

Community Occupational Therapists' perception of the long-arm supervision of students on role-emerging placements by Emily McKean is licensed under Attribution 4.0 International

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students on role-emerging placements

3 module dissertation – 120 credits

Date of submission: 6.1.2014

Word count: 17,372

A dissertation/research project submitted to Canterbury Christ
Church University in part fulfilment of the degree of MSc
Advanced Practice - Occupational Therapy

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Community occupational therapists' perception of the long-arm supervision of students on role-emerging placements

Abstract

The focus of this research was the perception occupational therapists have of long arm supervision on role-emerging placements. Such a study is important in order to understand why occupational therapists are not engaging in this form of placement supervision, particularly when role-emerging placements have been shown to be of vital importance to the future of the profession. The qualitative research approach adopted in this dissertation was Interpretive Phenomenological Analysis of interviews with six community occupational therapists. Solution focused questioning was used during semi-structured interviews to enable the participants to generate solutions to their lack of engagement with role-emerging placements. The findings from this research provide evidence that therapist reasons for non-engagement are complex and rooted in a culture of fear, blame and lack of leadership. The findings also show that participants are not just concerned with their own wellbeing but of the students and the future of occupational therapy. These findings can be utilised by the Higher Education Institution to increase occupational therapists' willingness to participate in long arm supervision of role-emerging placements.

Chapter One

Introduction

Undergraduate occupational therapy students participate in 'practice placements', 'fieldwork' or 'work experience' for at least a 1000 hours (WFOT, 2002). On a practice placement a student is given the opportunity to gain the knowledge and skills necessary to understand how occupational therapy can 'enhance participation in every day activities' (CoT, 2006). Traditionally a student is placed with a qualified occupational therapist (or two) in the setting in which the therapist works, and the therapist is the student's supervisor. This may commonly be in the fields of mental health, physical disability or paediatrics and in either a community or a hospital setting. The student will spend the majority of their time with their supervisor in their supervisor's particular setting.

'Role-emerging' placement is a term used to describe a placement that is in a non-traditional setting and where there is no occupational therapist employed. The day-to-day supervision of the student is provided by an employee from this setting who is not an occupational therapist. 'Long arm supervision' is provided by either an occupational therapist or an educator from their higher education institution (HEI), with supervision usually once a week (Solomon et al, 2006, Wood, 2005). The aim of the supervision is to provide 'guidance and support relating to academic aspects of

the placement – i.e. learning aims and objective, reflection, learning process and developing occupational therapy skills’. The long arm supervisor is also accessible whenever students need them (CoT, 2006).

As far back as 1997 Bossers et al found that role-emerging placements were beneficial to students as they learned how to have a client focus, rather than a diagnosis focus, and how to experience personal growth; they also increased their confidence when working with clients and engaged in expanding the occupational therapy role (Wood, 2005, CoT, 2006, Overton et al, 2009). Role-emerging placements have also been found to promote occupational therapy in a setting where it is not established; provide the opportunity for job creation/role expansion/innovation in new settings; provide a fresh perspective that can benefit the profession in a time of changes to health care provision; and provide experience in the third sector (Cooper et al, 2009, Wood, 2005, Solomon et al 2006, CoT, 2006).

It has been suggested that the drive for role-emerging placements is due to the changing health care environment that is making it necessary for students to be more independent and more flexible to meet the changing demand for occupational therapy provision. However, the literature suggests that the rise in the number of role-emerging placements offered by HEIs is due to a shortage of traditional placement opportunities, resulting in HEIs struggling to meet the needs of their students (Overton et al, 2009). This was certainly the case at the author’s local HEI and has potential implications for the progression of students through

their programme. Qualified occupational therapists are guided by their code of conduct, which stated that they have a 'professional responsibility to provide regular practice education opportunities for occupational therapy students where possible' (CoT, 2010). If every occupational therapist offered a placement there would be an oversupply of placements (Craik et al, 2005). However, shortages of placement offers are a very real problem. Barriers to occupational therapists offering placements can include reductions in staff, pressure on staff, lack of office space, climate change, high caseloads and increased part-time staff (Clampin, 2012, Overton, 2009).

Reasons for personal interest

The main reason for choosing this topic was personal interest. As an undergraduate I was placed on a role-emerging placement with one other student. At the time, the experience appeared to be disastrous as our on-site supervisor and the setting were not supportive of our learning needs. There was also a disparity between the psycho-therapeutic philosophy of the setting the occupational therapy philosophy. However, I have found that the experience has benefited me in the long run as it has made me a more independent and flexible occupational therapist. What felt like a very challenging situation at the time only served to prepare me for real working life with many of the same challenges. This is something students are protected from in traditional settings when they spend all their time with their supervisor, who acts as a barrier against the real pressures of the setting and the role. I feel I

was more prepared for real working life as an occupational therapist and did not have the shock that many of my cohort experienced when they qualified.

As a qualified community occupational therapist I have been the only member of my team to provide long-arm supervision of students on a role-emerging placement. In fact I am the only occupational therapist in the locality to have done so. I am familiar with the reasons occupational therapists give for not providing placement opportunities even though we are duty bound by our Code of Ethics. Commonly I hear reasons such as lack of time, a heavy caseload and lack of office space. It is precisely for these reasons that I felt long arm supervision was an ideal way of meeting my obligations. Yet my colleagues are reticent to participate in long arm supervision. I am keen to find out not what the barriers are, but what occupational therapists' perceptions are of this form of supervision on role-emerging placements. Furthermore, I would like to know what would enable them to feel that they are able to become a long arm supervisor of students on a role-emerging placement.

As an aside, I have also found that students on role-emerging placements can help to ease the caseload of the team as they are able to carry out simple care plans with my guidance. Students really enjoy this opportunity to work independently and build a greater therapeutic relationship with clients, as well as learning 'hands-on'

skills that they do not learn in the academic setting or when shadowing in traditional placement settings.

The importance of the topic and the study

We know the common barriers occupational therapists report as reasons for not providing placements. We also know that this is having a negative impact on the amount of placements available to HEIs and their students. Perhaps the role-emerging placement is a solution to some of these barriers and can open up more opportunities to students and the profession. Currently HEIs provide long arm supervision on role-emerging placements, which limits the number of this sort of placement that the HEI can support. Therefore the engagement of occupational therapists in this form of supervision would be extremely beneficial. It is therefore important to gain an understanding of occupational therapists' perceptions of role-emerging placements and long arm supervision. However, it is not sufficient simply to know about the barriers; but also to help occupational therapists to identify the solutions to their perceived problems. This can then help the HEIs to formulate the tools to engage occupational therapists, potentially reducing the placement shortage and enabling occupational therapists to meet their obligation to provide placements.

Purpose of the study

The purpose of the study is to generate sufficient data from interviews with community occupational therapists to be able to gain some understanding of what would help occupational therapists to engage in the long arm supervision of students on role-emerging placements.

Research questions

In order to prevent simply identifying the barriers to engagement in long arm supervision of role-emerging placements, the questions will have a 'solution focus'. The questions also seek to uncover how occupational therapists perceive and understand role-emerging placements and therefore what could be done to encourage more willingness to be a long arm supervisor. In line with Interpretive Phenomenological Analysis (IPA) and solution focus, the questions are open and flexible enough to provide an opportunity for themes to emerge from the data. The reasoning for the use of IPA and solution-focused questions is discussed in Chapter Three: Methodology.

Structure

The structure of this study takes the form of five chapters including this introductory chapter. Chapter Two is a literature review, which will help to develop

a picture of the current research in the area of role-emerging placements and where this study will fit within that body of work. Chapter Three describes the method chosen for this research and includes a consideration of the ethical dimensions of the study. An Interpretive Phenomenological Analysis (IPA) will be used as this approach to qualitative research allows the detailed exploration of 'personal lived experience to examine how people are making sense of their personal and social world' (Shinebourne, 2001). Chapter Four is a presentation of the analysis of the data collected. In the final section, Chapter Five, there is a final analysis and critique of the findings within the wider context of existing literature and in relation to professional and personal experience. In the Conclusion the findings point towards suggestions for further, specific research. But more importantly, the findings indicate ways in which the HEI involved in this study could engage occupational therapists and allay their fears of long arm supervision of role-emerging placements.

Chapter Two: Literature review

A literature review of role-emerging placements

This literature review will examine the main issues surrounding role-emerging placements in order to put this piece of research in context. The literature review will also illustrate the evidence that the participants may have read in the past that may have helped to formulate their views on role-emerging placements.

The search criteria were 'Occupational Therapy', 'Role emerging placement' and 'Non-traditional placement'. Cinahl, Medline, OT Seeker, Google, Google Scholar, NHS evidence and the library search engine were searched using these criteria. The inclusion criteria were research about role-emerging placements in occupational therapy, social work and nursing. It was found that in occupational therapy literature the term 'role-emerging placement' is widely used but that in social work and nursing literature 'non-traditional placements' is used to describe the same thing. Social work and nursing literature was considered in order to place this research within the wider context of health and social care rather than just that of occupational therapy.

The exclusion criterion was research about student experience of role-emerging placement. It was deemed that student experience was a separate area of research

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and not relevant to this study, which is about the perceptions of practising occupational therapists. Articles discussing role-emerging placements in relation to the different types of supervision utilised were also excluded. Research on different types of supervision is also a separate area of study.

As well as the literature search of articles, the book *Role emerging occupational therapy: Maximising occupation-focussed practice* (Thew et al, 2011) was used to gain insight into the history of role-emerging placements and also as a resource for references. As this is not a widely researched area, the same articles occurred frequently in the online searches, as well as in Thew's references and in the College of Occupational Therapy's guidance (2006). The College of Occupational Therapy's guidance on role-emerging placements can be found in 'Developing the occupational therapy profession: providing new work-based learning opportunities for students' (2006). This guidance was produced by the College of Occupational Therapists to encourage practitioners to consider the benefits to their own organisation and to student learning by facilitating new practice placement opportunities. In the 'Literature overview' they highlight that role-emerging placements have been discussed in occupational therapy literature since the 1970s, with a comprehensive literature review in 1997 (Bossers et al, 1997). This guidance stated that in recent years there has been further research that generally focuses on the fact that a role-emerging placement 'can be a creative and diverse learning opportunity that allows further development of the professional identity and independent thinking in a range of non-statutory placement settings'. It stated

there is no published evidence-based literature which discusses the effect of role-emerging placements upon degree programmes, but reports that, anecdotally, feedback is positive, with staff noticing that students are more confident, contribute to class and raise more questions and challenge themselves more too. The literature overview found that articles fell into two categories:

1. Detailed and evaluated outcome of role-emerging placements from the researchers' own experience of running these placements from their HEI (Freidland et al, 2001, Jepson and Wells, 2006, Mulholland and Durdell, 2005, Packer et al, 2000, Sullivan and Finlayson, 2000, Totten and Pratt 2001).
2. Role-emerging placements as part of a strategic drive to develop and expand the types and number of practice placements (Alsop and Ryan, 1996, Craik and Turner, 2005, Fisher and Savin-Badin, 2002, Huddleston 1999, Steele-Smith and Armstrong, 2001, Tancock, 2005).

As the CoT document points out, the first group offers supervision strategies and ways of creating and establishing role-emerging placements. These studies do not look specifically at the perspectives of practising occupational therapists, nor is this looked at in the second group, which focuses on the establishment of new placements. Occupational therapists' perspectives may complement these studies as practitioners are needed to facilitate the placements; therefore it is perhaps timely to ascertain their perspective. More recently, Rodger et al (2009) surveyed students and therapists pre- and post- role-emerging placement, but the results focus on student responses and their willingness to work in mental health following

the placement. However, they flag up the fact that role-emerging placements are not well understood by occupational therapists or students.

The themes that occur in articles pre-2006 continue to be echoed in more recent studies: student development (Alsop and Donald, 1997, Huddleston, 1999, Bossers et al, 1997, Roger, 2007, Fieldhouse, 2009), development of the profession (Alsop and Donald, 1997, Steele-Smith and Armstrong, 2001, Waters, 2001, Cooper, 2007), increased awareness of the profession (Friedland et al 2001), the process of role-emerging placements (Fieldhouse et al, 2009, Overton 2009, Thew, 2008, Cooper, 2007), addressing the shortfall in placements (Bossers et al, 1997, Craik and Turner, 2005) and the exploration of new settings (Alsop and Donald, 1997). However, an emerging theme reflects the rapidly changing health and social care landscape and the introduction of the Health and Social Care Act (DoH, 2012), which is designed to modernise the National Health Service (NHS) because it puts 'clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health'. This effectively means that General Practitioners (GPs) now commission services themselves, and this opens up health and social care to market mechanisms whereby private companies can bid to provide services.

Therefore occupational therapists are no longer secure in their NHS posts and current students may be seeking employment in non-statutory services or private companies when they qualify. Consequently, student education needs to prepare future practitioners by 'increasing push for all professionals to expand their professional boundaries and scope of practice to the ever-changing need within

health and social care' (Thew et al 2011). In an interview (Samuels, 2012), Miranda Thew stated,

'Employers want OTs with vision; it is about having an entrepreneurial spirit and seeing healthcare as a market ... [but] OTs are losing track of who they are and the reason why they are here. It's about explaining that what you do is of real value.'

The literature on 'non-traditional' placements in social work and nursing was found to have similar themes of student development (Bellinger, 2010, Ferguson and Smith, 2012, Gillespie and McLaren, 2010), the influence on specialism/future career choice (Gillespie et al, 2010) and the emergence of role-emerging placements due to placement shortage (Peters et al, 2013). A review of the nursing literature reveals that the move to 'non-traditional' placements is seen as a way of moving away from the medical model. This is because these placements are not in acute settings but are in the community, where nursing is more about independent living rather than about a 'cure' to an acute problem (Gillespie et al, 2010). Gillespie et al (2010) also highlight the fact that hospital-based placements are diminishing as health care provision changes. In accordance with the occupational therapy literature, a strongly emerging theme is the education of students in a changing health and social care climate (Bellinger, 2010, Ferguson et al, 2012, Gillespie, 2010). In addition to the changes in health and social care in general, social work is a profession especially under pressure and scrutiny following a series of high-profile cases in which babies came to serious harm. It comes across in the literature on

non-traditional placements that these placements are a way of preparing students for a future with 'growing global and economic pressures' that require a rapid response from practitioners (Bellinger, 2010). In her opinion piece, Kearsley (2012) likewise describes role-emerging placements as a step towards entrepreneurship, which she feels is necessary to 'move beyond traditional boundaries' and is the 'future of the profession'. The social work literature looks beyond the UK and the West to gain inspiration about student education that goes beyond traditional boundaries. For example, Ferguson et al (2012) cite the introduction of market mechanisms into every area of health and social care and the re-emergence of a global economic crisis in 2008 that preceded an era of austerity. They say that these issues, together with a growing dissatisfaction with what social work has become, have caused a 'new audience' for radical ideas and approaches. The paper discusses a role-emerging placement in South Africa in order to 'look outwards' to other countries that are 'seeking to construct social work rooted in social justice'. They argue that such placements will broaden the context of field practice training, be more relevant to placements in statutory services and, consequently, better prepare students for the changing nature of social work and the health and social care setting. Bellinger (2010) also looks to international models of student learning that are not constrained by the function of statutory services. Like Kearsley (2012), Bellinger (2010) calls for creative responses to changing social conditions to generate 'practices fit for current and future conditions'.

One nursing article looks at the relationship between HEIs and nurses providing placement supervision, in particular at how this relationship impacts on the quality of the placement (Peters et al, 2012). This piece is unusual as it does not fit into the two categories discussed above and is the closest to this study that I have found. However, the study was conducted in Australia across several states and HEIs, and it is difficult to generalise its findings. The authors' clear finding was that support and information varied between HEIs and that communication and a consultative process between practitioners and HEIs were required to lead to positive outcomes for all stakeholders. The COT guidance (2006) has a section called '5.3 Preparing the off-site supervisor', which details some of the duties but does not elaborate on how an HEI may recruit therapists or communicate/consult with them.

As discussed above, recent literature is placing greater emphasis on role-emerging placements being used to increase the scope and flexibility of occupational therapists rather than just to fill gaps in placement demand. This form of placement is now seen as an agent for the survival of the profession rather than as propping up the HEIs. Almost all universities around the world now provide role-emerging placements. In her book, Thew (2011) describes how all pre-registration master's students at Leeds University and one third of undergraduate students at McMaster University in Ontario, Canada, take part in role-emerging placements. In my experience, HEI placement shortages are no longer the primary driver for role-emerging placements because there are fewer students per cohort following government funding cuts. Furthermore, five placements over three years have been

replaced with three longer ones, and therefore fewer placements are required for fewer students. The argument that the HEI is only interested in role-emerging placements to ease the shortage of placement offers is increasingly moot. However, the HEI may have been prompted to look into this area during a time when there were far fewer placements than students. I was among an early set of undergraduate students to do a role-emerging placement at my HEI, and although my placement was not successful the experience proved to be valuable once I qualified. I shall elaborate on this during the Data Analysis section in 'reflection boxes' that will accompany the analysis of the interview data.

One uncertainty worth mentioning is that it is unclear whether the private companies, such as Serco, Boots, Virgin Health and so on, that are bidding to provide health and social care services are prepared to allow their therapists – if they employ them – to educate students in their work hours. Placements were previously set up through the NHS workforce, which had an agreement with HEIs to provide placements. Will these companies take students? Will the GPs commission the education of students? Do they see this as an area of concern?

Chapter Three: Methodology

Interpretative phenomenological analysis (IPA)

The aim of the research was to gain an understanding of occupational therapists' perceptions of long arm supervision of role-emerging placements. Therefore qualitative inquiry was chosen as the method for the research to gain an 'understanding of phenomena rather than predicating the behaviour of abstract populations' (Cook, 2001). Qualitative research enabled me to recognise the occupational therapists' unique perspective and experience of long arm supervision and role-emerging placements. This epistemological approach enables the researcher to explore how the participants 'remember, structure and story their experiences', leading the researcher to understand the complexities of human selves, lives and relations and how these are constructed by the participant (Frost, 2011).

IPA was chosen as this approach draws on concepts from phenomenology, hermeneutics and idiography to inform a distinctive epistemological framework and research methodology (Shinebourne, 2011, Finlay, 2006). Shinebourne (2011) describes the relationship between phenomenology and hermeneutics in this mode of study as seeking meaning which is hidden, through the interpretation of a text. The interpretation of the text aims to reveal what may be hidden and to

acknowledge the participant's particular historical, social and cultural context. The third underpinning of the idiographic approach aims for an 'in-depth focus on the particular and a commitment to detailed finely textured analysis of actual life and lived experience' (Smith et al, 2009). This approach will add to the research identified in the Literature Review. A review of the literature showed that there was only one nursing article that had a similar approach and that generally the occupational therapy articles focused on themes of: student development (Alsop and Donald, 1997, Huddleston, 1999, Bossers et al, 1997, Roger, 2007, Fieldhouse, 2009), development of the profession (Alsop and Donald, 1997, Steele-Smith and Armstrong, 2001, Waters, 2001, Cooper, 2007), increased awareness of the profession (Friedland et al 2001), the process of role-emerging placements (Fieldhouse et al, 2009, Overton 2009, Thew, 2008, Cooper, 2007), addressing the shortfall in placements (Bossers et al, 1997, Craik and Turner, 2005) and the exploration of new settings (Alsop and Donald, 1997).

The hermeneutic foundation of IPA means that the role of the researcher is recognised in their 'making sense' of the experience of the participants (Finlay, 2006, Shinebourn, 2011). Therefore it is important to acknowledge the researcher's own preconceptions, prejudices, recollection and chosen method of inquiry. Holliday (2007) advises that postmodern qualitative inquiry involves the researchers being part of the research setting, and therefore investigation must be reflexive as 'every act of seeing or saying is unavoidably conditioned by cultural, institutional and interactional contingencies'. Reflexivity enables the acknowledgement that the

researcher is the designer of the data collection and that the culture being investigated is disturbed. In the case of this investigation, the researcher has brought her own experiences and agendas from her working life into her master's study, as discussed in the Introduction. The identification of the need for the study arose from experiences in my own practice and therefore will have shaped how I interviewed the participants and may have influenced how the emergent themes are treated, analysed and ordered. As the only one of my group of colleagues who has done long arm supervision of a role-emerging placement, my own 'data' can provide valuable evidence during the discussion of the data analysis (Holliday, 2007). To capture these moments of reflection that were prompted by the data, 'reflection boxes' will be included in the Discussion section. This provides an immediate comparison between the data and the reflection, but the reflection will not interrupt the flow of the discussion and neither will it be at the back of the document in the appendices, where its meaning would be diminished by lack of context. It is hoped this will allow the researcher to 'capitalise on the complexities of the presence within the research setting' (Holliday, 2007).

Sample selection and setting

Participants in an IPA study are selected purposively for their particular features or characteristics. These features or characteristics enable detailed exploration of the phenomena being studied. There is also an element of convenience sampling as the participants are accessible. The participants interviewed have never done long arm

supervision of a role-emerging placement but are also the researcher's colleagues. However, I became aware of the need to investigate the phenomenon as I knew that I was the only occupational therapist who had done long arm supervision of role-emerging placements in my team. Although this study is locally focused and is looking for local solutions, this does not necessarily indicate bias. The findings may be applicable to occupational therapists around the country or the methodology may assist other HEIs to develop local solutions with their local occupational therapists. Because of the intensive focus, a small sample size is appropriate, and Smith et al. (2009) suggest that at master's-level an IPA project should have between three and six participants. For these reasons, the researcher selected six occupational therapy colleagues who had never provided long arm supervision of a role-emerging placement. These participants constituted a homogeneous sample and could therefore be said to be representative of the community occupational therapist population in the UK that have not done long arm supervision of role-emerging placements.

Procedures

Data collection

It is important to obtain rich descriptions in the participant's everyday language (Kvale, 2009). Data collection in an IPA necessitates an invitation for participants to offer rich, detailed descriptions of first-person experiences and phenomena through semi-structured interviews (Shinebourne, 2011). Shinebourne (2011) suggests that

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‘semi-structured, one-to-one interviews have been used most often, as they are particularly useful for in-depth idiographic studies exploring how participants are making sense of experiences’. The semi-structured interview allows for preparation by the researcher, but also opens up space for participants to offer the detailed descriptions of their experiences. An interview schedule (see Introduction) was prepared that allowed a focus on the themes relevant to the research, and open questions were used. However, the schedule was not adhered to in a prescriptive manner in order to allow the participants to express themselves and not be limited by a rigid structure. The conversation came close to an everyday conversation and allowed participants to take the lead if they wanted to, with the researcher providing prompts (Kvale, 2009, Finlay, 2006).

Previous research and opinion pieces cite the lack of practice placement opportunities as being related to occupational therapists’ concerns regarding the current climate of change in services, austerity measures, meeting targets, reductions in staff, pressure on services and heavy caseloads (Campin, 2012, Fisher et al, 2002). In an attempt to avoid simply identifying these sorts of commonly perceived problems and to encourage a different focus, a ‘solution focus’ was used to structure the questions. Winbolt (2011) describes solution-focused brief therapy as an approach to ‘therapeutic communications that empowers both client and helpers’. The approach brings with it a wealth of easily learned and adaptable techniques that can enhance all communications. This is done by focusing on what is working rather than what is wrong – the default setting in health care which is

often aimed at disease identification and subsequent cure. Steve de Shaver, along with Insoo Kim Berg, is credited as the originator of this approach. Winbolt (2011) cites de Shaver (1986), saying that traditional therapy focuses on problem solving but that solution focused therapists talk about 'changes, differences that make a difference and solution, rather than talking about difficulties, complaints and problems'. It was hoped that the use of language specific to solution-focused questioning would enable the participants to approach the subject from a less problem focused angle and prevent a list of complaints being generated (Jackson et al, 2007). Jackson et al (2007) describe 'problem talk' as when people: 'Tell us more about their problem; say what they feel is causing it; elaborate on when it is at its worst; guess who is responsible; describe the other difficulties it may be causing.' They suggest that such analysis of the problem does not help to find a solution and is ultimately fruitless. For the purposes of the study, identification of problems that have been captured in other research is not beneficial or necessary and would not have led to the participants describing their lived experiences.

The interview began with questions aimed at confirming that the participant understood what role-emerging placements were and what the role of long arm supervision entailed. These questions gave a strong platform to begin with whereby it was ensured that both interviewer and interviewees were talking about the same thing. Furthermore, a platform can provide a way of gently leading the way to 'solution talk' rather than 'problem talk' (Jackson et al, 2007). The wording of the third question, 'What would need to be in place for you to feel able to carry out

long arm supervision on a role-emerging placement?’ was chosen as opposed to ‘Why aren’t you doing long arm supervision of role-emerging placements?’ The solution focused question presupposes that there are perceived problems concerning or barriers to doing long arm supervision but does not dwell on them. Instead it is asking for details of the occupational therapists’ ‘preferred future’ (Jackson, 2007). The follow-up question ‘What difference would that make?’ probes for more detail and asks the participant to continue to focus on a preferred future rather than on problems. This sort of questioning is also non-threatening and non-confrontational and is open-ended, thus ensuring good qualitative data is generated.

The participants were then asked to ‘scale’ how willing they were to provide long-arm supervision. Then they were asked consider what small signs they would want to see to consider moving up the scale and what small steps they could take. Finally, they were asked where they would need to be on the scale to consider doing long arm supervision. Scaling is a solution tool that can help to discuss, in plain language, a perceived problem as a set of circumstances in which ‘the right way forward has yet to materialise’ (Jackson, 2007). Thinking about the ‘things that would need to be in place’ and ‘the small steps’ enable the participant to describe what small changes will look like as they consider moving up the scale towards providing long arm supervision, rather than to list reasons for not having done long arm supervision up to this point (which we know about already).

The interview schedule was as follows:

- What do you understand a role-emerging placement to be?
- What do you understand the role and commitment of long-arm supervisor to be?
- What would need to be in place for you to feel able to carry out a long-arm supervision on a role-emerging placement?
- What difference would that make?
- In relation to being willing to provide long-arm supervision: on a scale of 1 to 10, 1 being 'nowhere near' and 10 being 'very enthusiastic', where are you now?
- What small signs would you want to see to consider moving up that scale?
- What small steps could you take and what difference would that make?
- How far would you need to be up the scale to consider doing long-arm supervision?

A pilot interview was carried out with a seventh colleague who has also never done long arm supervision of a role-emerging placement. The interview schedule was developed during the pilot interview. The pilot interview identified problems with the quality of the questions, but also with my ability to ask follow-up questions that could encourage richer description by the participant. This meant that the pilot interview was very short and lacking in rich description. As I had never conducted an interview for research purposes, I was very nervous. There was, therefore, a great benefit in practising the skills required a little before commencing the research proper. The pilot recording was also of a poor quality, so the mode of recording was changed for the actual interviews. The use of a small microphone that plugged straight into my laptop was abandoned in favour of recording on the

my mobile phone. The mobile phone recording was a higher quality and captured the interviewer's questions, as well as the interviewee's responses, clearly, which was important for transcription purposes. All recordings were anonymous, that is, were called Interview 1, 2 and 3 and so on to ensure confidentiality. The research interviews varied in length from 10 to 20 minutes. An information sheet and consent form were emailed to participants prior to interview. Participants were given the opportunity to ask questions before and after the interview. No participant became distressed at talking about their experiences and none wished to cut the interview short. After recording, many participants reflected on the discussion, and the researcher made a note of any comments made. The interview appeared to generate a lot of thoughts on the subject that participants were only able to verbalise once the pressure of recording was over. After the process was complete I wrote to each participant to thank them.

Data analysis

IPA is an 'iterative, complex and creative process that requires the researcher's reflective engagement in dialogue with a participant's narrative and meanings' (Shinebourne, 2011). Finlay (2006) suggests that there are two layers to the IPA interpretative process: the participant's interpretation of meaning through their use of language, and the interpretation carried out by the researcher. The layered analysis began early as the small number of participants made it possible to remember the flow and dominant themes of the conversation on a superficial level. The recordings were uploaded to a transcription service to ensure a good quality of

transcription as I is not familiar with audio typing. The transcriptions were checked against the recording and interpretive comments were made in the margins and emerging themes were highlighted. This inductive analysis method was used to search for meaning in the data rather than imposing a predefined coding system (Cook, 2001). The next stage, or layer, in the analysis involved looking for initial clusters of themes and giving them a descriptive label that expressed the conceptual nature of the themes in each cluster. These clusters were analysed, rearranged and refined on pieces of paper until I felt they captured the meaning and detail of the participants' accounts: 'until the heart of the onion was revealed' (Finlay, 2006). I also kept returning to the transcripts to check meanings; some of the initial themes were amalgamated with others, and others were prioritised based on the data. A final table of themes and their descriptors was produced. I felt it was necessary to also produce a diagram of the relationship between themes to illustrate the complicated interaction between the overarching themes, the superordinate themes and the subthemes.

Ethical considerations

The objectivity of the study may be compromised by interviewing colleagues, which then reduces the validity (Biggam, 2011). The advantage of interviewing my colleagues was that they were easy to access, but my prior knowledge of their views could have influenced how I interpret the data. To help counteract this, all interviews were anonymised and there was a two-week gap to minimise bias whilst

the transcripts were typed. Furthermore, the topic of long arm supervision and role-emerging placement was not discussed with colleagues in the office setting. This was so that they and I did not come to the interview with preconceived ideas. I did not want to influence them prior to the interview, as they know that I have done long arm supervision of a role-emerging placement and am quite enthusiastic about new styles of learning. The relationship between researcher and participant was also at risk, and it may have been hard for the participants to view me as such. Carrying out the interviews in the formal setting of meeting rooms, rather than a more informal setting, aided the sense that I was a researcher for the length of the interview.

Other ethical aspects were considered in that the purpose of the study is not detrimental to the participants and its aim is to improve practice. The design of the study included informed consent, confidentiality and taking into account what I would do if the study caused the participants any distress. A transcription service was employed to ensure that the text was loyal to the oral statements and not influenced by my knowledge of the interviewees. However, this meant that the interviews were transcribed without emphasis, but this was easy to capture when the transcripts were checked against the recording. I also went through the appropriate university and NHS ethics procedures – see Appendices six and seven.

Chapter Four: Data Analysis

Data Analysis

The aim of this section is to begin the process of seeking meaning within the transcripts and to study these meanings in order to gain an understanding of occupational therapists' perspectives on role-emerging placements. There will be a presentation of the results of the interviews and a discussion of them in Chapter Three: Methodology. This will be achieved by using a description of the findings, which is based on the Themes in Appendix one. The themes were derived from the transcripts an example of which can be found in Appendix five Participants' answers will also be used for illustrative purposes and in order to maintain some of the participants' voices within the analysis.

Interviews were short but the data was rich. The use of solution focused questioning helped to highlight concerns quickly and avoided dwelling on problems. Initial analysis showed that some participants suggested what they might do if they were a long arm supervisor to ensure that occupational therapy students were able to meet criteria, pass the degree and be competent in future practice. Practical steps were identified, such as supporting goal setting, and activity analysis was also mentioned. However, these are transferrable skills that are not reliant on the setting and do not need the constant supervision of an occupational therapist. As described in the Methodology section, IPA was used to carry out a closer analysis of

the interviews. This involved looking for initial clusters of themes and giving them a descriptive label that expressed the conceptual nature of the themes in each cluster. These clusters were analysed, rearranged and refined until I felt they captured the meaning and detail of the participants' accounts. This closer analysis found that such practical steps and associated issues were superficial or indicative of deeper concerns. Although a lack of information was the reason five out of six participants gave for not taking part in long arm supervision, analysis of the data found that a sense of fear was an overarching theme: fear that comes from a lack of trust, a lack of information and a sense of vulnerability and fear of failure and lack of control. These themes will be presented here. In Chapter Five: Discussion and Conclusion the overarching theme of fear will be discussed in more detail.

Trust

A lack of trust appeared to be a pervasive feeling apparently arising from a lack of *partnership* with the HEI, the students and/or the setting. For example, Interviewee 4 would like more evidence and information in order to feel able to carry out long arm supervision of a role-emerging placement, but stated,

'I'm very aware that the college will be very keen on these placements because they're generally short of placements. So I don't expect them to be putting them down.'

This statement suggests distrust of the motives of the HEI in encouraging the uptake of role-emerging placement. As we have seen in the literature review, role-

emerging placements are considered important for multiple reasons, ranging from student development to the survival of the profession. Distrust of the quality of the information provided by the HEI and also the College of Occupational Therapists is also raised by Interviewee 4:

'the thing is, we only get to read about the ones [role-emerging placements] that work. I did look at a few in the COT... you only get to hear about the good ones and the beneficial ones where the placement is really happy with what's happened. I do wonder if there are a lot of placements that are really quite disastrous that we don't get to hear about.'

It is suggested here that there is a withholding of information so that only good things are heard about role-emerging placements. This infers that the HEI is trying to fool occupational therapists into doing long arm supervision.

My own experience is that at the time it seemed as if I was not learning any occupational therapy skills. It was only after graduating that it became clear that I had learned a lot about a certain client group and had acquired different skills that went beyond standard occupational therapy ones. Overall, the experience was difficult at the time but ultimately enriching. This may be why role-emerging placement students speak positively of the placement even if the actual experience did not feel that great at the time. My placement exposed discrepancies between the setting's philosophy and occupational therapy philosophy that did not support the skills acquisition a student expects. However, the specific skill that it developed was the ability to explain occupational therapy to non-therapists, even hostile ones. This in turn developed autonomy, confidence and conflict resolution skills. These are not terribly pleasant skills to need to have but they are necessary in the working world. I felt very negative about the placement at the time, but a year after qualifying its value became apparent.

Could it be that some of the mistrust comes from a feeling that the HEI has different values to occupational therapists? When Interviewee 3 was describing what they would need to see in order to consider doing a role emerging placement, they suggest shadowing, or sharing a student with someone who has already done a long arm supervision or a role-emerging placement in the past, because

'then you have a buddy who is more experienced'.

When asked if this was another occupational therapist or a university lecturer they replied,

'I think I would prefer an OT or a colleague that you work with, more just because you can access each other quite quickly. You are in the same team, you have got similar values. But equally to have the college officially there just to have their influence and just to talk through. But that would be less frequent, but you could access them anyway.'

This also highlights a feeling that the HEI is difficult to access. Difficulty in accessing the HEI may be a concern because it leads to feelings of being abandoned, incompetent or useless, and consequently feels like a failure on the part of the therapist or student.

The decision-making process of the HEI when placing students is also called into question. Interviewee 4 is describing the commitments of the long arm supervisor when they say that the supervisor needs to be

'aware of what the environment or the setting and demands of the students, whether that's appropriate.'

Suggesting that the occupational therapist needs to be vigilant for a poor student and setting fit possibly implies that they don't trust the HEI to make sure students are placed in settings appropriate to both their learning needs and their personalities. They go on to describe their concerns about the limitations of role-emerging placement settings:

'I worry that although it might be a really good experience for the students, it may not be the best time in their career to be doing it. Because I think some of these settings are very demanding. I think they'd be demanding for an OT with experience. At the end of the day they are there representing our profession.'

This quote is interesting as it starts out by expressing worries about the setting then moves on to describe a lack of trust or a fear about how the students may be representing themselves when there is no qualified occupational therapist around. This tension between concern for the student and a desire to monitor their activity comes up regularly and is described further below.

Interviewee 4 echoes the fear that the student–setting fit will not be appropriate when they say,

'I don't' know how much the college actually filters out who they send where.'

Other concerns that are raised regarding the setting include the supervision of students day to day by the on-site supervisor, who is not an occupational therapist. Furthermore, the fact that the on-site supervisor is not an occupational therapist also raises concerns regarding their understanding of occupational therapy and the role of the occupational therapist. Interviewee 1 is describing the role of the long arm supervisor when they say,

'I would think that if there were any issues that they are feeding back to me – whether they are having any difficulties with staff within that setting. Or their day-to-day supervisors maybe lack of understanding of the OT role, then that would maybe be my place as well as in conjunction with the college to try and advocate for that student, and step in and smooth out any problems that are occurring.'

When asked if the feedback from the on-site supervisor would be enough to supplement weekly supervision, Interviewee 2 replied, *'They're not an OT; they haven't had OT training. It's not that I wouldn't trust them...'* Interviewee 3 said that *'you need quite intensive OT input, not a scheme manager...'*

For the student to have to defend or explain is not necessarily a bad thing. In my own experience it forced me to consider how occupational therapy would fit into the setting, and I gave a presentation to that effect. The presentation was received so well that the service was keen to employ an occupational therapist as they believed occupational therapy would be of benefit to their clients.

Therapists are concerned about the quality of the supervision of on-site supervisors and also their understanding of occupational therapy. Furthermore, they do not trust students to give accurate feedback during weekly supervision. For example, when describing the difference between a role-emerging placement and a traditional placement, Interviewee 3 said,

'I can see immediately if they have learnt something incorrectly or if they have done something wrong. Whereas with that [role-emerging placement] you are reliant on the student giving you feedback or the scheme manager and for everyone to have a good concept and understanding of OT, which, to be honest, not a lot of people have.'

Lack of contact with students appears to give rise to the therapist having no trust in the student to report accurately during supervision on what they have been doing; Interviewee 2 said, *'You could write great notes but actually not be great.'*

Furthermore, when discussing the supervisor's role in role-emerging placements Interviewee 3 said their role involved,

'ensuring that they [the student] are not just sat there doing nothing, that they are using their initiative and using their OT skills.'

Concerns were also raised that students will not represent themselves and the profession appropriately when not being monitored. Furthermore, that the lack of monitoring will mean the students are not competent to be signed off at the end of

the placement and that the role-emerging placement is sufficient to ensure competence and that the *'learning is enough'*.

Interviewee 2 stated,

'For me, personally, I don't think you can monitor it [students and their progress] enough and see them with patients enough. So I wouldn't want to do one [role-emerging placement], personally.'

Interviewee 2 was also concerned that there are only three placements in which to gain competence and that a role-emerging placement would be inferior:

'I think it's a good opportunity for students. I think it's challenging, but I think you don't get a lot of placements anyway and I think there's nothing that beats working closely with an OT on a day-to-day basis. I think if I was a supervisor and I was signing them off I would worry about doing that when I haven't been there day in, day out with them.'

Concerns that students will not be competent indicate a lack of trust in the role-emerging placement process to produce competent occupational therapists. A desire to police or control what the students do very closely seems to be prompted by the fear that the placement is inferior and the students will not manage their learning needs without close supervision. Interviewee 2 stated,

'I'd rather work directly with a student on a day-to-day basis if I'm going to sign them off that they're competent at that placement ... to work in a non-

OT [setting], or a setting without OTs. I just don't think the learning , for me, would be enough.'

Additionally, Interviewee 3 said,

'You are signing them [the student] off to be competent at the end of the day, and I find that is a hard thing to do when you are only having a couple of hours a week with them.'

These quotes also illustrate a concern regarding the legal implications of signing a student off as competent when they are supervised via long arm supervision. The vulnerability of the student and therapist together with the desire to monitor the student closely will be discussed further below.

In addition to concerns that the HEI was not accurately representing role-emerging placements, there was also a concern expressed that students will not give accurate feedback on their placement experiences as they are keen to please the HEI.

Interviewee 4 stated,

'I just feel that if students were asked as part of some research into their opinions on it, I think they would feel obliged to give more positive comments than perhaps they were honestly feeling. Because obviously students are very keen to please, aren't they?'

I have already reflected above on how a negative experience turned out to be a positive one, and this may explain the lack of negative feedback from students. I too have met students on a role-emerging placement who were feeling negative about the experience. However, it seemed to me that what they were most craving was some contact with a qualified occupational therapist, and it was not that the placement was necessarily a bad one. Therefore I wanted to provide long arm supervision to enable students to have more access to occupational therapists and to enrich their role-emerging placement experience. I am curious as to why the participants raise concerns that there is no occupational therapist present in role-emerging placement and how this is detrimental to the students, but do not see this as a motivation to provide long arm supervision. Perhaps this is because I did a role-emerging placement as a student. Holliday (2006) discusses 'cultural baggage', and in this respect I have done role-emerging placement and the participants have not. I have also been a student on a role-emerging placement, which possibly influences my feelings about it and tallies with one interviewee who was explicit in their concerns, which were influenced by her own student experiences. We come from a similar culture in that we are occupational therapists in the same multidisciplinary team, but our past experiences and cultural baggage vary greatly and thus appear to influence our future choices.

Lack of information

In addition to a lack of trust in the information and research referred to previously, a reported lack of information appears to be causing a lack of confidence: confidence in the process of role-emerging placements and long arm supervision and confidence to actually carry out long arm supervision of role-emerging placements. Participants appear to feel that in gaining more, unbiased, evidence-based information they would be able to engage in long arm supervision of role-emerging placements.

For example, Interviewee 3 stated,

'It is tough, because I am sure once you have done one, and you have lived through it and experienced it, it is probably a lot less overwhelming and daunting as it is portrayed. However, I think it is just the education or the message they [the HEI] get across. I think it would need to do a bit more promotion of it [role-emerging placements] and maybe case studies so people could see a good situation and a bad situation, and how you can manage the competency issue, because I think that is what a lot of OTs' fear is.'

When asked if the training that was given during a practice educator's training session approximately three years ago was insufficient, Interviewee 3 replied,

'Yes. I think it was such a long time ago, and it was a relatively new thing. So I think it was a bit of an unknown that they were preaching about. So whether now it has it has been happening for a few years...'

'Preaching' is a powerful word that *The Collins English Dictionary* (1986) defines as 'To make known or give religious or moral instruction or exhortation'. 'To advocate especially in a moralising way.' This suggests how the therapist views the HEI, its way of disseminating information and the information that it disseminates. They perhaps find the way information is disseminated a little didactic. A didactic style of teaching is associated with excessive instruction, and having the intention of improving someone or something by being morally instructive or improving. However, the message being communicated may be felt as challenging and is therefore resisted and dismissed as preaching. The reason this may occur is discussed further in Chapter Five: Discussion and Conclusion.

As reported in the literature review, role-emerging placements have been discussed since the 70s. I have been doing long arm supervision for the last few years which may explain why this therapist feels it is new form of placement and supervision and has been happening for a 'few years'.

When asked 'What small signs would you want to see to consider moving up from a 2 to a 3...?', Interviewee 3 replied that they would like

'more education for, I think, everyone's fears to be answered or for these questions and our concerns to be addressed. Because I think everyone has got similar issues and, potentially, if they can do presentations or have people that have experienced it [role-emerging placement] maybe, to give their insight, that would be quite useful.'

The sort of evidence being requested is first-hand information from those who have done role-emerging placements, are unbiased and whose views have not been tampered with by the HEI. Interviewee 4 echoed this sentiment by requesting '*facts and figures and placement feedback from students*' or, as Interviewee 6 said, '*Narrative evidence of people's experiences that have already gone through this.*'

This sort of evidence appears to be desired in order to help reduce the fear occupational therapists have of failing to carry out the supervision well or failing to prevent the student from being successful. It would also increase occupational therapists' confidence in their practice and in the role-emerging placement process of producing competent practitioners. Later in the interview, when asked if any other small signs would help them to move up the scale, Interviewee 4 responds

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'No. As I say, just some decent facts and figures as to maybe [about] the students that have failed in these placements and why. It would be quite interesting to know.'

It is interesting that there is a perceived need for information on failure. This suggests that the interviewee is fearful of failure more than anything else but also, as discussed above, is suspicious that the HEI is withholding information about the negative aspects of role-emerging placements. Students on a role-emerging placement can fail, just as they can fail on a traditional placement. This appears to cause concern and increases the feeling that closer management of students is required to prevent failure. There is also a perceived lack of contact as the student is not by their side. However, in some traditional settings third year students are given a caseload and work autonomously and are not considered unmanaged, out of control or at risk of failing.

When asked 'What would need to be in place for you to feel able to carry out long arm supervision on a role-emerging placement?', Interviewee 3 responded,

'I think a lot of support from the college, because it is quite a new thing and I, personally, think I would equally struggle to not have a student sat with me day to day. So really, just knowing how to facilitate them and get the best from them, and to ensure that you can guarantee they are competent.'

As well as mirroring Interviewee 4's concerns regarding the possible failure of therapists and students, and a lack of trust in the role-emerging placement process,

this quote also shows the way in which the occupational therapist copes with these feelings, which is to have the student *'sat with me day to day'*. This method of coping and risk aversion is discussed further below.

Respondents suggested practical ways in which the HEI could increase their confidence in the *'new way of working'* by providing detailed information on the role-emerging placement paperwork and process, the settings and clients, and the on-site supervisors. Interviewee 5 stated that she would be happy to provide long arm supervision of a role-emerging placement if

'someone told me, "This is what you need to do. This is the paperwork in place. This is what we expect from you", I'd be happy to...'

Interviewee 6 wanted to have

'a very robust framework in place to be able to make sure that you're meeting the roles and opportunities, and how you present that. I'm not too sure if the documentation needs to be slightly different or not...But certainly I want structure; I want guidance.'

Perceived vulnerability and risk of failure

As discussed above, the failure of the occupational therapists themselves and the students is a recurring theme: the occupational therapist failing to be a good supervisor and the student perhaps failing the placement, failing to thrive and

failing to get the necessary skills and therefore failing to be a good qualified occupational therapist. There is a perceived vulnerability of the therapist and the student, who are dependent on, but mistrustful of, the HEI to provide information and support. Participants seem to feel a sense of responsibility for the student having a good placement with minimal emotional distress, but also feel that they are responsible for producing the next generation of therapists and for making up for any deficits on the part of the HEI.

For some respondents these concerns are based on personal experience, as evidenced by Interviewee 2:

‘when I was training, I wanted to spend as much time with an OT as possible. I know that they only have, like, three placements now, and I think to have one of those without an OT leaves you quite vulnerable.’

Interviewee 2 mentions confidence and vulnerability regularly and refers to her own student placements:

‘I think that I found my student placements really helpful, and I had five different ones in different settings. I still, when I qualified, wasn’t that confident. So to have had – I think there’s three long placements now – if you don’t have one of those with an OT I just think you’re really vulnerable when you train, especially if you haven’t had placements in a setting that you then get a job in.’

Interviewee 4 also draws on their own experience as a student:

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'I'm pretty sure I would have floundered as a student. I don't think I would have been terribly confident...'

Interviewee 4, following up on a comment about how students they have met on role-emerging placements have '*struggled*' and have given '*negative feedback*', stated,

'I think I would be worried that if I had a student is in a very demanding environment, who was perhaps really drowning and not coping with I think quite high expectations, quite often. If I didn't feel they were really up to it, I would be worrying that I wasn't there giving them enough support and maybe challenging the demands that were being put upon them.'

This appears to describe a vulnerability of the student who may 'drown' or 'not cope', but also describes the occupational therapist's worry that they would not be able to support the student adequately. There is also an assumption that a role-emerging placement setting is going to be too demanding for both student and occupational therapist, which will also make both parties vulnerable.

It appears to be a concern that entering into a role-emerging placement may also make the service the occupational therapist is in vulnerable to an increased workload for the team. The presence of the student will result in more occupational therapy referrals and therefore an increased workload for the team or the setting

will take advantage of the occupational therapist visiting the student. Interviewee 6 said she would need:

'Commitment and confidence from the clinical setting that they've been working in. Also there is clear expectation from the setting that we're going in, we are providing the student the support, not the occupational therapy service to that setting.'

My own experience of providing long arm supervision is that it did not create extra work for the service but rather relieved the service slightly. This is because I was able to provide a piece of equipment to aid chair to wheelchair transfers for the setting to trial. Rather than setting a care plan for a Band 3 (unqualified member of staff) to follow, I was able to set the care plan for the students. This also gave the students some much needed, and much craved, hands-on moving and handling experience, as well as an opportunity to develop a therapeutic relationship with a client. This is an example of what an occupational therapist can bring to the role of long arm supervision that a university lecturer may not be able to.

Failure to act, to represent the profession or to treat patients appropriately could have legal ramifications and is therefore a legitimate concern of the occupational therapist. Legal culpability for any errors the student may make has the potential to affect the occupational therapist's ability to carry on practising. If the Health & Care Professions Council found the supervisor unfit to practise due to mistakes made by students under their supervision, they can be struck off and will never work as an occupational therapist again (HCPC, 2013). This may be the cause of the above-mentioned desire to closely supervise students and have them 'sat by my side'. As Interviewee 4 highlighted,

'you are signing them off to be competent, at the end of the day, and I find that is a hard thing to do when you are only having a couple of hours a week with them'.

The following passage from Interviewee 2 explains this feeling in more detail:

Interviewee 2:

'I wouldn't say I'd ever rule it out, but I think you can be quite vulnerable as a long arm supervisor when you can't see people, you can't see your OT student working. Also, if patients are being seen by an OT student, I would be concerned at who was responsible for that. As a supervisor am I then responsible because –

Interviewer: *Kind of legally responsible?*

Interviewee 2: *Yes. For example, here when we have a student, they will write the notes and I will countersign them, whereas you don't have any of that... I don't know if you have any of that, but I would be concerned about being responsible and not being aware of what was actually going on.'*

This passage indicates that the occupational therapist is not engaging in long arm supervision of a role-emerging placement mainly because of concerns over legal culpability and the perceived threat to their future.

Respondents indicated that more support from the HEI could increase confidence, reduce the feelings of vulnerability and allay fears of lack of competence. As Interviewee 3 stated, guidance from the HEI would mean

‘that I have not understood the role incorrectly as well, and then going off on a tangent on the wrong path. So I think it is equally just to monitor me as well as the students.’

However, the use of the word ‘monitor’ is less supportive and implies a need for regular surveillance regarding quality and progress. This leads me to the next theme.

Policing and control

Interviewee 2, when talking about how a traditional placement differs from a role-emerging placement, said,

‘They’re [the student] with you all the time. You’re working closely with them and you see them, clinically, with people. I think, on a daily basis, you can monitor them; you can look at their communication skills. You can see them progress, like in assessments with patients. After a visit, for example, you can then question them and ask what they would do.’

The Collins English Dictionary (1986) defines ‘monitor’ as *‘a person or piece of equipment that warns, checks, controls, or keeps a continuous record of something’*,

whereas 'supervise' is defined as *'to direct or oversee the performance or operation of'*.

As mentioned above, Interviewee 2 captures the conflict between being a supervisor who wants to monitor and supervise when they say,

'I think if I was a supervisor and I was signing them off I would worry about doing that when I haven't been there day in, day out with them.'

Fear of vulnerability and failure, too much responsibility and too little training appear to be causing responses that reveal or produce a desire to police or control the situation and the students. This is difficult to achieve when your student is not in the presence of the occupational therapists, or one of their team members, at all times. On the one hand, occupational therapists cite concerns regarding sufficient support for the student to achieve competence and who may be vulnerable and need protecting from a potentially hostile or overly demanding environment. As Interviewee 6 said,

'more importantly it's the setting; it's appropriate that the student is provided an opportunity to pass. That's the problem. That it becomes too isolated in what they're doing... So the setting has to be important, and they get the support from the setting, from the staff there, from the patients there, from the environment there, that they can do this.'

However, on the other hand, occupational therapists also cite concerns that suggest a desire to control the student and situation as per the above quotes, which err on

the side of control rather than supervision and support. The role of the HEI does not seem to be considered. Would they not want to ensure that the student is supervised sufficiently, competent and not isolated? This links back to issues regarding lack of trust.

This may also be related to the 'cultural baggage' concerning what happened to occupational therapists when they were training and on placement. Perhaps they felt that they were not sufficiently supported. My experience of an unsuccessful role-emerging placement is that you do feel very overwhelmed by the bad feeling in the environment and let down at how unsuccessful the placement was. However, the actual support provided by the HEI to try to remedy the situation and ensure that I completed the placement with the necessary learning for my training was perfectly adequate.

The lack of continuous supervision or monitoring means that the occupational therapists find it difficult to imagine how you ensure student competence but also do not misrepresent the profession: Interviewee 4 stated,

'I just worry sometimes it could go either way; people could be getting really good impressions of what OT could offer. But if the students aren't that confident – and I wouldn't blame them – I think maybe they could actually undermine our profession and its reputation.'

The occupational therapists' responses seem to indicate that they also feel the need to control the wider situation, as well as the students, day to day. The lack of trust in the students and the HEI appears to give rise to a worry about things the HEI is going to be thinking about when setting up the placement. Interviewee 6 commented,

'What's unclear to me is how you identify the occupational therapy structure for a place that you're not actually regularly setting in to.'

Is it the role of the long arm supervision to work out the logistics of how the student will fit into the setting? Would the HEI discuss this thoroughly with the staff at the setting before the placement begins? Why would an occupational therapy structure need to be put in place in the setting rather than the student fitting into the setting? Worrying about decisions outside their remit and control or that are not their concern will increase anxiety and feelings of vulnerability or helplessness and may lead to risk-averse behaviour and the avoidance of role-emerging placements.

Risk aversion and suspicion

These themes have a feeling of risk aversion and suspicion running through them that is pervasive, and therefore this became an 'underarching' theme that feeds back into the overarching theme of fear. These will be discussed further in the next chapter, together with theories on how uncertainty in working life may cause paralysis and a lack of creativity (Mason, 1993). The over- and underarching themes are illustrated in the diagram in Appendix two.

Chapter Five: Discussion

Discussion

This study has several limitations. Firstly, participating occupational therapists were drawn from my own team. A small sample of participants from one location will make the results less generalisable. However, the aim of the study was to find a local solution to a local problem. The results may be generalisable to other occupational therapists in other areas, as the themes that emerged were common to all participants. Alternatively, HEIs may be able to use the methodology to look for local solutions to their own issues relating to the uptake of long arm supervision of role-emerging placements. As discussed in the Literature Review, the CoT review of role-emerging placement literature found that articles fell into two categories:

1. Detailed and evaluated outcome of role-emerging placement from the researchers' own experience of running these placements from their HEI (Freidland et al 2001, Jepson and Wells 2006, Mulholland and Durdell 2005, Packer et al 2000, Sullivan and Finlayson 2000, Totten and Pratt 2001).
2. Role-emerging placements as part of a strategic drive to develop and expand the types and number of practice placements (Alsop and Ryan 1996, Craik and Turner 2005, Fisher and Savin-Badin 2002, Huddleston 1999, Steele-Smith and Armstrong 2001, Tancock 2005).

Subsequent studies similarly focus on these areas and emerging concerns, but very few refer to the views of occupational therapists, focusing more on student feedback. The exceptions that I found were Peters et al (2013), who looked at the relationship between tertiary intuitions and practice nurses in relation to the provision for non-traditional placements by exploring narrative accounts of the nurses. In the occupational therapy literature, a study by Rodger et al (2009) sought to evaluate a pilot trial of two innovative placement models, one of which was a role emerging placement. The occupational therapists and students were surveyed pre- and post-placement, and the study does succeed in gathering a small amount of data regarding both therapist and student perspectives, but focuses on the future job choices of the students after graduation. Both articles are from Australia.

This study sought to investigate occupational therapists' perspectives on role-emerging placements and the long arm supervision of students. By using a solution focus, the recommendations of my study have been generated by the clinicians themselves. Furthermore, solution focused questions enabled the generation of richer detail about the therapists' thoughts and feelings and helped to avoid bias from the interviewer. The questioning allowed answers that reflected the participants' concerns and problems but also provide richer detail about how those concerns or problems could be addressed. For example:

'Interviewer: What would need to be in place for you to feel able to carry out long arm supervision of a role-emerging placement?

Interviewee: I think a lot of support from the college, because it is quite a new thing and I, personally, think I would equally struggle to not have a

student sat with me day to day. So really, just knowing how to facilitate them and get the best from them, and to ensure that you can guarantee that they are competent.

Interviewer: So what would that support look like?

Interviewee: I think just a lot of education from the college, so that I feel that I have got the skills to do it; maybe even joint visits initially to help ensure that you are setting stuff up correctly. Yes; and just feedback as well, maybe after you have done your first one, as to what they feel the feedback from the student was.'

The interviewee then goes on to say that HEI support would increase their confidence and make sure they 'stay on track' and monitor themselves, as well as the student. This example is illustrative of answers from all participants. All but one participant were fairly open to the idea of supervising a role-emerging placement, but stated that more training and information were required from the HEI. Practical measures such as this were suggested by participants and could be taken at face value, but closer analysis found that many measures the occupational therapists were suggesting were intended to reduce their fears. Concerns that were raised included conflict with on-site supervisors and staff, a lack of understanding about the role of occupational therapy, limited opportunities to develop skills and a lack of on-site supervision from qualified occupational therapists. These findings are consistent with those of Rodgers et al (2009). However, this research found that these stated concerns take on new meaning when analysed more closely. For example, the above passage describes the desire for support from the HEI, but closer reading suggests that the therapist has a lack of confidence in their own supervision skills but also a fear of what will happen if the student is not 'sat with me day to day'. This suggests that the therapist not only wants to be monitored by

the HEI but wants to monitor the student themselves, which also implies a fear of what might happen if there is not enough 'monitoring' going on. This section of dialogue illustrates the three areas that emerged as major issues for the occupational therapists: fear, issues with their relationship with the HEI and concerns for professional values.

In seeking the views of the occupational therapists and using the IPA methodology, this study was able to identify different barriers to those described so far in studies. For example, Fisher and Savin-Baden (2002) found that the top four barriers to traditional placement provision were lack of office space, heavy caseloads, staffing problems and part-time workers. Rodger et al (2009) found that, prior to a role-emerging placement, both students and therapists were concerned about the absence of an occupational therapist's role and presence, as well as possible conflicting views of multiple supervisors, educating staff members about the occupational therapy role and the limited opportunities to develop clinical knowledge. These findings tally with participant responses in this study; however, the closer analysis uncovered a different and more complex picture. For example, when asked 'What would need to be in place for you to feel able to carry out long arm supervision of a role-emerging placement?', one participant responded,

'I think a lot of support from the college, because it is quite a new thing and I, personally, think I would equally struggle to not have a student sat with me day to day. So really, just knowing how to facilitate them and get the best from them, and to ensure that you can guarantee they are competent.'

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This quote illustrates the request for support from the HEI but also the fear of failure/lack of competence. This results in a desire to have a student present all day, but also shows that the occupational therapist cares about the student and also about occupational therapy's professional standards.

As discussed in the Data Analysis section, feelings of fear derived from a lack of trust; a lack of information; a sense of vulnerability from both the occupational therapist and the student; a fear of occupational therapists' and students' failure; and a sense of loss of control. It is a complex issue and therefore needs to be investigated.

'Fear is toxic to both safety and improvement: Fear impedes improvement in complex human systems.' (DoH, 2013)

This quote comes from the Berwick Report (DoH, 2013). The Berwick Report was created following the public inquiry chaired by Robert Francis QC (DoH, 2013), which was prompted by serious failings in the care of patients at the Mid Staffordshire NHS Foundation Trust Hospital. The report distils accounts from Mid Staffordshire and the inquiry itself in order to make recommendations to the government and the NHS. The recommendations specify the changes needed to improve the NHS and ensure that patient care is always at the highest level. It describes some staff in the NHS experiencing *'a culture of fear, blame, recrimination, and demoralization'* that leads to *'fear, opacity, and denial that will almost inevitably lead to harm'*. This is the context within which the participants in

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the study are working, but it also echoes concerns raised in the study regarding role-emerging placements: a lack of transparency, guidance, leadership or guidelines, and a fear of blame or failure. These feelings could be said to create '*unsafe uncertainty*' (Mason, 1993). Mason (1993) describes '*unsafe uncertainty*' by saying, 'I think we all understandably get caught up at times in wanting certainty and yet I believe that it can indeed contribute, as Faris suggests, to a state of paralysis and lack of creativity although clearly a degree of perceived certainty is important in helping us move on through our lives in as creative a way as possible.' Perhaps occupational therapists are not engaging with role-emerging placements because of these feelings of '*unsafe uncertainty*' and the '*paralysis*' they provoke. According to Mason's (1993) description, the therapists need help moving from '*unsafe uncertainty*' to '*safe uncertainty*'. There is a clear role for the HEI to adopt in order to engage with the fears expressed, as well as to improve transparency and trust in order to enable the therapists to move to a position of '*safe uncertainty*' so that they feel able to participate in long arm supervision of role-emerging placements. This will be discussed further in the Recommendations section. A further cause of uncertainty and lack of confidence may be derived from the introduction of the Health and Social Care Act (DoH, 2012). This Act has initiated the opening up of the NHS to market forces for the provision of services, with changes to commissioning, which is now being carried out by GPs. This has created an air of uncertainty regarding the direction of services and job retention that would never have been the case in years gone by because of the '*job for life*' culture in the NHS.

The perceived lack of transparency on the part of the HEI comes from a lack of trust in the HEI, the information it provides, its motives for using role-emerging placements and its care of students and therapists. The perceived lack of information about practical elements of role-emerging placements and of quality research produces a lack of trust but also feelings of vulnerability and a lack of confidence and competence in the therapists themselves. These suspicions and fears will naturally prevent occupational therapists from engaging in long arm supervision of role-emerging placements. The proof that the information provided so far was insufficient is that those who were present on a previous training session have not felt able take up long arm supervision of role-emerging placements to date. This mistrust of the HEI and its information is evidenced by the quote,

'I think it was a bit of an unknown that they [the HEI] were preaching about.'

The HEI is referred to as 'preaching', which suggests that a self-serving and didactic approach is used by the HEI. This quote also suggests that the HEI has not thoroughly researched the pros and more importantly (in the eyes of the occupational therapists) the cons of role-emerging placements. The language used to describe the HEI and the information it provides suggests that the therapists feel it is biased, untrue (that the HEI is lying) and withholds bad information (lack of transparency):

'I'm very aware that the college will be very keen on these placements because they're generally short of placements. So I don't expect them to be putting them down.'

Perhaps the HEI is challenging old ways of working and therefore is perceived as threatening and dismissed as preaching. This new way of working appears to be unproven and produces a lack of trust in the idea that the role-emerging placement process can give the student a good learning experience, *'that the learning is enough'* and that the placement will produce good therapists for the future. The research carried out so far was also called into question. One participant also voiced distrust in the fact that journal articles they have read on role-emerging placements are all positive:

'I just feel that if students were asked as part of some research into their opinions on it, I think they would feel obliged to give more positive comments than perhaps they were honestly feeling.'

This questions whether the research carried out is based on fact and is therefore reliable evidence. As a result, the occupational therapists are requesting more first-hand information. First-hand information would imply that it is more trustworthy, unbiased and evidence-based. For example,

'Narrative evidence of people's experiences that have already gone through this'

and

'decent facts and figures as to maybe the students that have failed in these placements and why'.

This quote also shows the concern that role-emerging placements are more likely to result in failure or that the failure is somehow going to be different from a traditional placement.

Although the occupational therapists described a lack of trust in the information provided, they also ask for more practical information. Participants appear to link closely the acquisition of knowledge with an increase in confidence: in the process of role-emerging placements and long arm supervision, as well as confidence in carrying out long arm supervision competently. All participants felt they needed more information regarding how to do practical aspect of long arm supervision such as the paperwork. One participant said they want to be told,

'This is what you need to do. This is the paperwork in place. This is what we expect from you.'

Participants also requested practical information on managing the failing student; this is somehow seen as being different from the management of a failing student on traditional placements. This perhaps suggests that if the occupational therapist is not monitoring the student constantly then they will not be competent enough to pick up if someone is failing – thus failing themselves and the student. This suggests a fear of lack of competence. Willacy (2010) discusses burn out in the medical profession and highlights,

'Change is a source of inability to cope and resistance to change is a symptom of failing to cope.'

Additionally, he stated that the system of perpetual change in the NHS causes people to feel insecure. Furthermore, that 'resistance to change is often seen where competence is questionable' but that some may find the changes a challenge and others may find it stressful.

The repeated request for information, and its inferred ability to increase confidence and competence, suggests a request for clear, strong leadership, as well as a robust framework to work within. This would reduce perceived risks and associated fears. It would also serve to outline roles and responsibilities clearly and clarify leadership, as when everyone leads no one leads (Wollaston, 2013). A desire to keep the status quo of traditional placements is therefore understandable. The desire to monitor students at all times may be a way of coping, not controlling. Although participants describe a lack of trust concerning the students being truthful in the reports of what they do in between supervision sessions, they also describe a commitment to students, their education and their well-being. This commitment to students also shows a concern for occupational therapy and its professional standards. One participant stated that students could *'actually undermine our profession and its reputation'* whilst on role-emerging placements and that students may be *'just sat there doing nothing'* when not constantly in the presence of an occupational therapist. If the student is with the therapist all the time, the therapist has more control over what the student is saying and doing with patients and staff, but they

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are also controlling how the profession is portrayed. This is a lot of responsibility for individuals to be burdened with.

The lack of trust also extends to the decision-making ability of the HEI regarding the selection of students and settings. Participants highlight fears that there will be a bad student–setting fit or that there will be conflict with staff on site:

‘I don’t know how much the college actually filters out who they send where.’

This illustrates the lack of trust in the HEI discussed previously but also a further concern for the well-being of the student. However, when one participant goes on to express concerns about the structure of the placement, this raises questions about how far the participants feel their responsibility extends:

‘What’s unclear to me, is how you identify the occupational therapy structure for a place that you’re not actually regularly setting in to.’

Perhaps participants are concerning themselves with areas that are the domain of the HEI and causing themselves undue anxiety about role emerging placements. As with professional standards, such things as student–placement fit, placement structure and organisation are the domain of the HEI but are worrying the participants. Taking on sole responsibility for things that are not within their domain will cause anxiety but also suggests a lack of clarity of roles and responsibilities. As highlighted in Willacy’s (2010) article a fruitless project serves to increase frustration and burn out. With this in mind, perhaps avoidance of role-emerging placements is a form of self-preservation.

The lack of confidence described above also implies vulnerability: not only the vulnerability of the students in a potentially hostile setting with no occupational therapists on hand to ensure they pass and are protected but also the vulnerability of the occupational therapists in trying to carry out the long arm supervision competently and without fear of failure. One participant said,

'I am sure once you have done one, and you have lived through it and experienced it, it is probably a lot less overwhelming and daunting as it is portrayed.'

Who is portraying role-emerging placements as overwhelming and daunting? It was revealed during the literature review that there was positive feedback post-placement. None of the participants has done a long arm supervision of a role-emerging placement, so it is not a fellow colleague who said it was overwhelming or daunting. Perhaps these feelings come from personal experience. This shows reflection on practice, not just a knee jerk reaction to a new way of working, as illustrated by this quote:

'When I was training, I wanted to spend as much time with an OT as possible...to have one of those [the three placements during undergraduate training] without an OT leaves you quite vulnerable.'

This participant goes on to refer to their own student placements, saying that they had five placements in different settings with occupational therapists present and said,

'I still, when I qualified, wasn't that confident' and 'I just think you're really vulnerable when you train'.

This participant demonstrates how their past student experience or cultural baggage could influence the uptake of role-emerging placements. If a traditional placement is not sufficient to alleviate fears and a lack of confidence, it is understandable that a new way of working would be treated with scepticism.

The lack of supervision causes concern not just because the student cannot be monitored but also because of anticipation that the student will be isolated. Again, fear is based on empathy for the student but also on the participant's own experience:

'I'm pretty sure I would have floundered as a student. I don't think I would have been terribly confident.'

However, the participants may be underestimating how students can flourish when left to work independently and how that independent working is an asset when they qualify. Thew (2008) reports that role-emerging placements provide equivalent and sometime superior learning experiences and offer the opportunity to develop a professional identity. In fact they learn most when *'dropped in the deep end'* and are therefore given the opportunity to demonstrate entrepreneurial skills, as well as *'applying theory of occupation and wellbeing into practice'* (Samuels, 2013).

Further vulnerability is felt in relation to the occupational therapists' future career. In a traditional setting the occupational therapist will see the student interact with patients, then read and countersign the notes the students writes afterward. Notes are a legal document and therefore occupational therapists are legally liable for any errors made. Understandably, this is frightening for occupational therapists, who cannot watch everything the student does. Students may act inappropriately and cause harm to themselves or the patient, thus harming occupational therapy's reputation. Written notes may be inaccurate due to lack of experience and knowledge and may leave the supervising therapist vulnerable to Health and Care Professions Council (HCPC) fitness to practise proceedings. This understandably causes anxiety.

The participants also fear that the service would be vulnerable to abuse due to the presence of a student and a therapist. This would result in an increased workload for the therapist and/or abuse of the student as an extra pair of hands. This causes worry about how occupational therapy will fit into a setting, with one participant stating that there is a need for

'clear expectation from the setting that we're going in, we are providing the student the support, not occupational therapy service to that setting.'

This vulnerability will fan the flames of the desire to police/monitor/control the student and the placement as a means of coping. The use of the word 'monitor'

does not sound particularly supportive and suggests surveillance rather than support:

'I don't think you can monitor it [students and their progress] enough and see them with patients enough.'

This is an understandable way of coping with the fears and vulnerabilities discussed above. If occupational therapists are to engage with long arm supervision of role-emerging placements, they will need to find a way of living with the current uncertainties in healthcare and placement provision. This is where the HEI's involvement is important as it has the ability to help the occupational therapists move from the paralysis of unsafe uncertainty to the more creative stance of safe uncertainty. The HEI needs to provide a haven rather than raise further demands that add to the fears and concerns of occupational therapists.

Recommendations

- The participants stated that training would make them feel more able to participate in long arm supervision of role-emerging placements. However, I know that they have received training in the past and did not take up the opportunity to engage in role-emerging placements afterwards. The results of this study suggest that practice educator training needs to engage directly with the fear that is preventing commitment to role-emerging placements. Steps also need to be taken to allay those fears. To do this, the practice

educator training for role-emerging placements needs to be different from the standard practice educator training. It needs to be tailored to address the fears of therapists. Practical measures would include education on the paperwork and how it is used when you supervise the student less frequently. Since it is a fear of the occupational therapists, the failing student protocol will need to be made more explicit, even if the HEI feels that students are no more likely to fail on role-emerging placement than on traditional placements.

- The HEI needs to provide clear leadership so that occupational therapists do not feel the need to take on responsibility for things outside their remit or control. Improving transparency will also reduce suspicion.
- Occupational therapists are drawing on their own experience of training and placements and by avoiding role-emerging placement are possibly repeating old and familiar ways of working. To help prevent this repetition, training would need to help encourage reflection in a safe environment: not only reflection on past practice but on the new information provided and how it can be applied to practice.
- Further research is also required. The research needs to detail the positive and negative aspects of role-emerging placements, not just from the student perspective but also from that of the practitioner. Participants were particularly keen to hear first-hand accounts that are transparent and not skewed in favour of role-emerging placements. From personal experience, I would also highlight that the benefit of doing a role-emerging placement is not always felt until after graduating and in your first occupational therapy

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job. Therefore research pre- and post-qualifying may be of benefit. An evidence base that illustrates the benefits to the profession as a whole would reassure practitioners that engaging in role-emerging placements is good for the student, the practitioner and the profession as a whole. As Thew (2008) stated, *'providing placements in innovative settings has offered an opportunity to market and raise the profile of occupational therapy, which is vital within the ever diverse and changing health and social care arena'*. Again, there is a role here for the HEI to disseminate the research carried out so far that does highlight negatives but is generally very positive about role-emerging placements, their education of students and their benefit to the future of the profession (Thew, 2008, Thew, 2011, Friedland, 2001, Thomas, 2005, Alsop, 1996, Bosser et al, 1997, Huddleston, 1999, Rodgers et al, 2009, Cooper, et al 2009).

Reflection on research

Taking on this project was daunting as I have never carried out qualitative research before. I have limited experience of interviewing and have never done research interviews before. Furthermore, I chose to use solution focused questioning as I felt it would help to yield rich data and avoid a focus on listing practical problems. However, I also have limited experience of using the solution focused approach. I knew its potential was powerful, and even with my unskilled use it yielded results that have not been reported on before. Using the IPA was also daunting as this is

not a methodology commonly discussed during tuition. However, it was entirely appropriate for this study and, again, I am pleased with the results it enabled me to uncover. Interviewing colleagues was a concern, but they were professional, helpful, took my study seriously and during the interviews treated me as an interviewer. They were open and honest and did not express any discomfort about taking part in the study. I appreciate that interviewing my colleagues makes the sample a convenience sample, but I do believe they are representative of other therapists in the community who are not taking part in long arm supervision or role-emerging placement. If they are not, this methodology would allow other HEIs to uncover the issues in their areas. I felt it was important to gather the occupational therapists' views because, as mentioned above, there is limited research in this area. Thew said in Samuel's (2013) article that role-emerging placements produce highly employable therapists who can work in a variety of settings because of their ability to work with an occupation focus and because they are able to articulate clearly what occupational therapy has to offer:

'selling themselves as a unique commodity to the health and social care market through our occupational focused practice is what makes us unique'.

If this is the case, it is of vital importance that students are given the opportunity to take part in a role-emerging placement. However, research tends to focus on the student and the worth of role-emerging placements, not on addressing how these sorts of placements are made available to more students. It seems from this research that studies can extol the virtues of the role-emerging placement, but the

participants were not convinced. Therefore it was absolutely necessary to find out more about the therapists' thoughts and feelings.

I approached this research from the position of someone who has done a role-emerging placement as a student, as well doing long arm supervision of three role-emerging placements as a qualified occupational therapist. I was genuinely interested in how my fellow occupational therapists perceived role-emerging placements and what was preventing them from engaging in long arm supervision. Having done a role-emerging placement as a student, there was not that fear of the unknown as I had first-hand experience. My preconceptions were related to standard reasons why occupational therapists feel they cannot take on new things: there is not enough time, the caseload is too large and there is too much paperwork. An anticipation of these problems being identified was the reason for choosing a solution-focused approach, as discussed in the Methodology section. I thought I already knew what problems would be identified by the occupational therapists, and these have already been reported in the above-mentioned studies. I did not want my own preconceptions and bias to influence the result, nor did I want a list of problems. Consequently, the results were truly enlightening.

Being a novice researcher had obvious negative effects. I was very nervous when carrying out the interviews and was pleased to have the interview schedule.

However, if I were to do the research again, I would work on my ability to use

follow-up questions to tease even richer data out of the conversation. A more sophisticated use of solution focused questions would also have yielded richer data. It would have been nice to transcribe the conversations myself as I understand the subject the participants are talking about and the nuances may have been lost in the transcription process. Hopefully when I was coding, my recollection of the conversation helped to counteract this.

I found that the closer reading of the interviews produced a much more sympathetic picture of the perceptions of role-emerging placements. I was especially struck by the similarity between the issues the participants raised with the HEI and points raised in the Berwick Report. This helps to show how the therapists are not stuck in the mud but are just attempting to negotiate a rapidly changing work environment that is fraught with lack of leadership and transparency and is prone to a blame culture. The values of a 'job for life' and adherence to tradition are no longer applicable or laudable. This culture causes individuals to feel personally responsible for things that should be taken care of by management, whilst at the same time fearing making any mistakes. Occupational therapists are trying to make sure their patients receive the best possible care with limited resources, as well as ensuring the future of their profession in the changing market place of healthcare. It could be argued that a profession such as nursing does not have this extra pressure as their profession is well-established and understood by other professionals and the public.

Conclusion

This study found that the majority of therapists are willing to try long arm supervision of role-emerging placements. Their reasons for not doing long arm supervision of role-emerging placements are not related to workload, time or any other personal management problems. The study found the participants were very dedicated and professional occupational therapists whose upmost concern was the quality of the learning experience and the next generation of occupational therapy professionals. However, they are understandably concerned about their own vulnerability when providing a 'new' type of supervision. The HEI has an opportunity to be a leader so that occupational therapists do not feel the need take on responsibility unnecessarily. The HEI also needs to acknowledge the fears of the practitioners so they are not made to feel old fashioned or 'stuck in the mud'. Then, allay those fears by giving therapists the space and encouragement to reflect, disseminate research and educate regarding the practical elements of long arm supervision. This will also enable the therapists to feel more competent. At all times the HEI should ensure transparency to engender trust. Every effort should be made to ensure occupational therapists do not fear failure or blame. Occupational therapists are concerned about the future of the profession in these changing times and role-emerging placements may be a positive step towards ensuring the profession thrives in the new market economy of the health service in Britain. However, it is not the sole responsibility of practicing therapists to ensure the future of the profession.

Leadership could be provided by the HEI in the form of an employee in the placements department who is dedicated to recruiting, training and supporting occupational therapists in long arm supervision of role-emerging placements. This would also enable an expansion of the numbers on any cohort doing role-emerging placements, which, if commentators such as Thew (2008, 2011) are to be believed are of vital importance to student development and the future of the profession. If this is so a dedicated member of staff could provide specific training and build a rapport with occupational therapists, allowing the HEI to take the lead and take some of the responsibility to nurture a culture of change and responsibility professional standards that currently weighs heavily on therapists. This would help to allay fears and provide reassurance that the HEI is looking after the occupational therapists, students and is mindful of the future of the profession.

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Appendix One

Table of themes

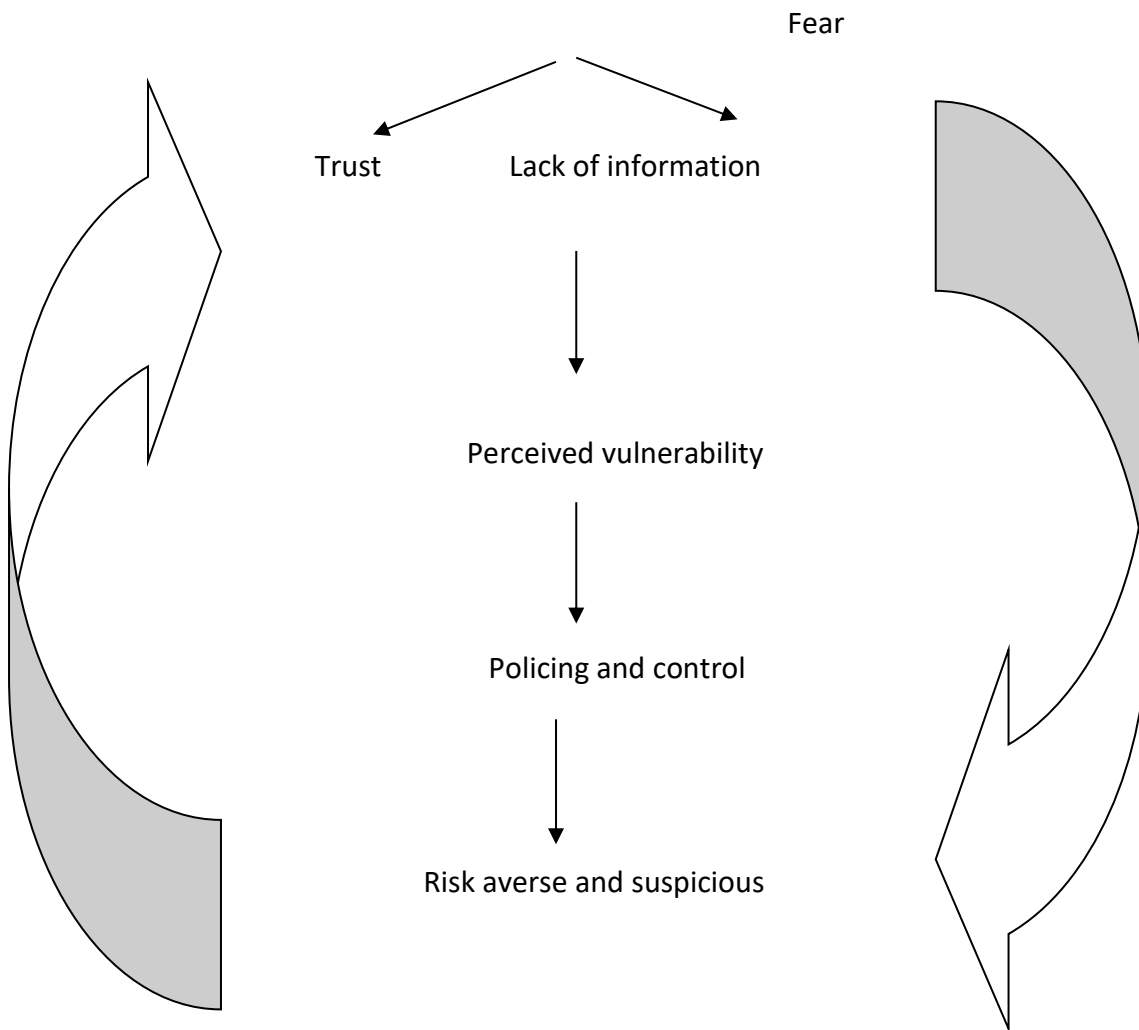
Overarching theme: Fear	
Superordinate themes:	
Lack of Trust (lack of partnership)	• In the site and student understanding of OT • That students will represent themselves and the profession badly • That the 'learning is enough' • Students are obliged to be positive due to pressure from University and students a keen to please • In the information provided by the University • That the University considers the student/setting fit • That students will be placed at an inappropriate setting • In the motives of the University due to lack of practice placements • In the students and the process to achieve a good result • In the setting/staff/on-site supervisor • That the University will provide adequate support • That the values of the University and the Occupational therapists are different • That OT will not be legally culpable and at risk • That students will accurately represent themselves and what they have done in supervision
Lack of information (lack of confidence)	• Role emerging placements perceived as new and therefore a new way of working • More information required regarding procedures and paperwork to increase confidence in the 'new' way of working • University perceived as 'preaching' • Evidence wanted to increase confidence in the 'new' way of working, such as 'facts and figures' and first person accounts from students • Suspicion that evidence presented is biased to be positive and negative aspects withheld • More information regarding the setting: staff, on-site supervisor, attitude to OT, clients • More information regarding the OT role as a long arm supervisor and how role-emerging placements work

Sub themes that follow from these themes and from each other:	
Perceived vulnerability/risk of failure	• OT 'failing' to carry out role appropriately and fail to give enough support and will 'worry' that will not bring out the best in students if only seeing them weekly • Assumption that students are 'vulnerable' • Students at risk of 'drowning', 'not coping' of being 'isolated' • Students fail to get the skills necessary to pass placement and/or be competent practitioners • OT legally culpable for any mistakes student makes and it is difficult to know what mistakes are being made when student not with OT all the time • Disputes likely • Will result in more OT referrals and therefore increased workload for the team • Setting will take advantage of the OT being present • Students won't feel part of the setting • Fewer placements in a year and therefore a role-emerging placement potentially a wasted opportunity to learn OT skills • Difficult to manage the struggling student
Policing/control (patriarchal)	• Lack of continuous supervision: • Difficult to ensure students do not misrepresent the profession • Unable to ensure competence • Unable to provide enough support to students • That students are vulnerable and need protecting from possibly hostile/ unsupportive/'demanding' setting and staff • Cannot watch students and how they behave or interact with staff and clients • Cannot 'give opportunity pass' and students may fail due to lack of contact with OT • Skills acquisition will not be as effective as on traditional placement • Inability to give/receive continuous or immediate feedback • Lack of accessibility • OT vulnerable as unable to monitor continuously and reliant on student to feedback accurately • Lack of control over students' day to day activities and learning • Setting is potentially an inferior environment and on site supervision will be insufficient

	• Would want to impose an OT structure in setting rather than allow student to fit into the environment as it is • Concerns that the setting and on-site support will be inappropriate (a concern of the University)
Risk aversion/suspicion that leads back around to Fear (see Appendix Five for illustration)	

Appendix Two

Diagram to illustrate table of themes



Appendix Three

Sample consent form

Appendix Four

Sample Participant Information Sheet

Appendix Five

Sample anonymised transcript with coding

Appendix Six

Canterbury Christ Church University confirmation of ethics compliance letter

Appendix Seven

NHS permission for research letter