other health professional pre-registration postgraduate courses with non-standard starting dates have recently been developed, so this research is timely in terms of raising awareness with the course providers about the implications and the reality of student experience on a pre-registration health programme within the university where the main focus of attention and support remains on “traditional students” starting in September.

It also raises two sets of questions for further research on these and similar non-standard professional courses. One refers to the students and their perceptions of their place in the

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HE environment and the other interrogates institutional strategies in a context of growing numbers on professional courses. Institutional discourses and practice in universities are still so much geared towards students on traditional undergraduate courses that they run the risk of excluding the experiences of those students engaged in multiple transitions at various stages in their life, and whose student identity cannot be separated from their ultimate objective to move on to the new status it prepares them for. In a sense, it could even be argued that these students, marginally inserted in today's university, are actually the ones that fit the definition offered by Bourdieu and Passeron (1979) of students as being in state of transition where they work primarily towards their "disappearance" as students on completion of their course and whose condition can only be seriously defined and understood in relation to the professional status it is geared towards.

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APPENDIX

Appendix

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APPENDIX I Participant Invitation Letter And Information

<Name>
BSc Year 1 PT

22nd October 2010

Dear <Name>

I hope you are settling in well on your course, and I wonder if you would please consider participating in my research on the student experience - "Student perspectives on the experience of undergraduate and postgraduate routes to qualification in physiotherapy or occupational therapy."

My name is Robbie Meehan, and I work in the Administration Office in the Health Faculty as senior administrator. I am also a student, and it is in that capacity that I would like to invite you to participate in the research I am carrying out as part of the Doctorate of Education which I am undertaking in the School of Study.

I would really like to find out about your student experience over the course of this academic year and would therefore like to interview you on three occasions during the year. The first interview will take place as soon as possible, and if you kindly agree to participate, we could arrange this by email or phone, my contact details are below. The other interviews will take place near as possible to Christmas and then at end of the academic year.

Each interview will last around 45 minutes and will take place in the School Building if possible, or possibly the XXX building, depending on meeting room availability.

I enclose a consent form and information sheet giving more details about the process and how details of anonymity and confidentiality will be dealt with. Having read the information, if you are willing to participate in the study, I would be grateful if you would contact me, my email is xxxxxx, to arrange the first interview, I will get back to you with the room number. Please bring your signed Consent Form to the first interview, and retain the information sheet for your reference and a Withdrawal Form in case you later wish to withdraw from the study.

I look forward to hearing from you, I would really appreciate if you would let me know either way as soon as you can.

Yours sincerely

Robbie Meehan
EdD Student
Email: address
Tel: number

INFORMATION SHEET

Research Study Title	Student perspectives on the experience of undergraduate and postgraduate routes to qualification in physiotherapy or occupational therapy.
Aims and Purposes of the Study	<p>The study is being carried out to collect data for my Doctorate of Education (EdD) thesis, which will be submitted to the School of Study.</p> <p>The purpose is to gain an understanding of what the students themselves see as important factors of their student experience.</p> <p>The findings will be conveyed to the course providers in the Health School with the intention of improving the student experience and improving understanding. Publications may result from the findings.</p>
Methods and Location	<p>Data will be collected in individual Interviews of approximately 45 minutes duration at different stages of your academic year of study. The Interviews will take place in your School of study where possible.</p> <p>For periods of placement, in discussion with you at the first interview, we will agree the most appropriate means of recording your student experience on placement.</p>
Confidentiality	<p>The Interviews will be recorded and transcribed off the work premises. All names and locations will be anonymised (by use of pseudonyms), personal details that could be used to identify students will <u>not</u> be used.</p> <p>All data collected will be kept in the strictest confidence. The electronic files and transcripts will be stored in a locked file off the work premises, and later erased following the exam board.</p>
Voluntary Participation	<p>Participation in the study is entirely voluntary, should you subsequently wish to withdraw, a form is attached for you to complete and return to the researcher.</p> <p>Participation or non-participation will not affect the professional relationship with the researcher, as a senior administrator for the Health Faculty, nor have any implications to your progress on their course.</p>
Code of Conduct	All information collected during the course of the interviews will remain strictly confidential. It will not be used in an attributable or identifiable form.
Complaints	Any complaints against the conduct of the researcher should be made in writing within 30 days to the Chair of Research Ethics Committee, School of Study

CONSENT FORM

Research Study Title	Student perspectives on the experience of undergraduate and postgraduate routes to qualification in physiotherapy or occupational therapy.
----------------------	--

I have read the above information sheet and agree to take part in the study:

Signature	
Date	
Name (Capitals)	
Contact Tel No	

Please sign and return this form to:

Robbie Meehan,

Health Faculty, Address

Thank you.

WITHDRAWAL FROM RESEARCH FORM

Research Study Title	Student perspectives on the experience of undergraduate and postgraduate routes to qualification in physiotherapy or occupational therapy.
----------------------	--

I no longer wish to participate in the above study.

Signature	
Name (Capitals)	
Date	

If you wish to withdraw from the study please sign and return this form to:

Robbie Meehan,

Health Faculty, Address

Thank you.

APPENDIX II Outline Interview Questions For First Interview

START OF THE COURSE

<p>Welcome, congratulations on getting here...</p> <p>Thank you very much for agreeing to participate in this study. It will take place across the academic year and hope it will result in gaining a real understanding of how it feels to be a health professional student from your perspective.</p>	<ul style="list-style-type: none">• Consent form• Recording• Making notes• Confidentiality
--	---

- Can we please start by you telling me a bit about your background and educational background...
- Tell me about your first degree experience (for PG students)
- So what led you to physiotherapy/occupational therapy
- And what led you to this particular course at Hillside?
- How was the interview here?
- How does it feel now, to be here at the **beginning** of your course?
- How are you settling into your **cohort**/group? – describe your cohort
- Would you tell me what you think student life will be like here? - **social**
- Are you planning on joining any student **activities** on campus?
- How do you think your experience of a **first degree** will have prepared you for this degree as a health profession?
- How do you think your **experience on this degree will be different from the first?**
- What do you think the important factors will be for you as a student becoming a **health professional?**
- What sort of **accommodation** arrangements to you have and how do you think that will affect your student experience?
- What **support** do you think you will use on this course?
- Tell me about any **concerns** you have at this stage....
- What are you really **looking forward to as a health profession student?**

The next interview will take place in week

Meanwhile you are welcome to contact me by email, contact details are on the letter.

I would be interested as you go along if you find anything unclear or if I can be of any help at all – just ask, or **jot down anything** that strikes you about your experience for the next time we meet.

Thank you

APPENDIX III Outline Interview Questions For Later Interviews

(Example)

Year 1 MSc SECOND INTERVIEW OF THE COURSE

Thank you very much for coming	Maisie
--------------------------------	--------

- So how are things going?
- What has the experience been like since we last met in week 3?
 - In first interview you thought you might struggle with learning anatomy, how has that been in reality?
- How do you think the student experience so far in helping you become an OT/PT?
- In what way has the experience you had on your first degree helped you with this course so far?
- How are things with your cohort?
- Do you still feel that is OT and PT?
- IPL
- Community of Hillside students
 - Are you still working in your part time post?
 - How are you managing the work/life balance?
 - You mentioned a learning styles lecture in your first interview, was that helpful?
 - Is all your support working as you thought it would?
- Do you have any anxieties at the moment on your course?
- What are you particularly enjoying as a student?

Thank you so much, I would like to meet you again in July before your holiday and placement period, do you know where you are going yet?

APPENDIX IV Final Assessment Forms for MSc in Occupational Therapy

Health School
Campus Address

MSc Occupational Therapy
Practice Education Assessment – Placements 3-5
FINAL ASSESSMENT FRONT SHEET

Student	
Practice Educator	
Email Address of Practice Educator	(For feedback)
Visiting Tutor	
Dates of Placement	
Location of Placement	
Type of Clinical Experience	

Final Mark:

Pass
Fail

Please record number of hours worked by the student in the grid below.

Weeks	1	2	3	4
Hours				
Weeks	5	6	7	8
Hours				
Total Hours				
Absences: Dates & Reasons				

Signatures

Educator:	Date:
Student:	Date:
Visiting Tutor (if present):	Date:

Specific skills acquired on this placement:

The student should identify the specific skills they have acquired on this placement and these should be clearly cross-referenced to evidence in their portfolio.

-

-

Professional learning needs for future placements

To be completed by the educator and student.

-

-

-

MSc Occupational Therapy
Practice Education Assessment Placements 3-5
FINAL ASSESSMENT FORM

Insert the number of items in the appropriate category in the table below.

Assessed Areas (total no. of items)			Fail	Pass	
Safe practice (3 items)					
A failed category in either the Safe Practice or Professionalism components will result in an overall failed placement.	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
Professionalism (7 items)					
Clinical Reasoning (4 items)					
Client Management (6 items)					
Interpersonal Skills (4 items)					
Information Management (4 items)					
Totals					

Student's name:	Signature:
Educator's Name:	Signature:
Visiting Tutor's Name:(if present)	Signature:
Date of completion:	

Appendix

SAFE PRACTICE	Fail	Pass
1. Display safe therapeutic practice towards clients, colleagues and self.		
2. Integrate health and safety legislation into practice with reference to local policies and procedures.		
3. Practice within the legal and ethical boundaries of the profession		
Justification for marks awarded:		

PROFESSIONALISM	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
1. Use initiative and act responsibly in a way that is sensitive to the culture of the setting.					
2. Demonstrate a professional approach to time management, personal presentation and behaviour.					
3. Demonstrate the ability to prioritise workload issues					
4. Carry out professional duties as required and seek advice where appropriate.					
5. Initiate and maintain effective communication/working relations with other professionals					
6. Engage appropriately in supervision, demonstrating reflection and self awareness and respond appropriately to feedback					
7. Demonstrate responsibility for own learning needs and identify areas for future development					
Totals					

Justification for marks awarded:					

Appendix

CLINICAL REASONING	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
1. Demonstrate the ability to integrate knowledge from a range of sources into practice.					
2. Utilise knowledge and enquiry to reflect on practice.					
3. Demonstrate the use of clinical reasoning in the planning and delivery of the therapeutic process.					
4. Evidence clinical reasoning in documentation and discussion					
Totals					
Justification for marks awarded:					

CLIENT MANAGEMENT	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
1. Select, plans and perform assessment activities effectively, demonstrating an awareness of the limits of their practice					
2. Identifies goals and interventions with clients and significant others, ensuring the patient is central to the delivery of care					
3. Select, plan and execute therapeutic interventions effectively, demonstrating an awareness of the limits of their practice.					
4. Monitor and review the effectiveness of the intervention.					
5. Demonstrate a flexible and problem solving approach within the area of practice					
6. Undertake evaluation activities and record these in line with local policy and professional standards of practice					
Totals					
Justification for marks awarded:					

Appendix

INTERPERSONAL SKILLS	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
1. Develop a therapeutic relationship demonstrating sensitivity to the physical, psychosocial and cultural needs of others.					
2. Initiate and maintain appropriate relationships with relevant professionals, agencies and colleagues					
3. Communicate in a professional manner with patients, colleagues and carers using verbal and non verbal means					
4. Adapt behaviour appropriately in response to changing circumstances.					
Totals					
Justification for marks awarded:					

INFORMATION MANAGEMENT	Fail	Pass			
		Satisfactory	Good	Very Good	Excellent
1. Follow general administrative procedures of the setting.					
2. Respect confidentiality when accessing and extracting information efficiently and reliably.					
3. Record information concisely and accurately in line with local procedures					
4. Present and / or report information effectively.					
Totals					
Justification for marks awarded:					