Innovation, Personal Growth and Professional Identity: perspectives on role emerging placements in occupational therapy

Alison F. Warren, MSc., DipCOT

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Supervisors:
Dr Elizabeth A. McKay
Dr Ann Taylor

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ABSTRACT

Alison Fiona Warren

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Role emerging placements are relatively new in the Republic of Ireland and there is debate regarding the influence of this placement model on the learning and development of occupational therapy students. The model involves a student completing a placement in a non-traditional setting, with supervision from an on-site supervisor and an off-site occupational therapist. This research explores how learning opportunities are created in role emerging placements to support the development of occupational therapy students. The focus is on competency, capability and the development of professional identity.

A phenomenological approach was employed to gain an understanding of the experiences of students, graduates and supervisors involved with role emerging placements. Five occupational therapy students were tracked through semi-structured interviews as they completed a role emerging placement (20 interviews). Six occupational therapists were interviewed who had completed a role emerging placement during their pre-registration programme. Role emerging on and off-site supervisors were also interviewed (eight interviews). Ethical approval was granted by the University of Limerick.

Interpretative phenomenological analysis (IPA) was utilised for the occupational therapy student interviews whilst thematic analysis was used for the occupational therapist and supervisor interviews. The master themes from the analysis suggest that the learning focus of the environment facilitates innovation; students develop a tool box of transferable skills towards competent professional practice and personal growth is enhanced with supported reflexivity. There was divergence in the themes relating to supervision levels and the creation of a role for occupational therapy within the placement settings. These findings are discussed with reference to a model of professional identity development and communities of practice.

Through examination of the perspectives of students, graduates and supervisors, this research demonstrates that role emerging placements facilitate occupational therapy students in becoming competent practitioners with a sense of identity based on the values of the profession.
DECLARATION

Innovation, Personal Growth and Professional Identity: perspectives on role emerging placements in occupational therapy

“I declare that this thesis is my own work and has not been submitted to any other university or higher education institution, or for any other academic award. Citations of secondary works have been fully acknowledged and referenced.”

Signed  _____________________
Alison F. Warren

Date  _____________________
ACKNOWLEDGEMENTS

In the early days of my Ph.D., when I was formulating my ideas, I took up running. Ever the person not to do things by halves I soon found myself embarking on my first marathon. Little did I realise then that I was, in fact, attempting two marathons simultaneously. The levels of discomfort between the Ph.D. and the marathon are, I think, comparable hopefully with similar degrees of success.

There have been many significant people involved in my marathon and I would particularly like to extend my gratitude to my supervisors Dr Elizabeth McKay and Dr Ann Taylor. Their contrasting approaches have been thought provoking and helped move me forward particularly when I “hit the wall”! I thank Beth for her encouragement to develop role emerging placements with colleagues when the model was new to Ireland.

I am grateful to all of the participants who gave their time to share their stories. I hope I have done justice to their experiences and thank them for their role in challenging conventional thinking regarding innovative placements. I am also indebted to those occupational therapy students and supervisors who were brave enough to pilot the role emerging placement model in the early days. Their experiences were the inspiration behind this research.

Being a recipient of a Health Research Board (HRB) Ph.D. Fellowship broadened my learning opportunities and I appreciate that this enabled me to extend my network of mentors to Australia, the United Kingdom and throughout Ireland. My thanks go to Associate Professor Monica Moran, Christine Craik & Valerie Flattery all of whom took a key role in the development of my thesis.

Finally, I extend my thanks to my family, my friends, colleagues and fellow runners who have kept me “on track” with practical support and encouragement to reach the Ph.D. finish line! Special thanks go to Steve, Mandy and Maisie.
LIST OF PUBLICATIONS & PRESENTATIONS RELATED TO THE Ph.D.

Awards


Warren A. and Pettigrew J. (2010/11) Developing guidelines to support students and stakeholders in role-emerging placements. Quality Improvement Fund QIFAC, University of Limerick, €10,000.

Articles in peer reviewed journals


Publication


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<td>AOTI</td>
<td>The Association of Occupational Therapists of Ireland</td>
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<tr>
<td>CORU</td>
<td>Not an abbreviation but the name of the multiprofessional health regulator in Ireland</td>
</tr>
<tr>
<td>COT</td>
<td>College of Occupational Therapists, UK</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>HPC</td>
<td>Health Care Professions Council, UK, renamed to HCPC in 2012</td>
</tr>
<tr>
<td>HCPC</td>
<td>Health and Care Professions Council, UK</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institution</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>IPA</td>
<td>Interpretative Phenomenological Analysis</td>
</tr>
<tr>
<td>NIG</td>
<td>National Implementation Group</td>
</tr>
<tr>
<td>OECD</td>
<td>The Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist or therapy, referred to in participants’ quotations</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>WFOT</td>
<td>World Federation of Occupational Therapists</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter One

Introduction
1.0 OVERVIEW

This introduction sets the scene for health, social care and higher education in Ireland. The profession of occupational therapy is introduced and placed within the Irish context. The rationale of occupational therapy education and that of practice education is described including a description of how this led to the evolution of non-traditional placement models. Role emerging placements, the focus of this research, are defined and highlighted as a pioneering model for occupational therapy student learning. This placement model, which is a relatively new learning opportunity for occupational therapy students in Ireland, has the potential to encourage innovation and critical thinking in future therapy practice. The influence of the placement model on the student learning experience is raised in relation to professional identity and development which is the focus of this research.

1.1 HEALTH & SOCIAL CARE IN IRELAND: TIMES OF CHANGE

There are many demographic changes occurring in Ireland’s population with people living longer, a prevalence of chronic disease and a diverse multi ethnic population (HSE 2008). Consequently a paradigm shift within healthcare has evolved over several decades from being “curative” to a focus on “quality of life” for the individual. This was heralded by the primary care strategy, (Department of Health and Children (DoHC) 2001) which identified the need to address both medical and social aspects of care and was also evident in the Mental Health Strategic document “Vision for Change” (DoHC 2006). This shift in service provision has been slow, which may be in part due to the current economic recession, although the Health Service Executive are keeping it on the agenda in the National Service Plans for Ireland (NSP 2005; NSP 2010). Primary care, mental health and chronic disease management remain focus areas for sharing innovation in practice through the National Clinical Programmes (HSE 2013).

Services are evolving in the community, some in collaboration with the HSE, to meet the needs of the population. There continue to be health inequalities, with lifestyle and deprivation as key determinants of health (NSP 2005). A multi-agency and team work approach is required to address the health of the population and improve the participation and involvement of socially excluded groups and communities (NSP 2005; NSP 2010). In
order to progress services that are responsive to the population needs, health and social care professionals require opportunities for development including becoming research consumers and creators. Therefore educators need to equip healthcare students with the knowledge and skills to work in current practice and prepare for emerging trends in the provision of health care (Higgs et al. 2010).

Within Ireland, an action plan for health research aimed to improve the health and well-being of individuals through enhancing the performance of the healthcare system (DoHC 2009). This is advocated through the work of the Health Research Board (HRB) which seeks to promote health innovation by policy makers and practitioners. I suggest that engagement with research and service development needs to begin with students and the provision of variety of learning opportunities for students including role emerging placements that are the focus of this thesis will assist with this process.

This research explores a model of placement which provides an innovative learning opportunity that introduces students to new ways of working. It has the potential to lead to new models of healthcare which may improve access for the public which is in line with objectives of the Therapy Research Strategy (DoHC 2008). Leading on from this strategy, research priorities were identified for the therapy professions, with health promotion and occupation based interventions as core components for occupational therapists (McKenna et al. 2010). These key areas are frequently cited as the focus of role emerging placements.

In order to meet the demands of a population with changing health needs, the HSE within Ireland acknowledges the need for a workforce that is educated and supported to be flexible with the required skills mix and competencies for changing roles (HSE 2009). This is facilitated by the Health and Social Care Professionals Education and Development Unit and Advisory Group through various initiatives related to professional education (HSE 2009). With changing health needs, health and social care professionals will be required to work with client groups and communities with whom they may not have traditionally worked. Within this research, these client groups are referred to as emerging areas of practice. In recent years this has included taking a more health promotion focus for people with obesity, and developing approaches in palliative care, the
management of chronic disease and primary care that are also priorities for service
provision (NSP 2013). Looking back to my own professional education over twenty years
ago, these areas would not have featured in my training whereas now they are becoming
mainstream, with emerging areas of practice evolving continuously.

1.2 HIGHER EDUCATION IN IRELAND

Ireland has experienced a dramatic increase in the number of people attending university
since the 1960s (Higher Education Authority 1995). White (2001) stated that Ireland did
not view higher education as a form of social welfare, but as an investment in its people.
This was a differing view to other European countries during the 1980s and 90s. This led
to strong links with both vocational programmes and business. Ireland has continued to
have links with local communities with the latest Higher Education Authority Strategy
advocating flexible learning, and promotion of work placements (Hunt 2011).

Greater engagement and partnership between higher education institutions and
community and voluntary groups offers significant potential to progress equality
and community development and to further social innovation. (Hunt 2011, p.76)

This community partnership approach to education is encouraging and links to the further
development of role emerging placements in community organisations. Occupational
therapy has a significant role to play in working collaboratively with individuals,
communities and other professionals to establish new, innovative services. Within this
research, I am recommending that this can and should occur at the time of their
professional education during practice education placements. Capturing students at this
time can be liberating and empowering, allowing them to develop different ways of
working.

1.3 OCCUPATIONAL THERAPY

Occupational therapists are health and social care professionals who adopt a holistic,
client centred approach and focus on the value of meaningful occupation for health and
well-being (World Federation of Occupational Therapists (WFOT) 2012a).
Occupational Therapy helps people to do the everyday things that they want to do and need to do when faced with illness, injury, disability or challenging life events. (AOTI 2013)

National agendas including the primary care strategy (DoHC 2001) and international changes in health care resulting from the Ottawa Charter in 1986 (World Health Organisation (WHO) 2009), have led to the need for occupational therapists who are able to practise competently in community settings with a focus on health promotion. Occupational therapy needs to maintain its relevancy and become strategic when working in a complex society (Cohn and Crist 1995; Withers and Shann 2008; Whiteford 2011). The community is where the majority of people live and is therefore a priority area for occupational therapy intervention. Historically, occupational therapy has been perceived both externally and by its practitioners as a profession allied to medicine and therefore following the medical model. This is to deny the core roots of the profession, which took a holistic approach to the individual and valued the healing potential of occupation (Wilcock 2002). Currently, there is a shift occurring in the profession with therapists seeking opportunities to work in new settings including community based rehabilitation (CBR) which focuses on full participation and inclusion of people in the development of their community (Pollard et al 2009). The World Federation of Occupational Therapists (WFOT 2006) completed a survey of current CBR practice and recommended that it should be considered part of the occupational therapist role and an essential component of occupational therapy curricula.

Traditionally, healthcare professional placements have followed an apprenticeship, experiential placement model for professional development. This involves a student working alongside a qualified health care professional in order to learn the knowledge, skills and attitudes required by that professional group.

In the traditional model of education, the apprenticeship model, the learner acquired knowledge and skills from the master with the goal of emulating the master’s expertise. (Higgs and Titchen 2001, p.526)

Traditional occupational therapy placements occur in physical or psychiatric hospitals, rehabilitation services or working with children and adults with disabilities. Often the apprenticeship placement model is used. Within Ireland, as in other countries this supervision approach was leading to tension as occupational therapy students were
Introduction

seeking self-directed learning opportunities (Clyne 1999). In the mid 1990s, Alsop and Donald (1996) highlighted that the nature of professional practice was changing. This continues to be the case today with lone working and autonomy within an interprofessional context becoming familiar practice (Morley 2009). As there is a shift towards the development of ‘capable’ practitioners where a healthcare professional acquires professional knowledge and demonstrates their competence in order to practise in dynamic, changing health care environments, the apprenticeship, one on one placement model may be viewed as outdated.

There is debate in the occupational therapy profession in relation to the introduction of a non-traditional or role emerging approach to placements. The Association of Occupational Therapists of Ireland (AOTI) stated that role emerging placements can be completed with some restrictions relating to hours and timing (AOTI 2010a). A role emerging placement can only be completed in the second half of the educational programme and for a maximum of 300 hours out of a total of 1000 placement hours which are completed by occupational therapy students as part of their professional programme. A revision of the ‘Minimum Standards for Practice Education’ in 2010, involved a survey to ascertain which countries were currently using the role emerging placement model. Information obtained via the World Federation of Occupational Therapists delegates reported that 9/21 countries were currently using the placement model (AOTI 2009-10). This led to no changes at that time in the recommendations by AOTI on the use of role emerging placements although there is anecdotal evidence suggesting gradual acceptance of this placement model by some occupational therapists.

1.4 OCCUPATIONAL THERAPY IN IRELAND

Occupational therapy is a relatively new healthcare profession in Ireland. The first practising occupational therapists began working in the 1950s with the first occupational therapy programme established within the Republic of Ireland in the 1960s. From the review of the current and future demand for professional therapists, Bacon (2001), recommended that occupational therapy pre-registration programmes should, and subsequently were increased from one to four. Regulation of occupational therapists and eleven other professions in Ireland was established with the implementation of the Health
and Social Care Professionals Act (2005). The system for regulating and registering occupational therapists is due to commence in 2013/14 under the direction of CORU (CORU 2012). Although formal regulation is new, the Association of Occupational Therapists of Ireland has provided information for members on professional responsibility and codes of conduct through standards of practice statements (AOTI 2008) and codes of conduct (AOTI 2007) for several decades.

In the National Service Plan for 2006, expanding professional therapy training was a priority which also involved supporting clinical placements (NSP 2005). The implementation of non-traditional placement models was always going to be essential to facilitate the education of occupational therapy students on placement. This was to provide contemporary learning experiences and to compensate for the limited number of placements available in the apprenticeship model due to the small number of occupational therapists in Ireland. Rolling out these placement models became a key role for the practice education posts. For example Regional Placement Facilitators and Practice Tutors were established following the Bacon Report and monitored by the National Implementation Group (NIG). Following a review of these posts, it was recommended that the on-going use of innovative placement models should be implemented and researched within the therapy professions (HSE 2011).

1.5 FUTURE OF OCCUPATIONAL THERAPY

As predicted by Alsop and Donald (1996), occupational therapists need to understand the wider context of healthcare provision to provide effective and relevant services. Occupational therapists are facing challenges as their work terms, conditions and contexts are changing along with the expectation that occupational therapists be flexible, reflective and lifelong learners (Mackey 2007). Occupational therapists need to reassess where and how they work away from large hospital based departments to working in community teams with other professionals. This is a time to look outside traditional organisations to provide unique roles (Clouston and Whitcombe 2008). Some professional bodies give advice for occupational therapists working or seeking employment in emerging areas or non-traditional areas of practice. The College of Occupational Therapists (COT) in the UK have guidance documents relating to the maintenance of competence and capability
Introduction

to practise, extending the scope of practice and applying for non-traditional roles (COT 2009a; COT 2009b).

Recent years have witnessed a revival of the profession with occupational therapists returning to the roots of their profession and seeking opportunities to work in community settings where the role of occupational therapy may not have been previously considered or understood (Pollard et al 2009; Kronenberg et al 2011). These developments have the potential for occupational therapy to reach a wider audience and to work with marginalised and vulnerable groups in society.

Healthcare professionals are increasingly required to demonstrate skills needed to work in a health care setting that is becoming more complex, to demonstrate innovative practice and work with new client groups (Bonello 2001). Fieldwork or placements provide opportunities for real life experience as therapists and are essential for developing professionals in healthcare.

1.6 OCCUPATIONAL THERAPY EDUCATION

As ‘The future of the profession rests on the students of today’ (Tompson and Ryan 1996, p.70) there are many challenges facing the delivery of occupational therapy programmes. These include meeting the complex needs of students, selecting from the variety of learning strategies available and alternative fieldwork models and establishing continuing professional development (Madill and Hollis 2000). In the 1960s, the profession of occupational therapy profession debated the need for professional education to address more than routine skills, to embrace developing professionals who can think critically, creatively and problem solve. According to Fidler (1966) the teaching-learning relationship must promote freedom so that students can learn to function independently and collaboratively. Over the last fifty years there have been changes within the education of occupational therapists with a move away from a training/vocational approach, towards an educational philosophy that generates exciting and new ways of viewing the profession (Esdaile and Roth 2000). There has been a shift in professional education with the introduction of self-directed learning approaches, problem based learning (Banks et al
2000), experiential learning (Hooper *et al* 2013) and more recently with the introduction of simulation (Bradley *et al* 2013).

Education needs to shape occupational therapists who are able to articulate the rationale behind occupational therapy and evidence their occupation based and common sense practice (Grethe Kinn and Aas 2009). It should also be underpinned by the central values of social justice (Thibeault 2006). Moving professional education towards the exposure of occupational therapy students to non-traditional settings including working with marginalised groups in society is viewed positively (Thibeault 2006). Morley (2009) reminds higher education institutions that they have a responsibility to equip students with up to date skills relevant for current areas of practice. Addressing past, current and future professional practice challenges are difficult tensions for educators to address.

Some of the most exciting developments in health professional education are taking place in student fieldwork which is also referred to as practice education placements. Fieldwork is an integral part of education for occupational therapy students as it is the practical element that assists in developing professional behaviours (Bonello 2001).

...fieldwork is for students to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required of qualifying occupational therapists. (Hocking and Ness 2002, p.24)

Practice placements are essential to provide students with the opportunity to acquire knowledge, competency and facilitate the formation of professional identity.

The fieldwork learning environment makes a valuable contribution in helping students make theory-practice links (Banks *et al* 2000). It is shown to facilitate professional development readiness for occupational therapy students (Ferraro Coates and Crist 2004) through viewing the reality of practice (Alsop and Donald 1996). Therefore, the rationale for practice education placements is to integrate theory with practice and vice versa, with the aim of developing a competent healthcare practitioner. Within Ireland there are guidelines for promoting good practice in practice education which outline the roles of all stakeholders involved (Therapy Project Office 2008a). These outline the roles of practice
educators, (also referred to as clinical supervisors), the practice education staff, the student and the higher education institution.

Crist (2007) advocates that change in the occupational therapy profession is best made through fieldwork. Practice educators decide what students should learn and this can at times make students passive recipients of learning (Crist 2007). In order for students to go beyond replicating the work of their practice educators without critique it seems appropriate to engage students in a range of practice education placement models.

1.7 NON-TRADITIONAL PRACTICE EDUCATION PLACEMENTS

As knowledge is socially constructed through interactions with others, occupational therapy programmes need to respond to and reflect trends in health care to further knowledge development (Cohn and Crist 1995; Rodger et al 2007; Cooper and Raine 2009). This highlights the value of role emerging placements where students interact with diverse groups in society and think differently about their role. Students acquire a broader view of practice by encountering multiple roles in a variety of placements (Thomas et al 2005; Doherty et al 2009). These collaborative developments have the potential to change occupational therapy practice and to work with marginalised groups in society such as the homeless, asylum seekers or people in areas of urban renewal or regeneration. Students work in communities and through citizen engagement are able to highlight and effect potential service developments that are responsive to health and social care needs. Creating new services can lead to research around health promotion which is a priority for the therapy professions (McKenna et al 2010). For example this may include falls prevention, active ageing interventions and a focus on well-being.

There is a significant role for non-traditional or alternative placement models to allow the profession to react quickly to the health care needs of society (Rodger et al 2007). Non-traditional fieldwork sites for mental health fieldwork placements can also assist in addressing the shortage of sites available to students (Lewicki et al 1999; Rodger et al 2009a). The continued development of supervision models and strategies needed to support occupational therapists and non occupational therapists to meet the supervisory needs of occupational therapy students in emerging practice requires further investigation.
(Holmes and Scaffa 2009). A review of the practice education system in Ireland has recommended that alternative models and approaches should be explored and developed, including role emerging placements (HSE 2011). Occupational therapy students completing placements in emerging areas for health care provision are better equipped to influence health by providing health promotion and community focused healthcare. The structure of non-traditional placement models gives students the opportunity to work across boundaries and create new ways of working with others.

Role emerging placements are a type of non-traditional placement model that are often completed in services to provide health promotion and encourage the integration of services which fit with key objectives for healthcare in Ireland (DoHC 2008). These placement sites to date from the University of Limerick have included an organisation aimed at providing lifelong learning in a regeneration area, working with community dwelling older people, the teenage population and a homeless organisation. Role emerging placements evolved due to placement shortages, healthcare reforms, potential role development and their influence on the practice choice of occupational therapists (Overton et al. 2009).

Role emerging placements:

….. take place in a non-traditional setting where an occupational therapist is not employed. An employee at the placement who is not an occupational therapist undertakes the day-to-day supervision, but is supported by an occupational therapy educator from the student’s higher education institution (HEI). (Wood 2005, p.375)

In Ireland, the concept and implementation of role emerging placements in occupational therapy is new. This placement model sits well with the higher education strategic goals of engagement and partnership working between communities and higher education institutions (Hunt 2011). The first full time placement was completed by two occupational therapy students from the University of Limerick in 2009 with the students and supervisors publishing their reflections on the experience (Warren et al. 2010/11). As I completed the role of off-site/professional supervisor during the first two role emerging placements, it provided insights into both the student and on-site experience of the placement model. From my observations, the students engaged with many challenges and
were able to develop competence in this setting. The contact with client groups that they
would previously not have worked with emphasised that this placement model has the
potential to move occupational therapy into new areas of health and social care.

Seah et al (2011) suggest that students who are sufficiently confident to work in role
emerging areas will ensure that occupational therapy reaches emerging areas of
healthcare. It seems that the best time to practise working in an emerging area is as an
occupational therapy student. At this time students have the support of supervisors, peers
and the university to potentially create a role for the profession when working in new
contexts. At this point the students are energetic, idealistic and often willing to work in
new ways; whereas later, once graduated, they are influenced by current healthcare
system structures and systems which may inhibit novel ways of working. Some potential
benefits of role emerging placements are outlined in the figure below.

**FIGURE 1.1**

*Potential Value of Role Emerging Placements*

- Encourage students to seek employment in non-traditional health and social
care settings
- Develop an entrepreneurial approach in practice which will provide
new skills for use throughout their career
- Become a sustainable placement model
- Create interprofessional role emerging placements e.g. music therapy,
social work
- Develop partnerships for future working to broaden healthcare
environments to reach a wider population
1.8 PROFESSIONAL IDENTITY & PROFESSIONAL DEVELOPMENT

There is some debate in the literature regarding the value of role emerging placements and the impact on the occupational therapy profession (Huddleston 1999; Overton et al 2009). Shifting practice placements from traditional to role emerging settings without occupational therapists in situ may have an impact on professional identity and future professional development of occupational therapists. Anecdotal evidence from within the profession suggests there is concern that role emerging placements may weaken or alter the professional identity of occupational therapy students. It is not clearly understood how students develop professional identity or the meaning it has when making choices regarding working practice or job setting. This research explores the value of these placements as a learning opportunity and their threat to or influence on professional identity.

When discussing the abilities of advanced healthcare professionals, Roberts (2004) postulates that healthcare professionals need to be prepared to take an entrepreneurial approach to promote practice beyond current healthcare environments. This calls for not only the competency but also the capability of professionals to be enhanced to ensure that healthcare delivery is in line with ever changing contexts (Fraser and Greenhalgh 2001). This raises the need for occupational therapy students to be introduced to creative approaches to working early in their career development.

1.9 21st CENTURY HEALTHCARE EDUCATION

In 2010, Andreas Schleicher, the OECD Education Director alerted educators to the need for change in education at all levels as “a generation ago, teachers could expect that what they taught would last their students a lifetime” (OECD 2011). He goes onto suggest that educational success comes when an individual applies knowledge in a novel situation where the scope of situations widens and the individual constantly adapts, learns and grows and gains new competencies. Being innovative “...is the outcome of how we mobilise, share and link knowledge” (OECD 2011). This quote encapsulates the reasons for the need for transformation within education including healthcare professionals. This
section highlights changes within healthcare and the complexity of educating healthcare professionals for the 21st century.

The economic, social and political climate is ever changing which is a challenge for educating healthcare professionals (Shardlow and Doel 2009). According to Fish and Coles (1998) there has been a dramatic shift from the provision of acute to chronic care, hospital to community based services and from health professional to patient centred care. This has led to a breakdown of traditional professional boundaries. The delivery of health care over 30 years ago was more straightforward as it used to involve mainly focusing on removing the source of illness (Plsek and Greenhalgh 2001). At this time health professional education was modelled on medical education with the purpose being to prepare professionals to work in health services. The focus was management of disease not health, and treatment not care of the individual (Fish and Coles 1998). Healthcare systems used to be based on authority but now this is outdated as new leaders are required who facilitate rather than control the clients and colleagues with whom they work (Plsek and Wilson 2001).

The technical rational model from the industrial age of problem solving through the application of knowledge is not sufficient for the 21st century practitioner as not all problems in healthcare can be solved logically (Lester 1995). The more traditional ways of addressing healthcare problems are no longer useful (Plsek and Greenhalgh 2001) and there is a need to create new ways of educating healthcare professionals. Over the last few decades educational methods have evolved that focus on learning in the work place through integrating knowledge and experience such as problem based learning, learning as a reflexive process, and the focus on competency development (Shardlow and Doel 2009). Within occupational therapy, problem based, experiential and reflective learning has been utilised, moving away from didactic teaching (Rowan and Alsop 2009). Healthcare provision has become more complex as it involves epidemic, genetics and environmental factors, and lifestyle choices (Plsek and Greenhalgh 2001). This leans towards complex practice that is not always linear with clear guidelines to follow (Plsek and Greenhalgh 2001). Educating practitioners to be “map readers”, which only follows standards, technical knowledge and boundaries is not adequate for a professional at the end of the twentieth century (Lester 1999). The 21st Century healthcare professional
requires an educational experience that enables them to accept unpredictability, be creative, effectively make clinical decisions and be responsive to opportunities in healthcare (Plsek and Greenhalgh 2001; Wilson and Holt 2001).

Health and social care are influenced by technology, demographics and politics, with a shift from the medical to the social model of healthcare (Higgs et al 2004). In Ireland social enterprise is on the government agenda as a way to mobilise community resources to create partnerships for social innovation with the development of a Social Enterprise and Entrepreneurship Task Force (SEETF 2012). This is an opportunity for practitioners to work as entrepreneurs with the community through identifying social needs and gaps in current service provision. This requires health practitioners to adapt to new ways of working with a range of transferable skills. These changes have been raised within occupational therapy as the profession requires liberally educated graduates who can take an entrepreneurial approach to practice rather than competent technicians trained to carry out set techniques (Esdaile and Roth 2000).

Healthcare education has a responsibility to provide opportunities for learning a range of knowledge including professional practice knowledge and professional craft knowledge which comes from experience as well as propositional knowledge from research and theory (Higgs and Titchen 2001). To construct professional knowledge the healthcare professional requires opportunities to integrate procedural, propositional and experiential knowledge (Abrandt Dahlgren et al 2004). An important element influencing professional practice knowledge is professional socialisation. Stern (2000) in a conference paper regarding the education of medical students raised the importance of the socialisation process during placements as this is when professional values can be influenced. Therefore we need to consider how and who is involved in the professional socialisation of our future practitioners.

Taking into account how knowledge is constructed and who socialises our future professionals, new ways of healthcare working can be initiated through a variety of placement settings. When using the term healthcare it also encompasses social care in relation to placements. Learning needs to be parallel to and embedded in practice (Lester 1995) and simultaneously be innovative in its approach, possibly where the learners take
the lead in healthcare practice. Within the role emerging placement model, occupational therapy students are given the opportunity to use learning contracts to develop and construct their own professional models. This approach is advocated by Lester (1999) as it encourages students to critique their performance and test out models of professionalism.

The 21st Century is a time of change for the education of healthcare professionals with the move from skill acquisition, often through the apprenticeship placement model to a focus on professional competence. For healthcare professionals to continue to work effectively competency alone may not be enough and there is a need to look at their capability to practise within complex settings.

1.10 REFLEXIVE COMMENTARIES

Reflexivity is an important component of any research as the influence of the researcher needs to be acknowledged and named. This is particularly true in qualitative research to enhance the quality of the research. Reflexivity is a process that is inevitable in research with people (Smith 1994a) and that requires critical self-reflection (Finlay and Gough 2003). Self reflexivity relates to exploring and highlighting your own values, particular biases and preferences relating to the research or topic area (Tracy 2010). The researcher needs to consider the influence that their own background, assumptions, theoretical positioning and behaviour can have on the research process and outcomes. Smith et al (2009) describe reflexivity as part of the transparency of the project, placing value on reflexive analysis of conclusions from the research. This points towards reflexivity being a dynamic process which ebbs and flows where at times the researcher is fully immersed and at others reflecting back on the process to consider what may be occuring (McKay et al 2003).

Throughout this thesis reflexive commentaries will appear at the end of key chapters in italics with information from recorded reflections, discussions with supervisors and peers.
1.11  REFLEXIVE STATEMENT

As is the nature of the work of many PhDs, I want to introduce myself at this stage of the research to locate myself within the context of this work. This includes an overview of my background, my attraction to occupational therapy and my journey around the professional practice and education of occupational therapists.

My interest in occupational therapy started at an early age with a firm belief that doing something meaningful could give you pleasure and make you well. I had an interest in crafts and with prompting from my mother I explored the profession of occupational therapy- I was one of those people who wanted to “make a difference”. I am fortunate that after entering the profession at 18, over 25 years later my belief in that ethos remains even if my experience of working in a variety of health care systems has been at times frustrating.

I come from a working class background and was the first family member to go to University. This has shaped my sense of social justice and the need at times to fight for things that you believe in. I was fortunate that my final placement led to a post in Dorset, UK. As a person, who seeks out challenges, my career commenced in a secure behavioural unit for people with learning disabilities. I furthered my experience of working in learning disabilities, often without supervision of a senior and worked closely with occupational therapy assistants and people of other professional backgrounds. I gained excellent experience in mental health and then sought a new challenge and took a volunteer occupational therapy post in Romania. Again, working with only peer supervision in an orphanage while establishing the occupational therapy role and training the local staff as assistants.

I returned from Romania after six months and obtained a post in older person’s mental health. These services in the UK were at the time, and often still are, viewed as Cinderella services. I had found my niche with this client group as I found them rewarding to work with. They were often misunderstood or poorly represented. My passion for the area grew and over the next ten years I took a lead role in developing services for younger people with dementia and their carers. This service development was
truly collaborative with key players including the clients, carers, healthcare services, social services and charities.

Ever the person to question, I embarked on a Masters degree and became involved in clinical research. During my masters I chose to complete modules related to experiential learning and my interest in learning theories began. I moved into a lecturer post at Brunel University, London which had been a long term aim. In my role as a facilitator of learning I share my clinical experience and passion for developing services that are meaningful for clients. At this point I had some cynicism regarding innovative placement models and was unclear how occupational therapy students could learn the professional role without working alongside an occupational therapist during placements.

My passion for social justice has played out through working and developing services perceived by others as Cinderella or inferior and turning the experience and services into something of value to the people involved. I have continued to be interested in service development and after taking a short career break I returned to clinical practice and led a memory clinic reviewing the valuable role for occupational therapy. I moved to Ireland in 2006 again for a new challenge and into a post that gives me the balance of clinical work, teaching, development and research. I chose the post of Regional Placement Facilitator as I knew it involved developing innovative placement models. I had been interested in role emerging placements for some time and Ireland was my opportunity to implement this model in a country where its use was not well established. I knew this would make it a prime time to implement research in this area. I was also attracted to this area of development as I knew there would be mixed opinions on this model within the profession. But again with a strong sense of the need to develop services in a non-traditional framework, I could see the role emerging placement model being a vessel for service development as well as providing learning opportunities for students.

In 2009, I supervised occupational therapy students on the first full-time role emerging placement from the University of Limerick as the off-site professional supervisor and repeated the role a second time. It gave many insights into the student and site experience of the placement model. From my observations, the students engaged with many challenges and developed both personally and professionally. The contact with client
groups that they would previously have not worked with in a placement reinforced that this placement model has the potential to reach occupational therapy into new areas of health and social care. Anecdotally, it has been interesting to note that some of these students have moved into non-traditional posts once qualified, an area which this study will explore further.

Following on from the initial role emerging placements and the successful application for a quality initiate fund, guidelines for role emerging placements were developed through working groups with stakeholders (Warren 2011). These guidelines were informed by my experience as both an off-site supervisor and also a PhD student in the early stages of the research when completing the literature review.

1.12 CHAPTER SUMMARY

This research aims to explore an innovative placement model. Role emerging placements involve occupational therapy students working in collaboration with services, predominantly voluntary organisations which would otherwise not have the input of an occupational therapist. These placements provide a valuable learning environment for students as well as the opportunity for people to avail of occupational therapy intervention. This research may lead to new avenues for individuals to access occupational therapy, evaluation of a model of placement education and exploration of the learning experience in depth.

Researching practice knowledge is important as it shapes professional identity which impacts on the quality of care provided. As a role emerging placement involves the scope of occupational therapy widening and a change in the model of supervision received, it is essential to investigate whether they promote learning which leads to competent occupational therapists that are capable of practising in complex settings.

An important aspect to this study is the emphasis on describing in-depth the experience of all involved in role emerging placements in order to understand the complexity of professional learning in an emerging area of practice. It will highlight the formation of
relationships with clients and staff, how and why students make decisions in an innovative work setting that previously did not receive occupational therapy input.

In summary, research into role emerging placements in occupational therapy is scarce, although this placement model has been used for several decades overseas. This was an opportune time to explore the student learning experience as role emerging placements were new to Ireland and there is an ongoing need to develop placement education beyond traditional contexts. This research is fostering innovation in practice education with the potential to influence healthcare delivery with students and therapists in new posts. This health service research project is innovative, timely and may enhance the development of practice knowledge for all health and social care professions. Changes in healthcare delivery need to begin with the education of health professionals to promote opportunities for creativity, innovation and entrepreneurship. I suggest that role emerging placements have the potential to facilitate this for occupational therapists.
Chapter Two

Literature Review
2.0 INTRODUCTION

The scope of this study is concerned with the learning and development of occupational therapy students within the context of role emerging placements. This is a non-traditional practice model utilised in a number of professional programmes. In order to explore the influence of the placement model on the learning experiences of students this literature review critiques articles related to the professional development of occupational therapy students with the introduction of competence and the move to capability within healthcare. Key literature relating to the development of professional identity is evaluated with particular reference to occupational therapy. Finally, role emerging placement literature in occupational therapy are reviewed and presented before moving onto the justification for the research question.

According to Jesson et al (2011) the approach undertaken is a traditional critical literature review that aims to appraise existing knowledge. Literature relevant to this study was sourced and reviewed periodically at key times including when developing the research proposal, completing the Health Research Board funding application and preparing for presentations. Literature was drawn primarily from occupational therapy, healthcare professionals and education. Therefore the papers included in this review are a summary of the development of occupational therapy with particular reference to role emerging placements.

Searches of the following databases were conducted CINAHL, MEDLINE, web of knowledge, AMED, UK/Eire ref centre, Education full text (H.W. Wilson), Academic Search Complete, JSTOR, SAGE, and ASSIA using the key search terms: profession*, professional development, healthcare, transition, competenc*, capability, healthcare, professional identity, occupational therap*, role emerging, placement, fieldwork, non-traditional, atypical, innovative placement, project placement and independent community placement. A timeline from 2002 onwards was used to include the most recent published research in the English language. The timeline was extended for professional identity and role emerging placements from 1960 onwards to locate articles with a historical perspective to set the context of role emerging placements in occupational therapy.
Secondary sourcing was used through screening reference lists, accessing references from conference presentations and from hand searching key journals. Some grey literature was also used as it contained useful, albeit anecdotal information in professional documents. The literature was critiqued using a format based on the qualitative and quantitative research paper critique forms (Letts et al 2007 and Law et al 1998) and the Critical Appraisal Skills Programme tools (CASP 2012). Figure 2.1 summarises the potential and actual literature viewed. The number of articles relates to published research and opinion pieces in professional journals. The reports and guidelines refer to any unpublished document or discussion article in a professional magazine. PhDs refer to unpublished theses.
FIGURE 2.1

Literature Review Summary

- **Professional Development**: 45 potential relevant articles, 66 articles included, 13 reports, guidelines, PhDs
- **Competency & Capability**: 197 potential relevant articles, 48 articles included, 8 reports, guidelines, PhDs
- **Professional Identity**: 77 potential relevant articles, 41 articles included, 21 reports, guidelines, PhDs
- **Role Emerging Placements**: 35 potential relevant articles, 34 articles included, 22 reports, guidelines, PhDs
2.1 PROFESSIONAL DEVELOPMENT

This literature review explores the development of professionals within healthcare generally and more specifically within the field of occupational therapy. It is beyond the scope of this literature review to undertake a detailed analysis of the debate related to the historical development of professions and particularly of the healthcare professions. The search strategy led to definitions of professions and professionalism and moving onto describe key significant points of transition for the professional development of occupational therapists.

2.1.1 Profession

To begin this literature review it is important to define the key term of profession. From Medieval Europe the original professions were identified as medicine, law and the clergy (Freidson 1994). This was later expanded to include architecture, engineering and the military by Hoyle and John (1995). Defining the term profession has been complex. Flexner in 1915 identified professions as originating from certain occupations and presenting with certain characteristics or traits (Hoyle and John 1995; Freidson 1994). There has been on-going debate regarding what constitutes an occupation becoming a profession, although the latter is linked to having knowledge, skills and some form of formal education or certification (Torstendahl and Burrage 1990). Hoyle and John (1995) discuss the formation of criteria to bench mark professions defining them as possessing a long period of specialised training, personal accountability and comprehensive self-governing organisations. Irvine and Graham (1994) propose that these characteristics, which stem from the earlier trait approach proposed by Flexner, are an inadequate way of defining occupational therapy as it ignores the influence of power in society. That is how societal power influences, shapes and facilitates the development of professions. From Hoyle and John’s (1995) definition of a profession, occupational therapists may only be viewed as an emergent or semi-profession. This is due to the original criteria being inducted from lists of the earliest privileged professions. In more recent years this has changed with the introduction of professional regulation, the development of autonomous practitioners and professions striving for lifelong learning which occupational therapists adhere to in Ireland.
Professions and professionalism can be framed as a list of characteristics and behaviours, but sociologists view this as incomplete as the influence of politics, economics, and social dimensions must also be considered (Martimianakis et al 2009). Pellegrino (1983) states that historically professionals have been viewed as dedicated to moral standards where they put the interests of others above their own. To be a professional, it must be accepted that the role requires the person to complete more responsibilities and duties than the general public (Stern 2000). Social prestige is established by gaining autonomy as a professional (MacDonald 1995). Health care professions, including occupational therapy are viewed as ‘caring’ with a large portion of the professions’ theory stemming from practice which by some may be deemed as less valued professional knowledge (MacDonald 1995), possibly as it is not based in the ‘pure’ sciences.

Occupational therapists do view themselves as professionals, as outlined in a phenomenological study with six occupational therapists, with their key role being as a facilitator of their clients’ potentials (Grethe Kinn and Aas 2009). Strong et al (2003), in a mixed methods study with occupational therapists based in vocational practice, highlighted the importance of occupational therapists having a professional presence which is demonstrated by professional boundaries and professional integrity when dealing with ethical issues and self-reflection. As recently as 2012, in the Muriel Driver Memorial lecture in Canada, Cooper (2012) raised the important issue that occupational therapists need to focus their value externally in order that the profession receives greater recognition from the general public. There is an ongoing need for occupational therapists to market or explain their worth as a profession and using only a trait or list of characteristics to bench mark the profession adds confusion to the debate (Irvine and Graham 1994).

For society to value a professional group, they are expected to conform to a certain set of behaviours, attitudes, knowledge and skills with internal and external regulation in order to gain status (Freidson 1994). Models of professional traits are still considered relevant where professions benchmark against this model to define themselves as a professional group. In a recent survey in Australia it was concluded that for a paramedic to be viewed as a full professional there was a need to develop a unique body of knowledge to lead to accreditation of programmes and registration (Williams et al 2010). This highlighted that
vocational groups still aspire to an identity as a profession, although the convenience sample of academic paramedics may have skewed the response in this instance.

Professions have national and international organisations involved in guiding and in some instances regulating the conduct of professional groups. Within Ireland this is the case for teachers who are regulated by the Teaching Council (The Teaching Council 2012). The code of conduct is underpinned with the values of respect, care, integrity and trust underpinning work (The Teaching Council 2012). These values are also echoed by emergency medicine doctors (Adams et al 1998) and engineers when outlining their work with colleagues, clients and society in general (Engineers Ireland 2010).

In the mid 20th century the Professions Supplementary to Medicine Act 1960 led to the recognition of 12 professions including occupational therapy in the UK (Larkin 2002). The regulation of the health professions, away from purely self-regulation has evolved in the last few decades. The public has applied social pressure to the UK government due to discontentment with the quality of healthcare, decision making and poor practise exhibited by healthcare professionals. As a result health care professional regulation was enforced in the 1990s (Allsop and Saks 2002).

The Health and Social Care Professionals Act (2005) in Ireland introduced the need for formal regulation of professions including occupational therapists in order to monitor the individual professional’s fitness to practise and protect the public in Ireland. This lead to the formation of the regulatory body CORU, the name of which originates from an Irish term meaning fair and just (CORU 2012). Occupational therapists are due to commence a formal process for professional regulation in 2013/14. It is hoped that the public will be protected by formal regulation of the professions through promoting professional conduct and monitoring professional development within formal structures (CORU 2012). Registration for occupational therapists and other health care professionals is already established in the UK by the Health and Care Professions Council (HCPC). This council has the power to prevent someone from practising if they do not meet the standards to be registered (HPC 2012a).
2.1.2 Professionalism

From reviewing the literature related to occupational therapy and healthcare, core components of professionalism were identified. According to a review of medical literature by Van Mook et al (2009a), professionalism is difficult to define. Professionalism is complex and needs to be examined not only at the level of the individual but also at the within the context of social interactions (Hafferty and Castellani 2010). Although professionalism is complex it is included in many competency frameworks linked to medicine around the world (Van Mook et al 2009a). Arnold (2002) in a comprehensive literature review spanning thirty years of peer reviewed papers and conference proceedings on medical education in the USA, summarised professionalism in relation to cognitive skills or traits. Elements of professionalism include: reliability, responsibility, honesty, integrity, critique, altruism, and interpersonal skills with some attempts made to measure these elements in health professionals (Arnold 2002). A European project formed in 1999 to create a charter to guide medical professionalism, moved these elements of professionalism forward into commitments, for example, commitment to maintaining trust by managing conflicts of interest (Charter on Medical Professionalism 2002). This charter although attempting to promote professionalism through encouraging medics to revisit the profession’s principles of patient welfare, patient autonomy and social justice, serves only as a guide and does not suggest any consequences for poor professionalism. This has been addressed by the elements of professionalism being incorporated into some standards for practice by medical regulatory bodies in different countries. The key elements of professionalism are also present in the Association of Occupational Therapists of Ireland Code of Ethics and Professional Conduct for Occupational Therapists (AOTI 2007).

In light of recent enquires into the quality of health services in the UK, there has been a call for health professionals to begin conversations in order to encourage open feedback related to issues of professionalism and professional behaviour (Middleton 2012). This has led to the British Medical Association (BMA) developing a discussion paper to encourage the medical profession to respond to the challenges in modern day practice while enabling professional values to flourish (BMA 2013). Professionalism is also a priority for the Health and Care Profession Council (HCPC) in the UK who have commissioned research in this area. Three professional groups were involved in the study, including occupational therapists, which utilised focus groups of either students or
educators with a total of 112 participants. The HPC (2011) concluded that professionalism is a meta-skill that requires situational awareness and contextual judgement. For an individual to be professional, they need to use effective communication, technical and practical skills in a given situation. It is acknowledged that while individual characteristics and values may influence professionalism, educators also have a key role to play as “… role modelling is also important in developing the necessary awareness of appropriate action in different contexts” (HPC 2011, p3).

Although this study raises important points, it mainly involved classroom educators with limited input from educators in clinical practice, the setting where it could be suggested that most professional issues arise. While the rationale for the involvement of chiropodists/podiatrists, occupational therapists and paramedics was explained, the selection of certain institutions for access to the participants is not explicit. Key findings from this study will inform the subsequent design of a questionnaire by the researchers relating to conscientiousness and professionalism which requires involvement from a broader range of health care professionals to increase its validity.

The need to promote professionalism in the health professions has led to the development of an Allied Health Professionalism Charter for students at the University of East Anglia (Mason et al 2002). This charter involves students engaging with and completing a Continuing Professional Development (CPD) portfolio of evidence throughout their professional programme. In line with recommendation by Cruess and Cruess (2006) in a commentary on teaching professionalism, this is based on situated learning theory. Students learn professionalism by engaging in authentic learning opportunities and evaluating their own performance against certain categories such as honesty and integrity, professional presentation and judgement. The use of the charter with allied health students acknowledges the explicit teaching of professionalism where the cognitive base is internalised and reinforced during experiential learning (Cruess and Cruess 2006). This approach to teaching professionalism while explicit, can lead to confusion due to the complex nature of the subject and the inconsistencies of professionalism that may be witnessed by students. This highlights the importance of those working with students to be reflective professionals willing to support students as they process the theory and practice of the elements of professionalism in relation to their own and others conduct. The Allied Health Professionalism charter was shaped by an earlier charter from medicine (Charter on Medical Professionalism 2002). While the creation of these charters aims to
promote professionalism, its effectiveness as a development tool requires further research across the career trajectory.

Baernstein et al (2009) as part of a curriculum review interviewed medical students (n=56) concluding that role modelling by lecturers, peers and physicians in clinical practice was viewed as important whereas teaching professionalism explicitly may alienate some students. The resistance to this teaching may be due to the students believing professionalism came from personal values, upbringing and prior experience. The responses of the students in the interviews may have been biased as interviews were completed by faculty staff and students were only in the second year of their professional programme. Their perspective may alter with more exposure to formal and informal teaching of professionalism. The need for students to be exposed to excellent role models is also raised by Riley and Kumar (2012) from a survey of doctors and medical students (n=57). It highlighted major differences between how professionalism is taught and how graduates feel they learn best with role models and experiential learning being most valued. This convenience sample collated from a routine meeting of medical staff would have been enhanced if conducted with a more in-depth exploration of the significance of role models in teaching professionalism.

Although there is acknowledgement that professionalism and professional behaviour needs to be assessed, there is little consensus on how this should be realised (Van Mook et al 2009b). Recommended methods have included rating scales, qualitative comments, observation and self-assessment, with a combination of assessment tools used in healthcare (Van Mook et al 2009b; Wilkinson et al 2009; Jha et al 2007). Jha et al (2007) concluded from a systematic literature review on measuring attitudes in medical education, that there is little evidence of any assessment of attitudes towards professionalism and that there is a need to track attitudes throughout the curriculum. This was supported by Van Mook et al (2009b) in a review of medical literature and professionalism who concluded that all students must be assessed formatively and summatively to effectively address professionalism. There is a need to address professionalism, particularly during the fieldwork elements of professional programmes. This descriptive review which set out to describe professionalism in medical residency training, did not establish the countries under scrutiny or the timescale of data reviewed. Some tools are available for assessing and measuring professionalism although other
areas still require tool development (Wilkinson et al. 2009). In a comprehensive systematic review of the literature on professionalism in medicine, Wilkinson et al. (2009) concluded that reflectiveness, advocacy and lifelong learning require further attention in relation to professionalism.

Professionalism is a topical area of interest in occupational therapy particularly in light of professional registration in Ireland and the UK. In a study of occupational therapy students (n=45) to see if personality and behaviour on entry to the programme was a predictor of performance assessed on placement, Tickle-Degnen (1998) determined that placements have varying expectations of students. Placement settings, for example physical rehabilitation, paediatrics and psychiatry, rated students differently for specific attributes such as being conventional, emotionally reactive, reading non-verbal communication and conscientiousness. This study raises inconsistencies in how students are perceived on placement with some of these attributes linking closely with professionalism. It could be suggested that it is difficult to predict how students will perform, particularly in relation to professionalism on placements, if each context and the supervisors within it have different expectations of the students. Although the researchers urge caution around coaching students with particular personality types for particular work contexts, this could be the potential outcome of this research which is based on a small sample from one American university. More recently, Aguilar et al. (2013) in a Delphi study to illuminate the professional values and behaviours essential for professional occupational therapy practice in Australia, identified consensus in the areas of ethical, client centred and contemporary practice and foundational beliefs of the profession. There was disparity in the results, for example evidence based practice (EBP) did not achieve consensus and this may be due to only occupational therapists participants with more than five years experience being included in the study who may not be so familiar with EBP due to a lack of engagement in post graduate education.

Professionalism was viewed as a core component of occupational therapy education (Bossers et al. 1999) and consists of specific knowledge, attitudes and values which inform professional behaviour (Kasar and Muscari 2000). Through a working group which led to focus groups with occupational therapy students and clinicians, Bossers et al. (1999) went on to create a schemata of professionalism which included professional parameters, behaviour and responsibility. This led to the implementation of self-directed
study courses entitled ‘Fostering professional development and becoming a professional’. Although these were based on the professionalism schemata, further research is required in universities to evaluate its effectiveness as a framework to educate occupational therapy and other health professional students on professionalism. At a similar time in the USA, Kasar and Muscari (2000) proposed a developmental model for professionalism based on Erikson’s life cycle stages. There are eight stages, from the beginning student stage through to the reflective stage with role identification stage coming after the graduate occupational therapist novice stage. This model is acknowledged as a theoretical framework based on experience and literature. It may be possible for role identification to occur at an earlier stage in the model, particularly if students have been exposed to role emerging placements.

A developmental process of professionalism was highlighted recently in Canada by Robinson et al (2012). Separate focus groups with occupational therapy students and faculty members were completed and the findings indicated that to understand and be professional involves a developmental process. There is a need for explicit conversations and reflections around professionalism in professional programmes, especially in light of student experiences on placement.

It appears that feedback should not only occur on placement but also in the academic environment. In one study occupational therapy students, through focus groups and interviews, discussed their experience of receiving feedback on professional behaviour from each academic module (Scheerer 2003). This included feedback from staff regarding dependability, organisation, verbal skills, nonverbal skills, written communication skills, interpersonal skills, and personal conduct. Students valued face to face feedback, especially positive feedback but required support and for staff to be more consistent with regard to their own professional behaviour. This study draws attention to the value of feedback on professionalism in university on a regular basis but it must be acknowledged that the data was collected by a faculty member, which although they had no marking responsibilities at the time of data collection, it may still have influenced the students’ opinions to view the feedback on their professionalism positively.
In order to give feedback regarding professionalism there is a need to develop assessment methods for this complex concept. Koeing et al (2003) developed a 12 item instrument to assess professional behaviour following a survey of practice educators that was subsequently validated with over 300 students on their first placement within the region of Philadelphia, USA. Areas assessed included time management, engagement in field work, self-directed learning, and professional/personal boundaries. As scores increased in later placements it indicated that professional behaviours improve with professional socialisation (Koeing et al 2003). This professionalism assessment which covers a range of professional behaviours requires further piloting in different countries and a range of work settings to detect any cultural differences. In a recent literature review of professionalism in health education programmes Aguilar et al (2011) concluded that assessing only behaviour is viewed as superficial and that values and attitudes, although complex, also need to be assessed as components of professionalism.

The need to address unprofessional conduct in students was viewed as crucial in a conference presentation by Stern (2000). Often medical students are not held accountable for many unprofessional acts and only the most obvious misconduct such as cheating is tackled (Stern 2000). This can lead to issues further on in professional careers. This was highlighted in a literature review, where it was suggested that there is a link between unprofessional behaviour when completing formal education which reoccurs later in the career. However there is little formal continuum for professionalism development throughout the medical career to assist with the development of professionalism (Van Mook et al 2009a).

In summary, professionalism is a complex concept which is difficult to define, assess and measure. It is clear that from the literature related to healthcare professionals that professionalism does need to be defined in specific contexts in order to support the development of students through their socialisation into their respective professional groups. It could be suggested that students should be encouraged to receive feedback on professional behaviour throughout their professional programmes in the university and in placement contexts. Some areas of professionalism still require development, for example the measurement of advocacy and lifelong learning (Wilkinson et al 2009) and there is a need to address professionalism throughout the duration of a career. Professionalism needs to evolve with the changing world population’s health and well-being needs.
(Arnold 2002). This may be enhanced for occupational therapy students through exposure to working with a variety of client groups and professionals in community based services which are the settings for role emerging placements.

2.1.3 Professional Development

Developing as a professional begins at the undergraduate level and should evolve throughout a career to improve the quality of professional practice. Continuing Professional Development (CPD) is an ongoing process that healthcare professionals engage in for education and development (Alsop 2000). Professional development should be lifelong, systematic, involve formal study and informal learning in the work place (Alsop 2000, AOTI 2006, HPC 2012a). For health professionals to remain registered to practice, the monitoring organisation generally requires evidence of CPD. This is the case for occupational therapists in the UK where registrants must maintain a continuous record of CPD activities and demonstrate a mixture of learning activities (HPC 2012b). This formal collation of evidence of CPD will come on-line in Ireland with the registration of occupational therapists by CORU.

In a study to discover the challenges for Allied Health Professionals completing continuing professional development, poor communication with universities regarding CPD needs, lack of planning for future workforce roles and accessing support for CPD were strong themes (Gibbs 2011). These themes were collated from a mixture of methods including a survey, focus groups and in-depth interviews, which it could be suggested strengthen the results. The survey had a reasonable response rate of 52% (n=93) but all allied health professionals were from one region. This could have skewed the results towards experiences in certain higher education institutions and the survey would be more valid with a larger sample across the UK. Gumus et al (2011) from an electronic survey of health care managers found it was evident that managers valued personal and professional development. The results should be viewed with caution as only data from 93 or 13% of healthcare managers (n=675) is included in the data set. Gumus et al (2011) concluded that CPD for managers will assist organisations with the challenges of future healthcare provision. This highlights that CPD activities should involve allied health professionals at all levels to promote on-going professional development.
Clinicians are expected to strive to be better professionals through CPD but little attention is given to professionalism once the initial period of education is completed (Van Mook et al 2009a). Also, as being a professional involves a contract with society, professionals should complete CPD activities that address societal accountability. From a survey of Canadian medical schools, where 11/17 schools completed the survey which aimed to identify gaps in CPD, good examples included collaborating with community partners to determine relevance and support for advocacy (Thompson and Davis 2008). Future CPD activities should be developed in partnership with the community and society with the focus more on social accountability and linked to the aims of the World Health Organisation (WHO) (Thompson and Davis 2008).

Developing as a professional is a multifaceted process. From an in-depth study interviewing occupational therapists throughout their first year of practice, Spalding (2000) suggests that professional practice is impossible to learn from a manual as it is complex and involves integration of theory, practice and reflection. This in-depth study with two occupational therapists was strengthened by the triangulation of data through discussing issues raised by one therapist with the other. It also involved the use of a final assignment on professional development from their university which was explored during the interviews. Although the findings are not generalisable, inferences can be made about the nature of healthcare professionals development during their first year of practise including the value of reflection. More recently in a comprehensive literature review, self-reflection and evaluations were viewed as essential for beginner practitioners (Adam et al 2013).

Therapists need support to continue with professional development in healthcare systems undergoing unprecedented change (Cieslak et al 2011). In a survey of occupational therapists and physiotherapists (n=150) in the USA, therapists were completing development activities such as reading journals, mentoring and involvement in professional organisations which were linked to a formal professional development track programme in their work place based on a points reward system (Cieslak et al 2011). It would be interesting to investigate the levels of CPD by therapists in countries where CPD is not linked to a points system or certain rewards.
2.1.3.1 Transition

Throughout professional careers there are many times of transition. According to Kralik et al (2006), transition is the term used to describe the way people, at any life stage, respond to change over time. Stagnitti (2010) in a commentary, viewed transition as a time of change and challenge for health professionals and also for governments as they seek to support and retain health professionals. There is a need to better understand the ‘transition shock’ which consists of feelings of disorientation, loss, confusion and doubt experienced by health care professionals as they enter practice (Boychuk Duchscher 2009). Through drawing on four qualitative studies with nurses over a ten year period, Boychuk Duchscher (2009) presents a transition conceptual framework to better understand the transition shock of new professionals as they move into practice. Application of this model to qualitative studies in other healthcare professions will add to the advancement of the framework in the future.

Brumfitt et al (2005) examined the effectiveness of preparing new speech and language therapist graduates for work, highlighted that bridging the gap between clinical theory and practice is assisted by observing practice with feedback. This study utilised a questionnaire used with new graduates (n=31), had a 62% response rate and was developed from themes from manager interviews. The latter will have influenced the questionnaire design as managers have different perspectives to new graduates and graduates from another geographical region could have differing views. Brumfitt et al (2005) emphasised the need for University staff and managers to cooperate more in order to assist with transition. According to Fortune et al (2013) when reflecting on the capstone (transition to practice) of occupational therapy students suggested that professional programmes also need to prepare graduates with the capacities to work in super or highly complex environments which involve promoting self-directed, collaborative and negotiated practice. They recommend that authentic learning environments that promote personal agency and political adeptness should be utilised including project and role emerging placements (Fortune et al 2013).

As this study aims to explore the transition experience of occupational therapy students into an alternative or role emerging placement model and the impact of this later in professional practice, from reviewing the literature, the key transitions of relevance for
occupational therapists in this study are; student to placement and student to new graduate.

2.1.3.2 Student to placement

In all occupational therapy programmes students must complete placements in a variety of work related settings. Ferraro Coates and Crist (2004) from observing occupational therapy students completing a standardised interview/assessment with clients concluded that students develop professionally in the areas of clinical reasoning and client centeredness during their placement experience over the course of their placement. Although the placement is described as Level II fieldwork, the previous numbers of placements or work experiences of the students is unclear which may have influenced their performance with the assessment task.

From interviewing placement educators and students, Banks et al (2000) suggest that it is important for academic and placement environments to share values to assist students with making theory practice links. This study involved 34 pairs of occupational therapy preceptors and students. Interviews were completed by fieldwork education coordinators linked to the university. The dual nature of their role in data collection while overseeing placements required further acknowledgement in the research.

There has been ongoing debate within the profession with students reporting that the curriculum would benefit from more time spent developing relevant technical and practical occupational therapy skills (Doherty et al 2009; Atkinson and Steward 1997). Students felt that this would assist with their preparation to practise as an occupational therapist. In a longitudinal study tracking the experience of newly qualified Occupational Therapists (n=25), Atkinson and Steward (1997) discovered that graduates felt skilled in seeking information and took responsibility for their own professional development. The use of interviews with three graduates to inform the development of the survey increased the validity of the surveys. Doherty et al (2009) investigated the perceptions of one cohort of occupational therapy students’ on preparation for practice through a survey (n=18). The students completed a survey seven months post-graduation. The respondents stated that their knowledge and skills were viewed as positive from graduation to employment (Doherty et al 2009) although this sample was small and students may have felt pressured to portray the new occupational therapy programme positively.
Not all students are successful with the transition from the academic environment to the placement setting. Gutman et al (1998) reviewed 67 occupational therapy student fieldwork reports where students had failed placement. This review over a ten year period identified common factors among students who succeed academically but fail their placements. These factors included discomfort with the ambiguity that accompanies clinical reasoning, difficulty interpreting feedback and difficulty learning from mistakes. Students received intervention related to professional behaviour, interpersonal skills and use of specific learning contracts with a resulting reduction in placement failure rates (Gutman et al 1998). Although these results are promising the intervention was only undertaken with ten students who had been identified as exhibiting the characteristics associated with potential failure, for example those who were rigid in their thinking or had difficulty interpreting feedback. This raises the issue of labelling students early on as ‘problem’ students before placement failure and whether the entire cohort would benefit from these strategies related to professionalism.

Students are strongly influenced by placement experiences when choosing their first post after graduation (Atkinson and Steward 1997, Lewicki et al 1999, Crowe and Mackenzie 2002, Doherty et al 2009). From a cohort of 20, 60% of students maintained a preference for working in the area of physical disability where the programme was heavily influenced by education related to physical conditions (Lewicki et al 1999). The attraction to working in acute physical hospital or disability settings was also evident from two focus groups when students completed most posts in physical practice but were also likely to go for posts close to where they geographically originated from (Crowe and Mackenzie 2002). These studies have low numbers of participants and a larger international study would be of use to further investigate the job choice of students. From professional opinions and research, together with changes in healthcare needs, it is recommended that to assist occupational therapy students with the transition to new work opportunities, placements need to be in growth areas for occupational therapy that meet the health and well-being needs of the wider community (Rodger et al 2007; Crowe and Mackenzie 2002; Doherty et al 2009). Also, placements should be in new contexts to develop competent and creative therapists capable of working alongside other professionals (Alsop and Donald 1996). Role emerging placements are advocated as effective environments to provide this relevant experience for occupational therapy students (Fortune et al 2013).
2.1.3.3 Student to new graduate

From reviewing the literature on the time of transition from student to new graduate occupational therapist the findings were grouped into three key areas; the personal emotional response, preceptorship programmes and the importance of maintaining contact with the education environment. These themes are similar to those described by Boychuk Duchscher (2009) in the transition conceptual framework based on research with nurses and are explored in more detail in the following section.

2.1.3.3.1 Personal Emotional Response

Several surveys have been completed examining occupational therapy students’ preparedness for practice from a mix of undergraduate and graduate entry programmes. In the UK, occupational therapy students were surveyed (n=177) regarding their experience of transition into practice and were found to describe a mismatch between expectations and experience of practice (Rugg 1996). More recently a Canadian survey (n=159) highlighted that all graduates felt overwhelmed for the first six months of work due to unrealistic expectations by colleagues and clients (Hodgetts et al 2007). These studies would be enhanced by follow-up interviews to gain more insight into the disparity regarding expectations in the work place. In a longitudinal study tracking the experience of 25 newly qualified occupational therapists, graduates did not feel sufficiently prepared to deal with all aspects of work, such as dealing with difficult clients or liaison with relatives (Atkinson and Steward 1997). Recent graduates in rural practice in Australia described feelings of professional isolation (Lee and Mackenzie 2003). This qualitative study with five participants addressed trustworthiness in depth and further interviews in urban areas for comparison would be of use.

Participants in an Australian qualitative study examining the transition of eight graduate entry occupational therapy students discovered they were shocked when starting work due to administrative requirements, expectations and uncertainty in the work place (Seah et al 2011). Feelings of apprehension and being overwhelmed were described in an Irish qualitative study exploring the transition of seven graduate entry master’s occupational therapy students (Nihill and Gallagher 2007). This study discovered that transition overall was positive and the graduates were autonomous resourceful practitioners ready to meet the changing health care system. These findings were later supported by Fouhy (2010) who explored the experiences of the initial two cohorts of occupational therapists.
from the first graduate entry masters of occupational therapy in the Republic of Ireland. The graduates had confidence in their self-directed learning abilities which assisted their move into employment as therapists. With these three studies, it could be suggested that maturity and previous life experience influenced the transition to practice as participants were all graduates prior to their professional programme.

Tryssenaar and Perkins (2001) tracked six rehabilitation students as they transitioned into practice. The participants captured experience in a reflective journal with email contact from the researchers. Transition themes emerged into four consecutive stages with emotion featuring in the second stage, labelled as euphoria and angst. Although the experience described by the participants is similar to findings in other studies, the involvement of the researchers responding to emails in almost a supervisory capacity giving guidance may have influenced the stages created in this study. These transition studies highlight the personal experiences of new graduates regardless of their age and life experience on entry into the profession.

2.1.3.3.2 Preceptorship Programmes
The formal term of preceptorship was first used in the UK with the arrival of Project 2000 nurses and is a transition phase when new qualified practitioners develop confidence and develop their competence further (Department of Health 2010). Morgan et al (2012) describe preceptorship as the transition from novice to expert practitioner with guidance from a more experienced practitioner. Within the UK the Department of Health has developed preceptorship guidelines for all allied health professionals as there is “...recognition that we will require a more independent, autonomous and innovative practitioner to meet the changing requirement for future healthcare provision” (Department of Health 2010, p7). These guidelines indicate that newly registered professionals will need to consolidate their learning and take responsibility for professional development with support from managers.

Morgan et al (2012) evaluated a preceptorship programme for nurses in acute settings and found it was valued by managers as they witnessed nurses who had increased confidence in practice. This preceptorship programme was structured with induction, time spent with a preceptor and regular reviews. The method of evaluation was not clear although feedback was sought from nurses and managers. A transition to practice programme in
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Australia for nurses, which included theory and practical elements, assisted in skills development with mental health nurses planning to remain working in mental health after the one year programme (Cleary et al 2009). This study involved comprehensive pre and post programme surveys with 44 nurses utilising tools that had been developed in previous research. A survey of a structured nursing preceptorship programme in USA discovered that it facilitated transition into practice for the registered nurses, but it is interesting to note that the preceptors expressed a need for relief from work pressure and support when completing their role (O’Malley et al 2005). Maxwell et al (2011), in a qualitative UK based study of ten nurses identified that a structured and planned approach to induction and preceptorship are essential to assist transition. These studies highlight that preceptorship is valued and established within nursing internationally.

Although preceptorship schemes began in nursing there is encouragement for the development of schemes for all healthcare professionals. Solowiej et al (2010), in evaluating a scheme to support transition from student to practitioner stated that all healthcare practitioners should have access to support. This scheme from Scotland, evaluated by the completion of questionnaires (n=154), is entitled ‘Flying Start’ and includes e-learning, CPD and mentors (NHS Education for Scotland 2008). A range of activities was viewed as more beneficial in assisting transition than just having financial incentives for CPD alone (Solowiej et al 2010). This evaluation requires longitudinal follow-up after the two year duration of the programme to explore the longer term impact on CPD and reflection on the transition experience.

In the UK there was a drive for a preceptorship programme for occupational therapists from the Health Professions Council and the NHS revision of therapists contracts around 2005 (Morley 2007). This led to the development of guidelines for occupational therapists and managers regarding preceptorship which were first developed by the College of Occupational Therapists (COT 2006a) with the third edition published in 2012 (Morley 2012). The later edition is informed by the research of Morley and managers from the London area. Morley (2007), using information gained from focus groups with recently qualified occupational therapists, supervisors and managers, suggested that a preceptorship programme for occupational therapists needs to promote inter and intra personal skills, a strong development of professional identity and enhance clinical and technical skills. This action research was from only one London NHS trust and involved
a total of 14 professionals. The findings would be enhanced through exploring the transition experience of occupational therapists in semi urban and rural areas particularly as this research aimed to lead towards the development of a preceptorship programme for occupational therapy and inform guidelines not just specific to the London area.

Morley (2009) went on to develop and evaluate a preceptorship programme with occupational therapists. The semi-structured interviews with four pairs of supervisees and supervisors identified that new occupational therapists have transitional needs and still view occupational therapy practice as different to what is taught in universities (Morley 2009). This study, although highlighting the transitional experience of four newly qualified therapists, did not adequately describe the preceptorship process under review. Also, the researcher’s role as an NHS manager could have influenced the positive evaluation of the programme. Morley (2009) noted that occupational therapists working patterns are shifting with more lone working and autonomy in interprofessional contexts (Morley 2009). Professional isolation was also noted by Maxwell et al. (2011) in the transition study with nurses but this was alleviated where the participants still felt a sense of belonging and were able to access a network of colleagues.

Gray et al. (2012) in a survey of new graduate occupational therapists in Australia and New Zealand, discovered that they felt able to manage ‘inwards’ for example interpersonal skill. The graduates did not feel competent to manage ‘outwards’ which included reporting to others and using EBP, therefore their needs related to learning how to articulate and demonstrate the role of occupational therapy. This research could be enhanced through further in-depth exploration to discover any opportunities they had to articulate their professional role during their occupational therapy programme including during placements.

2.1.3.3.3 Contact with education environment
The value of contact with the university where the professional programme was completed during the transition from graduate to occupational therapist is raised in several studies. Seah et al. (2011), in a qualitative study with eight occupational therapists discovered that transition is assisted by keeping in contact with valued contacts and the education environment. Quick et al. (2007), in an opinion article authored with clinicians and academics, postulate that the academic link can assist in developing a community of
learning during the first year of transition from graduate to a competent practising occupational therapist. This idea of building links between academic and clinical settings to assist with the transition of occupational therapists was expanded by Toal-Sullivan (2006). Recommendations, drawing from the theory of situated learning (Lave and Wenger 1991) included mentoring sessions in the work context of experienced practitioners and the use of clients as mentors and teachers in the curricula (Toal-Sullivan 2006). Maintaining this link would not only assist the transition of the therapist but also encourage programmes to adapt teaching methods to create graduates capable of working in new areas of professional practice. Areas identified for curricula have included; professional boundaries, professional integrity when dealing with ethical issues, self-reflection and encouraging graduates to seek mentors (Strong et al 2003). Tryssenaar and Perkins (2001) discovered that graduates in transition were already seeking mentors and advocates for professional programmes to educate students about the transition process.

To summarise, when examining transitions in occupational therapy it is evident that supports are required at every stage of transition and that transitions occur throughout a professional career. New graduates experience challenges with expectations, preparation and isolation in first posts which may impact on their well-being. The need to develop strategies to reduce isolation for new graduates due to geography and strategies to assist with transitioning into the first post require further consideration in both the education and clinical settings. It is important that the providers of professional programmes remain in contact with practice to ensure that graduates are better prepared for current and future practice in a fast changing world. Role emerging placements have been suggested as potential authentic learning experiences to assist occupational therapy students with their preparation for future practice. Therefore the influence of this placement model on the student’s competency requires attention.

2.2 COMPETENCY & CAPABILITY

From reviewing the literature key themes arose which relate to competence, skill acquisition and the movement towards capability in healthcare education. It is interesting to note that there were almost equal numbers of articles published relating to these topics from research and professional opinion which highlighted a dearth of research in the area of competence and more specifically capability. There was a plethora of descriptive
articles regarding capability in the 1990s when the theme was first introduced in higher education therefore articles have been included from this period.

2.2.1 Competence
From reviewing the literature relating to competence in professionals and specifically, with occupational therapy, competence refers to an individual acquiring and demonstrating knowledge, skills, attitudes and judgements needed to be a competent entry level clinician (Hinojosa 1985; Salvatori 1996; Hocking and Ness 2002; Zane 2008). It is a term used frequently to describe a perceived level of ability with certain tasks. According to a review by Eraut (1998), competence is socially situated as it describes the ability to perform tasks and roles to an expected standard. These standards are determined from negotiations with employers, clients and professional bodies. Barnett (1994) suggested that competence can also be classified as corporate or academic competence. This highlights the influence of power on what is deemed competent to practise in certain contexts.

Competence refers to what a person is able to do and know (Fraser and Greenhalgh 2001). Zane (2008) expands on this when describing the introduction of competency based degrees across an institution, highlighting that competence is a multi-dimensional construct that defines what graduates need to be able to do and the related skills they need to know. Competence is not just a set of competencies to be broken into parts and achieved as Alsop and Lloyd (2002) suggest that the whole of competence should be greater than the sum of its parts. This was highlighted by Gahnstrom-Strandqvist et al (2000) in a study exploring the phenomenon of competence in practice with ten occupational therapists. Competence involved providing positive results for clients, demonstrating empathy and providing therapy that shaped the clients life positively (Gahnstrom-Strandqvist et al 2000). As the competence of therapists is complex, it should not only be viewed only as a list of tasks to be achieved. The convenience sample for that study came from nominated competent therapists with ten years or more experience. It would be valuable to complete the study with occupational therapists at various times post qualification for a broader perspective on occupational therapy competence.

From reviewing ten competency standard documents for occupational therapists, it was concluded that competence reflects the generic foundation skills and abilities which
Competence to practise a profession is confirmed at point of qualification when the person is deemed to possess qualities and characteristics of a professional (Brown et al 2003). This indicates that competence is linked to fitness to practise and has a legal component to protect the people a professional is working with (Alsop and Ryan 1996).

Interestingly, core competencies were originally proposed in the business sector to make it clear to customers what service is provided and includes skills, knowledge and abilities that reflect the goals of the organisation (Prahalad and Hamel 1990). Healthcare core competencies, which are what an individual needs to be able to do, are defined through reflecting the philosophy and objectives of the profession (Hocking and Ness 2002). At times a profession and the organisation in which it is situated could have a different focus which may lead to conflict and confusion.

2.2.1.1 Competence and Occupational Therapy Standards

Within Ireland, occupational therapists have a competency framework to guide practise which was created by the Therapy Project Office and funded by the HSE (Clyne et al 2008). The framework identifies the professional competencies of therapists that represent knowledge, skills and abilities required in the competencies related to occupation, occupational therapy process and teamwork. These guidelines were developed by a small number of working groups with only 63 therapists commenting on the final draft. Therefore themes may not represent all current or future occupational therapy practice in Ireland due to the lack of involvement of occupational therapists in devising the framework. The contributors to this important document defining competency to practise should include experts and faculty as recommended by Zane (2008). This competency framework is currently a guide for practice and will work in conjunction with future competency frameworks developed by CORU in Ireland, including the criteria and standards of proficiency for education and training. The standards which are currently in draft format include the six domains of professional autonomy and accountability, interpersonal and professional relationships, effective communication, personal and professional development, provision of quality services, knowledge, understanding and skills (CORU 2013a). It is encouraging to note that critical reflection on personal practice is stated in the standards to enhance competency and ultimately capability. This involves negotiation with local occupational therapists,
educators and professional organisations and collaboration with society to ensure that “competence reflects that a practitioner must practise in a reasonable manner consistent with current local practise” (WFOT 2012b, p.20). As professional practice is a continuing and ever changing process (Alsop and Lloyd 2002) these competency standards will require regular review and revision to remain contemporary and visionary.

Competency standards for occupational therapy vary between countries although all are informed by the World Federation of Occupational Therapists which first developed standards in 1952 (Hocking and Ness 2002), with the most recent entry-level competencies for occupational therapists created in 2008 (WFOT 2008). The standards have undergone several revisions in order to respond to changes in medical practice, terminology and providing less prescriptive intervention. This framework describes the knowledge, skills and attitudes required to practise as a competent occupational therapist. The standards acknowledge that occupational therapy programmes will be influenced by local health needs, legislation and the programme philosophy and purpose (Hocking and Ness 2002). This allows for some creativity in the programme development and for students graduating with different competencies or stronger influences in certain areas of competence which may influence professional identity.

There is debate within occupational therapy literature regarding the introduction and use of competency standards. Hinojosa (1985) raised the issue that competencies address confidence with technical information and skills but not the philosophical, ethical and theoretical constructs of practice. As practice is ever-changing and occupational therapists role and functions will change depending on the service they provide, Hinojosa (1985) was concerned that competency based education would not support the growth of the profession. Moving forward over twenty years and in an occupational therapy journal editorial, Brown et al (2012) recommended curriculum alignment as an effective method to link and scaffold essential professional competencies and attributes across the curriculum, stating that competencies will equip occupational therapists to cope with ever changing areas of practice. Through using curriculum alignment teaching is synchronised and linked to professional competencies. The use of competency based education is also advocated by Grace (2007) when outlining the American Occupational Therapy Association vision for 2017, stating that competencies define educational outcomes which become transparent to the funders and society.
In order to review and update the Australian occupational therapy competency standards, Rodger et al (2009c) evaluated their adequacy and utility. Results from a mixed survey (n=26) were used to inform the questions at 13 focus groups (n=152) with stakeholders. Key recommendations included changing the standards to apply on graduation instead of two years after graduation and the creation of tools to develop professional portfolios and standards to encourage innovation in practice. The project was collaborative as it involved stakeholders but the initial survey and project team was strongly represented by academics. More involvement of clinicians and people outside of the profession may have broadened out the expectations contained within the professional standards. This is in line with the views of Buys (2007) that the competency of the professional is not only the responsibility of universities and professional organisations but also of clinicians through mentoring and peer review.

In order to inform the review of the Australian occupational therapy competency standards, Rodger et al (2009b) completed a document analysis of ten occupational therapy competency standards and concluded that these were influenced by culture, national priorities and the scope for occupational therapy in specific countries. Technical-prescriptive frameworks give instructions in sequence to be followed whereas enabling frameworks indicate complexity in therapy (Rodger et al 2009 b). Using technical-prescriptive frameworks implies that all elements of a competent therapist can be listed and that practise is static. With healthcare becoming more complex in nature, competency may be better suited to enabling frameworks. These competency statements state how to approach the therapy work, for example collaboratively or flexibly, rather than providing a statement of how to perform the work in a list format. Rodger et al (2009b) conclude that as occupational therapy practice adapts to the changes in health and social care, standards of competence need to be revisited. This revision will need to be regular to keep up to date and to also encourage occupational therapists to lead in areas of health and social care development.

There is also concern of the lack of readiness for new graduates when going to work in complex settings (Evert 1993). This calls for a look at competency standards and how best to support occupational therapists in developing competency for working in complex environments. With changes in working contexts or with new developments, competency will be challenged (Alsop 2001). In a Canadian survey of occupational therapy
employers, professional competencies are of interest but employers recognise that new graduates will have less experience and competence (Mulholland and Derdall 2004). Managers most valued experience, team skills and interpersonal skills. Nayar et al (2013) completed a survey (n=458) and focus groups to examine the competencies of new graduate occupational therapists in New Zealand. They highlighted strengths in communication but further development was required in implementation of occupational therapy and the management of the environment and resources. It was not clear if the participants were rating only their own experience or their observations of others. This raises areas to address for competency development in professional programmes especially related to implementing occupational therapy and Mulholland and Derdall (2004) suggest that fieldwork could be considered the ideal environment to demonstrate and develop competencies.

2.2.1.2 Skill Acquisition Model
Moving on from defining competency, it is useful to examine a model of competency development. The skill acquisition model was developed by Dreyfus and Dreyfus (1986) in the early 1980s which identified five stages of proficiency for students to acquire skills; novice, advanced beginner, competent, proficient and expert. This model originates from research with pilots and chess players and assists in defining levels of competence. This work was applied to the development of nurses by Benner (1984) in a qualitative study interviewing nurses at various levels of skill acquisition. Benner (1984) concurred that competence was evident in the nurses narratives two to three years after graduation when they had the ability to problem solve by using a conscious analytic approach. The skill acquisition model has been widely adopted in the nursing profession and examined by other professions.

Within occupational therapy, two graduate occupational therapists were interviewed across their first year after graduation in clinical practice (Spalding 2000). The model of skill acquisition was viewed as a useful tool but the time taken to reach each stage was quicker than indicated by the model for the two graduate occupational therapists as they demonstrated skills of proficiency within their first year of practice (Spalding 2000). This suggests that skill development is not linear and that development will depend on the individual, the context and previous experience. Unsworth (2001), in a study to explore the clinical reasoning abilities of occupational therapists, used the skill acquisition model.
to explain themes identified from video recordings during therapy sessions and interviews with therapists explaining their clinical reasoning. Unsworth (2001) identified that novices provided therapy at an acceptable level and that learning can develop by expert therapists providing structured learning opportunities to reflect on their clinical encounters. Polglase and Treseder (2012) in a core practice education text also concur that the skill acquisition model can be of use and that the advanced beginner and competent level relates to a newly qualified occupational therapists with the proficient level not acquired until later after practising for several years. They also acknowledged that people can move around these levels particularly when moving between work contexts. Therefore the skill acquisition model in the development of occupational therapists may be of use but clarity is required around when competency occurs.

Adoption of the skill acquisition model has been contested with concern that the model describes skill acquisition as being intuitive and unconscious. Pena (2010) considers that conscious reflection and critique is required to problem-solve at an expert level and novices need to do more than memorise rules in a decontextualized environment in order to practise. Concern for the use of this model is evident as it may not explain fully how clinical skills in complex situations are learnt and as intuition itself is complex, measuring it is challenging. Also, Pena (2010) raises concern for the general acceptance of this model in healthcare education as models are viewed as factual-conceptual and can inform policies and professional guidelines. Malone and Supri (2012) also raised concerns regarding competence based education in medical education, stating that competence is complex and cannot be reduced into isolated elements making it unsuitable for the education of highly skilled professionals. Malone and Supri (2012) recommend a critical and creative approach to competence-based medical education and not rejecting traditional approaches, although they do not describe or critique any traditional educational approaches.

Kaslow et al (2007) outlined the findings of an American Psychological Association (APA) Task Force which aimed to synthesize scholarly articles and present guiding principles for the assessment of competence in psychology. They advocated the use of a developmental perspective of competence that involves analysis of a competency and what to expect at different stages of professional development. Therefore, although there
is debate on the use of the skill acquisition model, a developmental approach to competency is still deemed relevant.

The skill acquisition model has been adopted by several professions and informs guidelines in terms of professional development. There is confusion with this model relating to competence in that competence is a middle stage and is not expected until two or three years post qualification. There is a long standing link between competent and qualified (Eraut 1998). The general public expect people to be competent once qualified and professional competency standards align to this structure. Although the skill acquisition model is a useful framework to describe professional practise, the term competence is ambiguous.

2.2.1.3 Assessment of Competency

The assessment of competency takes many forms and a detailed analysis is not the focus of this review. There are however several pointers of relevance for the study. Leigh et al (2007) through a review of competency assessments used in four healthcare professions (nursing, dentistry, medicine and psychology) concluded that no single assessment can successfully evaluate every area of professional competency and recommends using a range of assessments that complement each other. This was reinforced by Kaslow et al (2007) from the Task Force for the American Psychological Association, recommending that the assessment of competence in psychology should be formative and summative, multi-method and involve multi-informants. The multi-informants aspect encourages the involvement of different people in diverse environments in the assessment of professional competence. Four healthcare disciplines (medicine, nursing, physical therapy, and occupational therapy), in a Canadian university harmonized their competency assessments to create a framework of core competencies which focused on the categories of professional (and health advocate), expert, scholar, manager, communicator, collaborator (Verma et al 2006). This framework can assist with curriculum design and may also offer a useful framework for student placements, particularly where students are in non-traditional settings.

With the imminent arrival of professional registration for occupational therapists in Ireland, CORU (2013b) have reinforced that the standards of proficiency for the
profession will be used as the basis from which to assess professional competence. The methods of assessment at this time are not clear.

2.2.1.4 Competency and Placement

Within occupational therapy programmes, practice education is focused on the development of competency. Over the last twenty years several competency assessment forms have developed. Alsop (1993) described the development of a fieldwork form following a model of skill acquisition when the occupational therapy programme moved from diploma to degree. The form was devised from research with occupational therapy managers on requirements of new graduates, the course philosophy of reflective practice and university requirements which led to the development of skills areas that contained competency statements i.e. what students must be able to do. It was unclear where the model originated from and the reliability of the form was not tested due to project time restraints before use with students.

Miller et al (2001) comprehensively describes the development of a student performance evaluation form for rehabilitation professionals. Following two focus groups with occupational therapists it led to the development of seven competencies; practice knowledge, clinical reasoning, facilitating change, professional interactions, communication, professional development and performance management. Although this tool was created and piloted with occupational therapists, physiotherapists and speech and language therapists, the majority of pilot forms were returned by occupational therapists (n=118/121). The feedback highlighted that the competencies analysed the professional role and student performance in depth in the placement context and was more than just a task list for the student to complete. As this project was led by occupational therapists it may have influenced the response to the pilot of the form and it may have fitted better with the philosophy of occupational therapy programmes. This form is the precursor to the Competency Based Fieldwork Evaluation (CBFE-OT) utilised in the international research by Holmes et al (2010). The World Federation of Occupational Therapists state that all occupational therapy students must complete 1000 fieldwork hours to achieve entry level competency (Hocking and Ness 2002). Holmes et al (2010) examined student development in fieldwork across placements to determine if students achieve entry level competence after these required 1000 hours. The practice education form, the CBFE-OT assessment (Bossers et al 2002) was reviewed from six occupational therapy schools.
across three countries (n=400). The majority of students achieved the entry level score by 1000 hours but the individual competencies of practice knowledge, clinical reasoning and facilitating change were scored lower. This may be due to practice educators being more robust at marking a final placement and expecting students to function as a graduate therapist. Also more guidance on the use of the tool with more criteria for each competency may be required.

When describing the use of role emerging placements in several occupational therapy programmes, Edwards and Thew (2011) highlighted that the CBFE-OT was used by a Canadian University to assess students during these placements. This is also the case with the University of Limerick students (Warren 2011). Other universities integrate the assessment of role emerging placements into an academic module and a written assessment with clear learning outcomes related to the placement is used. This highlights that role emerging placements, the focus of this research are assessed using a variety of methods.

A competency based evaluation for clinical placement based on the Australian competency standards was developed by Courtney and Wilcock (2005). The competency based assessment tool for clinical placement included ‘hands on’ therapy skills and knowledge and professional attitudes/behaviours (Courtney and Wilcock 2005). All competencies must be achieved at the level of a beginning practitioner as defined in the field, although it was not clear if this level applies to all placements across the programme. This form was devised in partnership between academics and practitioners while making use of national and international standards of professional practice. This indicates a measurement of competency during placement that should be familiar to all users in that country, increasing the accuracy of measurement. It will require regular revision in line with national and international revisions of occupational therapy standards.

Defining professional competency continues to have its challenges. Duke (2004), in a qualitative study exploring practice educators views of competency in students, discovered there was uncertainty when defining competence. Five occupational therapists in neurology observed a video of two occupational therapy students completing a domestic assessment with a client and were interviewed on their observations. The
practice educators perceived students who had difficulties but were self-aware and sought assistance as being more competent (Duke 2004). The practice educators suggested that core competencies should remain assessed by occupational therapists but some general competencies such as professionalism could be assessed by other professionals (Duke 2004). This research highlights the difficulties around assessing competence and this is a small study which requires duplication in different contexts. It does however indicate that some competencies can be assessed by non-occupational therapists, which does occur during role emerging placements.

When exploring the qualities therapists’ value in occupational therapy and physiotherapy students during a first placement after one year in university, Steward (2001) highlighted discrepancies in expectations of qualified therapists. Two groups of occupational therapy staff (n=10) and two groups of physiotherapy staff (n=15) participated in a nominal groups technique involving individuals brainstorming and taking part in group discussions. The researcher’s presence and hierarchies within the staff groups may have influenced the outcomes of the groups. Therapists recognised that a high level and broad range of knowledge, skills and attitudes were expected from students on their first placement, acknowledging that expectations are often implicit and there can be poor agreement in teams on essential or desirable competencies (Steward 2001). A key finding was that therapists felt students were not competent to practise as therapists until after at least a year of practising as a therapist in employment.

Various tools have been developed to assess competency during occupational therapy placement with few studies on their development and effectiveness. Also, there is still confusion in the profession regarding a definition of competency.

2.2.1.5 Interprofessional Competencies

The World Health Organisation promote the introduction of interprofessional education which led to the development of interprofessional competencies (WHO 2010). According to Wilhelmsson et al (2012) interprofessional competencies include sharing knowledge with other professions, having a common language to communicate, problem-solving and reflection. The application of a shared metacognitive model will assist in understanding the complexity of interprofessional competence as health and social care professionals have their own culture, language, knowledge and skills (Wilhelmsson et al 2012). The
outcomes from the American Association of College of Pharmacy Task Force examining interprofessional education in 2005, emphasised the need for a collaborative approach in education to foster student competencies related to team organisation, function, performance, intrateam communication and setting common patient goals (Buring et al 2009). The competencies required for collaborative practice to promote patient-centred care were identified as communication skills and role understanding in a qualitative Canadian study (Suter et al 2009). Sixty healthcare workers, the majority from nursing and allied health with only 1% of participants from medicine were interviewed. It could be suggested that the limited involvement of certain professional groups in the study is indicative of the levels of interest in collaborative practice.

Competencies are specific to certain professions as well as some competencies being generic in nature. Lloyd et al (2004) examined the generic and specialist work activities of occupational therapists and social workers in Australian mental health services with a cross sectional survey (n=304). The results indicated that most work was generic, which may be due to the influence of Australian policy on mental health professionals’ roles and inexperienced participants being unclear of their unique professional competencies. This study highlights that there is an overlap of professional skills in practice which can be impacted on by the political environment.

As some competencies are shared between disciplines and there is also a call for an increase in competencies related to effective team work, it would suggest that competencies that promote interprofessional collaboration and education should be considered in healthcare professional programmes.

2.2.2 Capability
From reviewing the literature on competence, the concept of the capability of students and healthcare practitioners was raised. The majority of this literature is descriptive with some research articles. Capability is viewed as broader and more encompassing than competence. According to Stephenson (1994) the concept of capability in education was raised in England, Scotland and Wales with the publication of the Royal Society for the encouragement of Arts, with interest growing in the area since 1980. The vision for capability was for a new culture of learning with excellence in academia and creativity being valued alongside working with others to develop autonomous individuals in all
areas of higher education. Capability moves beyond competency (Lester 1999) and requires a questioning attitude (Barnett 1994). It is about the practitioners’ capability to practise beyond competence in different contexts. Davis and Hase (1999) propose that competencies were created to use knowledge and skill in a reductionist climate and that capability needs to be considered to empower people to reach their fullest potential.

Eraut (1994) in a study to examine how competence is assessed formally in professions highlighted that professional competence has the components of performance and capability. Capability refers to ascertaining a person’s potential to perform in the future, therefore inferring what a person can do in professional situations. When reviewing the assessment of competence in psychology Kaslow et al (2007) stated that capability needed to be assessed in addition to competence. Capability is the enhancement of competency through the use of formative and summative assessment and encouraging individuals to cope with unfamiliar contexts (Kalsow et al 2007). This fits with the recommendation from the World Federation of Occupational Therapists (WFOT 2012b) that occupational therapists must competently respond to new demands on professional practice within changing environments.

2.2.2.1 Elements of Capability

Experts in education describe similar elements of capability. It relates to individual autonomous, adaptable development (Stephenson 1994; Fraser and Greenhalgh 2001), increasing awareness of different value systems (Stephenson 1994), ability to build on new knowledge (Fraser and Greenhalgh 2001) and understanding profession related theory and combining this with personal skills and qualities (Eraut 1994). A capability framework by Davis and Hase (1999) included making use of competencies in novel situations, using creativity, has self-confidence, takes appropriate risks and is effective in teams.

From reviewing the literature, there is a paucity of published research on capability with some research available in grey literature format. Doncaster and Lester (2002) requested that candidates on a Doctorate programme describe their development as a capable practitioner through a reflective assignment on preparedness for doctoral work. Twenty-eight Professional Doctorate students, with six working in health, participated in the study. Capabilities identified in the narratives included inner dimensions of self-
organisation, leadership abilities, political skill and knowing how far to take risks (Doncaster and Lester 2002). There was also evidence of critical thinking, reflection, creativity and intuition. Doncaster and Lester deduce that capability is based on “personally unique envelopes of abilities” (Doncaster and Lester 2002 p.1). These include a variety of personal abilities and attributes. A further qualitative study of capability was completed with 15 people with a mixture of professional backgrounds who were deemed capable by informants (Lester and Chapman 2000). Characteristics which emerged from the interviews included; creativity, innovation, working effectively with change, working effectively with other people and learning from experience. There is a need to engage fully with learner’s experience and aspirations of interest (Lester and Chapman 2000). Although the findings of these two studies are of interest and support some of the descriptions of elements of capability above, caution should be taken as both studies make no mention of ethical approval and all participants were from a convenience sample. Larger and more rigorous studies into the elements of capability are required.

Capability is difficult to measure (Stephenson 1994; Cairns 1996) which can prove challenging in an environment of standards and frameworks for practice. In professional programmes, assignments should be authentic and meaningful to develop capability (Eraut 1998). This can prove challenging in both the academic and practice placement environment.

2.2.2.2 Creating Knowledge

Capability will ultimately lead to individuals creating new knowledge through critique, problem-solving and generating change (Eraut 1998; Fraser and Greenhalgh 2001). Capability is enhanced by individuals being challenged by unfamiliar contexts and gaining feedback on performance (Fraser and Greenhalgh 2001; Kalsow et al 2007). Learning takes place in what Pslek and Greenhalgh (2001) refer to as the zone of complexity where items of knowledge or learning are not linear or predictable. Fraser and Greenhalgh (2001) recommend that learning for healthcare systems needs to move beyond competencies to look at capability as individuals need to understand a complex problem before applying checklists.

The application of checklists in health care has been referred to as learning a conceptual map of standards in professional programmes (Lester 1999). Lester (1999) proposes that
students who learn to read the map may not necessarily become conceptual map makers. Being a conceptual map maker involves creating new knowledge that is essential to advance professional practice. Lester (1995) concludes that practitioners will need to be able to construct and reconstruct knowledge and skills in order to evolve their practice. Students need to deviate from lists in order to learn in a changing world, but this can be challenging in healthcare environments when working with patients.

Capability is a concept that is difficult to both define and measure. From the literature it is evident that the elements of capability are valuable in assisting professionals working in complex, ever changing working environments. However, capability may not always be welcomed by organisations as a culture that encourages capability will involve critique of the workplace (Eraut 1994).

2.2.2.3 Healthcare professionals and capability

Due to an ever changing world, there is a need to develop occupational therapy graduates who are independent thinking, ethical, autonomous professionals rather than competent technicians (Esdaile and Roth 2000). From reviewing the occupational therapy literature there was only one article where the term capability was used explicitly. This related to research into the value of a project placement model where students complete a project of use to a health or social care setting without direct therapeutic client contact. Fortune and McKinstry (2012) completed interviews with project site sponsors using open-ended written questionnaires with graduate entry master’s occupational therapy students. The placement experience provided the opportunity to work collaboratively, develop advanced communication and political acumen. This fits with descriptors of capability outlined by (Doncaster and Lester 2002). Fortune and McKinstry (2012) advocate the project placement model as highly authentic work with the opportunity to develop a range of attributes that support the ability to manage complex issues at a macro level, therefore developing capabilities for contemporary practice. The findings from this qualitative study are promising regarding capabilities for occupational therapy graduates although only 11/37 students completed the survey and 11/22 sites were interviewed. Interviewing all sites and having an impartial research interviewer may give a more robust slant to the findings.

A discussion regarding capabilities appeared earlier in nursing research. Gardner et al (2006) conducted a document analysis and interviews with stakeholders to inform
standards for nurse practitioner education in Australia and New Zealand. They devised a model for nurse practitioner education which contained a competency framework and capability learning strategies. Strategies included the use of learning contracts, problem-based learning and a capability informed assessment that applied specialist competencies in complex and unstructured situations. It is not clear how many nurse practitioners contributed to the development of this model and the practical application of a capability informed assessment requires further explanation.

Using the capability framework suggested by Davis and Hase (1999), Gardner et al (2008) sought to understand the level and scope of nurse practitioners capabilities. Secondary deductive analysis of data from a study to develop nurse practitioner competencies was completed as it was noticed that descriptions of practice described something more than competencies. Gardner et al (2008) stated that competence is essential for capability and “Capable people are able to use competencies in novel and complex situations” (p.256). This supports the capability framework created by Davis and Hase (1999).

More recently, demonstrating or measuring capability was investigated for nurse practitioners. Anderson et al (2009) concluded from reviewing the literature that e-portfolios should be integrated into nurse practitioner curriculum models to promote the development of competence and capability. Using what is described as a cake mix approach, the nurse practitioner uses a narrative to link together content linked to competencies in an e-portfolios. It could be suggested that the narrative approach could demonstrate capabilities but it would require critique and reflection of complex practice.

2.2.2.4 Interprofessional capabilities

More recently, capabilities are being discussed in healthcare literature relating to interprofessional education and leadership. In the UK, leadership competency and capability frameworks have been introduced to assist healthcare workers in managing the changes required for future healthcare delivery. “Learning which builds capability takes place when individuals engage with an uncertain and unfamiliar context in a meaningful way” (Edmonstone 2011, p578). It is suggested that this can lead to the creation of new knowledge (Eraut 1998; Fraser and Greenhalgh 2001). Clinicians will need to be
supported to engage in these tasks without a fear of the risks from working in complex contexts if capabilities are to evolve.

With the increase in interest regarding Interprofessional education, capability tools have been developed for students during placement. The two capability tools described below have been recently piloted but are not as yet peer reviewed. Curtin University (2012) designed a reflective self-assessment evaluation tool for interprofessional placements for final year students. Capabilities are assessed in four independent domains of communication, professionalism, collaborative practice and client centred care, and underpinned by client centred service, client safety and quality and collaborative practice. The UWA (2012) Interprofessional Capability Assessment Tool also has four domains including, interprofessional working and practice, knowledge in interprofessional practice, ethical practice and reflection. The scale ranges from ‘requires development’, ‘requires supervision’ to ‘capable’. It is not clear how these capabilities are significantly different to competencies in other placement forms. It is promising to see interprofessional capabilities coming to the forefront, although clarity is required to distinguish between competencies and capabilities.

In summary, the literature regarding competence and capability was heavily represented through professional opinion articles rather than research. The terms competence, capability and proficiency are used interchangeably in the literature which can be perplexing. There is a limited literature related to capabilities in occupational therapy. The literature indicates a need for healthcare graduates to be enquiring, critical and creative as well as having knowledge and being competent. When viewing competencies, caution should be taken as competence is not static as the arena for competent practice is ever changing. This suggests that competence is the minimum level for acceptable or adequate work practice and capabilities are a stage forward.

To consider capability in occupational therapy practice, the literature has raised interesting concepts to consider. The need for students to develop an ‘envelope of abilities’ with a repertoire that includes a ‘questioning insight’, using competencies in novel situations, being creative, taking appropriate risks and working interprofessionally are valuable capabilities for future healthcare delivery. Capability first appeared in healthcare literature in the 1990s with research and development of capability tools.
occurring in the 2010s. It appears that capabilities have been omitted from professional standards and this may be because it is difficult to define and measure. This will change with government drivers for strong leadership, quality services and new traditions for healthcare delivery in the future. Changes to healthcare delivery has the potential to evolve from educating healthcare professionals for capability, and not just competency development and it is suggested that role emerging placements fit this remit. If occupational therapy students are to complete placements in settings without an occupational therapist on-site it is relevant to explore the development of their professional identity in these non-traditional contexts.

2.3 PROFESSIONAL IDENTITY

This section of the literature review investigates the development of professional identity with a particular focus on communities of practice and models of professional identity formation. It continues on to define issues relating to the professional identity of occupational therapists. The literature informs this research as it seeks to explore the professional identity development of students during role emerging placements, particularly as the students learning experience is in a setting removed from the traditional occupational therapy community of practice.

2.3.1 Identity

In order to gain an understanding of professional identity it is useful to examine identity development generally. Identity is described as an individual having a ‘sense of self’, ‘sense of sameness’ and is shaped by the perceptions of others (Erikson 1980; Kroger 2007; Luyckx et al 2011). Social scientists are interested to explain how identity is shaped by biological characteristics and psychological need, leading to individuals finding meaningful connections within their cultural context (Kroger 2007). There are several theorists regarding identity or self-perception although in the western world identity is often synonymous with the work of the psychologist Erikson. This work on psychosocial development evolved from research with adolescents who had health issues and were struggling to find an identity (Erikson 1980). He describes a sense of identity as being constantly lost and gained, giving a person a sense of direction and anticipating recognition from important others. Erikson (1980) viewed identity as a conscious sense of personal identity and unconscious striving for personal character. This theory of the
development of identity suggests that identity is formed in adolescence and revised in early adulthood and continues to be shaped throughout life.

Luyckx et al (2011) building on the work of Erikson, proposes a process-oriented model to map personal identity across different phases of the lifespan. This model consists of four dimensions; exploration in breadth (gather information, internally and externally), commitment making (making choices in different identity domains), exploration in depth (introspective) and identification with commitment (similar to person-commitment fit). The value of this model is that it provides insights into how individuals form identities and continue to evaluate and change identities across the lifespan after adolescence.

Models of identity formation evolved to describe how they form over time. Identity is examined from several directions which were described by Kroger (2007) as the historical point of view (western concept); structural stage models (construction of meaning); sociocultural perspective (changes in biology and social learning); narrative analysis (life stories) and psychosocial models (identity develops from internal structural characteristics and social tasks). A social-cognitive model is proposed by Berzonsky (2011), where identity is conceptualised as a cognitive structure of self-theory, where the individual follows different identity processing styles. The models most relevant for gaining a greater understanding of professional identity development are socio-cultural, as students are socialised into their profession, the psychosocial as it relates to individuals reflecting on themselves in order to form identities, and the social cognitive model as students adopt different processing styles in learning contexts.

Also, the concept of possible identities is of use when exploring professional identities because “Possible identities are the positive and negative identities one might hold in the future.” (Oyserman and James 2011, p.117). Therefore an individual identity will be created by a person’s motivation to complete tasks that are congruent with their long term identity goal. These identities are linked to how accessible particular identities can be for an individual and the personal commitment to an identity. People will pursue future identities if there is congruence between the current self and the actions needed for the future identity, as they are motivated to act in ways that are perceived as identity congruent (Oyserman and James 2011). Therefore identity is defined as a developmental
process where an individual strives to develop a sense of self and this identity may change over time in different contexts.

From reviewing the literature several models of identity have been proposed. The work of Kegan (1982) informs Bebeau and Lewis (2003) model of professional identity development of relevance to this research. Kegan’s stages and transition phases of identity formation proposes that all humans are involved in a continuous process to construct meaning (Kegan 1982). Individuals have experience and construct progressively more complex systems to understand and create meaning to their identity. This suggests that each person constructs what it means to be a professional and this can be different to the public’s perspective.

Kegan (1982) takes what he calls a neo-Piagetian approach to meaning making for people, where he looks at the inner processes and interactions with the environment to create meaning. He postulates that subject (person) and object (others and objects) relations are significant in meaning making and therefore identity development. He went on to develop a ‘Helix of Evolutionary Truces’ (Kegan 1982) that sets out five major shifts of development of which the imperial, interpersonal and institutional stages are relevant to professional identity development. These are taken forward in the work of Bebeau and Lewis (2003) which is described later in the text.

Following on from the work of Kegan, the longitudinal work of Baxter Magolda (2003) with higher education students identified that defining the self based on internally constructed values occurs when students are in their 20s. This suggests that personal identity development continues on into adulthood, and as recommended by Baxter Magolda (2003), should be taken into account when working with students. This has relevance to this research as it appears that self or personal identity and professional identity are developing during an occupational therapy programme.

### 2.3.2 Professional identity

Professional identity will first be defined, and the influences on professional identity described with a focus on communities of practice and models of professional identity development. Professional identity is formed during a development process when an individual is in a work context where their identity is formed through interaction with
others (FAME consortium 2007). By working together, people develop a ‘sense of belonging’ which creates ‘sameness’ with others (FAME consortium 2007). This forms a collective identity for a group of professionals (Feen-Calligan 2005). Professional identity involves the individual understanding the meaning and practice of their profession and how to implement these in different communities (Abrandt Dahlgren et al 2004). It involves a person developing the concept of what it means to be a certain professional and how to act in that specified role. The individual internalises the values or ethics of the profession therefore creating internal regulation as a professional (Monrouxe 2010). Professional Identity formation is a dynamic approach that changes over time (FAME consortium 2007) and the identity may take several years to evolve (Wenger 1998).

Engaging in work gives structure and provides important feedback on capacities and competence which influence identity (Kroger 2007). This was supported by Holland et al (2012) in a literature review, as they advocated fostering professional confidence in professionals which influences competence and collectively informs professional identity.

2.3.2.1 Influences on Professional Identity

Professional identity is shaped by the philosophy of the profession and the context in which that profession practises (Abrandt Dahlgren et al 2004). Monrouxe (2010), from a literature review of professional identity in medical education, raised the importance of relationships and the institutional environment being central to identity development. These influences can be implicit, for example values, attitudes or unofficial rules in the work context.

Adams et al (2006) investigated factors influencing first year health and social care students (n=1254) from ten professions. Some professionals already had a strong sense of identity on admission to the programme, including physiotherapy and occupational therapy, with social workers having the least professional identity. Predictors of baseline professional identity were gender, understanding team working, knowledge of the profession and previous work and cognitive flexibility. It is not clear if participants had already received information on professional theory, beliefs and values prior to data collection. This study concurs with Bathmaker and Harnett (2010) who described that external influences including class and gender may influence identities where humans are
viewed as having the capacity to construct and determine both personal and professional identities.

Completing a professional programme can challenge personal and professional identities as the new identity unfolds. This was highlighted by Nel (2006) from interviews with family therapy trainees who had a previous profession prior to this training. The trainees re-evaluated their identities with some adopting a second professional identity and others dissolving a previous identity, for example social work. Viewing professional identity as a singular, fixed construct was contested by Hurley (2009) from a qualitative study with mental health nurses (n=24). A cluster of capabilities and transferable skills were highlighted which were evolving due to the influences of the political and social environment. Although this was a small scale study, from the UK, it raises that professional identities will change for a professional group over time.

Defining professional identity is complex, with some attempts being made to measure the concept. Crossley and Vivekananda-Schmidt (2009) created a generic tool to measure self-perception of professional identity and devised domains from professional standards. The domains of teamwork, communication, conducting assessments, cultural awareness, ethical awareness, using records, dealing with emergencies, reflection and teaching were piloted with medical students (n=496). The highest indicator of professional identity with medical students was previous experience of roles in health or social care. This study needs to be repeated with other professions and the tools used in a longitudinal study pre and post qualification to see if it detects change in professional identity.

When engaging with communities of professional practice, learning the language of a profession is viewed as important. Professional knowledge is created by interaction with professionals by observing and using certain language (Abrandt Dahlgren et al 2004). Monrouxe (2010) describes professional identification as a synergy of internal and external process through language and artefacts.

2.3.2.2 Communities of Practice
Cultural aspects are not always explicit, therefore reflection and analysis is required to know “about” a profession. Following on research with dental students, reflection as a learning strategy is also advocated by Bebeau and Monson (2012) to encourage professional identity development with the inclusion of self-assessment and feedback from others. Bebeau and Monson (2012), through taking a constructivist approach to the development of professional identity, state that there is the potential to motivate change by the integration of personal and professional values.

Social participation is viewed as engagement in a learning process where an individual develops an understanding of the meaning and practice of a community through forming networks and generating their own social history in the context which over time forms identities (Wenger 1998). The idea of learning being social in communities of practice was explored further by Lave and Wenger (1991), with the concept of legitimate peripheral participation. Participation is at first peripheral but increases gradually as newcomers master knowledge and skills to move towards full participation in sociocultural practices of a certain community (Lave and Wenger 1991). Andrew et al (2008) critiqued the application of communities of practice within nursing, highlighting that the focus is mainly on professional identity once individuals are already in a profession. Communities of practice are not only linked to a professional community but can also involve mixed professional groups and people from different hierarchical levels (Berry 2011). Communities of practice have three key areas they share; knowledge (common to members); community (social approach to learning) and practice (shared information and language) (Wenger et al 2002). Communities of practice also aim to integrate scholarship and professional practice through engaging local and professional communities (Andrew et al 2008). Role emerging placements engage with local communities and may lead to sharing and development of knowledge through collaborating on a common interest.

Learning socially in a community of practice is complex as it involves power relations which alter as the newcomer becomes more integrated in the community. Within communities of practice there is a power dynamic between newcomers and experienced professionals. Abrandt Dahlgren et al (2004) suggest that power biases in practice can leave individuals overwhelmed by the weight of a stronger collective i.e. a large groups of similar professionals which can prevent progress by a student or newcomer. Although it
could also be suggested that students, if aware of power relations can influence professional knowledge bases within communities by integrating new knowledge subtly into the environment.

Changing locations and perspectives are part of a social actor’s or a student professional’s learning trajectories (Lave and Wenger 1991). This would indicate that professionals should experience a variety of placement settings to have a broad range of perspectives on professional practice. Role emerging placements encourages participation on the edge of new boundaries where occupational therapy students engage with more than one community of practice.

The concept of communities of practice highlights that professional identity formation is influenced by the social nature of professional communities. In a discussion paper, Berry (2011) purports that nursing students often feel disconnected during clinical placements. Learning a professional identity is more than a cognitive process that requires social engagement. This view is supported by Monrouxe (2010) as medical education involves learning the curriculum and also how to talk and act like a doctor. To learn how to speak, act and identify as a certain professional, it could be suggested that you need to learn within the contexts that the profession works, that is a more apprenticeship approach. Berry (2011) offers another approach by applying Wenger’s communities of practice model for the learning and growth of students and supervisors. Placements need to be created as learning organisations for all and the education-practice interface must promote meaningful and reflective experiences.

Professionals engage in communities of practice through placements in relevant areas of practice. Traditionally these placements occur where someone of the same profession is working although other models of placements are also advocated including role emerging placements. Feen-Calligan (2005), in a qualitative study exploring the development of professional identity with art therapy students, discovered that the emphasis of reflection during service learning in a school environment gave insights into professional identity. The students in this placement were engaged in learning in a different community of practice where the supervisor facilitated students ‘wrestling’ with their professional identity. This study involved eleven students from one programme where a traditional placement of longer hours was completed simultaneously with the service learning
experience therefore it is difficult to confirm the influences of each placement model on identity.

2.3.2.3 Models of Professional Identity
From reviewing the literature several models of professional identity have been devised with the work of Bebeau and Lewis (2003) and McElhinney (2008) resonating with the potential findings of this research.

Kegan’s five levels were adapted by Bebeau and Lewis (2003) into three levels of identity formation for the professions; the independent operator; the team oriented idealist and the self-defining professional with many months spent transitioning between stages with a self-defining professional reached in mid-career. Although these descriptions of phases of professional identity can be of interest, an independent operator is described as having a narrower view of the profession and this may not be true of all graduates. Also, commitment to the profession and leadership is described in the self-defining professional which could occur before mid-career. From accessing the manual devised by Bebeau and Lewis (2003) it became evident that this model was developed from a leadership and moral development module with military cadets at Westpoint, USA. The model is based on critiquing five essays by thirteen military cadets (Bebeau and Lewis 2003). Although in a different service area, it will be interesting to see the identity development of occupational therapy students on role emerging placements mapped onto this professional identity model.

McElhinney (2008) in a study to examine the professional identity development of clinical psychologists generated a model based on developing equilibrium, where professional identity is formed by balancing formal status and perceived competence. Equilibrium is influenced by role conflict, role ambiguity, expectations and opportunities to act as a clinical psychologist with autonomy (McElhinney 2008). The pictorial representation of equilibrium in this thesis has value when examining influences on professional identity, although this model was created from a grounded theory study with only 29 students from one professional programme.

In summary, professional identity involves a person internalising the philosophy and values of a profession to perform certain roles confidently. Professional identify has
2.3.3 Occupational Therapy & Professional Identity

This section defines the professional identity of occupational therapists, discusses inhibitors and describes the influences on the professional identity of occupational therapy students whose experiences are the key focus of this research.

2.3.3.1 Defining an Occupational Therapy Identity

When reflecting on her career as an occupational therapist, Abreu (2006) described her professional development as a complex interplay of identity changes with a professional identity emerging through adopting certain traditions. To understand the professional identity of occupational therapy it is important to reflect on significant times of transition for the profession. Reed and Peters (2008), from reviewing the development of the profession from 1970-1985, identified a shift in professional identity in this time frame with influences from legislation (reimbursement), philosophy, research, autonomy, role change from diversional therapy to a functional focus and theory development. The increase in professional autonomy enhancing the profession’s identity was also noted earlier in the 1980s by Wallis (1987).

Almost fifty years ago, Fidler (1966) highlighted that the profession needed to commit to maintaining a professional identity through a critical evaluation of occupational therapy. An occupational therapist who masters competencies will form a professional identity as they develop confidence with technical information and skills, but there is also a need to understand the philosophical, ethical and theoretical constructs of practice (Hinojosa 1985).

Similarly, Cronin Mosey (1985) raised professional identity as a concern for occupational therapists as there is debate between taking a monism approach (one principle is the basis of reality/profession) or a pluralism approach (more than one basic principle). At this time, during the 1980s, occupational therapy did not have one unified theory for the profession, therefore pluralism was suggested as the way forward for outlining an identity based on philosophical assumptions, ethical codes and frames of reference with each having equal importance. Cronin Mosey (1985) acknowledged that these descriptions of a
professional identity would evolve over time as, ‘We are not what we were ten years ago nor are we what we will be ten years from now’ (Cronin Mosey 1985, p.508). A pluralist approach was supported by Thomas (2008) when reflecting on occupational therapy in New Zealand. This approach to the development of the profession will create several identities ranging from rehabilitation to working with people who are disadvantaged, disempowered, occupationally deprived. Although a pluralist approach to professional identity for occupational therapy widens the scope for practice, it could be suggested that this may weaken its identity. This pluralist approach is taken in role emerging placement settings. With the increase in social networking, Bodell and Hook (2011) recommend facebook© as an opportunity for professional networking and presenting a unified identity. With a pluralist approach to the profession, there will not be a united identity for the profession and this could cause more professional identity confusion or generate debate regarding the focus of occupational therapy.

Mackey (2007) proposed that professional identity refers to the individual’s concept of what it means to be an occupational therapist based on the philosophy of the profession and influenced by the person’s self-identity. Mackey (2007) acknowledged the importance of working on the self with an awareness of power relations through reflexivity to construct a professional identity. The importance of reflection focussed on core ethical values for identity development was also stated by Dige (2009).

Professional identity for an occupational therapist in a qualitative study was described as a sense of a journey towards an identity which is an ongoing process (Tryssenaar 1999). The participant had a strong sense of duty to clients and experienced a reality shock on entering practice partly due to philosophical differences in teams. This in-depth study has value but more clarity is required regarding the timings of interviews and analysis of reflective writings. As professional identity in occupational therapy is described as a journey, it suggests that there are phases with supports required at different times to facilitate or maintain the identity. Kinsella (2001) advocates developing a philosophy of practice to strengthen professional identity as part of ongoing professional development. Several methods are suggested, including articulating your values in a letter and stating preferences for work environments and comparing what is written with current practice. These methods can be included in a professional development portfolio. Reflexivity is a strategy that may also support occupational therapists in strengthening their identity by
Literature Review

considering experiences, the self and being aware of ongoing conversations or developments in the field (Mackey 2009). This longitudinal qualitative study with 14 occupational therapists could be enhanced through interviewing occupational therapists working outside of the National Health Service in the UK.

Interestingly, in a Japanese qualitative study the philosophy of the profession featured strongly in relation to professional identity. Takashima and Saeki (2013) identified two core categories related to the identity of occupational therapists (n=22). One related to the practice of occupational therapy and the second related more to the philosophical practices of the profession. Although there may be cultural differences in the practice of the profession, this study highlights the needs to pay attention to the visible and invisible elements of professional identity.

Hooper and Wood (2002) propose that occupational therapy has a long standing issue with professional identity, and dramatic differences in the philosophical assumptions underpinning the profession leads to confusion in the language used and the identity presented. Language is important for the identification of, and the belonging to a professional group. Wilding and Whiteford (2008) completed a longitudinal study with eleven occupational therapists in an acute setting to explore every-day practise through interviews and discussions. The occupational therapists felt empowered by changing their professional language from the term ‘function’ to ‘occupation’ and felt this strengthened their identity. It could be suggested that spending time with other occupational therapists in group discussions may have strengthened the professional identity more so than the change in language use.

2.3.3.2 Professional Identity Inhibitors

Within the occupational therapy profession there are internal and external inhibitors of professional identity. Finlay (1999) in a study of twelve occupational therapists sought to capture what it meant to be an occupational therapist and concluded that occupational therapists had confusion around their identity but holism and person centred values continued to be central to them. These values or service ideals were difficult for occupational therapists to live or aspire to due to external influences. This study with therapists from a range of practice settings was set in a time of increasing government pressures to monitor competence, which could also have impacted on the occupational
therapists sense of identity. Hughes (2001) reflecting on occupational therapists in community mental health teams suggests, that occupational therapists professional identity can be threatened by feeling pressurised to conform to the expectations of role sets. These originate from the work of social psychologist Goffman, and for occupational therapy could include the political agenda, the multi-disciplinary team and the occupational therapy professional group. These expectations on occupational therapists can come from changes in health and social services who are the main employers of the profession (Clouston and Whitcombe 2008). Occupational therapist’s professional identity is also challenged by definitions of the concepts of occupation in society and the views of others who are more powerful in health care, for example doctors (Clouston and Whitcombe 2008). It could be suggested that this leads to confusion over the profession’s name and role. This was evident from revisiting transcripts from a larger qualitative study with occupational therapists in child and adolescent mental health, when Fortune (2000) concluded that professional identity becomes confused for occupational therapists when other professions impose roles or they become ‘gap fillers’. The literature suggests that this could be rectified by occupational therapy revisiting its occupational philosophy.

A participatory action research project with ten occupational therapists in a large acute hospital highlighted that the occupational therapists had difficulty describing occupational therapy and engaging in occupation based practice (Wilding and Whiteford 2008). This was confounded by the medical philosophy of the environment and the occupational therapists needing to be more succinct in articulating their role (Wilding and Whiteford 2007). The participants in this study were requested to participate by the manager and the non-participants in the hospital environment may have different views. Difficulty articulating therapeutic tools or the rationale behind occupational therapy was raised by Grethe Kinn and Aas (2009) in a phenomenological study with six occupational therapists. The occupational therapists perceived themselves as professional and engaged in constructing their professional identities while seeking a higher status (Grethe Kinn and Aas 2009). It is interesting that the occupational therapists viewed themselves as professional while having difficulties whether a novice or experienced therapist in explaining what they do.

Wright (2001) in a qualitative study with five newly qualified and five senior occupational therapists highlighted that lack of clarity of professional identity has the
potential to impact negatively on the retention of occupational therapists. This can lead to stress and burnout as identified by Edwards and Dirette (2010). A standardised questionnaire was sent to occupational therapists (n=126) in one state in the USA. A lack of professional identity was significant in the level of experience of burnout by occupational therapist where they experienced the profession as too broad, undervalued and disrespected. Although this study was from one geographical area, the length of professional practice was wide, ranging from 3 to 37 years, with the 300 participants being a representative sample. From a literature review regarding occupational therapy and occupational stress, Lloyd and King (2001) concluded that occupational therapists do experience stress and factors that exacerbate this include lack of professional status and the identity of the profession. More recently Ashby et al (2013) discovered that the professional identity of occupational therapists was influenced negatively in services dominated by a biomedical approach, generic work roles and the lack of use of occupation. This qualitative study interviewed nine participants with more than two year’s experience and it could be useful to replicate the study with graduates and occupational therapists with long careers in mental health.

This literature relating to inhibitors of professional identity in occupational therapy was mainly from North America, Australia and the UK but it would be interesting to compare findings with studies from other countries including where the role is emerging.

2.3.3.3 Occupational Therapy Education

Occupational therapy students have struggled to establish a role for occupational therapy in a professional context at the same time as having to create their own identity as a student (O’Shea 1977). This early article based on reflection and data from an unpublished masters degree, encourages occupational therapists to become protagonists to develop the profession rather than pawns influenced by others (O’Shea 1977). While thought provoking the data collection for the study was not clear. The teaching-learning relationship must promote freedom so that students can learn to function independently and collaboratively (Fidler 1966). In light of this people concerned with the education of occupational therapists have an obligation to provide students with opportunities for professional socialisation and professional identity development (Raveh 1995). These opportunities need to be varied, and based on current and future practice.
A community of practice is when individuals engage in mutual activities, with a shared enterprise, common repertoire and history (Wenger 1998). Communities of practice can facilitate or inhibit identity development, with the responsibility for that development resting with both the student and the members of that community of practice. Access to the community of practice takes the form of placements for occupational therapy students. Practice placement can be the arena in which to facilitate students in the development of an awareness of values, and in the construction of images of their own and others professional identity (Davis 2006). A sense of professional identity was acknowledged as important when allocating role emerging placements to occupational therapy students (Wood 2005). This web based survey of Higher Education Institutions in the UK (n=21), although raising the need for students to have a strong professional identity before commencing a role emerging placement, gave no explanation of how this was measured or taken into consideration when allocating more traditional placements.

Tompson and Ryan (1996) undertook in depth interviews and observation of four occupational therapy students during four, four week placements. They identified students as learning from a process of modelling rather than explicit teaching. The majority of these placements were implemented in institutional settings and it would be valuable to make a comparison with community focussed sites. As with the qualified occupational therapists (Wilding and Whiteford 2008), learning and utilising the language of the profession was significant with students taking the opportunity to operationalise the concept of occupational therapy. Professional socialisation occurred through a process of osmosis where the underlying beliefs and values of the profession were not addressed but absorbed subconsciously by students without any critique (Tompson and Ryan 1996). In contrast to this suggestion of a passive approach to learning, Clouder (2001) identified professional socialisation as more than just moulding a person, but rather as being a more complex process where individuals have some degree of individual agency. This research tracked 12 occupational therapy students for 3 years and discovered that individuals exercise personal agency, for example improvisation and adaptation. The researcher was a physiotherapist and it would be interesting to surmise if this allowed participants to be more or less open during interviews.

An occupational therapy module on the philosophy and theory of the profession was evaluated by 30 students to explore the link with professional identity (Ikiugu and Rosso
This module, which had online discussion components, raised the students’ awareness of an emerging occupational therapy paradigm (health promotion) and that the philosophical component assisted students in developing a clearer professional identity (Ikiugu and Rosso 2003). Unlike Ikiugu and Rosso (2003), Whitcombe (2012) raised concern that professional identity was constructed by the profession’s philosophy, viewing it as imperative that identity should form from unique knowledge. These findings were from a study examining the professional identify of 20 third year students on a problem-based learning (PBL) programme (Whitcombe 2012). More recently a study of an evaluation of creative media projects completed by occupational therapy students (n=40) indicated that their engagement enhanced their understanding of occupational science which in turn informed their professional socialisation and identity (Collins et al 2011). These three modules from occupational therapy programmes demonstrate a range of modules to address the formation of professional identity. They highlight the complexity of how professional identity should be developed and whether it is based on professional values, knowledge or both.

Professional identity also develops during practice placements. Davis (2006) completed five in-depth interviews with occupational therapy students to examine professional identity development in a community of practice. The researchers concluded that the methodology of exchanging tacit knowledge and stories of learning highlighted the student’s search for identity. Also, a permissive or consultative supervision style facilitated professional identity development with role models viewed as influencing identity (Davis 2006). Toal-Sullivan (2006), in a qualitative study tracking the transition experience of six graduated occupational therapists in Canada, discovered that all participants’ role and identity was influenced by their colleagues, both positively and negatively. An exploration of the indicators for identity development requires further investigation with larger samples and across disciplines. Also, the research of Davis and Toal-Sullivan highlights the influence of relationships with supervisors, peers and others on professional identify development.

In summary, professional identity is a complex construct that evolves and changes over time. Different contexts influence the development of professional identity both positively and negatively. It could be suggested that having confidence as a practitioner, articulating a special contribution and guiding professional practice from theory are
indicators of developing a strong professional identity. Occupational therapy has a history of professional identity crisis due to the confusion with the philosophical underpinnings of the profession and the influence of others. Professional identity can be nurtured with supportive supervisors and encouraging occupational therapists to engage in reflection on professional values. Professional identity is historically and contextually grounded, therefore changes in social and economic structures provide opportunities for a new professional identity trajectory Clouston and Whitcombe (2008). This suggests that occupational therapy has the potential to amend its professional identity through working with new client groups in society and having students on innovative placements, including role emerging placements, may assist in this process. Further research is needed within occupational therapy communities of practice to explore different placement and supervisory models’ influence on professional identity development.

2.4 ROLE EMERGING PLACEMENTS

A role emerging placement involves a student completing a practice placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site supervisor and supervision from an off-site occupational therapist (Wood 2005). Although there is variation in the use of role emerging placements, a tripartite supervision model involving the student, on-site supervisor and off-site or long arm supervisor is most commonly used in occupational therapy practice education (Treseder 2012). This literature review sets the context and rationale as well as introducing different perspectives on role emerging placements in occupational therapy. It outlines some further key themes including development of the profession, academic roles, community collaboration, student learning, ethical dilemmas and organisational issues.

2.4.1 Context of Role Emerging Placements in Occupational Therapy

Overton et al (2009) in a literature review of non-traditional occupational therapy placements, highlighted several drivers behind the development of different placement models including; placement shortages (Huddleston 1999 and Wood 2005); the need for healthcare professionals to be prepared to work in the community (Friedland et al 2001) and for students to be prepared for working in a changing healthcare system (Huddleston 1999). In a recent opinion piece, Cooper and Raine (2009) propose that occupational
therapists need to be prepared to work in the voluntary sector in the UK and that role emerging placements can assist in this learning process.

Although the introduction of role emerging placements is relatively new to Ireland, a survey of Higher Education Institutions in the UK highlighted that eight universities had been facilitating these placements for more than five years (Wood 2005). Presseller (1983) acknowledged that supervision by another professional was accepted in the USA for occupational therapy fieldwork education in the 1970s but rejected in the 1980s, demonstrating that there are fluctuating opinions within the profession regarding supervision models. The idea of placements directly supervised by non-occupational therapists was discussed in the Canadian literature in the 1930s (Friedland et al 2001) and implemented in the 1970s (Westmorland and Jung 1997). Role emerging placements have been part of the occupational therapy curriculum in North America for several decades (Bossers et al 1997a). Johnson et al (2006), from a survey of 1002 occupational therapists stated that there has been an increase in the use of non-occupational therapist fieldwork educators in emerging areas of practice since the 1990s. This increase, with 20% of all level one placements in five occupational therapy programmes in the USA being in an emerging area of practice, does not necessarily indicate an increase in occupational therapists working in those community type settings once graduating, as only 4% actually worked in these services (Johnson et al 2006). This is much less than indicated by a survey of occupational therapy graduates in the 1970s where 35% were working in non-traditional roles, although the sample size and definition of a community role was not evident in this study (Cromwell and Kielhofner 1976).

Some early ideas for implementing role emerging placements included the introduction of academic modules with a community focus. Cromwell and Kielhofner (1976) at the University of Southern California reshaped the curriculum to facilitate a community health promotion focussed learning experience for occupational therapy students in the 1970s. This involved students working part-time in community organisations with no occupational therapist on-site. Individual or group supervision was completed by academic staff. This university based module evolved with a community focus and the profession has continued to think differently about what constitutes a placement in order to meet the needs of changes in health concepts for communities (Farrow 1995). It could be suggested that completing all placements in a traditional apprenticeship model may
slow the growth of the profession (Farrow 1995). This theme was reiterated by Lysack et al (1995) in a survey examining the situation of occupational therapists practising as community therapists, as it highlighted that occupational therapists felt inadequately prepared for their role. The majority of respondents felt that a community placement should be mandatory and several respondents promoted supervision by another health professional to assist in developing skills for networking and consulting. This survey of 200 community occupational therapists, with a high response rate of 65% was based in one Canadian province where the majority of therapists were satisfied with their job, which may have skewed the results positively. Reflecting on the 1989 Fieldwork Symposium in Canada, Backman (1994) encouraged occupational therapists to embrace new options for placements to meet the health needs of the future. Also innovative models may enhance the student experience as being supervised by a qualified occupational therapist does not assure a quality learning experience (Farrow 1995).

From reviewing the introduction of role emerging occupational therapy placements it is evident that such placements have been used for several decades in certain countries. Also, it appears that role emerging placements are viewed by some as a way of embracing the development of occupational therapy in contemporary community based practice.

2.4.2 Rationale in Occupational Therapy Education

The rationale for implementing role emerging placements in occupational therapy is varied. From reviewing the literature, Overton et al (2009) identified several themes including placement shortages (Alsop 2007), healthcare reforms, potential role development and an opportunity to influence the practice choice of graduates. Other similar models, including community volunteering can also provide a solution to placement shortages as a part time role emerging placement (Jenkins et al 2008). Role emerging placements are also viewed as a method to encourage occupational therapy to move into diverse settings. Wood (2005), in a survey of 21 practice placement tutors in Higher Education Institutions in the UK, discovered that the majority of role emerging placements were offered in mental health settings. Similarly, Mulholland and Derdall (2005), in a survey of students and sites in Canada, stated that role emerging placements were mainly in mental health, health promotion and lifestyle issues services. According to Jepson et al (2006), there was a shift from role emerging placements being present to
supplement placement shortages, towards being a quality learning experience for students by encouraging them to develop as autonomous practitioners.

Incorporating role emerging placements into the occupational therapy curriculum has been described in various countries (Thew et al 2011; Healy 2006; Jung et al 2005; Cromwell and Kielhofner 1976). Jung et al (2005) suggest that innovative role emerging placements may be easier to implement if the curriculum is already student centred, with students determining their own learning needs. Role emerging placements provide an opportunity for students to discover how occupational therapy can fit in with the constantly changing delivery of healthcare (Alsop and Donald 1996). Understanding these changes can require support in the curriculum as outlined by Healy (2006) who placed value on students in the UK completing a leadership module to prepare them for future challenges, and before completing their compulsory role emerging third placement.

Therefore, although implementing role emerging placements into occupational therapy programmes has several drivers, the needs of the students and the communities involved must be taken into consideration.

2.4.3 Perspectives

Before discussing the general key themes from the literature it is important to gain an insight into those with experience of role emerging placements. The introduction of role emerging placements in occupational therapy provides both strengths and challenges (Overton et al 2009). These are explored from the perspectives of the Higher Education Institution staff, occupational therapy students, occupational therapists and on-site supervisors. There was a paucity of literature on the client perspective, the development of the profession and the role of academics in role emerging placements therefore these areas have been omitted from this report.

2.4.3.1 Higher Education Institution (HEI) views

Reviewing the literature reveals that there is limited research seeking the views of staff from higher education institutions regarding the use of role emerging placements in occupational therapy. Wood (2005) surveyed practice placement tutors at 27 universities in the UK where 21 universities offered role emerging placements to their occupational therapy students. With a response rate of 89%, the themes from the web based survey
found that role emerging placements were allocated according to the student’s coping ability, independence, sense of professional identity, expression of interest, academic and placement profile. Practice placement tutors stated that the role emerging placement has the potential to develop student skills including independent thinking, creativity in client planning and problem-solving (Wood 2005). This was echoed by a university tutor, reflecting on a role emerging placement situated in a dementia unit stating that students can develop a deep understanding of the occupational therapy role (Doherty and Stevenson 2009). This was a personal reflection from only one placement and it is questionable whether depth of understanding was actually evident.

When reflecting on the introduction of role emerging placements to an occupational therapy programme, Healy (2006) expressed the view that there was a positive response from voluntary organisations who were keen to develop links and take students. Clarke (2010) at another university advocates for the use of role emerging placements with occupational therapy students as a way of preparing students for future practice. This may be encouraging to other HEIs who are considering collaborating with community organisations to seek role emerging sites in order to widen placement experiences for students.

Practice placement tutors identified challenges for the students during the role emerging placements including; isolation, anxiety and not being prepared for the next placement (Wood 2005). Role emerging placements are not necessarily an easy option for placement opportunities as reported by the practice placement tutors, as they can generate additional workload for the HEI (Wood 2005). In one setting, a faculty member of staff took on the role of supervisor in an industrial setting (Westmorland and Jung 1997). The key challenge was the travel time involved and the time required to liaise with the industrial setting. The faculty member was innovative by encouraging the student to video intervention in the factory which was used during supervision sessions with consent of the clients. They also stated that students should be selected on their ability to access the site but would also require self-direction, effective communication and report writing skills.

HEI staff have made little comment in the literature regarding which students would benefit from the experience of role emerging placements. They have identified some
strengths and challenges with role emerging placements but the majority of comments are based on limited experience with this placement model.

2.4.3.2 Student Views

When exploring the students’ views of role emerging placements, perceptions have been presented from interviews, focus groups, module feedback forms and individual reflections on the role emerging placement experience.

_Strengths: positive learning experience_

Completing role emerging placements has been viewed as positive by students. Bossers et al. (1997a) interviewed 11 students following a role emerging placement as either their second or final placement. Themes that emerged from the students included placements contributing to learning by seeing the client as a person, and through personal and professional growth. This study is limited, which is acknowledged by the authors, as member checking was not completed with students as there was a delay in the use of the data. They also knew the interviewer (the placement coordinator) which could account for the positive response during the interviews. Students felt that role emerging placements were a positive learning experience during an evaluation of the introduction of these placements with 21 students (Thew et al. 2008). The on-line survey (80% response rate) and focus group with ten students was a small scale evaluation, with a short placement of one day per week for five weeks and involving only graduate entry occupational therapy students.

Other evaluations of role emerging placements have identified key elements of a positive learning experience. Support and learning from fellow students, self-directed learning and making a contribution were themes from de-briefing focus groups with approximately 220 occupational therapy students following collaborative working in community placements (Mason 1998). Mulholland and Derdall (2005) surveyed students to evaluate the fieldwork educator supervision role in independent community placements/role emerging sites. The primary focus of the research may have skewed the feedback as the students were evaluating the role and not the process and may have felt they had to be positive to keep a person in post. Thirty eight students (70%) responded, valuing learning different client and therapeutic interventions, flexibility, and gaining self-confidence (Mulholland and Derdall 2005). A post placement questionnaire to gain the views of 1002 occupational therapy students in five occupational therapy programmes was administered
in the North East of the USA with a poor response rate of 19% (Johnson et al. 2006). Students perceived that a role emerging placement provided clinical skills in practice including observation, communication, and interviewing. They did highlight many challenges. This project did not investigate the impact of the length of the role emerging placement or pilot the questionnaire in detail to examine the psychometric properties.

Smith et al. (2014) postulated that occupational therapy students through completing a role emerging placement with people from a refugee background develop cultural awareness, competence and foundational skills. This USA based study with 14 students from two occupational therapy programmes collated retrospective information via interviews or written responses to the interview questions. Further clarification is required on the time lapse between the placement and data collection. Also, this study could be enhanced through completing interviews with the students during the placement to capture concurrent information on their experiences as well as the experiences through a reflective gaze. A small qualitative study using participant observation with journal keeping and focus groups with two students explored the learning process of the occupational therapy students (Fieldhouse and Fedden 2009). Deep learning by students interpreting their experience and constructing knowledge was facilitated by the role emerging placement. Although this is a small study involving one site and two students, it does go some way to understanding the learning process which does require further exploration.

Personal accounts of role emerging placements as a student have highlighted that it provides an opportunity to evaluate knowledge (Jamieson and Hill 2009), use an occupation focus (Dancza et al. 2011), carry out assessments (Redmond 2012), use activity analysis (Anderson et al. 2010), create excitement within the practice setting (Kingham et al. 2006; Matthews et al. 2009) and build confidence (Marson and Curran 2007).

**Strengths: developing the role of occupational therapy**

Awareness raising and role development were identified by students as themes from completing a role emerging placement. The survey by Mulholland and Derdall (2005) also identified that the role emerging placement provides an opportunity to define and develop the occupational therapy role. In earlier research, Bossers et al. (1997a)
discovered that students felt this placement model raised awareness of the profession. The role of health promotion and prevention was identified by Friedland et al (2001) from an evaluation of role emerging placements for one year, by capturing the perspectives of forty seven occupational therapy students through journals and questionnaires.

Role emerging placements with another discipline may also lead to role identification and development. Jung et al (2005) during an account of an interprofessional occupational therapy and physiotherapy role emerging placement in a community based health centre for individuals with HIV, described how students discovered their distinct roles, had the freedom to develop a joint assessment and work holistically.

Personal accounts also suggested role development for occupational therapy. Totten and Pratt (2001) reflected on working in a homeless shelter where the placement assisted with professional development and provide the opportunity for innovative interventions such as coasteering, an outdoor activity used with clients with a mental health difficulty (Williams 2009).

**Strengths: autonomy and freedom**

In a reflective article on working in a homeless shelter, the development of autonomy was viewed as a strength of the role emerging placement experience (Totten and Pratt 2001). This reflection was supported by Friedland et al (2001) who from the evaluation discovered that the ability to work independently was viewed positively by students. This was identified subsequently by Mulholland and Derdall (2005) as students enjoyed the freedom of their work schedule and also from an evaluation to examine reactions to the first role emerging placements at Salford University (n= 26) with students reporting that they valued the autonomy (Hook and Kenney 2007). Kearsley (2012) through reflecting on her own and successive students experiences, suggested that the autonomy in the role emerging site led to personal and professional development.

**Challenges: supervision and feedback**

According to Mason (1998) in the focus groups mentioned earlier, students also described issues from the role emerging placement experience linked to supervision, including lack of individual feedback, limited time observing occupational therapists and being over-supervised in small settings. Kearsley (2012), in an opinion piece indicated that some
students stated concern over their professional identity which was perceived in part due to the lack of on-site support. Importantly, students also acknowledged that they still learnt from negative experiences (Mason 1998). An issue regarding the lack of structured supervision and safety issues were highlighted in a student survey by Mulholland and Derdall (2005) which indicated a need to explore the supervision process in more detail.

**Challenges: emotion**

Role emerging placements have been emotional experiences for some students. Kinghorn *et al* (2006) personally found the idea of the placement anxiety provoking and it was a challenge to develop occupational therapy systems. Cooper and Raine (2009) in an opinion piece, described several emotional challenges with role emerging placements, including students being overwhelmed, isolated and needing to be assertive to retain an occupational focus. Students also indicated feeling unprepared for the placement which had impacted on their experience (Mulholland and Derdall 2005). These emotional responses by students may be exacerbated by the environment in which they work. Students have reported observing unprofessional behaviour and negative attitudes towards their plans from staff (Hook and Kenney 2007). French and Hughes (2007) in a participant observation case study of a role emerging placement describes in detail how the student experienced hostility, role conflict and the threat of no occupational therapy post being forthcoming at the end of the placement which had been an aim of this particular placement.

**Challenges: skills**

Friedland *et al* (2001) discovered from their evaluation of role emerging placements that some students thought they were missing clinical skills just before graduation, had concerns regarding professional identity, and wanted more information on marketing in the profession, although the numbers making this comment were unclear. These themes were identified as part of a larger evaluation of the introduction of community role emerging placements, and students kept journals and participated in pre and post placement questionnaires. The number of participants in this study is not clear and the method of sharing journal information may have caused the students to self-edit their entries. In a large survey (n=197) of students who had completed a role emerging placement, Johnson *et al* (2006) discovered students felt they observed significantly less theory in practice, had less opportunity to practice clinical skills than when with an
occupational therapist and preferred ‘real’ occupational therapists as supervisors. The student perspective has identified that a role emerging placement can be a positive learning experience, developing the role of occupational therapy and providing an opportunity for autonomy and freedom in a professional programme. To counteract these themes, it can also raise concerns regarding supervision, be an emotionally challenging experience and bring into question the development of professional skills.

On a more positive note, the development of skills was highlighted by Heubner and Tryssenaar (1996) who completed a phenomenological single case study with a student during a non-traditional/role emerging placement. Daily journal entries were recorded for six weeks by the student and analysed retrospectively by the authors. The student enhanced skills of building rapport, being flexible and creativity. This study indicates key information that can be obtained from an in-depth study that may be missed in a larger quantitative study.

### 2.4.3.3 Occupational Therapist Views

Fisher and Savin-Baden (2002) investigated the views of occupational therapists regarding the use of role emerging and collaborative models of practice education through seventeen focus groups and eight interviews in the UK. Many of the occupational therapists were unfamiliar with role emerging placements but had concerns about their use and felt that it was an unacceptable idea and “....raised concerns about the lack of direct supervision and the nature of the learning experience” (Fisher and Savin-Baden 2002, p.280).

It is important to note that these concerns are from an unspecified number of occupational therapists with limited experience of role emerging placements from one geographical region. The occupational therapists put forward the idea of a role emerging placement as being an elective placement, option or as an interagency model where a student has an occupational therapist as supervisor part-time and has part of the placement in a role emerging setting (Fisher and Savin-Baden 2002).

There is limited research into the experience of the role of an off-site/professional supervisor. Written feedback was collated from occupational therapy supervisors for an evaluation of collaborative group learning in community role emerging settings (Mason
The occupational therapists reported that students developed collegial relationships, extended clinical skills, and functioned well. It was also acknowledged that some students required more structure and time for individual feedback which was limited in this group supervision approach (Mason 1998). The number of occupational therapy off-site supervisors commenting is not clear and the evaluation should have included more on the experience of the role of an off-site professional supervisor.

Three individuals reflected on their experiences of performing the off-site occupational therapy supervisor and identified the role as a CPD activity, providing the opportunity to revisit the occupational therapy process (Wilcock et al. 2009). In an earlier personal reflection the role was viewed as rewarding and promoting critical reflection (Matthews et al. 2009). Challenges with the role of off-site occupational therapy supervisor included supervision taking longer than expected and a certain level of experience being required to fulfil this role (Wilcock et al. 2009). The role can be daunting and a steep learning curve (Matthews et al. 2009). Also, Thew et al. (2008) in an evaluation of role emerging placements for a full cohort of twenty one occupational therapy students, gained feedback from the occupational therapy off-site supervisors though workshops and telephone discussions. Many occupational therapists recommended this method to colleagues although there are time constraints regarding travel in this role. Thew et al. (2008) suggest that this can be performed by part-time or managerial staff that may not otherwise consider, or be in a position to facilitate a student placement. Although useful, this feedback was informally collated and it is not evident how many people contributed to the feedback.

There is limited research on the role of the off-site/professional occupational therapy supervisor. Feedback collated appears in the form of reflections or focusses more on the supervisors’ views of the students. It is important to note that the literature has identified this as a positive role that promotes personal learning.

2.4.3.4 On-site staff views

Of all perspectives, it is the on-site, supervisors which are represented the least in the literature either from within research or personal narratives. Mason (1998), in a study evaluating a group supervision model in a role emerging setting, reported that 90% of on-site supervisors agreed strongly that students worked in a cooperative way, developed
respectful collegial relationships and contributed to the service. This information was acquired from feedback forms but the number of on-site supervisors commenting is not clear. One social worker in the role of on-site supervisor acknowledged some initial concerns regarding the role emerging placement but reflected that the occupational therapy student was respectful, demonstrated abilities in risk management and had confidence in their own professional role (Kinghorn et al 2006). Furthermore, having the student on placement in a community mental health resource centre encouraged the team to reflect (Kinghorn et al 2006). Mulholland and Derdall (2005) surveyed sixteen role emerging sites. From the 75% of responses, all sites provided supervision, daily direct interaction with students and regular feedback. Sites reported benefiting from having students due to their energy and ideas. Also, it was highlighted that having two students may not always work out in a role emerging site (Mulholland and Derdall 2005).

Marson and Curran (2007) in a reflective piece highlighted that the team manager of an assertive outreach housing team found the student useful and that their development ideas lasted longer than the duration of the placement. Through the demonstration of occupational therapy skills, the site was willing to take other students and was considering seconding an occupational therapist to the team. The on-site supervisors were key partners in the role emerging placement process. Their views are essential in the evaluation and development of this placement model.

2.4.3.5 Community Collaboration
According to Rubenstein and Galvaan (2006) “... as occupational therapists attempt to address clients’ occupational needs, they have to consider practising in more diverse settings” (p. 11). This has been addressed in some settings by collaboration with community organisations. Friedland et al (2001) concluded that community placements in Ontario were viable with an off-site supervisor and the number of placements increased in a four year period. Collaboration has also been targeted with specific client groups in the community, in order to encourage occupational therapy students to consider new areas for work in the future. Rodger et al (2009a) in an evaluation of the student perspective of role emerging placements in mental health settings concluded that students were more likely to go into mental health areas in the future but unfortunately students were not tracked into their first jobs to see if this actually occurred. Other areas to target for role emerging placements have included private practice (Potts et al 1998), primary healthcare (Gilbert
Hunt 2006) and schools (Dancza et al 2011). Role emerging placements have been completed recently in the UK with a variety of communities including refugees (Alecock 2010), residential care (Chandler 2010), homeless people (Fitzsimmons and Allcoat 2010) and the clubhouse model (Anderson et al 2010). The variety of sites indicates potential client groups and communities where occupational therapy may seek collaboration for role emerging placement.

Role emerging placements are viewed as providing students with the opportunity to experience the impact of the environment on an individual. Rubenstein and Galvaan (2006) reflecting on the insights gained by a student-therapist and supervisor during a ten week role emerging placement in a health promoting school in South Africa, stated that the placement provided an opportunity to experience the reality of living in poverty. This reality of practice was also described by Bosers et al (1997a), as the philosophy of occupational therapy fits well with the community context. This was also a key reflection from Jamieson and Hill (2009) who felt that the community organisation already had a similar philosophy to occupational therapy. Community collaboration through role emerging placements has the potential to benefit the community, the students and the profession of occupational therapy.

2.4.4 Student learning
The literature on different perspectives highlight areas of learning for students during role emerging placements. Bosers et al (1997a) stated that through students developing the occupational therapy role and expressing these ideas it led to a positive learning experience. Jung et al (2005), in describing the implementation of an interprofessional role emerging placement with an occupational therapy and physiotherapy student in a community HIV facility in Canada, postulate that role emerging placements encourage students to learn skills, strive to become critical thinkers and advocate for their profession which is valuable as they begin their career.

Boniface et al (2012) in a action research study to explore the experiences of role emerging placements highlighted the value placed on experiential learning for the students personal and professional development. Although acknowledged as a small scale study involving only two supervisors and four students it would be better viewed as a pilot study leading to further use of their model. Also this research involved the use of a
peer assisted and role emerging placement model with students from two different countries, which while of value does not make it clear if it was the role emerging or the peer assisted supervision model that had the greatest impact on personal and professional development. Boniface et al (2012) in light of their findings suggest that too much preparation for the placement may reduce the amount of personal and professional learning that occurs.

When discussing their reflections from the introduction of role emerging placements in two universities, Cooper and Raine (2009) felt that students’ learning is evident through the development of core skills and professional identity. Advocacy and leadership skills were also described as evidence of learning (Jung et al 2005). Introducing an evidence-based tool and providing training gave one occupational therapy student the opportunity to demonstrate their learning (Doherty and Stevenson 2009). Sullivan and Finlayson (2000) when describing their approach in developing role emerging placements in Canada advocated that role emerging placements promote student competency development in innovative settings due to the ‘just-right’ challenge. The depth of learning requires further investigation and as does whether the learning experience of a role emerging placements contrasts with the learning from a traditional apprenticeship model placement.

2.4.5 Ethical dilemmas

Within the literature an area which has received little debate in either the personal reflections or research is the ethical dilemmas associated with introducing a role emerging placement. The College of Occupational Therapists (COT 2006b) state that when developing and implementing these placements, there are several ethical considerations. These include client expectations being raised, withdrawal of service and avoiding exploitation of the students (COT 2006b; Wood 2005; Warren 2011). A survey with students and practice educators where students received part time supervision from an occupational therapist, suggested that there may be an issue of disadvantaging the student as they are not receiving full time supervision from an occupational therapist (Rodger et al 2009a). This was a small survey of six students and eight practice educators based solely in mental health settings which may have impacted on the responses. Cooper and Raine (2009) argue that expecting a student to develop an occupational therapy role with limited supervision could present a risk to the future of the profession. Also, when describing the development of a role emerging site for a respite service for people with
dementia, the service was set up specifically by an academic for the placement on one session per week or half a day per week (Rydeen et al 1995). The ethical implications of this service only being for part of the year was not explored. Some ethical issues have been raised in the literature based mainly on opinion or small sample studies but methods to address these potential ethical issues are not described in detail.

2.4.5.1 Organisational Issues

Planning role emerging placements takes considerable time, marketing and collaboration (Thew 2006; Wood 2005). Often the organisation required for placements has fallen to both academics and staff specifically allocated to a practice education role. Jung et al (2005) when describing the implementation of a role emerging placement, state that with careful planning, students at all levels can benefit from the learning experience. This was supported by Thew et al (2011) who gave a description of the development of a role emerging placement for students at the Leeds Metropolitan University and felt that it was realistic and beneficial to send whole cohorts of students to a variety of settings.

A collaborative model involves more than one student working together at one site and this is sometimes used with role emerging placements. Utilising peer support was viewed as mutually beneficial (Rodger et al 2009a), although this model may not work in all role emerging sites (Mulholland and Derdall 2005).

Rigorous protocols are required to ensure effective planning and quality controls of role emerging placements (Jepson et al 2006). Occupational therapy professional organisations have developed resources to guide the introduction of role emerging placements (Bossers et al 1997b; COT 2006b). These documents are based on experience gained in Canada and the UK respectively and outline roles and responsibilities for the university, the organisation, the on-site and off-site supervisor, and the student. More recently stakeholders were assembled as part of a quality initiative at the University of Limerick to develop practical guidelines for all those involved in role emerging placements (Warren 2011). To date, all of these guidelines are not monitored as standards by the professional organisations.

There is some debate regarding whether there should be prerequisites for students completing role emerging placements. Friedland et al (2001) concluded that screening
students for specific skills has both strengths and limitations. Screening students is suggested but the method and prerequisites skills required are not clearly identified (Rodger et al 2009a). Also, as highlighted earlier by Bossers et al (1997a)

Limiting the role-emerging placements to the students who already clearly possess the needed attributes, may limit potential growth opportunities for students who may develop within the climate of the placement. (p.78)

Therefore to select specific students for a role emerging placement may disadvantage other students. Suggested prerequisites for students have included the ability to use initiative, being confident and motivated (Bossers et al 1997a) and self-directed (Westmorland and Jung 1997). Also, a student’s coping ability, academic and placement profile may need to considered (Wood 2005). Sullivan and Finlayson (2000), when reviewing the use of role emerging placements for several decades at the University of Manitoba, stated that it is unethical to send students to role emerging placements if there are questions about the student’s ability and/or issues arising from previous placements. It was not clear from these articles how prerequisites could be investigated and measured or whether these are leading to the selection of only ‘strong’ students for role emerging placements and are therefore not providing equity across the student cohort.

The timing of a role emerging placement within student programmes has received some attention (Hook and Kenney 2007). Bossers et al (1997a) recommend the final placement being role emerging as it provides the opportunity to apply previous experience. Also, the issue of whether role emerging placements should be made compulsory was raised for debate by Cooper and Raine (2009), which led to the question being posed of when do role emerging placements emerge (Warren and Wilson 2009)? This was questioning whether there should be a time limit for sites facilitating occupational therapy students if part of the aim of a role emerging placement is to generate an occupational therapist post in this setting. These questions remain unanswered at the current time.

In summary, from reviewing the literature is it evident that there has been limited research into the use of role emerging placements in occupational therapy. Much of the literature is descriptive in nature with limited longitudinal studies. As a role emerging placement involves the scope of occupational therapy widening, and a change in the model of supervision received, it is essential to investigate if role emerging placements impact on the occupational therapy student’s learning (Gilbert Hunt 2006), their
competency and their practice once qualified (Bossers et al 1997a; Fisher and Savin-Baden 2002; Thew et al 2008; Overton et al 2009). Wood (2005) in a UK survey discovered that universities planned to develop role emerging placements in the future. Therefore research into this model is essential to ensure the competence of graduating occupational therapists. This is an opportune time to explore the student learning experience as role emerging placements are new to Ireland (Warren et al 2010/11) and are required to develop placement education beyond traditional contexts.

2.4.6 Chapter summary

This literature review highlights that there has been limited exploration into the experiences of both occupational therapy students and supervisors during role emerging placements. As this placement model potentially involves widening the scope of occupational therapy practice and introducing a change in the model of student supervision, it is essential to investigate the impact of the learning experience on the occupational therapy student’s professional identity, competency and capability to practice. Also, once qualified, to examine the influence of the role emerging placement experience on their professional development. Therefore this study seeks to explore the experience, potential value and longer term impact of occupational therapy role emerging placements through gaining the perspectives of students, occupational therapists and supervisors.

2.5 RESEARCH QUESTION

How do role emerging placements provide learning contexts that support the professional development of capable occupational therapists?

2.5.1 Aim

To explore the relationship between role emerging placements and the professional identity of the occupational therapy profession.

2.5.2 Objectives

1. To investigate the professional identity of occupational therapy students before, during and after the completion of a role emerging placement.
2. To explore the students’ learning experience and development of competency/capability from their role emerging placement experience.

3. To interview graduate occupational therapists who completed a role emerging placement to discover their perception of the impact of this placement experience on their scope of professional practice and development.

4. To explore the supervisors experience of role emerging occupational therapy placements and their perceptions of the potential for integration of occupational therapy into their service.

5. To deepen knowledge as an occupational therapist, educator and Interpretative Phenomenological Analysis researcher.

The following chapter outlines the methodology chosen to address this research question.
Chapter Three
Methodology
3.0 INTRODUCTION

Chapter Three presents the research paradigms that frame this research. The methodology firstly discusses the epistemological underpinnings of the study. A phenomenological theoretical perspective and Interpretative Phenomenological Analysis (IPA) are justified and contrasted with other relevant theories. Research methods utilised are presented with explanations of other methods taken into consideration. The participants and research strands are described as are key ethical issues and strategies related to this study. The procedure is outlined for data collection in detail for the three strands of the study. Two distinct forms of data analysis are presented with justification for their use. Key strategies to enhance the quality of this research are described with a reflexive commentary given towards the end of this chapter.

This research seeks to explore and describe the subjective experience of participation in role emerging placements from the perspectives of occupational therapy students, occupational therapists and supervisors. It aims to critique the potential value and longer term impact of occupational therapy role emerging placements through three research strands; the student, occupational therapist and supervisor strands.

3.1 STUDY DESIGN

When undertaking or designing any research it is important to be explicit about the theoretical underpinnings of the research. A paradigm includes the philosophical assumptions relating to what is under study, the purpose and also product of the research (Hammersley 2012). Within social and educational research, there is confusion regarding paradigms of enquiry given the diverse influences of philosophy, sociology and psychology and the unique language within each of these disciplines (Hammersley 2012). Within this research I incorporated the building blocks of research as outlined by Grix (2010). In figure 3.1, moving from left to right, commencing with the foundation of ontology, each aspect of the research process is interconnected.
Firstly, it is important to acknowledge the paradigm of enquiry of this research which is informed by constructivism. A paradigm is a set of beliefs that is based on ontological, epistemological and methodological assumptions (Denzin and Lincoln 2005). This research is ontologically rooted in constructivism as I contend that reality is never truly known as it is ever changing and reproduced by people as they act on their interpretations and knowledge of reality (Welford et al 2011). Therefore, social phenomena and their meanings are continually being accomplished by social interaction and categories are constantly revised or fluid (Finlay 2006a; Grix 2010). Within constructivism, knowledge is socially constructed and explores the structures and processes of a phenomenon (Crotty 1998). As it is socially or co-constructed the personal, social and cultural context of the researcher and researched influences the creation of knowledge.

Epistemology relates to what and how can we know about reality (Grix 2010) therefore my epistemological position relates to subjectivism as each person has a unique perspective that is grounded in personal experience. As a researcher I go into the reality of the researched to illuminate their understandings of reality therefore, the researcher and the researched co-create knowledge (Denzin and Lincoln 2005).
Methodology

Subjectivism and constructivism is supported by Crotty (1998) who argued that these concepts are theoretically commensurate. This research is also informed by both critical realism and constructivism given that experience and knowledge is socially constructed or co-constructed but it is still possible to capture the essences or structures of a phenomenon (Finlay 2006a). Therefore within this research I attempted to capture ways in which the phenomenon of role emerging placements was experienced from a range of subjective positions to shed light on the essential structures or themes of the experiences.

Knowledge is co-created though the interaction of the researcher and participants (Denzin and Lincoln 2000). The students, occupational therapists and supervisors are multiple social actors interacting to produce the social phenomenon (experience of role emerging placements), therefore the themes from this research will change and become revised as others’ perspectives are integrated in future research. What we will know about a phenomenon, role emerging placements in this instance, will relate specifically to the people in the context of this research. Exploring the processes and meanings of the role emerging placement experiences in context and how they support the development of competent and capable occupational therapists will generate knowledge related to the placement model.

This study is framed in constructivism as the researcher and researched create knowledge through an interactive process and the researcher is part of the world under study (Finlay 2006a). The background of the researcher and researched cannot and should not be ignored in this process. There are multiple realities, not one true reality in the social world (Grix 2010). This leads to the use of a hermeneutic and interpretative methodology in this research that is phenomenology, which studies meaningful social experience.

The research needs to become more reflexive, that is referring to me, my influences, background during the research process and the influence this may have when creating knowledge (Cronin-Davis et al 2009). This happened at all stages of the research process, from designing the research, engaging in interviews, analysing the data and when discussing the findings. Approaches to enhance reflexivity in research practice are outlined in the quality section of this chapter with a reflexive commentary embedded in relevant chapters.
The research question—how do role emerging placements provide learning contexts that support the professional development of capable occupational therapists?—is exploratory in nature and therefore better suited to constructivism. The research question attends to a complicated process that cannot readily be understood through systematic control of variables. This is due to the data not being simple to collect as the placement model cannot be scrutinised through controlling variables. The current research is inductive rather than hypothesis driven (Grix 2010). The potential patterns identified within the data may lend themselves to deductive inquiry at a later date. The study is guided by a constructivist approach as it seeks to investigate how people, see, think and feel about a particular phenomenon through taking multiple perspectives. The meaning of experience, central to this study would be missed within a post-positivist approach where ‘what people do’ and ‘how many’ would be the focus without exploring questions of ‘how?’ and ‘why’. Also the constructivist approach acknowledges that it is inevitable that my assumptions will influence the creation of knowledge, which is particularly relevant in light of my previous experience with this placement model. In line with a constructivist approach, I am embedded within the research through my role as an educator of occupational therapy students and a practising occupational therapist. This research is a process of co-construction between me as researcher and the participants in the study.

A systematic and flexible qualitative approach facilitated an in-depth exploration of the experience of occupational therapy students, practitioners and supervisors. Utilising a qualitative methodology allows the development of understanding of subjective experience (Denzin and Lincoln 2000). The design of the study is phenomenological as it seeks to explore and describe the subjective experience of engaging with role emerging placements. As highlighted in a previous role emerging placement study by Fieldhouse and Fedden (2009), it is essential to incorporate the students’ perceptions in order to understand the process behind the student narrative. This study is prospective research given that it captures the experiences of students as they complete their role emerging placements. There is also a retrospective element to the study as qualified occupational therapists and supervisors are encouraged to explore the impact of role emerging placements on professional and service development.
3.2  METHODOLOGY

Qualitative research yields useful knowledge and is a legitimate form of science using scientific strategies to examine firsthand experience occurring in the natural setting (Giorgi and Giorgi 2008; Willig 2008). It takes a critical approach toward knowledge as it recognises the influence of history and culture and appreciates that knowledge is constructed intersubjectively through language (Langdridge 2007). This acknowledges the subjective role and the relationship that researchers have with the participants (Finlay 2011). Rich description or interpretation of phenomenon in terms of the meaning for the people experiencing the phenomenon is the concern or focus of qualitative research (Langdridge 2007). My research is inductive and seeks to explore the phenomenon of role emerging placements in order to illuminate the process of professional development from several perspectives and so a qualitative methodology is appropriate. In the early stages of this research several methodologies were considered and my decision making process is outlined below. I then proceed to provide a comprehensive overview of phenomenology.

3.2.1  Considered Methodologies

Grounded theory, while stemming from a constructivist epistemological position which has some similarities with phenomenology, was discounted as an appropriate methodology for this study as the research was exploratory in nature and not concerned with the generation of theory. Grounded theory originated in the work of Glaser and Strauss who aimed to systematically collate and analyse data to develop theory (Goulding 2002). According to Willig (2008) grounded theory is concerned with the social processes that account for a phenomenon originating from sociology. In practical terms, grounded theory tends to complete data gathering with larger samples and aim for theoretical saturation. This is a post-positivist approach, seeking objectivity which does not fit with my world/ontological view. Achieving larger samples of student participants would be difficult within occupational therapy in Ireland at present due to the relatively small numbers who are completing role emerging placements and who may be willing to participate in longitudinal research. The use of grounded theory moves away from the meaning of the learning experience for individuals towards the grouping of themes. Also, data saturation is not possible from the constructivist ontological position where there are multiple views of reality that are ever changing. Therefore having this ontological position assumes that is not possible to have one true theme or theory. Although there are
similarities in the terminology used in grounded theory and interpretative phenomenological analysis, the former is concerned with constructing theory whereas the latter focuses more on revealing the essence of a phenomenon (Willig 2008) and consequently is a more appropriate methodology for this research.

Ethnography is primarily concerned with the concept of culture obtained through analysing the actions and interactions within a group, generally over a sustained period of time (Marshall and Rossman 2011). This approach was initially explored as a potential methodology particularly as student observation on role emerging placements had been completed on a small scale by Fieldhouse and Fedden (2009) in the UK and Bossers et al (1997a) in Canada. Through careful consideration of the influence of the researcher within the placement context on both the students and the people accessing services this methodology was discounted. There were ethical considerations relating to maintaining the confidentiality of the placement site and because of the vulnerability of the clients who used the service. This was exacerbated due to the current small number of role emerging placements in use in Ireland. My presence had the potential to have an adverse impact through increasing the stress levels of clients and also the students who are already in a setting where their performance is graded.

Narrative is used within qualitative research to capture personal accounts as skilfully structured stories informed by theory (Silverman 2010). Narrative analysis is concerned with the construction of the context in which people’s lives take place. A narrative element is maintained in the study as the IPA analysis, after interpretation is presented as a narrative (Smith et al 2009). This narrative element is different to that depicted by Kohler Riessman (1993) who describes narrative analysis as not fragmenting stories into thematic categories. Studying verbal accounts of personal experience leads researchers to examine explanations of that experience to look for meaning for the individual (Cortazzi 1993). A narrative approach is recommended for use in the study of teachers’ culture and thinking (Cortazzi 1993). Therefore it could be relevant for exploring the culture and development of occupational therapists. Narrative enquiry involves the researcher and the researched forming a collaborative relationship based on mutual openness (Marshall and Rossman 2011). While conducting this research the development of trust within the interview context is imperative, although it may not be possible to reach a true mutual openness. This is due to my dual role as a member of staff on the occupational therapy
programme and the fact that I already know the students, occupational therapists and supervisors.

Originally a role emerging placement site was considered as a case study for this research. Case studies are valuable as they are useful for educational evaluation (Simons 2009) and can be exploratory or descriptive (Yin 2003). This would have involved obtaining information from the students, from the on and off-site supervisors as well as data from the student assessment in order to research the site in depth. By doing this, the site would have been too identifiable as only a small number of placement sites exist at present. Also, the longer terms impact of the role emerging placement and the subsequent tracking of the influence of the model on graduates’ professional practice would not have been possible in the time frame of a PhD study. Therefore I moved away from a case study design for this towards retrospective and prospective research strands. The prospective strand presents five student cases collated over the duration of the role emerging placement and following them into the first few months of professional practice. Taking this approach offered more protection to potential participants and the case study approach could be used in the future when more sites are available and could then include the views of the service users and funders.

In summary the building blocks of ontology and epistemology have led after careful consideration to the selection of a phenomenological methodology for this research. The research question focus is on exploring the processes and meanings of the phenomena of role emerging placements. A description and rationale for a phenomenological thread is outlined in the next section.

3.2.2 Phenomenology
Phenomenology is a qualitative methodology that is interested in how people make sense of their life experience to gain insights into a particular phenomenon. This can be an experience, event, process or relationship. It seeks to capture lived experience by describing the richness and layers to attempt to intuit implicit meanings (Finlay 2011). These meanings or themes although layered are not hierarchical (Langdridge 2007).

“... phenomenology seeks the psychological meanings that constitute the phenomenon through investigating and analysing lived examples of the phenomenon within the context
of the participants lives” (Giorgi and Giorgi 2008, p.28). Therefore phenomenology is of relevance to my study which seeks to highlight the meanings of a learning experience within the specific context of role emerging placements. Phenomenology can use different perspectives to find the essences of experience (Langdridge 2007) and within my research several student, graduate and supervisor perspectives of the experience of role emerging placements is explored through interviews. According to Langdridge (2007) phenomenological research describes accounts of an experience to understand the meaning and essences which are the structure of the phenomenon. Therefore this research will highlight the meaning attached to the role emerging placement experience in terms of forming the professional identity and development of occupational therapists.

Finlay (2011) advocates that all phenomenological research should be concerned with existential issues which relate to the experience of existence or our human condition. My research is concerned with the development of professional identity which is related to self-identity and can therefore be considered an existential issue. Within this research I am interested in how role emerging placements appeared to the students, graduates and supervisors and it is my intention to illuminate the experience generally and more specifically in terms of professional development. Phenomenologists often collate experiences through retrospective descriptions and the descriptions from others (Giorgi and Giorgi 2008). All accounts are retrospective in this research with the students, occupational therapists and supervisors describing their own experience of the role emerging placements.

3.2.2.1 Historical roots

Phenomenology is the philosophy applied to psychology to explore and understand people’s perceptions of the world and what it means to them (Langdridge 2007). An object exists in our reality only when we perceive it, when it is presented in consciousness and varies in contexts. For example, when I perceive a mountain such as Snowdon in Wales, I think of hiking and of a feeling well-being. For others this mountain could evoke a fear of heights or injury. Perceptions of the world vary between people. Phenomenology is interested in how the world appears to people in order to illuminate the lived world of the participant (Langdridge 2007). Also, the world does not exist out there separately from our perceptions and therefore we are intertwined with the body, the self and the world (Finlay 2011). The body shapes our experience of the world and according to
phenomenologist Merleu-Ponty (1908-1961) connects us to the world (Finlay 2011). For example, grief is often described in terms of emotions such as sadness but people also describe feeling grief as a ‘heavy heart’ or ‘numbness’ which is an embodied experience.

Phenomenology originates from the work of Edmund Husserl (1859-1938) in the early twentieth century and is concerned with how objects and events appear in consciousness to create knowledge (Giorgi and Giorgi 2008). Husserl advocated for a need to “return to the things themselves” to see the world as a lived experience and not an object to probe, pull apart or experiment on (Langdridge 2007). Martin Heidegger (1889-1976), a student of Husserl took an existential turn with a focus on understanding human existence (Langdridge 2007). This movement from descriptive to interpretative phenomenology has led to tensions between philosophers and these contrasting theoretical positions inform phenomenological research. Descriptive and hermeneutic phenomenology and the phenomenological attitude are presented in the next section with their relevance to this research.

3.2.2.2 Descriptive Phenomenology

Husserl was the founder of descriptive phenomenology who wished to create a new science which moved away from positivism, to a transcendental descriptive phenomenology which studied the essence of conscious experience (Finlay 2011). Husserl encourages us to think about adopting a phenomenological attitude to move away from our natural attitude and understand things as we see them. We live life through the natural attitude which are the assumptions we take for granted. To achieve a phenomenological attitude Husserl introduced the concepts of epoche and phenomenological reduction (Dowling 2007).

Husserl suggested that an attitudinal modification is required to bracket other instances of phenomena to help researchers notice the different nuances or new dimension of phenomena to uncover the essences of a phenomenon (Giorgi and Giorgi 2008). This process (also known as epoche) is a process to attempt to abstain from our presuppositions, preconceived ideas about a topic. This bracketing sets aside the researchers assumptions which we have acquired through living in the world in the natural attitude (Langdridge 2007). ‘Phenomenological reduction’ is the process used within epoche to achieve this attitudinal shift. It involves describing the features of the
phenomenon through the horizontalisation of essences to describe the relationships between themes and verification of the analysis by taking essences back to the text. Heidegger challenged this view stating that true epoche or bracketing is not possible due to our embeddedness in the world (Finlay 2011). Researchers can attempt to bracket off one’s perceptions and be open to participants’ experience through returning to the things themselves through the process of the phenomenological attitude. Within my research, I feel strongly that pure bracketing is not attainable but opt more for adopting strategies to develop a phenomenological attitude.

3.2.2.3 Hermeneutic Phenomenology

Hermeneutic phenomenology evolved away from description of phenomena towards interpretation, with emphasis placed on contextual meanings (Finlay 2011). This moves away from the search for essences which is the focus of descriptive phenomenology. The researchers’ interpretations are intertwined with findings and context. Therefore intersubjectivity is embraced through reflexive acknowledgement of the researcher’s involvement. The method of interpretation emerges from the data with no clear formal process. Heidegger led this move away from consciousness to being, stating that we are immersed, embedded and situated in our existence which suggesting that it is not possible as humans to put assumptions aside or perform phenomenological reduction (Langdridge 2007). He encouraged the embracing of the embeddedness of interpretation through the phenomenological attitude.

Within hermeneutic phenomenology, clues within text are viewed as indications or surface manifestations which are connected to the deeper or latent form which is yet to emerge. Engagement with the text allows hidden meaning to appear as the analysis draws out the surface manifestations and engages with the text to draw out latent meaning. According to Schleiermacher, a hermeneutic phenomenologist, this interpretation has both grammatical and psychological elements looking at the intentions behind words (Smith et al 2009).

Jean-Paul Sartre (1905-1980) stated that we are developing throughout our life and that we are embedded within social relationships (Smith et al 2009). Consciousness, or the self is created through lived experience and we are always becoming ourselves, and changing with experiences (Langdridge 2007). Sartre highlighted the importance of
Nothingness, whereby the things that are absent are as important in defining who we are and how we see the world as those things that are present in our lives. This would suggest that our world is shaped largely by the presence of others and the projects they are engaged in (Smith et al. 2009). Our experience is contingent upon the presence and absence of our relationships to other people. Therefore, in a role emerging placement where the occupational therapist educator is absent most of the time, this absence may influence the student’s experience and ultimately their professional development.

3.2.2.4 Phenomenological Attitude

Phenomenology begins with deep reflection and critical concentration to attempt to set aside our values or ways of seeing the world or phenomenon (Finlay 2011). This phenomenological attitude involves the researcher temporarily pushing aside assumptions, judgements and theories to become fully engaged in the research and to be open to what may appear or be illuminated about the phenomenon (Finlay 2011). Bracketing is not about minimising bias, it is about becoming fully engaged as the researchers are inevitably part of what is being researched and the phenomenological attitude is a reflexive process (Finlay 2011). Attending to the philosophical theory and the phenomenological attitude are essential in phenomenological research (Finlay 2009). Therefore I developed a phenomenological attitude to acknowledge my previous experience and views regarding role emerging placements to determine how this may shape my analysis of the transcripts when seeking meaning from other perspectives. My previous experience as an occupational therapist facilitated the adoption of the humanistic values of empathy and acceptance in respecting participant’s views of their experience as their truth during the interviews and when analysing the transcripts. Using IPA meant adopting a phenomenological attitude by remaining open to preconceptions which emerged during the process of engaging with new views of the experience. I continually revised my assumptions in light of the new phenomenon through the use of a reflexive journal and discussion in research supervision. Reflexivity is an essential ongoing process in phenomenological research, therefore my assumptions are outlined within the introduction of this research. I realised that my awareness of my assumptions or values may alter once data collection commenced and are discussed in on going reflexive commentaries. This is consistent with the views of Gadamer (1900-2002) who stated that we can only know our preconceptions once interpretations are underway and that all interpretations are culturally and historically situated (Langdridge 2007). Therefore I need
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to review my assumptions, or as Gadamer would describe prejudices, throughout the research process and be aware of where I am situated, particularly in relation to the participants and the topic. These assumptions are highlighted within the reflexive commentaries in key chapters.

The ‘hermeneutic circle’ is an important concept within hermeneutic phenomenology and describes the need to understand the whole in order to understand the part and vice versa (Smith et al 2009). Therefore analysis is not linear but circular and complex with no beginning and no end (Blank 2011). To understand the meaning of a word of an interviewee, for example communication, I need to understand the word in the context of the other words in the sentence and also with the other sentences around and finally the context of the whole interview. To gain an insight into the meaning of communication for a participant I need to move back and forth between individual words, sentences, transcripts and more broadly the whole research project to gain insights into the phenomena of role emerging placements and their influence on professional development.

According to Langdridge (2007), phenomenology has key concepts but not all concepts are used by each phenomenological methodology. All view the researcher as a co-constructor of the topic and so an acknowledgement of the historical, cultural and personal context of the researcher is important (Langdridge 2007) and this is outlined in the reflexive statement in the introduction. Phenomenology is interested in the way consciousness is “turned out” on the world as ‘intentionality’ (Langdridge 2007). Intentionality refers to when we are conscious (aware), we are always conscious (aware) of something whether it is a person, object or idea. Therefore in my research intentionality refers to the individual’s focus on remembering something, someone or ideas when sharing their role emerging placement experience during interviews. This intentionality varies depending on the individual’s context, their assumptions and personal emotions (Willig 2008). This research highlights intentionality from multiple perspectives to form themes about the role emerging placement experience.

3.2.2.5 Summary
Phenomenological research seeks to illuminate and make a difference to the lived world (Langdridge 2007). The research often raises awareness of phenomena, informs policy and guidelines or can open a debate on a topic. This research sheds light on the learning
experience of participating in role emerging placements to inform future professional practice and education. Through understanding the meanings of the learning experience, it may lead to the tentative formulation of hypotheses for future work. A phenomenological methodology is first required to illuminate the learning experience as limited research has been completed in the area and this healthcare placement model is new in Ireland. This research is informed by phenomenology through exploring the experience of role emerging placements and adopting the phenomenological attitude. Interpretative Phenomenological Analysis (IPA) has been used as the methodology for the student strand of this research with a phenomenological thread throughout the research. The occupational therapist and supervisor strands are analysed using thematic analysis (Braun and Clarke 2006).

3.2.3 Interpretative Phenomenological Analysis (IPA)

Interpretative phenomenological analysis (IPA) recently developed as a form of qualitative enquiry (Smith 1996). It originates from psychology but is now used in a variety of applied psychologies, health social sciences and education and is therefore relevant for use with this research focusing on an educational experience. IPA is a phenomenological methodology committed to in depth exploration of how people make sense or ascribe meaning to life experiences, situations or events (Smith and Osborn 2008) and offers an interpretation of that experience (Willig 2008). It is concerned with examining how phenomena appear and acknowledges that the analyst/researcher is implicated in making sense of the experience through interpretation (Smith et al 2009).

Within IPA the account of the experience is always co-constructed between the participants and the researcher. It seeks to produce a coherent description close to the person but also, in relation to the wider social or cultural context (Larkin et al 2006). IPA gains insights or understanding through the researcher’s engagement and interpretation of the participant’s account, which seeks to explore but not construct the essence of a phenomenon (Willig 2008).

All research methodologies must be informed by an epistemological position (Silverman 2010). In line with the recommendation of Chamberlain (2011) the epistemology of this IPA research is stated along with an outline of how the theories of phenomenology and hermeneutics are part of IPA research. Larkin et al (2006) describe IPA having
epistemological openness and the epistemological underpinnings of IPA sit somewhere between critical realism and contextual constructivism (Smith et al 2009). This stance suggests that what participants say relates to their experience, which is real and the context is important as it affects how participants perceive that experience. IPA research acknowledges the importance of reflexivity and the researcher acknowledges their own standpoints (Willig 2008).

Knowledge from IPA research through a critical realist approach highlights what and how people think about their development during role emerging placements. IPA makes no claims about the external world, taking the view that there is no true or false but that there are multiple realities, in that there are different ways in which people can experience role emerging placements. A pure answer to research questions in IPA is not sought as the interpretation of themes is complicated by the participants and the researcher’s belief systems. Therefore IPA is interested in the insider perspective to co-create knowledge about particular persons in context.

IPA states that meanings are ascribed by people and are a product of interactions between actors in a social world. Therefore interpretations are not idiosyncratic (personal and distinctive) and free floating, but instead are linked to interactions and processes, indicating that IPA leans towards symbolic interactionism (Smith et al 2009). Therefore in this research, the meanings that participants ascribe to their experience will be influenced by the people around them on the placement and the content of their occupational therapy programme.

IPA is informed by three key approaches; phenomenology, idiography and hermeneutics. Phenomenology and hermeneutics have been explored in depth earlier in this chapter. IPA is phenomenology as it focusses on the lived experience of phenomena and is hermeneutic as it takes an interpretative approach to understand or make sense of the experience (Smith and Osborn 2008).

3.2.3.1 Idiography
Idiography is concerned with the particular and understanding the meaning of individual life. Idiography is more than focussing on the individual, but is interested in honing in on the particular to shed light on phenomena. IPA is committed to the particular through
detailed systematic analysis and understanding how particular experiential phenomena have been understood from the perspective of particular people in a particular context. It is committed to the value of the single case in its own terms (Smith et al 2009).

IPA is valuable as it offers detailed, nuanced analysis of particular instances in lives (Smith et al 2009). Findings from IPA can highlight and problematise the claims made by nomethic group research which generalises claims to wider populations. IPA highlights the assumptions in the nomethic literature (Smith et al 2009). This can highlight flaws in research based on large numbers and potentially move research forward in new directions.

IPA attempts to translate the philosophy into a research methodology to assist in our understanding of the data. We listen to stories all the time, we attend, we try to separate biases and we reflect on our experience. This is a natural human activity. IPA is concerned with the detailed examination of human lived experience in its own terms, rather than according to predefined categories. Therefore IPA connects with the core concepts from a number of phenomenological philosophers. IPA leans towards Heidegger as completing bracketing is not regarded as being possible. Instead the phenomenological attitude is adopted. Also, within IPA while the aim is to shed light on a phenomenon, attaining the true essence or structure of a phenomenon as described by Husserl is not the focus of IPA. Within phenomenology, IPA is situated between descriptive and hermeneutic phenomenology, oriented more towards the hermeneutic or interpretative end of the continuum.

IPA is a linguistically based approach and assumes that there is a connection between a person’s thoughts and emotions and what they say (talk) (Smith and Osborn 2008). Interviews are turned into narrative accounts with analytical interpretation from the researcher which highlight convergence and divergence of themes (Smith et al 2009).

IPA is a dynamic process and IPA researchers are two steps removed from the participant (Smith and Osborn 2008). This is referred to as the double hermeneutic. During the interviews, the participant reflects in order to gain an understanding of their experience and then the researcher reflects to gain an understanding of the person reflecting on their experience. This is a researcher’s interpretation of the participant’s interpretation through
trying to understand the participants viewpoint and asking critical questions during the analysis (Smith and Osborn 2008). Within IPA it is acknowledged that there is no direct access to experience, but IPA aims to get as close as possible as participants make meaning during the interviews. It is concerned with experiences of particular moments of significance to the person so exploring their development during role emerging placements is hoped to be of significance to the participants. Within my research I have used IPA as a methodology through adopting the phenomenological attitude and following the guidelines for a specific form of data collection and flexible analysis. I aim to explore how students, graduates and supervisors make sense of their role emerging placement experience in terms of professional development.

3.2.3.2 Critique of IPA

As with all methodologies IPA is not without its critics and challenges. IPA is a relatively new qualitative methodology which has received mixed reviews within the research arena. Here I consider and address the concerns that that IPA has contentious methodological roots and lacks depth and value.

Within phenomenology different epistemological positions are held which leads to tensions in agreeing what research is phenomenological. Descriptive phenomenology is not interpretative and therefore in contrast to IPA which lies between critical realism and contextual constructivism. Therefore descriptive psychologists may view IPA as non-scientific as it lacks rigour (Giorgi 2010) and does not get at the essence of a phenomenon.

Finlay (2011) describes IPA as a more structured form of phenomenology. IPA has philosophical roots as it extends from Heidegger’s and Gadamer’s views of phenomenology as an implicitly interpretative activity. Interpretation of people’s experiences offers a viewpoint that the person them self cannot necessarily perceive (Smith et al 2009). Within my study I am searching for a deeper meaning with respect to professional competency and identity development of occupational therapists during a role emerging placement. I aspired to gain deeper meaning of the phenomena with a strong sense of the people involved through using the systematic interpretative element of IPA as a tool to move beyond description.
The procedures for data analysis in IPA are criticised as not being phenomenological as hermeneutic phenomenologist’s state that the steps involved stifle creativity and the depth to the interpretative analysis. Hermeneutic phenomenologists would also suggest that mainly using semi-structured interviews rather than a variety of data sources from the arts such as literature or poetry may be limiting. On the other hand, descriptive phenomenologist’s promoted the use of steps in analysis but without interpretation to ensure that the analysis remains close to the individual (Giorgi and Giorgi 2008). IPA is attacked by Giorgi (2010) for not being sufficiently scientific and lacking clear criteria allowing replication of the research. Also reaching the essence and structure of the experience that descriptive phenomenologist’s view as essential is not actually attainable. IPA never aspires to seek essences but attempts to illuminate the themes of a phenomenon. IPA views bracketing as only partially achievable through adopting a phenomenological attitude and looking in detail at what is the same and different in the experiences. Brocki and Weardon (2006) call for more acknowledgement in IPA research of the analyst’s preconceptions, beliefs and use of reflexivity.

IPA is criticised as there is a reluctance to formalise the analysis procedure (Giorgi 2011). These tensions stems from where IPA sits on the phenomenology continuum (as mentioned previously). It is seen as lying between descriptive and hermeneutic phenomenology and so methods from both forms have been employed flexibly within the analysis. IPA is a methodology because it has theoretical assumptions and procedures in place. It is criticised for only being used as a method when it is a methodology. Within my research I have taken time to understand and critique the theoretical underpinnings of IPA to ensure that I use it as more than a form of data analysis. IPA acknowledges the researcher and the researched as co-creators of knowledge, with the researcher being reflexive throughout and stating pre and ongoing assumptions. I have addressed this through the research and documented key thoughts in the reflexive commentaries in key chapters. Saturation is not attainable as themes will change depending on the context of the person interpreting the data and all analysis give further depth to the phenomena. Within my research I am trying to make sense of the participants trying to make sense of something that is happening to them (double hermeneutic). Therefore saturation and bias are not relevant within this research.
3.2.3.2.1  *IPA lacks depth*

IPA has two stages. The first of these involves staying close to the experience/data. The second then involves moving away from the data through interpretation. It has been suggested by several researchers including Smith (2011) that moving on from the descriptive to interpretative element which seeks the depth within the analysis can be difficult. Even experienced researchers have documented finding it difficult to move beyond description (Reynolds 2003). Brocki and Weardon (2006) in a review of IPA articles stated that there was a lack of attention to interpretation and they questioned the ability of some researchers to perform this adequately.

In my research I ensured I had plenty of time to analyse the data descriptively and also had time away from the data so that I could reflect on my interpretations. This was a reflexive and circular process of forming master themes/concepts and then returning to the data to validate the concepts that were forming. I also discussed evolving concepts in research supervision. Chamberlain (2011) questions the structured form of coding suggesting that it prevents interpretation and promotes looking for themes rather than interpreting them. I did not find this to be the case and used the structured form of coding as a guide and not a template to seek themes.

Data saturation is not relevant for IPA, as unlike grounded theory it has a different epistemological position which thinks that through refining themes the ultimate reality can be found (Willig 2008). IPA is iterative and is re-analysed in light of insights therefore the analysis never ends.

3.2.3.2.2  *IPA lacks value*

IPA is based on looking at a person in depth which is why it resonates well with clinicians (Clarke 2009; Cronin-Davis *et al* 2009). Therapists can see the value in learning about a person’s experience in detail in order to transfer relevant findings when working with someone else. This is also true with educationalists when looking at learning experiences in different contexts with the view to progressing professional practice. To look in depth at a person’s experience, single cases or small samples are used in IPA and this often draws out criticism. Smith (1995) perceived a value in examining small numbers of cases in detail as it can highlight complex psychological processes, interrogate existing theory and look for patterns. IPA does not seek to be generalisable
but talks instead of transferability (Smith et al 2009). This encourages the reader to transfer the themes to their own contexts when making use of the research. Therefore as the researcher, I clearly set the context of all of participants so that any reader can make a judgement on the relevance and value of the findings to their situation. It is not generalisable to a larger population but themes can be transferred and/or used for further research.

3.2.3.2.3 Relevance of IPA
IPA is relevant as a methodology for this study as it explores identity development which is an existential issue. Jonathan Smith’s ideas for a form of qualitative analysis evolved from his research on women’s identity transformation during the transition to motherhood (Smith 1994b; Smith1995; Smith1999). IPA is also suggested as a useful methodology for occupational therapists to deepen the understanding of the experiences of clients and carers to promote reflection on current practice (Clarke 2009). It is flexible and can be a practical method in data collection to capture people’s voices (Cronin-Davis et al 2009). As a methodology it also sits comfortably alongside my professional values of occupational therapy, which values the uniqueness of the individual and the fact that these individuals are embedded in a wider context (Clarke 2009).

The use of role emerging placements is an innovative development in Ireland in that it seeks to enhance student education and lead to new ways of working as occupational therapists. Clarke (2009) recommends IPA as an appropriate methodology to reflect on student experience in order to transform education and shape or enhance service provision. As emphasised by Monrouxe (2010) in a literature review on medical education, any research into professional identity needs to explore the internal, ‘who I think I am’ and external, ‘who you think I am’. IPA can assist with this by capturing individual experience and interpreting identity development during the role emerging placement. The use of IPA in educational research is not new with Nel (2006) exploring the impact of family therapy on personal and professional identities through a longitudinal study. My research builds on previous work in role emerging placements where IPA has been used as the methodology with occupational therapy students (Clarke 2010).
3.3 RESEARCH STRANDS

In order to address the research question and aims, this exploratory research has three distinct but interlinked strands. The strands evolved during the duration of the research and the three to four year time limit was also a consideration when collecting perspectives. Ideally, the students would have been tracked into professional practice for several years, but six months post qualification was seen as being more realistic therefore a separate occupational therapist strand was created. This allowed for the flexibility and breadth to gain perspectives from occupational therapists from a variety of programmes and countries who had experience of role emerging placements. As mentioned previously, the views of the placement supervisors are limited in the literature. Therefore this was an opportune time to capture their views on the placement model as the number of role emerging placement sites linked to the Univeristy of Limerick was increasing.

3.3.1 Student Strand
The prospective strand of the study tracked a purposive sample of five occupational therapy students from the University of Limerick as they completed a full-time role emerging placement in the form of five case studies. Semi-structured, in-depth interviews were conducted by the researcher before the placement, halfway through the placement, immediately after the placement and six months post qualification.

3.3.2 Occupational Therapist Strand
The retrospective strand of the study involved six qualified occupational therapists, all of whom had completed a role emerging placement during their professional programme, participating in individual in-depth interviews. The participants were a purposive sample of occupational therapists, qualified for two years or more, working in Ireland or the UK and who had completed a role emerging placement in any venue or country.

3.3.3 On & Off-site Strand
The third strand involved individual interviews with the on and off-site professional supervisors who supervised occupational therapy students during a role emerging placement.
3.4 METHODS

The purpose of this research was to explore the phenomenon of the process of professional development during role emerging placements. The qualitative method of semi-structured, in-depth interviews was chosen as the method of data collection as it serves as a valuable tool to elicit participants’ perceptions, which is the focus of this research. The methods used are presented under each research strand with other research methods taken into consideration.

In line with constructivist and critical realism, to get at the source of the role emerging placement experience it is essential to engage with the people involved with the placement model. In the early stages of this research participant observation was considered to spend time in the role emerging placement settings with students and supervisors. This was considered unrealistic as the power influence as both a researcher and university member of staff within these contexts could cause unnecessary stress to students, supervisors and the service users who, by the nature of the services tend to be vulnerable groups. In order to explore the meaning of the role emerging placement, observation alone would not tap into the personal perspectives therefore interviewing was a more appropriate method. Within interviews there are different forms that can be used including fully structured, semi structured or unstructured interviews (Robson 2002). Within IPA, semi structured interviews are advocated as being the most appropriate form of data collection as they produce more indepth results than structured techniques while still following predetermined questions (Smith et al 2009; Willig 2008).

Occupational therapy students at the University of Limerick are assessed on placement by using the Competency Based Fieldwork Evaluation-OT (CBFE-OT) (Miller et al 2001) for all placements. This assessment form, completed by the on and off-site supervisors during a role emerging placement, outlines learning objectives in areas of competency for the placement. As this contains valuable information relating to the professional development of the students it was considered as a potential data source for the research. On reflection, and from reviewing the literature, it was concluded that encouraging students to discuss their assessment in the interview if they felt it was to relevant, rather than proactively seeking the information, was more appropriate.
In order to assist the students in capturing their experience during the role emerging placement, the use of a reflective diary was introduced. This combination of methods has been used in previous studies exploring the transition experience of student nurses (Fagerberg and Kilgren 2001) and occupational therapy graduates (Toal-Sullivan 2006).

Of all perspectives, it is the on-site supervisors which are represented the least in the literature, either from a research or discussion viewpoint. The on-site supervisors within role emerging placements reported positive experiences of working with the occupational therapy students (Mulholland and Derdall 2005 and Marson and Curran 2007). The off-site professional supervisors, from reflections of their experience of the role, highlighted its value towards their own professional development (Matthews et al 2009).

The initial idea was to complete a focus group with on and off-site supervisors. Focus groups are useful in eliciting information from a small group of people on a certain topic and can appear simple to use (Smith 2008). By using a focus group it was hoped that several staff from one site could engage in discussions in relation to their experience of the placement model and its perceived influence on student learning. Unfortunately this was not possible due to the small number of staff at the placement site where only one member of staff took the role of key supervisor. It was also considered whether it would be possible to put several sites together in one larger focus group but again this would have only yielded a small number of participants and issues of confidentiality would be raised as students would be discussed. Within IPA there is concern that the use of focus groups can eclipse the voice of the individual (Tomkins and Eatough 2010). On reflection and from discussion in supervision, semi-structured interviews were utilised with the on-site and off-site supervisors. At this point the off-site professional supervisors were introduced as potentially valuable contributors to the research.

3.4.1 Interviews & Interview Schedules
Interviews are a common and powerful form utilised to understand people and have been used in healthcare and social surveys since the 1900s (Fontana and Frey 2008). They give opportunities to view a part of the social world from the interviewee’s personal perspective (Boeije 2010). The perspectives sought in this research through interviews relate to the experience of role emerging placements that inform an academic analysis.
Interviews can become a partnership to co-create knowledge through a collaborative process (Fontana and Frey 2008) which is the focus of this research.

In line with the views of Boeije (2010), the qualitative interviews in this research are topic based, with probing to encourage interviewees to expand on some areas and prompting to move the conversation in certain directions. Within this research the topic based interviews are semi structured and in-depth due to the exploratory nature of the research which aimed to understand the meaning behind what a person said rather than how they said it (Willig 2008). A structured format was discounted as set questions can limit deviation from the script and consequently limiting the response of the interviewee and miss out on rich data. In contrast, unstructured interviews are open and guided more by the comments from the person being interviewed. This can produce a wide range of information from different perspectives which could prove complex when seeking patterns when trying to look across cases.

Before and during the interviews I was aware that I needed to develop trust and openness to gain rapport with all interviewees. Feminist researchers have emphasised that power imbalances due to gender, social class, age and ethnicity play out during interviews (Doucet and Mauthner 2008). Within this research there were power imbalances when interviewing participants, particularly the students, which was acknowledged in the information leaflets (Appendix A, B and C). It outlined options put in place to attempt to address some of the power issues. These included that they could chose not to participate, withdraw from the study without repercussions on their placement options and that other staff in the department would not know they were taking part in the study.

Gender was considered in the design phase, data collection and throughout the research. Due to the number of male occupational therapy students and occupational therapists I was aware that it was unlikely that I would interview many men. As a female researcher I acknowledged that empathy and rapport change when interviewing men (Doucet and Mauthner 2008). I planned to pay particular attention not only to gender but also social class and race in my reflexive diary.

As the data being analysed are retrospective descriptions from participants in interviews, some may have concern about the objectivity of the reporting (Giorgi and Giorgi 2008).
But again, within this study the subjective reports are revealing what stands out in the participants’ memory and perception of the experience, so it can be seen as valid data for a phenomenological study.

In line with the theoretical underpinnings of this research I acknowledge that the researcher and researched co-construct knowledge and that the interview process can be enhanced by the researcher completing the interview. All participants were aware that I would complete the interviews and steps were taken to ensure confidentiality. These were laid out in the information leaflets (Appendix A, B and C) and discussed in the introduction section of each interview (Appendix D, E, F and G).

Although there is an influence of power due to my role as researcher and member of staff at the university, distancing myself through not completing the interview would not add credibility, as I am not seeking objectivity in the data. Also the participants would still be aware that I would transcribe and analyse the data. Therefore I was in an insider role as the research interviewer, as I had supervised role emerging placements and could draw on this experience during all interviews and this also increased my credibility with participants as they knew I had understanding and insight into the placement experience.

Within this research there were several interview schedules created; four for the student strand, one for the occupational therapist strand, one for the on-site supervisor strand and one for the off-site supervisor strand (Appendix D, E, F and G). Consistent with the phenomenological theoretical underpinnings of this research, the interviews sought to explore the experience of role emerging placements to facilitate the students, graduates and supervisors with regard to making sense of the experience. Therefore the majority of questions were open with prompts used to encourage talk and probes made in order to learn more about the individual’s lifeworld (Robson 2002 and Smith et al 2009). After careful consideration, the types of questions used to effectively reach the information required relating to experience were open, narrative and descriptive (Robson 2002; Smith et al 2009). As suggested by Smith et al (2009) contrast questions were also used to encourage students to consider, for example, the difference between a good and bad day on a role emerging placement. The interviews commenced with opening questions of a demographic nature to engage the participant and then moved onto descriptive questions to encourage broader responses. All interviews were semi-structured with some overlap in
questions between strands, for example relating to preparation for the placement or for challenging situations.

### 3.4.2 Pilot Interviews

The data collection for each strand was a semi-structured indepth interview. The initial interview drafts submitted to the ethics committee were modified following a more detailed literature review and application of a phenomenological approach. The Student strand interview schedules were piloted on two recently graduated occupational therapists who had completed a role emerging placement to test for language use and comprehension (Silverman 2010). I had supervised the occupational therapists during their placement and therefore the data was not transcribed for inclusion in the study. Minor wording of the questions were amended between the two pilots and the schedules altered accordingly. The reflective diary instructions were also shown to the two occupational therapists for comment. They suggested stating to participants that there was no right or wrong answers as I was interested in the student’s personal reflections. I also added my contact details in case further clarification was required.

The occupational therapist strand pilot interview and on-site pilot interview schedule was completed with an occupational therapist who had experience of supervising students. The off-site pilot interview schedule was completed with a community services manager with experience of supervising social care students. Again, minor changes were made to the wording to assist with the flow of the questions. The final interview schedules are in Appendix D, E, F and G.

### 3.4.3 Reflective Diary

Reflective diaries in qualitative research are a valuable tool to elicit experiences from the viewpoint of participants, particularly when the researcher cannot be present. Although according to Willig (2008) they can interrupt the participants’ routine and cause a dilemma regarding how information should be structured and shared. Reflective diaries were only used in the student strand of the research to capture the learning experience by encouraging students to reflect over the course of the role emerging placement. Some participants may not use the diary due to personal preference or forgetting to fill it out, so the purpose of the reflective diary was clearly outlined in the research student strand information leaflet (Appendix A). Further information outlined in the diary was handed to
them at the first interview (Appendix H). Within this research, I opted for a method of diary use where participants summarised their reflections prior to interview 2 and 3. The students were encouraged to contact me for further information and one participant looked for advice on the summarised reflection prior to interview 2. I did not request that the diary was handed in at each interview as I thought this may lead the students to self-edit the diary content, resulting in the editing out of valuable insights. As this research is concerned with the students’ experiences, I sought to capture their perception of situations that had meaning to them. Allowing the students to summarise their reflections empowered them to bring items for discussion to the interview that had personal meaning, rather than me as the researcher reading through the diary and choosing which reflections were meaningful. Students were encouraged to reflect daily or several times a week in the paper diary. One student chose to reflect in a word document. The students did this through writing down their thoughts, feelings and reactions to the role emerging placement and highlighting positive or negative comments that made an impression. The students were then asked to summarise and evaluate their learning experience prior to interview 2 (half way through placement) and prior to interview 3 (just after placement finished).

3.4.4 Fieldnotes
After each interview I recorded a fieldnote within 24 hours of the interview (Appendix I). This encouraged me to reflect on the interview process as to record any practical information to assist transcription. I created the fieldnote to develop a sense of the interview and how individuals had characterised their experience (Silverman 2010). I also made a note of key phrases which stood out during the interview which informed the data analysis and were later explored reflexively. According to Fontana and Frey (2008) research is a process of knowing others through which we know more about ourselves. Therefore, it was essential to be reflexive throughout the research and question my thoughts and fieldnotes assisted in this.
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3.5 PARTICIPANTS

3.5.1 Sampling
The participants for all strands of this study were recruited through purposive sampling as participants with specific experience were sought (Robson 2002). All participants required experience of role emerging placements either as a student or supervisor. With the student strand a purposive and homogenous sample was required due to the idiographic nature of the study, that is of researching the particular to grasp an understanding of meaning for an individual (Smith 2008; Smith et al 2009). A homogenous sample allows for examination across cases to explore divergence and convergence in the meaning of their experiences (Smith 2008). The students were all graduate entry masters students having previous degrees, were at a similar stage of professional development and had experience of a role emerging placement. A purposive sample of participants for the supervisor strands was achieved through accessing supervisors who had provided a minimum of one role emerging placement with University of Limerick occupational therapy students. The participants for the occupational therapist strand were recruited through a snowballing technique where one person with access to potential participants was contacted and that person forwarded on information to potential participants (Marshall and Rossman 2011; Robson 2002). This involved contacting occupational therapy lecturers at three universities where role emerging placements had been used for several years to increase the chance of locating occupational therapists with the relevant experience who were willing to participate in the study.

3.5.2 Sample Size
Smith et al (2009) promote the use of small research samples as IPA studies seek depth and not generalisability. For the student strand, a maximum sample size of six was sought which would have created 24 transcripts. For this study the five participants created 20 transcripts. The OT strand and on/off-site supervisor strands sample size were again seeking depth of experience and so small samples were sought. With the on/off-site supervisor strand the number of possible supervisors available for the study was small due to the limited number of role emerging placements currently in use in Ireland.
3.5.3 **Student Strand Recruitment**

Originally I had planned to recruit six occupational therapy students, all of whom were due to undertake a role emerging placement. The recruitment for this phase of the strand was over three years due to the timing of placements (third and fourth placement in the programme), with the follow up final interview at six months post qualification. Six occupational therapy students were recruited for the study but one student had to withdraw prior to the initial interview due to illness.

The five remaining occupational therapy students were all final year students from the University of Limerick undertaking their placement in a role emerging setting as part of their two year graduate entry pre-registration programme. Five female students with a mean age of 26 years (range 23-34 years) engaged in an eight or nine week full time role emerging placement in either a community education organisation within a regeneration area or a homeless organisation. On average, male occupational therapists account for approximately 10-15% of each student cohort at the University of Limerick. Therefore at the time of this research in a cohort of approximately 30 students only 3 or 4 were men. Also, as role emerging placements only accounted for one or two placement opportunities, the chance of a male occupational therapy student participating in this study was limited at the time of the research.

Students completed their role emerging placement as their third or fourth and final placement. Students were allocated a role emerging placement following the usual placement procedure implemented by the practice education coordinator. Therefore students expressed a preference to complete a role emerging placement and were then invited to participate in the study. At the time of this study, a maximum of three students completed a role emerging placement during each placement module. The supervisory model was collaborative, with two students on placement together in the sites for four participants and one participant completing the placement alone.

As preparation for placements, all students complete a twelve session practice education induction in semester one of the first year at university. Placement pre-briefs and de-briefs are also completed to assist with planning learning objectives. Students were also given the opportunity to discuss the placement model during individual sessions if
requested with the practice education staff. All students contacted the placement sites before placement and some completed pre placement visits.

### 3.5.4 Occupational Therapist Strand Recruitment

Due to the limited number of role emerging placements provided in occupational therapy programmes in Ireland, it was clear that seeking occupational therapists with this placement experience within Ireland would yield too small a group of occupational therapists whose anonymity may prove difficult to protect. Therefore, occupational therapists with a minimum of two years post qualification experience for this strand were also sought from the UK. A snowballing technique was used to seek a purposive sample of occupational therapists, working in Ireland or the UK and who had completed a role emerging placement in any venue or country. Three participants were based working in Ireland and three in the UK. Six female occupational therapists, with the majority in the age range of 31-40 years (range 26-50 years), engaged in a full or part time role emerging placement in a variety of organisations. Again there were no male participants in this research strand and this will be explored in the discussion.

### 3.5.5 Supervisors Strand Recruitment

The on-site supervisors and off-site professional supervisors are key partners in the role emerging placement process and their views are essential in the evaluation of this placement model. The main on-site supervisor and off-site professional supervisor providing supervision to occupational therapy students were invited to participate when the placement had finished. Over the duration of this study the number of role emerging sites increased from one to four and data collection is planned to continue in this research strand after the completion of this study to provide a larger collection of research interviews. Three on-site supervisors, with the age range from 31 to 45, from three organisations participated. Two on-site supervisors were male. Five off-site professional supervisors with the majority aged from 36 to 40 participated in this strand of the research.
3.6 ETHICAL CONSIDERATIONS

This research involved three stands and four groups of participants, with data collection planned at different stages. Therefore ethical approval was sought and granted in two interlinked ethics applications from the Education and Health Sciences Research Ethics Committee at the University of Limerick. EHSREC09-88 in 2010 contained ethical approval for the occupational therapist strand and student strand (originally referred to as strand 1 and 2) and EHS29021289 2012 contained ethical approval for the supervisor strand (originally referred to as Strand 3 and 4) (Appendix J). As the occupational therapist strand involved data collection in the UK, the National Research Ethics Service (NRes) were contacted for advice. NRes confirmed that ethical approval was not required in order to collect data through interviews with occupational therapists in the UK (Appendix K).

There were no anticipated risks with this research, although there were some ethical considerations. A risk assessment was submitted relating to the use of semi-structured interviews for the three strands, which outlined the steps I had to take in order to complete the interviews with reduced risk of harm to participants or to myself. The risk assessment described how I would act if someone became distressed during the interview and where I would signpost individuals to go for support. There were no such instances during the interviews. The risk assessment also stated that my PhD supervisors would be aware of the time and venues of each interview and would be contacted when the interviews had been completed.

A main ethical consideration related to a potential conflict of interest as I had a dual role as a researcher and as a member of faculty with the student strand and the on/off-site supervisors role. There was also the potential of being acquainted with the occupational therapists in the occupational therapist strand due to the relatively low number of approximately 1600 occupational therapists in Ireland (Bacon 2001), and also because I originate from the UK where I was a service manager and lecturer. I had previously met the students and on/off-site supervisors in this study due to my role at the university, but was surprised to find that I had also met some of the occupational therapists in Ireland and the UK. Other relevant ethical issues related to consent, anonymity, and confidentiality and these are now outlined in detail.
3.6.1 Potential Conflict of Interest: Dual Role

It was important to acknowledge that as the researcher I potentially had a relationship to participants as a Regional Placement Facilitator in the Department of Occupational Therapy at the University of Limerick. This is referred to as having a dual role in research and describes where a person has more than one role with participants which may lead to a power bias. These dual roles can be as a teacher and also researcher of students (MacLean and Poole 2010). This can also be as a researcher and educator, or a researcher and therapist. For me it referred to the role of researcher and regional placement facilitator with the students and on/off-site supervisors and potentially as a researcher and previous colleague with the occupational therapists. To help prevent the dual role influencing the individual’s decision to participate in this research, several steps were outlined to prevent coercion, including voluntary participation, use of a gatekeeper, participation not influencing the allocation of a role emerging placement to students or supervisors and I did not supervise any role emerging placements for the duration of the study. Guidelines for ethics in dual researcher roles were considered to enhance the steps undertaken (University of Victoria 2008; Mount Royal University 2012; MacLean and Poole 2010).

All potential participants were made aware that participation in this study was voluntary and that they could withdraw from the project at any time. It was important to reassure the students and supervisors that this would not have any consequences or impact on their involvement in role emerging placements. Voluntary participation in research is important to empower participants to choose for themselves whether to become involved in the research. Participants were made aware that if they withdrew from the study, information from the interviews that had already been collated, including researcher reflections, would only be used if permission was given, otherwise it would not be used and would be destroyed. No participants withdrew from the study.

Each strand had a gatekeeper and the person performing this role changed several times through the study. The gatekeeper was the Practice Education Coordinator because their role involves placement allocation. They were in a position where they could forward on information sheets and expression of interest forms to potential participants for the student and on/off-site supervisor strands. The role of a gatekeeper is valuable as it puts distance between the researcher and potential participants by controlling access to
potential participants (Silverman 2010). This was of particular relevance in this study as students may have felt pressured to participate if I contacted them directly. The gatekeeper did not know who agreed to take part in the study. The students were encouraged to seek assistance from the gatekeeper if any issues were raised during the interviews. I was also explicit in defining professional boundaries with students as the interviews occurred at the time of the placement and therefore information discussed had the potential to be sensitive for example relating to work with the clients. I was clear in the information leaflet that if there was a breach of the AOTI Code of Ethics and Professional Conduct (AOTI 2007) raised during the interview, I would have to liaise with the gatekeeper and that the student participant would be informed that this contact would take place. Fortunately there were no such issues raised during the interviews.

Participants were also informed that practice education staff and staff in the role emerging site were informed that the study is taking place but that they would not be informed if the students at their site were participating in the study. I reinforced this during staff meetings to ensure that no one discussed the research with students or staff at the sites. Also, for the duration of the research I did not provide practice education related supervision during the role emerging placement or have any contact with the placement site once the placement began.

The gatekeeper for the occupational therapist strand was the AOTI research committee or university contact in the UK and their role involved forwarding information only. There were several changes to the gatekeeper for the student strand over the three years of data collection due to staff changes. These are discussed in detail in the reflexivity commentary at the end of this chapter.

3.6.2 Consent
All participants received information leaflets prior to the interviews (Appendix A, B or C). For all interviews, participants were requested to re-read the information leaflet and give written consent before the interview commenced. Once the consent form (Appendix L) was signed by the participant and by myself as researcher, I read the introduction to the interview and then asked permission to switch on the tape recorder.
3.6.3 Confidentiality & Anonymity

Within any research it is important to protect participant’s identities. Anonymity can be maintained but not confidentiality as information shared during interviews will be viewed by others (Smith et al 2009). Therefore although the research would not use the participant’s names, their stories would be shared. Immediately following the interviews any identifiable information relating to the participant was deleted as I completed the transcription. Anonymity was protected by ensuring that any publication of the research used pseudonyms and dates of placements were removed. This has been adhered to in conference presentations and published papers which used the data. I also requested that participants clarify their agreement for how I would present them in the research in terms of demographic information and this was attached to the transcripts that I sent back for member checking. It was clear that the University of Limerick would be stated as being the the research establishment involved.

All data is stored in a secure environment as described in each information leaflet (Appendix A, B and C). In line with the guidance from the EHS ethics committee, all data will be stored for 7-10 years after publication in secure filing cabinets in the Department of Clinical Therapies, University of Limerick. Data both electronic and paper will be destroyed ten years following completion of the research.

3.6.4 Financial Information

No participants received any payments for participating in this research. Interviews were completed in a venue convenient to the participant and they travelled at their own cost to the venue. All participants were offered refreshment such as a drink and snack. The cost was covered by the funds from the Health Research Board or myself.

3.6.5 Potential Benefits of Research

All participants were informed in the Information Sheets (Appendix A, B and C) that there may be no direct benefit to them from taking part in this study. However they were informed that the information provided would be valuable in gaining a better understanding of the development of practice knowledge. Participants were notified that this research occurred at an opportune time as role emerging placements at the University of Limerick were only introduced in 2009 and that it was important to explore the student learning experience. Participants were also alerted to the three strands of the research that
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aimed to contribute to the evidence base on practice education models and inform guidelines for the implementation of role emerging placements within occupational therapy and other professions in Ireland. Some guidelines for role emerging placements in occupational therapy were developed at the University of Limerick (Warren 2011). These guidelines, devised from working groups with key stakeholders, were created at this time as they were required to further develop the implementation of the placement model. This research will inform the revision of these guidelines with a view to making them interprofessional.

3.7 PROCEDURE

3.7.1 Recruitment Strategies
The recruitment for the three strands occurred concurrently with the student recruitment arising first. The timeline of data collection is outlined in figure 3.2.

FIGURE 3.2
Timeline of data collection
3.7.2 Student Strand

The student participants involvement with the research was a minimum duration of 16 months and a maximum duration of 21 months and this was dictated by the placement timetables on the occupational therapy programme. The timeline for the recruitment and data collection was from July 2010 until April 2013. The occupational therapist strand and on/off-site student strand involved one interview at one point in time. The student strand involved recruiting students from the Univeristy of Limerick after a role emerging placement was allocated to them and before the placement commenced. The Practice Education Coordinator was the gate keeper for this strand and the role involved giving the students an information sheet via email or letter regarding the study and an expression of interest form to return to the researcher via email or post (Appendix M).

After returning the expression of interest form, students were contacted by email or telephone to arrange the first interview and clarify any points regarding the study. The student participants completed four semi-structured in-depth interviews. The first interviews (before) were completed in the weeks leading up to the role emerging placement. Student participants were given a reflective diary to keep notes to discuss and hand in during interviews 2 and 3 (discussed earlier in this chapter under methods and contained in Appendix H).

The interview at halfway (during) occurred in week 5 or 6 of the placement depending on the length of the placement. The interviews after the placement (after) occurred in the first or second week after the placement finishing depending on the student participant’s availability. The fourth interviews (graduate) were completed between 6-8 months post graduation.

The interviews took an average duration of 40 minutes with a range of 23 to 60 minutes. The before interviews were the shortest in length with the graduate interview longest in duration. The student participants were given a choice of venue for the interviews, with the majority of interviews taking place at the university. The graduate interviews tended to take place in the individuals’ homes and one was held in a local hotel. Interviews in the university were scheduled for the end of the day or evening when the building was quieter and more private. The graduate interviews involved discussion of themes which evolved from the individual’s first three interviews. Two graduate interviews were completed via Skype® due to the participant having moved overseas. This method is supported as a
method of data collection by Hanna (2012). The screen was shared during the interview to facilitate discussion of the themes from the previous interviews.

3.7.3 Occupational Therapist Strand
For the Occupational Therapist strand, occupational therapists were recruited in Ireland and the UK. The AOTI has a procedure available free to members to access the membership database for research purposes (AOTI 2012). This database was accessed by sending a recruitment email (Appendix M), information leaflet and proof of ethical clearance to the AOTI office. The AOTI research committee circulated this information twice to the membership two weeks apart. At the time, AOTI had an approximate membership of 450 members. Three occupational therapists were recruited via this method. In the UK a snowballing approach (Marshall and Rossman 2011; Robson 2002) was used with contacts at three universities where occupational therapy programmes had been using role emerging placements for several years. An academic in the university forwarded on my recruitment email to previous occupational therapy students who had completed a role emerging placement either full or part time and who had been graduated for two years or more (Appendix M). The occupational therapist participants were given a choice of venue for the interviews, with the majority of interviews taking place in hotels, one in the individuals’ home and one interview in the individual’s work place. The interviews took an average duration of 78 minutes with the range from 62 to 105 minutes.

3.7.4 Supervisor Strand
This strand involved the use of individual semi structured in-depth interviews with the on-site supervisors or off-site professional supervisors from an occupational therapy role emerging placement. The Practice Education Coordinator was the gate keeper for this strand and the role involved giving the supervisors an information sheet via email or letter regarding the study and an expression of interest form to return to the researcher via email or post (Appendix M). The Practice Education Coordinator sent this information after the placement was completed so potential participants had supervised a minimum of one occupational therapy student.

Participants were informed that interviews may last between 60 and 90 minutes. The on-site supervisor interviews took an average duration of 48 minutes with the range from 24 to 66 minutes. The off-site professional supervisor interviews took an average duration of
51 minutes with the range of 32 from 64 minutes. Both on and off-site supervisors were requested to prepare for the interview by reflecting back on the supervision of students during one or more role emerging placements and also to review the document ‘Guidelines for Occupational Therapy Role Emerging Placements’ (Warren 2011). The participants were given the choice of a convenient venue for the interview and were either interviewed at the university or in their work setting in a quiet room free from interruption.

With all interviews, the completed transcripts were returned to participants to facilitate member checking (Marshall and Rossman 2011; Robson 2002). This step of the research allowed participants to check the transcripts to ensure the accuracy of the information presented and to remove information that they are no longer comfortable to share. As discussed earlier, within phenomenology this procedure is generally not followed as participants begin to edit and interpret transcripts when they re-read them. Most participants in this study made only minor or no changes to the transcripts. One participant went through the transcript in detail, adding and removing text.

3.8 DATA MANAGEMENT

All interviews were transcribed verbatim by the researcher directly from the recording equipment or through the use of a voice activated software package known as Dragon Naturally Speaking (Nuance 2013). Laughter was indicated by placing the word in brackets and the use of “um”, indicated when participants used this phrase to pause and reflect briefly. All interview transcripts were returned to the participants for comment. A time limit of one month was given to return the transcripts with any omissions or extra points of clarification. This is in line with some qualitative methods as a form of quality check to ensure that the participants concur with what has been recorded (Marshall and Rossman 2011; Robson 2002). Opposed to this stance is that through giving the transcripts to participants you run the risk of them editing out key pieces of information relating to the meaning of an experience. This occurs due to the participants being in what Husserl would describe as the natural attitude. The majority of transcripts were returned with minor amendments, with some transcripts not returned. One transcript was returned with some changes. All amendments were made before commencing analysis of the transcripts.
3.8.1 **N-vivo®**

N-vivo® (QSR International 2013) software was used to store and analyse data for the occupational therapist and on-site supervisors and off-site supervisor strands. N-vivo® provides an internal database in which to store and code all relevant transcripts as a specific project (Lewins and Silver 2007; Gibbs 2002). The term “nodes” is used in place of codes in the software but I used the terms codes, categories and themes when describing the findings from this thematic analysis.

3.9 **DATA ANALYSIS**

Within this research 5 individual cases, totalling 20 student strand interviews were analysed using IPA and a total of 14 occupational therapist and supervisor strand interviews were analysed with thematic analysis as outlined below. In Chapter Seven comparison was made between the key themes from all three strands to address the research question and identify patterns among the participants experience.

3.9.1 **Rationale for Two Forms of Analysis**

Primarily this exploratory research had a focus on the professional development of occupational therapy students related to their experience of role emerging placements. As there is limited research in this area an in-depth examination of the student’s experience was sought to explore meaning. Qualitative analysis is a time consuming process when completed in depth. Within my research I originally considered completing IPA with all strands of the research. After due consideration and advice from experts in the field of IPA I decided to use this methodology with the student strand and thematic analysis with the other research strands. These analyses can compliment each other and it was interesting to note the themes derived from each strand.

Combining IPA with a second qualitative methodology is not uncommon, for example Robinson and Smith (2010) created a composite model between IPA and an interactive model to analyse crisis episodes in early adulthood. Utilising two methodologies is possible if they originate from a similar epistemological position and their application are made explicit. The use of IPA and thematic analysis are outlined in detail later in this chapter.
Ultimately it was a pragmatic decision to use two different approaches to assist with analysing data within the study time frame. This is partly as it was unrealistic to complete IPA with large numbers of interviews as it would lead to a lack of depth or interpretation in the data (Smith et al. 2009). Completing several interviews with the students over time yielded a vast array of data for analysis. I opted to complete the student strand using in-depth IPA to ensure that the analysis had time to move beyond description towards interpretation.

Analysis of the occupational therapist and supervisor strands lends itself more towards thematic analysis as a means to look more generally at the experience of role emerging placements. This was advocated by Aguinaldo (2012) as a focus of thematic analysis as it assists with summarising large data sets but may miss the individual experience in depth. There was a time delay of at least two years between the occupational therapists completing the placements and taking part in the interviews. Therefore it was anticipated that the information would have a different focus and relate to a reflection on their experience. The supervisors’ interviews aimed to collate information on their observations of students and consider the potential development of occupational therapy at the site. Braun and Clarke (2006) suggest that thematic analysis is more flexible than IPA and as a consequence would therefore lend itself to analysis of more variation within the data. Identified patterns or themes within the strands were then examined for resonance, with the more in-depth analysis of the student strand and synthesised into overarching themes relating to the phenomenon of role emerging placements. In light of objective 5 of this research, completing the two forms of analysis was also a means of deepening my knowledge and experience as a researcher. The two forms of analysis are now outlined in detail.

3.9.2 IPA-Data Analysis

All student interview data was analysed using Interpretative Phenomenological Analysis (IPA). This thematic analysis, used to focus on individual experience explicitly acknowledges the importance of the interpretation of the researcher based on their own experience and focuses on cases in depth. Flexible guidelines on the analysis procedure for IPA are outlined in several texts (Smith et al. 2009; Smith and Osborn 2008; Willig 2008). This section outlines the practical steps taken to analyse the transcripts. The student strand of this research tracks five students before, during and after their role
emerging placement and completes a follow up interview six months after graduation. This led to a total of twenty interviews to analyse varying in length from 23 to 60 minutes.

Within the student strand, the individual cases consisting of four interviews with one participant were analysed before moving onto the next case. Once all cases were individually analysed comparison was made between the student participants to identify convergence and divergence of themes.

For the student strand, in the final interviews preliminary cluster/emergent themes and superordinate themes from the first three interviews were presented to focus the participant and prompt discussion. These themes emerged from reading the individual participants transcripts and fieldnotes recorded at the time of the interviews. Presenting back the themes was not completed as a validity check but as a method to re-engage the participants with their role emerging placement experience from several months before. Sharing themes has also been completed by other researchers as a method to gain feedback and give participants an opportunity to contribute to the on-going analysis. This also been completed in IPA studies by Blank (2011) and Reynolds and Prior (2003).

Smith et al (2009) outline a six phase approach to the analysis which I followed with the student strand interviews. These phases are flexible and reflections on the process will be discussed in my reflexive commentaries. I chose to complete the IPA analysis in a word document and with handwritten notes rather than using N-vivo® software as I find this visually easier to enagage with the data as notes are visible at all times. The IPA analysis sheet consisted of a landscape word document with three columns. The middle column contained the entire transcript with page numbers. The right hand column contained space for exploratory coding and the left hand column had space for developing themes.

3.9.2.1 Read and Reread
I read the first transcript of the first participant twice all of the way through without taking notes. This reminded me to remain close to the data by entering into the participant’s view of their experience and to actively engage with the data. I took time to get a sense of the overall structure of the interview and noticed areas of detail and paradoxes in the narrative. These are the surface manifestations where the experience of
the professional development and role emerging placement were coming to life. Being aware of embracing the phenomenological attitude I tried to remain open to the ‘new’ in the data and not make assumptions or seek particular themes.

### 3.9.2.2 Exploratory or Initial Coding

This coding involved making notes in the right hand column. It also included noting anything of interest as free thinking and writing in the column. I used highlighter pens to indicate words of interest and then examined the semantic content and language. This coding was descriptive, highlighting things that mattered to the participant and the meaning they may hold for the participant. After the initial coding, the exploratory coding moved onto descriptive, linguistic and conceptual coding. The descriptive coding related to describing the content of what the participant said. The linguistic coding focussed on the words that the participant used, as well as non-verbal communication e.g. laughter, hesitation. I also noted the use of “I” and “we” in the transcript. The conceptual codes evolved from a deeper interrogation and reflection on the transcript. I started to question the underlying meaning behind phrases and accounts of the experience by going line by line through the transcript. This interrogation of the data was the interpretative phase of the analysis and I took time to come away from the transcript to dwell on concepts before returning to note the potential underlying meaning.

### 3.9.2.3 Developing Emergent Themes

This phase involved reducing down the volume of detail while maintaining the complexity in the exploratory coding. At this time I used my notes in the exploratory column rather than re-reading the transcript. I took time to map connections and patterns within my exploratory notes. I turned the phrases used in the initial exploratory notes into themes to transform them into a higher level of abstraction and psychological concepts. These concepts became the initial themes and I ensured a connection to the participant by staying close to their own words. These themes were amended several times by taking time away from the analysis to dwell on the emerging concepts from the transcripts.

### 3.9.2.4 Search for Connections

When the first list of emergent themes was completed, I transferred the transcript into N-vivo® and linked the text to them. At this point and following review of participant quotes under themes, some emergent themes were merged and re-named. I moved the
emergent themes around within the software package to map them and make connections between the themes. This organised the emergent themes into clusters and they were given a descriptive label. At this point I went back to the transcript to make sure these cluster themes resonated with the participant’s narrative. A summary table for the interview was produced at this point which contained a description of the cluster theme related to the participant and several quotes to reflect the theme. Several examples of these summary tables for a single interview are contained in Appendix N.

As this was IPA, the emergent themes were discussed with the research supervisors to ensure that my analysis had remained close to the data as a form of audit of the data themes. This validity check sought to decide if interpretations and claims were evidenced (Smith 1994a). At this point emergent themes not relevant to the research question were put to one side for analysis at a later date. This included detailed information relating to advice from the students on practical changes for the placement model or occupational therapy programme and ideas for emerging areas of practice.

3.9.2.5 Moving to the Next Interview
The stages of read and re-read, exploratory or initial coding, developing emergent themes and search for connections was completed with the interview, 2, 3 and 4 of the first participant. A summary table was completed for each interview. After the fourth interview was analysed the cluster themes were revisited to create tentative superordinate themes for the participant. These reflected the participants prior to, during and since completing the role emerging placement. Several examples of these summary tables for superordinate themes for a case across the four interviews are contained in Appendix O.

3.9.2.6 Moving to the Next Case
I took a 24 hour minimum break between participants to give time to approach the next participant’s interviews with fresh eyes to engage in their experience. All stages above were completed with the next four participants.

3.9.2.7 Looking for Patterns across Cases
A summary table of superordinate themes for each participant was created which I used to identify patterns in the themes. This process involved going back and forth between the cluster themes and superordinate themes for each participant to ensure that the themes
reflected similar experiences across participants. With time for reflection and discussion with my PhD supervisors overarching themes for the student strand were identified (Appendix P). These indicated the strongest themes evident across the participants’ experiences. The early themes of outside the box, personal growth, portfolio of transferable skills and facilitatory ethos were created into a visual representation by using the N-vivo® software. These early diagrams did not represent a hierarchy of themes but assisted in seeking the connections between emergent themes, clusters, and superordinate themes leading to the overarching themes which are presented in the findings.

The analysis also led to the identification of where the themes were prevalent for participants, which for this research means where they were evident to some degree for each participant. Table 4.2 highlights the theme distribution across the student participants. It also notes where there were different perspectives by participants on a certain theme therefore indicating both convergence and divergence within the themes.

3.9.2.8 Written Narrative Account
At this stage the themes of each of the five cases were translated into a narrative account (Smith and Osborn 2008). I used vignettes at the beginning of the student findings chapter to provide a synopsis of each participant. The overarching themes were then presented through integrating the participants’ narratives with key quotes in chapter Four. Particular participant narratives were presented with particular reference to a strong representation or divergence of within a theme.

3.9.3 Thematic Analysis
Within qualitative analysis there are a wide range of approaches used including template, immersion and editing (Robson 2002). The approaches vary in terms of the systematic steps taken and level of description or interpretation of the data. In my research I am taking a phenomenological perspective by adopting a phenomenological attitude through the design, collection and analysis of the data. As stated earlier, thematic analysis was completed with the occupational therapist strand and supervisors strand in this research. Thematic analysis was used in the early stages of data collection in the student strand to inform preliminary findings in a conference presentation. This analysis has been published (Dancza et al 2013) and is also represented in this PhD thesis.
Braun and Clarke (2006) developed thematic analysis, a qualitative analytic method with no particular epistemological ties, so it can be adapted to the epistemological stance of the researcher. It is used in studies with larger samples giving the potential for generalisability although it could be suggested that the analysis can appear superficial. This form of analysis is promoted for use with interviews to search for repeated patterns of meaning (Braun and Clarke 2006). Thematic analysis is used for the occupational therapist strand and supervisor strands of this research. As the role emerging placement experience was several years ago for the occupational therapist strand, the information gained was expected to be more reflective and practical in nature rather than capturing meanings as the experience occurred. The on and off-site supervisors perspectives were expected to be more general relating to professional and service development. Therefore, thematic inductive analysis is appropriate to use as it allows for analysis of patterns across data with varying degrees of interpretation in the themes.

Thematic analysis is often described as a form of analysis within qualitative research without clear explanation of how the analysis was implemented. Creating codes in thematic analysis is a process where themes or concepts in the data under review are identified in a systematic manner (Ezzy 2002). The lack of consistent approach or description of how codes are created into themes led Braun and Clarke to describe a method for thematic analysis with clear yet flexible stages. This form of analysis describes searching across data sets to report on patterns and interpret aspects of a research topic (Braun and Clarke 2006).

Thematic analysis needs to be consistent with the researcher’s assumptions and the theoretical underpinnings of the research, but can be used with a range of epistemologies (Braun and Clarke 2006). This research is broadly framed within critical realism and contextual constructivism. Therefore the researcher and researched are influenced by social and cultural factors when co-constructing knowledge. The themes from the analysis will constantly evolve and be revised with the introduction of different perspectives, that is with more supervisors or occupational therapists’ viewpoints. My influence on the research is highlighted through the use of reflexive activities and acknowledged as part of the process in creating the knowledge from the research.
This research is inductive and consequently the themes are linked strongly to the participant’s voices and not derived from pre-determined framework or theory. The literature review for this research commenced in 2010 but I ensured that I did not re-read the reviews prior to data analysis. Obviously I was aware of some key themes from the data and also from my experience, but I was reflexive during the analysis process to highlight whether this awareness was shaping the themes away from the participants experience. Broadly speaking, the themes that were sought related to professional development during and after role emerging placements.

I aimed to get beneath the surface of the transcripts so patterns on semantic content were identified and then interpreted in order to point towards new knowledge in terms of concepts or theory in the discussion. Moving towards the themes is an interpretative process. I was involved in that process, taking an active role as codes evolved and clustered into themes.

Braun and Clarke (2006) stated that research questions can be refined as the project progresses and this was the case for this research. In line with thematic analysis, this research had an overall exploratory question relating to the use of role emerging placements and the professional development of occupational therapists. Within this question were further questions seeking to explore professional identity and the potential for the development of occupational therapy roles within the role emerging sites.

According to Braun and Clarke (2006) thematic analysis is described in a series of six steps; familiarising yourself with your data; generating initial codes; searching for themes, reviewing themes; defining and naming themes and producing the report. Within this research the thematic analysis commenced during the interviews, when writing up the field notes and when amending the fieldnotes after transcription. The six occupational therapist strand interviews were analysed first and later the on-site supervisor and the off-site supervisor strand interviews were analysed. The steps outlined in the next section were followed for each of the two strands.
3.9.3.1 **Familiarisation with the Data**
As recommended by Smith *et al* (2009) I transcribed all interviews verbatim as the first stage in familiarising myself with the transcripts. Each transcript was read twice, jotting down ideas and comments on a notepad for later reference when coding. I did not code onto the transcript until the transcript was read twice. The fieldnote section of initial words or phrases that stood out from the text was then read.

3.9.3.2 **Generated Initial Codes**
The entire transcript was coded rather than specific questions coded separately as this was an exploratory study of the role emerging placement and professional development. Demographic information was not coded but placed into table 5.1 and 6.1 in the findings chapters. Codes were words or phrases of interest that stood out from the text and the surrounding sentences which were then highlighted manually under this code using the Nvivo® software.

One transcript was read and coded before moving onto the next participant. The majority of the text in transcripts was coded. All transcripts were coded in one strand before moving onto the next step.

3.9.3.3 **Searched for Themes**
I continued to review the transcripts in the data set searching for codes relevant to potential themes. Codes were moved with the software under one or more themes.

3.9.3.4 **Reviewed Themes**
This step involved checking if the themes were coherent by reviewing the chunk of highlighted text related to the codes under each theme. At this time some codes were moved to the themes within Nvivo® with other themes created. Themes were also checked across the entire data set by reading the transcripts again ensuring that the themes that had emerged from the data analysis were embedded in the text. At this stage I met with my supervisors to discuss the preliminary themes and described my process to get to this stage to increase validity of the themes.
3.9.3.5 Defined and Named Theme
The themes were refined several times for the strand and are presented in the findings for the occupational therapist strand and supervisor strand.

3.9.3.6 Produced the report
Separate findings chapters were produced for the occupational therapist strand (chapter five) and the supervisor strand (chapter six).

In summary, the analysis from the student, occupational therapist and supervisor strands are presented in chapters four, five and six and discussed in chapter seven.

3.10 QUALITY

Quality is important within all research to ensure integrity of the outcomes and specifically within qualitative research which it has been viewed as a soft form of research (Elliot et al 1999). There is debate amongst qualitative researchers as not all are comfortable with guidelines for quality being devised or used in qualitative research (Elliott et al 1999; Finlay 2006b). There is concern that researchers using checklists will limit the creativity and limit getting to the root of the value of qualitative research. Within my research, I view quality as a means to honour and protect any research participants and ensure that the research makes a valuable contribution. Quality guidelines are there to adhere to principles, for example ethics, credibility and ensuring a valuable contribution to the field of research.

As this research is qualitative I looked towards key authors in the area taking the suggestions for quality review that resonated with this work. This included the criteria or principles recommended by Tracy (2010) referred to as the ‘Eight big tent criteria’; the ‘Five dimensions’ by Finlay (2006b) and pointers for achieving quality in IPA papers (Smith 2011).

This led to key areas to address quality in this research that are introduced in this chapter and addressed throughout the thesis. From reviewing the various quality criteria it became apparent that my key principle for this research is to remain real in my interpretation of
the participants experience through the use of authentic language in the analysis and discussion. Other key areas of quality for this research include;

Worthy topic & significant contribution
This research is timely due to the increase in use of the placement model with limited research conducted in the area. It is significant to explore the development of occupational therapists as this placement model can lead to work in complex health and social care environments.

Rich rigour & credibility
The data collection and analysis process demonstrate rigour through detailed immersion in the data and through the revisions to the findings. The student participants were given the opportunity to amend transcripts and comment on the preliminary findings from their first three interviews during their final interview. In line with IPA, this introduction of preliminary themes related to prompting a discussion with the student participants in order to seek further feedback on their experience. This also ensured the credibility of the final account by staying close to the account of the students (Osbourn and Smith 2008). The findings from the supervisor strand were presented to several participants again to seek feedback and establish ways to present the findings as translational into professional practice. The findings of both the IPA and thematic analysis were discussed with my research supervisors to ensure that my decisions relating to themes were logical and coherent.

Sincerity
Reflexivity is evident throughout the thesis with commentaries at the end of key chapters. I aspired to be transparent regarding the methods chosen and challenges as they presented during the research process.

Resonance
The findings from this research were presented at several healthcare conferences to prompt debate and explore the transferability of findings. In order to enhance the generalisability of my findings (Ballinger 2006), I have given details relating to the participants and their context. This facilitates the reader in making an assessment of these
research findings in light of their own experience and professional knowledge in order to decide how to implement this evidence in practice.

**Ethical**

A comprehensive account of the key ethical issues and strategies implemented were presented earlier in this chapter.

**Interpretative with convergence and divergence**

The methods used to move from description to interpretation of the student strand are described earlier in this chapter. All findings attempted to highlight both convergence and divergence of themes in the subsequent chapters.

**3.10.1 Reflexivity**

Reflexivity is an important component of any research as the influence of the researcher needs to be acknowledged and named. This is particularly true in qualitative research to enhance the quality of the work. Reflexivity is a process that is inevitable in research with people (Smith 1994a) that requires critical self-reflection (Finlay and Gough 2003). Self-reflexivity relates to exploring and highlighting your own values, particular biases and preferences related to the research or topic area (Tracy 2010). The researcher needs to consider the influence that their own background, assumptions, theoretical positioning and behaviour can have on the research process and outcomes. Smith *et al* (2009) describe reflexivity as part of the transparency of the project with value in including a reflexive analysis of conclusions from the research. This points towards reflexivity being a dynamic process which ebbs and flows where at times the researcher is fully immersed and at other times reflecting back on the process to consider what may be occurring (McKay *et al* 2003).

Within phenomenology, bracketing is a term used to describe the researcher consciously considering their assumptions and experience of the phenomenon under study (Finlay 2011). It developed on from reduction or epoche, which comes from the work of phenomenologist Husserl whereby researchers adopt an open non-judgemental approach while keeping prior assumptions out of the research process (Langridge 2007). Within IPA, bracketing is viewed as part of adopting the phenomenological attitude through being open, empathetic and reflexive (Finlay 2011) as discussed in 3.2.2.2 and 3.2.2.4.
Within this research I will partly use reflexivity as a means to manage the power relationship with the participants throughout the research. In chapter one I outlined my interests, values, assumptions and anticipated outcomes from the research. Throughout this research I have participated in reflexive processes through the practice of keeping a diary of thoughts, and by regularly sending a list of tasks and reflections to my PhD supervisors which were later discussed in supervision. An example of a task and reflection can be viewed in Appendix Q. I also discussed anonymised reflections with another PhD student completing research in a similar area with a different methodology, with my research mentor with experience in occupational therapy education and with my Health Research Board sponsor who is an experienced occupational therapist in Ireland. Engaging in discussions with my research supervisors and other researchers and presenting at conferences served to challenge my thoughts, interpretations, actions and biases. Throughout this thesis reflexive commentaries appear at the end of key chapters.

3.11 REFLEXIVE COMMENTARY

I thought I had a clear understanding of qualitative research from completing several projects over the last fifteen years but realise how little I really knew about the theoretical foundation of the research in which I was involved. From being involved in clinical drug trials, having an interest in outcome measures and audits I am now aware how much my ways of thinking and working were influenced by a post positivist paradigm and how I took principles from this into my early qualitative research. My PhD journey has made me take the time to immerse myself into the theory underpinning this research which has at times been uncomfortable and challenging particularly as philosophy was an unknown area.

My concern of my dual role discouraging students from participating in the study did not occur and I was surprised at how many students were willing to participate. I think some of this was due to the fact they had a previous relationship with me but I still was sensitive in my approach during the interviews, attempting to keep my work and research role separate. The use of a snowballing technique proved fruitful and was enhanced through having access to a network of professional colleagues in the UK.
Methodology

Approximately 10% of occupational therapists are male in Ireland and the UK, although there are no official statistics recorded at present. Gender bias occurred as I did not recruit a male therapist or students. I acknowledge that a male perspective on role emerging placements has not been captured in this data set and may have been different to the female participants. Two out of three service managers interviewed were male which may be reflective of gender bias within those roles. These interviews were both the longest and shortest interviews I completed therefore being a female researcher did not overtly limit the interaction. My previous interactions with supervisors may also have facilitated discussions.

I had met the students and on/off-site supervisors in this study but was surprised that I had also met some of the occupational therapists previously in Ireland and the UK –I think this made them more likely to respond to doing the study. I remembered two participants from previous conferences but that didn’t happen until I met them face to face.

The longest interview was someone I had never met before (OT) which was a later interview where I was also becoming more comfortable with the interview process and in allowing people to describe their experience more freely.

As my knowledge of phenomenology and IPA increased I realised that seeking feedback on themes is discouraged as participants are in the natural attitude therefore the main member checking I engaged with was seeking feedback on transcripts to allow participants to remove information they were no longer comfortable in sharing. One occupational therapist made many changes in the script and this was with the longest interview (105 minutes). I respected her choice to change phrases and it did not alter the meaning within the text-it was more about feeling the need to give more information on a topic. I also gave feedback on preliminary findings in the final student interviews to re-focus the graduate several months after their experience. This did prompt discussion and all students found it useful to be reminded of their experiences.

Throughout the extensive time spent in analysis I sought to maintain a phenomenological attitude through remaining open to surface manifestations in the text and trying not to seek text that resonated with my own assumptions and experience. This was a balancing
act made easier through capturing my ideas and thoughts as they emerged from the data and discussing them regularly in supervision.
Chapter Four

Student Strand Findings
4.0 INTRODUCTION

This chapter presents themes that emerged from interpretative phenomenological analysis of five occupational therapy students as they prepared for, experienced and reflected on their role emerging placement. Each student was interviewed before, during and after their placement, and approximately six months after graduating as an occupational therapist. Four interviews were completed with each participant to track their professional development experience over time. The four interviews with each student were analysed as an individual case to capture the individual’s experience. The emergent themes were clustered for each interview and then analysed across the four interviews to draw out the superordinate themes from each student’s experience. At this point, the five sets of superordinate themes from each student were inspected to look for patterns across the cases. These interpretations were synthesised to the four overarching themes presented below. The quotations throughout the findings refer to the pseudonym of the participant in the interview and the page number of the quotation from the analysed transcripts. Therefore quotations are represented as (participants name interview, page number).

4.1 OVERARCHING THEMES

These overarching themes were evident to a greater or lesser degree in the five occupational therapy student cases which is presented in table 4.2.

- “Outside the box” Identity strengthened through innovative practise
- Personal growth through supported reflexivity
- Portfolio of overt transferable skills
- An enhanced “student centred” ethos

The findings highlight the convergence and divergence within the themes to address the research question:
How do role emerging placements provide learning contexts that support the professional development of capable therapists?

A vignette is presented as an overview of each participant. Specific participants are presented in-depth in relation to overarching themes where their experience resonates strongly or where there is difference from the analysis. A more detailed account of the progression of the analysis from emergent codes to cluster, superordinate and then overarching themes is outlined in Appendix R.

4.2 DEMOGRAPHICS

**TABLE 4.1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Previous Degree</th>
<th>Previous Work Experience</th>
<th>Role Emerging Placement Site</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Una</td>
<td>23</td>
<td>Sociology &amp; Psychology</td>
<td>Carer, Customer care</td>
<td>community education organisation in regeneration area</td>
<td>Pair</td>
</tr>
<tr>
<td>Caroline</td>
<td>25</td>
<td>English &amp; Sociology</td>
<td>Social care intellectual disabilities</td>
<td>Homeless organisation</td>
<td>Individual</td>
</tr>
<tr>
<td>Siobhan</td>
<td>25</td>
<td>Nursing</td>
<td>Medical &amp; surgical nursing</td>
<td>Homeless organisation</td>
<td>Pair</td>
</tr>
<tr>
<td>Kathleen</td>
<td>25</td>
<td>Applied Social Studies</td>
<td>Special needs &amp; rehabilitation assistant</td>
<td>community education organisation in regeneration area</td>
<td>Pair</td>
</tr>
<tr>
<td>Emer</td>
<td>34</td>
<td>Psychology Business</td>
<td>Tele sales, tax consultant</td>
<td>Homeless organisation</td>
<td>Pair</td>
</tr>
</tbody>
</table>

A table of demographic information with pseudonyms is given to enable the reader to become familiar with the participants. The occupational therapy student participants (n=5) all completed either an eight or nine week full-time role emerging placement. They began their occupational therapy programme with varying types of previous experience, degrees and qualifications. Most students were on placement with a student peer. The participants are introduced in more depth in relation to overarching themes throughout the findings and within vignettes.
4.3 VIGNETTES OF PARTICIPANTS

In order to focus the context of the findings I have given a synopsis of the individual participants from the student strand. This includes information on their background, the placement setting and how they have been spending their time in terms of their professional development since graduation. It also shares information that participants wanted incorporated into the research.

Una
Una decided upon a career in occupational therapy following guidance from a family member, experience as a carer and a degree in sociology and psychology. She was drawn to the practical side of occupational therapy and preferred an active approach in her learning. Una’s role as a parent became significant as the interviews progressed with her referring to a “personal journey” or maturity from the placement experience that positively impacted on her home life.

Una completed her role emerging placement in a community education organisation in a city regeneration area with another student peer from the same occupational therapy programme. She implemented a lifestyle group for older women and a project in a crèche. At times, Una was challenged by projects within the placement and working collaboratively with others which led to frustration. She felt overly supervised which she felt led to less autonomy than anticipated in the placement. In the final interviews it appeared that Una had developed reflective skills and techniques. She was also reflexive about some of her earlier experiences and could see different ways of working. Her identity as an occupational therapist continues to evolve and is linked to her values of client centred holistic practice and the therapeutic use of occupation that she implemented in her role emerging placement. Una commenced work as an occupational therapist in a specialist physical role part time. She is still keen to explore non-traditional occupational therapy roles, especially with the teenage population.

Caroline
Caroline had been interested in occupational therapy for several years and commenced a programme after completion of a degree in English and Sociology. She took time before
starting the programme to gain experience within the social care sector where she began to develop as a “team player”.

Caroline completed her role emerging placement in a homeless organisation and was the only occupational therapy student on-site. She integrated into a team that had new members on the site. Early on and throughout the placement Caroline could see her value to the team, her self-assurance and transferable skills that she had to offer. A clear role evolved for the profession in the site that was enhanced by her collaborative working. The ethos of the setting and her view of occupational therapy were congruent. She completed individual work in people’s homes and established a walking group with a co-worker. Caroline had a positive learning experience and relished autonomy. She had a clear identity as an occupational therapist in the setting and took opportunities to develop her competencies.

During the placement Caroline aligned herself closely to the off-site professional supervisor and perceived value in professional supervision that has moved with her into her first job since qualification in a non-traditional job in the site of her role emerging placement. Ideally, she wanted an occupational therapist job but is making the most within the scope of her support worker job by transferring skills into practice.

**Siobhan**

Siobhan came to occupational therapy as a second health care career. When working as a general nurse she was drawn to the rehabilitation element of occupational therapy. Siobhan underwent an “identity shift” during her occupational therapy programme that was reinforced during the role emerging placement by the use of occupation focused practice. Siobhan completed her role emerging placement in an organisation for the homeless with a student peer on-site from the same occupational therapy programme. She completed some individual work with clients and a wide range of group work which included a newsletter group, horse riding and boat building.

Siobhan found her “student centred” placement a positive yet at times intense experience. She acknowledged the placement provided opportunities to develop transferable skills. Siobhan’s belief in her ability to facilitate interventions increased during the placement. She looked externally at the work of others, reflected and then internalised working
practises that fitted with her sense of personal and professional values. It appears that supervision with the off-site supervisor was significant as a time in which to reflect on her evolving professional practice and clinical reasoning. Her occupational therapy values and professional identity were strengthened during the role emerging placement.

In her first post as an occupational therapist she worked with older people and became frustrated by the lack of congruence around core occupational therapy values and the reality of professional practice in a hospital setting where the main focus is on discharge. The title of occupational therapist was important to Siobhan as she was keen to work in a job carrying the title of occupational therapist. This could be a reflection of shifting professional identities from nurse to occupational therapist, although she remained interested in working in a non-traditional setting.

**Kathleen**

Kathleen completed a variety of roles in rehabilitation and special needs with children and adults before embarking on her occupational therapy programme. After finishing her degree in social studies she was interested in completing a master’s degree which led her to occupational therapy. Kathleen completed her role emerging placement in a community organisation in a city regeneration area with a student peer from the same occupational therapy programme. She implemented a lifestyle group for older women and a project in a crèche which aimed to investigate the occupational needs of parents.

The placement was a “personal journey” for Kathleen, in part due to her disclosing to others that she had dyslexia and her acceptance of support during the placement. The delay in disclosure could be viewed as a reflection of low confidence or of previous negative learning experiences. Kathleen felt appropriately supported in her autonomous, adult learning style placement and perceived that she matured during the placement. She aspired to be more open and reflective in the future while making use of transferable skills from the placement. Kathleen presented as having an understanding of the importance of the processes involved in collaborative working. She had a strong sense of responsibility towards providing quality services and in handing on work for other students. This appeared to come from wanting to make a positive difference for people.
Kathleen was initially employed as an activity coordinator in a nursing home after graduation. She moved overseas approximately six months after graduation to seek employment as an occupational therapist.

**Emer**
Emer arrived into occupational therapy with experience of Tele sales and a degree in psychology and business. She had a long term interest in health care and was drawn to the practical, creative side of the profession. Emer was attracted to a role emerging placement as an opportunity for innovation and identifying a role for an occupational therapist in the setting. She completed her placement in a homeless organisation with a student peer from the same occupational therapy programme. Emer implemented individual work with people and a wide range of group work including an art group, bowling and boat building.

Emer had a strong sense of self in that she was motivated, confident and sought more control over her learning. She worked closely with her student peer and acknowledged when work was shared. This close collaborative approach did not appear to always extend to the team working on-site. This may in part be due to the frenetic pace at which her ideas evolved. Emer thrived through implementing “innovative ideas” in the placement.

Emer had taken time to reflect on her role emerging placement for personal and professional learning. Her frustration around the lack of observation by supervisors had reduced and she valued the innovation she could implement in the placement. Emer began work immediately overseas in paediatrics. She has transferred many skills and particularly project management skills into her new post.

All themes are represented in each participant’s experience. The darker squares indicate where the themes were strongest and the *signifies where participants stated a different perspective related to a theme. All are expanded upon within the text.
### TABLE 4.2

**Theme distribution across student participants**

<table>
<thead>
<tr>
<th>Overarching Theme</th>
<th>Una</th>
<th>Caroline</th>
<th>Siobhan</th>
<th>Kathleen</th>
<th>Emer</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Outside the box” Identity strengthened through innovative practise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Innovating as an occupational therapist</td>
</tr>
<tr>
<td>Personal growth through supported reflexivity</td>
<td>Self-discovery</td>
<td></td>
<td></td>
<td>Accepting support</td>
<td>* Long process</td>
</tr>
<tr>
<td>Portfolio of overt transferable skills</td>
<td></td>
<td>Planning to develop transferable skills</td>
<td></td>
<td>Collecting skills and challenges</td>
<td></td>
</tr>
<tr>
<td>An enhanced “student centred” ethos</td>
<td>* Overly supervised</td>
<td>Team Player</td>
<td>Team player</td>
<td></td>
<td>* Under supervised</td>
</tr>
</tbody>
</table>

### 4.4 OVERARCHING THEMES

Each of the four overarching themes begin with a propositional statement. The description aims to balance the narrative of the individual participants with my interpretation of their experience. Cases are used to highlight individual trajectories or journeys over the course of the placement linked to specific themes. The figures are pictoral representations of the superordinate themes which led to the development of the overarching theme.
4.4.1 “Outside the box” Identity strengthened through innovative practice

The role emerging placements provided participants with opportunities to be self-directed and practise a variety of activities that connected them explicitly with the roles of an occupational therapist. Their professional identity developed as they were facilitated to practise occupational therapy in a non-traditional setting. They were enabled to think creatively and implement their own ideas, which for several participants related to thinking “outside of the box.”

Kathleen: Whereas with this placement I think I will have to think a little bit out of the box a bit more so I suppose it would be more creative, ... rather than just read what’s concrete...

Researcher: So can you just describe to me what you think the phrase “thinking outside the box” means?

Kathleen: So I think that thinking outside of the box is really drawing on different references and drawing on different knowledge but not taking it as the be all and end all. Being able to wait until you meet those clients, meet that group and then...
being able to pull ideas from what you have read and build on it yourself in a different way I suppose. (Kathleen before, 24)

All participants identified with being an occupational therapist throughout the course of the placement as they took opportunities to practise a variety of roles and tasks usually implemented by occupational therapists. This also combined with having opportunities to see the core values of the profession in action and making a difference to people’s lives. The sense of being or practising as an occupational therapist was strongest when they could use the core values of the profession in action. This led to an increase in confidence.

This theme was particularly relevant for Emer and Siobhan, both whom had strong identities as occupational therapists during and after the role emerging placement. Emer sought to be actively innovative throughout the placement at a fast pace. Siobhan was attached and protective regarding the professional title of occupational therapist. These two participants’ narratives are explored in more depth later in this theme.

4.4.1.1 Practising as an Occupational Therapist

All participants perceived occupational therapy as a profession that is a practical “doing” therapy, being centred on occupations that have meaning for a person rather than purely as a talking therapy. This practical approach meant that the participants could see results with individuals with whom they were working, where active engagement in a range of occupations was positive for their health. This reinforced core beliefs and the theoretical knowledge to the healing effects of occupation. Over the course of the placement the observed efficacy of the interventions they initiated further reinforced this belief. They placed value on the profession and themselves as therapists as they experienced successes within the setting.

For some this identity meshed with their own belief in the need and value of doing or taking a practical approach in their life. All participants identified themselves as creative thinkers with some participants having an overt interest in creative activities. They gained pleasure and enjoyment from creating something new whether this was an object or generating a new idea to put into action. It appeared that their own ‘self belief’ in meaningful occupation in turn deepened this belief and that this had a positive effect for others, therefore underpinning the core values of the occupational therapy profession.
Also, having personal repertoires of creative arts and crafts was useful when completing activities for some participants.

During their role emerging placement, different stages of the occupational therapy process were completed by all participants including assessment, intervention and evaluation or the use of outcome measures. Following this process gave a framework to work with clients and assisted participants with thinking through their reasoning and problem-solving. It appeared that this increased their confidence in working as occupational therapists. It was clear that engagement in these tasks assisted in identifying a role and suggested strategies for doing the work of an occupational therapist in the setting. The use of an occupational focus in interventions was valued by all participants. For Caroline, categorising the interventions into several areas of occupational performance emphasised the work she was doing as “I was doing the real OT stuff the self-care productivity leisure.” (Caroline after, 6).

This could be a reflection that “real” occupational therapy was occurring in these settings where innovation and self-direction was encouraged without a full-time role model on-site to shape the approach taken. It suggests that at times the participants had witnessed occupational therapists working in ways that deviated from the “real” role in other placements.

These placements gave opportunities for client centred practice through different stages of the occupational therapy process with individuals and groups. Client centred practice for Caroline focused on taking time to work out what motivates a person and on using skills as a therapist to make use of this in a positive way.

… it makes sense to do it that way because if you try to tap into something that they have a passion for, there is a little bit of a flicker, it’s about, you know you tap into some kind of motivation then and then inherently they will just kind of get a buzz. (Caroline 6 months, 16)

This demonstrated that finding the meaning of an occupation for a person can lead to a pleasurable form of therapy and the person can gain from doing an activity they enjoy and in which they succeed. Building on a client centred approach, Emer and Siobhan sought
regular feedback from clients in order to amend the service on offer, and to tailor it more to their needs. Using these approaches could be a reflection of the participants trying out different ways to become client centred as therapists.

The participants identified with the core professional occupational therapy values of client centred, occupation focused holistic practice. For Siobhan these core professional values were in place before their role emerging placement commenced and she felt a need to share her ideas with others:

> Through this placement I have had to make other staff/professionals/customers understand these concepts and the importance of them in practice. (Siobhan during, 37)

This illustrates that the core values of the profession were held as important and connected closely with Siobhan’s own personal core values regarding what is important for human well-being. Una valued being holistic and client centred in her approach which linked to making a difference for others through her practice. When providing interventions related to balancing occupations Una could see that a client’s quality of life improved.

> …she had two nights sleep so that was huge for her … I need to see a change no matter how slight or how great. (Una after, 30)

The desire to make a difference resonated with all participants. This could be a reflection of becoming a therapist in order to have a positive impact on people’s lives as an act of altruism. Although it also seems that there are secondary benefits for therapists as they perceive their own efficacy which then enhances their sense of agency. Not all projects were successful and caused some role confusion during their placement. For example with the crèche project, Kathleen continued to try to maintain an occupational therapy perspective through stating recommendations for future occupational therapy students should the project be repeated. This gave a sense of tenacity at not wanting to give up on the professional role she had founded within that setting. Work settings that compromise a client centred approach were dismissed as potential future employment environments by
some participants as this core value is perceived as essential to practise as an occupational therapist. Caroline noted that the holistic focus of the profession is not assisted by separating professional practice into mental or physical health, as this was perceived as separating people into separate functioning parts and prevented a holistic approach to health and illness.

All participants indicated there were roles for occupational therapists within their role emerging settings due to their work making a difference for the clients and/or organisation. Caroline viewed a clear occupational therapy role in the setting and felt she made a unique contribution as “…on this placement I got results like and I felt like you could see it working..” (Caroline after, 24).

Caroline’s reference to “it” appeared to focus on the success of the occupational therapy intervention rather than taking the praise of the success for herself. These placements reinforced the participants’ belief in the profession’s values through seeing the difference the therapeutic use of occupation made for people. Demonstrating the value of occupational therapy was important to all participants particularly as some had observed occupational therapy roles being undervalued in previous placement settings. Articulating the value of occupational therapy in these settings was an important component which underpinned the participant’s identity as an occupational therapist. Explaining the potential role was easier for some than others. Una clearly identified with being an occupational therapist with certain projects or client groups. However at times for Una the occupational therapy role lacked congruence, particularly when articulating the potential role to new client groups, as she found it difficult to understand what occupational therapy could offer:

Because I was struggling through the placement to introduce occupational therapy to the well population. You can always use the example of splinting or aids and things. (Una after, 42)

Although Una initially struggled to implement occupational therapy with a new client group, her confidence and skill in this area increased by the end of her placement. All participants could see the value of occupational therapy in non-traditional areas and
realised the need to prove its effectiveness in order to create a wider scope for occupational therapy jobs. Creating these jobs could potentially come from:

..being able to think outside of the box and being able to I suppose be able to push the boundaries or to push that or to show that occupational therapy is needed in social care type settings... (Kathleen 6 months, p19)

Thinking differently and demonstrating the value of occupational therapy in an emerging area had facilitated Caroline’s movement into a non-traditional job in the same role emerging placement site. She had evolved into an occupational therapist and applied her professional competencies in her non-traditional job as a mental health support worker. Several participants have become interested in non-traditional occupational therapy posts after completing a foundation in traditional professional practice.

4.4.1.2 Siobhan: integrating her occupational therapist identity

Siobhan’s identity as an occupational therapist was strengthened over the course of her placement as she was given opportunities to carry out occupational therapy. It reinforced her values as she had the freedom to practise the role of an occupational therapist holistically. Siobhan’s first job as a part time occupational therapist in the rehabilitation of the elderly also made use of her previous nursing experience. At the time of interview she also worked part time as a nurse and was keen to move into a full-time occupational therapist post. She mentioned her strong identity and attached importance to the title of an occupational therapist:

...the title is because I don't want to undermine the profession by doing occupational therapy under a different name and that if it is going to use the principles of it I would want it to be called occupational therapy and … still really want to work as occupational therapist. (Siobhan 6 months, 40)

The attachment to the title of occupational therapist was strong for Siobhan. This could have been a reflection of her shifting identities from being a nurse to that of occupational therapist. To switch professions takes commitment and she was more attached to the values of the occupational therapy profession than nursing as these were consistent with her personal values.
4.4.1.3 Emer: innovating as an occupational therapist

From the outset of her placement, as a motivated practitioner, Emer strove for innovation as she relished freedom in practise to create something from “scratch” (Emer after, 23). Before her placement began Emer had an expectation of having freedom to implement innovative ideas which linked into her identity as a practical, creative person. Her placement gave her space to innovate. At times this occurred at a frenetic pace. Not having a full-time supervisor present allowed Emer to create and shape her own version of an occupational therapist during this role emerging placement:

Benefits were having the freedom to work as an OT, in almost a purer OT sense in that you are not like adhering to strict procedures or policies that are already set in place so you had the ability to create and OT intervention from an evidence base. (Emer after, 28)

Her role emerging placement gave her the confidence to think creatively and construct her professional identity based on research evidence. Later she implemented elements of this in her new job overseas.

4.4.1.4 Application of theory to practice

All participants demonstrated application of theoretical concepts in their placement setting. For Caroline, she took opportunities in her placement to gain a deeper understanding of concepts and how they helped clients:

...so it’s just interesting the concept of wellness like what does that actually mean so I was trying to do work on that with him as well... (Caroline after, 35)

This was a two way process with application of knowledge from previous placement settings to another and into this work setting with clients to create successful interventions. The application of theory in practice was viewed as an opportunity to implement their individual ideas and apply learning from the university setting. Theory was also applied when explaining approaches to others when trying to provide a quality service. It appeared that at this point the participants could see the benefit of integrating theory and practice. This could be due to the nature of the role emerging placement model
as more time was available for self-directed learning or related to their stage of progression within their occupational therapy programmes.

4.4.1.5 Summary
These role emerging placements provided opportunities for the participants to prove the worth of occupational therapy within new settings. The innovation was energising for participants as their ideas were positively received by the sites. The participants were able to practise as occupational therapists which strengthened their professional identities. They were given space to think and act “outside of the box” away from the constant supervision of an occupational therapist. Participants began to feel like an occupational therapist as the placements progressed and they fulfilled different roles and tasks which fitted with their own perception of an occupational therapist from previous experience and theory.

4.4.2 Personal growth through supported reflexivity

FIGURE 4.2
*Personal growth through supported reflexivity*

![Diagram of personal growth through supported reflexivity]

- Personal journeys
- An embodied experience
- Una: self-discovery
- Kathleen: accepting support
- Journeying with others
- Supervision supports change
Personal learning and growth was a form of journey for most participants during their role emerging placements. The participants’ self awareness increased as they reflected on several experiences in-depth. Completing the role emerging placement was also an embodied experience as they went through periods of excitement, frustration and extreme tiredness. Personal learning was enhanced though feedback from supervisors and student peers. Reflection was crucial for their personal growth which at times could be challenging.

This theme was particularly poignant for Una and Kathleen as they underwent transformation during and after their placement. For Una the experience was a journey of self-discovery whereas for Kathleen it was a time of reaching an acceptance around her own learning needs. These two participants’ narratives are explored in more depth later in the theme.

4.4.2.1 Personal Journey

Most participants experienced personal learning and growth during their placements. Change was evident when the participants reflected on their approaches to learning which made them more self and professionally aware. There were frequent references to adaptation of learning styles where participants had taken on other approaches to their learning. This adaptation appeared to be shaped by a need for participants to learn more from situations where the learning approach that comes more naturally to them was not always effective. This shift into a more reflective learning approach was evident for all participants. Adopting a more reflective approach in practice took longer for Emer:

So just having to focus more on what I'm doing I suppose and to kind of just and to be careful of not overdoing things as well... (Emer 6 months, 10)

This change of focus on increasing reflection and less active working practices only occurred when Emer could see its value in helping her to balance her lifestyle. This became apparent in her final interview. It seemed that Emer became more aware of how her approach to learning influenced her own health but she still approached her work at an overly active pace.
There was a tendency for most participants to describe a growth in confidence that was often associated with them feeling more able to complete specific tasks and becoming more relaxed in their placements. Siobhan felt she needed more general confidence but this need did not prevent her from feeling sufficiently competent to practise as an occupational therapist in her new job. Caroline’s confidence grew during the placement but this was adversely affected when she was unemployed for several months after graduation. The participants’ accounts of confidence highlighted how nebulous confidence can be and that it seemed to tie into their sense of self-agency including their ability to reflect or have control in situations.

4.4.2.2 An embodied experience

A variety of emotional reactions were experienced by participants as they transitioned through their placement. Most participants were initially excited but this shifted to feeling overwhelmed, and at times frustrated and drained. This excitement was often experienced as a nervousness that was controllable early in their placements. For some, the sensation moved towards a sense of feeling overwhelmed with the magnitude of work to complete, and with the complexity of managing their own and the supervisors’ expectations.

The pace of work and creative approach led to extreme tiredness towards the end of their placements for most of the participants. Trying to balance their own and supervisors’ expectations and adapt to working with people including a challenging client group was perceived as mentally draining. Also, the change in working style with more time spent planning and less active doing of tasks was tiring.

The only negative thing I can say about it is that it can be tiring sometimes and frustrating just planning and sitting and thinking. (Una during, 30)

It seems that the change of pace and having to think through in more detail the work undertaken led to bodily sensations of tiredness and ultimately poor health for several students. Reflecting back on their experience some participants acknowledged that there was a need to pace themselves differently throughout their placement and to learn to speak more openly in order to not absorb tensions related to working with others.
Although emotional responses were evoked and felt, all found the role emerging placement to be a positive experience.

4.4.2.3 Una: self-discovery

Her role emerging placement experience had been a journey for Una around learning strategies to manage herself and others successfully both within and external to the role emerging placement. Therefore, learning related to her professional and personal development. Over the course of her journey Una had matured and engaged in reflection which was emotionally challenging at times.

From the beginning of the research interviews Una was open in discussing her emotional responses to situations. She anticipated a sense of panic in the early days of her placement due to working with teenagers whom she felt may be challenging towards her, although this did not unfold due to a change in client groups. However she did experience several other emotional responses. Una found the placement frustrating but over time she used reflection inside supervision as a time to think through her thoughts and actions. She found verbalising her ideas useful as she shifted from an active learning style to adopting more of a reflective approach. Towards the final interviews she began to internalise her reflections and think more deeply about the reasons behind her responses.

I don’t think I expected to learn as much as I did. More about myself and more about myself as an OT... (Una 6 months, 13)

It appeared that Una was becoming reflexive around her own thoughts and actions. This reflexive approach extended to her home life as “...even in relation to naming your feelings I think that’s definitely something that’s changed the way I parent.” (Una 6 months, 74)

For Una, the experiences on her role emerging placement seemed to have affected her deeply which led to some significant changes. During the placement Una became more self-aware, increasing in confidence which led to an increase in self-determination. This came across as a strong belief in her ability to initiate change or influence professional practice. Una describes her role emerging placement as a challenge of trying to manage
working with different stakeholders. Initially she had difficulty communicating with people assertively which caused confusion and frustration for her. Over time she became more confident at building rapport, engaging in joint decision making and questioning people without causing offence to them. This is an indication that Una was becoming more confident in her abilities and feeling able to transfer practised skills from one setting to another.

In her final interview, Una continued to resist compromise around one specific project. This could be construed as tenacity in a positive or negative way depending on how she presents her opinions in on-going work situations. Una felt strongly that the amount of learning she experienced, both personal and professional can only be understood by completing a role emerging placement as “…I think you have to go through it to know it” (Una after, 65). This highlighted that completing and reflecting on her role emerging placement was significant for Una’s development and she continued to learn from that experience in her ongoing professional practice.

4.4.2.4 Kathleen: accepting support

Kathleen’s experience was a journey of self-reflection and increasing awareness of her learning needs. She was excited to complete the role emerging placement. She did not disclose her dyslexia fully at the start of this placement: 

…then I suppose I felt oh, I’m not, I haven’t filled him on everything on my learning needs and then I felt slightly awkward and he must have felt awkward slightly. (Kathleen during, 35)

The reluctance to disclose this could be due to embarrassment or a fear of being treated differently. Kathleen acknowledged her needs around dyslexia part way through her placement and was supported once her supervisors were aware of this situation. This facilitated Kathleen in coming to terms with her dyslexia and to accept assistance.

Well, I think since I carried out the placement I have become a lot more in myself in that I suppose it comes back to my learning needs and all the rest that I am umm more open about that and now going into my next placement I will be so much more open and I hope that will carry on then… (Kathleen after, 8)
This had been a period of increasing self-awareness and openness for her. Kathleen shifted her approach to learning to be less active and to take time to reflect.

change your thinking like in I used to want to be an activist all the time like let’s see the patient let’s get going all of the time to do, whether it was splinting or something practical do you know. Whereas this placement really pushed me to become more of a reflector and think Ok why are we doing this and push you to change your thinking… (Kathleen 6 months, 25)

This added a depth to her learning that she also used in her personal life. She felt she “grew up” during the placement and was able to take strategies with her for her future use. She internalised observations for personal growth. For Kathleen self-assurance and confidence in her abilities came towards the end of the placement. She became more self-assured from her experience and felt more confident, able to use her initiative, be creative in her working practises and believed this would assist her in getting future employment. It appeared this came in part from the realisation that she had sought and risen to the challenge of completing a role emerging placement.

4.4.2.5 Journeying with others

The participants’ journeys through their placement involved working closely with clients, student peers, site staff and supervisors. This highlighted the complexity of managing relationships with different stakeholders which led to some challenges and points of personal learning. All participants became more aware of the clients’ needs and they could see the reality of working with these potentially challenging client groups. The following extract highlighted how exposure to clients brought the client narrative and experience to life.

...I’m glad I got exposed to that like you can see ok you read about symptoms and how they affect someone but to actually see it and your observation improves.

(Caroline after, 22)

As role emerging placements tend to be based in settings with clients from disadvantaged backgrounds or complex circumstances, it exposes the students to potentially different experiences in diverse community contexts.
Most students had another student peer with them on their placement from the same occupational therapy programme. For some this was positive and enjoyable as it gave time to talk though ideas and work together supportively as they “...used each other as a learning tool to see where we could take it next” (Kathleen 6 months, 7).

From Kathleen’s comment it is apparent that she felt she worked closely with the student peer and that the working together was a collaborative and equal partnership. This was not evident for others, where working with the student peer led to tensions due to feeling unsupported by their peer in projects.

Managing expectations around the various projects proved challenging for some participants. This came with the realisation that working with others and managing their expectations is complex. Frustration was felt where roles were not explicit or tasks not clearly laid out in advance.

Everybody needs to know their roles. That is something I will never forget from that placement. If you don’t know when you are going into a project exactly what you want from it, I think you might be in trouble. (Una 6 months, 9)

Una, even months on from her placement still had concerns around lack of clarity when working on group projects. This could be due to a realistic need for more guidance or could be construed as her having a lack of flexibility in project work. Emer also became frustrated and reflected that people may have a different approach in group facilitation or management style. Participants learnt by reflecting on their frustrations and for some this process took until the final interview for them to perceive these situations differently. This could be a reflection of the need to be reflexive when feeling emotional in order to explore other possible meanings in situations. It could also be indicative of a maturity of the ‘self’ as over time the participants learnt to manage their emotions differently.

4.4.2.6 Supervision supports change

All participants appreciated their supervision and found the facilitative approach useful in encouraging their reflection. They held the supervisors in esteem and took on board constructive feedback. It appeared that they respected both the on and off-site supervisors who brought different perspectives and expertise to supervision. Making the most of
supervision involved preparation and seeking guidance. Several participants highlighted the benefit of talking through their ideas as it helped their confidence:

...it’s a lot about kind of why are we doing this why do we want to do it umh and you kind of have to be concrete on that to explain how this will be beneficial it tends to be a lot about explaining to people why you think this would be a good idea... (Siobhan during, 32)

Siobhan found that verbalising the reasoning behind certain interventions firmed up her ideas. For all participants, taking time to communicate their rationale and clinical reasoning consolidated their learning. Talking it through seemed to be a rehearsal that reinforced their own belief in what they planned to do as practising occupational therapists.

Although the on and off-site supervision was identified as valuable, several participants related more closely with the off-site supervisor who was an occupational therapist. This close attachment seemed to focus on using the off-site supervisor as a way of connecting to the profession and talking through their clinical reasoning. The professional supervision by the occupational therapist was recognised as essential, especially if embarking on a non-traditional role in the future. This indicated an awareness of the need for professional supervision when working as an occupational therapist and particularly when creating new avenues for the profession.

4.4.2.7 Summary
Journeys related to personal and professional development are evident in the participants’ narratives. The depth of reflection which in turn leads to reflexivity is notable. These role emerging placements challenged participants to work with others and increase their self agency. Managing expectations at times caused tensions which for most was internalised and then acted upon to generate change. The supervisors play a significant part in the role emerging placement model.
4.4.3 Portfolio of overt transferable skills

All participants overtly described the development of a range of skills acquired during the placement which they planned to, and in some cases have transferred into new jobs. Most participants opted to complete a role emerging placement as a pragmatic trial run for future professional practice. This implies that they viewed a role emerging placement enhancing their career opportunities and potentially giving them a competitive edge in interviews over other new graduates. Several skills fell into the category of project management and cognitive skills. Due to the participants all having completed a graduate entry masters qualification in occupational therapy they brought a range of skills with them to the programme. Their maturity and previous work experience may account for their explicit awareness of the worth of transferable skills in their careers.

Transferable skills as a theme resonated throughout the interviews with Caroline and Kathleen. Caroline planned the timing of her role emerging placement so that she could add to her repertoire of skills prior to employment. For Kathleen, it was more a case that she collected skills and challenges which she perceived as being valuable for her future career. These two participants’ narratives are explored in more depth later in the theme.
4.4.3.1 Pragmatic trial

Most participants viewed the role emerging placement as a pragmatic or strategic trial to practise a range of skills for the future. For Emer the placement model was a time to try out occupational therapy skills away from the close supervision of an occupational therapist. It seemed this enabled independent thinking through of actions and less imitation of tasks completed by supervisors suggesting it is a different placement experience. For Una it was a chance to learn how to rise to the challenge of making use of restricted resources for interventions with support available if required:

I think I will enjoy that because I don’t think resources will be there and do you know we won’t be able to get and buy everything. (Una before, 21)

This could demonstrate that Una had an awareness of the potential challenges around limited resources in healthcare and wanted to develop strategies early in order to manage these situations in her future jobs. Participants also wanted to develop strategies around having a part-time supervisor. This suggests they sought the experience as a means to trial a supervision structure that may be a more realistic reflection of the reality when working as a new graduate occupational therapist that requires more self management. Although most participants opted for the role emerging placement, the full impact or benefit on skill development would not become apparent until actually working as an occupational therapist. Some transferable skills were being used in practice at the time of the final interviews but it highlights a need for further follow-up with the participants.

4.4.3.2 Cognitive skills

A range of cognitive skills particularly executive functioning were developed including problem-solving, decision making, reflection and questioning professional practice. Creative thinking was evident through the interventions provided and problem-solving. All participants began to question their own practice which evolved with reflection during the placement. Over time participants began to question in more depth their actions and possible future professional identity. This suggests an increase in confidence around scrutinising their thoughts and actions in order to make changes.
For some participants questioning involved being inquisitive about how services were provided and the working styles of others:

It’s good because it indicated it wasn’t us really and he flourished when the farmer was gone. We know he had an issue with the farmer being so directive. (Emer during, 15)

This indicated that at this point in the placement, Emer was not only focusing on the farmer’s approach but that she had questioned that it may be her own or her students peer’s approach that had led to a lack of client engagement. This sign of reflection was part way through the placement, and as with most participants, increased in frequency and depth by the time of the final interviews. Several realised the value of reflection and then embedded it in their professional practice and implemented different approaches to support their learning. The tendency for participants to develop and increase reflective practice could be associated with using supervision as a time to talk through their thoughts and ideas in detail as they are not with supervisors fulltime. They take time to prepare to utilise their supervision fully.

Flexibility and adaptability was learnt during the placement when working with others and managing projects. This flexibility was also valuable when planning interventions, especially if things changed at the last minute:

But I realised we could think on our feet so it was OK, but if we didn’t have the capability to think on our feet then we would have been sitting thinking what are we going to do then. It was just, that is the knowledge that I have, that I am comfortable with, fairly comfortable with thinking on my feet and being resourceful. (Una after, 35)

Una highlighted that quick thinking and working well with her student peer helped with adapting group plans. This suggested an increase in confidence in her ability to perceive herself as a person able to respond flexibly in unexpected situations.
4.4.3.3 Project management
All participants were involved in managing projects whether this was directly or indirectly client related. Group interventions implemented included a walking group for adults, a lifestyle group for older women and varied occupation focussed sessions. Indirect projects included completing a needs analysis of parents whose children attended a crèche.

Time management and organisational skills were developed by all participants as they sought to achieve deadlines and turn projects into a success. The importance of taking time for preparation was acknowledged if not always enjoyed, which was indicated by Siobhan’s laughter:

...a bad day I suppose would be more if we were do you know kind of stuck in the office or it was just not out and about not actively doing things.

(Researcher) And if you were stuck in the office what might you be doing?

Umh probably doing documentation or protocols or very important stuff (laughter) do you know not be more kind of preparation work and you do need that time...”(Siobhan during, 25)

This highlighted that Siobhan preferred to be actively engaged with clients but could see the importance of documentation. This appeared to show an increasing awareness of the foundation or planning work required behind interventions. Participants viewed preparation as crucial for the service provided to run effectively. Several participants were aware of the resource implications of their interventions, including negotiation of the necessary finances. This tied into managing resources in a changing healthcare climate of needing to provide both quality and sustainable interventions. Most participants seemed to take on board the reality of limited resources within the organisations which shaped their interventions. This led to a need to create resources for clients that were useful and that promoted independence.
For Emer project management skills obviously transferred into her new post where she was again initiating numerous projects in the work place related to health awareness campaigns as well as becoming involved in development projects overseas.

4.4.3.4 Caroline: planning to develop transferable skills

Caroline had a clear interest in non-traditional roles and vision of how certain skills could be transferred into new job situations. It seems the awareness of the value of transferring skills may have come from working in previous social care environments. She identified skills of questioning, creative thinking and reflection that were enhanced during the placement. She observed other team members to identify how to complete certain tasks and roles. The use of these skills were evident in her current post where she continues to question practice around her and complete written reflections as she learnt “... a lot from them and how they facilitate the group....adapt it for each individual ....” (Caroline during, 2).

Caroline had a sensitivity when working with clients that had transferred from observing team members. It appeared that through reflection, she had picked up on positive cues and adopted working practices into her skills. Caroline already presented clearly as a team player and her interpersonal skills grew through selecting good practice to model herself on.

Caroline had an interest in non-traditional or new roles for occupational therapy for example linked to community development. Therefore she chose role emerging as her final placement as it encouraged independent working:

...as if you are a basic grade, you don’t have your OT there all the time. So you are having to make your own judgment calls and go on your instinct and you have the freedom to do that which I like... (Caroline during, 13)

The timing of the placement was actually chosen to assist her transition to a first job and this planning came through as she went into a non-traditional post (mental health support worker) in her role emerging placement setting.
4.4.3.5 Kathleen: collecting skills and challenges

From the outset Kathleen wanted to add to her current skills and these evolved during the role emerging placement. She clearly identified skills that she would take forward in her career. In a time of economic recession, Kathleen hoped the placement experience would be of use when seeking employment as it highlighted she would seek a challenge as “…wasn’t afraid to take on … something different and to kind of show that OTs are needed... (in) unusual settings.” (Kathleen before, 15).

She was strategic in completing a role emerging placement as she anticipated it would stand out on her Curriculum Vitae (CV) and be interesting aspect for recruitment at interviews. This suggested that Kathleen was being organised by making herself more marketable in an increasingly competitive workforce by broadening her skills to use in traditional and non-traditional areas of occupational therapy practice. She transferred these skills into her first post as an activity co-ordinator.

As the placement progressed Kathleen developed an array of transferable skills including project management, with particular development in reflection and preparation. When reflecting on the crèche project, Kathleen believed that “… the reasons I was questioning this role so much was because I was not seeing any immediate results.” (Kathleen during, 49)

This demonstrated that Kathleen could think around potential solutions for her own or other’s behaviour. This indicated more time spent reflecting and an increase in confidence and conviction in her opinions. Kathleen aspired to combine previous and newly developed skills into new work roles. This could be a reflection of Kathleen collecting skills to mould into a meaningful career for her that also gives her flexibility to work in multiple environments.

4.4.3.6 Summary

These role emerging placement experiences gave the student opportunities to develop and enhance a collection of skills to use in their future professional practice. Participants were strategic in completing a role emerging placement expecting that it may be viewed as
making them more employable in the current health care arena and/or it would enhance their confidence going into their first graduate occupational therapist posts.

4.4.4 An enhanced “student centred” ethos

FIGURE 4.4

An enhanced “student centred” ethos

The role emerging placements are alluded to by all as a “different placement experience” particularly when comparing and contrasting the placement model with previous traditional placements. The ethos of the varied settings were focused on providing services to a disadvantaged population in the community. The placement settings provided a student-centred learning focus, that is, the participants were facilitated in their learning through contact with clients and relevant services. The ethos of all placements was open with supervisors and participants creating respectful, constructive supervision partnerships where feedback was acted upon by all. The participants valued autonomy to develop personally and professionally in the sites. For Siobhan and Caroline learning was enhanced by the individuals experiencing a positive fit between their own, the profession’s and the organisations’ values which focused on a team approach. This theme generated some contrasting opinions around supervision that are highlighted in the facilitating environment superordinate theme.

4.4.4.1 Collaboration

Working collaboratively for participants involved taking a team approach and learning how to manage expectations to create an effective placement. Most participants
acknowledged that they were working within teams during the role emerging placement. For Caroline and Siobhan being a “team player” or interest in a team approach was evident from the outset of their placements. This involved understanding the value of collaborative working as “…we are always going to be working as part of a team so I think you can learn from everyone you work with.” (Caroline before, 20).

This indicates an open approach where colleagues are appreciated for their own skills. Caroline identified a preference for a team approach at work. This comes across in how she gained rapport with people and liaised with different disciplines. This strengthened throughout Caroline’s placement with her ability to communicate with multiple stakeholders including social workers and key workers. This was also apparent for Siobhan who collaborated with staff and volunteers on projects with the intention of influencing the work setting positively:

...and I kind of being able to look at other people’s perspectives and to look at the bigger picture because like there is a lot about compromising and stuff like that to make things successful. (Siobhan after, 14)

In this quotation there is evidence of Siobhan understanding the importance of adapting her own approaches to manage relationships. It seems that learning to compromise and listening to others are essential components for collaboration in the role emerging placement setting which tie into skills of diplomacy. Caroline tried to integrate sensitively into the team through working alongside colleagues and not challenging their approaches:

And then I have been attending, there’s vocational groups, gardening, woodwork, oh art. They all have facilitators so they are not OT groups and it is not really my position to go in there and take them over or be anyway bolshie or whatever. (Caroline during, 2)

This quotation demonstrates Caroline had an awareness of her “position” early in the placement and did not seek to challenge established working practices of others. This extract illustrates sensitivity to role delineation that may have integrated her more quickly into the team on-site. Working collaboratively was complex and flexibility was required by participants to create a successful placement. For Emer, managing expectations around
the placement led to some misunderstandings around interventions and time management. This was due to a mismatch between hers and others expectations. Managing expectation was an essential aspect for participants, which some were quicker to take on than others. This suggests that some participants were more collaborative, self-directed and confident than others with this task.

4.4.4.2 An environment that facilitates

The environments of the placement sites featured positively in the participants’ experience. The environment facilitated learning through being student centred, supportive, providing client contact and promoting autonomous practice. All participants at times referred to their role emerging placement experiences as different to other placements. For some, this was due to the “...student centred” nature of a role emerging placement that was valued by participants. (Siobhan after, 18). This translated to an overt focus on the student’s learning which increased awareness around learning styles and approaches:

So the learning I think, focusing more on my own learning. I never would have done that on placement. (Una after, 27)

For Una the focus on her learning in the placement was a new experience. This could be a reflection that the primary focus of most placements is on the client or patient care in a context where professional roles are established. Therefore the student’s learning is not the most important focus for the site. The student centred ethos also linked to the involvement of the supervisors. Several participants appreciated that the on and off-site supervisors took distinct roles during the placement, a management or business type supervision and a professional supervision. From the quotation below it is evident that Una acknowledged that her supervisors needed to trust her to work autonomously in the community:

I would imagine it is a difficult role trying to set up students in the community and try to maintain the links they have built up for so long and they had to figure if they trusted us. (Una 6 months, 18)
This suggests that role emerging placements may have a degree of risk if supervisors need to trust students to complete new roles and tasks. People within the placement setting were supportive and welcoming to participants which facilitated their learning. Being open to team support came naturally for some participants, especially those who had previously debriefed their experiences with student peers. Team support was crucial for Caroline as at times she found the work draining which she counteracted by seeking guidance.

All participants found the supervisors supportive as they took a facilitative role to guide their learning. The supervisors were responsive to feedback to improve their specific placement experience. They balanced guidance with giving participants space to take on responsibility. The supervisors were also open and understanding around individual learning needs. This suggests that the supervisors’ facilitation style was both flexible and effective for participants. Although the supervisors were supportive, concern was expressed by several participants around the lack of direct observation by supervisors. Participants were aware that feedback was collated from team members but felt this was different to direct supervisor observation. Emer expressed concern around limited direct supervisor observation during the placement but also relished freedom in practice working away from direct supervision. The concern of lack of observation was in contrast to Una who felt she was overly supervised with less autonomy than expected on a role emerging placement:

...I thought we were being very baby sat because we had to run all of our collaborations by our supervisors. (Una during, 58)

This impacted as the speed of intervention was reduced which became frustrating for Una. There was also a tendency for Una to become frustrated when she disagreed with a variety of situations in the setting. This may indicate a lack of assertion or broader thinking around scenarios and her roles.

The placement settings provided participants with client contact through individual or group work to facilitate their learning. Participants felt that some settings potentially gave more opportunities for client contact than traditional settings. Although direct client contact was valued by all, Kathleen became aware of the importance of learning from
other indirect contact including research when working in the community. It seems there is a widening of awareness that learning can come from many sources.

All participants chose to complete their role emerging placement as a challenge to them professionally and/or personally. They found the idea of rising to a challenge as having opportunities to take on responsibility and coming away from routine practice. Seeking challenges was viewed positively proposing that it may strengthen the participant’s own identity as well as their professional identity. The attraction to working without routines suggested an interest in working differently and moving the profession into new ways of working.

Participants were drawn to the role emerging placement as an opportunity to work autonomously in a setting with fewer restrictions than a traditional setting. Some participants thrived on the freedom to practice and were energised by independent working. Although Caroline was allowed freedom to practice in the setting, she perceived some similarities with a mental health placement. This illustrates that even though the role emerging placement was viewed as different, there are overlaps with traditional placements.

These placements gave opportunities for participants to work autonomously and to develop their own approach as a therapist. Being given freedom to try out interventions was a confidence enhancing experience that promoted self-directed learning. Caroline relished autonomy which gave her opportunities to create her own version of occupational therapy at the site as “…you get to put your own stamp up on it.” (Caroline 6 months, 29).

This indicated that these environments facilitated the development of roles for an occupational therapist that was shaped by the participants own personal and professional values. While participants took pleasure in their freedom to practise autonomously they acknowledged the important supportive role of supervisors. For several participants seeking challenges and autonomy has transferred with them into their first traditional and non-traditional jobs.
4.4.4.3 Connection of values

The role emerging placements successfully forged connections between the values of the participants, the occupational therapy profession and the organisation. Several participants identified the services for the role emerging sites as following the social model where the individual’s needs were considered in their environment. For Siobhan the ethos of the site was slightly different to other placements settings:

I guess the whole environment was different. The social care workers that were there, they had a different view of things, a different approach to the things... a kind of a subtle difference, it wasn't kind of like the setup in the next placement in child and adolescent mental health that was much more formal setup. Everyone had like designated roles and you could kind of see the difference. Whereas in the homeless organisation they had different roles but it was kind of more fluid, kind of um, less clinical. (Siobhan 6 months, 22)

It seemed that the roles in these role emerging settings were less formal and less clinical which suggested a more social approach to the organisations. The “fluid” roles indicated by Siobhan encourage flexibility amongst staff to work together and assist each other when work needed to be completed. In contrast, Emer had concerns in a setting where “mucking in” was expected by participants (Emer during, 8). Rather than understanding the service value of working together, being requested to help out led to concern of filling gaps in staff vacancies in the service which may limit freedom for creating an occupational therapy role. This highlighted how different expectations, based on values, may influence participants experience in placements.

The key connection on the role emerging placements focused around client centred practice. Participants strove to be client centred in their approach, wanting to make a positive difference to clients’ lives. Several participants identified with a strong work ethic which fitted well with the ethos of their placement settings. This also linked in with investing personally in the placement due to the setting and having no-one to follow which at times resulted in tiredness for the participants.

4.4.4.4 Summary

Participants were in agreement that their role emerging placements provided a “student centred” ethos that facilitated their learning. They were presented with challenges that through collaborative working led to personal change. The values of a client centred
approach, autonomous practice and freedom to tackle challenges was key to the success of their placements.

4.4.5 Overarching themes from the student findings

FIGURE 4.5
Overarching themes from the student findings

4.5 CONCLUSION

Overall these role emerging placements provided the participants with positive learning experiences. This gave greater autonomy to create and work as occupational therapists within the setting. Their professional identity was strengthened as they took opportunities to develop transferable skills. The ethos of the work environments connected well with both personal and professional values. Not all participants were “glowing” about the experience. All embarked on a journey through their experience which evoked personal growth which at times was challenging. The role of the supervisors was a significant
contributor to the participants’ experiences, as well as the valuable contact with clients. The participants were strategic in opting to complete a role emerging placement and their knowledge, skills and attitudes were all enhanced during and after the placements.

### 4.6 REFLEXIVE COMMENTARY

In the introduction I outlined my main preconceptions related to role emerging placements. Analysing the student interviews has been a process of walking away and returning to the transcripts to make sure that it was the students’ voices and not my own voice that was coming through. Although I believe that true “bracketing” is not attainable or relevant in this research, it was still important to talk through my findings with others to be clear that my analysis and interpretations resonated with the students’ words.

I had analysed some of the student data using thematic analysis for a previous conference presentation and paper. I chose not to re-read the findings and can see subtle differences from both forms of analysis.

Returning to analyse all transcripts brought back the positive experiences of the students but also the range of emotions they experienced. I tried to question them further in the interviews but am surprised by how much was felt by me as a researcher in the situation as they did not necessarily verbalise all emotions. I think this is in part due to me knowing the students and interviewing them over a period of almost two years and an attachment had formed. My on-going relationship with them over time was positive and several remarked on the value to them of doing the research interviews. They may have viewed the interviews as additional professional supervision.

At times with the analysis I had to return to the transcripts to make sure I was not over reacting to phrases that resonated or conflicted with my own personal values. This was true of one participant’s resistance to “mucking-in”. With a strong work ethic and collaborative approach I would take pride in “mucking-in” within most situations and was shocked that not all people have the same views. I also expected to see more related to leadership skills in the transcripts.
With the emergent coding I was aware that many codes resonated with my own experiences as an occupational therapist, for example wanting to make a difference, having an interest in arts and crafts. I could not ignore these codes as they were in the transcripts but it heightened my awareness that some students have similar values to my own but also some very different values.

I was also aware that I had accrued different perspectives on several situations due to interviewing students and supervisors. I explored this in my own supervision to remain focused on one perspective at a time.

Completing this analysis has been a learning curve for me; to interpret their interpretation of their experience and their journeys towards professional practice. Some insights were expected and others were surprising. My own professional experience as a therapist and facilitator of learning assisted with completing the interviews and analysis.
Chapter Five

Occupational Therapist Strand Findings
5.0 INTRODUCTION

This chapter presents themes that emerged from reviewing the transcripts of the six occupational therapists that had experienced a role emerging placement in their professional education. Three themes capture the experiences of the occupational therapists during their role emerging placements and when reflecting on their experience.

The themes are presented in a way that I feel assists in addressing the research question:

How do role emerging placements provide learning contexts that support the professional development of capable therapists?

The order of presentation relates to the strength and importance that participants placed on the themes expressed in the interviews. The themes and sub-themes begin by describing a propositional statement. A table outlining the categories, sub-themes and themes are presented in Appendix S.

5.1 THEMES—OCCUPATIONAL THERAPIST STRAND

- Heightened Awareness of Self and Others
- Tool Box of Skills
- Informal Ethos Nurturing Responsibility

5.2 DEMOGRAPHICS

A table of demographic information, with pseudonyms is given to enable the reader to become familiar with the participants (see table 5.1). The six participants were all women in the Occupational Therapist Strand and came from a wide range of professional programmes across three countries. No participant had graduated from an Irish university, although half (n=3) of them were currently working in Ireland. For half (n=3) the role emerging placement experience was recent, taken place under five years ago with the rest having been completed over ten years ago. The sites for the role emerging placements were varied with an equal split of full and part time placements. Ginny completed two role emerging placements during her professional programme.
### TABLE 5.1

*Occupational Therapist Strand Demographics*

<table>
<thead>
<tr>
<th>OT</th>
<th>Age Range</th>
<th>Country of Qualification</th>
<th>Current Post</th>
<th>Full or part time</th>
<th>Gender</th>
<th>Years Qualified</th>
<th>REP length (weeks)</th>
<th>REP site</th>
<th>Supervision Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbey</td>
<td>31-35</td>
<td>Australasia</td>
<td>Community</td>
<td>Full time</td>
<td>Female</td>
<td>11-15</td>
<td>11-15</td>
<td>Disability Group</td>
<td>Pairs</td>
</tr>
<tr>
<td>Anna</td>
<td>31-35</td>
<td>UK</td>
<td>Vulnerable Young People</td>
<td>Full time</td>
<td>Female</td>
<td>2-5</td>
<td>6-10</td>
<td>Vulnerable children &amp; Young People</td>
<td>Single</td>
</tr>
<tr>
<td>Jo</td>
<td>46-50</td>
<td>UK</td>
<td>Physical, charity</td>
<td>Part time</td>
<td>Female</td>
<td>2-5</td>
<td>11-15</td>
<td>Community Voluntary Organisation</td>
<td>Single</td>
</tr>
<tr>
<td>Lucy</td>
<td>36-40</td>
<td>Australasia</td>
<td>Private</td>
<td>Full time</td>
<td>Female</td>
<td>16-20</td>
<td>6-10</td>
<td>Mental health</td>
<td>Single</td>
</tr>
<tr>
<td>Vicky</td>
<td>26-30</td>
<td>UK</td>
<td>Mental Health</td>
<td>Part time</td>
<td>Female</td>
<td>2-5</td>
<td>11-15</td>
<td>City Farm</td>
<td>Pairs</td>
</tr>
<tr>
<td>Ginny</td>
<td>36-40</td>
<td>North America</td>
<td>Manager</td>
<td>Part time</td>
<td>Female</td>
<td>11-15</td>
<td>11-15</td>
<td>Housing adaptation service/Child &amp; Family services</td>
<td>Pairs</td>
</tr>
</tbody>
</table>
The participants’ role emerging placements involved working with a diverse group of organisations providing services for people with learning disabilities on a city farm, an alternative community with people who have mental health needs and organisations with a disability advocate role. The client groups were across all ages from children to older adults with a mixture of economic backgrounds but mainly a lower social economic group.

### 5.3 THEMES

#### 5.3.1 Heightened awareness of self & others

**FIGURE 5.1**

*Heightened awareness of self & others*

The role emerging placement experience increased the participants’ sensitivity to individual client and group needs. Participants described becoming more self-aware as they were presented with personal challenges and steep learning curves. Overall they found their placements to be a positive learning experience. This heightened awareness transferred for all into professional occupational therapy practice.
5.3.1.1 **Awareness raising**

Participants reported an increase in awareness of the needs of others as they gained insights into personal, social and environmental influences on the life experience of clients. The complex nature of clients’ needs included “…kids who had rejected themselves or the education system might have rejected them” (Anna). This led at times to an atmosphere in the placement site that was chaotic or tense and therefore challenging to work in.

Therapeutic relationships developed with clients of all ages and participants were attentive to their needs. The needs were determined either from one-off meetings or frequent contact. Several participants worked with vulnerable populations who presented with complex needs due to domestic violence, alcohol abuse, mental health issues, self-harming, neglect or from experiencing trauma. As Lucy discovered, “You know you are looking at a disenfranchised impoverished population in (named) that is rarely visible to the rest of the world”.

The participants often worked without a client diagnosis, some feeling a diagnosis was not always necessary. The importance of individual need and that people were found to be more physically impaired than first thought was raised by several participants. Consideration was given to clients when leaving at the end of the placement with whom they had formed attachments as discontinuing intervention was a potential loss for clients who had already experienced multiple losses in their lives.

The majority of participants raised risk issues during the interviews. Abbey felt there was less risk of doing damage or harm to the clients or service during her role emerging placement as it was project based with limited client contact. Participants completed risk assessments as part of the client assessment through working with student peers or making contact with other professionals. Several raised the importance of engaging in safe guarding vulnerable adults, child protection and risk assessment training before the placement, particularly as the client groups are vulnerable. One participant highlighted risk from another angle; there may be a risk of a role for an occupational therapist not developing in the site if student placements continue in the site on an ongoing basis.

The role emerging placement was a time of self development and personal learning for some. Jo and her peer opted to work alone during the placement as they felt this would enable them to learn more about themselves when working on projects. Life experience was mentioned by
several participants in terms of feeling that they would have benefitted from having more life experience during the placement. They also stated that being given the level of responsibility required by the placement may be difficult for younger students. Participants discussed the later timing of role emerging placements in the programme with the view of students having more life experience to be able to manage better with the complex needs of clients. Although it was interesting to note that they perceived the placement model as challenging regardless of age or life experience.

Participants engaged in reflection during the placement allowing them to take time to become more aware of client need and through focusing on specific situations or projects. For example, reflecting on a client’s negative reaction to a formal assessment and exploring reasons for the client’s and subsequently their own reaction to this situation. During the placement some participants used supervision logs or chatting with a peer as a reflective tool which increased awareness not to impose their own feelings and personal values on clients. Several viewed themselves as different or as having different values to the clients that they worked with. Some participants identified that they came from generally white, educated middle class backgrounds which was in contrast to the majority of clients with whom they were working.

5.3.1.2 Positive learning curve
Participants adapted their learning strategies to help them complete the role emerging placement with more confidence. This included benefiting from the support of a student peer on-site. For some there was concern about lacking confidence at the start of the placement and a feeling of “...having to sink or swim” (Vicky). Confidence grew after several weeks and often coincided with gaining a caseload.

The placement presented different challenges for learning and gave an opportunity to do something different. The majority of participants described their placement as following an interesting and at times, steep learning curve particularly as they did not have an occupational therapist to follow on-site. Lucy’s learning curve related to developing a professional image where the mental health workers viewed themselves as part of the community. Ginny’s two role emerging placements developed learning in different ways; learning never to give up and that nothing shocked her anymore. The steep learning curve continued into their first jobs as occupational therapists.
Several participants described clear learning goals for their placement which came from personal interest and/or the university learning outcomes. Where they had a particular area of interest they tried to incorporate it into their learning objectives for example completing a hand assessment. Only Lucy explicitly mentioned a learning goal of seeing what occupational therapy could bring to the service.

Participants described their learning style as “doers”, who liked to be active. This was not always a feasible approach during the placement due to having to take time to plan and reflect. The contrast of learning styles with another student peer on-site proved useful as it encouraged participants to try out different approaches.

Several participants compared their role emerging experience to a traditional placement stating that they were learning skills in the role emerging setting that they may not have acquired in a traditional placement. They viewed their role emerging placement as a positive learning experience. Successes from the placement added to the positive feeling for example securing a grant for a client. One participant was keen to become a “long arm” supervisor in the future to share their positive learning experience.

5.3.1.3 Personally challenging

Several participants described situations that they found personally challenging as they were confronted by novel situations. Working with others, including a student peer, was also testing at times. The experience was still viewed as positive even when making the participant uncomfortable. “No matter how uncomfortable, or how much outside of the comfort zone it takes you, you can still do it. You might not like it but you can still do it.” (Ginny)

Participants referred to having been thrown into the deep end, which was partly due to the client group and then having to learn to discuss their experiences with their on and off-site supervisors. They found the first couple of weeks difficult due to the nature of the placement environment and this could lead to a feeling of being overwhelmed. For some, the placement was chaotic, physically demanding and exhausting. Several participants described feeling anxious or fearful at the start of the role emerging placement. Some could acknowledge that finding the placement emotionally challenging was linked to the complexity of client need.
and that they came from a different social background. Having a student peer on-site allowed them to talk through any resulting feelings of anxiety.

Placements were also viewed as hard work. This was often made more difficult due to a lack of resources. Some participants were frustrated by going on placements without any allocated money for interventions from the university or the sites when they were students on low income themselves.

All participants reflected on their role emerging placement during the research interviews. Several had re-read notes or work from the placement to prepare for the interview. For some this process evoked emotional responses which decreased over their subsequent interview.

5.3.1.4 Summary
Participants found the placement model raised their awareness of client need as well as areas for self development. They experienced a positive learning curve, where they adapted their learning styles in order to achieve their goals. Learning was at times personally challenging and they made use of reflection with supervisors and peers to support their development.

5.3.2 Tool box of skills

FIGURE 5.2
Tool box of skills

- Facilitated skills for the work environment
- Therapy process
- Project creation and delivery
- Creative solutions
Opportunities to practise a variety of skills were provided during the placement. This included facilitating the development of skills for the work environment, implementing stages of the therapy process and creating and delivering projects. Participants learned to think creatively and to problem solve.

### 5.3.2.1 Facilitated Skills for the Work Environment

The role emerging placement facilitated a variety of skills for the work environment that went on to be used throughout participants’ careers. During the placements participants undertook a mixture of tasks. Some directly assisted the organisation, for example by undertaking administrative duties, practical assistance with setting up rooms for groups and producing leaflets. Other roles were specific to the context, such as reviewing the needs of long term mental health clients or assisting with farm work with the clients. Some included grant writing, disability awareness with children and advising on parenting skills. Some created booklets or information on occupational therapy for the site.

Participants felt that their personal attributes were enhanced during the placement. They were flexible, used their initiative, took responsibility and acted as advocates. Flexibility was viewed as important to adapt to opportunities as they arose, even if this was not their original plan on the placement. They described being proactive and using their life skills:

> I’ve also thought about my life skills as being important in my toolbox, I am a person with a whole bunch of skills and I want the freedom to be able to use those skills for the benefit of the people I work with. (Jo)

The placement model also encouraged several participants to take on responsibility and develop advocacy skills. Several felt the role emerging placements were about an advocacy role for a particular charitable organisation or client group. This led to a passion for working with specific client groups and advocating more confidently for occupational therapy.

Participants described learning through action on the placement; this included being self-directed, reflecting and transferring knowledge into practice. Several participants enjoyed the self direction focus of the placement where they had to explore new knowledge and take the lead for developing their knowledge. The majority described reflecting on their experiences during the placement where they had to take time to work out what to do.
Several participants identified examples of transferring knowledge and experience from their placement into their career.

but I think seeing the men and the struggles that they had in real-life ... being actually able to combine, those skills probably enabled me to become quite an effective rehabilitation OT. (Jo)

Some felt that the role emerging placement experience made them more employable. This was partly down to having to sell occupational therapy in a new context and presenting this in an interview context. Other participants had concerns around missing out on a traditional placement. Having the role emerging as the last placement also added to initial job stress for Abbey. The current political situation and recession impacted on job availability for some participants upon graduation. Several were employed in a previous placement setting with one returning to the role emerging site by choice for their first occupational therapist post.

5.3.2.2 Therapy process

As with traditional placements, the role emerging placements provided opportunities for participants to implement various stages of the occupational therapy process. They identified that referrals were received from local health officers and the police, as well as informal avenues of community members. The placement provided opportunities to learn about doing occupational therapy. “I learned the most about the pure OT side in core OT skills and how to apply them...” (Anna). The “doing” of occupational therapy resonated with participants with a focus on the clients engaging in an activity rather than the importance of the end product.

Taking a holistic focus was valued by participants where the placements facilitated a broad approach. Being holistic and an enabler were viewed as core skills for an occupational therapist. Participants identified that they were using a variety of occupational therapy skills developed during the placement including activity analysis, organisational skills, forming therapeutic relationships and counselling skills. Abbey expressed concern that she was not using occupational therapy assessments and moving and handling skills in a placement so close to her graduation.

Observation in situ was used by all as part of assessments. A variety of assessments were completed during the role emerging placements including independent function,
environment, risk of domestic violence, self-harming and hand assessment. Formal and informal approaches to assessment were taken.

Did I ever do a formal assessment in my second placement? No, did I do 1 million informal assessments? Yes every day you are doing some sort of informal assessment. (Ginny)

When reflecting on the use of standardised interview based assessments, Anna stated that she found the questions made the clients uncomfortable. This led her to formulate a less formal approach to assessment through the use of activities. Assessments were shared or discussed with supervisors. Occupational therapy assessments were also completed formally by one participant who assessed several older clients in the community.

The majority of participants described completing activities with clients. Vicky had numerous ideas of activities to use which she then prioritised. Activities were used as a means to informally assess a person or gather ideas for future activities during the placement or to make recommendations to be completed after the placement. Participants described working with the living skills of clients. Tasks such as cooking, preparing for work tasks on the farm, and budgeting. For some the placement involved establishing groups within the settings. The groups were activity focussed and included baking and arts and crafts. Completing the group work positively influenced how Jo planned to practice as an occupational therapist. However, once qualified the reality of funding cuts and pressure on caseloads impacted adversely on the quality of service she was able to provide.

### 5.3.2.3 Project creation and delivery

Participants completed a mixture of projects during the placement and made use of research skills and resources. Several completed predetermined service developments and projects during the role emerging placement. These ranged from establishing a resource for people with a disability in a tourist area, arts based groups, draft grant applications and disability awareness for school children. For two participants the placement objectives involved setting up and evaluating a project as part of an academic module. This proved challenging for Vicky as she had difficulty focusing on the project as well as having to market and sell the role of occupational therapy.
The majority of participants described using research skills within the setting to explore particular topics or to assist the organisation through searching databases and reviewing literature. Completing research connected to the site was perceived as valuable. One participant chose to link their dissertation to the role emerging site, whereas another utilised research skills from the placement regarding grant proposals and applied them to university research modules. In one site the practitioners were active researchers which had a positive impact on a participant who went on to utilise research and enquiry skills throughout her career.

Participants learnt to make use of resources which included their supervisors and materials and equipment. Libraries and the internet were helpful sources of information. Concern was expressed regarding the lack of resources available for use during the placement. Some linked with community organisations to try to meet this need or borrowed items from the university. At times participants used their own money to fund activities and had to contend with less than ideal environments in which to complete activities.

5.3.2.4 Creative Solutions

Participants utilised creative solutions during the placement. Several described a previous personal interest in creative arts and crafts. They made reference to using creative activities with the clients for example using willow, woodcraft sculptures and Easter bonnet making. Creativity was also viewed by several participants as a way of problem solving and thinking outside the box. “… a little bit more lateral thinking, you are not just so OTs go in and do a dressing assessment... it is more lateral thinking...” (Abbey). Creative problem solving related to adapting interventions to meet client need and the available environment. Lucy described herself as a problem solver which was used during the placement. She later transferred this creative of thinking into her future practice including developing a proposal for occupational therapists in an emerging area of practice.

5.3.2.5 Summary

The role emerging placements provided openings for the participants to engage in project management and practical skills for work settings. They implemented various stages of the occupational therapy process with clients and with the organisations. All participants identified with creative thinking and problem solving as an occupational therapist.
5.3.3 Informal ethos nurturing responsibility

Participants were provided with opportunities to take on responsibility within an environment that was informal but generally had a supportive ethos. The environment ethos was perceived as different to a traditional placement due to the nature of the service philosophy, to it being a less hierarchical organisation and to having some choice or control over their placement setting. Participants created roles for an occupational therapist by making use of relevant literature and through positive interactions at the sites.

5.3.3.1 Environment ethos
Participants’ perceived the role emerging placement as a different environment from traditional placements as it was influenced by the community service ethos. The ethos or philosophy of the site was based on a community or social approach rather than a medicalised approach. Integrating with the clients, community and team was viewed as important. For Vicky, working in a charitable organisation was viewed as supportive with a less hierarchical environment.
This type of ethos encouraged some participants to consider working as an occupational therapist in different settings away from the more traditional hospital type environment.

5.3.3.2 Positive interactions

The participants generally viewed working with others and the supervision structures positively. The majority described instances of communicating with others including negotiating with members of the public regarding projects and with group members in the type of activities on offer. Building rapport with the clients took time. This required participants at times to work at a slower pace and adapt the use of phrases and language to engage clients. This involved using different approaches.

Someone told me really good advice to just sit in the canteen and read the paper and look unthreatening and the kids will soon want to know who on earth you are...boring but actually if you're tucked away in an office somewhere it doesn't really do anything. (Anna)

This highlights the importance of having a presence in the site to engage clients. All participants described establishing a working relationship with key partners in the community to collaborate on projects. This included community organisers, child protection services, the police, musicians, hoteliers and artists. Projects were positively received by community partners including a carnival parade and a resource for people with disabilities travelling to the area.

Several participants had some continued contact with the sites after the placement was completed and obtained updates on how the clients were managing and how the groups were running. Ginny remained in direct contact with one of the role emerging placement sites by continuing to deliver disability awareness sessions on their behalf in schools. Half of the participants worked with a student peer during the role emerging placement. Peer support was viewed positively by most as they could see the benefit to learning from each other. Having a student peer on-site instilled confidence when it came to implementing ideas on the placement. For some the student peer became a supportive partnership. For others it raised
concerns due to different approaches to learning and working for example conflicts arising between “doers” and “academics”.

Learning from others in a supportive team, with an informal approach was reported by the majority of participants. This occurred in team meetings, teaching sessions or through observing team members. For some, the team work involved helping out with day to day tasks in the organisation such as administrative work. For Abbey, the student role in the team was viewed as different on the role emerging placement.

Definitely my experience was that in the traditional you are the student, in my role emerging placement I was like the junior member of the team as opposed to (laughter) do you know we were treated differently, maybe respect level was different or something like that. (Abbey)

This suggests that participants felt more accepted into the teams. They reported having to integrate where they were the only occupational therapy member of staff in the site.

Participants experienced a variety of supervision structures during the placement. The majority received feedback on positive aspects of their performance and with areas for improvement. The feedback encouraged them to question their own practice. Taking part in regular, weekly group supervision during the role emerging placement was reported by half of the participants. The sessions involved sharing information from diary logs or discussing ideas. Concern was raised by one participant regarding the focus of the sessions which although she found interesting felt the sessions could become a time for students to be only negative about their experiences.

The off-site supervisor role usually was a lecturer from the university and was conducted face to face or via telephone contact or in group supervision. Some participants were not clear on the amount of contact they had. The role of the on-site supervisor was provided by people from a variety of professional backgrounds including community mental health nurse, psychotherapist, social worker, service and financial manager. For the majority the contact with the on-site supervisor was regular whether formal or with an informal, “open door type” policy. The supervision provided by the on-site supervisor was valued by half of the participants as it provided a different non occupational therapy viewpoint and prompted discussion for learning. Supervision was used to talk through challenging issues.
Uh, I think also you get confronted by what you also don't know, what you feel comfortable with, that is something you just have to recognise and discuss with your supervisor. (Lucy)

This indicates an open supervisory relationship which is supportive. Other participants experienced less frequent supervision which was only available on request when issues arose. Participants reported having contact with the university during the role emerging placement which was mainly provided by an occupational therapy lecturer taking the off-site supervisor role. The meetings were face to face, via telephone and occurred at the most frequent on a weekly basis. Contact with the university was particularly important in the stages of setting up the placement and as part of the debrief. The availability of supervisors was affected by the distance between the university and the site. “So the supervisor was based back at the university. She didn’t come out to see me during the placement because it is an 18 hour drive.” (Lucy)

Participants remember passing the student assessment but were unsure of the details of who completed their final assessments. For some it was the on-site supervisor while others had both supervisors commenting on their competencies. Several participants were aware of the supervisors talking to each other via telephone regarding their performance on placement.

5.3.3.3 Create occupational therapy roles from theory

Participants used theoretical concepts and evidence to create current or future occupational therapy roles in the site. Establishing a role for occupational therapy within the setting was a strong focus for Anna, who developed a poster and leaflet to structure her ideas. Several participants had concerns as to how to explain what occupational therapists do. At times Vicky struggled to articulate the role of occupational therapy in the setting and raised the point that students have a different experience if they go to a role emerging placement site that has had students previously:

... if you go and put me anywhere that an OT has been, or an OT student has been, there is a slug trail of something that has been discussed or something you know rippled in that organisation. (Vicky)

This proposes that students may have an advantage if the sites know more about occupational therapy. One organisation was unclear of the purpose of the student placement which led to
confusion for a participant. For Lucy it was clear that the team took on a student to benefit the service:

I think they wanted to have an OT on the team ... So I think part of our placement was to help fill in the gaps and justify the need for it to kind of thing. (Lucy)

This puts forward potential ideas of why sites may be interested in taking a student on placement. For two of the students creating a role for occupational therapy during the placement was not an objective. The placement had a project focus or was concerned more with developing particular skills.

Following the role emerging placement experience some participants were open to the idea of working in non-traditional settings, possibly even using occupational therapy skills under a different job title. Anna clearly identified as working in a non-traditional setting as an occupational therapist which was at the same site as her role emerging placement. Later in her career, Lucy worked in a non-traditional area of practice in a new country. The point was raised that non-traditional occupational therapy is different between countries. Ginny sought to combine traditional and non-traditional roles into her job by establishing a group to support clients who were going to court. Taking on a non-traditional role did not appeal to all participants. For some this was due to potentially having a lower salary and an attachment to a clear job description in a large healthcare organisation.

The participants used the underlying theory of occupational science and lifestyle redesign from occupational therapy and client centred practice to inform their learning activities during the placement. The majority described the role emerging placement as providing opportunities to listen to the client’s experiences, wants and needs. At times this involved adapting the focus of ideas from a theoretical point of view and incorporating the clients’ views. For example a, healthy baking group moved from the ideal of health living meals to a baking group. They took opportunities to be client centred in their approach and listen more to others:

... actually everybody has their own way of doing things, everyone is unique and I'm there to help them in the way they want to do things not in the way I thought they should do things. (Jo)

This client centred approach was taken forward into professional practice.
5.3.3.4 Control

The participants’ sense of control linked to their degree of choice in completing the placement and the autonomy they experienced during the placement. Several students appreciated having a certain amount of choice over where they could complete their role emerging placement and thought it motivated them. Having choice over completing the role emerging placement was important to some of the participants:

For me I got to seek it out, of a real area of interest and a particular charity that I knew about. There was already a passion there so I guess that's been a benefit. (Anna)

The placements were compulsory for some participants and some would not have chosen the placement model. Although most had a positive experience there were concerns with all students completing a role emerging placement as it may not suit all students.

Most of the participants valued the autonomy experienced during the placement as they could direct and lead what they were doing which increased their confidence. For Anna, it was the autonomy that attracted her to return to work in the role emerging placement setting. Linked in with a sense of control on the placement was the sense of making a difference for clients. Having a positive impact fed into creating a positive learning experience for the participants. The majority felt that they had gained personally and professionally by completing a role emerging placement which surprised some of them.

5.3.3.5 Summary

Participants described an ethos in the role emerging placements that promoted positive interactions with clients, supervisors, student peers and the wider community. They felt they had more autonomy and often more control during the placement.
5.3.4 Summary of occupational therapist strand themes

FIGURE 5.4
Summary of occupational therapist strand themes

5.4 CONCLUSION

The participants, all occupational therapists who had completed a role emerging placement during their professional programme presented with a wide variety of experiences. Learning opportunities laid a foundation for effective therapeutic working by heightening their awareness of the needs of individuals. It also promoted self development and a freedom to grow through reflection. The sites and supervisors created an informal ethos which encouraged participants to take on responsibility and implement a wide array of skills.

Participants found the placements personally challenging and raised some concerns around the use of the placement model. When reflecting on the placement ethos they compared and contrasted their experience with traditional placements. This will be explored in more depth in the discussion.
5.5 REFLEXIVE COMMENTARY

After reading all six transcripts it became obvious that role emerging placement models are structured differently between occupational therapy programmes and therefore different to my own expectations and experience. As I had a mixture of countries where participants studied, some placements were project based while others involved developing a role for occupational therapy. I realised it is an ambiguous term but felt that the placements described similar learning experiences of working without an occupational therapist on-site therefore I included all interviews in the analysis.

At the outset of analysis I clarified codes with my PhD supervisors on a transcript to ensure that I was coding the text logically. I was reminded to stay close to the words of the participants which assisted me in limiting the influence of my own experience as a role emerging placement supervisor. Using the phenomenological attitude I approached the analysis aware that I had certain views or expectations from the interviews based on my experience, from supervising students and from completing the literature review. I consciously left a gap of over a year between the literature review and analysis to reduce the behaviour of looking for key phrases in the text.

I consciously tried to sift out comments related generally to occupational therapy programmes to remain focused on the placement model experience and therefore the research questions and aims. I also chose quotations carefully to try to protect the anonymity of the participants. Although they had all given permission for the transcripts to be used I still felt the need not to use certain quotes and this may stem from me taking a more therapist or protective role.

Throughout the analysis I attempted to stay close to the words of the participants but as they were occupational therapists they often used phrases that were familiar and resonated with my own experience. My concern of over familiarity was reduced when I took the initial themes back to the six original transcripts and the themes had emerged from their experience with some divergence of experience. An example of divergence relates to the degree of difficulty experienced by participants during the placement. The theme of “awareness raising” was far stronger than I would have anticipated which I feel links to my experience
as a supervisor and not student in the environment. Also I was surprised that the service ethos came across intensely particularly as they were in such a range of settings.

One participant returned to the role emerging placement for her first post. I found this exciting and inspiring which was added to by completing the interview at the site. Re-reading the transcript brought this excitement back to me again. At this point, internally I had to acknowledge how invested I am in the research findings as I hope that this placement model encouraged graduates to move into non-traditional/new areas for occupational therapy.

There were others moments during the analysis where I was surprised by the reported lack of supports available for students during the placement and I could sense I wanted to change how the placements were facilitated. Again I had to remind myself that there are different approaches to the use of this placement model and the participants continue to learn and develop although the supports are different to what I may have expected.

As the profession of occupational therapy is small it was understandable that I would know some of my participants. I was surprised to discover I had met several of them before but this appeared to encourage the participants to talk more openly which was evident in some of the transcripts.

Finally I was grateful that when I returned to the transcripts, not all placement experiences were positive or ‘glowing’ in their account of their experience. This added to greater breadth and depth in the analysis.
Chapter Six

Supervisor Strand Findings
6.0 INTRODUCTION

This chapter presents the themes that emerged from analysing the transcripts of eight supervisors’ experiences of role emerging placements. This included five off-site supervisors who were occupational therapists and three on-site supervisors who were not occupational therapists who were employed at the sites. Four key themes depict the experiences of the supervisors. The themes are presented in a way that I feel addresses the research question:

How do role emerging placements provide learning contexts that support the professional development of capable therapists?

The order of the themes relates to the strength and importance that participants placed on these issues in their interviews. The themes begin by describing a propositional statement. A table outlining the categories, sub-themes and themes are presented in Appendix T.

6.1 THEMES – SUPERVISOR STRAND

- Containing expectations and emotions
- Matching supervision approaches with student need
- Students as budding managers
- Freedom to blossom

6.2 DEMOGRAPHICS

A table of demographic information with pseudonyms is given to enable the reader to become familiar with the participants (see table 6.1). The participants in the supervisor strand were either an on or off-site supervisor who had supervised two or more students on a role emerging placement. All on-site supervisors (n=3) were the service manager for the organisation, with experience of supervising a mix of students and staff. They came from a range of professional backgrounds. The off-site supervisors (n=5) were occupational therapists working in University placement posts or were clinicians in mental health services. All role emerging placements were full-time with a mixture of individual and pair supervision.
TABLE 6.1
Supervisor Strand Demographics

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Age Range</th>
<th>Country of Qualification</th>
<th>Current Qualification</th>
<th>Full or part time</th>
<th>Gender</th>
<th>REP length (weeks)</th>
<th>No. of Students Supervised</th>
<th>Previous Experience</th>
<th>Qualifications</th>
<th>REP site</th>
<th>Supervision Model</th>
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<tr>
<td>Aine</td>
<td>36-40</td>
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<td>University Post-OT</td>
<td>Full</td>
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<td>6-10</td>
<td>2-5</td>
<td>Community &amp; Physical</td>
<td>Masters</td>
<td>Community Education service</td>
<td>Pairs &amp; Single</td>
</tr>
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<td>Ireland</td>
<td>University Post-OT</td>
<td>Full</td>
<td>Female</td>
<td>6-10</td>
<td>2-5</td>
<td>Mental Health &amp; Paediatrics</td>
<td>Degree</td>
<td>Teenagers and Homeless Organisation</td>
<td>Pairs &amp; Single</td>
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<td>Female</td>
<td>6-10</td>
<td>2-5</td>
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<td>Masters</td>
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</tr>
<tr>
<td>Jenny</td>
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<td>Female</td>
<td>6-10</td>
<td>2-5</td>
<td>Mental Health &amp; Physical</td>
<td>Masters</td>
<td>Charity for Neurological Conditions</td>
<td>Pairs</td>
</tr>
<tr>
<td>Louise</td>
<td>36-40</td>
<td>UK</td>
<td>Mental Health-OT</td>
<td>Full</td>
<td>Female</td>
<td>6-10</td>
<td>2-5</td>
<td>Mental Health &amp; Physical</td>
<td>Degree</td>
<td>Homeless Organisation</td>
<td>Single</td>
</tr>
<tr>
<td>Darragh</td>
<td>36-40</td>
<td>N/A</td>
<td>Service Manager</td>
<td>Full</td>
<td>Male</td>
<td>6-10</td>
<td>2-5</td>
<td>N/A</td>
<td>Degree in Applied Psychology</td>
<td>Charity for Neurological Conditions</td>
<td>Pairs</td>
</tr>
<tr>
<td>Rebecca</td>
<td>31-35</td>
<td>N/A</td>
<td>Service Manager</td>
<td>Full</td>
<td>Female</td>
<td>6-10</td>
<td>2-5</td>
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<tr>
<td>Reggie</td>
<td>41-45</td>
<td>N/A</td>
<td>Service Manager</td>
<td>Full</td>
<td>Male</td>
<td>6-10</td>
<td>6-10</td>
<td>N/A</td>
<td>Business, leisure, coaching</td>
<td>Community Education service</td>
<td>Pairs &amp; Single</td>
</tr>
</tbody>
</table>
6.3 THEMES

6.3.1 Containing expectations & emotions

Participants took a role in balancing expectations and emotional responses within the placements to allow students to progress in their learning. Performing the roles of supervisor meant having to deal with a range of trials and tribulations that were testing but which were overcome during the placement. Most challenges, once they had arisen, were easier to deal with on subsequent placements. Overall, participants were optimistic and enjoyed the placements but there were some initial concerns that caused anxiety. They were aware of an intensity to the placement experience for both themselves and the students.

6.3.1.1 Trials & Tribulations
Participants were presented with challenges during the placements which included managing the expectations of all involved; students, staff and service users. Some students unrealistically expected to create a job which put great pressure on themselves and the supervisors. Most participants acknowledged the importance of outlining expectations at the outset of the placement particularly how and when students should approach supervisors for support.
Participants supported students in working with a diverse range of clients. Students worked with people across the life span from children, teenagers, adults to older people. Some of these had social problems while others had a clear diagnosis for example mental health. Students were helped to get to know clients’ needs by offering them to work alongside staff, with access to clients facilitated by the service manager.

Several off-site supervisors had limited experience of the site and felt like a visitor. “You feel less responsible, it is almost like you are the guest speaker coming in and you do your thing.” (Louise). They missed not knowing the context of the setting or client group in detail. With each visit their familiarity with the organisation increased which was beneficial. On the other hand, where the site was known to an off-site supervisor it brought some pressure to bear to make the placement a success. Several off-site supervisors described experiencing less control with the role emerging placement model compared to traditional student supervision due to not knowing or working in the site. For Aine this took some adaptation as the control of the placement was different and was perceived as being with the on-site supervisor. Repeating the supervisor role for some increased their sense of control.

Participants initially had concerns about not directly observing the student.

And I had already checked all of this out in supervision and asked the pertinent questions but still, I felt I needed to go and see it for myself. (Jenny)

This concern reduced over the course of the placement and was linked to managing the risk of students on placement. Participants felt they had a responsibility to ensure students had an appropriate level of knowledge to work in a safe manner.

Supervision presented a variety of challenges for the participants where students became fixed on ideas, disclosed a learning difficulty or did not engage in reflective practice. Several mentioned moments where there were communication issues between students and staff which impacted adversely on learning. Several participants noted the different abilities of the students depending on the timing of the placement in the programme.
6.3.1.2 Optimism-Apprehension
Participants had a range of emotional responses before, during and after the placement. Some were optimistic and enjoyed the experience while others were apprehensive regarding taking on the role.

Because I think when I heard role emerging to be honest there was an element of panic in me, in that it seemed such a foreign concept, you know in terms of we are OTs and we do OT and we train them to be little OTs…. (Aoife)

Fear or concern related to trusting that the placement model would be successful. Trust was required between the on and off-site supervisors to share information and that students reported truthfully on their performance. Jenny described initially feeling dubious about the role emerging placement model as she would not be monitoring the students at all times but discovered that

… they are not so likely to try and cover-up areas where they are struggling because you know, they realise themselves that there's implications for that. (Jenny)

Aine adopted the strategy of taking notes to alleviate her anxiety and reflected that it was not her that was completing the placement. On occasions Jane felt frustrated when students were prevented from implementing ideas in the site. Participants reported feeling more relaxed when supervising subsequent placements.

6.3.1.3 Time and intensity
The time commitment required by the participants and the intensity of the placement experience was raised. All off-site supervisors reported students having made contact with them between timetabled supervision sessions on-site. This was usually via email and included reading reports, student objectives, session plans and assisting access to resources. This could take between several hours to a whole day per week.

Supervision time for the on-site supervisors involved weekly formal contact of approximately half an hour, with students also given the opportunity to contact them in between. The first week involved more supervision contact. Supervising students for the first role emerging placement took longer.
Because it was fun and it was novel, it I think it took a lot longer with the first two and they went on a major journey themselves… (Reggie)

Time spent in supervision with the students reduced over the duration of the placement and with subsequent students. Extended time commitment by the participants was due to email contact, managing a student’s needs and becoming a co-leader for a group as there was only one student on-site. Several on-site supervisors described time pressures from other work commitments and through underestimating the involvement required.

Participants described an intensity to the placement that was due to the busy pace that the students were working at. Some made reference to students needing support to rein in ideas and be less reactive. The majority described times when the students’ ideas had to be contained during the placement. Aoife felt this was natural at the start of the placement:

“...there was a tendency to shoot too high take too much on and to not, not that they weren't realistic, just that they needed to experience, to pare it back.” (Aoife)

Similarly, some participants experienced having to contain some of the ideas of the on-site supervisor and organisation particularly in light of acknowledging that the students’ time on placement was short.

6.3.1.4 Summary
Participants took on the role of supervisors with some apprehension, came across some challenges but found the overall experience positive. They had a role in trying to contain the expectations and emotions of students as they were enthusiastic to generate a role for occupational therapy in the sites.
6.3.2 Matching supervision approaches with student need

Participants spent time attempting to match the supervisory approach taken to meet the student’s needs. This was done through liaison with fellow supervisors before, during and after the placement. Supervision approaches were amended in order to create a positive learning experience for current and future students.

6.3.2.1 Approach to supervision

All perceived the supervisory role as supporting, encouraging and facilitating students in their learning. Supervision was a time to listen and to assist students to move on with their thinking. At times this involved stepping back to give students space or opportunities to step up for tasks. A variety of supervision styles were used during the placements which focused on an interactive facilitator style that encouraged students to express their opinions.

Aine was surprised by the high amount of direction students required throughout the placement, whereas Jane was non-directive in her approach. Supervision in the role emerging setting was different as the off-site supervisor needed students to share more information on the work completed than if working alongside the students. This involved students explaining
their reasoning, decision making and plans in detail. Louise felt the supervision style was different and preferred it to traditional supervision.

... you don't feel as responsible or maybe that's just me. But I certainly don't, it's a bit more detached, it's colder, it's a bit more black-and-white it's very much like a paperwork exercise. We're going to do what we said we would do. (Louise)

All off-site supervisors facilitated student learning and provided professional guidance and some gave advice on developing the role for occupational therapy at the site. The on-site supervisors felt they were there to assist students to gain a good sense of the service, have a positive placement experience and to provide student feedback. For Rebecca the responsibility was to the service as well as the students.

Most participants felt that students were open and responded well to feedback. This feedback was collated by the participants from multiple sources. They documented regular formal supervision sessions with the students. Some supervision was described as informal due to the nature of the work on-site and the supervisor having an open door policy for support. Several participants viewed part of their role as questioning students around what they had been doing and what they were learning. Questioning assisted establishing who had completed specific work with the peer supervision model.

6.3.2.2 Learning styles
Participants observed students experiencing a range of emotional responses and learning styles during the placements. Some felt that the students invested heavily in the placements and at times became overwhelmed. All observed students as being motivated to learn although some struggled to adapt their learning styles. Some participants had difficulty slowing down the active learners.

...kind of reining them in a bit and slowing things down because, I think by the nature of the students who were on placement there, I think the students that pick role emerging aren't going to be shy and retiring you know they want to do lots of different things and take on the world. (Jane)

All mentioned students reflecting on the placement and that there was a variety of ways in which reflection was used. Jenny felt that the placement model assisted students to reflect in order to manage their own anxieties and trust their knowledge base. Participants supporting a
student through reflection helped them reach a decision to seek support from the disability office.

6.3.2.3 Supervisor liaison
Participants worked collaboratively in a liaison role prior to, during and after the placements. All enjoyed building relationships with the site. Several off-site supervisors talked about the importance of building the relationship with the on-site supervisor especially as there may be different use of language, philosophy and ways of working. Several had been involved in the development of the role emerging placement guidelines workshops at the University where they met previous supervisors. Where the supervisors previously knew each other, it was acknowledged that taking on these roles could change their working relationships.

The on-site supervisors recognised the support from the off-site supervisor prior to and during the role emerging placement. The meetings and support for some have continued post placement to look at establishing funding proposals for an occupational therapist to be employed at the site. The participants met their fellow supervisors several times prior to the placement, had email contact, created induction packs and attended supervisor related courses. This contact was valued as it gave an opportunity to get to know each other and the work of the site although it took time for roles to become clear.

Several participants described that projects were identified prior to the placement through supervisor liaison. Darragh preferred the students to use their initiative to seek out work independently once the placement commenced.

6.3.2.4 Practicalities of supervision
Several practical supervision strategies were employed and most participants gave the students the choice of being supervised together or separately. A mixture of approaches was used although when needed, students were supervised alone.

… but, this particular student obviously just needed space to actually vent that (laughter), anything, and just to say this is not a big issue but I just want to make you aware that it's quite frustrating you know about how the other student operated. (Jenny)
Although the peer supervision model was generally viewed positively it brought challenges in terms of managing student communication styles and separating the work of students. Louise felt that the student objectives could be shaped by the supervisors and helped to structure the supervision. Marking the student objectives was shared by on and off-site supervisors with comments amalgamated to complete the student assessments. Where participants found the student assessment difficult, extra support was given by a fellow supervisor.

The participants described similar structures for formal supervision; these were amended over time to improve continuity and enabled students to meet together for at least part of the supervision. For some students the hours of work were flexible, including work after six pm. All participants mentioned the students using some kind of timetable or diary and reviewing the diary was perceived as important. Participants felt the supervision could be improved by including more structured interaction with the manager and more questions for students around learning. Reggie felt that the structure to the role emerging placement is potentially a different and more complex supervision model as four people are involved. It is “...2-2 supervision, there was on-site and off-site supervision...” (Reggie).

6.3.2.5 Summary

Within the role emerging placement model, the participants tried to balance the relevant supervisory approach with the needs of the students. This led to them being facilitative, flexible and liaising with others to support the students.
6.3.3 Students as budding managers

Participants described students demonstrating self and project management skills in order to create occupational therapy interventions. Participants viewed the students as competent as they practised a range of skills and demonstrated knowledge in the settings. The interventions offered were viewed as creative and innovative. Key to the success of the placement and potential evolution of an occupational therapy role in the site was the students’ collaborative approach to working at the sites.

6.3.3.1 Competent students

All described students becoming more competent through acquiring knowledge, skills and developing attributes appropriate for the practice of occupational therapy. By the end of the placement they were viewed as competent and an entry level clinician.

Very competent with skills that I don't think you would get in other sites. Like even in terms of communicating with other agencies, they were doing things like looking for funding... (Aoife)

Competency was observed by participants as students mastered organisational skills including managing a caseload, being able to quote evidence, being flexible and working instinctively in the setting. Some encouraged students to use theoretical concepts while others witnessed students develop an understanding of the value of applying theory into practice. Several participants considered that students developed their clinical reasoning during the
placement with some students needing encouragement to articulate their reasoning. This was enhanced by working with a student peer on-site.

The majority of participants felt the students were strong, independent and self-directed. One participant was clear that they would consider employing one of the students. Participants described the students as motivated, reliable and committed to the placement and profession. They commented on the life experience of the students potentially assisting them during the placement. The life experience or maturity of the students is viewed as a benefit for the service and clients. Some concern was expressed by one participant regarding the use of this placement model with younger students.

6.3.3.2 Creative interventions

The participants were impressed by students using client-centred, innovative interventions. Several participants viewed students as working creatively through the interventions and projects undertaken.

“There is no way that they would have had the opportunity to implement that level of creativity and I think that's one thing that came out of all of them and they really got to use their own creativity in terms of identifying projects and working on them and moving things forward in that respect.” (Aoife)

The placement model was viewed as providing opportunities to be innovative with the freedom and support to make mistakes. Participants took the role of trying to facilitate a balance of interventions and opportunities available for students and prevent too many groups at one time.

Participants observed students successfully engaging with clients who had complex needs through individual or group activities. Groups undertaken included a self-esteem group for teenage girls, redesigning lifestyles group and occupation-based groups. The session plans and protocols were discussed in supervision. Some participants sat in on groups either to co-lead or to observe the student’s performance. The group work was valued by the staff and the organisation.
6.3.3.3 **Project management**

Participants observed students demonstrating a range of project management skills including leadership qualities, knowing when to change direction with a project and managing resources. Participants reported that the sites had some resources available for the students for use in interventions. Leadership qualities involved engaging staff in complex situations and being assertive. Participants were aware that students used research skills such as quoting evidence, searching for information and integrating it into the placement. Several students completed a quality survey as part of the placement which was valued by the site.

Most participants described students as taking responsibility during the placement for their own supervision and completing work. In contrast there was one student who did not take responsibility well for seeing tasks through to completion. At times, Jane felt that students took the responsibility for developing a role too far.

> It's almost like the feel they have a responsibility to you know, advertise OT brilliantly and for it all to be perfect…. That they get a bit overwhelmed with that part of it and we have an obligation to do things really well and for things to go really well but they are also there to learn. (Jane)

6.3.3.4 **Collaborative workers**

Students demonstrated collaborative working through effective communication, empowering others, negotiation and working with a student peer. All participants described students as presenting as strong communicators during the placement; able to communicate with clients and a mixture of professionals. Darragh was optimistic that the students would have acted as role models in group work and empower others to take on these roles.

The peer supervision was favoured by most participants for the support it offered the students and the chance of working closely with someone. Several witnessed students negotiating with clients and team members respectfully. Linking in with the staff at the start, getting to know the clients and the service was viewed by all as important. A participant felt that students on placement on their own integrated quicker with the team. One student appeared to have some difficulty understanding the value of spending time working alongside team members and the participant was keen this should not happen again. Although integrating with the team was viewed as important by participants, Aoife felt that students do not always need to know all of the team politics to complete the placement.
6.3.3.5 Role evolution

All participants facilitated and monitored the evolution of a role for occupational therapy at the site. Some felt the success of the emergent role was due to the site witnessing what occupational therapy could offer. Funding for the post was an issue for the organisations, particularly during the current time of recession. Some participants had worked, or planned to work on proposals to seek funding for an occupational therapist at the site.

Participants described students seizing ownership of a role for occupational therapy in the setting and taking that ownership into future professional practice. Some students needed encouragement to own the occupational therapy role in the setting but this developed by the end of the placement. “…but professionally she was almost wanting to blend in too much, wanting to not sort of stick out, just get on with it.” (Louise).

Several participants described students promoting occupational therapy with an ambassador role within the organisation, which was positively received. Students became more confident in understanding and explaining occupational therapy. The students understanding of occupational therapy was enhanced by utilising the occupational therapy process, through discussion in supervision and in gaining positive feedback from the clients. Some student activities also promoted the organisation. Participants hoped that the work of the students might lead to new posts and the widening of the scope of occupational therapy practice.

Having the students working on-site increased the understanding of occupational therapy for the on-site supervisors. Off-site supervisors valued the opportunity to work with the students and generate new visions for occupational therapy practice.

… I think as a supervisor it gives, it allows you to create links with the community and develop OT that way, um, but it's great for yourself to see students in action and to feel that you are part of that and that you are kind of imparting some of your own knowledge and skills to create a new OT … (Jenny)
6.3.3.6 Summary

Participants observed students becoming competent project managers who used creative interventions. Roles for occupational therapists evolved in the site and this was partly due to the collaborative approach of the students.

6.3.4 Freedom to blossom

FIGURE 6.4

Freedom to Blossom

Participants felt that students blossomed in an environment that enabled freedom for innovative practise. The students were observed to grow in confidence which encouraged them to try out new ways of working. Part of this success was due to the environment being supportive and allowing room for experimentation. The participants felt that all involved gained from the placements.

6.3.4.1 Blossomed with confidence

Several participants made reference to students growing both professionally and personally during the placement. They felt that staff took a supportive role to assist with the development of students.

… by the end she blossomed in terms of, she just looked really happy and when the person came from the University for the halfway visit they were like so animated. (Aine)
All participants observed the students grow in confidence during the placement. This came from the students recognising their own strengths and making use of supervision and constructive developmental feedback. This increase in confidence was often evident from interactions with team members particularly when students were being assertive. Participants felt some students were confident and ready to embrace their first posts.

**6.3.4.2 Supportive environment**

Participants felt that the learning environment gave students freedom but was also supportive in encouraging the exploration of opportunities. They reassured students that they would be supported if they made mistakes and that this was part of the learning process. Several participants felt that the increased freedom in a role emerging placement was more than in a traditional placement setting which led to innovative interventions. Part of this innovation was viewed by Louise as due to the students having the luxury of time during the placement.

There was a strong service ethos projected by participants. The on-site supervisors described themselves as passionate about their client group, about the charity in which they worked and in promoting learning for all involved in the services. Some services facilitated clients’ attendance and responded to their needs by adopting flexible working hours. The environments were described as positive and at times relaxed. Aine was interested how much networking took place within the café on-site. “There was such an opportunity for... the tea breaks… that cafe is like the interprofessional hub of the site.” (Aine). This indicates an informal setting where people network from different services and professions.

**6.3.4.3 Win-win experience**

The participants reported positive benefits for all involved in the placements including the clients, service, staff, students and themselves. “It was win-win (laughter)...It was an extremely positive experience for me, for the students, for the sites.” (Aoife). The practical approach by students received positive feedback from a group with older people. The benefits to the service come from the students having time to work with the clients.

… it is the people that the OT students work with get that extra bit of attention and that's why (named recent student) was able to make such a difference to this four customers lives, in the last nine weeks and we couldn't possibly do if we had a year because we just don't have the time. (Rebecca)
The off-site supervisors described their own personal gains as they enjoyed their role, as they got to understand more about the services and it gave them a sense of optimism about the profession. Some off-site supervisors could see the potential for future jobs for themselves. Participants described the students enhancing the services provided to clients and staff. Staff broadened their knowledge by viewing a different or less medicalised side to occupational therapy.

“… outside of that I suppose it has been great for our service to have the contact, not just but for me but for all of the staff it broadened their knowledge of OT and I think it has allowed them as well maybe to refine some of their skills.” (Darragh)

Reggie felt that each placement, through the work of the students had added something positive to the service, the local community and to his own job.

6.3.4.5 Summary

All participants felt that the placement environment encouraged students to grow both personally and professionally. The role emerging placement model had benefits for all involved including the students, the supervisors themselves, the clients and the organisation.
6.3.5 Summary of supervisor strand themes

FIGURE 6.5
Summary of supervisor strand themes

6.4 CONCLUSION

Participants who took on the role of supervisors were generally positive regarding their experiences. They witnessed dramatic changes in the students which led to them developing a range of competencies particularly in the area of project management. Participants refer to a growth in confidence that was a “blossoming” of both personal and professional development.
Different approaches to supervision were implemented but always with the students' needs in mind. At times this approach involved trying to manage the intensity and emotions linked to the students’ experiences. On balance, participants felt that the role emerging placement model had benefits for all involved including the students, the supervisors themselves, the clients and the organisation.

6.5 REFLEXIVE COMMENTARY

Several supervisors had initial contact with me to discuss the placement model as I had previous experience of the off-site supervisor role-I did this in the early stages of this research due to my work role but consciously withdrew from a mentoring role. I have tried to remain close to the content of the transcripts during the analysis trying not to make interpretations on my experience of the work settings.

As I had undertaken the role as an off-site supervisor I could relate to many of the comments in the transcripts. I had to keep myself “in check” when reading about a student who I did not agree with how they behaved in the site. The term “mucking-in’ was used by the supervisor in that the student did not “muck-in” when integrating with the team during the placement. I was shocked to hear/read that students would not “muck-in” during a placement as coming from my working class background it was how I was always encouraged to behave. This reinforced to me that true bracketing is never possible in research and reactions need to be considered and not dismissed or hidden during the analysis phase. In my role as off-site supervisor I became aware of the emotional experience for the students involved. I was reassured that this appeared in the transcripts and also with some supervisors acknowledging the emotional response the placement evoked in themselves.

The plant or flower related themes originate from the words of the supervisors-particularly “blossomed” therefore I wanted to keep close to the data and it made sense to use the term in the context of blossoming students. The budding term came from my thoughts of the students as early or young managers.
Chapter Seven

Discussion of Findings
7.0 INTRODUCTION

Within this discussion of findings, key themes from multiple perspectives are presented from occupational therapy students, occupational therapists and placement supervisors. This study sought to explore how role emerging placements provide learning contexts that support the professional development of capable occupational therapists. The research provides rich insights into the meaning making of occupational therapy students in developing their professional identity and competency as occupational therapists.

The previous three chapters presented an analysis of each strand of the study in detail. Therefore this chapter presents an overview of themes from these research strands before moving on to discuss the combined study’s findings. The three master themes are described in conjunction with divergence within these themes to address the research question:

How do role emerging placements provide learning contexts that support the professional development of capable occupational therapists?

In order to address the research question above, the key themes are then debated, related to existing knowledge with proposed theoretical explanations and summarised. This chapter concludes with key findings on the research area and a critique of the study including an evaluation of quality and reflexive commentary.

Within this chapter, where relevant, the participants will be identified separately by indicating which strand of the study they were from i.e. students, occupational therapists or supervisors. When similar points are made by various strands for discussion they are referred to as participants.

7.1 OVERVIEW OF THEMES FROM THE STRANDS

The overview of the findings from the three strands is presented in order assist in identifying the convergence and divergence of themes later in the chapter. It is important to note that two forms of qualitative analysis were utilised in the study. The student strand employed the methodology of IPA for a deep interpretation of the students’ experience.
Discussion of Findings

through engaging with several transcripts for each student to move the findings from more of a description to interpretation. Thematic analysis was utilised with the occupational therapist and supervisor strands for a broader interpretation of their experiences. Although there are differences in the procedures of the analysis, there is merit in looking across the strands to propose themes related to the meaning of the experiences of role emerging placements. As highlighted in chapter three, both forms of data analysis stem from the phenomenological methodology that is concerned with finding the essence or meaning of an experience which is viewed as possible through engaging with different perspectives (Langdridge 2007). Co-constructing the meaning of the experience of role emerging placements with individuals with different perspectives assisted in highlighting the richness and depth to the meaning (Finlay 2011).

The phrases in bold text highlight the themes from the three research strands described in detail in chapters four, five and six. The occupational therapist strand emphasised three themes from six occupational therapists who had completed role emerging placements during their professional programme. The role emerging placements provided learning opportunities that laid a foundation for effective therapeutic working by **heightening the participants’ awareness of the needs of individuals**, providing openings to practise a varied **tool box of skills**, and encouraging students to take on **responsibility in a setting with an informal supportive ethos**. Some concern was expressed in relation to the use of the placement model and that participants had found the placements personally challenging.

The supervisor strand analysis highlighted four themes from eight supervisors who had completed the role as an on or off-site supervisor of role emerging placements. Participants were generally positive regarding their experiences although they took a key role in **containing the expectations and emotions of others**. They also **matched their approaches to supervision with the needs of the students**. Participants observed students develop competencies particularly as **budding managers** of projects and felt the students were given the **freedom to blossom** during the placement. On reflection, participants felt that the role emerging placement model had benefits for all stakeholders.

The student strand analysis led to the development of four overarching themes with five occupational therapy students who were tracked before, during and after completing a
role emerging placement and also into professional practice. Overall the role emerging placements provided the participants with positive learning experiences although all embarked on a journey which evoked personal growth which at times was challenging. Participants grew through supported reflexivity with supervisors and student peers. Their professional identity strengthened through thinking and innovating “outside the box”. The ethos of the placement environments connected well with both personal and professional values and shifted focus to provide an enhanced “student centred” learning experience. This gave autonomy to develop a portfolio of transferable skills for use in professional practice.

7.2 MASTER THEMES

After analysing the three strands separately I clustered the eleven themes; three from the occupational therapist strand and four from each of the supervisor and student strands (Appendix U). This process involved revisiting and looking across the sub-themes and themes for each strand which led to areas of connection with some disparity within themes. Initially the convergence formed around themes related to; ethos, skills, personal growth and freedom. On closer scrutiny and reflection the findings emerged as three master themes:

1. Learning focus of environment facilitates innovation
2. Tool box of transferable skills towards competent professional practice
3. Personal growth enhanced with supported reflexivity

These themes are outlined in figure 7.1. The minor differences or divergence within the themes are discussed later in the chapter and focus on the areas of supervision, autonomy, creating a role for occupational therapy, different expectations, single or paired students and the timing of the role emerging placement in the professional programme. Divergence refers to when individuals have an opposing or contrasting view on a particular theme that emerged from the data. Presenting this information is important as it highlights individual voices as not all role emerging placement experiences are identical. The contrasting opinions in this section come from individual participants as there is no overt divergence between research strands on particular themes.
### FIGURE 7.1 Master Themes

#### Master Themes

| Theme 1: Learning focus of environment facilitates innovation | · Environment ethos (social, physical and cultural)  
| · Autonomy facilitating innovation  
| · Practising and identifying as an occupational therapist |
| Theme 2: Tool box of transferable skills towards competent professional practice | · Transferable skills  
| · Strategic planner  
| · Project managers |
| Theme 3: Personal growth enhanced with supported reflexivity | · Sensitivity  
| · Agency  
| · Intensity  
| · Reflection moving towards reflexivity |

#### 7.2.1 Theme 1: Learning focus of environment facilitates innovation

The role emerging placement staff, when supervising occupational therapy students on placement, had an overt focus on supporting student learning. This focus occurs as supervisors and the students have to prepare learning tasks as there is no pre-defined role for occupational therapy within the site. Therefore, although the sites provide services to clients, ‘space’ is created for the students to work with a focus on the placement learning outcomes and/or specific projects. Using the interpretation of environment outlined in the Canadian Model of Occupational Performance and Engagement (Polatajko et al 2007), the environment consists of the social, physical, cultural and institutional environment. Each of these had an influence on the students’ experience and are explored in detail under theme 1 later in this chapter.

This placement model encourages innovation by the students as they are given a certain level of professional freedom and autonomy to make decisions and structure their placement experience. For the students, this was experienced as an informal ethos that nurtured and encouraged them to take control of their learning. This was then interpreted
Discussion of Findings

by supervisors as students blossoming or growing in an environment where they were
given the freedom to practise and as a result their confidence grew. This was referred to
as thinking and doing “outside the box” by the students and consequently this experience
was perceived as potentially different to a traditional placement.

7.2.2 Theme 2: Tool box of transferable skills towards competent professional
practice
Role emerging placements present opportunities to develop a range of skills that are
viewed as transferable and were utilised in professional practice. These included general
practical work and project management skills which were identified in all three strands as
students learnt to manage projects, ranging from a therapeutic group to evaluating a
service. They developed planning, organisational and interpersonal skills during the
placement. Occupational therapy process skills evolved in the area of assessment,
treatment planning and implementation and in some cases, evaluation. Students arrived
with certain skills already developed and this was viewed by some as a strategic time to
build on or enhance these skills.

7.2.3 Theme 3: Personal growth enhanced with supported reflexivity
During the role emerging placements, students faced several challenges and an increased
intensity to the work compared to other placement settings. The students are pushed or
challenged to reflect more on their performance and their self-awareness is heightened.
Some students find this to be a difficult process and turn to reflection and/or the support
of others. Reflexivity begins as the students perceive pivotal points in the placement to try
tout new approaches in conjunction with reflection. They combine this with feedback from
others. Some are reflexive and this comes either on the placement or later in practice
looking back at the experience. Supervisors play a crucial role in containing the emotions
of students and supporting them in their journeys towards reflexive practitioners.
7.3 DIVERGENCE OF THEMES

Throughout the findings areas of divergence were emphasised with regards to particular topics or themes and the participant experiences. The main areas to discuss further relate to the areas of supervision, autonomy, creating a role for occupational therapy, different expectations, single or paired students and the timing of the role emerging placement in the professional programme.

7.3.1 Supervision

The students and occupational therapists had contrasting opinions related to levels of supervision as they either experienced too much, too little or the amount was just right. This was also reflected in the supervisor findings with surprise expressed at having to provide more supervision and guidance than anticipated. This is not surprising as supervision preferences are often linked to learning styles. A mismatch can easily occur between student preferences for how they are taught, which can lead to students feeling dissatisfied with their supervision (Abela 2009). Although there was variation in the amount of supervision received, most felt that the supervisory partnership was constructive.

There was disparity with one student who had concern about how supervisors observe performance in order to assess students. Anecdotally, it is well known that students express concern at times regarding how supervisors grade their performance during placements. Students have raised concern regarding the effectiveness of their supervisors depending on their level of experience as educators. Although in a study by Morren et al. (2008) with physical therapy students (n=112), clinical educators with more clinical or supervisor experience were not viewed as significantly more effective by the students. All supervisors in this study had experience of supervising staff and students but it suggests there is a need to be explicit about how information is collected on student performance from the placement at the outset to prevent confusion, especially as students are graded on their performance. This can be rectified by outlining the expectations at the beginning of the placement (Warren 2011) and with supervisors basing their grading on more than one direct observation of a session and gaining feedback from other staff and clients in the site.
Several participants received only group supervision in the occupational therapist strand which is utilised in some role emerging placements (Cromwell and Kielhofner 1976; Mason 1998). This was perceived negatively by one participant as they were unclear of the purpose of the supervision. Again this highlights the importance of outlining expectations from the placement outset but also that group supervision may not be appropriate for all placements. Students require individual supervision for feedback on their performance.

7.3.2 Autonomy
Role emerging placements are advocated as settings that promote and provide autonomous experiences for students, where they work independently (Friedland et al 2001; Mulholland and Derdall 2005; Hook and Kenney 2007). This was not true for all participants in this study with one student feeling over supervised and disappointed by the lack of autonomy experienced. There could be many reasons for this perceived lack of autonomy, including a student’s approach at the site or having overly cautious supervisors. On the final interview the student had reflected on this experience and could understand reasons for adopting different ways of working. Students should be encouraged to raise any concerns in supervision during the placement and reflective models can assist this process (Alsop and Ryan 1996).

7.3.3 Creating a role for occupational therapy
Only one participant in the occupational therapist strand acknowledged that their placement involved creating a role for an occupational therapist at the site, whereas this was a key focus for the participants in the student strand. This indicates that the title, role emerging placement is used to provide a range of placement experiences in different countries and may be misleading. It is important to note that one supervisor expressed concern that students may take on the responsibility for developing the role which can increase stress levels within the learning environment. In some countries, it is an explicit learning outcome and expectation to create a role and job for an occupational therapist in the placement site. French and Hughes (2007) in a case study also discovered that the threat or disappointment of not successfully creating a job in the placement caused added pressure for an occupational therapy student in a role emerging placement. This highlights the need to keep the focus of the learning outcomes for role emerging
placements on identifying potential roles for an occupational therapist rather than creating an actual post.

Articulating the role of an occupational therapist in the site proved difficult for one participant from each of the student and occupational therapists strand. This may be related to the stage of their development and clinical reasoning. The use of the title and clinical reasoning are explored in more depth later in this thesis.

7.3.4 Different expectations
Challenges around managing different expectations were evident to some degree within all research strands. Divergence was evident for two students where there was role conflict and confusion relating to a particular project during the placement. Role conflict was also evident in the case study by French and Hughes (2007). This led to frustration for the students which may have been reduced with further clarification on the project. Although eliminating uncertainty for the students may have also reduced the amount of learning from that particular project.

An off-site supervisor became frustrated when she was made aware that students were prevented from implementing ideas. Also, an on-site supervisor preferred students to use their initiative to seek out work once the placement had commenced. This indicates differing expectations between the on and off-site supervisor who require regular contact to establish tasks for the students (COT 2006b; Warren 2011).

7.3.5 Single or paired students
Role emerging placements often involve students going on placement in pairs using the collaborative model (Fieldhouse and Fedden 2009; Boniface et al 2012). Working with a student peer led to tension for one student whereas six other participants who were involved in a paired placement did not comment negatively on their experience. Difficulties can occur between students when using the collaborative model of supervision (O’Connor et al 2012) and supervisors require guidance on the placement model to act as a facilitator if tensions arise. One supervisor with experience of more than one placement suggested that a single or lone student may integrate better with the team on-site but this could be due to personality and requires further exploration.
7.3.6 Timing of the placement
All students in this research completed their role emerging placements as their third or fourth (final) placement. There was more variety in the occupational therapist strand with some occurring as a first placement and others having the placement later in the programme. One occupational therapist was concerned as she completed the role emerging placement as her final placement and felt that she had missed out on opportunities to practice assessments and manual handling so close to graduation. This concern, while valid may be more of a reflection of the work undertaken in the placement as most other students had many opportunities to implement stages of the occupational therapy process. Missing out on clinical skills was also a concern voiced by other students who completed role emerging placements (Friedland et al 2001; Johnson et al 2006) This concern can be addressed by ensuring that the role emerging placements always provide opportunities for students to engage with clients regardless of the project nature or focus.

7.4 THEME 1: LEARNING FOCUS OF ENVIRONMENT FACILITATES INNOVATION

The following five themes (Appendix S and T) and superordinate themes (Appendix R) were used to develop master theme 1; informal ethos nurturing responsibility; freedom to blossom; matching supervision approaches with student need; an enhanced "student centred" ethos; “Outside the box” identity strengthened through innovative practice.

Through re-examination of the themes it led to the creation of this master theme related to the environment of role emerging placements and their influence on the development of occupational therapy students. Three key areas are identified for in-depth discussion; ‘environment ethos’, ‘autonomy facilitating innovation’ and ‘practising and identifying as an occupational therapist’.

7.4.1 Environment Ethos
In order to discuss the theme further I have chosen to broaden out the concept of environment into three key headings; social, physical and cultural environment which relate to the Canadian Model of Occupational Performance and Engagement (Polatajko et al 2007). This is a model of practice used extensively in occupational therapy. These key
components of the model are an effective structure through which to explore in-depth the components in role emerging placement environments that create a learning focus and facilitate innovation. The fourth component of institutional environment was not evident in the findings, which could relate to comments from the participants on their awareness of working in an organisation with national accountability or of political changes. The absence of this element is returned to in the concluding chapter.

7.4.1.1 Social environment

Within the social environment of the placements there were many people who played an influential role on the students’ learning experience, including the supervisors, clients, student peers and staff. Supervision had a significant influence on the learning experience of the students. On and off-site supervisors met and negotiated their supervisory approaches prior to the start of most placements. Supervisors were flexible facilitators and amended their approach to accommodate students’ learning styles where possible. Assessing the learner needs and adapting the teaching methods is advocated by Abela (2009). The facilitation style adopted by the supervisors could be described as a consultative supervision style (Bossers et al 2002). This style gave the students space to be creative, discuss situations that challenged them but also to refer to the supervisor for guidance. Students were given space to think and create which led to experiencing a sense of freedom. The consultative supervision style also links to the supervisors orchestrating the placement consciously through having an overview of what the students were doing, even though it may look as though they are very ‘hands off’ and removed from student supervision. The more consultative or mentoring style of supervision in the role emerging placements supported participants through any difficulties or mistakes that were made as part of a learning process. This leans towards a positive learning environment being created in role emerging placements where there was a collaborative/mentoring connection between the students and supervisors. The importance of this partnership was highlighted in a recent survey of therapy students and educators to create a positive learning experience (Hall et al 2012).

Most felt that supervision was a constructive collaborative partnership that worked best when it was a two way process with all involved acting on feedback. This resonates with the findings of Rodger et al (2011) who conducted focus groups with students, practice educators and university staff regarding indicators of positive placement experiences.
Supervisors’ skills were made use of by the participants within formal supervision through open questioning and engaging in reflection to draw on the supervisors’ experiences. This fits with a more consultative style of supervision.

There was variation in the structure of the supervision with students supervised together and/or separately. Reviewing the diary with students each week was a useful strategy for students to see what they were doing on a day to day basis. The supervisors actively listened to students to gain more of an understanding regarding their thinking and clinical reasoning as they were not always observing it directly in practise. The different focus or primary roles of the supervisors was noted by all participants. The off-site supervisor gave professional guidance whereas the on-site supervisor was responsible for providing services for clients as well as facilitating learning for the student. This indicates the primary supervisor roles are different and complement each other, suggesting that role emerging placement settings give students access to experts from different communities of practice (Wenger 1998).

Students realised the value of preparation and of being organised in order to make the most of supervision. This assisted with managing any concerns around being without a supervisor full-time on placement. The participants in this study valued and generally appreciated the supervision model used with access to two supervisors. This is in contrast to a survey of social work students (n=263) who had a preference for placements where there is a strong on-site presence of a supervisor (Cleak and Smith 2012).

Within role emerging placements, supervision is a key facilitator of learning. Where it works well, the students come to supervision prepared and make use of the session for reflection. This suggests that they benefit from the preparatory stage of reflection where they return to the experience to reflect on feelings and intentions to re-evaluate the experience (Boud et al 1985; Alsop and Ryan 1996). Within role emerging placements it appears that the preparation also involved reflection on recent action to talk through any evaluation that the students have made with the supervisor. Therefore, students who reflect before supervision can make the most of the time spent in supervision. At times this became space to talk through emotional responses on placement as their awareness became raised. This is referred to as transformative supervision when the supervisee and supervisor are able to engage in conversation related to emotion to promote learning.
(Weld 2012). Reflection and supervision are revisited in theme 3 related to personal growth and reflexivity.

Overall the supervisors had more contact than expected with the students. The time allocated for face to face supervision was anticipated but the time required as a supervisor increased through indirect contact for example through email and telephone calls. This highlighted the importance of supervisors being aware of the actual time commitment required by their role (Wilcock et al 2009) and to receive acknowledgment for performing this role by peers and managers. This contact reduced over time and suggests that students became more confident, able to manage themselves and prepared well therefore making better use of direct supervision sessions. Students journeyed with others during their role emerging placements and it was a collaborative process where people had a significant impact on their learning experience. This was evident in the awareness raising experience of time spent with clients. This increase in awareness of client need is alluded to in the literature as being a strength of role emerging placements (Bossers et al 1997a; Smith et al 2014). Students were observed by the supervisor empowering clients through using client centred practice.

Integration and collaboration with team members was remarked upon by all participants. The supervisors reported that students presented with strong communication skills and negotiated effectively in the placement environment which was also reported by Johnson et al (2006). There was some variation in integration with the team members which may be due to personality, only having one student at a time on placement, or having differing approaches to working. It is important to note that role emerging placements give students opportunities to work interprofessionally due to the nature of the staff composition in these settings. Therefore, the placement model can provide contexts for interprofessional working and learning which is essential for future collaborative professional practice (WHO 2010).

For one student a shift occurred during the role emerging placement towards acceptance of learning issues related to their dyslexia. The supervisors were significant in facilitating this transition process which highlights the important roles supervisors play in supporting students with disabilities. It appears that the different supervision model, the ethos of the placement setting, as well as supportive supervisors led to the student disclosing their
needs in this particular setting as opposed to during previous placements. This raises awareness of a student’s experience with a disability during a role emerging placement. Further research is required regarding how students with a disability navigate the placement environment successfully (Easy 2011) which could include identifying effective strategies and supports.

For some participants, having another student, referred to as a student peer, on-site was positive and increased their opportunities to deliver interventions. Similar to the findings of O’Connor et al (2012) and Bartholomai and Fitzgerald (2007), the collaborative model encouraged students to develop problem-solving and reflect together on work undertaken. As with anyone using this collaborative student peer model, some participants had concerns about contrasting approaches to work on the placement which could lead to relationship tensions (O’Connor et al 2012). Some participants turned this into a challenge that was overcome through negotiating time apart or through the realisation that they could learn from adopting some of the other student’s adaptive learning approaches. The supervisor noted that students working together on placement were able to articulate their clinical reasoning well, which may be due to them practising or discussing their reasoning when working closely together.

A supervisor was keen to point out that this model of supervision was different to a ‘2 to 1 model’ and being instead a ‘2 to 2 model’. This is due to some role emerging placements involving a supervisory relationship between multiple supervisors (on and off-site) and multiple students. This reinforces the need for planning and organisation prior to and during the placement (Warren 2011; O’Connor et al 2012) as there are several people involved and lines of communication need to be clear. It also makes it important to refer to the model as collaborative and not the 2 to 1 model as it is reported frequently in the literature.

Most participants alluded towards working collaboratively in order to integrate into the placement community. This was made easier as the environment supported their development through giving them the freedom to explore and try out new ideas (Mulholland and Derdall 2005; Johnson et al 2006), and in most cases gave support. Most participants described environments that were supportive and nurturing through positive interactions with people in the placement site and the wider community.
The informality of the environment encouraged participants to take on responsibility, and some felt they were treated differently compared to their experience on traditional placement sites. This difference related to being accepted as a member of the team where team members supported the students’ growth and development. This suggests that role emerging placement environments are different to what would be expected from a more traditional site. As outlined by Cohn (2003) placements generally afford students less control than when in the university setting as the main focus is patient care. It seems that the role emerging sites have more flexibility which may stem from the primary focus or philosophy of the organisation. They were given autonomy to create occupational therapy focused interventions which ultimately led to a sense of a strong professional identity. This strength of professional identity was also evident with qualified occupational therapists who were facilitated in using their own discretion in establishing condition management programmes in a new service (Grant 2013).

Working collaboratively did present students with some challenging situations where they utilised assertion skills. They were aware of the importance of negotiating to integrate into the setting and community as this was essential for the placement to be successful. The integration involved building rapport with people and not imposing their own values or working practises on others. This is alluding to what Lave and Wenger (2001) would describe as being a newcomer in a community of practice where the students on role emerging placements learn how to negotiate complex boundaries in the learning environment.

7.4.1.2 Physical environment

The access to and use of resources on role emerging placements is a practical issue that may need to be addressed. Some participants had limited resources in the sites which led some participants to network with the community in order to access sources for materials. One student opted for the challenge of working in a setting with minimal resources to develop the ability to manage this situation in future practise. This is in contrast to the findings of Nayar _et al_ (2013) where graduate occupational therapists required further development with regard to managing the environment and resources. Role emerging placements may provide graduates with opportunities to develop these skills. The students develop capabilities in order to practice skills that can be used in complex work environments in the future which is in line with definitions of capabilities (Eraut 1994). It
is interesting to note that the participants did not perceive any lack of resources as impacting on their learning experience which concurs with findings from a study of a non-conventional placement setting in China (Li-Tsang et al 2009). Even though students managed to work with limited resources and worked around the lack of resources creatively, there is evidence that they are financially supporting the work on placement. Even if this may be appropriate, it needs to be acknowledged and/or students made aware, as placements can put added constraints on students’ limited financial resources. There is a fine line between encouraging students to problem solve with a lack of resources and exploiting students who may already be on a low income themselves.

7.4.1.3 Cultural environment

From the analysis, the information relating to the cultural environment is mainly concerned with the values and philosophy of the placement sites. Participants perceived that the values of the sites linked mainly to the social model of care as the sites provided services to a disadvantaged or vulnerable population in the community. Also, most sites were developed in the community from a voluntary or charitable organisation and did not therefore have a medical ethos. The participants were interested in the ethos or culture of the environment as it was different to previous placement experience and provided a holistic view of clients. Working with a client centred approach was attractive to all participants. They were keen to collate client feedback and incorporate this into changing practise. This indicates an interest in providing quality services through self-directed autonomous activity which is indicative of capability (Fraser and Greenhalgh 2001).

Supervisors were passionate about their work which positively impacted on some students. Increasing the opportunities to advocate for certain client groups led to a passion for working in that area, and several students went on to work in permanent posts working with that particular client group. Working in an environment where there is a passion about the work had a positive impact on the student learning.

Personal and professional values are illuminated through all three strands of the study but a connection of these values was most evident in the student strand. There was a sharing or link between the personal, professional and the values or philosophy of the service/placement site. This was most evident in the student strand due to completing multiple interviews with students and them having the opportunity to discuss their values
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over a longer period of time. Also, the students took time to understand the philosophy of the site to see if this resonated with the values of the profession when trying to forge a role for occupational therapy. When there was a strong connection or fit of personal, professional and organisational values, it led to a positive experience for the students. This may be more likely to occur if students have some degree of choice over their placement experience either by finding a site or by being encouraged to express a preference for a role emerging placement (Warren 2011).

The placement settings provided a student-centred learning focus, that is, the participants were facilitated in their learning through contact with clients and relevant services. An enhanced student centred ethos comes from the collaboration in the site where the values, goals and philosophy connected in the community of practice (Lave and Wenger 2001). A culture of teamwork was encouraged and enjoyed by the students. Some valued the team approach and appreciated the skills of others which are key competencies for practising occupational therapists (Clyne et al 2008; WFOT 2008). They were effective in maintaining on-going liaison and learnt to compromise and listen to other viewpoints. Most students appeared to develop skills in diplomacy through negotiating and being sensitive to the needs of others. The students felt the placement was more focused on their learning in this context than a traditional site even though both provide care services to clients. The environment and supervision were different to a traditional placement where the supervisors had to trust the students more to work independently with less time spent observing them. This had raised concerns in previous studies (Mulholland and Derdall 2005; Mason 1998). Teams were open and welcoming to students, possibly as they were bringing some new or different skills to the service and they may not have had students before. The environment provided client contact but also gave the student a chance to see that learning can occur with indirect client contact.

7.4.2 Autonomy facilitating innovation

The second area for discussion relating to theme 1 focuses on autonomy that facilitates innovation. All participants perceived that role emerging placements enabled autonomous working for students with opportunities to practise as occupational therapists. This perception energised and motivated students, creating excitement in the settings (Kinghorn et al 2006; Matthews et al 2009). The supervisors consciously attempted to balance the amount of guidance given with facilitating freedom for the students to
experiment with interventions. Autonomy was relished by students but they were still monitored at a distance by supervisors. This may have helped to generate an environment with less fear of failure, knowing that a certain amount of autonomy was encouraged but that supervision was available for support in case of any difficulties. One student preferred to work without a prescribed structure, seeking to innovate or develop new practise. Being given the opportunity to innovate with the support of supervisors can be effective for future professional practice (Clarke 2010). It is better that students are given autonomy to innovate when they still have regular access to feedback and support. This is particularly relevant as many new graduates are moving into posts where they are working in isolation with limited supervision. Therefore, within role emerging placements they can make the most of having access to the advice from two supervisors on their innovation which may not always be evident when practising as a graduate.

The supportive environments created by supervisors promoted both personal and professional development for the students. They were encouraged and took control to think creatively “outside the box” and implement their own ideas. Through being innovative the students grew in confidence and received positive feedback from others on their successes. The support offered came from a consultative style of supervision (Bossers et al 2002) that facilitates students to use their initiative to work autonomously with the supervisors available for guidance.

The amount of control that the students had in choosing or undertaking role emerging placements had a direct influence on their experience. If they had a certain amount of choice over whether to complete a role emerging placement and/or the site of the placement they were more motivated. This could be true of motivation levels on any placement where students have a choice over the placement site due to adult learners valuing choice or engaging fully in experiential learning that has personal value (Knowles et al 2005). Although supervisors had ideas of projects for students before they arrived, this was not the case for one supervisor who preferred students to have more input in guiding the shape of the placement. Although this seems positive and student centred to allow the student complete freedom to develop ideas, it may be impractical for the students to commence role emerging placements without any ideas of possible interventions. Trying to establish a role for occupational therapy and interventions has
also increased the stress levels of students on previous role emerging placements (Cooper and Raine 2009).

From the occupational therapists, those who had less choice over the placement, i.e. those where whole student cohorts went out on role emerging placements at the same time, described more issues than other participants. These issues resolved towards the end of their placement and some reported being surprised by how much they had benefited from the experience in the end. This leads us into the debate regarding the degree of choice students should have in selecting role emerging placements which is returned to in the conclusion.

7.4.3 Practising & identifying as an occupational therapist

The third and final area of theme 1 relates to the students practising as occupational therapists in the role emerging site. Students practised occupational therapy through creative thinking, drawing on knowledge and previous experience. “Doing” occupational therapy related to when the core values of occupational therapy were observed or used which related to the healing power of occupation (Wilcock 2002). Within many of the placements there was a holistic focus on working with individuals and groups through activity analysis and living skills. Some students and occupational therapists valued meaningful occupation and this transferred across into their work with clients. This belief in the value of ‘doing’ for health was raised by Moll and Valliant Cook (1996) in a study with mental health occupational therapists. Being given the opportunity to ‘do’ or practise stages of the occupational therapy process assisted the students in identifying a role for occupational therapy which in turn strengthened their professional identity.

The term “real OT” was used by several participants to describe the interventions they offered during the placement. This suggests that at other times they have witnessed practice that is perceived as ‘less real’, possibly as it has deviated from the occupation focus of the profession. Also, the sense of a more real intervention may link to interventions that fit with their own view or the theoretical view of occupational therapy. This suggests that students in role emerging sites are forming a clear view of a professional identity based on their core values which is explored further in point 7.7.3, on the formation of professional identity.
As the placements had a primary learning focus, student and occupational therapists took time to use theory in order to generate a role for occupational therapy. It suggests that the absence of a fulltime occupational therapy supervisor may encourage more use of the evidence base during placement. Therefore, doing this in a role emerging placement may require more time for planning and less time spent in direct contact with clients. This concurs with Dancza et al (2013) where some of this preliminary data from the student strand combined with a second study identified a key theme of students needing to adapt to less doing, and undertaking more thinking and planning. Students need the extra time and resources to access the evidence during the placement and the supervisors may need to accommodate this in the placement timetable.

Implementing the core values of the profession into practice increased professional confidence and professional development (Fieldhouse and Fedden 2009; Dancza et al 2011; Marson and Curran 2007). Students bring both their own and their professional values with them and these are shaped in light of the values within the role emerging placement contexts. The value of client centred practice was paramount for students in the settings. Even though the students talk about being client centred and holding those values, it should be established that this is not just rhetoric on their behalf. This could be achieved through completing research with clients or getting the clients views on the client centred nature of the interventions received (Whalley Hammell 2013). Also, it appears from the data that the word client is making reference to an individual and it indicates that students are not necessarily perceiving the family or organisation as the client. This concurs with finding from Ripat et al (2013) in a study of the development of client centredness with occupational therapy students. It suggests a need in education to reinforce the broader view of the client if the profession is to move into new areas of practice. The occupation focus is viewed as important and core to the role. Students witnessed the core values of the occupational therapy profession in action and having a positive impact on people’s lives, that is they could see it making a difference. The students need to be encouraged to take this positive impact forward to extend their practice to working with groups, organisations and communities (Hocking 2013).

For the role of an occupational therapist to be realised, positive interactions and collaboration were required and this was evident in most role emerging sites for the students. Even though the environment was supportive some students still struggled to
articulate what an occupational therapist could do in the context. This could be due to the complex nature of the environment, placement level and or confidence of the student. Learning to articulate the role of an occupational therapist and receiving positive feedback led to an increase in professional identity.

One student was particularly attached to the title when practising as an occupational therapist even though she was interested in working in a non-traditional setting. The attachment to the title may have been due to a shift in identities from a current role as a nurse to a graduating occupational therapist. This attachment to the title may come from being a newcomer in an occupational therapy community of practice while exiting from a nursing community of practice. There may be a need to protect her title as occupational therapist and everything encapsulated in the term as the student resolves changes in professional values and the focus of work. This attachment may be due to what Lave and Wenger (2001) term as legitimate peripheral participation. The title is used as an attempt to gain access to the learning within the new community of practice.

Supervisors reported that students took the lead in evolving a role for occupational therapy within the placement site. The students were strong ambassadors for the profession as they articulated what an occupational therapist could offer the environment. It appears that even though some students may struggle to explain their professional role, how it is presented and received by the supervisors is different. It is useful for students to be given the opportunity to become competent at explaining their role, as this is a skill required throughout any professional career (Clyne et al 2008; WFOT 2008). These students who are articulating the role and worth of occupational therapy in an emerging area of practise are effective ambassadors for the profession.

7.5 THEME 2: TOOL BOX OF TRANSFERABLE SKILLS TOWARDS COMPETENT PROFESSIONAL PRACTICE

Three themes (Appendix S and T) or superordinate (Appendix R) themes were used to develop theme 2; tool box of skills; students as budding managers and portfolio of transferable skills. Through re-examining the themes it led to the creation of this master theme related to the development of transferable skills for use as competent professional
practitioners. Three key areas are identified for in depth discussion; transferable skills, strategic planner and project managers.

### 7.5.1 Transferable skills

The term transferable skills is used frequently, with the phrase originally relating to communication, information technology and self-reliance skills (Burke et al 2005). Participants in this study described overtly the development of a range or “tool box of skills” acquired during the placements that they had planned to, and in some cases did transfer into new jobs. Supervisors viewed the students as competent as they demonstrated a range of skills and applied knowledge in the settings. Practical skills for the work environment involved learning how to complete administration tasks, helping prepare facilities and effectively communicating in teams. Soft skills were viewed as assisting with interpersonal development. This supports the findings of Smith et al (2014) who reported that occupational therapy students (n=6), through completing a placement with people from a refugee background, developed competence and foundational skills for employment.

Students took opportunities to develop transferable skills in the placement settings including using evidence based practice which strengthened their professional identity. The strengthening of professional identity was also evident from a problem-based learning module, where transferable skills and philosophical constructs were applied in a variety of potential contemporary or non-traditional work settings for occupational therapists (Whitcombe 2012). Therefore, it appears that combining theory and skills in contemporary settings can positively inform the professional identity of occupational therapy students. A key set of transferable skills enhanced in the role emerging context related to cognitive skills. Students learned to think creatively, to problem solve and to engage in reflection. For one occupational therapist problem-solving was identified as a personality trait which she utilised in the placement. The students felt able to question their own and other’s practice over time. They also rose to the challenge of ‘thinking on their feet’ through responsive problem solving and self-management (Bartholomai and Fitzgerald 2007; Fisher and Savin-Baden 2002; Prigg and Mackenzie 2002; Thew et al 2008). This indicates a growing confidence and a critically questioning and reflective approach which is a key capability for future practice (Barnett 1994; Doncaster and Lester 2002).
Participants described undertaking many activities related to the occupational therapy process. This indicates that they had opportunities similar to students on a traditional placement, implying that students did not miss out on clinical skills by completing this placement model. This is in contrast to the findings of previous research (Johnson et al 2006; Friedland et al 2001). When completing assessments with clients, there were instances of critical reflection where a participant questioned the relevance of standardised assessments within the placement context. This suggests clinical reasoning and critical reflection are concerned with more than just mastering the competency of completing an assessment. It relates to developing capabilities to build new knowledge concerning the use of assessments and being adaptable in the approach taken (Stephenson 1994; Fraser and Greenhalgh 2001). The students and occupational therapists engaged in this study frequently utilised critical reflection which enhanced their clinical reasoning. This may be more indicative of an advanced form of clinical reasoning not anticipated in students until practising. This is explored in more detail in key finding 7.7.1 regarding the professional development of students in role emerging placement environments.

The participants who had been working for two years or more as occupational therapists reported a transfer of skills from the placement, especially in relation to organisational skills and project management. One occupational therapist was involved in grant writing which was a useful skill to transfer back into a research module in the classroom indicating that the interface between theory and practice was two way. This highlights that the academic and placement environments have shared values to assist students to link theory with practice and vice versa (Banks et al 2000). Participants reported skills developing through active self-directed learning, which was reflected upon and then transferred into practice. This demonstrates the use of adult learning principles and experiential learning in practice as described by Knowles et al (2005).

All of the students and some of the occupational therapists were completing/or had completed a graduate entry Masters qualification in occupational therapy when they experienced their role emerging placements. Therefore, they brought a range of skills and a previous degree with them to the programme. Their maturity and previous work experience may account for their explicit awareness of the worth of transferable skills in their careers. Regardless of the level of the professional programme and the age of the
students, they need to be made aware by educators of the value of transferable skills from one context to another.

### 7.5.2 Strategic planner

Within theme two, relating to transferable skills most students opted to complete role emerging placements as a pragmatic trial for future professional practice. The environment facilitated participants in being proactive and taking on responsibility. Some wanted the opportunity to work ‘like’ an occupational therapist without the facilitation of supervisors before commencing a basic grade post. Therefore, they valued the autonomy and independence evident in other role emerging placement research (Friedland et al. 2001; Mulholland and Derdall 2005; Hook and Kenney 2007). They also described wanting to create their own occupational therapy rather than ‘copying’ the work of an occupational therapist supervisor. This suggests an interest in working autonomously and a rejection of traditional apprenticeship models of 1 to 1 supervision which Rodger et al (2008) viewed as outdated.

Being strategic in completing role emerging placements indicates that some participants had a certain amount of choice or control over their experience. It was a clear choice for one student who planned the timing of the placement as close to graduation to enhance her skills for forthcoming employment. In line with reports at conference presentations and from professional networking discussions, one student returned to the placement site in a non-traditional role indicating that the strategy was effective. Another student echoed this, believing that a role emerging placement would be useful at interview and that the skills acquired could be moulded to form a career. This implies that role emerging placements were viewed as enhancing career opportunities through giving future graduates a competitive edge in interviews. This suggests a capability approach as the students are strategically planning how to make use of their competencies and articulate how they can be used in future employment in novel settings (Davis and Hase 1999). Researching students where the placement was compulsory may yield a different response.
7.5.3 Project managers

The students became project managers during the role emerging placements. The creation and development of projects was relevant to all participants with some having predetermined projects whereas others created their own. Project management skills developed whether or not the students had choice over the project content. This term project management was used most overtly by the supervisors, whereas the students and occupational therapists talked about having certain skills that come under the umbrella of project management.

Supervisors witnessed dramatic changes in the students which led to them developing a range of competencies but particularly in the area of project management. This was often referred to as “blossoming”, where they mastered knowledge, skills and attitudes essential for project management. This included presenting with leadership qualities that were also reported by Jung et al (2005) in their study of an occupational therapy and physiotherapy student on a role emerging placement. The use of leadership skills was not mentioned by the student or occupational therapists and may reflect their lack of confidence or awareness that they were implementing these important skills in practice. This suggests the need for more explicit leadership education in professional programmes (Scaffa et al 2011) and the introduction of entrepreneurship modules (McClure 2011), to increase the student’s awareness of how to utilise and name these strategies in professional practice.

Managing projects involved students being assertive with staff and student peers. This was often talked through in supervision. The students were encouraged to be more independent as the supervisor was not there to deal with all scenarios which can be viewed positively. Students developed negotiation skills in their ways of working that were collaborative. Their confidence grew in learning to work with others closely without the direct supervision of an occupational therapist (Marson and Curran 2007). As well as learning how to manage people by being collegial (Mason 1998), students learned to manage resources and caseloads.

Project management including organisation skills did transfer into their professional practice and were viewed as valuable. Utilising research skills was effective in exploring the evidence base as background information for projects and critiquing what may be of use (Doherty and Stevenson 2009). This indicates that role emerging placements with...
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clear projects enhance the use of evidence based practice. It appears that during role emerging placements the students turn to the evidence base as good professional practice but also to examine the research base as a resource, particularly in the absence of an occupational therapist on-site full time. This was supported by Treseder (2012) who reported that students apply theory for innovative practice on role emerging placements. Also, the experience of these participants on role emerging placements where the use of evidence based practice (EBP) was high is in contrast to Crabtree et al (2012) who discovered that EBP knowledge and skills decreased after students had been on placement.

All projects involved either direct or indirect involvement with clients. There was a preference for projects or interventions with direct client involvement with one particular project causing frustration that had limited client contact. Interestingly, on reflection it appears that one occupational therapist had completed what is termed a project placement (Fortune and McKinstry 2012) with role emerging elements. This placement had limited client contact and the use of project placements is discussed in light of placement options in the conclusion.

7.6 THEME 3: PERSONAL GROWTH ENHANCES WITH SUPPORTED REFLEXIVITY

Four themes (Appendix S and T) or superordinate themes (Appendix R) were used to develop master theme 3; heightened awareness of self and others; containing expectations and emotions; students as budding managers; personal growth through supported reflexivity. Through re-examining the themes, the creation of this master theme related to the personal growth of students during role emerging placements. Four key areas are identified for in depth discussion; ‘sensitivity’, ‘agency’, ‘intensity’ and ‘reflection moving towards reflexivity’.

7.6.1 Sensitivity

The participants described an increased awareness and sensitivity to others’ needs from working with individuals in the role emerging sites. Although an increase in client centeredness may be evident in all placements (Ferraro Coates and Crist 2004), the complex social and occupational needs of the clients that they work with during role
emerging placements seems to heighten their awareness (Bossers et al. 1997a; Rubenstein and Galvaan 2006). The sensitivity remained with them as they transitioned into professional practice, suggesting that it enhanced their client-centred approach and broadened their perspectives on working with people and communities.

Their sensitivity to clients’ needs came across when considering interventions and the endings to any interventions. Some participants were aware that clients had already experienced multiple losses so they did not want to add to this loss through setting unrealistic expectations of what they could offer during the placement. This implies growth as a therapist, through becoming more aware of the therapeutic use of self and the importance of reflecting on endings, which is essential in role emerging placements (Kearsley 2012). A sensitive approach was also evident with the suggestion from one participant of having a presence and gently getting to know people and not impose their own values or working practises on others.

7.6.2 Agency

The second key area of theme 3 related to a sense of personal agency. Being drawn to wanting to make a positive difference to people’s lives was a key attraction for students towards the role emerging placement model. Some were drawn to the challenge which was both personal and professional (Bossers et al. 1997a). Participants experienced or observed personal growth relating to confidence which led to a sense of efficacy in relation to competency development on the placement. This was linked to autonomy and innovation on their placement. The sense of growing as a person and as a therapist was enhanced through client contact with the chance to practise professional skills. Students found some situations emotionally difficult with steep learning curves being experienced at times, but these were overcome through reflection. With some student there was a sense of maturing during and after the placement experience, becoming more confident and self-determined (Marson and Curran 2007). It suggests that the placement was a transformative learning experience. The personal growth continued with transitioning into professional practice which was also stressful as is well documented in the literature (Hodgetts et al. 2007; Lee and Mackenzie 2003; Seah et al. 2011).

The supervisors observed students develop or enhance their self-management skills and students were viewed as strong, motivated and independent. This could be due to the
individual students’ sense of self which may be influenced by maturity as they were all graduate entry occupational therapy Masters students. Some of the occupational therapists were concerned that they did not have enough life experience as they were younger when completing the placement. Having life experience was viewed as an advantage by most participants but these students were still presented with challenges during the placement. It could be proposed that rather than limiting role emerging placements to students with perceived life experience, it is more productive to examine the supports required by all students, as it is well documented that students find professional programmes including placements personally challenging and stressful (Gutman et al 1998; Pfeifer et al 2008). Within the setting, students were given and took on responsibility which was empowering as it gave them opportunities they may otherwise avoid or not have accessed.

Students were perceived as ambassadors for the profession by supervisors. This is an empowering role to take and demonstrates their positive impact within the placement settings. This must have been confidence boosting for the students as they were appreciated by supervisors at the site rather than being perceived as a burden, as sometimes happens in traditional placements. Being an ambassador for the profession would enhance the growth of their professional identity which in turn may have impacted on their personal growth and sense of agency. This highlights that a degree of individual agency will have informed the ambassador role which evolved from professional socialisation that was different to observing an occupational therapist full-time. It concurs with Clouder (2001) that professional socialisation is complex and more than the moulding of an individual into a certain professional.

7.6.3 Intensity
Experiencing an “intensity” during the placement is alluded to by participants and is the third key area of theme 3. This is created by the excitement at the novel focus to the placement, the pace of innovation, the supervisory model which encourages autonomy and risk taking. If the students are to grow personally and professionally there is a need to balance how much they are contained with how much freedom they are given to make use of their excitement in practice. The excitement and energy can bring positive impacts for the services and clients if managed well where students make a contribution (Mason 1998). But if not kept in check it could lead to students becoming mentally drained and causing tension within a work place, both of which was described in this research. This is
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A balancing act that requires communication between the supervisors while allowing the students opportunities to learn appropriate risk taking (Davis and Hase 1999; Doncaster and Lester 1999). There needs to be a degree of supervisors ‘sitting on their hands’ which is not always easy. Sometimes by doing this the students can develop themselves and their ideas for occupational therapy and in taking the service in new directions a role develops (Bossers et al 1997a; Friedland et al 2001; Jung et al 2005).

Human beings compose meaning and sometimes lose composure (Kegan 1982). This may indicate why students become emotional and want to try out many things, in order to find meaning and be successful in what they are doing. They also become emotional and overwhelmed as they wrestle with trying to find meaning for a role within the placement environment (Cooper and Raine 2009). Importantly, Mason (1998) discovered that learning can occur even when students may have a negative experience.

It is not possible for students to fully model their roles from others therefore they have to internalise more, be more reflexive to make sense of their identity as an occupational therapist. They also draw from their previous experience and personal preferences, from the cues around them of what works well and using research and theoretical concepts. It is not surprising that a student’s maturity or personality will play a role in how they manage with constructing a new professional role. If they have confidence in who they are and in their abilities it will shape how they make meaning in the learning context. Therefore, it is not just the mature students that should or can complete this type of placement as their meaning making is shaped and influenced by more than just chronological or developmental age. This reinforces the importance of the supervision structures on a role emerging placement (Mulholland and Derdall 2005; Warren 2011) as this is where students can be supported rather than just contained, and in becoming reflexive in how they are working and evolving as an occupational therapist.

Completing role emerging placements was also an embodied experience for the students as they went through periods of excitement and frustration. This presented outwardly as stress which is common amongst occupational therapy students on professional programmes (Pfeifer et al 2008). Therefore the stress experience may be no different to that experienced by students on other placements, but with role emerging placements
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students may need to be alerted to the benefits of the excitement of the placement versus the tiredness that can be experienced.

Supervisors experienced intensity with the placement which came from balancing students’ expectations, containing students’ emotions and creative energy. The added pressure of creating a role for occupational therapy at the site added to the pressure for the students with a knock on effect to the supervisors. Supervisors also had to allow the students to take risks in the settings while not under their direct supervision. This gave opportunities for the students to view risk as a continuum from inhibiting/harmful to enabling/helpful (Gallagher 2013) when working independently with clients. This meant that supervisors had to have a better understanding of the students’ reasoning and plans, which may have added to the intensity of the placement. Supervisors, over the duration of the placement, seemed to accept that the students could be allowed to take supported risks and they became less stressed by the idea of doing this. Risk taking by occupational therapists and students is essential for entrepreneurial future practice (Westmorland 1999). It is through enabling students to take risks they will grow and develop beyond what is expected of them. This links to more of a capability rather than competency approach to adult learning. Being a supervisor involved managing the intensity of the placement experience for the students through containing their emotions. The need for support for even experienced off-site supervisors is essential, and was recommended by Boniface et al (2012). This study highlights the need for all supervisors to be offered support as complex issues are being managed throughout the placement.

7.6.4 Reflection moving towards reflexivity

The final area of theme 3 relates to reflection moving towards reflexivity for students. The students and occupational therapists all describe the placement as personally challenging at times. This was overcome through the use of reflection or discussion with both their supervisors and the student peers (O’Connor et al 2012). Reflection was also completed individually through the use of diaries or by spending time thinking around certain scenarios. Students had the challenge of learning how to manage themselves in relation to managing others that was also noted by French and Hughes (2007) where students had to cope in hostile situations. They had to learn how to manage their frustrations independently as the supervisor was not always there to deal with situations. This highlights that often the interpersonal interactions on placement can cause students
the most stress but if they are too sheltered they will not learn how to manage these situations allowing them to transfer this into later work settings.

Students experienced personal journeys related to their learning and growth as a person. Reflecting during the placement and in the interviews underlined the change for the individual. The students’ learning approaches or styles generally shifted in the direction of becoming a reflector. For several this was a large change, as previously they had identified themselves as being active learners (Honey and Mumford 2006). This change may be due to the placement environment providing opportunities or requiring reflection or because students witnessed reflection used by the supervisors or student peers. The influence of ‘others’ on students’ learning styles was also evident in descriptions of three occupational therapy students’ experience of learning styles during a placement (Robertson et al 2011). It became evident that students adapted to using non-preferred learning styles by employing learning strategies used successfully by their supervisors. This highlights the need for students to take responsibility for discussing their preferred learning styles at the outset of role emerging placements and for supervisors to inform them of the benefits of utilising reflection with this placement model to assist learning.

Growth also occurred as the students indicated feeling overwhelmed on the placement at times, and some of this was related to the clients coming from a different social background and presenting with complex needs. This indicates that role emerging placements provide learning opportunities to gain insights into the lives of people in their context, rather than in a medicalised environment which provides just a snapshot of a person’s life. These insights are essential if occupational therapy is to provide meaningful services for people with a diverse range of social and occupational needs (Kronenberg et al 2011; Pollard et al 2008; Kronenberg et al 2005).

Students’ personal learning experiences were alluded to as a journey that involved an increased level of self-awareness. For some this led to personal growth with a change in personal attributes as they became more flexible and used their initiative. Students grew personally as they examined the client’s life and reflected on their own life experience. At times, this could make students feel uncomfortable but this may be a necessary learning experience to be truly holistic as a therapist. The benefit of role emerging placements is
that potentially, the student has more time to reflect on their interactions with individuals and this promotes deep learning (Fieldhouse and Fedden 2009).

As supervisors spent less time with students than in a traditional setting they had to develop strategies for supporting them. Within this research there was evidence of supervisors spending more time probing and questioning in order to discover what students had been doing and what they planned to do. This suggests a different focus where the students were required to prepare in detail for supervision and to have reflected on their actions. For some, this process resulted in the students becoming more reflexive as they were encouraged to open up and explore difficult topics in supervision. The reflexive nature of the supervision could account for the reason students found aspects of the placement mentally draining as they were having to focus on emotional issues in supervision. In light of the need for on-going professional development, students need to be encouraged early to develop as reflective practitioners and evidence their reflection (AOTI 2006; AOTI 2007). There may be a need to take the reflection deeper to become reflexive in order to develop as a therapist and grow personally. This concept is explored in more depth later in this chapter.

7.7 KEY FINDINGS

Returning to the research question “how do role emerging placements provide learning contexts that support the professional development of capable occupational therapists?” there are several keys findings from the research that requires further discussion. These relate to:

- The professional development of students in role emerging placement environments
- Communities of practice
- The formation of professional identity
- Reflexivity and the importance of supervision
- Differences to traditional occupational therapy student placements
7.7.1 The professional development of students in role emerging placement environments

From this study there is evidence of students developing a wide range of competencies from the presentation of skill development, the application of knowledge and also the change in attitudes following role emerging placements. The change in attitude relates to how spending time with the clients and gaining insights into their lives heightened the students’ awareness and sensitivity. The students also became reflexive in their learning which potentially influenced their attitudes. The students returned to the values and gained a depth of understanding of the philosophy of the profession which underlies all occupational therapy competencies (Hocking and Ness 2002).

The students emerged as team workers as they negotiated their role within the placement site. Being an effective team worker is an essential competency for occupational therapists (Clyne et al 2008; Hocking and Ness 2002). The current importance of team working is evident in the inclusion of interprofessional education into healthcare professional programmes with the World Health Organisation advocating for its use to promote collaborative practice in healthcare (WHO 2010). In line with this aim, role emerging placements provide students with the opportunity to work interprofessionally due to the mixture of professionals in the sites and being the lone occupational therapy representative. The placement model encourages integration and team working.

Students were also presented with ‘just right’ challenges in the learning environment which strengthened their competencies (Sullivan and Finlayson 2000). From the development of transferable skills, the implementation of the occupational therapy process, and the application of evidence in practice combined with heightened sensitivity to others, it appears that role emerging placements provide learning environments that support competency development.

Returning to the skill acquisition models in the literature (Benner 1984; Dreyfus and Dreyfus 1986), it is evident that the students on role emerging placements are presenting as competent in particular areas before the point of qualification at the end of the placement. This is aligned to the findings of Spalding (2000) where the newly qualified occupational therapists were competent or proficient earlier than anticipated by the Dreyfus and Dreyfus and Benner models. This early progression through the stages is
unusual as occupational therapy students and graduates are generally novices until they repeat similar experiences and become advanced beginners (Craik and McKay 2003).

The participants in this study described feeling or observing competency in project management, communication, team work, occupational therapy process, self-management and critical reflection. It is interesting that these findings differ to those by Holmes et al (2010), where practice knowledge, clinical reasoning and facilitating change were scored lower for students on placement (n=400). The study utilised competency based fieldwork assessment scores from several international programmes with occupational therapy students who experienced a range of placement models. Within this research the competency areas of clinical reasoning and the use of the occupational therapy process were perceived as strong by participants although actual assessment scores were not part of the data set. Further research is required using a larger sample, at the influence of role emerging placements on particular competencies. This work is currently being undertaken by Miranda Thew, an academic occupational therapist in the UK.

Clinical reasoning is also referred to as professional reasoning which alludes professional practice also occurring in non-medical environments (Boyt Schell and Schell 2008) and may therefore be a more appropriate term when linked to role emerging placements. In terms of clinical or professional reasoning, students communicated their rationale for interventions with individuals and groups during supervision and with peers. The role emerging placements could be described as authentic learning environments as the students became actively engaged in their learning and enhanced their flexible thinking (Schell and Boyt Schell 2008). Reflection was used by students to guide their thought processes retrospectively and prospectively when planning interventions. This is described by Unsworth (2011) as reflexive thinking where clinical reasoning involves intuition, judgement and empathy to engage in client centred practice.

From examining the continuum from novice, advanced beginner, competent, proficient to expert there is evidence that the students progressed beyond being a novice within certain competencies. Using the table outlined by Jensen et al (2008) that summarised the skill acquisition model, in terms of orientation to practice, the students on role emerging placements have an increased situational direction as they can see the whole situation due to being in complex environments and their awareness of client need is raised. Their
decision making moves away from relying on others towards feeling responsible and making decisions due to the autonomy on the placement. Within orientation this moves them towards an advanced beginner level and in terms of their decision making they are leaning towards competent within their placement context. Although the students were presented as further along the continuum than novice practitioners, their clinical reasoning did not occur intuitively and took time. This was evident from the amount of time students spent engaged in preparation and reflection. These findings indicate that role emerging placements can challenge students to develop beyond novice professionals in certain competencies if they embrace the autonomous and reflective nature of the placement model.

As stated by Schell and Boyt Schell (2008),

“...greatest benefit comes from moving students into higher levels of reflection and expertise at earlier phases of their career”. (p262)

This supports the use of role emerging places early in professional programmes as they are a placement model that encourages higher levels of reflection and reflexivity. From the findings of this research students can successfully engage with role emerging placements at any stage of their professional programme as long as the supervisory supports are in place and the expectations and learning outcomes for the placement are explicit. It also encourages students to seek out and make good use of supervision rather than expecting it to automatically be present. These are useful skills for the future as therapists may experience feeling overwhelmed or isolated as they transition into professional practice (Seah et al 2011; Hodgetts et al 2007; Nihill and Gallagher 2007; Lee and Mackenzie 2003).

Some of the competencies developed during role emerging placements overlap with interprofessional competencies including problem-solving, sharing knowledge and effective communication (Wilhelmsson et al 2012). Students embark on role emerging placements in interprofessional sites so it can be effective in developing interprofessional learning and competencies. This is line with the requirements as outlined by Hunt (2011) and the OECD (2011) for the skill development of 21st century graduates for Ireland who are capable of working in novel situations.
While it is acknowledged that competence is related to context, there was evidence in this study of competencies being transferred from the placement into professional practice, suggesting that certain competencies can be present at the point of graduation for example critical reflection. This was evident within this research as role identification occurred during the placement and this strong identity transfers with the students into practice. This is earlier than expected according to a developmental model by Kasar and Muscari (2000) where role identification is not anticipated until after graduation.

Within this study, the participants describe many occasions where students are demonstrating capabilities. These refer to occasions when the students are competent in their skills, apply relevant knowledge and present with an attitude that is conducive and sensitive to the placement environment. The creativity and critical thinking is present in the placement and is enhanced during supervision as the supervisors glean information from the students. This suggests that it is introducing students to articulating and critiquing practice early in their professional careers, which is promising for the on-going development and practice of the student, profession and service in which they find themselves working. The critical questioning is related to their reflexive learning as well as looking outwards. This is positive as it demonstrates an awareness of wanting to learn and improve practice. Generating change is a key component of capability (Eraut 1998; Fraser and Greenhalgh 2001). Students, through entering into and engaging with a non-traditional site and creating a role for occupational therapy are instantly becoming change agents. These capabilities develop as they learn to manage interpersonal relationships and attempt to implement change. This was often successful for these participants as a role for occupational therapy did emerge in some placement sites.

Linked directly to the students’ competency and capability development was the issue of employment. Most viewed role emerging placements as an opportunity to enhance employability, with the perception that having the experience of a role emerging placement would make graduate occupational therapists attractive to employers in most situations (Withers 2008; Samuels and Thew 2013). The experience was so positive for some that they remained in contact with the sites and some returned to work at the sites as occupational therapists or in non-traditional roles. They also considered working in a voluntary capacity to gain experience which may also reflect the current issue of graduate unemployment in Ireland. It is common for students’ placement experiences to influence
their choice of employment (Crowe and Mackenzie 2002; Lewicki et al 1999; Doherty et al 2009). The attraction to working in the placement environment was also evident in the off-site supervisors some of who were interested in creating a job for themselves within the sites.

7.7.2 Community of practice

Encouraging occupational therapists to engage in communities of practice to create contemporary ways of working is not new and is viewed as an effective method to reduce professional isolation (Whiteford 2007). In order to learn the work of a profession and form an identity there is a need to go beyond the networks of one particular professional context (Borden 2008) and learn in an interprofessional context. Role emerging placements give occupational therapy students opportunities to engage with communities of practice other than the profession of occupational therapy. Through this engagement they can develop an array of competencies and capabilities for their future professional practice. Participation in communities shapes what we do, who we are and how we interpret what we do (Wenger 1998; FAME Consortium 2007). Therefore, if we want occupational therapists to work in new environments and develop a more community oriented focus of practice they need to learn in different communities of practice on the edge of new boundaries.

Role emerging placements, if set up effectively, can provide an environment where knowledge is shared (common to members); based in a community (social approach to learning); and with engagement in practice (shared information and language) (Wenger et al 2002). Within communities of practice, ‘newcomers’ need to gain access to the community in order to access the knowledge of ‘old timers’ (Wenger 1998). The student and occupational therapists described working in complex environments which had a learning ethos. Their personal and professional values often connected with the community where they were completing their role emerging placement. This led to positive learning experiences where innovation was encouraged and the students accessed the ‘old timers’ or supervisors for their support and expertise. Learning also occurred through the students spending time with clients as community members in order to gain insights into their life which was transferred into adopting a client centred approach.
According to Lave and Wenger (1991) participation is at first peripheral but increases gradually in complexity as newcomers become part of a community of practice and form identities. As the placements progressed the students formed their professional identity while negotiating a role for the profession in the site.

The trajectories described by Wenger (1998) are a useful framework to relate themes from the research for individuals and how they relate to their professional development. This is a broader view of identity rather than seeing it as set stages. The trajectories within a community of practice move around and are not linear or sequential.

An **inbound trajectory** relates to a newcomer seeking full participation. This could account for the students relating to the professional supervisor as they sought to gain a historical understanding about the profession and current practice in order to see how they could relate this in the placement site.

**Insider trajectories** relate to an individual who is in the community of practice but their practice continues to evolve, and new demands or new members lead to a renegotiation within the community of practice. This could account for the impact on the professional, off-site supervisor’s identity as it made some of them think differently about how they would practice in the future. They could see the value of the newcomers. This was also evident in the on-site supervisors who could see the value of the newcomers for learning within the organisation.

**Boundary trajectories** relate to spanning across or linking communities of practice. This role emerging placement model promotes learning on the boundaries. As stated by Wenger (1998) this is a delicate time for the individual as seeking membership of several communities of practice can be a challenge. This could be why there is a need for reflexivity to think through the values and observed practices to accept or reject certain practices from communities.

**Outbound trajectories** relate to leaving a community and requires negotiation as identities are changing. This was evident for a student as she prepared to leave one profession to adopt the language and title of occupational therapist.

“A very peripheral form of participation, for instance, may turn out to be central to one’s identity because it leads to something significant” (Wenger 1998, p. 155). This was true for several participants who viewed engaging in a different community of practice as impacting on them significantly both professionally and personally. They managed to
navigate across boundaries to learn from and with others. Abrandt Dahlgren et al (2004) suggested that power biases can make ‘newcomers’ feel overwhelmed which could account for some of the emotion and the embodied experience of students during the placement. But this potential negative impact may be outweighed by other benefits including picking up on the socio/cultural environment to learn rather than focussing primarily on knowledge and skills in the work place (Wenger 1998). This was evident in this study where awareness of the social environment was crucial to the students’ learning.

Communities of practice, although based on research in communities where people were already professionals (Andrew et al 2008), do offer insights into the experience of role emerging placements. Further application of this model is outlined in the conclusion.

7.7.3 The formation of professional identity

Within the findings there is reference made to the development of self-identity and professional identity. It is important to note that according to Baxter Magolda (2003) adults continue to internally construct values therefore the student and occupational therapist were developing self and professional identifies concurrently. This could explain why the learning experience became such a strong personal journey for some participants. One student also had a strong professional identity as an occupational therapist and had previous experience as a nurse. This suggests that she adapted quickly to a second professional identity that was also noted by Nel (2006) in a study with family therapists.

According to Wenger (1998) professional identity takes years to evolve, while in this study the students identities grew in the second year of their professional programme. This could be due to the students being graduate entry Masters students who had planned for several years to become occupational therapists. Consequently, their identity can be seen as developing prior to the start of the programme, and was then enhanced during their role emerging placements. Previous experience, especially in health and social care is acknowledged as significant in the formation of professional identities (Crossley and Vivekananda-Schmidt 2009; Adams et al 2006). As some of the participants in this research had a previous degree and work experience this may account for the strong identity. This concurs with the previous research of Nihill and Gallagher (2007) and Fouhy (2010) from interviews, focus groups and surveys discovered that students from a
graduate entry Masters occupational therapy programme in Ireland perceived that they had a strong sense of professionalism and professional identity. This stemmed from the programme and assisted their transition into practice. Fouhy (2010) identified that the students had a sense of ownership and assumed the role and identity of occupational therapist early in their career. With the studies by Nihill and Gallagher (2007) and Fouhy (2010), maturity and life experience of the students were acknowledged as influencing the professional identity of students as well as the occupational therapy programme. It is interesting to note that at the time of data collection role emerging placements were not available to students as a placement option therefore further investigation is required into the professional identity formation of students during all professional programmes with attention to placement models.

As well as life experience or maturity effecting professional identity, gender is also acknowledged as having an influence. Adams et al (2006) noted that gender stereotypes were evident in a study of healthcare professional students. All students and occupational therapists in this research were female therefore the experiences or strength of professional identity may have presented differently if male students/graduates had participated in the study.

As explored in the literature review, Kegan (1982) perceived identity development as being based on ‘evolutionary truces’ that were lifelong tensions between seeking inclusion (need to belong) and seeking to be distinct (be different). This work has been taken forward by Baxter Magolda (2003) and Bebeau and Lewis (2003) who applied the development of self identity to professional identity. This three stage model is illustrated in figure 7.2 and has been revised to demonstrate key findings from this research relating to professional identity. The arrow to the right of the stages outlines the factors that strengthen professional identity when students engage in role emerging placements.
Using the professional identity formation stages as a framework in figure 7.2, I have inserted the expectation of identity for occupational therapists at various stages of their professional career in italics. This framework has similarities to the skill acquisition model developed by Benner (1984) and Dreyfus and Dreyfus (1986) in that it is a developmental framework from a novice/beginner phase on a continuum leading through ultimately to expertise where the professional identity should be strongest. These stages are presented as linear, in that professionals progress through the stages over time from a beginner professional whose professional identity strengthens until the final stage of a self-defining professional. The findings from this research indicate that occupational therapy students, reflecting on their experiences of role emerging placements can present as further along the continuum and that the strength of professional identity is influenced by context.

Beginning with the independent operator, this is the stage where professionals like to follow clear guidelines in their practice to behave as a certain professional. This behaviour was evident in students as they made use of literature and support from the off-site supervisor to access expertise. Frustration was evident for several participants and
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this could be due to an absence of a rule book to follow that sets out clear expectations of the professional role in the setting. Within this stage of identity development individuals have difficulty holding two perspectives simultaneously therefore any role incongruence could leave them feeling overwhelmed. Students and occupational therapists who disagreed with the use of the placement model may have been reacting to the lack of guidelines or standards which they may perceive as limiting their ability as an independent operator occupational therapist. Also, at this stage of professional development, the students may be seeking a ‘sameness’ or sense of belonging as described by the FAME Consortium (2007) but this may be absent and cause frustration due to working away from a full-time or professional group of occupational therapists.

The team oriented idealist stage is where individuals can take multiple perspectives simultaneously and seek to meet the expectations of others that they perceive as having more expertise. This was evident with students as they attempted to meet the expectations of the on and off-site supervisors and other stakeholders in the placement. This led to some emotional challenges as they sought to understand their view of professional identity and equate it to the views from others and the literature. Students were reflexive in this stage which assisted them to identify strongly with the profession. They also acknowledged the interconnectedness of practice and valued working with other staff in the setting.

The self-defining professional stage is achieved with experience of practising as a professional. At this point the individual creates their own system of values and can negotiate with multiple identities simultaneously. They have an internal set of standards and values which they commit to and can take on several roles at once. At this point it can appear that an individual is moving away from a certain professional identity whereas their identity is strong and this is when they can become change agents for a profession and think “outside the box”. It is suggested that this occurs later in a career whereas in this research there was evidence of self-defining professional behaviours in some participants, gained from their experience of role emerging placements. This was most evident in the two individuals who went back to work in their site, one as an occupational therapist and the other in a non-traditional role with plans to use their professional values and skills. This highlights that some occupational therapists may reach the self-defining professional stage earlier in their careers, particularly when you take previous life
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experience into account. This may also be due to congruence with future identities (Oyserman and James 2011) where placements are perceived as relevant and successful if students can link them to their perceived future identity. As some participants had an element of choice over their placement setting, it may suggest a reason for their positive experiences and their strengthened identity. It suggests that the strengthened professional identity may only occur in certain settings similar to the role emerging placement sites or where the role they undertake is congruent with their values.

Early in this chapter it was highlighted that that students in role emerging placements form a professional identity based on core values which may be personal and/or professional values. This suggests that the professional identity of individuals may vary depending on their personal values and beliefs which was also noted by Mackey (2007). This highlights the social constructionist perspective on knowledge development whereby individuals will not all learn the same regardless of information provided or the experiences they encounter on placement. Within these findings some students were motivated to complete role emerging placements. It appears that where the core values of the placement setting resonated with personal values, it had a positive knock on effect to the development of core professional values. This concurs with Bebeau and Monson (2012) whereby integrating personal and professional values can motivate change around identity development which is facilitated by reflection (Dige 2009). The students internalised the values (Monrouxe 2010), particularly linked to client centred practice and wanting to make a difference. Therefore, the optimum positive placement experience may occur when the core personal, placement site and professional values connects. This may be due to students understanding the meaning of these values in practice leading to a strengthened professional identity (Abrandt Dahlgren et al 2004).

In view of this, it may be suggested that students should choose their placements to assist in a strong identity development but this may then preclude students from trialling a placement model that may open them up to working within services with a more social model focus. Students may still be in the age group of late teens to mid twenties, which according to Baxter Magolda (2003) is a time when their own personal identities are still forming. Therefore providing a different learning experience that involves working with clients who come from vulnerable groups in society may positively influence the
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individuals’ development. The role emerging placements can provide opportunities for students to adapt their identities through their raised awareness of others’ needs.

Figure 7.2 outlines the three stages of the professional identity framework by Bebeau and Lewis (2003) and highlights that occupational therapy students, drawing on their experience from role emerging placements may progress through the stages quicker. This is due to being given opportunities for autonomous practice and time to draw on relevant literature to guide their practice, and being provided with supervision that is transformational and facilitates exploration of personal and professional values (Abrandt Dahlgren et al 2004). While the framework by Bebeau and Lewis (2003) has been of use to consider the professional identity development of occupational therapy students, it was originally created from work with thirteen military cadets in the USA. This could account for differences regarding the timing of the team oriented idealist and self-defining professional stages for the occupational therapy students. Also, role emerging placement experiences were not the only factor influencing the students’ professional identities and this framework is inadequate in addressing this point. The framework presents as linear with progression through the stages over time. Further research is required to establish whether occupational therapists’ identities weaken, that is move back through the stages if working in an unfamiliar setting or where the core values of the service do not connect with the individual’s or profession’s values.

Using reflection to encourage professional identity development is essential in the early stages of professional careers (Bebeau and Monson 2012) and when students are learning in an environment with a mixture of professionals (Feen-Calligan 2005). Unlike previous studies with qualified occupational therapists, the students’ professional identities were not inhibited through working with other professionals as they did not feel a pressure to conform (Hughes 2001) or fill role gaps (Fortune 2000). It appears that the placement environments were liberating for the students possibly because they were away from the medical model where other occupational therapists have struggled with identity (Wilding and Whiteford 2007: Ashby et al 2013).

Students require feedback in order to develop or enhance their professional identity (Kroger 2007). From the findings of this research, the supervisory relationships and experiences were significant. Supervisors provided feedback which led to an increased
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professional confidence. As highlighted by Holland et al (2012) developing professional confidence increases professional identity. This research indicates that having supervisors from different professional backgrounds enhanced this process which may be due to having to explain the role of occupational therapy and working autonomously in the placement site. It may also be due to the effective consultative style of supervision as reported by Davis (2006).

Linked to professional identity was whether a role or identity for the profession emerged within the placement sites. All supervisor and students reported the potential for the integration of an occupational therapist in the site. This was only mentioned by one of the occupational therapists, suggesting that role emerging placements do not always have a focus of developing a role. This is explored in more depth in the conclusion. Where there was acknowledgment of the potential role for an occupational therapist in the site it must have served as the ultimate professional recognition for the students, strongly reinforcing their professional identity (Holland et al 2012). It was also promising to hear that two participants returned to the role emerging placement site to work as an occupational therapist or in a non-traditional role and others remained interested in non-traditional jobs for occupational therapists.

7.7.4 Reflexivity and the importance of supervision

The findings from this research indicated that supervision was valued by participants and encouraged students to engage in reflexive practice. Within research it is a term used for the researcher to situate themselves in their study and become more aware of their influence and assumptions related to the research (Gough 2003). Within this research, I am using the term reflexivity to describe a process of deep reflection where the individual became more aware of self and others in the learning context. This is not engaging in therapy but a conscious process of self-inquiry (Doane 2003). A reflexive process involves an individual looking back, reflecting on themselves in order to emerge or move towards desirable professional practice (Johns 2009).

The participants reported that students prepared for supervision to make the most of the time with the on and off-site supervisor. The need to make the most of the supervision may stem from the part time structure of the supervision, therefore individual reflection by students on their performance before the session will lead to better outcomes from the
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time spent together. At this point it is important to remember that supervision has many aims including supportive and accountability aspects (Herkt and Hocking 2007) and providing individuals with challenges in a non-judgemental environment (Hunter and Blair 1999). For the students the supervisors are grading their performance therefore encouraging open reflection may cause the students to feel vulnerable or as in the case of some occupational therapists, hide aspects of their practise that they find difficult (Herkt and Hocking 2007).

There are many models of reflection available to assist with the development of learning from experience. The Boud and Walker model of reflection that originated from Boud et al (1985) has a preparatory stage, experience stage and reflective process (Alsop and Ryan 1996). The preparatory stage involves reflecting on your, feelings and intentions which most students completed during their role emerging placements and found it effective for their learning and development. Reflective practice is crucial for learning on placement (McClure 2005). It is the reflective nature of the supervision that prompts a deeper internalisation of identity formation. The supervision encourages exploration around personal and professional values following engagement in the environment. The importance of reflection focussed on core ethical values for identity development was stated by Dige (2009). With some student experiences of the role emerging placements, their understanding of and identity as occupational therapists deepens when they internalise the theory and values of the profession and the context and take time to be reflexive. It has to be acknowledged that role emerging placements are only one element from the occupational therapy programme that was responsible for professional identity development with the students. Although as the placement provided opportunities for the development of transferable skills and an emerging role, it seemed to strengthen the students’ sense of professional identity.

Mackey (2007) acknowledged the importance of working on the self with an awareness of power relations in the work environment through reflexivity to construct a professional identity. Mackey (2007) calls for a focus on how professional identity is created to inform its future development. This research indicates that the professional identity of students was strengthened in role emerging placement sites through being given freedom for innovation but also time to reflect on personal and professional values. Findings from this study resonated with Mackey (2007) in relation to the importance of working on the self.
through reflexivity. It becomes a time to integrate the observation from the social and cultural environment and reflect deeply on this to construct a new sense of both a personal and professional self. This increase in awareness is reflected upon with the individual thinking deeply and appraising their experience and thinking through how this may impact on their personal views, attitudes and behaviours. Reflexivity is a true internalising of reflection which leads to a reconstruction of self. Hence why some students’ experiences of role emerging placements can have such a profound impact on personal growth as values are integrated to form identities. Being reflexive also gives opportunities to engage in transformative supervision through working on emotions (Weld 2012).

Scott and Hanley (2012) in a study with a counselling psychology student followed the use of a reflexive journal. The reflexive self “… emerges from reflection on my thoughts and feelings, being aware of my assumptions, being reflective and thinking through new ideas” (Scott and Hanley 2012 p. 33). This connects with how participants became more aware of their assumptions during the placement as they work with clients in complex situations. Some of these moments were challenging for students and there is a need to alert future students that this may occur and is part of the learning process. Laitila and Oranen (2013) perceive that reflexivity is a dimension of expertise and could be presented as a capability as it involves critical review of self and others. It is also viewed as important within entrepreneurship education (Higgins et al 2013) as students need to critique what it means to be an entrepreneur. This is an area of growth for occupational therapy education that is essential for moving into emerging areas of practice (McClure 2011; Kearsley 2012). By students engaging in role emerging placements they are being encouraged to become ambassadors and entrepreneurs for the profession, therefore there is a need to look towards this area of education to inform students of tools or strategies that can be of use. The students were being reflective and with more support a deeper or more critical reflection can occur. This is a natural progression for occupational therapy students as they are already encouraged to use reflective models and will be expected to do so to maintain their professional registration (AOTI 2010b; AOTI 2007). Within the role emerging context students perceive the need for more critical reflection to assist their innovation.
7.7.5 Differences to traditional occupational therapy student placements

This research did not set out to make explicit comparisons with traditional placement models utilised in occupational therapy education. The focus was to illuminate the particular experience of role emerging placements. In the process of engaging in meaning making with participants, the interviews yielded several contrasts with their experience with traditional placements. At this point it is important to note that all traditional placements are not identical which is also true of role emerging placements, but there are elements that will be similar to each of the placement models. For example the supervision models in traditional sites tend to involve the student having regular direct contact with an occupational therapist who is their main supervisor whereas in role emerging placements the occupational therapist is based off-site and the main supervisor is from another discipline.

From the findings several key areas were identified as different to previous traditional placements by the participants.

- More freedom is allowed which leads to innovation of practice as students are facilitated to be creative and put their own ‘occupational therapy stamp’ on the settings (Mulholland and Derdall 2005; Williams 2009).
- The supervision model was different as the supervisors had to trust the students to work independently with less direct supervision (Mulholland and Derdall 2005).
- The environment ethos was perceived as different to a traditional placement due to the nature of the service philosophy, a less hierarchical structure and having more autonomy in their placement setting (Totten and Pratt 2001; Friedland et al 2001; Hook and Kenney 2007). The environments were perceived as fluid, flexible and less formal therefore they encouraged innovation.
- The students felt their placements were more focussed on their learning in the role emerging context than in traditional sites even though both provide care services to clients. Cohn (2003) outlines different student environments with clear distinctions where the academic setting’s primary purpose is to facilitate the dissemination of knowledge whereas the clinical setting is to provide high-quality care, with less control for the student in the placement context. This reflects the situation in traditional settings but was not so clear in the role emerging placements where a
different placement environment ethos with more freedom and less formality was evident.

In summary, this discussion set out master themes highlighting key findings relating to the experiences of students, graduates and supervisors involved with role emerging placements. A critique of the research and reflexive summary draws the discussion to a close before moving on to the final conclusions of this study.

7.8 CRITIQUE OF STUDY

As with all research, this study has many strengths and limitations. The strengths are outlined throughout the presentation of this work. The limitations are outlined in a critique of the study set within the theoretical framework of this research.

7.8.1 Critique of methodology
As outlined in the theoretical underpinnings, researcher subjectivity was core to this research hence more traditional forms of evaluation of this research are not relevant and a flexible approach was required. Therefore the IPA component of this research is evaluated against a range of concepts to highlights points of tension in the research process. These are critiqued under the headings of reflexivity (epistemological and personal), the inductive, interrogative and idiographic nature of IPA and the depth, value and relevance of IPA.

Following a phenomenological thread through this research involved my attempts at adopting the phenomenological attitude, through immersing myself in reflexivity and pushing my assumptions to the fore. As anticipated in phenomenological research, my assumptions altered as the research progressed and engaging in reflexivity through the use of a diary and in supervision increased my awareness of the assumptions I had made. It was not realistic to separate out my own experience entirely as I had previously been a supervisor of role emerging placements and am a practising occupational therapist. Therefore, I acknowledge that as the researcher I am implicit as part of the research process as is acceptable in the use of IPA (Cronin-Davis et al 2009).
Within this study IPA was utilised primarily with the student strand. As part of the learning process I became aware that completing IPA with all strands of the study was unrealistic in the time frame and would potentially lead the findings to be more descriptive than interpretative. Within the student strand I spent time analysing, writing and re-writing the findings to move from description to interpretation.

7.8.1.2 Reflexivity: epistemological and personal

As is the nature of qualitative research, this study has led to many questions and further openings for research. In this research I took a critical realist position meaning that all data collected was viewed as real and therefore all information shared from the participants was respected and treated as reliable (Robinson and Smith 2010). Therefore the knowledge co-constructed in this thesis relates to the contexts of the students, occupational therapists and supervisors and is therefore not generalisable to all role emerging placements.

As outlined in chapter three there are tensions regarding the epistemological roots of IPA related to the different forms of phenomenology. At the outset of this research I viewed IPA as sitting between critical realism and contextual constructivism. Constructivists view reality as ever changing therefore knowledge created from this research relates to the context of the participants and researcher and is not an attempt to seek ultimate ‘truths’ about role emerging placement experiences. I sought to reconstruct the meaning of the experience through reconstructing the narrative. I completed individual and collective reconstruction of student narratives through attempting to combine themes to from a degree of consensus (Denzin and Lincoln 2005) or convergence and highlighting divergence in themes. A critical realist approach acknowledges that people are influenced by many factors and within this research my dual role, social class and nationality may have influenced how students engaged in telling their stories. Therefore someone else completing the research may have discovered different findings. The interpretation element was essential to illuminate the meaning of the students’ experience that they did not necessarily perceive themselves.

I viewed that knowledge from the findings would be co-created between the researcher and participants. As the interpretation of data began and the realisation that IPA discourages feeding back themes to participants as they are in the ‘natural attitude’, there
was a tension about how truly co-constructed the findings were. This is due to the double hermeneutic moving you away from the voice of the participants as you make sense of them making sense of their experience. I wanted more interaction with the participants over time to validate themes and interpretations. There was some co-construction in the final interview when we discussed my preliminary findings for the individual student. I also co-constructed the findings with my supervisors through discussing the analysis in supervision.

Within a constructivist paradigm my research task was to understand an individual’s construction of meaning and knowledge about their world. To access this meaning which was the experience of the phenomena of role emerging placements, it was not easily observed therefore a constructivist approach was relevant. IPA is not seeking objectivity but rather relishes or is strengthened through the subjective construction of knowledge to get close to the experiences of others and try to understand that experience. There is a degree of success with this focus in chapter four.

Throughout this thesis I have engaged in personal reflexivity, demonstrating where personal values and experience have influenced this research. According to Brocki and Wearden (2006) it is acknowledged that preconceptions are brought by the researcher to data analysis within IPA. Indicators of quality IPA will include presentation of beliefs and experience and their influence on all stages of the research process. I attempted to achieve this through presenting an introductory statement and reflexive summaries at the end of chapters.

With epistemological reflexivity there is a need to highlight how my beliefs about reality and the creation of knowledge influenced this research. This is at all stages of the research process but particularly at the findings stages. My interpretations are thoroughly grounded and how I made my interpretations is documented in the write up and appendices. I acknowledge that the findings from this research were shaped and linked to my own experience and assumptions. Therefore another researcher may have created different findings on role emerging placements but my account of the participants’ experience is still legitimate (Reynolds 2003) as I have approached this research in a rigorous manner, reflexively with a clear audit trail.

Even though I had pre-assumptions, what the data collection, analysis and interpretation did was provide tentative explanations related to those pre-assumptions, for example the
students’ professional identity developed but through accessing the experience of individual students over time I gained insights into why and how their professional identity developed. Only at the end of analysis and towards the end of my study did I relate and extend these findings to some theories or frameworks on the topic, for example communities of practices, professional identity, and competency development. There were also themes in the data that surprised me and were therefore not part of my pre-assumptions, for example the richness gained from participants’ awareness being raised of other’s needs and the impact on their practice longer term. Ultimately the findings from this research, while constructed from the narratives of participants are primarily my singular reflexive interpretation of role emerging placements.

7.8.1.3 Inductive

IPA and my study did not apply a priori template to the data. As identified by Reynolds (2003) this would have constrained the data analysis through seeking certain themes. So although I had a priori beliefs, experience and knowledge in the area, IPA enabled a more inductive approach. For example, although I had an assumption that professional identity develops during role emerging placements, I was not clear as to how or why and in what way it evolved. This led to my exploratory research question that was participant led rather than hypothesis driven.

Throughout the research process I posed questions to myself and was challenged in supervision. As I was focused on professional identity, competency and capability development, the question must be asked, did I miss out on other elements of the phenomena or were my questions broad enough to capture anything unexpected in the data? In response, my interview questions were broad and were enhanced through participants bringing summaries of their own experiences from their reflective diaries prior to interviews. This gave the student participants the opportunity to highlight and discuss their significant learning experiences which were on occasion beyond the research question and this therefore widened the focus in a naturalistic manner. The interpretation phase of IPA gave me opportunities or almost permission to speculate about what was happening for participants. At these points I was so immersed and guided by the data that my pre-assumptions were almost forgotten as I became embedded and open to themes in the narratives.

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Due to the longevity of my research through completing multiple interviews with student participants over time, it was inevitable that new areas or topics arose in the interviews for example, having dyslexia, personal growth, managing peers, and the comparison with traditional experiences. I was also preparing conference presentations at different stages which meant I referred to literature in the area of role emerging placements. I acknowledge that bracketing my assumptions was always a challenge, and that they will have inevitably influenced the outcomes of this research through prioritising certain themes that may resonate with my beliefs. I attempted to keep my thoughts grounded through the data and discussion in supervision and with peers.

I sought to maintain a phenomenological attitude during analysis through remaining open to surface manifestations as they arose and being sensitive to and not only seeking text that resonated with my own assumptions and experience. I captured my thoughts on emerging codes and theme to discuss in supervision. True ‘bracketing’ is not possible or a requirement of IPA. Within this research, some expected discoveries related to my pre-assumptions, experience and the current literature were found whilst other findings were surprising for example the significance of the awareness raising nature of the placement and “mucking-in” related to social class.

The themes and connections discovered in IPA research should be inductive and not link to pre-existing theoretical viewpoints. The themes within my research did not only come from prevalence, that is the amount they appeared in transcripts but where individuals articulated their experience with strong presentation of particular themes in their narrative. I situated these themes into the transcript, identified relevant quotations to discuss in supervision to ensure that the themes were evident in the words of the individuals and not coming purely from my own beliefs or previous observations. I also used N-Vivo to track emergent codes within and across cases through examining the frequency that the codes appeared in transcripts to add breadth and depth to the analysis. These validity checks assisted with the final research having credibility which was achieved through a clear audit trail of the research process throughout the thesis including the appendices.

7.8.1.4 Interrogative

IPA research seeks to interrogate existing literature on the research subject to identify where findings resonate (Smith 2004). This was the case as many of my findings
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resonated with other work, as similar themes emerged from the students’ experience of role emerging placements, for example opportunities for innovative practice and building on transferable skills. Reflection was acknowledged in previous research as significant for student learning but my research identified a greater depth of reflection engaged in by students, that is more in keeping with reflexivity and this key finding was absent from the literature. I considered my themes in light of published research and grey literature in the discussion. This could be further enhanced going forward by a discrete paper dedicated to comparing the student participants’ findings with the relevant current research. This will occur in a future publication.

The findings problematise some results in the nomethic research as concerns had been expressed that role emerging placements may prevent students from developing a sense of the profession (Fisher and Savin-Baden 2002) but the opposite was found in this research as their professional identity was strengthened through innovative practise. When returning to the literature review I was surprised how little is conducted on traditional placements therefore it was difficult to interrogate my findings in light of traditional placement models.

7.8.1.5 Idiographic

When presenting the findings I maintained the idiographic stance of IPA through providing vignettes of each individual student participant as an introductory interpretation of their experience of role emerging placements (4.3 and Table 4.2). Due to the large volume of data through completing four interviews with five student participants over a three year time frame I may have missed the richness in the data when it came to the write up phase. This could account for some of the more mundane themes (transferable skills) which on reflection read more as a thematic analysis rather than a psychological theme. There is value in these more mundane themes as they highlight areas for practical strategies or the value of utilising the placement model, although I acknowledge that some themes may read as more as an evaluation. Also, by grouping some themes as more mundane, it meant that this data sank more into the background. I then noted more obviously the data related towards the essences of the phenomenon, for example reflexivity and professional identity strengthened through innovative practise. Beyond the thesis, more interpretation of the cases individually may highlight different nuances.
As I had completed thematic analysis with the majority of the student participant data for a conference paper and publication early in my doctoral work, it was clear that there were differences in the IPA findings. The thematic analysis did not lead to an interpretation of evidence of reflexivity and the importance of transferable skills. I interpreted more the potential causes of emotional extremes, some causes of which were linked to self identity for the student participants. I feel IPA added depth through providing almost permission for me to dwell on their experience and make an interpretation of how the students experienced role emerging placements and made some links to psychological theories, for example identity development.

Due to the volume of data it was complex to manage (across multiple interviews, across cases) and the broad phenomena under study, that is of role emerging placements. The commitment of IPA to the value and importance of the case (Brocki and Wearden 2006) is possibly lost to some extent in the presentation of the findings of the three strands of this research. I plan to return to single interviews, which from the four completed would be the fourth interview that followed the students into practice to access their experience in light of professional practice. Or I will analyse the third interview which occurred immediately after the experience to explore their experience while it was still current and their competency development would be fresh in their mind. As raised by Smith (2004), at this point I will seek to note more the use of metaphors, the use of past and present tense (temporal) and social comparisons made by the student participants.

7.8.1.6 Depth in IPA

The IPA in the student participant strand identified certain shared experiences in-depth, where a consensus was apparent across cases, which were also evident to some extent in the other research strands. IPA gave me a richer understanding about the experience of role emerging placements from the student perspective, through them making meaning from their experience during the interviews. As I became immersed in the many transcripts, with the layers of analysis and interpretation, richness unfolded through emergent codes, superordinate themes and overarching themes. As discussed previously, analysis is subjective but was systematic and rigorous in how it was applied, staying close to the participants own language. I moved between understanding the part and the whole and vice versa in order to look behind the words to interpret the richness in the data.
7.8.1.7 Value of IPA

I value subjectivity and the unique perspective that a person brings from their experience and this was reinforced through the different journeys that students undertook in this study. There was value in hearing them in-depth before looking for patterns from the interpretation. IPA and this study has value as it seeks to move beyond the practical categorisation of data and attempts to get at the psychological roots of the experience of phenomena, for example professional identity and personal growth through reflexivity.

The nature of how participants were obtained precludes generalisability but some of my tentative theories and themes could be investigated to see if they are evident or common in a larger sample, for example, evidence of use of project management skills or reflexivity. These are tentative truths relating the phenomena of role emerging placements that are still relevant because they reflect the experiences of particular occupational therapy students in particular contexts. As I provided information on the participants, the reader can transfer findings to their own role emerging placement and placements generally if relevant.

7.8.1.8 Relevance of IPA

The IPA strand of this research into an area of educational practice provides interesting insights relevant to the development of the placement model. I wanted to explore in-depth people’s thoughts, beliefs, feeling, actions and learning during role emerging placements, particularly as the placement model was new to Ireland. The use of IPA was relevant and innovative as it adds to a growing body of IPA research into this education phenomena and the experience of placement models in healthcare.

Also, the aim of this research was to explore professional identity which is an existential issue and was therefore relevant for this methodology. It also illuminated issues related to personal development or self identity that were interpreted by using the double hermeneutic.

7.8.1.8 Summary of methodology critique

From implementing IPA in the student strand of this research it became apparent that the phenomenon under investigation, that is role emerging placements, was a broad research question. This led to various tensions in the analysis and presentation of the research
findings. I have outlined some approaches to address these tensions, particularly when preparing the research for publication in the future.

7.8.2 Critique of method

7.8.2.1 Audit trail
Throughout this research I have kept an audit trail of processes through the use of a Gantt chart and through the use of task and reflection sheets shared with supervisors (Appendix Q). Chapter three outlines in detail the stages of the research process.

7.8.2.2 Sensitive to context
In preparing for and when completing the interviews I was sensitive to the participants’ context, through acknowledgement of my role within the university and any power imbalance that this may raise. Giving the participants choice over the timing and venue of interviews and ensuring confidentiality of data were steps towards building a positive research relationship with the participants.

7.8.2.3 Participants
All students and some of the occupational therapists were completing/or had completed a graduate entry Masters qualification in occupational therapy when they experienced their role emerging placements. Also, during the interviews it became evident that no participants had failed or been involved with a student failing a placement. There was evidence in the data that the role emerging placements did provide some challenges so not all placements ran smoothly. Most participants in this research were female which reflects the gender balance within health care professions. This selection occurred due to chance but may have impacted on the study findings. Interviews with male students and occupational therapists may have yielded a different perspective on role emerging placements. As mentioned earlier, the students had chosen to complete a role emerging placement which may have influenced their learning experience therefore creating positive outcomes from the placements. Within this study most students had a keen interest in the placement client group with one student eager to remain in the local area. With the occupational therapist strand there was a mixture of choice over the placement.
The area of choice or control over any placement choice and the influence on learning outcomes requires further investigation.

### 7.8.2.4 Use of diaries

Within the student strand, diaries were used as a method to encourage students to capture their reflections during the placement. These were to be summarised and shared in the interviews. The students did produce short summaries in most interviews which facilitated discussion. In further studies it would be interesting to consider other methods to capture reflection including a dictaphone, video recorder, images or forms of social media.

### 7.8.2.4 Interview schedule

In the discussion I used the definition of environment as outlined by Polatajko *et al* (2007). This highlighted that the fourth component of institutional environment was not evident in the findings, which would cover comments related to the impact of working in a national organisation or an awareness of political changes. It would have been interesting to ask questions related to these areas but they were not necessarily relevant to the key question of this research. Too much prompting would potentially lose the inductive element in this phenomenological research which was focused on their learning experiences.

### 7.8.3 Data analysis

As outlined in chapter three, I used two forms of data analysis in this thesis. Using IPA with the student strand led to a depth of analysis which facilitated an exploration of identity and competency development. Using thematic analysis was valuable with the occupational therapist strand and supervisor strand to draw out key themes to explore where they resonated with the experiences of students. Using both forms of analysis did highlight areas of convergence and divergence with themes. Some of these valuable differences relating to role emerging placement experiences may have been missed by not including all three strands in the research. Using IPA for all research strands would have run the risk of not moving the analysis from description to interpretation therefore missing key themes surrounding professional identity formation and development. This is due to the length of time required to complete the stages within IPA. I found IPA and thematic analysis complimentary forms of analysis to utilise with a large data set.
7.8.4 Participant feedback

The data collection and analysis process demonstrate rigour through detailed immersion in the data and through the revisions to the findings. The students were given the opportunity to amend transcripts and comment on the preliminary findings from their first three interviews during their final interview. In line with IPA, this introduction of preliminary themes related to prompting a discussion with the student strand in order to seek further feedback on their experience. I realise that presenting preliminary findings back to the students when they were in the ‘natural attitude’ can be counterproductive as they are being asked to comment on their interpretation of my interpretation of the meaning of their experience. As there had been a time gap of up to 15 months between interview 3 and 4 I felt it was useful to refocus the students in the interviews. The students concurred with this in the interviews valuing the chance to take time to reflect on their experience.

With the occupational therapist and supervisor strands member checking was only completed at the stage of sending the transcripts to participants to ensure accuracy of the information recorded and providing an opportunity to remove data. Again, sending on the themes from each strand to the participants would have been counterproductive as the participants are in the ‘natural attitude’ and would view the findings in light of their own motives and interests (Finlay 2011). I was cautious as several participants had removed data from their original transcripts; with one occupational therapist feeling the need to further explain and justify certain comments in the transcript. This may have led to key information being excluded from my analysis and interpretation as the participant was uncomfortable with their comments or that they were a poor representation of their experience. Also, as the participants continue to reflect and re-evaluate their experiences after the interview, it was inevitable that their meanings may change. Therefore I chose to send on general themes from the research on completion of the thesis rather than seek verification of the findings earlier in the analysis.

Ultimately the findings of this research relate to my interpretation of the students, occupational therapists and supervisors narratives as they tried to generate meaning from their experiences at a certain point in time. This meaning was co-constructed by reflecting back comments to the participants in the interviews to seek further information as I began to interpret their experiences which led to the themes in this research.
7.8.5 Transferability
This research aimed to provide insights into experiences of role emerging placements that were then explored in relation to theories and evidence connected to competency development and professional identity formation.

The findings from this research are presented in a way that readers can make an informed decision as to whether these findings are transferable into their own contexts. This is possible as the participants and role emerging placements are presented in detail enabling the reader to infer themes which may connect with their experiences of role emerging placements. Considering the transferability of the findings I presented them to staff who have a role in placement education locally, nationally and internationally. The convergence and divergence within the findings resonated with their own experiences and observations. From the presentations and discussions the individuals then have the opportunity to take forward findings that were of value in the implementation of the placement model within their own contexts.

7.9 REFLEXIVE COMMENTARY

When analysing the different strands I was surprised by the lack of references to leadership within the transcripts. It was mentioned most by the supervisors. The students and occupational therapists either did not perceive they were acting as leaders which may be due to their stage of development or they described leadership skills in other ways. In terms of hearing their stories, many of their activities were demonstrating leadership qualities but potentially this awareness may not come until practising when they transfer the skills.

I was shocked to hear that a student felt overly supervised during the placement and on reflection acknowledge that this may be due to the placement context, the supervisors’ approach and/or the student’s performance. The idea of being overly supervised is in contrast to most peoples’ concern with the placement model where the perception is of students receiving limited supervision.

As I have moved through the various research stages and interpreted participants’ stories I have had a strong feeling of wanting to protect the participants and their shared
information. I know that ethical clearance and procedures were followed appropriately but interpreting the experience of others has made me realise how much people have shared. I feel this need to protect relates to my experience as a therapist and I have tried to be reflexive when interpreting the experiences of others and discussed any particular concerns in supervision.

In writing the discussion, I returned to my earlier reaction to the phrase ‘mucking in’ within a student transcript. I have spent time reflecting that occupational therapy by its nature of being a profession is identified as middle class although access to the profession comes from a range of social classes, with my own working class roots as mentioned earlier. My own working class background has led me to have a strong work ethic taking pride in being a person who will always ‘muck in’ when required. This has led me to the work of Beagan (2007) relating to social class and occupational therapy. This has made me reconsider my own cultural roots and how this influences me as therapist, educator and researcher.

As I outlined in the methodology the ‘hermeneutic circle’ is an important concept within hermeneutic phenomenology and describes the need to understand the whole in order to understand the part and vice versa (Smith et al 2009). I gained insights into the phenomena of role emerging placements by examining the transcripts in detail. This involved moving back and forth between words, in relation to sentences and interpreting the sentences within the transcripts and then interpreting transcripts in relation to where there were multiple transcripts with the students. With each transcript, I continually re-examined my propositions and asked questions to gain further insights into the experience. This involved a constant checking of assumptions. I have moved further around the circle with each interview and process of analysis, gaining rich insights into the meaning of the experience of role emerging placements. The cycle of iteration is ongoing.

At the outset of this PhD I wanted to deepen my knowledge as an occupational therapist, educator and Interpretative Phenomenological Analysis researcher. Over the last four to five years, through engaging in this research reflexively I have developed my knowledge in ways that were not anticipated. My interest in IPA stemmed from earlier joint research and I now feel I have moved from a descriptive use of IPA to a more
interpretative version. Gaining insights into the experiences of others as they strive to develop a professional identity has reinforced my own values and belief in the profession. Spending time grappling with different theories to make sense of this research has introduced me to new concepts that I look forward to taking forward into my work as an educator.
Chapter Eight

Conclusion
8.0 INTRODUCTION

This concluding chapter presents the contribution to knowledge of this research leading to recommendations for occupational therapy education, practice and policy. Where relevant these recommendations are at a local, national and international level. Areas for future research are outlined with some final closing remarks.

8.1 CONTRIBUTION TO KNOWLEDGE

At the outset of this study the use of role emerging placements was not commonplace in occupational therapy education in Ireland. Therefore, this is the first in-depth exploration examining the meaning and experience of role emerging placements within occupational therapy education in this context. The use of IPA facilitated an in-depth exploration of professional identity and competency development of students as they transitioned through their experience and into professional practice. Gaining an understanding of the phenomenon under study was enhanced through integrating the perspectives of occupational therapists as they reflected on their experience of role emerging placements from their professional programme and any influences on their career choices.

Furthermore, on and off-site supervisors’ perspectives had not been examined in-depth internationally to date, therefore this research has illuminated new knowledge on the phenomenon of role emerging placements in occupational therapy education. The collation of these multiple perspectives from different standpoints is an attempt at obtaining a 360 degree or broader view of the phenomenon of role emerging placements.

Attending to the lived experience of students, occupational therapists and supervisors highlighted overall that on reflection, role emerging placements are a positive learning experience that present students with both personal and professional challenges. The student findings suggest that the placement model gave opportunities to innovate in a supportive environment which strengthened their professional identity. The occupational therapists indicated a heightened awareness of others’ needs which transferred with them into their professional practice. While the supervisors proposed that the placement model facilitated students in becoming competent project managers who created an emerging role for the profession in the placement site.
Therefore the findings of this study suggest that the role emerging placement model has the potential to provide a learning context where students are facilitated in developing competencies and capabilities relevant for future occupational therapy practice. The learning occurs in alternative communities of practice that differ from the traditional profession specific community of practice. As students work on the periphery (Lave & Wenger 2001) it leads to a strengthened professional identity. The development of this identity is enhanced through students engaging reflexively as learners and therapists in their personal and professional development. Supervisors and transformational supervision within the role emerging placement model plays a key role in facilitating this process.

Lester (1995) stated that the future learning of students must be parallel and embedded in practice. I would also suggest that learning needs to be embedded in future practice through students being given opportunities to engage with several communities of practice. This includes the profession specific community of practice, although students should also have access to a broader range of communities in order to prepare for future professional practice that will be in new complex health and social care environments. Innovative placement models can provide these opportunities. This involves re-examining the traditional professional apprenticeship approach and building on the work of Lave & Wenger (2001) and other professions, for example nursing (Berry 2011), to deepen our understanding of communities of practice for improved professional learning. I concur with Rodger et al (2008) in recommending that innovative placement models can assist in this process.

8.2 OCCUPATIONAL THERAPY EDUCATION & PRACTICE

Following this in-depth study of the learning experiences of students during role emerging placements, it is imperative that the placement model continues to be used in the professional programmes of occupational therapy students. It raises many points of consideration for occupational therapy education and practice of which the most significant are presented in 8.2.
Conclusion

8.2.1 Menu of placement options

Outlined in figure 8.1 are the current placement models utilised within occupational therapy education internationally. Detailed definitions of these models can be found in the literature (Fisher & Savin-Baden 2002; Wood 2005; O'Connor et al 2012). In line with findings from this research and the potential for developing communities of practice, I recommend that students should be encouraged to experience two or more placement models within their professional programme. This will provide them with a range of experiences to assist in their future professional practice. There can be different learning outcomes from each placement model, but I also recommend that any of the models must provide opportunities for client contact. Over reliance on any one model can lead to reduced opportunities for personal or professional development.
### FIGURE 8.1

*Menu of placements*

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Role emerging</th>
<th>Interagency</th>
<th>Project</th>
<th>IPE</th>
<th>Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apprenticeship</td>
<td>Non traditional</td>
<td>Part traditional</td>
<td>Specific tasks</td>
<td>2 or more professionals</td>
<td>Several students to one educator</td>
</tr>
<tr>
<td>Observation</td>
<td>Own profession not on site</td>
<td>Part role emerging</td>
<td>Individual or group</td>
<td>Case or Project based</td>
<td>2:1</td>
</tr>
<tr>
<td>Intervention</td>
<td>On &amp; Off site supervision</td>
<td></td>
<td>Profession specific or varied setting</td>
<td></td>
<td>3:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4:1</td>
</tr>
</tbody>
</table>
Having a menu of placement options with definitions and explanations of the supervision structures within the placement model may reduce some of the confusion around the use of the term ‘role emerging placements’. Furthermore, I recommend that placement sites are only role emerging for a certain period of time. In the guidelines for role emerging placements developed at the University of Limerick, two years or a maximum of four placements was stated as the time to continue to utilise a site for a role emerging placement (Warren 2011). From this research, where some concern was expressed regarding the over-use of a site when the role has developed, a maximum of four placements is a realistic number of placements considering the investment by organisations and supervisors. Once a role for an occupational therapist has emerged at the site, it is at this point that the site can be accessed for interagency or project placements. This can build on the work of previous occupational therapy students and maintain links with supervisors who have experience of facilitating student placements. Also, such sites can provide access to occupational therapists if they are employed at the site or develop systems to providing on-going supervision by local or university based therapists.

8.2.2 Marketing the role emerging placement model

The use of role emerging placements has increased over recent years both nationally and internationally. There still remains an element of reluctance from some students and occupational therapists to engage with this placement model, therefore the findings of this research need to be incorporated into a marketing plan to publicise the benefits of this learning experience for professional practice in the 21st century. This began at the University of Limerick through the creation of guidelines for developing role emerging placements (Warren 2011) which includes a DVD of different stakeholders’ views of the experience. This has been disseminated widely and is utilised within the practice education induction at the University of Limerick. The creation of YouTube® clips, following consent from informal interviews with students, supervisors and service users could build on the earlier DVD. It would be particularly useful for students and graduates to highlight the benefits to their learning during the placement and later in their careers. Also, when the placement model is presented to students as a potential placement option, as much information as possible should be gleaned from the on-site supervisors to assist the students in making an informed decision on the opportunities that may be available.
An information leaflet summarising key information from the previous guidelines and key findings of this research can also be devised as a brochure for students, supervisors and potential placements sites to disseminate nationally. The professional organisation, AOTI and the HSE Health and Social Care Education and Development Unit are fundamental partners to advocate for the use of this placement model and will be approached to seek avenues for encouraging the use of the placement model in Ireland.

8.2.3 Whole student cohort versus student choice

There is ongoing debate whether role emerging placements should be utilised with whole cohorts of students. The learning opportunities are wide ranging with this placement model and lead to both personal and professional development. My study indicates that students having some degree of choice over their placement site had a positive impact on their role emerging placement experience. Establishing effective role emerging placements requires time for preparation, building up community networks and access to off-site professional supervisors. In view of all of these factors I recommend that role emerging placements should be available to as many students as possible, however, it is unrealistic to make it compulsory for all. Providing students with learning opportunities in two or more placement models may present a more practical approach.

When students do not complete a role emerging placement they may miss opportunities for personal and professional development. In light of this, on a personal level students should seek learning opportunities in all placements that encourage them to reflect on personal values through interaction with others, be reflexive and adapt their learning styles. From a professional development viewpoint, students should create opportunities in all placements to be innovative, autonomous and embrace different communities of practice to enhance their learning.

From this research, role emerging placements provided students with the opportunity to develop a range of transferable skills. All students need to consider and may require guidance in identifying their transferable skills from any placement, particularly when approaching subsequent placements or when approaching job applications and interviews. Pre-briefing and debriefing sessions could explicitly highlight this element by naming and
framing transferable skills as an aspect of their continuing professional development on which they build throughout their placements.

8.2.4 Supervision and role emerging placements
This research emphasised a crucial role for supervisors in containing the emotions of students as they progressed through their role emerging placement experience. The placement supervisors also have an essential role in encouraging students to become reflective practitioners. This highlights the need for placement supervisors to receive education in facilitating student placements with an explicit focus on practical strategies to deal with a range of emotional responses. The use of anonymised case studies from previous role emerging placements would assist in raising the supervisors’ awareness of potential student responses with guidance in how to manage these responses. Also, alerting supervisors that students may respond emotionally on placement, for example become frustrated, raises their expectations so that when and if it does occur they feel better prepared. Supervisors would also be advised to seek support for themselves with peers, potentially through a confidential online forum or through contacting practice education staff while undertaking the role of practice educator.

In terms of facilitating or encouraging students to become reflective practitioners, supervisors of role emerging placements should be provided with access to relevant resources as well as opportunities to attend practice educator study sessions on the purpose, theory and practical strategies to promote students to become reflective practitioners. Practical strategies which can be applied in all placement contexts to guide reflection include the use of models of reflection (Alsop & Ryan 1996), reflective questions in supervision (University of Limerick 2013/14), a reflective diary (McClure 2005), CPD reflective forms (AOTI 2010b) and reflection with peers on critical incidents. Gould and Masters (2004) identified that nursing students benefited from a facilitated group during placement to discuss incidents or situations from their personal experience of practice. Critical incident analysis groups should focus on incidents of significance to the students learning, both positive and negative and follow a reflective cycle. It is essential that supervisors should also be role models and demonstrate their use of reflection in their professional practice.
Early in professional programmes students should be introduced to the range of placement model opportunities available with particular reference to role emerging placements. For some programmes this may occur during practice education induction as is current practice at the University of Limerick. Students require an overview of the benefits and challenges of all placements including role emerging placements. In terms of challenges they should be aware that they may experience periods of frustration due to the lack of a clear role in the placement setting and that they will need to engage in reflection and utilise strategies to make the most of supervision. Students need to be alerted that supervision in role emerging placements will have a reflective focus and students need to be willing to engage in a reflexive process to become more self aware and aware of others in the learning environment. These points will be explicit when the current University of Limerick guidelines on role emerging placements (Warren 2011) are updated.

While containing emotional responses and promoting reflective practice were themes from this research, incorporating practical strategies into practice educator study days and when preparing students for placements is relevant for all placement contexts. It is important that the on-site supervisors also have access to this education and support.

8.2.5 Project management

The development of project skills during role emerging placements was evident in this research. This occurred without any mention of formal education in this area. In line with the views of other occupational therapy educators, I recommend that project management, change management, leadership and entrepreneurship are taught as part of professional programmes (McClure 2011; Thew et al 2011). These are not only essential for emerging areas but will encourage all occupational therapists to take an entrepreneurial approach to practice (Pattison 2006) and develop innovative occupational therapists for all members of society.

The integration of project management, change management, leadership and entrepreneurship is already evident in some professional programmes although the timing of modules may be late in the programme. For example at the University of Limerick these concepts are not overtly delivered until modules in the final semester once all placements are completed. I recommend that these four key concepts are learning outcomes of modules in year one of any programmes to ensure that the concepts can be
applied in several placements. This will present as a challenge to established programmes but where programmes are in the process of accreditation or re-accreditation integrating the four concepts into several modules, even if an introduction that is followed in more depth in year two modules should be feasible.

Also, project management and taking an entrepreneurial approach to practise could be covered during a practice education induction. Where modules are interprofessional, the key concepts of project and change management, leadership and entrepreneurship are relevant for all 21st century healthcare practitioners.

8.2.6 Communities of practice
Following the success of role emerging placements as positive learning environments, I suggest that we try to cultivate new communities of practice based on shared values and goals in order to promote learning and the creation of new knowledge. Most universities and professional programmes have relied on the traditional professional community of practice to develop student knowledge. With the changes in health and social care needs in society it is an opportune time to provide students with access to learning about new ways of working that will be relevant for 21st century practice.

The learning within communities of practice is mutual and can be reciprocal, but to establish as a community of practice it needs to form a lasting relationship with the organisation (Berry 2011). This idea has developed during this study and working collaboratively with role emerging placements sites over time. When the role has emerged, the students currently no longer go to the site for role emerging placements and this typically occurs after approximately four placements (Warren 2011). Other avenues for mutual learning have evolved through shared research projects, providing education sessions and the consideration of interagency and project placements. Communities of practice have evolved between strategic individuals and this proposal formalises the ongoing relationship and networking into a community of practice. In terms of occupational therapy education, utilising communities of practice, rather than just viewing organisations as placement sites, gives opportunities to move from role emerging placements to on-going shared research and education. The placement posts mentioned in the introduction (Regional Placement Facilitators) have a vital role to play in this development (Therapy Project Office 2008b). Steps to create successful communities of
practice are outlined by Wenger et al (2002) and originate from the business sector. The concept of communities of practice has already been successfully applied in occupational therapy (Wimpenny et al 2010; Hoffman et al 2011) and nursing (Berry 2011; Andrew et al 2008).

From the seven steps to create a community of practice, opening a dialogue between inside and outside perspectives and inviting different levels of participation has already begun with some organisations. The further stages need development to create a learning context that is valuable to all involved. This includes the development of both public and private community spaces, a focus on value, combining familiarity and excitement and creating a rhythm for the community (Wenger et al 2002). I believe that the rhythm of the community will ‘ebb and flow’ around times of occupational therapy student contact through on-going placements and research. At any point a community of practice may discontinue if the original focus of mutual learning is no longer of value to the community. As recommended by Hunt (2011), this leans towards lasting, meaningful relationships between community members, staff within organisations and universities.

To date role emerging placements have led to the development of a therapeutic group for unemployed people in the regeneration areas of Limerick involving intervention and research. Strong links with the regeneration services has also led to the development of a Diploma in Community, Wellness, Empowerment, Leadership and Life skills (CWELL) that is due to commence at the University of Limerick in 2014. These are examples of positive outcomes from communities of practice linked to the regeneration areas. Within the Department of Clinical Therapies, University of Limerick there is already an established community of practice linked to research into professional learning, theory and practice which aims to deliver translational and evaluation of learning between university and professional practice. This will be one of the forums to explore the further development of communities of practice generated from this research.

8.2.7 Social enterprise

Linked to communities of practice is the idea of developing new placement sites linked to social enterprises. According to SEETF (2012), enterprises with social return are attracting students and new graduates. There is evidence of occupational therapists
working with communities to develop social enterprises (Mickel 2011). This idea may evolve from a community of practice to look at innovative ways of providing health promotion services in the community in which students from a variety of professionals could play a role.

8.2.8 Institutional environment
The fourth component of the environment, the institutional environment was not evident in the findings which would include those experiences related to the impact of working in a national organisation or an awareness of political changes for clients. Although this is a key learning outcome for occupational therapy students (University of Limerick 2013/14) there is an on-going need in education to raise the students’ awareness of social and political factors at local, national and international levels (Sakellariou & Pollard 2013).

8.2.9 Occupational therapy in emerging areas of practice
When advocating for the use of role emerging placements in occupational therapy practice, there is potentially a positive consequence with the development of new posts in emerging areas or non-traditional areas of practice. This indicates a need for occupational therapists to be supported in these areas. A variety of methods could be used, including working nationally with AOTI and providing relevant post graduate education locally to support the development of occupational therapists for work into the 21st century.

Occupational therapists need to be encouraged to make use of supervision as outlined by the Association of Occupational Therapists of Ireland (AOTI 2010b) and persuaded to engage in a reflexive approach. I suggest that this is incorporated into a document from AOTI offering guidance to occupational therapists seeking employment in emerging areas. The guidance notes from the College of Occupational Therapists in the UK are a good starting point for this process (COT 2009a; COT 2009b).

Post graduate education relevant for work in emerging areas in this research relates to the implementation of evidence based practice, health promotion, project management, leadership and entrepreneurship. Some of these topics are already offered at the University of Limerick but the explicit use of project management and entrepreneurship
requires further development for therapists which I will take forward within the relevant Department of Clinical Therapies forum.

8.3 POLICY

This research has relevance for policy relating to the practice education of occupational therapy students at a local, national and international level.

8.3.1 Local
Within the current occupational therapy programme at the University of Limerick students complete four full-time placements of varying length. As recommended in 8.2.1, utilising a menu of placement options where students have access to two or more placement models will enhance their learning experience. This indicates that students will have access to an occupational therapist supervisor who may not be on-site and this is in line with current guidelines from the World Federation of Occupational Therapists (Hocking and Ness 2002). The use of project placements and interagency placements (see figure 8.1) should be considered as a recommendation at the next accreditation process. This will formalise the use of these placement models throughout the occupational therapy programme as the role for an occupational therapist is established in part of the placement setting which conforms to current AOTI guidelines on placement contexts (AOTI 2010a). At this point, consideration needs to be given to any amendments of the University of Limerick placement learning outcomes to incorporate the development of project management skills and investigating emerging roles for occupational therapists.

8.3.2 National
The current national guidelines for the minimum standards of practice education in Ireland (AOTI 2010a) state several restrictions related to role emerging placements; they can only account for a maximum of 350 hours of the 1000 placement hours; students can only complete a role emerging placement with prior placement experience and the hours cannot count towards core hours for a psychosocial or physical placement. In light of this research, I recommend several changes to the current guidelines. Major findings from this research demonstrate that the students from several occupational therapy programmes gained knowledge, skills and attitudes for the therapeutic use of self and developing
therapeutic relationships. The placement settings were in homelessness, social inclusion, community organisations and health promotion services. This demonstrates that the settings and competencies developed in the role emerging placements overlap with those identified as core to a psychosocial placement as outlined in the AOTI minimum standards for practice education document (AOTO 2010a). Therefore, I recommend that role emerging placements, where the focus is on psychosocial functioning should be considered as psychosocial hours.

If a site for a role emerging placement does not fit the current AOTI criteria for a placement setting (as listed for a psychosocial/physical placement) then it should remain as a role emerging placement with the maximum allocation of 350 hours. In line with my earlier suggestion of the menu of placements in figure 8.1 this prevents role emerging placements being used more than once in a professional programme, ensuring that students experience more than once placement model. Determining whether placement hours should be allocated as psychosocial, physical or role emerging, may not be possible until completion of the placement where its focus is evident from the work and learning completed by students. The allocation of hours should relate to the work undertaken and not just the classification of a role emerging site as physical or mental health. Although from this research the placements completed by participants were in settings with a psychosocial function, other role emerging placements in the future may have more of a physical or sensory function focus and could be allocated accordingly. It is important to note that the allocation of placement hours as outlined by (AOTI 2010a) is particular to the Republic of Ireland with the World Federation of Occupational Therapists only requesting depth and breadth through a range of placement experiences within 1000 hours to graduate as an occupational therapist (Hocking and Ness 2002).

In terms of the timing of role emerging placements, most participants completed their role emerging placement after some previous experience of placements and the majority were on graduate entry Masters programmes. Further research is required on this specific area but what became evident was the importance of structured and supportive supervision during a role emerging placement regardless of the timing or maturity of the students.
Conclusion

The minimum standards for practice education in Ireland (AOTI 2010a) were due for review in 2012. Following this research and from discussion with other practice education staff these proposals will be presented to AOTI in any subsequent review of the guidelines in 2014 through active engagement in any working groups. The proposals will also be disseminated to CORU, the multiprofessional health regulator as they circulate documents for comment relating to the education of occupational therapists in Ireland.

From interviews with participants it became evident that an apprenticeship model is still in existence in certain placement sites. Modernising practice education has been on the agenda for the profession and Higher Education Institutions, particularly since the Bacon Report which led to the introduction of placement support posts with a focus on the quantity and quality of placements (Bacon 2001). These posts have influenced and modernised the delivery of practice education placements through introducing different placement models including role emerging, interagency, interprofessional and collaborative/2:1 (HSE 2011; Cahill et al 2010/11). With support from the HSE Health and Social Care Education and Development Unit in implementing their recommendations following their recent review of the placement systems in Ireland (HSE 2011), the range of placement models outlined above need to be implemented to demonstrate new approaches to educate healthcare students.

HEIs need to provide information to current and potential practice educators and students on the value of self-directed learning and learning contracts. This would highlight the benefit of shaping learning objectives around the students’ needs but also involve negotiating to link the objectives to areas of development within the occupational therapy service. This has worked successfully at a local level with the introduction of evidence based practice projects (Cahill et al 2010/11) where practice educators collaborate with students and staff at the HEIs on a topic of relevance to professional practice. The evidence based practice projects are an effective method to engage occupational therapists in the education of students as there are mutual benefits for all involved. It also gives an opportunity for collaborative working between practitioners and academics to further develop practice based knowledge (Andrew et al 2008).
Conclusion

Occupational therapy practitioners need to be encouraged to view engaging in communities of practice as a learning process for students and staff alike (Berry 2011). In light of the importance of continuing professional development, practitioners need to be encouraged to view students as an asset for their own professional development who can assist with improving the quality of the services provided to clients. The occupational therapy community of practice can also be strengthened through practitioners being involved in the development of occupational therapy curricula and teaching on occupational therapy programmes. Staff from HEIs can reciprocate through joint research and the implementation of journal clubs.

Sharing successes and methods to overcome challenges with new models of providing practice education within the occupational therapy community of practice is crucial. Information needs to be disseminated formally through the publication of articles, particularly in the Irish Journal of Occupational Therapy, the AOTI newsletter, and through joint presentations at conferences and study days with students, HEI staff and practice educators.

8.3.3 International

The current World Federation of Occupational Therapists minimum standards for practice education (Hocking and Ness 2002) are currently under review. In an email to the author (December 2013), the WFOT office clarified that recommendations from this review are due to be presented to the council in the summer of 2014. At that time I will engage in any consultation with WFOT regarding the recommendations relating to role emerging placements to ensure the on-going use of this innovative placement model and reflect these key research findings. This will include volunteering to engage in any working groups to review placement documentation and disseminating this research in a WFOT publication.

8.4 AREAS FOR FUTURE RESEARCH

Following on from this study, there are new openings for research that relate directly to role emerging placements, student placements generally and emerging areas of professional practice locally, nationally and internationally.
8.4.1 Local

I would also suggest that this placement model is relevant for other health care professions and is already in use within pharmacy (Kassam et al 2013), physiotherapy (Jung et al 2005) and nursing (Gillespie & McLaren 2010). Role emerging placements may involve where several professions complete a placement at the same time and in the same venue. Action research may be an effective research methodology to capture the processes in establishing, sustaining and exploring collaboration with the development of these interprofessional placements.

To gain a comprehensive, 360 degree view on the role emerging placement experience, clients’ perspectives need to be captured. I recommend the introduction of case studies to explore any value and limitations of role emerging placements from their experience. The clients’ perspectives are essential to collate insights into the effectiveness of emerging roles in new areas of health and social care.

8.4.2 National

As the use of a variety of placement models is on the increase, a study across the healthcare professional programmes at universities in Ireland could be timely, in order to investigate student preferences, perceived value and explicit learning outcomes. Part of this could involve replicating the social work student survey by Cleak & Smith (2012) which examined the students’ satisfaction with different supervision models. A comparative study of traditional and non-traditional placement outcomes with particular reference to project management skills development, autonomy, collaboration and personal growth would be of interest. The participants in this study highlighted that the learning focus on role emerging placements facilitated innovation. A further study could explore strategies to implement in all settings to provide students with positive learning experiences that enhance the development of capabilities.

8.4.3 International

Consideration needs to be given to the potential learning experiences of students to explore any differences between graduate entry masters students and undergraduate students and whether the collaborative or 1:1 model was used on role emerging placements.
As occupational therapy emerges into new areas, an international study to examine any link between completing role emerging placements and future employment routes of occupational therapist is timely.

8.5 CLOSING REMARKS

This study set out to explore the experience of role emerging placements from the perspectives of students, occupational therapists and supervisors. Through in-depth analysis the placement contexts were shown to promote innovation, personal growth and professional identity development. This research demonstrates that role emerging placements facilitate integration into several communities of practice; not only that of the profession of occupational therapy but also other professions providing valuable health and social care services in the community. The placement model and contexts facilitated occupational therapy students in becoming practitioners with a sense of identity based on the philosophical underpinnings of the profession. It is hoped that the findings of this study will encourage occupational therapy students, practitioners and educators in broadening the horizons for occupational therapy in the future.
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Appendices
Appendix A

Information Leaflet-Student Strand
Participant Information Sheet: Strand 2

Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists

Introduction
You are being invited to participate in a study to explore the learning experience of completing an occupational therapy role emerging placement. This study is being conducted by Alison Warren, PhD Student in the Department of Occupational Therapy at the University of Limerick.

The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland. A role emerging placement involves a student completing a practice education placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site management supervisor and professional supervision from an off-site occupational therapist.

Procedures
You are being asked to participate in this study because you have been identified by the gatekeeper of the study, Sherrie Buckley, Practice Education Coordinator at the University of Limerick as having been allocated a role emerging placement.

- This study involves taking part in four in-depth interviews; (1) before the placement begins, (2) halfway through the placement, (3) immediately after the placement and (4) six months post qualification.
- The interview questions are focused on gaining your perspectives of the role emerging placement experience and the impact on your professional development. Prior to interview (2) and (3) you will be requested to complete a reflective diary of your experience which will be used for discussion during the interviews. This documentation remains your own and is not retained as part of the research. You will be requested to provide a summary of your reflections which will be handed over as part of the research data.
- The interview will last for between 60-90 minutes and will be digitally recorded.
- The interview will take place in a location that is convenient to you.
• A transcript of your interview will be sent to you for review and make changes within four weeks of the interview.

Benefits
There may be no direct benefits to you from taking part in this study. However the information you provide will be valuable towards gaining a better understanding of the development of practice knowledge. This is an opportune time to explore the student learning experience of role emerging placements at the University of Limerick as they were only introduced in 2009. This research project is one of three strands of a research project that will contribute to the evidence base on practice education models and inform guidelines for the implementation of role emerging placements within occupational therapy and potentially other professions in Ireland.

Risks
There are no risks associated with taking part in this study. It is important to acknowledge that the researcher has a relationship to potential participants as a Regional Placement Facilitator in the Department of Occupational Therapy. This is referred to as a dual role. To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken.

- On deciding to complete a role emerging placement you can choose whether or not to participate in the research. If you decide not to participate in the study you will still continue with the role emerging placement.
- Sherrie Buckley will be the gatekeeper for the research and this role involves giving information sheets to all occupational therapy students completing role emerging placements. You will be encouraged to seek assistance from the gatekeeper if any issues are raised during the interviews which require assistance. In the unlikely event that there is a breach of the Association of Occupational Therapists of Ireland (AOTI) Code of Ethics and Professional Conduct For Occupational Therapists (AOTI 2007) raised during the interview, the researcher will liaise with the gatekeeper and you would be informed that this contact will be taking place.
- The practice education staff and staff in the role emerging site will be informed that this study is taking place but they will not be informed if the students on their site are participating in the study.
- Due to the nature of the researcher’s dual role, you may have some contact in the role as Regional Placement Facilitator. The researcher will not provide practice education related supervision during the role emerging placement or have any contact with the placement site once the placement begins.

Voluntary Participation
Your participation in this study is voluntary. If you decide to participate, you may withdraw from the project at any time without any consequences or explanation. If you withdraw from the study, information from the interviews that has already been collated,
including researcher reflections, will only be used if you give permission otherwise it will not be used and will be destroyed. To confirm that you continue to consent to participate in this research, the researcher will request that you sign a consent form prior to each of the four interviews after re-reading this information sheet.

**Anonymity & Confidentiality**
Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Confidentiality of the data will be protected by all information being stored in secure filing cabinets in the researcher’s office in the Department of Occupational Therapy, Health Sciences Building, University of Limerick. Your contact details will be kept in a separate secure filing cabinet from the anonymised transcribed interviews. The digital recordings will be downloaded onto a computer flashdrive, password protected and stored in a locked filing cabinet with the transcripts and summary of reflections. Both paper and electronic information from this study will be disposed of ten years after publication of the research.

**Dissemination of results**
When all interviews have been completed which may take up to five from the start of the study, the information will be analysed and presented as part of my PhD research thesis. It is anticipated that the results of this study will be shared with others by returning a summary of the key findings to all participants, publication of several articles and presentation at national and international conferences.

**Interested?**
If you are interested in participating in this study please return the attached Expression of Interest Form in the stamped addressed envelope. Before taking part in the interviews you will be given the opportunity to clarify questions relating to the study and requested to sign a consent form.

**Contact name and project investigators**
Individuals that may be contacted regarding this study include Alison Warren, PhD Student at alison.warren@ul.ie or telephone 061 233792. The research supervisors are Dr Elizabeth McKay and Dr Ann Taylor who can be contacted on 061 234232.

If you have concerns about this study and wish to contact someone independent, you may contact the Chairman of the Education and Health Sciences Research Ethics Committee, University of Limerick, Limerick, Ireland Tel: 061 234101

**Reference**
Dublin: Association of Occupational Therapists of Ireland

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Appendix B

Information Leaflet-Occupational Therapist Strand
Participant Information Sheet: Strand 1

Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists

Introduction
You are being invited to participate in a study to explore the learning experience of completing an occupational therapy role emerging placement. This study is being conducted by Alison Warren, PhD Student in the Department of Clinical Therapies at the University of Limerick.

The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland. A role emerging placement involves a student completing a practice education placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site management supervisor and professional supervision from an off-site occupational therapist.

Procedures
You are being asked to participate in this study if you completed a role emerging within your occupational therapy programme and have been qualified for two years or more. You may be residing in Ireland or the United Kingdom and the role emerging placement can have been completed in any country. Recruitment for this research is via access to a database, an advertisement in a professional journal/newsletter or through a snowballing sampling technique. This involves the researcher identifying someone with the relevant experience through contacts and this person then identifies key people to be interviewed.

- This study involves taking part in one in-depth interview.
- The interview questions are focused on gaining your perspectives of the role emerging placement experience and the impact on your professional development.
- The interview will last for between 60-90 minutes and will be digitally recorded.
- The interview will take place in a location that is convenient to you.
- A transcript of your interview will be sent to you for review and make changes within four weeks of the interview.
Benefits
There may be no direct benefits to you from taking part in this study. However the information you provide will be valuable towards gaining a better understanding of the development of practice knowledge. This research project is one of three strands of a research project that will contribute to the evidence base on practice education models and inform guidelines for the implementation of role emerging placements within occupational therapy and potentially other professions in Ireland.

Risks
There are no risks associated with taking part in this study. It is important to acknowledge that the researcher may have a relationship to potential participants as a Regional Placement Facilitator in Occupational Therapy, Department of Clinical Therapies at the University of Limerick. This is referred to as a dual role. To help prevent this relationship from influencing your decision, your participation in this study is voluntary.

Voluntary Participation
If you decide to participate, you may withdraw from the project at any time without any consequences or explanation. If you withdraw from the study, information from the interviews that has already been collated, including researcher reflections, will only be used if you give permission otherwise it will not be used and will be destroyed. To confirm that you continue to consent to participate in this research, the researcher will request that you sign a consent form prior to the interview after re-reading this information sheet.

Anonymity & Confidentiality
Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and information which may identify the role emerging site or University are removed.

Confidentiality of the data will be protected by all information being stored in secure filing cabinets in the researcher’s office in the Department of Clinical Therapies, Health Sciences Building, University of Limerick. Your contact details will be kept in a separate secure filing cabinet from the anonymised transcribed interviews. The digital recordings will be downloaded onto a computer flashdrive, password protected and stored in a locked filing cabinet with the transcripts and summary of reflections. Both paper and electronic information from this study will be disposed of ten years after publication of the research.

Dissemination of results
When all interviews have been completed which may take up to five years from the start of the study, the information will be analysed and presented as part of my PhD research thesis.
It is anticipated that the results of this study will be shared with others by returning a summary of the key findings to all participants, publication of several articles and presentation at national and international conferences.

**Interested?**

If you are interested in participating in this study please contact me at Alison.warren@ul.ie. Before taking part in the interviews you will be given the opportunity to clarify questions relating to the study and requested to sign a consent form.

**Contact name and project investigators**

Individuals that may be contacted regarding this study include Alison Warren, PhD Student at alison.warren@ul.ie or telephone 00353 61 233792. The research supervisors are Dr Elizabeth McKay and Dr Ann Taylor who can be contacted on 00353 61 234232.

If you have concerns about this study and wish to contact someone independent, you may contact the Chairman of the Education and Health Sciences Research Ethics Committee, University of Limerick, Limerick, Ireland Tel: 00353 61 234101

**Reference**

Appendix C

Information Leaflets-Supervisor Strand
Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists: views of the On-site placement supervisors

Introduction
You are being invited to participate in a study to explore the experience of supervising occupational therapy students on role emerging placements. This study is being conducted by Alison Warren, PhD Student in the Department of Clinical Therapies, University of Limerick.

The purpose of this research project is to examine a model of practice education which is new within occupational therapy in Ireland. A role emerging placement involves a student completing a practice education placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site management supervisor and professional supervision from an off-site occupational therapist.

Procedures
You are being asked to participate in this study as you were the on-site supervisor for one or more occupational therapy students in the last two years. Mairead Cahill, Practice Education Coordinator (PEC) for Occupational Therapy at the University of Limerick is the gate keeper for this research and has forwarded information to you as a potential participant.

- This study involves taking part in one in-depth interview.
- The interview questions are focused on gaining your perspectives of the role emerging placement supervision experience and the impact on the professional development of occupational therapy students.
- The interview will last for between 60-90 minutes and will be digitally recorded.
- The interview will take place in a location that is convenient to you.
- A transcript of your interview will be sent to you for review and make any changes within four weeks of the interview.
Benefits
There may be no direct benefits to you from taking part in this study. However the information you provide will be valuable towards gaining a better understanding of the development of practice knowledge. This research project is one of four strands of a research project that will contribute to the evidence base on practice education models and inform guidelines for the implementation of role emerging placements within occupational therapy and potentially other professions in Ireland.

Risks
There are no risks associated with taking part in this study. It is important to acknowledge that the researcher may have a relationship to potential participants as a Regional Placement Facilitator in the Department of Occupational Therapy at the University of Limerick. This is referred to as a dual role. To help prevent this relationship from influencing your decision, you participation in this study is voluntary.

Voluntary Participation
If you decide to participate, you may withdraw from the project at any time without any consequences or explanation. If you withdraw from the study, information from the interviews already collated, including researcher reflections, will only be used if you give permission otherwise it will not be used and will be destroyed. To confirm that you continue to consent to participate in this research, the researcher will request that you give your informed consent by signing a consent form prior to the interview after re-reading this information sheet.

Anonymity & Confidentiality
Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and information which may identify the role emerging site. The University of Limerick will be named as the site of the research.

Confidentiality of the data will be protected by all information being stored in secure filing cabinets in the researcher’s office in the Department of Clinical Therapies, Health Sciences Building, University of Limerick. Your contact details will be kept in a separate secure filing cabinet from the anonymised transcribed interviews. The digital recordings will be downloaded onto a computer flashdrive, password protected and stored in a locked filing cabinet with the transcripts and summary of reflections. Both paper and electronic information from this study will be disposed of ten years after publication of the research.

Dissemination of results
When all interviews have been completed which may take up to five years from the start of the study, the information will be analysed and presented as part of my PhD research thesis.
It is anticipated that the results of this study will be shared with others by returning a summary of the key findings to all participants, publication of several articles and presentation at national and international conferences.

**Interested?**
If you are interested in participating in this study please return the attached Expression of Interest Form in the stamped addressed envelope. Before taking part in the interviews you will be given the opportunity to clarify questions relating to the study and requested to sign a consent form.

**Contact name and project investigators**
Individuals that may be contacted regarding this study include Alison Warren, PhD Student at alison.warren@ul.ie or telephone 061 233792. The research supervisors are Dr Elizabeth McKay and Dr Ann Taylor who can be contacted on 061 234232.

If you have concerns about this study and wish to contact someone independent, you may contact the Chairman of the Education and Health Sciences Research Ethics Committee, University of Limerick, Limerick, Ireland Tel: 061 234101

**Reference**
Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists: views of the Off-site placement supervisors

Introduction
You are being invited to participate in a study to explore the experience of supervising occupational therapy students on role emerging placements. This study is being conducted by Alison Warren, PhD Student in the Department of Clinical Therapies, University of Limerick.

The purpose of this research project is to examine a model of practice education which is new within occupational therapy in Ireland. A role emerging placement involves a student completing a practice education placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site management supervisor and professional supervision from an off-site occupational therapist.

Procedures
You are being asked to participate in this study as you were the off-site supervisor for one or more occupational therapy students in the last two years. Mairead Cahill, Practice Education Coordinator (PEC) for Occupational Therapy at the University of Limerick is the gate keeper for this research and has forwarded information to you as a potential participant.

- This study involves taking part in one in-depth interview.
- The interview questions are focused on gaining your perspectives of the role emerging placement supervision experience and the impact on the professional development of occupational therapy students.
- The interview will last for between 60-90 minutes and will be digitally recorded.
- The interview will take place in a location that is convenient to you.
- A transcript of your interview will be sent to you for review and make any changes within four weeks of the interview.
**Benefits**
There may be no direct benefits to you from taking part in this study. However the information you provide will be valuable towards gaining a better understanding of the development of practice knowledge. This research project is one of four strands of a research project that will contribute to the evidence base on practice education models and inform guidelines for the implementation of role emerging placements within occupational therapy and potentially other professions in Ireland.

**Risks**
There are no risks associated with taking part in this study. It is important to acknowledge that the researcher may have a relationship to potential participants as a Regional Placement Facilitator in the Department of Occupational Therapy at the University of Limerick. This is referred to as a dual role. To help prevent this relationship from influencing your decision, you participation in this study is voluntary.

**Voluntary Participation**
If you decide to participate, you may withdraw from the project at any time without any consequences or explanation. If you withdraw from the study, information from the interviews already collated, including researcher reflections, will only be used if you give permission otherwise it will not be used and will be destroyed. To confirm that you continue to consent to participate in this research, the researcher will request that you give your informed consent by signing a consent form prior to the interview after re-reading this information sheet.

**Anonymity & Confidentiality**
Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and information which may identify the role emerging site. The University of Limerick will be named as the site of the research.

Confidentiality of the data will be protected by all information being stored in secure filing cabinets in the researcher’s office in the Department of Clinical Therapies, Health Sciences Building, University of Limerick. Your contact details will be kept in a separate secure filing cabinet from the anonymised transcribed interviews. The digital recordings will be downloaded onto a computer flashdrive, password protected and stored in a locked filing cabinet with the transcripts and summary of reflections. Both paper and electronic information from this study will be disposed of ten years after publication of the research.

**Dissemination of results**
When all interviews have been completed which may take up to five years from the start of the study, the information will be analysed and presented as part of my PhD research thesis.
It is anticipated that the results of this study will be shared with others by returning a summary of the key findings to all participants, publication of several articles and presentation at national and international conferences.

**Interested?**
If you are interested in participating in this study please return the attached Expression of Interest Form in the stamped addressed envelope. Before taking part in the interviews you will be given the opportunity to clarify questions relating to the study and requested to sign a consent form.

**Contact name and project investigators**
Individuals that may be contacted regarding this study include Alison Warren, PhD Student at alison.warren@ul.ie or telephone 061 233792. The research supervisors are Dr Elizabeth McKay and Dr Ann Taylor who can be contacted on 061 234232.

If you have concerns about this study and wish to contact someone independent, you may contact the Chairman of the Education and Health Sciences Research Ethics Committee, University of Limerick, Limerick, Ireland Tel: 061 234101

**Reference**
Dublin: Association of Occupational Therapists of Ireland
Appendix D

Interview Schedules-Student Strand
Interview 1

Introduction
As you know I am Alison Warren, PhD Student in the Department of Occupational Therapy at the University of Limerick.
The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study.
- This study involves taking part in four in-depth interviews; (1) before the placement begins, (2) halfway through the placement, (3) immediately after the placement and (4) six months post qualification.

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:
- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

*****************************************************************************************************

First of all please can you confirm;
- Your qualifications prior to commencing the occupational therapy programme?
- Your previous work experience before starting the programme?
- Your age?

What attracted you to the profession of occupational therapy? (warm up question)

Tell me about your previous occupational therapy placements? (warm up question)

What are your main reasons for completing a role emerging placement?
(Challenge, client group, convenience)

How did you prepare for this occupational therapy role emerging placement?
(Reading, contact with service, similarities/differences to prep for a traditional placement).

**How did your prepare for your previous placements?**
(Similarities, differences).

**What key benefits do you anticipate from completing a role emerging placement?**
(Creativity, flexibility, occupation focus, personal development)

**What key challenges do you anticipate from completing a role emerging placement?**
(OT process, supervision, feedback, student assessment, missing out on clinical skills, ethos of service, role conflict)

**Describe your professional development as an occupational therapist during your previous placements?**
(CPD, competency, identity, factors that impact, developing as an OT)

**What do you think are emerging areas for occupational therapy at the moment?**
(Scope of practice, other professions, client needs, finance, regional, international differences)

**What would you like to see happening in terms of role emerging placements in occupational therapy programmes in the future?**
(New areas, timing, compulsory, supervision, supportive resources, interprofessional)

**Any last comments on the topic?**

Thank you for participating in this interview. I will explain the use of the reflective diary for the next phase of this research study in a moment.

Cues for me
What do you mean when you say....
What do you think....
How did you feel about this....
Can you tell me more....
I’m not sure that I understand... would you explain that to me.....
Can you give me an example......
You made the comment .... Can you tell me more
Interview 2

Introduction
As you know I am Alison Warren, PhD Student in the Department of Occupational Therapy at the University of Limerick.
The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study. As you are aware:
- This study involves taking part in four in-depth interviews; (1) before the placement begins, (2) halfway through the placement, (3) immediately after the placement and (4) six months post qualification. This is interview 2.

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:
- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

*****************************************************************************************************

Throughout this interview please refer to your diary for information or examples.
First of all please can you confirm;
- How many weeks have you been on your role emerging placement?
- What client groups have you been working with?
- What setting is your placement in? (purpose, staff, other students on site)

Tell me about your first day on the role emerging placement?
(What did you do, how did you feel?)

Tell me about what you have been doing on your role emerging placement?
(What is a usual day?, What are you doing?, How do you feel?)

Can you tell me about a recent time when you felt you were benefiting from this placement?
(What happened? How did you feel?).
Can you tell me about a recent time when you felt challenged on this placement? (What happened? How did you feel? How did you cope?)

So, what are the main differences between a good day and bad day on this role emerging placement? (what for you makes a good or bad day?)

How do you think you are doing on placement? (What do you think your supervisors think about how you are doing on placement?, the clients?, other student?)

Is this placement changing the way you think about yourself? (Think about yourself as an OT? How do you feel about this?, Any changes in yourself?)

Thinking back to your preparation for this placement, would you would have prepared differently? (If so, how?)

Please talk me though your reflective summary.

Any last comments?

Thank you for participating in this interview. Please continue to use the reflective diary for the next phase of this research study.

Cues for me
What do you mean when you say....
What do you think....
How did you feel about this....
Can you tell me more....
I’m not sure that I understand... would you explain that to me.....
Can you give me an example.....
You made the comment .... Can you tell me more
**Interview 3**

**Introduction**

As you know I am Alison Warren, PhD Student in the Department of Occupational Therapy at the University of Limerick. The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study. As you are aware:

- This study involves taking part in four in-depth interviews; (1) before the placement begins, (2) halfway through the placement, (3) immediately after the placement and (4) six months post qualification. This is interview 3.

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:

- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

****************************************************************************************************

Throughout this interview please refer to your diary for information or examples. First of all please can you confirm;

- How long ago did you complete your role emerging placement?
- How did you find your final assessment?
- Can you describe any de-brief that you have been involved in since completing the role emerging placement?

Tell me about what you were doing in the second half of your role emerging placement?
(What was a usual day?, what were you doing?, Any stages involved in planning?, How did you feel?)

Tell me about your last week on the role emerging placement?
(What did you do, how did you feel? Thoughts and feelings on leaving the placement)
How do you think you performed on placement?
(Your supervisor’s views?, How do you feel about this?, Any changes in yourself?)

What will you take forward from this placement?
(knowledge, skills, attitudes, learning needs)

Has the placement changed the way you think about yourself?
(In what ways? personally, professionally, as an OT? How other see you)

How do you think your placement would have been if you were in a traditional setting?
(Similarities, differences, clinical skills, complexity, comments from other students)

In terms of learning, did you lose or gain by completing a role emerging placement?
(benefits, challenges, how do you feel?)

Please can you describe what you think an occupational therapist is?
(What they do, where they work, Did a role emerge in this setting?).

How do you see yourself in the future as a practising professional?
(As an OT, other post, type of job, first job choice, supports sought)

Can you make any recommendations regarding role emerging placements?
(Students, universities, organisations, practical advice, recommend to do it or not, practical).

Please talk me though your reflective summary.

Any last comments?

Thank you for participating in this interview. Please continue to use the reflective diary for the next phase of this research study.

Cues for me
What do you mean when you say....
What do you think....
How did you feel about this....
Can you tell me more....
I’m not sure that I understand... would you explain that to me.....
Can you give me an example.....
You made the comment .... Can you tell me more
Interview 4: Student Strand

As you know I am Alison Warren, PhD Student in the Department of Occupational Therapy at the University of Limerick. The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study. As you are aware: This study involves taking part in four in-depth interviews; (1) before the placement begins, (2) halfway through the placement, (3) immediately after the placement and (4) six months post qualification. This is interview 4.

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:

- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question-to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

************************************************************************

Just to begin, can you describe what you have been doing since graduating?
(break, looking or gaining employment, life events- moving, family)

Can you describe any work that you have been involved in, voluntary or paid?
(how long, what kind of setting, ideal work, only work available, role, supports)

How long ago was your role emerging placement? (placement number, length of rep, placement experience since then?)

Thinking back, what experiences stand out for you from the role emerging placement?
(what were you doing, key players, role).

People have certain expectations around role emerging placements- how did your experience link to expectations? (your own, other people’s, emerging role, positive, negative)

What influenced your learning during the role emerging placement? (others, experiences, positive, negative, strategies, techniques, learning style, adapting, clients)
How was this experience similar or different from other placements? (supervision model, other students, access to clients, autonomy, creativity)

Thinking back on your CBFE-OT, how did the role emerging placement influence how you developed your competencies? (Practice knowledge, clinical reasoning, Facilitating change, process, communication, interpersonal interactions, performance management, professional development, knowledge, skills and attitudes- SHEET)

Can you describe a time during the role emerging placement when you felt you were practising as an occupational therapist? (what were you doing, context, key players, relationships, feelings, supporters/facilitators, please give an example)

NOW
What do you feel are the professional values of occupational therapy? 
(client centred, holistic, healing power of occupation)

Can you tell me about a time when you felt you were demonstrating these values? 
(current practice, placements, what were you doing, context, key players, outcome, personal life, 2nd example)

How do you feel about your competency to practise as an occupational therapist? 
(fully competent, strengths, areas for development, seeking support, how to develop)

How do you provide services in ever changing health and social care settings? 
(Adapt to change, build on new knowledge, continue to improve performance, CPD, reflection, EBP, self regulation, engaging as a professional, policies, frameworks, personal, professional)

Would you consider being employed in a non-traditional or emerging area of practice as an occupational therapist? (please expand, type of setting, client group, role, funding)

What factors have influenced your transition from student to therapist? (positive, negative, modules, placement, experiences in depth)

These themes emerged from your first three interviews. Do you have any thoughts on the themes? (accurate reflection, surprises, aware of the themes, strong reactions)

Response to themes identified by me- on paper

Overall, did you lose or gain by completing a role emerging placement as one of your placements? (miss out on no OT on site, lack of clinical skills)

If you had your time again, would you complete a role emerging placement? (why, value in future career, creativity, autonomy, skill development)
Pseudonym- What would you like me to refer to you as in the write up?

Any last comments?

Thank you for taking the time to participate in these interviews.

I will email or post on the transcript.

Cues for me
What do you mean when you say....
What do you think....
How did you feel about this....
Can you tell me more....
I’m not sure that I understand... would you explain that to me.....
Can you give me an example.....
You made the comment .... Can you tell me more
Appendix E

Interview Schedule-Occupational Therapist Strand
OT Strand Interviews

As you know I am Alison Warren, PhD Student in the Department of Clinical Therapies at the University of Limerick.

The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You were asked to participate in this study via the AOTI database information email that you responded to.

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:
• Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
• Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
• If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
• I am interested in your opinions, personal experiences and your story. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

***************************************************************************

First of all;
• Where did you complete your occupational therapy education and what was the programme like?
• How long ago was your role emerging placement? (placement number, length of rep, other placement experiences?)
• What is your current post?
• (What brought you to Ireland?)
• Please confirm your age?

What attracted you to the profession of occupational therapy? (warm up question)

Can you describe what you have been doing since graduating? (break, looking or gaining employment, posts, life events- moving, family)

Tell me about your experience of your occupational therapy role emerging placement. (Type of placement, client needs, duration, timing within programme, how long ago, choice over placement, learning experience (deep), preparation, supervision model, supports, rationale explained, competence, core skills, experiences that stand out)
From your experience what would you describe as the key benefits and challenges in role emerging placements.
	(creativity, flexibility, occupation focus, OT process, supervision, feedback, student assessment, missing out on clinical skills, ethos of service, role conflict)

How was this experience similar or different from other placements?
	(supervision model, other students, access to clients, autonomy, creativity)

What would you say influenced your experience of transition to practice?
	(choice of practice area, supports- personal/professional, job availability, previous experience)

Health and social care needs and services are changing, how do you manage this as an occupational therapist?
	(Adapt to change, build on new knowledge, continue to improve performance, CPD, reflection, EBP, self regulation, engaging as a professional, policies, frameworks, personal, professional, competency, capability, up holding professional values)

Finishing up

Would you consider being employed in a non-traditional or emerging area of practice as an occupational therapist?
	(please expand, type of setting, client group, role, funding)

Overall, did you lose or gain by completing a role emerging placement as one of your placements?
	(miss out on no OT on site, lack of clinical skills)

Reflecting both nationally and internationally, what areas of practice do you perceive as emerging for the profession of occupational therapy?
	(scope of practice, shaping practice, other professions, needs, finance, regional differences)

What would you like to see happening in terms of role emerging placements in occupational therapy in the future?
	(new areas, timing, compulsory, supervision, emerge into widening scope of practice, supportive resources, interprofessional)

Anything else you would like to add?

Pseudonym- What would you like me to refer to you as in the write up?

Thank you for taking the time to participate in these interviews.

I will email the transcript to you within 4 weeks.

Cues for me
What do you mean when you say....
What do you think....
How did you feel about this....
Can you tell me more....
I'm not sure that I understand... would you explain that to me.....
Can you give me an example......
You made the comment .... Can you tell me more
Appendix F

Interview Schedule-On-site Supervisor Strand
Introduction Script

As you know I am Alison Warren, PhD Student in the Department of Clinical Therapies at the University of Limerick.

The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study. This study involves taking part in one in-depth interview (60-90 mins).

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:

- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

*******************************

Strand 3 On Site Supervisors

First of all please can you describe;

- The organisation that you work in? (name, service purpose, staffing, funders)
- Your job title, role and qualifications?
- Your age (range)?
- Your previous experience of supervising staff/ students? (before the occupational therapy students)
- The number of occupational therapy students you supervised? (1:1 or 2:1 model, student placement- 3 or 4, how long ago)

Tell me about how you became involved in supervising occupational therapy role emerging placements? (Professional practice module, links with UL, interest/ previous knowledge of occupational therapy, wanting to access occupational therapy, value student input, of interest to you)

How did you prepare for the occupational therapy role emerging placement(s)?
(Reading, contact with service, similarities/differences to prep for a traditional placement, use of Role Emerging Placement Guidelines, expectations)

Tell me about how the supervision worked in your site?
(Individual, group, managerial, professional, documentation, similarities and differences, with other student programmes (non OT), nature of the supervisory relationship, coaching)

Describe for me in your own words, what changes did you see in the students you worked with?
(CBFE-OT, knowledge, skills, attitudes, philosophy of profession, identity, ability to adapt to change, build on new knowledge, improve performance and cope with complex environments)

Tell about a student that in your view was performing well during the placement.
(What were they doing?, what skills did they use?, feedback from others)

Tell me about a student that in your view was not performing so well on placement.
(What were they doing?, what skills did they not use?, feedback from others, supports available, what would make this easier for you as a supervisor?)

Can you tell me about times when you felt this placement model was beneficial?
(Self, organisation, students, client)

Can you tell me about times when you felt this placement model was challenging?
(Self, organisation, students, client, UL support What happened? How did you feel? How did you cope?)

On reflection did you lose or gain by supervising an occupational therapy role emerging placement? (supervise REP again)

Thinking back to your experience of supervising students, is there anything that you would do differently? (If so, how? preparation, actual work load, clients worked with, pace, debrief, contact with UL)

To finish- What are your views regarding the potential for occupational therapy in your organisation?
(Role, timing, funding, future students, longer term impact, local or national)

What do you think are emerging areas for occupational therapy at the moment?
(Scope of practice, other professions, client needs, finance, regional, international differences)

What would you like to see happening in terms of role emerging placements in occupational therapy programmes in the future?
(Take further OT students, new areas, timing, compulsory, supervision, supportive resources, interprofessional)

Any last comments on the topic?

Thank you for participating in this interview.
Appendix G

Interview Schedule-Off-site Supervisor Strand
**Introduction Script**

As you know I am Alison Warren, PhD Student in the Department of Clinical Therapies at the University of Limerick.

The purpose of this research project is to research a model of practice education which is new within occupational therapy in Ireland: role emerging placements.

You have been asked to participate in this study because you have been identified by the gatekeeper of the study. This study involves taking part in one in-depth interview (60-90 mins).

The information you provide will be valuable towards gaining a better understanding of the development of practice knowledge.

Your anonymity will be protected by ensuring that any publication of the research uses pseudonyms and dates of placements are removed. The University of Limerick will be stated as the site of the research.

Just to mention some ground rules for the interview:

- Please turn off your mobile phone. We should not be disturbed during the interview but if we are I will turn off the tape recorder to deal with the interruption.
- Feel free to interrupt or ask for clarification and let me know if you require a break during the interview.
- If I take notes during the interview it is for me to use as a prompt as part of a question- to assist my memory
- I am interested in your opinions and personal experiences. There are no right or wrong answers to the questions.

Again, please can I have your permission to record this interview?

********************************************************************************************

**Strand 4 Off Site Supervisors**

First of all please can you describe;

- The organisation that you supervised in? (name, service purpose, staffing, funders)
- The organisation that you work in?
- Your job title, role and qualifications?
- Your age (range)?
- Your previous experience of supervising staff/students? (before the occupational therapy students)
- The number of occupational therapy students you supervised? (1:1 or 2:1 model, student placement- 3 or 4, how long ago)

Tell me about how you became involved in supervising occupational therapy role emerging placements? (Professional practice module, links with UL, interest/ previous knowledge of occupational therapy, wanting to access occupational therapy, value student input, of interest to you, response from work place)
How did you prepare for the occupational therapy role emerging placement(s)?
(Reading, contact with service, similarities/differences to prep for a traditional placement, use of Role Emerging Placement Guidelines, expectations)

Tell me about how the supervision worked in the site?
(Individual, group, managerial, professional, documentation, similarities and differences, with other student programmes (non OT), nature of the supervisory relationship, coaching, similar/different to traditional supervision)

Describe for me in your own words, what changes did you see in the students you worked with?
(CBFE-OT, knowledge, skills, attitudes, philosophy of profession, identity, ability to adapt to change, build on new knowledge, improve performance and cope with complex environments)

Tell about a student that in your view was performing well during the placement.
(What were they doing?, what skills did they use?, feedback from others)

Tell me about a student that in your view was not performing so well on placement.
(What were they doing?, what skills did they not use?, feedback from others, supports available, what would make this easier for you as a supervisor?)

Can you tell me about times when you felt this placement model was beneficial?
(Self, organisation, students, client, your own clients)

Can you tell me about times when you felt this placement model was challenging?
(Self, organisation, students, client, UL support. What happened? How did you feel? How did you cope?)

On reflection did you lose or gain by supervising an occupational therapy role emerging placement? (supervise REP again)

Thinking back to your experience of supervising students, is there anything that you would do differently? (If so, how? preparation, actual work load, clients worked with, pace, debrief, contact with UL)

To finish; What are your views regarding the potential for occupational therapy in this organisation?
(Role, timing, funding, future students, longer term impact, local or national)

What do you think are emerging areas for occupational therapy at the moment?
(Scope of practice, other professions, client needs, finance, regional, international differences)

What would you like to see happening in terms of role emerging placements in occupational therapy programmes in the future?
(Take further OT students, new areas, timing, compulsory, supervision, supportive resources, interprofessional)

Any last comments on the topic?
Thank you for participating in this interview.
Appendix H

Reflective Diary Instructions
Following your first interview please use this reflective diary. The purpose of this diary is to capture your experience of learning during the role emerging placement. Please bring the diary to your interview for your reference during interviews 2 and 3. The researcher will not read the diary. This diary remains your own and is not retained as part of the research. All information shared is treated confidentially. Please provide a summary of your reflections at interview 2 and 3. These will be used as part of the research data. Reflect daily or several times a week, whatever is comfortable for you but reflections must be written. Think about which environment or conditions facilitate your reflection.

Step 1- Write down your thoughts, feelings and reactions to your role emerging placement on the right hand page of the diary.

Step 2- Read your diary; highlight any positive or negative comments that made an impression on you on the left hand page of the diary.

Step 3- Sum up and evaluate your learning experience from the role emerging placement after reading all text. This should be typed or hand written onto a separate sheet to hand to the researcher at the beginning of interviews 2 and 3.

There are no right or wrong answers as I am interested in your reflections. If you have any further questions please contact alison.warren@ul.ie or telephone 061 233792.
Appendix I

Fieldnote form
Research Fieldnote

Participant Number/Pseudonym: Date of Interview:

1. Describe the environment where the interview took place in as much detail as you can (e.g. time, space, lighting, sound)

2. Describe the participant in as much detail as you can (e.g. appearance, body language, tone of voice, comfort level)

3. Describe the interview process (e.g. flow, depth of participant responses, rapport between interviewer and participant, change over the course of the interview).

4. Were there any unexpected interruptions that need to be explained? (e.g. loud noises, someone needing to take a phone call, the recorder being shut off for a period of time).

5. Think back over the interview. Were there any keywords or phrases used by the participant that struck you in some way? If so, list them here.

6. Summarise the key points from this interview in 2-3 paragraphs.

7. Consider your main interview question. In what ways does this interview help you respond to that question?

8. Now think about the aims of your study. Describe how this interview connects to those aims.

9. Now turn your attention to your own experience of the interview itself. How did you respond throughout the session? Did you hear pretty much what you expected to hear? If so, explain. Did anything about the participant’s experience surprise you or make you feel uncomfortable? If so, explain.
Appendix J

Ethical Clearance
Dear Alison, Elizabeth, Ann

Thank you for your Research Ethics application which was recently reviewed by the Education & Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

**Project Title:** EHSREC09-88 Exploring The Impact Of Role Emerging Placements On The Professional Development And Capability Of Occupational Therapists

**Principal Investigator:** Alison Warren

**Other Investigators:** Elizabeth McKay, Ann Taylor

**Recommendation:** Approved (please see note below)

Contact details on the Information Sheet need to be updated. Please change to:

If you have any concerns about this study please contact:

Chairman Education and Health Sciences Research Ethics Committee

University of Limerick

Tel (061) 234101

Regards

Anne O’Brien

Administrator to Education & Health Sciences

Research Ethics Committee
Dear Alison

Thank you for your Research Ethics application which was recently reviewed by the Education & Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

**Project Title**: EHS29021289  Exploring The Impact Of Role Emerging Placements On The Professional Development And Capability Of Occupational Therapists: views of the placement supervisors

**Principal Investigator**: Alison Warren

**Other Investigators**: Elizabeth McKay, Ann Taylor

**Recommendation**: Approved – Please inform Committee when location is known (Section 2e)

Yours Sincerely

Anne O’Brien

Administrator, Education & Health Sciences

Research Ethics Committee
Appendix K

NRes email
Your query was reviewed by our Queries Line Advisers.

Our leaflet “Defining Research”, which explains how we differentiate research from other activities, is published at:

http://www.nres.npsa.nhs.uk/rec-community/guidance/#researchoraudit

Based on the information you provided, our advice is that the project is not considered to be research according to this guidance.

I’d deem this an educational evaluation akin to service evaluation and hence wouldn’t need UK NHS REC review

If you are undertaking the project within the NHS, you should check with the relevant NHS care organisation(s) what other review arrangements or sources of advice apply to projects of this type. Guidance may be available from the clinical governance office.

Although ethical review by a NHS REC is not necessary in this case, all types of study involving human participants should be conducted in accordance with basic ethical principles such as informed consent and respect for the confidentiality of participants. When processing identifiable data there are also legal requirements under the Data Protection Act 2000. When undertaking an audit or service/therapy evaluation, the investigator and his/her team are responsible for considering the ethics of their project with advice from within their organisation. University projects may require approval by the university ethics committee.

This response should not be interpreted as giving a form of ethical approval or any endorsement of the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

However, if you, your sponsor/funder or any NHS organisation feel that the project should be managed as research and/or that ethical review by a NHS REC is essential, please write setting out your reasons and we will be pleased to consider further.

Where NHS organisations have clarified that a project is not to be managed as research, the Research Governance Framework states that it should not be presented as research within the NHS.

If you have received advice on the same or a similar matter from a different source (for example directly from a Research Ethics Committee (REC) or from an NHS R&D department), it would be helpful if you could share the initial query and response received if then seeking additional advice through the NRES Queries service.
However, if you have been asked to follow a particular course of action by a REC as part of a provisional or conditional opinion, then the REC requirements are mandatory to the opinion, unless specifically revised by that REC. Should you wish to query the REC requirements, this should either be through contacting the REC direct or, alternatively, the relevant local operational manager.

Regards

Queries Line
National Research Ethics Service
National Patient Safety Agency
4-8 Maple Street
London
W1T 5HD

The NRES Queries Line is an email based service that provides advice from NRES senior management including operations managers based in our regional offices throughout England. Providing your query in an email helps us to quickly direct your enquiry to the most appropriate member of our team who can provide you with accurate written response. It also enables us to monitor the quality and timeliness of the advice given by NRES to ensure we can give you the best service possible, as well as use queries to continue to improve and to develop our processes.

Website: www.nres.npsa.nhs.uk
Email: queries@nres.npsa.nhs.uk

Ref: 04/02

Streamline your research application process with IRAS (Integrated Research Application System). To view IRAS and for further information visit: www.myresearchproject.org.uk
Appendix L
Consent Forms
Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists

I ________________________________ am aware that I am being invited to participate in an interview based research study exploring role emerging placements in occupational therapy.

I have read and understood the Participant Information Sheet for the study referred to as Strand 1.

I have been informed by the researcher, Alison Warren that:

- My participation in this research is voluntary and I am free to refuse to participate
- If I agree to participate I can withdraw at any time without consequences
- My participation and responses will be kept confidential. I will not be identified nor will identifying information about me be reported in the final research project or any publications arising from this research
- My anonymity will be maintained at all times

I understand that by signing this form I am giving my consent to participate in this study.

I have two copies of this form. One copy will be retained by the researcher and one copy is for my own records. The researcher is Alison Warren, PhD Student, Department of Occupational Therapy, University of Limerick (061 233792).

_______________________________________  _______________________
Signature of Participant     Date

_______________________________________  _______________________
Signature of Researcher     Date
Appendix M

Recruitment email and expression of interest form
Email subject: Role emerging placements: influence on professional development

Introduction

You are being invited to participate in a study to explore the learning experience of completing an occupational therapy role emerging placement. This study is being conducted by Alison Warren, PhD Candidate in the Department of Clinical Therapies at the University of Limerick and has received ethical approval from the EHS Ethics Committee at the University of Limerick.

Purpose

The purpose of this research project is to research a model of practice education. A role emerging placement involves a student completing a practice education placement in a non-traditional health related setting where an occupational therapist is not currently employed. The students have an on-site management supervisor and professional supervision from an off-site occupational therapist.

Participants

You are being asked to participate in this study if you completed a role emerging within your occupational therapy programme and have been qualified for two years or more. You may be residing in Ireland or the United Kingdom and the role emerging placement can have been completed in any country.

Data Collection

This study involves taking part in one in-depth interview for between 60-90 minutes to explore your perspective of the role emerging placement experience.

The interview will take place in a location that is convenient to you.

An information leaflet is available with further information.

Contact Details

If you are interested in participating in this study please contact Alison.warren@ul.ie or telephone 061 233792.
Expression of Interest: * Strand

Title of Project: Exploring the impact of role emerging placements on the professional development and capability of occupational therapists

Yes, I am interested in participating in this research project.

<table>
<thead>
<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<tr>
<th>Mobile Telephone Number</th>
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</table>

Please return this form to Alison Warren in the stamped addressed envelope provided or email the details to alison.warren@ul.ie
Appendix N

Summary IPA Tables
Appendix O

Summary of superordinate themes
-cases across four interviews
Appendix P

Overarching themes-student strand
<table>
<thead>
<tr>
<th>Una Superordinate Themes</th>
<th>Caroline Superordinate Themes</th>
<th>Siobhan Superordinate Themes</th>
<th>Kathleen Superordinate Themes</th>
<th>Emer Superordinate Themes</th>
<th>Overarching themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying and practising OT</td>
<td>Identifying and practising as an OT</td>
<td>Strong Identity and Practising OT</td>
<td>Identifying and practising as an OT</td>
<td>Doing, innovating and Practising OT</td>
<td>Outside the Box</td>
</tr>
<tr>
<td>Grown into herself/maturity</td>
<td>Grew through supervision</td>
<td>Self, profession and environment fit</td>
<td>Internalised observations for growth</td>
<td>Growth in awareness of self and others</td>
<td>Personal growth</td>
</tr>
<tr>
<td>360 degree feedback/reflection</td>
<td></td>
<td>Professional Supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferable skills and project management</td>
<td>Transferrable skills</td>
<td>Transferable skills</td>
<td>Transferrable skills</td>
<td>Enhancing transferable skills</td>
<td>Portfolio of transferable skills</td>
</tr>
<tr>
<td>360 degree feedback/reflection</td>
<td>Self, profession and environment fit</td>
<td>Self, profession and environment fit</td>
<td>Support is essential</td>
<td>Growth in awareness of self and others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grew through supervision</td>
<td>Professional Supervision</td>
<td></td>
<td>Balancing Supervisor Observation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facilitatory ethos</td>
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</tbody>
</table>
Appendix Q

Example of a task and reflection form
Tasks and Reflections 2.11.10

Tasks

• Completed interview 2 with 2 participants for student strand.
• Transcribed two interviews- posted out
• Created interview schedule 3.
• Submitted application for HRB Fellowship received. Received confirmation that application is being processed. Interviews in March 2011.
• ENOTHE conference in Stockholm- support4ed two students presenting their work from the first role emerging placement.
• Monitoring the IPA discussion forum by email.
• I have met a local OT who completed a role emerging placement in the UK so she may be useful for a pilot in the future.

Reflections

1. Need to create a link with peers completing PhDs in similar topics. I have contacts though Monica Moran and person in Brighton.
2. I have decided to delay the third interview until after the debrief occurs at the university. I think this will give the students more time to reflect on their placement and explore their learning in relation to others. Also, due to illness one participant had to be interviewed in their last week of placement rather than at half way.
3. Transcribing. Although time consuming I am becoming quicker and I see things I missed when taking the time to do this in detail. For example, both participants described personal learning which I did not hear during the interview and can explore more in interview 3.
4. When transcribing I became irritated by one participants comments, which On reflection I perceive as being triggered as the participants lack of maturity with some answers. Their lack of use of professional language by both participants also surprised me but then I reminded myself they are only at the end of a first year. By listening in detail I am reassured this mild irritation/ surprise does not come through in my voice. The more I probed with questions the more depth came out which enhanced the responses.

I also found it interesting that neither participant viewed the organisations that they were working with as clients. They understand that the older people are clients but missed the service managers or community generally as clients. This is something I can explore in the interview 3.

The importance of the process of working with community groups is clearly outlined with direct quotes form supervisors used. It is interesting how important the word of the supervisors is to the students.

5. European Network of Occupational Therapists in Education Conference- this reinforced the value of role emerging placements. There are some short placements occurring in Europe but I now have some contacts to explore further. The Netherlands have funding behind developing community links whereas countries like Austria have not developed many links. There is a project through ENTOHE that will attempt to capture OTs links with community organisations and share this information.
Appendix R

Student Strand Overarching & Superordinate Themes
<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Superordinate Themes (2nd wave)</th>
<th>Superordinate Themes (1st wave)</th>
<th>Cluster themes/ Emergent Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Outside the box” Identity strengthened through innovative practise</td>
<td>Practising as an occupational therapist</td>
<td>Identifying &amp; practising as an occupational therapist</td>
<td>being, doing and becoming an occupational therapist, occupational therapy process &amp; perspective, interventions, making a difference/ value of occupational therapy, holistic, client centred, role congruence, creative thinking</td>
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<tr>
<td>Siobhan: integrating her occupational therapist identity</td>
<td>Strong identity as an occupational therapist</td>
<td>occupational therapist has status/value, role congruence, previous experience</td>
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<tr>
<td>Emer: innovating as an occupational therapist</td>
<td>Innovating as an occupational therapist</td>
<td>creative thinking, innovative practitioner</td>
<td></td>
</tr>
<tr>
<td>Application of theory to practice</td>
<td>Enhancing transferable skills</td>
<td>previous experience</td>
<td></td>
</tr>
<tr>
<td>Personal growth through supported reflexivity</td>
<td>Personal journeys</td>
<td>Grown into herself</td>
<td>personal change, complex relationships, self-assured</td>
</tr>
<tr>
<td>An embodied experience</td>
<td></td>
<td>emotional response</td>
<td></td>
</tr>
<tr>
<td>Una: self discovery</td>
<td></td>
<td>awareness raising</td>
<td></td>
</tr>
<tr>
<td>Kathleen: accepting support</td>
<td></td>
<td>self-assured</td>
<td></td>
</tr>
<tr>
<td>Journey with others</td>
<td>Growth in awareness of self and others</td>
<td>self-reflection, complexity of working, with others</td>
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<tr>
<td></td>
<td>Internalised observations for growth</td>
<td>personal journey, acceptance of new ways of learning,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>360 degree feedback &amp; reflection</td>
<td>multiple learning approaches, focus on learning,</td>
<td></td>
</tr>
<tr>
<td>Supervision supports change</td>
<td>Grew through supervision</td>
<td>supervision that facilitates</td>
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<tr>
<td>Support is essential</td>
<td>support from others</td>
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<td></td>
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<tr>
<td>Professional supervision essential</td>
<td>supervision processes valued</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Portfolio of overt transferable skills</th>
<th>Pragmatic trial</th>
<th>Transferable skills</th>
<th>autonomy, creative thinking, makes a difference, seeks a challenge, value of occupational therapy non-traditional roles</th>
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</thead>
<tbody>
<tr>
<td>Cognitive skills</td>
<td></td>
<td></td>
<td>creative thinking, reflection, questioning, flexibility</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project management</th>
<th>Transferable skills &amp; project management</th>
<th>intervention, projects undertaken, processes resources, time management, preparation, leadership</th>
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</thead>
<tbody>
<tr>
<td>Caroline: Planning to develop transferable skills</td>
<td></td>
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<tr>
<td>Kathleen: Collecting skills and challenges</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>An enhanced “student centred” ethos</th>
<th>Collaboration Siobhan &amp; Caroline: “the team players”</th>
<th>Grew through supervision</th>
<th>team player, managing expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitating environment</td>
<td>360 degree feedback &amp; reflection</td>
<td>student centred, supportive, client centred, allows for challenges, freedom and autonomy</td>
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<tr>
<td></td>
<td></td>
<td>Growth in awareness of self and others</td>
<td></td>
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<td></td>
<td></td>
<td>Professional supervision essential</td>
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<tr>
<td></td>
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<td>Support is essential</td>
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</table>

| Connection of Values | Self, profession & environment fit | social model, professional and personal values |
Appendix S

Occupational Therapist Strand Themes & Sub Themes
<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub Theme</th>
<th>Categories</th>
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<tbody>
<tr>
<td>Heightened Awareness of Self and Others</td>
<td>Awareness raising</td>
<td>clients’ life experience self-development</td>
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<td>Positive learning curve</td>
<td>confidence learning curve</td>
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<td>learning goals learning Style positive learning experience</td>
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<td>Personally challenging</td>
<td>confronted emotion difficult</td>
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<tr>
<td>Tool Box of Skills</td>
<td>Facilitating skills for the work environment</td>
<td>tasks personal attributes learning through action employable</td>
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<td>Therapy process</td>
<td>doing occupational therapy</td>
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<tr>
<td></td>
<td>Project creation and delivery</td>
<td>holistic occupational therapy skills &amp; core skills referrals</td>
</tr>
<tr>
<td></td>
<td>Creative solutions</td>
<td>assessment of clients activities living skills group work</td>
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<tr>
<td>Informal Ethos Nurturing Responsibility</td>
<td>Environment ethos</td>
<td>different environment service ethos</td>
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<tr>
<td></td>
<td>Positive interactions</td>
<td>working with others supervision structures positive influence</td>
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<tr>
<td></td>
<td>Create occupational therapy roles from theory</td>
<td>occupational therapy roles underlying theory</td>
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<tr>
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<td>Control</td>
<td>autonomy choice making a difference</td>
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</table>
Appendix T

Supervisor Strand Themes & Sub Themes
<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-Theme</th>
<th>Category</th>
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</thead>
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<tr>
<td>Containing expectations and emotions</td>
<td>Trials &amp; tribulations</td>
<td>managing expectations, visitor, awareness, not knowing context, needs of the client, control, observation of student, risk, supervisor challenges</td>
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<tr>
<td>Optimism-apprehension</td>
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<td>emotional responses, trust</td>
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<tr>
<td>Time &amp; intensity</td>
<td></td>
<td>contact with Students, intensity, contained</td>
</tr>
<tr>
<td>Matching supervision approaches with student need</td>
<td>Approach to supervision</td>
<td>encouragement &amp; facilitation, supervision Style, feedback, formal/ Informal, questioning</td>
</tr>
<tr>
<td>Learning styles</td>
<td></td>
<td>emotional responses, learning style and needs, student reflection</td>
</tr>
<tr>
<td>Supervisor liaison</td>
<td></td>
<td>building relationships, preparation, project identification</td>
</tr>
<tr>
<td>Practicalities</td>
<td></td>
<td>supervision strategies, peer supervision, student assessment, supervision structures</td>
</tr>
<tr>
<td>Students as budding managers</td>
<td>Competent students</td>
<td>competent, clinical reasoning, flexible, independence, life experience, strong student, students motivated</td>
</tr>
<tr>
<td>Creative interventions</td>
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<td>client centred, creatively, engagement, interventions</td>
</tr>
<tr>
<td>Project management</td>
<td></td>
<td>leadership, management skills, resources, research skills, responsibility</td>
</tr>
<tr>
<td>Collaborative workers</td>
<td></td>
<td>communicators, empower others, negotiating with others, peer supervision, respect, team integration</td>
</tr>
<tr>
<td>Role evolution</td>
<td></td>
<td>emergent site, ownership of the occupational therapy role, promoting, understanding of occupational therapy, new visions for occupational therapy</td>
</tr>
<tr>
<td>Freedom to blossom</td>
<td>Blossomed with confidence</td>
<td>growing, confidence</td>
</tr>
<tr>
<td>Supportive environment</td>
<td></td>
<td>freedom, luxury, opportunities, service ethos</td>
</tr>
<tr>
<td>Win-win experience</td>
<td></td>
<td>benefits for client, service, supervisors, students</td>
</tr>
</tbody>
</table>
Appendix U

Themes across the three strands
<table>
<thead>
<tr>
<th>Master Themes</th>
<th>Strand Themes (2nd wave)</th>
<th>Strand Themes (1st wave)</th>
<th>Sub Themes/ Superordinate Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning focus of environment facilitates innovation</td>
<td>Environment ethos (social, physical and cultural)</td>
<td>Informal Ethos Nurturing Responsibility</td>
<td>Environment ethos; Positive interactions; Create OT roles from theory; Control</td>
</tr>
<tr>
<td></td>
<td>Autonomy facilitating innovation</td>
<td>Matching supervision approaches and student need</td>
<td>Approach to supervision; Learning styles; Supervisor liaison; Practicalities</td>
</tr>
<tr>
<td></td>
<td>Practising and identifying as an occupational therapist</td>
<td>“Outside the box” Identity strengthened through innovative practice</td>
<td>Practising as an OT; Siobhan: Integrating her OT identity; Emer: Innovating as an OT; Application of theory to practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freedom to Blossom</td>
<td>Blossomed with confidence; Supportive environment; Win-win situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An enhanced “student centred” ethos</td>
<td>Collaboration: Siobhan &amp; Caroline the &quot;team players&quot;; Facilitating environment; Connection of Values</td>
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<tr>
<td>Tool box of transferable skills towards competent professional practice</td>
<td>Transferable skills</td>
<td>Tool Box of Skills</td>
<td>Facilitated skills for the work environment; Therapy process; Project creation and delivery; Creative solutions</td>
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<td>Strategic planner</td>
<td>Students as Budding Managers</td>
<td>Competent students; Creative interventions; Project management; Collaborative workers; Role evolution</td>
</tr>
<tr>
<td></td>
<td>Project managers</td>
<td>Portfolio of overt transferable skills</td>
<td>Pragmatic trial; Cognitive skills; Project management; Caroline: Planning to develop transferable skills; Kathleen: Collecting skills and challenges</td>
</tr>
<tr>
<td>Personal growth enhanced with supported reflexivity</td>
<td>Sensitivity</td>
<td>Heightened Awareness of Self and Others</td>
<td>Awareness raising; Learning strategies; Personally challenging</td>
</tr>
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<td>Agency</td>
<td>Containing expectations and emotions</td>
<td>Trials &amp; Tribulations; Optimism-Apprehension; Time &amp; Intensity</td>
</tr>
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<td>Intensity</td>
<td>Personal growth through supported reflexivity</td>
<td>Personal journeys; An embodied experience; Una: self discovery; Kathleen: accepting support; Journeying with others; Supervision supports change</td>
</tr>
<tr>
<td></td>
<td>Reflection moving towards reflexivity</td>
<td>Students as Budding Managers</td>
<td>Competent students; Creative interventions; Project management; Collaborative workers; Role evolution</td>
</tr>
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