

Physiotherapy practice education in a seven-day model of working: an exploratory study

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Abstract

The purpose of this study was to gain a deeper understanding of practice education in a seven-day model of working within physiotherapy. Many physiotherapy services are now providing a seven-day service, so student placements may be offered across a seven-day week instead of the traditional five. This is a transitioning experience for physiotherapy students, practice educators and universities alike, and currently little evidence exists on this topic.

A qualitative interpretive approach informed by phenomenology was taken. A purposive sample of six physiotherapy students, six practice educators and three university link tutors were asked to talk in a semi-structured interview about their experiences of practice placements hosted across a seven-day model of working. Thematic analysis through a lens of communities of practice and legitimate peripheral participation was used to interpret and present the findings. Ethical approval was sought and gained from the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

Three interrelated themes emerged from the data: barriers, challenges and changes within physiotherapy practice education in a seven-day model of working. Findings suggest that physiotherapy practice education in a seven-day model does offer a unique learning opportunity in an authentic and relevant context which assists in preparing physiotherapy graduates for future practice through legitimate peripheral participation. Additionally, practice educators, physiotherapy students and academics all demonstrate the opinion that there is a requirement for the profession to deliver a seven-day physiotherapy service so to improve patient care. This study identified that there are challenges to learning in a seven-day model due to inconsistent working patterns which physiotherapy students feel have a direct link to their performance. These inconsistent working patterns also challenge team dynamics, caseload management and clinical reasoning. This study has also highlighted that the construction of a professional identity within seven-day practice placements is complex but can be linked to personal, practice and professional constructs. Further research into further potential pedagogical approaches to seven-day practice education is recommended.

The findings of this study contribute new knowledge to physiotherapy practice education on the impact of inconsistent working patterns that are experienced during seven-day working that have not previously been identified or discussed.

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Much of my thinking took place when walking on the Lake District fells, my place of solace. So, to conclude, it seems only fair that I turn to the words of Alfred Wainwright, a British fell walker and author:

The fleeting hour of life of those who love the hills is quickly spent, but the hills are eternal. Always there will be the lonely ridge, the dancing beck, the silent forest; always there will be the exhilaration of the summits. These are for the seeking, and those who seek and find while there is still time will be blessed both in mind and body.

You don't climb mountains without a team, you don't climb mountains without being fit, you don't climb mountains without being prepared and you don't climb mountains without balancing the risks and rewards. Only if you have been in the deepest valley can you ever know how magnificent it is to be on the highest mountain. I have conquered the mountain, I have conquered myself.

Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed

A solid black rectangular box used to redact the author's signature.

Date 7th May 2018

Chapter 1 – Introduction

1.1 Introduction

This Professional Doctoral thesis reports an interpretative qualitative study that explores the understandings and experiences of physiotherapy students, practice educators and university link tutors who have undertaken or supported practice placements in a seven-day model of working. My research study arose from a concern in practice when my own hospital moved to a model of seven-day physiotherapy student placements to match the change in our extended working patterns. On reflection, we did not consider the impact of this change in working practice on the provision of student placements.

The purpose of this chapter is to place the concern in the context of practice education and seven-day working, my own practice as a physiotherapist and to provide a rationale for my research. It broaches the concerns physiotherapists have expressed regarding hosting student placements in the emerging practice of seven-day working within physiotherapy.

I will introduce my conceptual framework, which has assisted in the development of the research question, guided my literature review, ensured coherence with the research design and has enabled me to structure, interpret and consider both the theoretical and practical implications to practice. I conclude with an outline structure of the thesis.

1.2 Utilising a conceptual framework

My professional doctorate has been a journey with the research evolving as I progressed. I therefore utilised a decision tree (Appendix 1) and a conceptual framework (Figure 1) as tools to help me define the research problem, establish theoretical coherence, organise and plan the data collection and analysis and finally allow me to frame the conceptual conclusions as recommended by McGaghie et al. (2001).

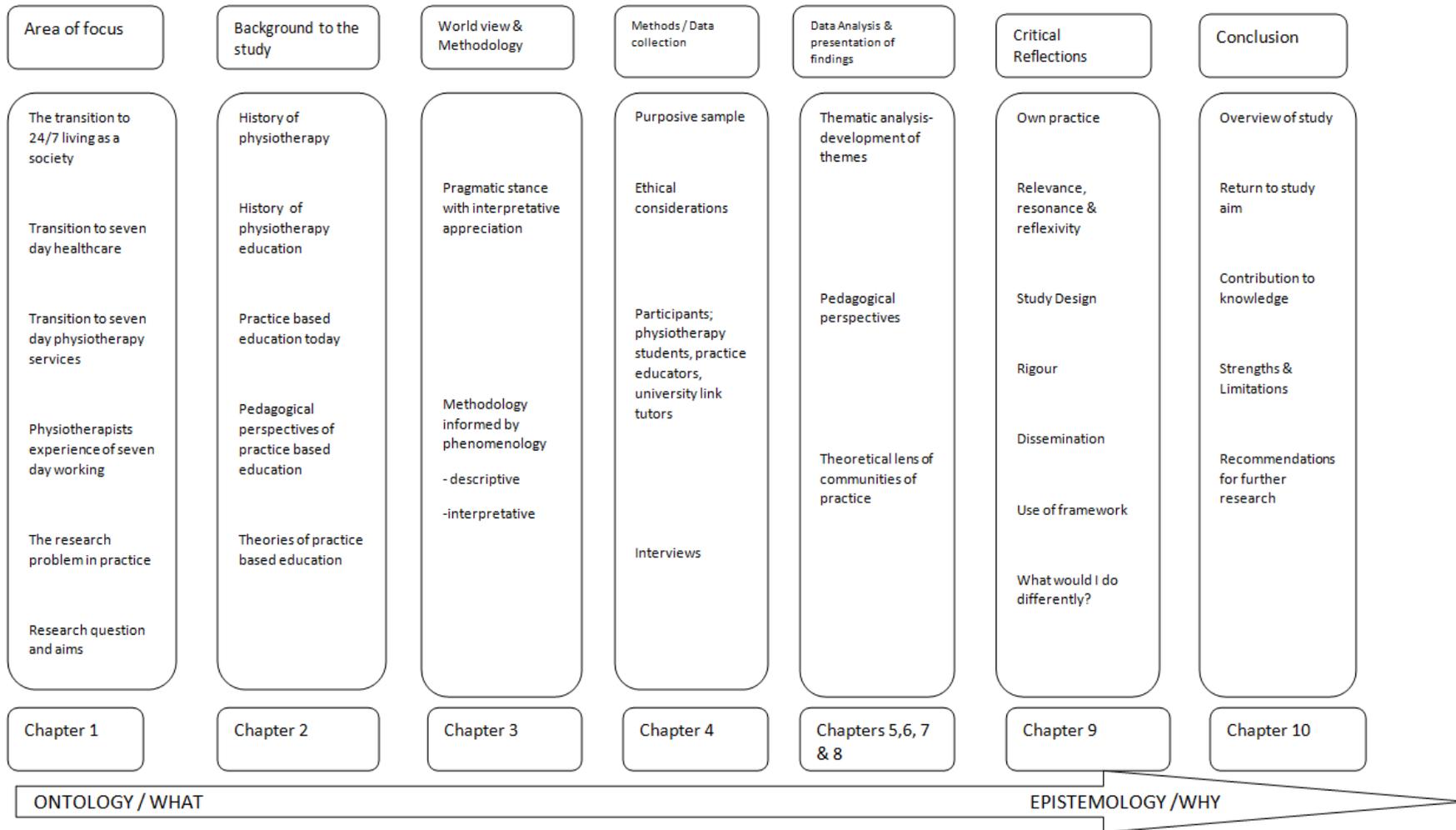
The catalyst for me to utilise and finalise a conceptual framework did not arise during the initial phase of doctoral research as suggested by Knight, Halkett and Cross (2010) but

evolved as the research developed, as I required a framework to spotlight specific decisions as they were made, especially during the process of analysis. My focus moved from the key concepts and theoretical frameworks underpinning the phenomenon of the study, to the research question, to the methodology and methods. I then considered the results and analysis, and finally the conclusions and practical implications of the study.

Within my conceptual framework is my theoretical framework. I decided to use a theoretical framework as a lens as it allowed me to connect my research to existing knowledge. Ravitch and Riggan (2012) suggest that the use of a conceptual framework assists the researcher to consider the what (ontology), how (methodology) and why (epistemology). Figure 1 illustrates my conceptual framework, and Appendix 1 explores how this was constructed in more detail.

Referring to Figure 1, this chapter will focus on the background to the research by exploring the changing society, the move to seven-day healthcare and how physiotherapy has responded to this. I will explain the rationale and significance of this research and my position as the researcher.

Figure 1 – Conceptual framework of my research study



1.3 Background to the research

In this section I review society's move towards seven-day living. I also review the changes that have occurred in healthcare and physiotherapy in recent years as services are more frequently being delivered over a seven-day period (NHS Improvements, 2012).

1.3.1 A changing society – the move to a 24-hour society

The earliest recorded use of the word 'weekend' was in 1877 by Rybczynshi in an English magazine called Notes and Queries:

In Staffordshire, if a person leaves home at the end of his works week on the Saturday afternoon to spend the evening of Saturday and the following Sunday with friends or family he is said to be spending his week-end.

In the western world, weekends are now considered time for leisure or free time so as to promote a work-life balance. Work-life balance is a concept that tackles the issue of increased stress in the workplace and its effect on wider factors such as family, friends, health and leisure activities (Byrne, 2005).

However, society is changing, and the modern '24-hour society' is the expression of this condition, where we are both consumers and producers at the same time, requiring, on the one hand, the availability of goods and services and, on the other hand, making consumption and production possible at any time of the day and night (The Parliamentary Office of Science and Technology, 2005). As a result, the traditional working week and the weekend have disappeared for many people employed in these retail and hospitality sectors; according to the third and sixth European Survey of Working Conditions (Costa, 2010; Parent-Thirion et al., 2016) over a quarter of the workforce now work irregular or non-standard working patterns. It is therefore not a surprise that the healthcare system is offering more services outside traditional hours and at weekends, not only to meet public demand but also in recognition of the concept that healthcare should be available at all times as patient care has significantly improved over the years (Department of Health (DH), 2000).

1.4 The move to seven-day working in healthcare

In 2000, the Department of Health outlined a ten-year plan to reinvent the outdated NHS service to deliver a 21st-century level of care to meet the changing needs of patients who wanted appointments at times and locations to suit the 24-hour lifestyle that we now live:

the NHS needs a quality workforce in the right numbers with the right skills and diversity to deliver a quality service to the patients at the right time (DH, 2000, p. 6).

This has subsequently been supported by other publications such as 'Building on the Best' (DH, 2003), which introduces key messages around choice, responsiveness and equity to improve patient and user experience, and the Community Care Act (1990), which advocates an 'open all hours' approach across the health service. The Five Year Forward View continued to highlight the need for seven-day services to be developed (NHS England, 2014, p. 22), stating that it would ensure "that hospital patients have access to seven-day services where this makes a difference to clinical outcomes".

NHS Improvement (2017) explains the reasons for changing to seven-day working as: improved patient safety, reduced length of stay, improved patient choice and meeting patient and public expectations. The economic environment should catalyse this process in order to meet the challenges of quality, innovation, productivity and prevention (QIPP) (DH, 2010). Physiotherapy services are transitioning to a seven-day working pattern as research demonstrates that this facilitates safe and timely discharges, thus reducing a patient's length of stay and improving patient experiences (Holdsworth, 2013).

1.4.1 The transition to seven-day working within physiotherapy

Historically, physiotherapy and other allied health professions have provided a five-day-a-week, 9 to 5 service, with an overnight and weekend on-call service for respiratory emergencies, with little or no provision for rehabilitation out of these normal hours (NHS Improvements, 2017). However, since 2000, many physiotherapy services have been providing a seven-day service, with extended hours or twilight services, and more will develop over the coming years (NHS Improvements, 2012). This change in service has

been driven by government directives and the NHS Plan (DH 2000, 2003; Community Care Act, 1990; NHS England, 2013a, 2014). Evidence highlights that seven-day working provides improved continuity of care, quicker response times and prompter discharges (Boxall et al., 2004; Beddau, 2010). The introduction of patient choice has also had an impact on provision of health services, and health professionals have to analyse if their service still meets the needs and expectations of their patients (AHP Bulletin, 2008). After all, as Chadda (1998 p. 20) states:

'It is difficult to justify that we are an essential service if we are walking away from it two days of the week.'

Thus, many physiotherapy services are reconfiguring to seven-day working patterns, ensuring patients have access to a timely and seamless service (NHS Improvements, 2012). Early research findings suggest that by providing physiotherapy seven days a week to specific inpatient services, the length of hospital stay is reduced (Beddau, 2010 and Boxall et al., 2004) and productivity is improved, thus producing essential cost savings (Gowans et al., 2008).

For physiotherapy, the move to delivering a seven-day service was made more important in 2013, when an NHS forum was set up to take forward the seven-day working agenda (Academy of Medical Royal Colleges, 2013). The report resulting from this forum recommended the adoption of ten clinical standards that patients should expect to receive seven days a week to improve clinical outcomes and patient experience. Two of the ten standards acknowledge the importance of physiotherapy as part of the seven-day service delivery (CSP 2014, p. 3).

Clinical Standard 3 states that:

'All emergency inpatients must have prompt assessment by a multiprofessional team to identify complex or on-going needs, unless deemed unnecessary by the responsible consultant. The multidisciplinary assessment should be overseen by a competent decision maker, be undertaken within 14 hours and an integrated management plan with estimated discharge date to be in place along with completed medicines reconciliation within 24 hours.'

Clinical Standard 9 states that:

'Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken'.

The physiotherapy professional body, the Chartered Society of Physiotherapy (CSP), welcomed the views on seven-day care, and the identification of standards related to seven-day consultant-present care (CSP, 2014). In particular the CSP (2014) supports the principle that successful care is based on a team approach where a range of clinicians along the care pathway, including physiotherapy staff, contribute to the delivery of a successful outcome for patients. Physiotherapists view themselves as being holistic and patient-centred; Wigham and Supyk (2001) support this by stating that working outside traditional 9 to 5 hours underpins a philosophy of client-centredness. Horobin (2004) advocates the need for physiotherapists in these changing times to promote their professional skills and expertise to support multi-professional team working and respond to patients' needs. This applies to all areas and clinical specialities within physiotherapy, such as providing rehabilitation seven days a week to critical care patients, facilitating discharges at weekends for patients undergoing orthopaedic or general surgery, or a wider range of appointment times for patients attending outpatients.

Lovelace (2003) discusses how the changes in the delivery of healthcare are enabling therapists to expand their roles as 24-hour services are becoming necessary to cope with workload demand within intermediate care. This is supported by Kell and Owen (2008) who suggest that changes to healthcare design and delivery and the developments in science and technology provide opportunity for the role of physiotherapists.

Physiotherapists are practising as case managers (Landridge & Moran, 1984), clinical matrons (Hunt, 2016), advanced practitioners with extended clinical skills (Levenson & Vaughan, 1999), critical care practitioners (Gatehouse, 2017) and first-contact therapists in primary care (Holdsworth & Webster, 2004). Clarke et al. (2003) also explain that physiotherapy practice has expanded in the community in workplaces, hospices, care homes and other spaces associated with health and well-being. Over 20 years ago, the

NHS and Community Act (1990) prompted an increase in the availability of services and made them needs led, with an emphasis on patients recovering at home after an illness or injury, with the right support and rehabilitation. Integrated teams that involve increased collaboration between clinicians and better coordination between organisations are also being developed and promoted, as working together means overcoming the fragmentation that results in deficiencies in timeliness, quality, safety, efficiency and patient-centeredness, which may also help the NHS achieve efficiency savings (Wagner, 2009). Smith and Roberts (2013) suggest that the changing healthcare is also a catalyst for occupational therapists and physiotherapists to consider skill sharing and commonalities in their roles.

As well as government initiatives, there have also been changes to 24-hour living, for example, supermarkets, internet services and telephone services. All these factors have led to higher expectations from patients and families, which is another reason services have expanded to weekends and evenings (Wakefield et al., 2010). NHS Improvement (2012) supports these claims, highlighting pressure from the multi-disciplinary team (MDT), patients and families in the push for seven-day services.

The benefit of physiotherapy to patient care seven days a week is not new, and earlier studies demonstrate this impact. Heck (2001) argues that when weekend physiotherapy services are not provided, patients will suffer delayed mobility and ultimately prolonged hospitalisation. Heck (2001) maintains that patient progress will be delayed, as any improvements attained during the week will be lost on the two days without treatment. Rapoport and Judd-Van Eerd (1989) found that stroke patients who received physiotherapy at weekends showed significant improvement. Mahoney (1985) and Hughes et al. (1993) found that the post-operative length of stay was greatly reduced if patients received physiotherapy over a seven-day period; however, to deliver an effective seven-day service there was a requirement to increase staffing levels. Case studies conducted by NHS Improvement (2013) corroborate that seven-day therapy services enhance patient care across all clinical specialities, and these are summarised in Appendix 2. Examples of improved patient care from the NHS Improvement case studies include:

increased communication with the MDT team, a consistent approach to rehabilitation on critical care, reduced length of stay and facilitated discharge.

As physiotherapists, I believe we have the skills and knowledge to deliver what is required in an emerging and flexible system of seven-day working. According to 'AHPs into Action' (2017), the breadth of allied health professionals' (AHPs) skills can reach across people's lives and organisations, thus making physiotherapy ideally placed to lead and support transformative change.

1.4.2 Physiotherapists' experience of seven-day working

Physiotherapists' attitudes to the change to seven-day working is varied; a mixed-method study by Smith (2006) who investigated the views of physiotherapists from a cluster of NHS hospitals regarding a move to seven-day services found that a large percentage of physiotherapists believe that there is a need for a seven-day service, beyond the current on-call provision to all patients. The participants of Smith's study felt that if physiotherapy was provided over a seven-day period, it would be of great benefit to the patient, ensure equity of service and also promote justification of the physiotherapist's role. However, only 50% of the participants of Smith's (2006) study said that they would readily work a seven-day pattern if the transition to this working pattern was made. Other participants reported that they would leave the profession.

'I don't think I would have chosen to come into physiotherapy if it had been shift work like nursing, that it was one beneficial thing, that it was Monday to Friday working and I would have my weekends spared'. (Smith, 2006, p. 56).

The largest barrier Smith (2006) found to physiotherapists moving towards a seven-day working week was the loss of time spent with family and friends. Other barriers included: childcare, financial reasons due to loss of overtime, travel, communication and rostering of shifts. The same study also identified many attractions to seven-day working which include benefits to social life, flexibility, avoidance of rush-hour traffic and financial remuneration due to unsociable payments.

A later, qualitative study by North Bristol NHS Trust (2009) sought thoughts and concerns on this change from their staff members via questionnaires, prior to implementing a seven-day service in physiotherapy. Both positive and negative opinions emerged as themes around the topics of staff willingness to change work patterns, the work-life balance, recruitment, flexibility, communication, childcare issues, social issues and choice of physiotherapy profession as a vocation; these issues are similar to those raised by Smith (2006).

Both the studies cited above were small-scale and conducted prior to a change in working practices and so the concerns and advantages raised were those perceived by the physiotherapists. No follow-up studies were conducted after the implementation of seven-day working to establish if these perceived concerns materialised or if the new working practices did raise issues with recruitment and retention of qualified staff. I have therefore evaluated a number of case studies conducted within NHS trusts where seven-day working has already been implemented within physiotherapy, and I summarise these in Appendix 2. These case studies, utilised by NHS England (2015), primarily identified the clinical outcomes so to promote the impact of the ten clinical standards identified by the NHS Forum (2013) that patients should expect to receive seven days a week, and also how seven-day working in the NHS reduces mortality and re-admissions, and improves patient care and experiences. Within these case studies, some qualitative statements were gained from staff members reflecting their experiences and opinions of the impact of seven-day working within a physiotherapy department. All quotes and statements have been included within Appendix 2 to represent both advantages and disadvantages to the physiotherapy workforce on a personal level.

From the case studies collated in Appendix 2, it can be seen that there are a variety of seven-day services within physiotherapy that encompass both the level of service provided and the clinical speciality. These include respiratory and critical care, stroke and orthopaedics. While these case studies suggest that clinical outcomes for the patient are improved with respect to promoting timely discharges, enhancing continuity of care, improving communications with the multidisciplinary team (MDT) and increasing patient

satisfaction, these case studies are examples of how the clinical standards for seven-day working can be achieved so may not reflect the whole picture. The staff evaluations raised several concerns in relation to physiotherapists participating in a seven-day working pattern that are similar to those raised by participants from the studies by Smith (2006) and North Bristol NHS Trust (2007). These considerations are work-life balance, families and childcare, impact on social life, leisure time, choice of profession, recruitment and retention, financial issues, job satisfaction, flexibility, impact of shift work, teamwork and communication, training and supervision and the change process.

1.5 Defining seven-day working

There is a wide variety of service levels for seven-day working currently being practised by physiotherapists, and some hospitals are still developing their services (CSP, 2015). This could be due to many reasons such as: service level requirements, financial considerations, recruitment of staff and involvement of other professions, so there is a need for me to clearly define the term 'seven-day working' for the context of this study. I am going to utilise a four-stage model described by NHS Improvement (2012) that can be related to all professional groups (Table 1), with Level 1 being some services extending beyond the normal working pattern, to Level 4 which is a whole-service approach.

Table 1 – Seven-day Working: Four Levels Model. Source: NHS Improvement (2012, p. 7).

| Level | Description |
|---------|---|
| Level 1 | Services limited to one department or a service that is beginning to deliver some services beyond the 8am – 6pm Monday to Friday service. This could be extended working days and some weekend services; however, it does not deliver equitable services irrespective of the day of the week. |
| Level 2 | Services that are delivered seven days a week but do not always offer the full range of services that are delivered on weekdays. This limited range of services goes beyond “on call” and emergencies only and facilitates some clinical decision-making and discharge, though it is likely to be one service and not integrated with other service delivery. |
| Level 3 | A whole-service approach to seven-day service delivery that requires several elements to work together in order to facilitate clinical decision-making or treatment, often covering more than one workforce group. |
| Level 4 | A whole-systems approach to seven-day service delivery that integrates the requirements for elements of seven-day services across more than one speciality area. |

The experience of participating in seven-day working may differ according to the level of service delivery and availability of other MDT members. In this study, all participants describe experiencing a level 2 or level 3 service only, as some members of the MDT were absent including those working in speech and language therapy, dietetics and social services, and physiotherapy staffing may be reduced at a weekend. Unfortunately, the case studies I have utilised in Appendix 2 and other literature relating to physiotherapy do not clearly specify the level of service provision in relation to the definition of seven-day services as defined by NHS Improvements (2012) in Table 1.

1.6 Position of the researcher in the context of seven-day working and the study

During my Professional Doctorate, I was employed as a physiotherapy practitioner specialising in critical care, working for an NHS Foundation Trust. My role included managerial and financial responsibilities plus leading a clinical speciality team, which involves developing the service and also mentoring junior members of staff. Additionally, I was the co-ordinator for practice placements and am a practice educator for

physiotherapy students. My physiotherapy department moved to a seven-day service in November 2009 and began hosting student placements the following academic year, after giving universities notice of our decision. Our service has reduced staffing, with approximately one third of staff present at a weekend so respiratory cases, new referrals, discharges and rehabilitation patients are our priority; this relates to a level 2 service as defined by NHS Improvement (2012). My department chose to offer student placements across the seven-day working pattern, so the placement represented a real-life experience, with the students experiencing rota schedules. The choice to offer seven-day student placements was a consensus decision made by the practice educators' forum that we have in physiotherapy. When I commenced my doctorate in 2011, exposure to seven-day practice placements was a relatively new experience for physiotherapy students, practice educators and universities, and no literature existed on this topic. The CSP (2008) recommends more research into the implementation, management and quality of practice education on a continuous basis, but with such a change in practice, I believe it is of high importance to evaluate the experiences of those participating in seven-day placements within physiotherapy. Their experiences may alleviate concerns that I, my peers, managers and departments have regarding the hosting of student placements across a seven-day period. Potter (2001, p. 8) quotes:

'Many of the problems we have in clinical education are perceptual problems. We need to persuade people that alternative models will not be a disaster.'

1.7 Rationale for the research study

According to the Health Care Professions Council (HCPC) (2012), physiotherapy is an allied health profession that requires its graduates to be competent in practical and psychomotor skills in a range of clinical specialisms. Physiotherapy university curricula are created to teach the fundamental skills of the physiotherapy profession, before students embark upon a minimum of 1,000 hours of clinical practice to consolidate and apply their physiotherapeutic skills learnt at university to patients in different healthcare settings and specialities (Thomson et al., 2014). The teaching of practical skills is a core component of physiotherapy education, as it is for most healthcare disciplines including medicine, nursing and other allied health professionals (HCPC, 2012; CSP, 2011, 2012; NMC, 2010).

Within the academic setting, approaches to teaching include traditional lectures, tutorials to develop clinical reasoning, case studies and practical sessions (Dale & Dale, 2017). The development of information and communications technology has been significant in the last decade (Rouleau, Gagnon & Cote, 2015). The majority of the generation who are at university at the time of this doctorate are known as 'millennials' and expect access to this technology as the norm (Kennedy & Abell, 2008). Social media and online learning allow the learner the opportunity to access these whenever, wherever and however they want to (Kamel-Boulos 2012). According to Maggs et al. (2018), this has opened up new opportunities to explore the ways that skills-based education is delivered to students in order to best engage the learner in a multi-media learning experience. An example of this is simulation. Simulation is well established in nursing and medical education in that it provides an effective learning opportunity for students to develop confidence to apply their skills in the clinical setting. Blackford, McAllister and Allison (2015) conducted a study of student physiotherapists who undertook simulation prior to practice placement, highlighting the benefits of incorporating simulated learning experiences and well-structured learning activities as part of all clinical experiences.

Sevenhuysen et al. (2015) suggests that while universities have adopted student-centred, collaborative learning models supported by research and technology, education in the clinical setting has largely retained traditional models. Physiotherapists are working in healthcare environments of increasing complexity with an increase of pace and volume of patients, rapid change, fiscal restraints and changing demographics, which bring about major challenges to the delivery of practice education (Fairbrother et al., 2016).

In 2016, Health Education England announced reforms including ceasing the cap on the number of university places in response to health professional workforce shortages (World Health Organisation, 2006). Where this occurred in Australia in 2012, health services that provided practice education reported feeling a significant strain as university programmes and student numbers grew (Universities Australia, 2012). In 2015, Suzanne Rastrick, NHS England Chief Allied Health Professions Officer (Hitchcock, 2015 Para. 1) recommended 'that it is imperative that physiotherapists have a good understanding of

the healthcare system in which they work and that there is a need to examine the approaches to practice education for quality and sustainability'. This is due to changing population health needs: an ageing and growing population will be characterised by more complex, chronic health needs requiring new approaches to healthcare (Oliver, Foot & Humphries, 2014). There will also be heightened consumer expectations: consumers, communities and funders will demand greater levels of quality, choice and value from health services (Strohschein et al., 2012). According to Lateef (2011), a patient-centred approach is aligned with the 21st-century patients who are more informed about their illnesses and also wish to be partners in their own care. For support services such as physiotherapy, co-ordination with other professionals and patients will be key to ensuring available resources transform into effective service provision and health outcomes.

It is reported from the perspective of the practice educators that practice education can be burdensome and stressful (Bearman et al., 2012) and can impact on productivity (Ricketts et al., 2016). Students report that placement experiences can provoke high levels of anxiety (Alzayyat & Al-Gamal, 2014) and sometimes do not provide adequate learning experiences (Rodger et al. 2008). However, practice placements, a mandatory requirement of all health professional courses, are perceived as essential for the development of clinical skills, attitudes and professionalism (Clouder, 2000; Thomson et al., 2014) and for providing the next generation of physiotherapists (CSP, 2003, Thomson et al., 2014). The last major review of physiotherapy practice education placements was undertaken following the announcement of an increase in therapy numbers in the NHS plan of 2000 (DH) which led to placement shortfalls because to that date the most popular model of supervision had been the traditional 1:1 model. The focus of this review in 2000 was principally on the introduction of collaborative methods, where two or more students are placed together with a single educator, thus increasing placement availability. This collaborative approach also had positive benefits to both the practice educator and student, including increased time for supervision, greater student independence and fewer superficial questions (Baldry Currens, 2003).

Verheyden et al. (2011) advocate that within an actively changing healthcare environment, physiotherapy education providers should be training up-to-date, critically reflective individuals who are prepared for their professional role as health service providers. Strohschein et al. (2012) also suggested that physiotherapy students should also have the attitude to engage in lifelong learning, the ability to identify and critically evaluate their own practices as clinicians and they should respond to the pressures of the NHS for both professional growth and survival. The CSP (2018) has responded to the changes in healthcare and education providers by launching a national campaign, 'Shaping physiotherapy: practice-based learning and you' (Owens, 2018). The CSP recognises that there is a need to maintain and develop quality of placement provision in the context of rapid change and to ensure that practice learning is aligned with expectations of current and future physiotherapy practice. The CSP (2018) is also promoting the need to seize opportunities for leading and developing new models which could include the provision of physiotherapy practice placements in a seven-day model. Kell and Owen (2008) take this consideration a step further by suggesting that physiotherapy as a profession should embrace and acknowledge its different perspectives of practice and that it needs to consider a new 'professionalism' applicable to the needs of 21st-century healthcare. This may entail engaging with practice such as seven-day working, resulting in the profession producing physiotherapists who can take an informed and active role in developing their future and that of the profession.

1.7.1 The research problem in practice

Schon (1987) articulates the need to challenge previous assumptions and to embrace uncertainty and ambiguities as an opportunity to broaden and deepen learning. My physiotherapy department moved to a model of seven-day student placements in 2009 to match the change in our extended working patterns, but on reflection we, the educators, did not consider the impact of this change in working practice on the provision and the quality of student placements. From a personal perspective, I was concerned that an individual educator could no longer be solely responsible for providing a quality learning experience for a student on placement. This was due to a mismatch of educator – student rotas, changing team dynamics on a daily basis and the continued need to support junior

staff with this new seven-day working. My colleagues expressed concern over their ability to provide adequate supervision to students at weekends due to reduced staffing and questioned whether this was safe for patients and students. As this was a transitioning period within physiotherapy, there were no direct, profession-based answers to my problem. An initial literature review of other healthcare professions who already work a seven-day rota identified issues with this working pattern and practice education. A study of nursing students by Jones et al. (2001) found that failure to match the rota of a student and mentor was detrimental to the student's development, which concurs with the Royal College of Occupational Therapy (2017) who also raised concerns about seven-day practice placements and the mismatch of student and educator. Russell (2011) identified that nursing teams found it difficult to mentor graduate nurses who require clinical supervision alongside managing students in the workplace, although it has to be noted that the relationship between student nurse and mentor is different to that of an AHP practice educator (Gopee, 2007). This is supported by Stevenson et al. (2004) who highlight that there has been little consideration paid to examining how healthcare professions can practically encompass seven-day working for student placements. The CSP (2008) has also questioned how supervision will be provided to students across the seven-day period.

In order to establish if this was a viable research topic for my Professional Doctorate, a thread was posted on the interactive forum of the Chartered Society of Physiotherapy (iCSP) which allowed me to gain the views and opinions of my peers. The main issues and questions that arose included:

- Is there any benefit to students working across a seven-day service?
- Will students be more employable if they are experienced in weekend working?
- Would productivity be affected by students working weekends?
- How would supervision be provided across seven-day working patterns?
- Would this increase stress for practice educators and students?
- Are there cost implications?
- Is it safe for the student? Is it safe for the patient?

- Weekend working is a different experience.

This preliminary investigation via iCSP also highlighted the fact that despite seven-day working having been on the agenda since 2000, and that many physiotherapy departments are offering a level 2/3 seven-day service (NHS Improvement, 2012), the change to seven-day student placements appears to be slow with many physiotherapists raising questions and concerns about the practicalities and benefits of having students over the seven-day period.

Bandelli (2017) suggests that the skills needed to work today in healthcare change so fast that no education system can keep up with the constant need to reinvent how we work and live together. Clinton et al. (2006) suggest that the radical changes in our society mean that young people need new kinds of skills, and Bandelli (2017 Para. 3) suggests that 'the new fluencies we need include emotional intelligence, intercultural sensitivity, creativity, problem formulation (rather than problem solving), economic citizenship, empathy, adaptability and resilience' and that education providers need to 'to create ubiquitous and contextual opportunities to unlock creativity, to embed empathy, to question and challenge our own assumptions'. Change in an organisation is difficult, Graetz (2002) acknowledges that overcoming resistance to change is often not easy or painless. Mullins (2002) describes some of the main resistors to change: selective perception is when people's interpretation of stimuli gives a unique picture of the real world leading to a biased view of a particular situation; habit: people are often creatures of habit, feeling security in the past and apprehension about the unknown. More overt issues may be when the change leads to inconvenience or loss of freedom or has economic implications for the individual (Mullins, 2002). Reluctance to change may be due to communication issues, people may have a poor understanding of why the change is necessary (Graetz, 2002). They may not understand the proposed solutions or disagree about how the change should be implemented. It may be that there is an element of disillusion, or an anticipation of resources (Modernisation Agency, 2002). In respect of practice education in a seven-day model of working, it is not known how students,

educators and higher education institutions (HEIs) have experienced this change in practice and the impact it may have on practice and development.

Change in the NHS is inevitable, which can lead to anxieties for individual staff members and difficulties may arise among teams and employees in achieving commitment to change (The Kings Fund, 2012). Communication, vision creation and sensitive, effective management are considered to be essential in achieving success (White, 2000). Research shows that employee participation is beneficial to organisational change (Lines, 2004; Bruhn et al., 2001; Sagie et al., 1990) and if we give all staff and students a voice and an influence in the change process we can provide an arena for explaining and presenting arguments, concerns and expectations. This can contribute to a greater understanding of the subject area and may influence future practice. This study may inform future practice education pedagogy as it will explore the context of seven-day placements which has not been previously considered.

1.7.2 Significance of the research study

Changes in working practice can have significant effects on both service users and service providers (Coulter et al., 2013). Policy drivers, improved patient outcomes and professional views support the introduction of seven-day working (DH, 2000). In December 2013, Sir Bruce Keogh of NHS England set out a clear plan to drive seven-day services forward due to variations in patient outcomes. This brings my research topic to the fore as more and more physiotherapy services will be changing to this pattern of working and will also need to consider the impact of this emerging picture on practice education.

The HPC (2014a, p. 43) states:

We will want to see that all students gain access to a wide range of learning experiences in a variety of practice environments which reflect the nature of modern practice, and the range of practice settings of the profession they are preparing to enter.

The HCPC (2014) also requires that educators and training providers evaluate how transitioning needs, dimensions or opportunities are being addressed. In contrast, the

Nursing and Midwifery Council (Merrifield, 2017) has suggested that placement hours could be reduced by increasing the time utilised for simulation practice. It is also advocating a change in the approach to mentorship, where nursing students can be supervised on practice placements by any healthcare profession; this reflects the move to integrated working and inter-professional education in the modern NHS and may impact on the approach to practice education in physiotherapy.

Reflecting on my own concerns, those of my peers and the questions raised on the iCSP forum, I wondered about the experiences of physiotherapy students, practice educators and universities who were already experiencing practice placements across seven days. This is a developing phenomenon; if I were to give these people a voice and share their experiences, could they help to guide other physiotherapists, answer questions and concerns raised and possibly inform future practice?

I recognise that I have many assumptions and prejudices of my own as I am a clinician, educator and manager, and I endeavour to be transparent and open about these assumptions and prejudices as I progress through the thesis. I strongly believe that students should experience seven-day working; this is the real world and, as educators, we should adapt and change our practice to ensure a quality learning experience continues to be provided. I want to ensure that I continue to host quality placements for physiotherapy students in this way of working. By interviewing physiotherapy students, practice educators and university link tutors with the aim of exploring seven-day practice it may provide suggestions to the concerns raised by my peers and I, and provide guidance to those physiotherapists who are unsure of hosting placements across a seven-day period, as currently no literature exists to answer the concerns my peers and I have raised in relation to seven-day practice education.

1.8 The aim of the research study

The overall aim of the research study emerged following a literature review, which identified a gap in knowledge in the subject area of practice education in a seven-day model of working. An interpretive approach informed by phenomenology was used to

gain a deeper understanding of physiotherapy students', practice educators' and university link tutors' experiences of practice education in a seven-day model of working within physiotherapy.

Research Question

What are the understandings and experiences of practice learning within a seven-day model of working for physiotherapy practice educators, physiotherapy students and university link tutors?

Research Aim

The aims of this study are:

- To establish what physiotherapy students, practice educators and academic tutors understand by the term 'seven-day working' in physiotherapy?
- To provide a description of the context of practice education in seven-day working
- To gain an insight and explore the experiences of physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education.
- To explore the findings of the study and to discuss how they have impacted and influenced my own practice and how they may inform future practice for physiotherapy education.

Research Methods

Using an interpretative approach, six physiotherapy students, six practice educators and three university link tutors were interviewed and asked to discuss their experiences of practice placements hosted over a seven-day model of working. Thematic analysis was used to analyse and present themes before I considered pedagogical perspectives. I then utilised the theoretical framework of communities of practice as a lens to consider the influence of this study on future practice.

1.9 Structure of the thesis

The thesis is composed of ten chapters. I have provided an outline of each remaining chapter in order to signpost the thesis for the reader.

Chapter 2 – Exploring the literature

In Chapter 2, I critically appraise the relevant literature of the history of the profession of physiotherapy and how the approaches to physiotherapy education have developed. I then explore the pedagogical perspectives of practice education and identify gaps in the research literature relating to seven-day practice education. I introduce theories of learning related to practice education and the concept of communities of practice and legitimate peripheral participation.

Chapter 3 – Methodology

In Chapter 3, I present my worldview and consequent decision-making process when choosing an appropriate and congruent methodology to address my research question. I also attend to the philosophical matters of epistemology and ontology and share the personal journey that I have undertaken during my professional doctorate.

Chapter 4 – Methods

In Chapter 4, I describe the methods used to conduct the study. This includes ethical considerations, participant selection and data collection via semi-structured interviews.

Chapter 5 – Data analysis

This chapter explores the strategies and phases of the data analysis. Thematic analysis was utilised to identify themes before I considered the pedagogical perspectives relating to seven-day practice education. I then describe how and why I employ the lens of communities of practice to illustrate how the findings of this study may inform practice.

Chapter 6 – Findings and discussion

In this chapter I present the three interrelated themes: stopped at the red light; barriers to seven-day practice education; amber, proceed with caution; challenges faced in seven-

day practice education and given the green light; changes experienced with seven-day practice education. I allow participants' voices to be heard through the use of quotations so that the reader can undertake their own interpretations.

Chapter 7 – Exploring the pedagogical perspectives

This chapter explores how the themes identified in Chapter 6 which convey the practice of practice education in a seven-day model relate to the pedagogy and theories underpinning the perspectives of practice education. Experiencing seven-day practice placements has influenced and changed participants' values and beliefs through a process of experiential learning and reflection, and I propose that this may have contributed to the construction of individual professional identities that have personal-, practice- and professional-level constructs that relate to a hierarchy of needs.

Chapter 8 – Through the lens of community of practice – understanding the implications to physiotherapy practice education in a seven-day model

In this chapter I consider the people, the practice and pedagogy to explore the influence this study may have on the future provision of physiotherapy education in a seven-day model. I have utilised the lens of communities of practice and legitimate peripheral participation to frame my discussion, and have proposed potential pedagogical approaches to seven-day practice education that require further consideration for physiotherapy education curricula.

Chapter 9 – Critical reflections on the research

I reflect upon my research journey. I also consider research rigour in this study that has been informed by phenomenology. Dissemination of my research journey and findings have been shared in the national and international arena. I conclude with the changes I have made within my own practice and how the professional doctorate has influenced me as a researcher.

10 – Conclusions

In the final chapter I offer a summary of the significant findings of this research. I make explicit how this study makes an original contribution to practice education knowledge and practice as this is a professional doctorate.

Chapter 2 – Exploring the literature

2.1 Introduction to reviewing the literature

A literature review serves several purposes. It helps to define the research question by identifying a potential gap in knowledge and it also provides a critical stance on the research being conducted. Moreover, according to Ravitch and Riggan (2017), it provides a framework for the ontology of what is to be researched and connects with the epistemology of the meanings arising from the research, which may be from both a theoretical and practical perspective.

As my study is informed by phenomenology, Streubert and Carpenter (1995) suggest that a full literature review is not undertaken prior to data generation as it requires an assumption of the expected results. Creswell (2003) therefore proposes that relevant literature is introduced as findings emerge. This thesis therefore will not adhere strictly to the conventional format of including a literature review with which to later compare the majority of the findings as the literature was introduced as the study evolved. I have, however, regularly revisited the literature and included in this chapter relevant literature that has been published since the commencement of my doctorate. Nevertheless, a literature review that supports the undertaking of this research study and places it in context is presented in this chapter as outlined in my conceptual framework presented in Chapter 1. As the thesis as a whole is framed and structured by the focus area of physiotherapy practice learning in a seven-day model, I explore the development of the physiotherapy profession and practice education including pedagogical perspectives and theories of learning.

2.2 Method of searching the literature

I began my search of the literature in September 2011 and publications have been monitored regularly since then to ensure I have remained up to date. I have accessed mainly UK, Australian and New Zealand databases as the approach to practice education and physiotherapy practice is comparable. Some resources from

the USA have also been included. I have accessed other professions such as occupational therapy due to their similarities in education with physiotherapy. Additionally, I included nursing and medicine as they already participate in seven-day models of practice education. I also recognised that there are differences in terminology for the key concept of practice education and practice educator such as clinical education, fieldwork educator, clinical supervisor, so Medical Subject Heading (MeSH) terms were applied for the CINAHL and Medline Databases. Boolean logic was applied to other keywords in other databases. For practical reasons I restricted my search to papers written or translated into English.

2.3 Physiotherapy: a brief history of the profession

This section will introduce the history of the physiotherapy profession. It offers a historical perspective to set current practice in context of the past 100 years.

2.3.1 The developing profession of physiotherapy

The physiotherapy profession has a long history and elements of physical therapy can be traced back to ancient Greece and Rome (Barclay, 1994). In the UK the first professional organisation was developed in 1894 to represent masseurs who were the precursors to the profession of physiotherapy, and it was renamed in 1943 as the Chartered Society of Physiotherapy. World War II and epidemics such as influenza, polio and tuberculosis raised the role and profile of physiotherapy as new rehabilitation strategies were developed. In 1920 physiotherapy was granted a Royal Charter and in 1960 physiotherapy became a regulated profession; The Council for Professions Supplementary to Medicine (CPSM) was formed to supervise the activities of its members which included other allied health professions alongside physiotherapy. This was superseded by the HCPC in 2002. In 1977 autonomy from doctors was granted, as prior to gaining autonomy a medical referral was required to access physiotherapy treatment. The title of 'physiotherapist' was protected in 2001 under The Health Professions Order. This means only individuals who have completed a validated programme and who have gained registration with the HCPC can use the title of physiotherapist.

Professional practice is complex and challenging; the movement in physiotherapy education to graduate status in 1994 arose due to the desire to underpin practice with research and evidence. Physiotherapy is now the third largest group of healthcare professions in the UK (NHS England, 2017).

By utilising definitions by the CSP it is evident how the profession has developed even in the last twenty years. In 2002, the CSP (p5) defined physiotherapy as:

A health care profession concerned with human function and movement and maximising potential. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status. It is science based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

Clouder (2000) suggests that this 2002 CSP definition of physiotherapy reflects its origins and connection with medicine as a science with some emphasis on a patient-centred approach to healthcare delivery. But the profession of physiotherapy has continued to evolve, and a description by the CSP in 2017 reflects the need to maintain health and prevent disease, brings in the concept of occupation and quality of life and no longer aligns itself as a science. It has also strengthened the emphasis on a patient-centred approach which, as Baxter and Brumfitt (2008) suggests, signals a shifting of the power relationship between health professionals and their patients.

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible. (CSP 2017)

2.3.2 History of physiotherapy education

Physiotherapy has emerged from hospital-based, on-the-job training, to today where HEIs deliver degree-level programmes, and an integral and mandatory part of the curriculum are practice placements delivered in practice settings which are facilitated by practice educators (Barradell, 2017). Hunt et al. (1998) suggest that the change to degree programmes was a significant turning point for physiotherapy as there was a distinctive move from 'training' to 'education'. Downie (1990) felt that the move towards academic education was a desire by physiotherapists to get physiotherapy recognised as a profession in its own right. From an educational perspective, Hunt et al. (1998) suggest that by having a greater academic discipline there are greater demands for a focus on theory, research and evaluation and evidence-based practice. Equally there are greater requirements to develop rigorous processes to ensure competence and safety in clinical practice (HCPC, 2017). Physiotherapy programmes have accommodated solid foundations in biological and pathological sciences and have increased the teaching in behavioural sciences as psychological rehabilitation is recognised as important alongside physical rehabilitation (Hemmings & Povey, 2002). Physiotherapy is recognised as a profession that has both a strong academic and clinical discipline (Chipchase et al., 2006). The challenges facing university programmes include developing curricula to incorporate the ever-changing and expanding scope of practices so to generate work-ready physiotherapy graduates who have the required breadth and depth of knowledge, skills, responsibility and professionalism (McAllister & Nagarajan, 2015). I further explore the concept of practice education in the next section.

2.3.3 Practice education in physiotherapy

Learning in practice is an essential part of physiotherapy. Good quality practice education contributes significantly to ensuring that all those who work and learn in physiotherapy develop, keep and progress the necessary skills, knowledge and behaviours for practising effectively and safely (CSP, 2013a, p.1)

During practice placements, physiotherapy students can, by participating in the professional community of practice (Wenger, 1998), learn the norms and values within the profession, practise the practical skills and consider the theory that they have learnt at university and how it translates to patient care (Laitinen-Vaananen, 2008). Furthermore, Higgs et al. (2008) suggest that during the period of practice education, physiotherapy students not only learn how to 'do' physiotherapy, they learn to 'become' physiotherapists. The physiotherapy students' interpretations of who they are in their professional role relates to how they frame situations or how they identify problems to be solved, and how they think and act upon their experiences and decisions (Higgs et al., 2008). It could be said that students are beginning to construct their professional identity (Strohschein, Hagler & May, 2002). Professional identity is 'the concept which describes how we perceive ourselves within our occupational context and how we communicate this to others' (Neary, 2014, p. 14). Practice education is also an element within the CSP's Quality Assurance Standards for Physiotherapy Service Delivery (2012). Physiotherapy students must successfully pass a range of practice placements in a variety of clinical specialities and settings; a minimum of 1,000 hours have to be completed. These practice placements, alongside academic components, contribute to the award of a degree in physiotherapy; once completed, individuals are eligible to register with the HCPC, the regulatory body, and gain full membership of the Chartered Society of Physiotherapy (CSP), the professional body for physiotherapy. Higgs et al. (2012, p. 4) suggest that practice education should be provided in the 'contexts of our time'. This includes recognising changing practice and society, shaping curricula and being proactive, future orientated and innovative in changing times. Pedagogy, the art of education should foster environments that promote respectful learning for all (Wickham, 2014, Para. 1), and in the next section I consider the pedagogical perspective in physiotherapy education in relation to a seven-day model.

2.4 Pedagogical perspectives of physiotherapy education in relation to a seven-day model

The aim of pedagogy in physiotherapy education is to cultivate excellent practice into the teaching and learning of physiotherapy students both in the university setting and in practice education (McCallum et al. 2013). Reflecting on literature and my own practice I will consider pedagogical perspectives that include skills and knowledge, learning approaches, meaningful clinical experiences, interactions with others, socio-cultural aspects, recognition and awareness of a constantly changing health system and society (Higgs et al., 2012; Barradell, 2017; Broberg et al., 2009; Vagstol & Skoien, 2011). These are depicted in Figure 2 and I discuss these in relation to the practice of seven-day working in physiotherapy.

Figure 2 – Pedagogical perspectives in physiotherapy practice education (original in colour)



2.4.1 Education in context: authentic and relevant

Practice education occurs within contexts and settings shaped by society, changes in healthcare and the interest and practices of students, practice educators and HEIs (Higgs et al., 2012). Due to the increasing demand for physiotherapy practice placements, it is not unusual for physiotherapy student placements to be hosted outside of the NHS including private healthcare, military units, social care, voluntary services and sports facilities (CSP, 2018). Additionally, some physiotherapy students

may opt to do elective placements overseas (CSP, 2018). Any contexts that provide physiotherapy students with the opportunities to learn clinical skills, generic professional skills and better understandings of the different healthcare settings are beneficial as they assist with developing the desired graduate capabilities and professional competencies (Shields et al., 2013). Higgs et al. (2012) recommend that physiotherapy education should be focussed on the relevance to graduates' future practice and should reflect the expectations, norms, knowledge and practices of the profession.

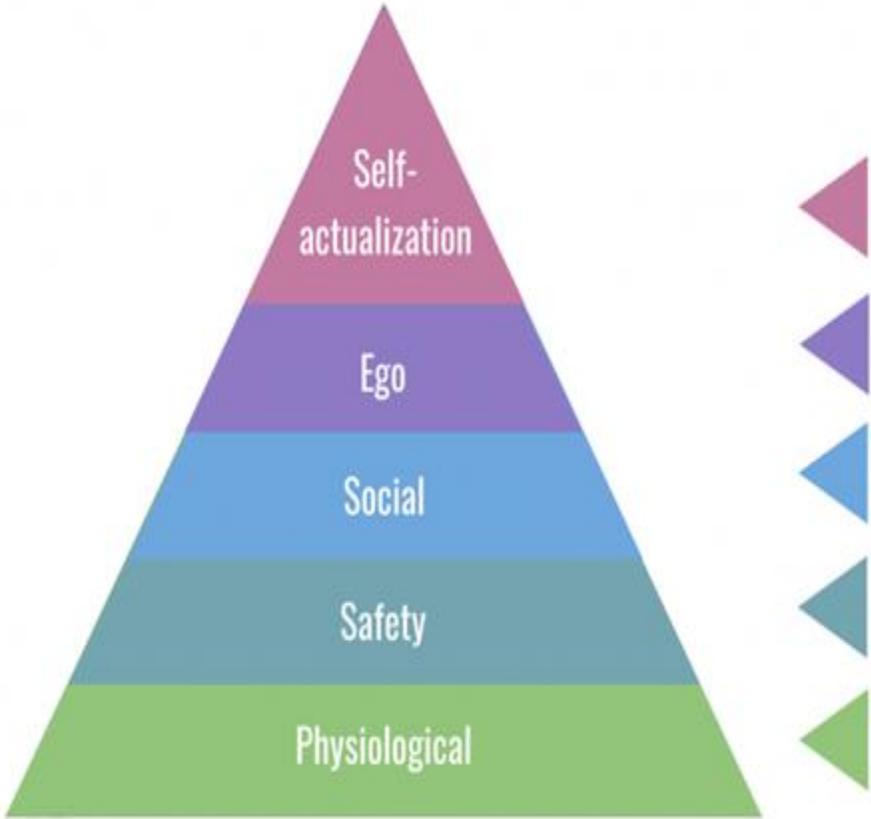
I have identified that as a result of the NHS plan (2000) and evidence highlighting that the provision of seven-day physiotherapy services is beneficial to patient care (Beddau, 2010; Boxall et al., 2004 and Gowans et al., 2008), many departments are delivering a seven-day physiotherapy model. Therefore, for physiotherapy students to experience this seven-day model it may place their education into the context of authentic and relevant healthcare.

2.4.2 Understanding the practice

I have identified that on commencement of this doctorate there was a lack of literature exploring the notion of practice education being delivered in a seven-day model in physiotherapy (Section 1.7.1). Higgs et al. (2012) identify that students' perspective on practice needs to be evaluated, as this will provide evidence to review curriculum and pedagogical experiences. Miller and Solomon (2002) suggest that physiotherapy students should experience a wealth of placements as it is necessary preparation for beginning their career as a physiotherapist. Clinical environments are different to the academic setting as they expose students to a variety of unplanned and unstructured activities (Brown et al., 2011). Exposure to a range of innovative and different ways of working will enhance the learning experience for students and better equip them for the unpredictability of patient care, and a changing approach to healthcare (NHS Employers, 2015), and it is in these contexts that professional socialisation begins. In 1943 Maslow identified that for learning to occur, the needs of learners have to be understood. Within

physiotherapy practice education, students currently undertake a number of placements within different contexts, at different locations with different educators, so are constantly having to adapt to changing routines and situations. It is not known if students who experience seven-day practice placements are having their needs met with this change in practice to a seven-day pattern or how this may impact their learning experience. Schunk (2012) suggests that learners will strive to adopt different behaviours so to create a sense of belonging as part of the placement team before they can begin to understand and respond to changes in situations or practice. This can be related to Maslow's 1943 hierarchy of needs as utilising this framework can help us understand the culture of practice education in a seven-day model. Maslow (1943) identified that after physiological needs, the lowest needs relate to safety, security then social. Maslow (1943) then describes the highest level of needs to be self-actualisation. It is at this stage that learners can consider the meaning of the learning process in the practice setting on their onward career or profession (Olsen et al., 2013). In relation to this study, as there is a paucity of literature relating to seven-day practice education, I have drawn upon questions raised during preliminary investigations and my own experience of a practice educator to illustrate how the hierarchy of needs may relate to physiotherapy students on practice placement in a seven-day model. This is illustrated in Figure 3; for each of the needs identified by Maslow (1943) I have considered questions the students may ask in relation to seven-day working from my own experiences as a clinician who participates in seven-day working.

Figure 3 – Maslow’s hierarchy of needs for learning (original in colour)



How this may relate to physiotherapy students on practice placements

Do I feel engaged? Is this experience meaningful? Is this experience useful for my career? What can I take forward? What have I learnt?

Am I seen as a therapist, not just a student? Am I actively participating? Am I contributing to the team? Do I feel comfortable and confident?

Do I know all the team members? What do they mean to me? Do I feel like I belong in the team? Am I included in team activities?

Do I know who to turn to when I have a question? What happens if I have a problem? What is my role within the team?

Where am I supposed to go? What are my working hours? Who is my educator? What is expected of me?

2.4.3 Professional socialisation

Pedagogical practice can be described as the learning activities or strategies that support the learning process (Gibson et al., 2018). Through pedagogical practices physiotherapy students are socialised into the practices of their occupation and into the multiple communities of practice experienced in the clinical setting (Higgs et al., 2012). Professional learning is said to occur alongside competencies as theoretical skills are put into practice (Thomson et al., 2016). According to Miller and Solomon (2002), it is the interaction between the practice educators, the MDT, the patients and the students themselves that provides an excellent context for this professional socialisation to occur, and Baldry Currens and Bithell (2000) concur as they agree that practice placements offer a unique opportunity that cannot be replaced. Furthermore, according to Öhman, Stenlund and Dahlgren (2001), professional socialisation promotes the development of values and beliefs and produces and enhances the professional identity of learners. This is important because professional identity can have a positive influence on the practice of healthcare. Wilson et al. (2013, p. 370) suggest that professional identity acts as a tool to enable practitioners to both 'ethically and practically practice with confidence and that without professional identity it is hard to be successful'. A lack of professional identity has also been linked to poor retention of staff in the health sector (Madsen et al., 2009). With therapy vacancies at the highest level for three years (Campbell, 2018) it is essential that newly qualified staff remain in practice so not to compromise safety and quality of patient care.

2.4.4 Professional identity: reflecting values and beliefs

The formation of a professional identity is rooted in the autonomy of the individual, external demands, internal pressures and the authenticity and influence of the situation (Lindquist et al., 2009). In addition, Delanty (2008) asserts that identities are not pre-established but are created within specific contexts. Our sense of identity represents an ongoing effort to make sense of who we are (Geijsel & Meijers, 2005), emerging from a personal, ethnic and national context, and being socially constructed over time (Delanty, 2008). Its construction, according to Billot

(2010), Geijsel and Meijers (2005) and Ybema et al. (2009), occurs on a continuum, linking the past with the present and future, involving processes of reflection and negotiation. It is therefore continually evolving, drawing on a subjective interpretation of our individuality in the context of activities undertaken and experienced (Evans, 2008). Identity can therefore be learnt and re-learnt (Billot, 2010), renegotiated and revised (Brown & Lewis, 2011; Jenkins, 2004; Alvesson & Willmott, 2002). Identity should be regarded as a process of 'being' and 'becoming', according to Jenkins (2004), and he adds that much contemporary work regarding identity pays limited attention to how it 'is worked, to process and reflexivity' or to its social construction. Jenkins says, 'understanding these processes is central to understanding' the concept (2004, p. 5). Therefore, identity is socially constructed and is influenced and shaped as physiotherapy students, practice educators and academics interact and respond to others including the MDT, professional body, patients and other members of their teams in the practice settings (Chambers, 2012). Lumby and English (2009) assert that identity is self and socially constructed to achieve a sense of coherence, worth and belonging, primarily through ongoing narratives and relationships. For Beijaard et al. (2000), professional identity is identified as a set of attributes that are imposed upon a profession either by outsiders or members of the specific profession itself. It provides a shared set of attributes, values and beliefs so that it enables the differentiation of one group from another (Billot, 2010). This confirms Holland and Lave's (2001) argument that people within a group may share certain commonalities because of the characteristics of the particular struggle that the group may have encountered in its evolution. Indeed, the construction of a physiotherapist's professional identity is an ongoing process of interpretation and re-interpretation of experiences by the individual, so that they may understand who they are now and who they want to become (Beijaard et al., 2000). The idea of a professional identity implies an interaction between both person and context as individuals adopt and adapt professional characteristics depending on the necessities of their immediate context and the value they personally place upon these characteristics (Beijaard et al., 2000).

Similarly, for Dommelen et al. (2015), the increased complexity in modern societies and the resulting salience of multiple social identities provide individuals with the opportunity to construct their social self and combine multiple social identities in a variety of different ways. The combination of multiple social identities into a coherent in-group understanding is especially relevant to physiotherapy students who have to belong to a number of different communities as they participate in numerous practice placements within a given national context, because social identities have consequences for individuals' evaluations, feelings and actions towards others, favouring others that are perceived as belonging to their own in-group (Tajfel & Turner, 1979, McLeod, 2008).

Bridges (2018) recognises that healthcare practitioners are constantly exposed to differing practices and as a consequence suggests that professional identity is constantly under reform. Goldie (2012) and Johnson et al. (2012) agree that professional identity construction in healthcare is dependent on social and relational factors. Caza and Creary (2016) suggest that there are different approaches to the examination of the construction of professional identity and that individuals undergo various stages including:

- Utilising temporary solutions to bridge perceived gaps between their current capability and what a new role may entail
- Beginning to understand a negotiated adaptation of individuals to their new professional environment
- Understanding the context of a new environment or situation and a subjective view of themselves in their professional role.

On practice placements physiotherapy students experience a diversity of clinical settings and will encounter a wide variety of physiotherapists and educators each with a different stance and professional identity. Kell and Owen (2006) suggest that it is therefore difficult for students to navigate their way through practice education placements and to form their own identity due to these multiple influences. There

is an assumption in physiotherapy education that on completion of their undergraduate programme students will have a fully formed professional identity, formed through an unproblematic and uncomplicated process of professional socialisation (Duthie & Donaghy, 2009). However, Hammond (2013) suggests that this may not be the case and that it is a complex process that is co-constructed across time and place as physiotherapists re-interpret and make sense of their evolving practice and experience. I therefore propose that constructing a professional identity is hard and exerts a considerable amount of pressure on students who have to learn to deal with differences such as seven-day working, a process made more complex because it is taken for granted and therefore largely unacknowledged by physiotherapy educators.

2.4.5 Engaging in relationships

According to Higgs et al. (2012), practice and pedagogy are essentially about relationships and these are realised through the community of practice education. It is known that practice placements have been recognised as one of the most influential factors in the choice of preferred practice after graduation (Reeve et al., 2011). A positive placement experience when engagement occurs will not only teach good practice but will also guide students in how to develop relationships with their peers and other team members and help to understand the organisation and culture that they are working in (Broberg et al., 2009). A key relationship is the one between a practice educator and physiotherapy student.

- **The Practice Educator-Student relationship**

Harden and Crosby (2000) acknowledged that practice educators fulfil many roles including being the facilitator of teaching and learning opportunities, information providers, role models and pastoral care. They also act as mentors and assessors in the learning process of students undertaking healthcare education (Ernstzen, Bitzer & Grimmer-Somers, 2009).

As mentors, practice educators facilitate physiotherapy students' learning by guiding the learning, sharing their own experiences and giving constructive feedback and reflections on their actions (Meyer, Louw & Ernstzen, 2017). Educators provide and facilitate opportunities for students to link theory to practice (Wilkes, 2006). Therefore, as suggested by Ezzat and Maly (2012), this student-educator (mentor) relationship is seen as a powerful tool for developing and advancing clinical skills. Within nursing, Russell (2011) identified that other team members such as new graduates felt abandoned if the educator's time was always directed to supporting and mentoring the student, and this is a potential problem within physiotherapy services across seven days. In my experience, a physiotherapy practice educator is often the team leader and specialist in their clinical area so they have responsibilities for ensuring all team members are developed according to their needs. Pollard et al. (2007) found that ward sisters in nursing had so many demands placed on them that they weren't effective mentors to nursing students, so this task was devolved to less senior staff, potentially with support from HEI staff to ensure that the role of a nurse educator was integrated early into a nurse's career path. However, Pollard et al. (2007) believed the ward sister was still an integral part of the practice-education process because it is their responsibility to provide a learning environment and provide leadership support – but at a distance. These thoughts are mirrored by other physiotherapists, via iCSP (Section 1.7.1), who also included the pressures of overseeing the team, providing help and support to less experienced members of the team as a concern for team leaders or senior physiotherapists supervising students at weekends.

In addition to being a mentor, throughout the practice placement, practice educators also take on the role of an assessor and this involves assessing students' progress and their performance, which includes knowledge, skills, attitudes and behaviours (Price, 2012). Physiotherapy students identify relationships with their practice educators as critical to the success of their learning experience (Miller, 2014). Researchers agree that the relationship between an educator and a student is probably the most important aspect of practice education as the educator

provides support and a sense of belonging (Gallagher et al., 2012; Kilminster et al., 2007). The quality of the educator-student relationship, however, will affect students' confidence and willingness to engage actively in the learning process (Delany & Bragge, 2009). The most common models of physiotherapy practice education (1:1 and collaborative) undertaken in the UK rely on an experienced clinician to be the practice educator. However, with seven-day rotas there may be occasions when the assigned practice educator's and student's rotas do not match as they work on different days. A study by Jones et al. (2001) of nursing students identified that quality time with a practice educator is extremely beneficial to student placement outcomes and that failure to coincide student and mentor shifts may be detrimental to a student's development. Although the Nursing and Midwifery Council (2015) mandates that a minimum of 40% of the student's time should be spent being supervised directly or indirectly by a nurse mentor, physiotherapy does not have any equivalent standards. The HCPC (2014a pp. 40–50) states that:

There must be an adequate number of qualified and registered educators and that the student must be aware of lines of communication and responsibility throughout the practice placement.

Additionally, occupational therapists undertaking interprofessional learning on a rehabilitation ward acknowledged that not being able to work directly with a profession-specific supervisor was a negative experience (Mackenzie et al. 2007). Replies gained through iCSP, as documented in Chapter 1, highlighted that patterns of staffing may result in clinicians with limited practice education experience being involved in student supervision by default. Stiller et al. (2004) identified within the shared responsibility model that if clinicians were not suitably trained within practice education then it could cause increased stress to the educators. Multiple educator models require good collaboration and communication in order to complete the student assessment procedure, which again could be problematic if not suitably trained, according to Stiller et al. (2004).

In respect to the assessment process of practice education, research suggests that physiotherapy students on practice placements appear driven by assessment on performance goals (Peterson & Schaffer, 2001; Eraut, 2006) and rate practice placements as the most motivating of assessments in their training (Seale et al., 2000). Feedback can have a profound effect on future learning according to Boud and Molloy (2012), and Falchikov and Boud (2007) suggest that feedback and assessment should focus on learning, rather than of learning.

- **Peer learning and support**

Peer learning and support essentially refers to students learning with and from each other in both formal and informal ways (Cross, 2006). It is of the belief that 'students learn a great deal by explaining their ideas to others and by participating in activities in which they can learn from their peers' (Boud, 2001, p. 3). The emphasis is on the learning process, including the emotional support that learners offer each other, as much as the learning task itself (Park, 2003). Ladyshefsky (2006) recognises that peer learning can help students learn effectively by: collaborative learning, which promotes team work in preparation for future jobs; developing skills in organising and planning learning activities; gaining more opportunities to practise practical skills with peers and professional development; developing peer-coaching skills and the ability to build a relationship of trust, respect and confidentiality. Secomb (2007) identified common peer-learning strategies utilised in practice education including: students using each other as shared sources of information, working together to solve a problem and learning through peer observation. Boud and Lee (2005) suggest that peer learning is extremely important in helping students cope with increasingly challenging work-based situations and should be facilitated and promoted. Peer support and learning on physiotherapy practice placements rely on multiple students being accommodated on the placement within a collaborative model. It is not known at the time of this study the model of practice education that is being utilised within seven-day physiotherapy placements and the potential impact on physiotherapy students' peer support and learning.

- **Relationships with others**

I have discussed the importance of the student-educator relationship, and that of peers. However, at the centre of physiotherapy practice is the patient themselves. Delivering excellent patient care relies upon the clinician-patient interaction to ensure interventions are successful at the time of delivery and that advice or exercise programmes are adhered to between treatment sessions (Trede & Higgs, 2009). Additionally, physiotherapy students need to be able to identify with other members of the physiotherapy team and liaise with the MDT so to build professional relationships with the wider healthcare team. Patton et al. (2013) suggest that this relational model of physiotherapy practice is underpinned by social theories of learning. I explore this further in Section 2.5.

2.4.6 Models of practice education

Traditional clinical supervision is based on an apprenticeship-master model (Cross et al., 2006). Trainees learned their craft through observing a skilled practitioner work with patients and then practising under the expert's tutelage (CQC, 2013). Learning is considered a socialisation process (Sincero, 2011). It flows from supervisor to supervisee and, as a result, new practitioners not only learn clinical skills but also cultural norms and unwritten rules of the profession (Hawkins & Shohet, 2003). In physiotherapy, many models of practice education now exist, but according to research by Baldry Currens (2003) there is insufficient evidence to favour one model of practice education or supervision over another, and this is confirmed by Lekkas et al. (2007) who identified that there is a lack of robust studies in this area.

Reviewing the literature, the main models of practice education that are currently practised in physiotherapy include:

- The traditional one educator supervising one student, the defining feature being a one-to-one apprenticeship, where direct supervision is conducted by a sole physiotherapist. This may create an atmosphere of reliance and

dependency, giving students an unrealistic expectation that close supervision continues after graduating (Huddleston, 1999).

- A collaborative approach, where two or more students are placed together with a single educator (Moore et al., 2003). It is designed to promote self-directed learning, improve time management skills and encourage students to take an increased responsibility of the supervisor's caseload (Thomas et al., 2005).
- A team model (Bennett, 2008). All members of the team are involved with the supervision of the student, and Hughes and Lucas (2009) suggest that this approach ensures effective use of resources leading to the provision of a seamless and flexible service that meets the needs of the student and the patient.
- Shared responsibility (Still et al., 2004). Multiple educators share the responsibility of student supervision.
- Interprofessional Education (IPE) models (Stew, 2005). IPE provides students with an opportunity to experience working in an interprofessional healthcare environment (Lumague et al., 2006). Students from at least two professions are placed together and required to work as a team. Benefits include mutual respect and understanding team-working skills, which may improve the holistic care subsequently given to patients (Hughes & Lucas, 2009).

Researchers in other healthcare professions have also reviewed role-emerging models (Huddleston, 1999, Thew et al., 2008, Clark 2010) where the day-to-day educator is not from or of their own profession. Role-emerging placements are designed to promote the profession, such as occupational therapy, in a setting where there is not an established occupational therapist or programme (Overton et al., 2009). During the placement, students explore and implement a role for their specified profession with indirect supervision off-site by an occupational therapist and on-site by another profession. The role of blended learning, which offers

opportunities for the complexity of learning by integrating face-to-face and online interaction, has also been reviewed by Rowe et al. (2012) as a possible approach in healthcare practice education.

At present, there is no consistency among placement providers in their method of clinical supervision and it remains an individual preference (Bennett, 2003; Moses, Hammond & Zasada, 2015). There are advantages and disadvantages to all approaches. It appears that the last major review of physiotherapy placement practice was undertaken following the announcement of an increase of therapy numbers in the NHS Plan of 2000 (DH, 2000), which led to placement shortfalls, as to that date the most popular model of supervision was the traditional 1:1 model. The new focus was principally on the introduction of collaborative methods, where two or more students are placed together with a single educator, thus increasing placement availability. Studies by Triggs Nemshick and Shepard (1996) and Huddlestone (1999) had identified reluctance by educators to adopt these models previously. However, this collaborative model is supported by literature advocating that peer learning could be facilitated with multiple students (Martin et al., 2004) and the students provide mutual support to each other (Baldry Currens, 2003). Additionally, Triggs Nemshick and Shepard (1996) proposed that a collaborative model emulated a more real clinical experience.

Cook and Leathard (2004) stress that as clinical leaders we should be creative in generating new ways of working. It appears that there is no one 'gold standard' model of practice education (Lekkas et al., 2007). What is clear from the literature reviewed is that within physiotherapy, placements should be flexible (Baldry Currens, 2003) and must be consistent and applicable to practice (Harbour & Miller, 2001). With the advent of seven-day working and changing working patterns, there is a need to review the experiences of practice learning in this emerging working practice to ensure practice placements not only continue to offer an excellent learning experience but also to meet changing demands both of working patterns and service requirements.

2.4.6.1 Models of practice education in the context of seven-day working

The most common models of practice education (1:1 and collaborative) currently undertaken in the UK rely on an experienced clinician to be the practice educator. However, with seven-day rotas there may be occasions when the assigned practice educator and student do not match and hence work on different days.

In a seven-day working pattern, practice educators sharing students could be a solution, but the Placements Management Partnership (PMP) (2011), which is a joint venture between nine participating universities in which student placements for four allied health disciplines are managed, highlighted that there is a potential insufficiency of suitably prepared educators. Baldry Currens and Bithell (2000) and the CSP (2014) suggest that in physiotherapy this is caused by staff vacancies and retention levels, lack of a relationship between universities and placement provider and service pressures, as it is recognised that physiotherapy caseloads are increasingly complex. This is no different in other professions such as nursing as Pollard (2007) cites lack of time, workload, role conflict, staff shortages, skill mix and lack of training as barriers to effective mentorship. A resolution to these problems would be to incorporate more grades of physiotherapists to undertake the role of a practice educator, as a study by Bennett (2008) identified that all grades of physiotherapy staff could play a useful part in clinical supervision, and Baldry Currens and Bithell (2000, p. 648) found that 'most staff should and could be involved in clinical education'. This participation by all promotes continued professional development to improve knowledge, teaching skills and shared learning (Cross et al., 2006). When practice educators in Australia were surveyed on the advantages of the shared responsibility model (Stiller et al., 2004) they suggested that advantages included reinforcing the notion that all physiotherapists should expect to be involved in practice education and absences of a practice educator are more easily managed. However, physiotherapists often found the shared role to be stressful and there was the potential for inconsistency in the standard of supervision and assessment of the student. A recommendation of Stiller et al. (2004) was to have more support from universities in developing and

supporting practice educators and O'Connor et al. (2018) suggested that the presence of a dedicated educational role in the workplace may provide support for practice educators and students.

In a study by Hilton and Morris (2001) students identified that a key skill for a good practice educator is the successful planning of learning opportunities and being organised is ranked highly by students as a characteristic of a good practice educator (Cross, 1995). Therefore a perceived responsibility of the practice educator is to have plans in place in their absence so to ensure a learning environment is maintained, and this was identified as a disadvantage of both the 1:1 and collaborative models (Baldry Currens, 2003; Lekkas et al., 2007). However, it could be argued that multiple students in the collaborative model allows for peer learning if tasks are set by an educator in their absence (Baldry Currens, 2003; Cross, 2006; Ladyshevsky, 2006). Documented within nursing practice, the pressure of one educator taking sole responsibility can lead to increased stress levels and 'burnout' of the practice educator as well as exhaustion and dissatisfaction of the educator role according to Russell et al. (2011).

The shared responsibility model as highlighted by Stiller et al. (2004) has the advantages of multiple educators supporting students, thus the responsibility and workload is distributed and could be accommodated across a seven-day rota pattern. Russell et al. (2011) sought a new model of practice education in nursing to reduce the workload of a single nurse mentor. Entitled the Team Leader Approach, a team of nurses share the supervision of students and ward responsibilities which was found to support both nursing graduates and provides better practice placements for students. This team approach could be considered within physiotherapy's new extended working patterns as it moves the responsibility for the supervision of students from one educator to the entire team managing the placement, and Russell et al. (2011, p. 7) found it gave a 'reality to practice'. Thomas and Reid (1995) and Hyrkas and Appelqvist-Schmidlechner (2003) explain that team supervision is one method of improving team work, collaboration and

learning but is rarely explored. Working as part of a team is an important skill in many professions and Watts (2010) highlights that team supervision is becoming more widespread in higher education but will depend on individual conduct, communication and available resources. Watts (2010) also recognises that a single supervisor may not have the range of skills and knowledge required to support a variety of individuals. Peelo (2008) suggests that supervisory teams in education allow multiple supervisors to benefit from the sharing of tasks, and the advantages to students are that they are never left without a supervisor and are provided with a range of judgments and experience.

This 'team approach' could be considered for practice education in physiotherapy, especially as other studies have also highlighted this as a potential process for facilitating students in the clinical setting. A study by Bennett (2003, p. 432) suggests:

'a team approach to clinical supervision may help address some of the problems in placement availability and management.'

This is supported by Baldry Currens and Bithell (2000) who found students appreciated team models where contact with all grades was facilitated.

With multiple educators, for it to be successful, it relies on maintaining collaborative links and working in a participatory manner (Ovretveit, 1993). Studies in collaborative working (Mason, 1998) identified that multiple OT students who worked in a team environment created a social culture of support and learning, with increased use of peer reflection meetings, leading to the students taking more responsibility for their learning. Jelley et al. (2010) found that a shared model of learning with physiotherapy students and physiotherapy assistants improved communication, completion of tasks, increased self-directed learning and produced an increased ability to work as an effective team member and so may be considered for the supervision of students across seven-day working.

2.4.7 A new, younger generation of learners?

Within university education, a number of key differences have become evident since the millennium (Curtin University, 2017). This includes: a greater diversity of students including differing cultures, personalities, learning styles and backgrounds which HEIs should embrace (Ibarra, 2009); technological advances so that teaching is now delivered in new and diverse ways (Flynn & Vredovoog, 2010) and generational changes. The National Chamber Foundation (2012) noted that these generational differences can lead to differences in attitudes, values and expectations. Research suggests that there is a growing divide and mismatch between educational providers and students (Barradell, 2017) as the younger generations' expectations, consumer orientation, self-esteem and use of technology all challenge education practices (Twenge, 2006). Rowe et al. (2012, p. 3) suggest that 'the new generation of physiotherapy students represent backgrounds as diverse as the subjects we embrace and scrutinise the way we teach, the way we communicate, and the way we interact with them'. The majority of physiotherapy students entering physiotherapy education after the commencement of my study in 2011 are known as 'millennials', the definition being that they were born between 1982 and 2000 (Main, 2017). According to Starlink (2004), millennials are the most diverse generation that are entering higher education, and consequently approaches to education must be varied to meet their needs and expectations. Monaco and Martin (2007, p. 42) suggest that the notable characteristics that define this generation are: 'lack of professional boundaries influenced by society, a need to have immediate feedback, a sense of entitlement, lack of critical thinking skills, unrealistic expectations, high level of parental involvement, and an expected "how to" guide to succeed in and out of the classroom'. It is felt that the millennials want to achieve good outcomes but with minimal effort (Monaco & Martin, 2007).

Partridge and Hallam (2006) suggest that to effectively meet the needs of the millennial student, educators must develop their curriculum to include real-world experiences, be adaptable and flexible, utilise regular feedback, maximise the use

of information technology and communication so to provide the opportunity for social and interactive learning and involve communication that is real, relevant and relational. Therefore, Barkley, Cross and Major (2005) advocate that education providers need to understand these approaches to learning and subsequently a more successful learning environment will be created. Sevenhuysen et al. (2015) highlight that while university educational approaches have made changes in response to generation changes, practice education approaches have not altered despite a transition to seven-day service delivery.

2.4.8 Summary of pedagogical perspectives in physiotherapy practice education; does it 'fit' within seven-day models of physiotherapy?

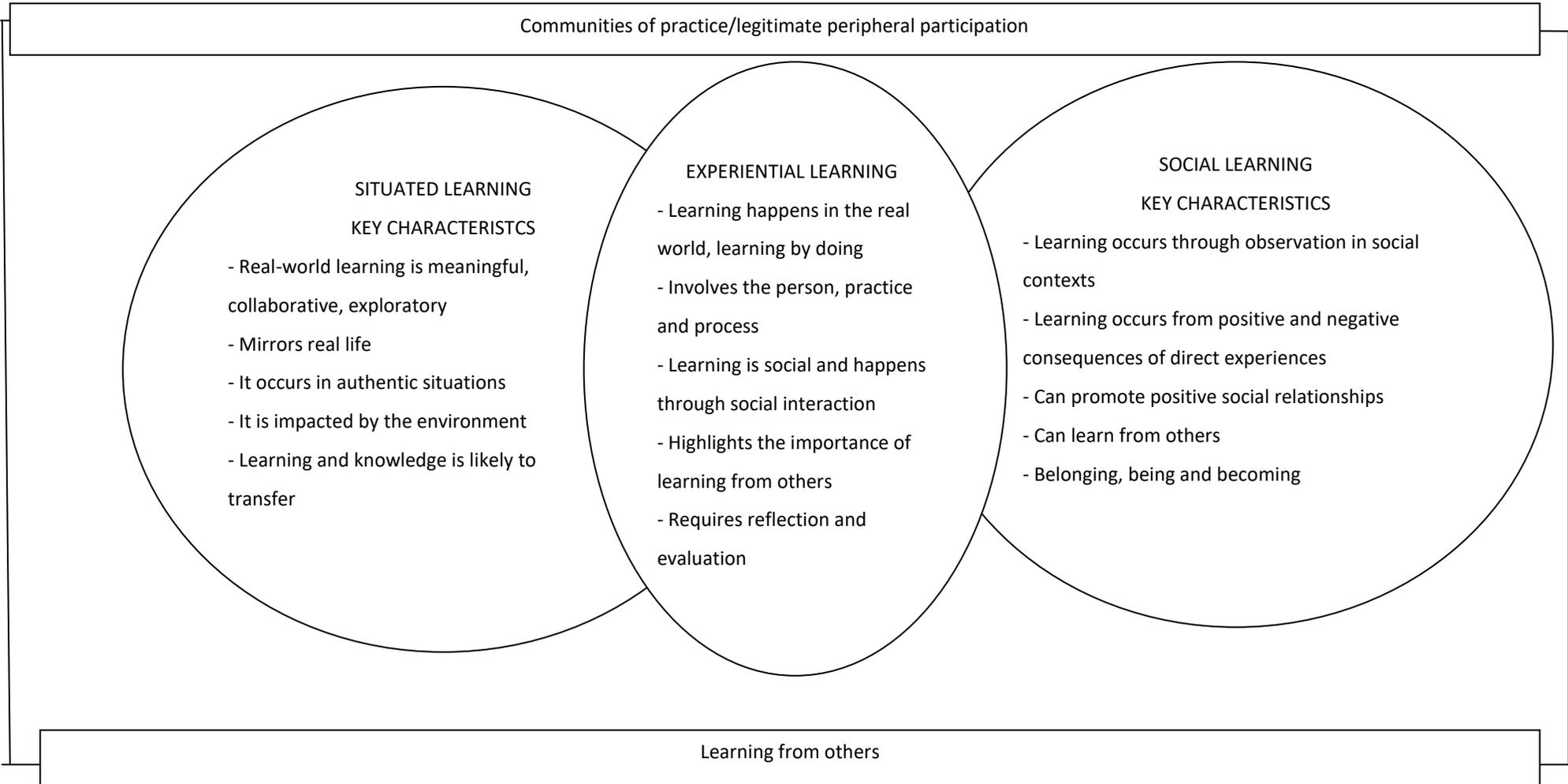
The overall aim of practice education is to aid the transition of theoretical knowledge into practice and create individual practitioners who are fully equipped to enter the workplace as autonomous practitioners (HCPC, 2017). Key aspects for the development of a professional role include the social construction and internalisation of norms and values by the profession and the development of professional identity (Hammond, 2013). Early work by Merton et al. (1957) referred to professional identity as developing through thinking, acting and feeling like a member of the profession. Dall'Alba (2009) similarly supported the development of a 'sense of being', in that learners will take a variety of trajectories on their professional development journey. However, Dall'Alba (2009, p. 136) describes a "crisis in confidence in professional education" as educational programmes fail to educate students to cope within the modern healthcare context; she states that a focus on skills and knowledge alone is insufficient to adequately prepare students to cope with changing and challenging settings in healthcare. According to Reid et al. (2011), it is the immersion into an authentic learning experience which is important for successful identity development. In addition, Trede et al. (2012) explain that for professional identity to develop, learning must occur in modern, authentic practice but adds that there is a lack of research in this area. This thesis explores the transition to practice education in a seven-day model and may raise a number of questions for the profession, the education providers, the practice

educators and physiotherapy students to consider and reflect upon the pedagogy of practice education in this transitioning model. In the next section I consider the theories that underpin physiotherapy practice education.

2.5 Theories underpinning practice education

Following this review of the literature where I have considered the pedagogical perspectives, it is my understanding that in physiotherapy practice education, learning is much more than the transfer of theoretical knowledge into practice. It is the development of values and beliefs and is situated and socially constructed through experiential learning between people, the process and the context in which learning is occurring, and learners respond to and are defined by the situation within a community of practice. In Figure 4 (page 68) I have illustrated how I have interpreted situated, social and experiential learning, how they are linked together in practice education and how they are encompassed by a community of practice. I consider each topic in more detail in the subsequent sections.

Figure 4 – Theories of learning in physiotherapy practice education



2.5.1 Situated learning

Lave and Wenger (1991, p. 25) define situated learning as follows:

‘Situated learning provides the learner a specific context representing real practice. Based on social-cultural learning theory, situated learning is scenario-based learning embedded within a particular social and physical environment’.

To situate learning involves the environment, other individuals and activities so to create meanings and knowledge of those interactions, learning is dilemma driven rather than content driven (Stein, 1998). This concurs with Cantatore, Crane and Wilmoth (2016, p. 1) who explain that ‘practice education is a model of education adapted by multiple disciplines to create and implement experiential learning opportunities for students and that individual experiences can vary due to the complexities and unpredictability encountered in clinical practice’.

Young (1993) suggests that when situated learning is being considered, four critical actions should be contemplated, all of which are relevant to physiotherapy practice education:

- The situation must be carefully selected so to engage the learner in complex, realistic and problem-centred activities so that the desired knowledge will be acquired.
- The education providers must provide adequate guidance to help the learners master the situation.
- Education providers should track the progress of new situations or contexts. Reflection should occur so all parties involved are attentive of concerns and are aware of the knowledge generation.
- Education providers should assess the intellectual growth of the individual and the community of practice.

There are links between situated learning and experiential learning as both theories suggest that for learning to occur it involves the person and the process and requires evaluation or reflection so individuals can determine what was useful and

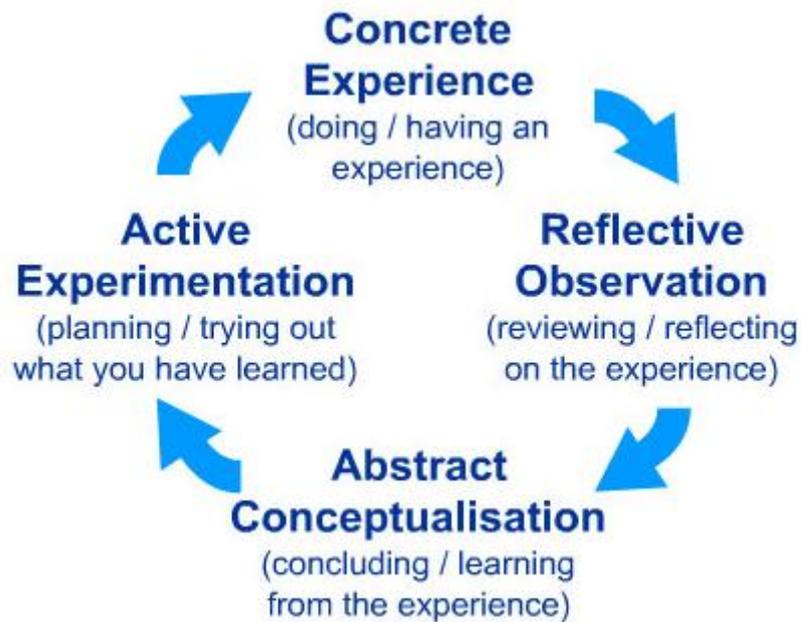
how this information can be used to perform other activities. I now consider experiential learning in more detail as this approach can provide physiotherapy students with the opportunity to practise skills and techniques learnt at university in real-world settings (Smith & Crocker, 2017).

2.5.2 Experiential learning

Practice education has origins from the concept of workplace and experiential learning; seminal work by Dewey (1916) identified that the learning environment had an unconscious but potential ability to facilitate or inhibit learning and that every action within a workplace involves relationships of belonging and not belonging.

Dewey (1963) described experiential learning as learning by doing or by experience, but added that for meaningful learning to occur the students need to be personally engaged. Students may also feel pressured to participate (Marley, 2009). Boud and Miller (1996) suggest that to enhance experiential learning, the experience must mimic real life so that students can appreciate and understand its relevance and begin to take charge of their own learning. Patton, Parker and Pratt (2013) suggest meaningful learning can be diminished if a learner is confronted with a learning context with which they are not familiar. Kolb (1984) built upon the work of Dewey to create a cyclical model of experiential learning (Figure 5) and explained that 'learning is a process whereby knowledge is created through the transformation of experience' (Kolb, 1984, p. 38).

Figure 5 – Kolb’s experiential learning cycle (Kolb, 1984) (original in colour)



The first stage (concrete experience) is where the learner actively experiences an activity such as a seven-day practice placement. The second stage (reflective observation) is when the learner consciously reflects back on that experience. The third stage (abstract conceptualisation) is where the learner attempts to conceptualise the theory or model of what they have observed. The fourth and final stage (active experimentation) is where the learner is reflecting how to utilise the model, theory or plan for a forthcoming experience. The implications of Kolb's (1984) model on practice education is that education providers should ensure that learning opportunities are designed and conducted so to offer learners the chance to engage in the learning process on a meaningful level and that individuals can be assisted to learn more effectively by reflection of their experiences of the experiential learning cycle.

2.5.3 Learning from others

Another consideration for learning theories underpinning practice education is that learners can learn from others. Vygotsky (1978) introduced the concept of 'zone of proximal development' (ZPD) or scaffolding (Wood, Bruner & Ross, 1976). Both

scaffolding and ZPD refer to what a learner can do with the guidance of a 'master'. This is the principle where a master teaches their skills to a learner with the idea that learning in the workplace is a form of context-bound understanding (Pratt, 1992). Physiotherapy practice education is based on that model; students are immersed into the clinical setting as part of the practice placements and on those placements they progress from observation through to participation. Supervision and assessments are provided by a practice educator, then if successful on their education programme independence and autonomy are gained. Rassie (2017) identified that there may be issues within this form of practice education as educators may face tensions between service provision and providing education as patient care will always take priority. It is not known if the context of practice education in a seven-day model of working impacts on the provision of practice education in respect to the apprenticeship model. The principles of zone of proximal development or scaffolding and apprenticeships suggest that as the learner becomes more competent, support is withdrawn as the learner becomes proficient in the task. This also relates to the concept of legitimate peripheral participation identified by Lave and Wenger (1991), who first explain that for learning to occur there has to be a community of practice.

2.5.4 The concept of communities of practice

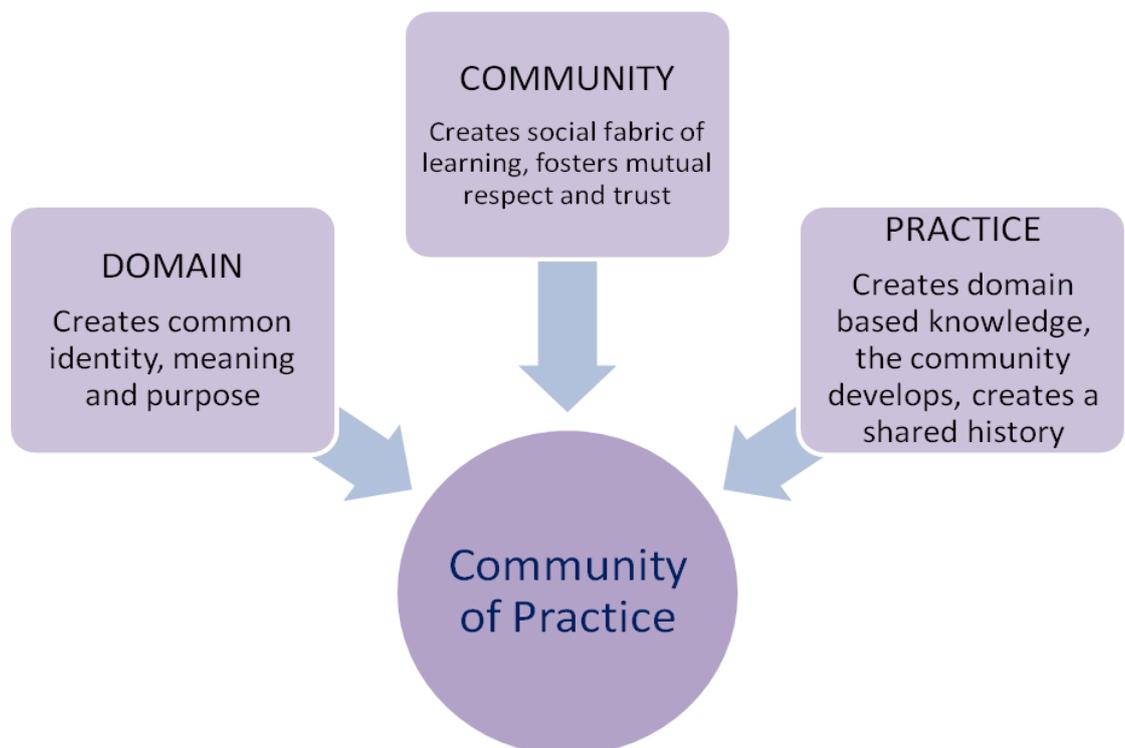
Communities of practice can be defined, in part, as a process of social learning that occurs when people who have a common interest in a subject or area collaborate over an extended period of time, sharing ideas and strategies, determining solutions and building innovations (Wenger, McDermott Snyder, 2002, p. 4). A community of practice provides an approach that focuses on people and on the social structures that enable them to learn with and from each other. Wenger-Trayner (2015) suggests that the characteristics of a community of practice may help organisations develop strategic capabilities:

- Communities of practice enable practitioners to take collective responsibility for managing the knowledge they need, recognising that, given the proper structure, they are in the best position to do this.

- Communities among practitioners create a direct link between learning and performance, because the same people participate in communities of practice and in teams.
- Practitioners can address the tacit and dynamic aspects of knowledge creation sharing, as well as the more explicit aspects.
- Communities are not limited by formal structure; they create connections among people across organisational and geographical boundaries.

It is the combination of three elements: the domain, community and practice that constitute a community of practice, and by developing these three elements in parallel, one cultivates such a community (Figure 6).

Figure 6 – Elements of a community of practice (original in colour)



The shared domain in this study is the experience of practice education in a seven-day model. The community, the participants of this study – the academics, practice educators and the physiotherapy students – all need to come together; relationships need to be built to enable them to learn from each other, to share stories, experiences and information. The practice requires this good interaction between the participants so they can develop a shared repertoire of resources, stories, tools and ways of addressing problems – in short, a shared practice (Wenger, 1998).

According to Wenger (1998), a community of practice defines itself along three dimensions which are related to practice itself. The first component is mutual engagement. Practice does not exist in the abstract, so communities of practice reside around people engaged in certain common actions or ideas. This is an important factor as it means that communities of practice can be formed from members of different social categories or from different geographic regions. The second component is joint enterprise. Wenger (1998) states the importance of this joint enterprise as being constantly renegotiated by the individual members. The joint enterprise goes beyond stated goals (e.g. mission statement, objectives) but creates mutual accountability among participants. The third component is a shared repertoire: 'The repertoire of a community of practice includes routines, words, tools, ways of doing things, stories, gestures, symbols, genres, actions, or concepts that the community has produced or adopted in the course of existence' (Wenger, 1998, p. 83).

Wenger (1998) suggests that this creates a shared way of doing things and advocates (1998, p. 7) that by placing a focus on participation in learning and development it can be of great benefit to all involved:

- **For individuals** – learning is an issue of engaging in and contributing to the community of practice
- **For communities** – learning is an issue of refining their practice and ensuring new generation of members

- **For organisations** – learning is an issue of sustaining the interconnected communities of practice through which an organisation knows what it knows, and this becomes effective and valuable to the organisation

Communities of practice are significant to physiotherapy practice education as they offer a framework to consider the challenges encountered by practice learning, as learning and social practice are seen as relational.

2.5.5 Social learning theory

The concept of a 'community of practice' is described by Wenger (1998, p. 5) as an entry point into a broader conceptual framework of a social theory of learning of which it is just one element. Bandura (1977) emphasised the importance of observing and modelling the behaviours, attitudes and emotional reactions of others. Bandura (1977, p. 22) believed that:

most human behaviour is learned observationally through modelling: from observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action.

Bandura (1977) constructed social learning theory as both a behaviourist and cognitive model as he used it to explain human action in terms of a continuous reciprocal interaction between behavioural, cognitive and environmental influences. In many ways, Bandura's work complemented ideas from Vygotsky's (1978) theory that social interaction plays a fundamental role in the development of cognition and Lave's (1988) theory of situated learning. Wenger (1998, p. 3) posits that today's modern institutions are largely based on the assumption that:

learning is an individual process, that it has a beginning and an end, that it is best separated from the rest of our activities, and that it is the result of teaching.

Social learning theory by Wenger (1998) may be relevant to my study as it refers to individuals being active participants in the practices of practice education and

constructing identities in relation to these communities through the components of being, belonging and becoming.

- **Learning as belonging.** Knowing where and with whom you belong is integral to human existence (Peers and Flear, 2013). Physiotherapy students belong first to a cohort at university, then various placement locations and specialities and the wider community of the healthcare system. Belonging acknowledges individuals' interdependence with others and the basis of relationships in defining identities (Chambers, 2012). In physiotherapy training, and throughout life, relationships are crucial to a sense of belonging (Norris, Cassidy and Williams, 2018). Belonging is central to being and becoming in that it shapes who individuals are and who they can become (Wilcock, 1999).
- **Learning as being.** This concept reflects that it is a time to be, to seek and make meaning of the world (Moore, 2017). When a person acts, they act as a particular someone, that is they are being and enacting a particular status in the community within which they are currently participating (Duarto, 2012). Being also relates to the authenticity of practice; we can understand authenticity as referring to the situation where a person is well cast in the status of being (Putman, 1998). It is about the present and the individual knowing themselves, building and maintaining relationships with others, engaging with life's joys and complexities (Australian Government Department of Education, 2009), and meeting the challenges that participating in practice education in a seven-day model of working brings.
- **Learning as becoming.** Physiotherapists' professional identities, knowledge, understandings, capacities, skills and relationships change during their physiotherapy education programme (Hammond, 2013). They are shaped by many different events and circumstances. Becoming reflects this process of rapid and significant change that occurs in their journey from physiotherapy student to an autonomous practitioner (Owen, 2014). It emphasises learning

to participate fully and actively in society and will affect future generations of therapists and the development of the profession itself (Barnett, 2009).

Through the concept of communities of practice and social theory our understanding of practice learning in a seven-day model also allows us to consider the concept of legitimate peripheral participation.

2.5.6 The legitimate peripheral participation concept

A useful way to explore students' transitions is by way of Lave and Wenger's (1991) legitimate peripheral participation concept. The work underpinning communities of practice refers back to working with apprentices. The apprentices join a community as a 'newcomer' on the periphery, but, with the support of a mentor, 'an old-timer'; they engage with the community, learn the relevant skills and knowledge and their participation increases and they become a valued member of the community. According to Lave and Wenger (1991, p. 29), legitimate peripheral participation 'provides a way to speak about the relations between newcomers and old-timers, and about activities, identities, artefacts, and communities of knowledge and practice'. This is illustrated in Figure 7.

Figure 7 – Legitimate peripheral participation (Lave & Wenger, 1991) (original in colour)



Legitimate peripheral participation is relevant to physiotherapy practice education; as physiotherapy students commence each practice placement they are a newcomer. Over the duration of the placement physiotherapy students begin to connect with the placement team and practice educators, they begin to understand their roles and responsibilities and how their participation within the team contributes to practice and patient care. It is this participation within the community that underpins their learning. Learning is not just gaining skills and knowledge but a process of social participation (Delany & Bragge, 2009). As the physiotherapy students increasingly participate, they engage with the practice they are experiencing and they may adopt different approaches and acquire new values and beliefs in order to align themselves within the community of practice.

2.5.7 Summary of learning theories underpinning physiotherapy practice education; do they 'fit' within seven-day models of physiotherapy?

Practice education occurs within a community of practice which in turn is a social learning system that is situated within the real world of clinical practice. Physiotherapy students' learning is facilitated by a process that draws on experience, values, beliefs, reflections and evaluation by themselves and others. It is unknown what the impact of seven-day placements will have on the learning experience, but change can drive the learning process. I can utilise these theories of learning and communities of practice as a perspective to consider the experiences of my participants, as according to Lave and Wenger (1991) they may offer new insights into learning and development. If as physiotherapists we proceed without reflecting on our fundamental assumptions about the nature of learning, we run an increasing risk that our conceptions will have misleading ramifications. In a health service that is changing, concerns about learning and education within physiotherapy are certainly justified, as highlighted during preliminary investigations for this research. But perhaps more than learning itself, it is our understanding of practice education that needs exploration due to the introduction of seven-day working as we begin to see how this change in practice, the environment, the implications of our perspectives, theories and beliefs impact

on the process of practice education. As practitioners we must take responsibility for our future; it becomes imperative that we reflect on the perspectives that inform our practice. A key implication of our attempts to organise learning is that we must become reflective with regard to our own discourses of learning and to their effects on the ways we design for learning.

2.6 Chapter summary

Chapter 2 has explored the evolution of the physiotherapy profession and approaches to education and training. I have explored practice education from a pedagogical perspective and theories of learning that underpin practice education.

The content of the chapter was selected to address the research question and to focus on aspects of the literature that are relevant to support a study that explores the understandings and experiences of physiotherapy practice education in a seven-day model of working. It is known that learning is enhanced when students feel comfortable within the learning environment, but this chapter has highlighted that there is little evidence relating to hosting practice placements in physiotherapy across seven days. Yet the CSP (2015a) expresses that learning within both the academic and clinical environments is of equal importance, and according to Billet (2001, p. 313):

the qualities of experiences afforded by either educational institutions or workplaces shape the potential richness of the learning outcomes.

In conclusion, this chapter has shown that there needs to be more exploration into how these changes to seven-day working have impacted on the provision of practice education. Gaps in the literature, if further explored, may lead to quality-enhancing changes in providing high-quality learning experiences for physiotherapy students across a seven-day model of working.

In the following chapters, I present my personal worldview and my choice of an appropriate and congruent methodology to address my research question. The

research methodology for the study was chosen with the aim of involving representatives from the organisers, facilitators and recipients of practice education, which forms the community of practice. This promotes 'ownership' of any considerations that may emerge from the research and provides evidence that could be valuable for physiotherapists who already work a seven-day service, or those that may change to this working practice in the future.

Chapter 3 – Methodology

3.1 Introduction

In this chapter I will outline my position and assumptions as a physiotherapist working a seven-day pattern, and how my personal concerns and feedback from my team members were the catalyst for developing the research topic alongside developments and recommendations being made within the NHS around seven-day working. I will also describe my philosophical journey as I moved from being a pragmatic physiotherapist working in acute healthcare, to that of a pragmatic researcher with an interpretivist appreciation of exploring participants' descriptions and experiences of practice learning in a seven-day model of working. I will also examine and reflect on my choice of an interpretative approach informed by phenomenology as my research methodology and why it was the most appropriate approach to address my research question.

3.2 Position of the researcher

For the purposes of transparency and authenticity, I need to share my own experiences: I entered the professional doctorate programme as a physiotherapist who participates in a seven-day model of working within the speciality of critical care at an NHS hospital. My role includes managerial and financial responsibilities and I lead my own clinical speciality team, which involves developing the service and also mentoring junior members of staff. Additionally, I am the co-ordinator for practice placements and a practice educator for physiotherapy students; our hospital also hosts physiotherapy student placements across a seven-day period.

I became interested in the topic for this study from a personal concern: our hospital moved to a model of seven-day student placements to match the change in our extended working patterns, but on reflection we did not consider the impact of this change in working practice on the provision of student placements. From a personal perspective, I was concerned that an individual educator could no longer be solely responsible for providing a quality learning experience for a student on placement.

This was due to a mismatch of educator-student rotas, changing team dynamics on a daily basis and the continued need to support junior staff with this new seven-day working pattern. My colleagues expressed concern over the ability to provide adequate supervision to students at weekends due to reduced staffing and questioned whether this was safe for patients and students. In 2011 when I commenced my doctorate, seven-day working was an emerging model of practice within physiotherapy, and there were no direct, profession answers to my problem. I wanted to gain a deeper understanding of how stakeholders within practice education were experiencing the changes to a seven-day model of working as this might influence and improve my own practice. As a practising physiotherapist, I believe that a seven-day model of working is the future for the profession of physiotherapy as we can no longer justify a Monday to Friday existence if we want to maintain our professional standing. Patients in hospital require physiotherapy all days of the week to ensure effective and efficient physiotherapy treatment, continuity of care and timely discharge. I believe we should seek new knowledge through description and experience as the phenomenon is influenced by context and changing times as our profession develops to meet the needs of modern society, which expects health services to be available 24 hours a day, seven days a week.

3.3 Identifying my worldview

I have declared that I assume multiple roles within my position as a physiotherapist: as a clinician, facilitator and leader, so I often have to adopt a different stance according to the situation in order to meet the demands and requirements of each role. I therefore take a pragmatic approach in my role as a physiotherapist and this is demonstrated in Table 2. By utilising this pragmatic paradigm at work it allows me to look at the what, how and consequence of research or service delivery where theory is designed and tested in practice by utilising a pluralistic approach that is both quantitative and qualitative in nature. I tended to utilise the positivist/post-positivist stance more regularly within my workplace and I believe this is because of the external influences of the NHS and the need to prove, justify or quantify results,

as this is more acceptable in the medical model. However, in recent years there has been recognition of the value of qualitative approaches and there is some movement towards qualitative and interpretative approaches as the views and experiences of patients and other users such as students have become paramount. This is because it is acknowledged that this leads to better democratic decisions, accountability and reflects the values of the community (Florin & Dixon, 2004; Holloway & Galvin, 2017).

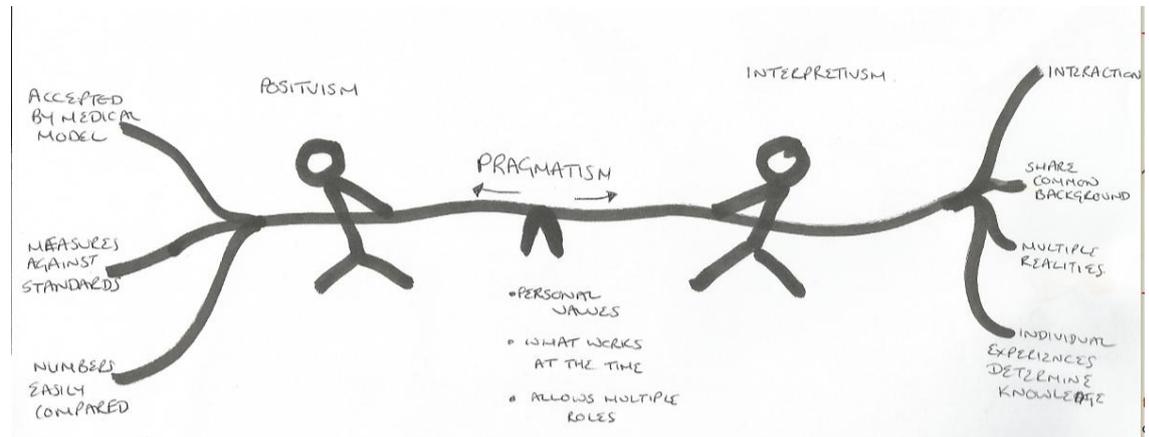
Even though I carry out patient satisfaction surveys and request students to complete an evaluation of their placement experience, I still continue to quantify the results within my role as a physiotherapist due to the influences of the NHS, as when quantified they can be more easily disseminated and compared to measure performance. However, as an individual and professional doctoral student I was concerned about the impact of seven-day working on practice learning and I believe each individual will have their own interpretation of this experience, and knowledge may be constructed from these social interactions. In my research journal I reflected upon my own internal paradigm war by depicting it pictorially as a tug of a war (Figure 8) as I felt I was being pulled one way by the demands of the NHS and the other by my beliefs as a researcher, while as a pragmatic physiotherapist I sat in the middle with the scope to be pulled either way according to the need or demand of the research.

Table 2 – The multiple roles I undertake as a pragmatic physiotherapist

| Role | Aim | Ontology | Epistemology | Methodology | Influences |
|--------------------------------|--|---------------------------------|-----------------------------------|---|--|
| Physiotherapist - Clinician | Evidence-based practice Ensure excellent patient experience | Realist Critical Realist | Positivist Post-positivist | Quantitative: RCTS, case studies, objective measures Mixed methods: patient satisfaction, use of triangulation | Acceptance by medical model, standards to achieve, guidelines to meet, objective measures, need to measure success Patient satisfaction, standards of care, effective treatment |
| Physiotherapy - Manager | Financial; managing budgets Maintaining productivity Cost-effective service | Realist | Positivist | Quantitative: facts and figures | Targets, financial constraints |
| Physiotherapy - | Provision of a high | Critical realist | Post-positivist | Mixed methods, | CSP / University |

| | | | | | |
|----------------------------------|---|------------------|-----------------|---|---|
| Practice educator | standard of student placements Development of junior staff | | | student and staff feedback Rotation feedback Achieving objectives | standards Appraisals |
| Physiotherapist - Team Leader | Involvement of staff in service development | Critical realist | Post-positivist | Mixed methods: reflections, evaluations, surveys, audit | Objective measures and standards, guidelines, meeting criteria |

Figure 8 – An illustration of my ‘personal tug of war’ (Elliott, Glynn & Morris, 2016)



This proved to be a significant point in my research journey as I reflected and analysed my stance in relation to my role as a clinician and as a researcher embarking on a professional doctorate. In my research journal I wrote:

The pull towards quantitative methods has been hard to resist, not because I believe that it is the right approach to take, but that I have been influenced by authority and the need for physiotherapy to be accepted in the medical profession. It seemed comfortable to keep drifting back to ‘measuring’ and ‘proving’ because that is what I have always done. However, in this instance as a researcher I want to explore the phenomenon of seven-day working from the perspectives of the educators and the students. I want to know what their experiences are – that way I will better understand the subject area. If we understand and interpret these experiences, it may provide important discoveries around this area and we know that the profession has to adopt seven-day working. So rather than stick my head in the sand and assume it will be alright, I’m sticking mine above the parapet and asking “what is your experience of practice education in seven-day working”. This might answer the concerns and questions of my peers, but more importantly it will provide me, as a researcher, with the data I crave. Additionally, I have to look at myself as a researcher, not a clinician. Therefore I am ‘free’ to have my own worldview and philosophy as the only

influence is myself and my beliefs, which include believing that no two experiences are the same and judgement/values/truth are all relative to the individual.

My research question was therefore developed with the intention to gain insight into the scenario of practice education in a seven-day model of working and develop a greater understanding through the experiences of physiotherapy students, practice educators and academics of the impact of this model of working. I was also beginning to make the transition from that of a pragmatic physiotherapist to a researching clinician with an interpretivist appreciation because I was concerned with understanding the meanings that people attach to actions, decisions, beliefs, values and the like within their social world (Nicholls 2009).

In the next section, I will identify the relationship between my developing a philosophical appreciation of interpretivism and my ontological position, which is related to the nature of reality, existence and being (Blaikie, 1993). Epistemology, which is concerned with the theory of knowledge, what knowledge is and what it means to know (Crotty, 1998). It is imperative that the stance I take underpins my study, is made explicit and is consistent with the question, as this will frame the research design (Darlestone-Jones, 2007). It is also important to highlight my worldview to the audience as my personal beliefs as the researcher and my experiences may also have some bearing on my methodology and analysis selection and need to be explored in order for the subsequent research to be accepted (Crotty, 1998).

3.3.1 Ontology

Due to NHS standards and external influences, as a pragmatic physiotherapist I tended to focus on variables and facts that were detached from human involvement, and so adopted a realist stance. As a researcher on a doctoral programme, I am now aware that my desire is to understand the meanings that educators and students place on their descriptions and experiences of practice

learning in a seven-day model of working. How people construct meanings based on their experiences will allow me to gain a deeper understanding of the participants' perspective of their world and that of others. With respect to the research question and process, I have my own experiences and interpretations that I bring to the research process, but I cannot impose my assumptions for the participants – they will bring their own behaviours and beliefs to the process by describing and interpreting their own experiences and stories. These will add to the richness of the data (Nicholls, 2009).

The goal of interpretivism is to understand and interpret human behaviour, so is underpinned by a relativist ontology, in that reality is constructed as the result of social interactions (Creswell, 1998). Individuals interpret and make sense of these interactions on an individual basis so events cannot be generalised; this therefore leads to multiple perspectives or realities on any one incident (Nicholls, 2009). I acknowledge that there is not one absolute truth, but that truths and realities are different to each person who participates (Welford et al., 2011). It could also be suggested that we continue to be influenced by our own experiences as we journey further through life, so we are constantly constructing reality and that our understanding of reality may change over time (Weaver & Olsen, 2006).

3.3.2 Epistemology

I have acknowledged that previously, when seeking the views of my users, such as patients and students in the hospital setting, I continued to use a systematic and scientific approach that generated numbers by observation or measurement in the positivist paradigm. Utilising deductive reasoning, these objective results generate theories that are tested to provide a guarantee of truth (Crotty, 1998). This positivist view also assumes that reality was the same for all involved, whereas in this study, I need to consider all contributors as individuals whose reality is independent of others. I consider knowledge to be generated through experience and co-constructed through shared language and dialogue; it is also influenced by its context in practice, time and space (Verenikina, 2008). My participants are

perceivers and constructors of their own world and knowledge. As such, I am seeking a worldview that allows individuals to make sense of and interpret their own world (Darlestone-Jones, 2007). I wanted to hear their different voices and the meanings they attribute to their experience of practice education in a seven-day model of working.

I have made a paradigm shift towards the subjectivist epistemology of interpretivism as it assumes that we cannot separate ourselves from what we know (Creswell, 2009). Myself, the investigator and the object of investigation, seven-day practice placements, are inextricably linked; who we are and how we understand the world is a central part of how we understand ourselves, others and the world (Crotty, 1998). Therefore, knowledge, a cognitive process, will be gained through social construction and subjective interpretations, so an external reality exists but its nature is imposed on the object by individual consciousness (Welford et al., 2011). I have learnt as a researcher that I do not have to accept that there is a correct or particular path to gaining knowledge, but that it is acceptable to let knowledge evolve inductively as it is dependent on individual human minds, values and perceptions, and is related to a specific context at a specific time (Creswell, 2009).

3.3.3 Summary of worldview

Despite understanding and appreciating concepts of relativism and interpretivism in research, I still feel the pull of my pragmatic stance as a physiotherapist and as a practice educator. Pragmatism is concerned with action and change and the interplay between knowledge and action (Tashakkori & Teddlie, 1998). According to Armitage (2007, p. 3), 'the pragmatic worldview has what Tashakkori and Teddlie (1998) and Creswell (2003) see as intuitive appeal, permission to study areas that are of interest, embracing methods that are appropriate and using findings in a positive manner in harmony with the value system held by the researcher'. My research arose from a concern in my own practice, and the desire to solve problems and offer solutions is still evident in my approach as a researcher. So, despite

recognising a paradigm shift towards interpretivism, I don't believe I have fully transitioned to an interpretivist paradigm but instead would describe myself as a pragmatist with an interpretive appreciation. Braa and Vigden (1999) suggest that interpretivism and pragmatism can be combined in qualitative research as it allows explanation, interpretation, understanding and interventional change. Creswell (2003) also concurs that a pragmatic paradigm can be adapted to the purpose in qualitative research especially if it is undertaken within practice-based research. This pragmatic worldview with an interpretivist appreciation aligns more closely with my research question than interpretivism alone as I aim to first describe the context of practice education in seven-day working, then examine experiences and understandings of the participants before making suggestions for future practice.

3.4 What was the most appropriate approach to my research to address my research question?

The aim of my research was to understand and make sense of the phenomenon of practice education in a seven-day model of working. This cannot be objectively observed from the outside but must be observed through the direct experience of the participants. My researcher's role was to explore the 'reality' that individuals experience and then make sense of those meanings by "understanding, explaining and demystifying social reality through the eyes of the different participants" (Cohen, 2007, p. 19). Pragmatism with an interpretative appreciation as a worldview provided me with an analytical and explanatory approach for examining the interplay between the stakeholders of practice education. However, I needed to choose a methodology that involved both descriptive and interpretive elements as my research aim was to understand the meanings of my participants of practice education in the context of seven-day working. My selected methodology was informed by phenomenology as this approach offers a method to understanding how my participants have constructed their experience of a lived experience which was seven-day practice education and it has assisted me to find meaning in practice which may bring forward new understandings of the phenomenon (Earle, 2010). Phenomenology is acknowledged within healthcare as a methodology to find

meanings and understanding in everyday situations with participants, and it subsequently leads to a change in situations on the basis of the understandings (Van der Zalm & Bergum, 2000). For me as a researcher, a methodology informed by phenomenology has allowed me to make sense of my problem and achieve my research aims and allowed the participants to have a voice.

3.4.1 Phenomenology

Phenomenology is a philosophical tradition dating back to the early years of the 20th century in the works of Husserl, Heidegger, Sartre, Merleau-Ponty and others (Smith, 2018, Para 2). Phenomenology focuses on the experiences of thinking and knowing: how phenomena appear to consciousness (Moran, 2000). It can be used to describe how something appears from a particular point of view, given a certain environment (Merleau-Ponty, 1964). Or it can be used to analyse and give meaning to an experience (Husserl, 1990). According to Smith et al. (2009, p. 16), phenomenology is ‘a family of approaches, in that they all share the basic tenets but each articulates an approach in a particular way’. I therefore considered descriptive and interpretative approaches in my methodology:

- **Descriptive phenomenology**

Phenomenology is essentially the study of lived experiences with the aim to examine these experiences and determine their meanings (Van Manen, 1990). Husserl’s (1962) descriptive phenomenology believes knowledge is gained through experience and proposed that the researcher has to ‘bracket’ themselves out of the study in order to suspend beliefs or judgements. I acknowledge that I am embedded within the research subject area, have my own ‘baggage’ of the phenomenon being investigated and do not feel I can ignore my own experiences, thus making bracketing impossible (Gadamer, 1976). As a researcher, I acknowledge that I come to this study with history, experiences and understanding and this should promote mutual and individual interpretations of our world – creating multiple realities and constructing knowledge through interpretivism (Smythe, 2011). Descriptive phenomenology can include some interpretation and

conjunction in deciding what to select and how to express, but the main aim is to describe rather than explain. But as I am also searching for more than the described structure and common themes of practice education in a seven-day service and I am aiming to discover the meanings behind the themes as they evolve, I require a phenomenologically informed approach that will allow me to intrude into the study more by making interpretations, linkages and relating the findings to previous research and considering the implications to practice, so I turn to an interpretive approach:

- **Interpretive phenomenology**

Interpretive phenomenology is also concerned with human experience as it is lived (Laverty, 2003) with the aim of creating both meaning and understanding through an interpretive and shared approach. It works towards intersubjectivity where knowledge is co-constructed through the contextualisation of the investigator and participant (Koch, 1995). I relate this to Heidegger's (1962) notion of our being in the world in that interpretation is inevitable; we cannot be neutral or objective, as to understand we will have already interpreted that experience. I can then link this to my philosophical stance as the interpretation of everyday activities is considered unique because it recognises the situated meaning of the action, appealing to my original work-based concern (Walters, 1995). I have acknowledged that as a researcher I have a preliminary understanding of the human action being studied (Heidegger, 1962). By accessing the everyday lived experiences of physiotherapists and students in a seven-day model, the commonalities in meanings, skills and practices may be uncovered, which may have an impact on future practice. Heidegger (1962) claims that nothing can be encountered without reference to an individual's background and focuses on 'Dasein', which is translated as 'being in the world'. My understanding of 'Dasein' is that individuals are always relating to other individuals and objects and that the meaning of these relationships is developed, which Heidegger (1962) describes as being in the world or temporality. Temporality refers to how humans are in the world, and that we are always self-interpreting and trying to make sense of the world (Parsons, 2010). If I adopt these philosophical

foundations of Heidegger (1962), I am aiming to explore my participants' immersion in and openness to the context of practice education in a seven-day model of working, and it may help me to understand and develop my approach of practice-education.

Interpretive phenomenology has also been described as 'starting from the position that a person seeking to understand something has a bond to the subject matter that comes into language through the traditional text and has, or acquires, a connection with the tradition from which it speaks' (Gadamer, 1998, p. 295). As a researcher I have experienced the phenomenon I am investigating. This could be advantageous as I will be able to see beyond the descriptive element of those involved in the research and that will allow for meanings and understandings to be developed (Gadamer, 1998). This will also allow me to legitimately bring my own experience of practice education into the research process as my past experience should be valued as part of the research process (Walters, 1995).

The interpretive process of phenomenology is gained through a hermeneutic circle, in that no observation or description is free from the effects of the observer's experiences, pre-suppositions and projections of his or her personal values and expectations (Heidegger, 1962). My own understanding and reflection on the hermeneutic circle is that I come with the 'fore-understanding' of the phenomenon. I have experienced the phenomenon being studied and already have my understanding and interpretation of that as a manager, team leader and practice educator. However, during the interpretation process my own understandings may be challenged or changed as I analyse the participant's accounts of the same phenomenon. During the data analysis process, I moved backwards and forwards between individual accounts, the entire data set, and my own experiences in order to fully understand and interpret the results. It is imperative that I move beyond my initial concern that initiated this research project and try to understand my problem by hearing the lived experience of the same phenomenon by others. So, to me, the hermeneutic circle is more of a forward-moving spiral, rather than a closed circle

that may lead to deeper understandings, and may eventually lead to emerging themes and their meanings that I can then share with my peers. Another way of viewing the hermeneutic circle is to move from individual experiences to gaining a general insight as the whole data is analysed, but that the two are interlinked.

3.5 Chapter summary

On reflection, this chapter highlights my feelings that phenomenology can inform my methodology as it will ensure coherence between my research aims while satisfying my pragmatic paradigm with an interpretivist appreciation. It allowed me to both describe the context and understand the meanings of practice education in seven-day working and discuss implications for practice. It acknowledges that the researcher and participant come to the investigation with a common background and through the process of interaction and interpretation, an understanding of the phenomenon will be developed. Additionally, the findings may create a deeper understanding of both the action and context, which may help to develop knowledge that assists physiotherapists in the area of practice education.

I also acknowledge that, on a personal level, while identifying my worldview as a professional doctorate student, I have undertaken a significant journey and paradigm shift. I have presented and articulated this journey through dissemination at conferences (Appendix 10) and via publication (Elliott, Glynn & Morris 2016, Appendix 3).

Chapter 4 – Methods

4.1 Introduction

This chapter will explain and justify my final choices of the methods for data collection and also the ethical considerations I had to make. I will explain how they evolved throughout the research process as I reflected upon my journey, making changes to sample size and recruits so to add depth to my study. I will utilise excerpts from my research journal to offer an audit trail of this process and also use reflection and reflexivity to demonstrate my own personal journey as a researcher.

4.2 Research design and process

This section describes and explores the research design and process that I undertook. I reflected and documented reflexivity throughout as amendments were made and as I grew as a researcher.

4.2.1 Ethical considerations

According to the Research Governance Framework for Health and Social Care (Social Care Institute for Excellence, 2011), the dignity, rights, safety and well-being of participants must be the primary consideration in any research study. Therefore I utilised the six broad ethical areas identified by Polonsky and Waller (2014) of: voluntary participation, informed consent, confidentiality and anonymity, the potential for harm, communicating the results and any specific ethical issues relating to my own study to form the basis of my ethical application for the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee (FREGC).

4.2.1.1 Voluntary participation

Participation should be voluntary and there should be no coercion or deception, so it is important that potential participants are invited to participate in a research study with a clear understanding that they are under no obligation to participate and there are no negative consequences if they choose not to (Trochim, 2006). The

issue of voluntary consent can arise if research is undertaken in the researcher's workplace, therefore my work colleagues were excluded from participating.

For physiotherapy students, I gained co-operation from the university practice administration team to forward an email to all final year students with an invitation to participate (Appendix 4.3) and was able to advertise my study on university notice boards via a poster (Appendix 4.1). So, to avoid coercion or the students feeling obliged to participate in my study, I chose to utilise the neutrality of the university practice administration team and not to use direct requests from personal tutors.

Practice educators were invited to participate via a notice placed on the interactive forum of the Chartered Society of Physiotherapy (iCSP) (Appendix 4.2). This allowed potential participants to choose of their own free will whether to participate in my research study or not.

4.2.1.2 Informed consent

It was important that participants gave informed consent as it meant that the participants had received adequate information regarding the research, were capable of comprehending the information and had the power of free choice, enabling them to consent to or decline participation in the research voluntarily (Polit & Hungler, 1999).

Information was provided in written format, with clear language in lay terms, via the Participant Information Sheet (Appendix 4.4). The purpose of the research study was outlined, and it included any potential risks and benefits to the participant. There was also a statement advising the participants that they could withdraw from the research and if, as the researcher, I felt that they were vulnerable due to emotional trauma at recounting experiences, I could stop the proceedings. If the interview ceased, the data collected up until that point would be included in the data analysis.

The Participant Information Sheet and Consent Form (Appendix 4.5) were sent to the participants in advance so they had time to consider their involvement in the research. Signed informed consent was gained prior to the interviews. The Consent Form clearly outlined their agreement to the interview being recorded, use of direct quotes and the dissemination of the results through conferences and publication, but it also stated that their identity would not be released and the data would not contain any identifying information. After the interview, the issue of consent was revisited and participants were reminded that they could withdraw from the study. To ensure effective management of the research data, it was assumed that two weeks after the interview the data collected would be used within the research process if they had not informed me that they wished to withdraw from the study.

4.2.1.3 Confidentiality and anonymity

It was my responsibility as the researcher to assure confidentiality and anonymity of the participants (McHaffie 2000). In a face-to-face interview it was impossible for the participant to be anonymous to me as the investigator (Walker, 2007), but I ensured confidentiality by ensuring that the data could not be linked to the source and that the storage of the data was secure (Behi & Nolan, 1995). The interviews and transcriptions were stored securely in a locked filing cabinet on a universal serial bus (USB) which was password protected. The completed Consent Forms were secured in a locked filing cabinet. The transcriptions were only seen by the researcher and the research supervisors and all identifiable information was removed and will not appear in any other written report or publication of the research study. If the participant named a colleague or hospital during the interview, the name was deleted on the transcription to maintain anonymity of the third parties. All forms of data will be destroyed on conclusion of my doctoral study.

It would have been desirable to conduct the interviews away from the participants' place of work to maintain privacy and anonymity; however, due to the participants' work and time constraints this was not feasible. Therefore, I was guided by the

practice educators with regard to a suitable and convenient location and ensured that the interviews were conducted in a private room in a public location, so to maintain the personal safety of both researcher and participant. The physiotherapy students' interviews were carried out on the university campus in a pre-booked room when they were back in university on academic studies and not on practice placement. This ensured their anonymity and was convenient for the students as there were no additional travel costs for them to bear.

4.2.1.4 The potential for harm

I had to demonstrate that I had considered the potential risks and benefits as no harm should come to the participants involved in the study (Walker, 2007). While there were no intended benefits for the participants of this study, they may have experienced some positive aspects on a personal level. These could include the fact that being invited to participate in a study and knowing that someone has taken an interest in their experiences could be a positive experience for participants (Green & Thorogood, 2006). Participants may also have felt that they might be benefiting the development of physiotherapy practice education. It may be that as practitioners share their experiences and interpret their meaning during the interview process, that they review their own practice and may discuss concerns or actions with their own team. For physiotherapy students, they may consider how their experience may affect future professional conduct, employability and the processes involved in hosting student placements.

Professional relationships with practice educators might have been a possible risk as it might have been interpreted that I was questioning the participants' approach to practice learning. The use of a Participant Information Sheet with a clear explanation emphasising that I would be listening to their experiences minimised this issue. I also practised my skills as an interviewer by conducting trial interviews with work colleagues to ensure that my single, open question of: 'Tell me your experience of x' generated the opportunity for the participants to tell me about their experiences of practice education across seven days in their own words and

style, and that participants did not feel like they were being criticised or investigated (Taylor, 2005). The trial interviews also allowed me to practise my interview techniques including listening, reflecting and prompting the participant while remaining passive and non-leading.

It may have been that this was a sensitive topic to the individual if they recollected some aspects or issues that caused upset or distress during the interview. There was also a risk that a participant may disclose a safety issue which may affect patient care or incidents that contravene the Physiotherapy Code of Members Professional Values and Behaviours (CSP, 2011). Students may have divulged incidents of bullying or unfair treatment by a practice educator to me, which may have affected their performance or future development. As an interviewer I was prepared to assess these vulnerabilities and risks during the process and, if required, pause or halt proceedings. If further support was needed, physiotherapy students would have been directed to contact student support services at their own university for pastoral care, advice or guidance or to discuss their concerns with their personal tutors; they might have also been directed to review the university's policies on such matters. Practice educators would have been directed to discuss their concerns with their line managers, peers or with the university link tutor. They may also have been directed to follow their own hospital's policies and reporting procedures. For myself, as a researcher, I would have contacted my research supervisors in the first instance for further guidance and reflection. In the event of a participant disclosing a serious incident that contravened the Physiotherapy Code of Members Professional Values and Behaviours (CSP, 2011), after discussion with my research supervisors I would have referred the matter to the participant's line manager.

4.2.1.5 Communicating the results

The participants were advised via the Participant Information Sheet that I, as the researcher, would publish the results in my thesis in relation to my Professional Doctorate. If successful, the thesis would be lodged in the British Library, otherwise

it would remain at the University of Brighton. The study would also be submitted for publication in peer-reviewed journals and presented at conferences. The participants were also informed that direct quotations from their interview may be used; however, in any publication, information would be provided in such a way that they could not be identified. The Consent Form (Appendix 4.5) specifically asked the participants to agree to this prior to proceeding. The participants were also advised that, if requested, I would disseminate the results of the study to them via email.

4.2.1.6 Specific issues relating to my research study

There are also a number of specific ethical issues that relate to the research methodology and research methods that I also considered.

- **Conflicts of interest**

Conflicts of interest can arise if the researcher is employed within the industry or the participants are not informed of this fact. I am employed as a physiotherapist within the NHS and I have declared my interest in this subject area from a personal perspective. As the methodology is informed by phenomenology, it allows me to become entrenched in the research process because as a researcher I have experienced the phenomenon I am investigating. However, this is not a conflict of interest as I have no influence over the provision of student practice education placements. Readers will be able to read my research, interpret the results and make their own decisions regarding practice learning in a seven-day model of working.

- **Permission from organisations**

In order to recruit sufficient physiotherapy students who had experienced seven-day working as part of their practice learning, it was necessary to recruit from multiple universities: three in total. It has been necessary to gain ethical permission from each university in order to access their physiotherapy students, and this is discussed in Section 4.2.2.

In respect to practice educators, out of courtesy and as recommended by Governance Arrangements for Research Ethics Committees (GAfREC) (2011), I advised both their line manager and the organisation's research and development department that a member of their staff was participating in my research study. The participant was not named so to maintain anonymity.

- **Recording the interview**

To allow for data analysis, it was necessary to digitally record the interviews so the spoken language could be converted into a written report verbatim, as it would be impossible to capture all the dialogue through field notes alone. The participants were made aware of this in the Participant Information Sheet, and they also agreed to this when signing the Consent Form. I ensured that the participants had been informed regarding the security of the recordings and transcripts. The participants were also informed that all recordings and transcriptions would be destroyed on completion of my Professional Doctorate.

4.2.2 Ethical permission to conduct the research study

After considering all the ethical considerations, an application was sought from the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee (FREGC). On my initial application I was advised to make some minor changes to wording on the Participant Information Sheet. It was also recommended to ensure that the sampling procedure reflected the profession of physiotherapy, so I acknowledged that physiotherapy is a female-dominated profession in the UK with a 1:4 ratio of males to females, according to figures from the Health and Care Professions Council (HCPC, 2014b) and that this would be taken into consideration during recruitment so to ensure the sample was comparable to that of practising physiotherapists in the UK. Another question raised by the reviewers was: 'Would it be beneficial to gain basic information about the participants prior to the interview in the form of a questionnaire, as this would be more time efficient?' However, I felt that if I began the interview asking these questions, it would create a relaxed and trusting atmosphere before I developed a

series of questions and prompts aimed at evoking a comprehensive account of the participants' experience of practice learning in a seven-day model of working (Moustakas, 1994). This would also establish the context of the interviewee's experience and allow the participant to construct and describe their experience before reflecting on the meaning it holds to them (Seidman, 1998). I was also asked to consider increasing my sample size as the reviewers were concerned that I would not achieve the depth of knowledge required for an exploratory doctoral study. They were also concerned that I may have difficulty publishing results with such a small sample size. I responded to FREGC by explaining that a small sample size is acceptable within phenomenology as the research process is one of discovery rather than testing theory, and it is the quality of the data being explored rather than quantity that is important (Ayres, 2007). I reviewed other physiotherapy phenomenological studies and sample sizes ranged from 3 – 12: Cassidy et al. (2011), MacKenzie (2009) and Blau et al. (2002) being some examples. At this point, I therefore felt that five physiotherapy students and five physiotherapy practice educators would provide me with the rich data I required; also, as seven-day service provision is an emerging practice in physiotherapy, there are fewer potential participants who have experienced the phenomenon.

An amended FREGC application was submitted and permission to proceed with my research was granted on 30th January 2014; I did however have to clarify that my trial interviews would firstly be undertaken with friends, which I confirmed to the chair of FREGC (Reference FREGC 13 – 049.R1 – Appendix 5.1).

As I was planning to interview qualified physiotherapists working within the NHS, I reviewed the need to gain approval from the Integrated Research Application System (IRAS), which approves permission for health and social science research within the UK. However, it was established that under the 2011 Governance Arrangements for Research Ethics Committees (GfREC), NHS staff recruited as participants by virtue of their professional role are excluded from the normal remit of Research Ethics Committees, thus I did not require IRAS approval.

In order to recruit sufficient student participants for the study it was necessary to use multiple sites, therefore further approval was required to access permission to physiotherapy students at other universities. One university required me to apply to the Research Ethics Co-ordinator with a letter explaining my proposed study, along with my approved FREGC application and sponsorship. They agreed in principle, and the final stage was to gain permission from the deputy dean; permission was granted on 6th February 2014 (Appendix 5.2). The other site requested that I apply for permission to access physiotherapy students as an external researcher. I wrote a detailed letter to the Research Ethics Office explaining my proposed study and also sent my approved FREGC application and sponsorship details. Approval was gained on 5th March 2014 (Appendix 5.2).

After I began to conduct the research interviews with the physiotherapy students and practice educators, I reflected that maybe the students' decisions and opinions regarding seven-day working may have been influenced by their university. Also, some students were extremely surprised that physiotherapy is a profession that works a seven-day service, so I was interested to hear from the universities regarding pre-placement information. Educators also implied that if a student had a crisis at the weekend then they would have no university support till the following week, so this could leave the student feeling quite isolated and unsupported. I therefore felt it was also necessary to hear the university tutors' experiences of practice education in a seven-day model of working. I applied to the chair of FREGC with my amendments, requesting permission to interview university link tutors at the three participating universities. At the same time, I requested permission to increase my sample size to six physiotherapy practice educators and six physiotherapy students. This was to ensure I had a wide range of physiotherapy practice educators who worked in a range of clinical specialities in both acute hospitals and community settings. It would also ensure that I had a relevant ratio male to female participants, which had been a point raised by FREGC at an earlier date. When recruiting physiotherapy students, there were students who had volunteered to work a seven-day pattern as part of their practice placements and

there were others for whom it had been compulsory. By increasing my sample size to six it allowed me to interview three physiotherapy students who had volunteered to work a seven-day service and three for whom it had been compulsory – therefore, in my opinion, adding depth to my data. The total sample size including the university link tutors would now be 15, which was still manageable in terms of data analysis but would reflect more stakeholders being involved in practice education and allow representation from primary and secondary healthcare settings. It may, as suggested by the initial ethics reviewers, add rigour and credibility to my study in respect of publication at a later date. A letter explaining my request to make alterations to my ethical approval and an amended ethical proposal were sent to the chair of FREGC, and these alterations were approved on 2nd May 2014 (Appendix 5.1).

4.2.3 Sampling and selection criteria

The choice of sampling techniques is key in improving the fittingness of a study (De Witt & Ploeg, 2006), and a qualitative approach informed by phenomenology is well suited to non-probability purposive sampling as this permits ‘hand picking’ of the participants whose qualities or experiences permit an understanding of the phenomenon in question and are therefore valuable (Patton, 2000). This is supported by Creswell (1998), who advocates that the most important criterion for inclusion in the study is having had the experience of the phenomenon under exploration.

The purposive sampling technique utilised the inclusion / exclusion criteria in Table 3. It was essential that the participants had experienced the phenomenon as this would yield the necessary information for the research objectives (Patton, 2000). However, employees of the researcher’s own institution were excluded; this was due to the potential of a power imbalance. There is a potential to exploit work colleagues as they may feel pressurised to participate because of a sense of duty (Richards & Schwatz, 2002). I have managerial responsibilities as part of my job role; I formally appraise my work colleagues, so they may feel compelled to

participate, believing that failure to do so may impact on their personal development. Although the use of work colleagues would be convenient, I would be concerned that it would not be a representative sample as we have already discussed issues regarding practice learning and seven-day working at work. Thus, by utilising clinicians from different locations, I may gain a wider range of experiences. Also excluded from the study were physiotherapy students who completed a seven-day student placement at the researcher's place of employment, as anonymity was not possible and it may have influenced their ability to speak freely about their experience to me, as a researcher, as I may have been involved in their practice placement.

Although I acknowledge that all grades of physiotherapists can play an active part in practice education, for this study I am excluding physiotherapists with less than two years' clinical experience. The 'Clinical Education Placement Guidelines' published by the CSP in 2003 advocate that the practice educator would have practised physiotherapy for at least two years so to have sufficient experience and expertise to host an effective practice placement. This is because for the first two years newly qualified physiotherapists consolidate their own knowledge and experience so remain a 'learner' in the workplace and continue to be supported by a senior clinician. Once they are able to perform their clinical role with more confidence, they are then encouraged to take on the role of educators in the workplace, often supporting student placements and participating in appraisals and staff / service development.

For the university link tutors, they had to be involved in the preparation, planning, student welfare and evaluation of student placements that were hosted across a seven-day period, and they had to have been in position for at least one academic year.

Table 3 – Inclusion / exclusion criteria

| | Inclusion Criteria | Exclusion Criteria |
|----------------------------------|---|---|
| Physiotherapy practice educators | <p>Must have been practising for two years</p> <p>Physiotherapists who have been involved in the supervision of students across a seven-day model of working</p> | Employees of author's workplace |
| Physiotherapy students | Must have participated in at least one clinical placement that involved weekend working as part of their core clinical hours | Cannot participate if completed a seven-day placement at author's workplace |
| University link tutors | <p>Must be involved in preparation, planning, student welfare and evaluation of student placements</p> <p>Students from the university have participated in seven-day working</p> | Less than one year's experience in link tutor role |

4.2.4 Recruitment of Participants

- **Physiotherapy students**

During the initial stages of developing my research proposal, I had already established a link with the three university practice administration teams, who had all agreed to forward my invitation to participate letter via email to final year physiotherapy students, and they honoured this agreement once ethical approval had been granted. I was conscious of the timing of this invitation within the academic year, so invitations were sent out from March 2014, as soon as I had gained ethical approval, as most of their practice placements would have been completed by then, thus increasing the possibility of the students having completed a seven-day placement. It also allowed me time to organise and conduct the

interviews prior to the students' graduation and qualification as physiotherapists. One participating university, of their own volition, during a cohort lecture also verbally told final-year students of my study, alongside forwarding the email.

All of my potential participants approached me directly via email after the universities had kindly emailed the invitation to participate letter. I responded to all potential participants who had expressed an interest in my study by providing full details of the study in a Participant Information Sheet (Appendix 4.4) and additionally provided the Consent Form (Appendix 4.5), which would have to be signed prior to the interview. After which, if they decided to continue with their participation, a date convenient to the student was organised, with all interviews to be conducted on the university campus.

I recruited six physiotherapy students who had participated in seven-day working: five females and one male. Three had volunteered to work weekends as part of their practice placements and three had worked a seven-day rota on a compulsory basis. Three students had worked twelve-hour shifts as part of their placements and one had worked extended hours. The placements that had included seven-day working had been in the clinical specialities of respiratory (2), intensive care (1), cardiothoracics and surgery (1), long-term ventilator weaning (1) and neurology (1). One of the students had also worked extended hours (till 8pm) in a community setting.

- **Practice educators**

To commence the process of recruiting practice educators, I initially placed a notice on the interactive forum of the Chartered Society of Physiotherapy (iCSP) requesting that potential participants email me to express their interest. Potential participants were then sent further details of the study via a Participation Information Sheet (Appendix 4.4) and Consent Form (Appendix 4.5). I also clearly explained my inclusion and exclusion criteria to potential participants. Although I initially had a large cohort declare their potential interest to participate, the group

contained numerous practice educators who participated in seven-day working, but student placements continued to be hosted across a Monday-to-Friday pattern. There were also some educators that had offered students the opportunity to work weekends, but this offer had been declined, thus these participants did not meet my sampling criteria so had to be discounted. For all potential participants that met my sampling criteria, if they decided to continue to participate, I forwarded the details of my research study to their line manager, stating that a member of their department had expressed an interest in participating, while also ensuring that the potential participant remained anonymous. One physiotherapy manager responded and stated to the physiotherapists working within that department that, although she supported my study, if physiotherapists chose to participate then they would have to do so in their own time. This resulted in one potential participant deciding not to proceed. I had no other correspondence from other employers or research and development departments, therefore – for the interviews were arranged with the practice educators. In total I recruited six practice educators: two Band 7 physiotherapists and four Band 6 physiotherapists. Five were female and one male. The placements had been hosted in the specialities of acute neurology (1), stroke rehabilitation (1) community (1), orthopaedics (1), respiratory and critical care (1), and medical respiratory (1). One educator worked a twelve-hour shift pattern and one worked extended hours.

- **University link tutors**

As I had already made a connection with the university practice administration team, I contacted them to ask if they would kindly invite university link tutors to participate in my research study explaining that I now thought it to be important to hear the experiences of the university link tutors themselves. Two tutors readily agreed to be interviewed but were still sent the Participation Information Sheet and Consent Form prior to organising the interviews. One subsequently responded stating that she did not feel she had the necessary experience as she was not directly involved with the students' practice placements, but she forwarded the details to another colleague who subsequently expressed interest, and after

reviewing the Participant Information Sheet (Appendix 4.4) and Consent Form (Appendix 4.5) agreed to participate. The interviews were then organised at a time and date convenient to the tutors and were conducted on the university campus for convenience. All the tutors recruited were strategically involved in preparing the physiotherapy students for practice placements, were involved in managing and allocating the student placements, acted as a contact for the students when on placement for pastoral needs and were involved in placement evaluations. Additionally, all the university tutors had experienced some of their students completing a seven-day placement.

4.2.5 Interviews

The individual interview is the common method of data collection for an interpretive qualitative approach as it allows a 'research conversation' to take place, gaining an honest, comprehensive account of the person's experience (Moustakas, 1994). It also allows the participants to begin to interpret their own account of the phenomena from generalised experiences (Smythe, 2011). I therefore felt that this would be the most appropriate method of generating data that would answer my research question. I chose a semi-structured approach as Kvale (1996 pp. 5-6) defines the semi-structured interview as 'an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena'. Seidman (1998) suggests structuring the interpretive qualitative interview into a three-stage process so to achieve rich and deep data: (i) establish the context of the interviewee's experience, (ii) construct the experience and finally (iii) reflect on the meaning it holds. I felt this structure mirrored my research aims so that I had consistency between the research aims and research interview. Moustakas (1994) reiterates the need to begin the interview with a conversation that creates a relaxed and trusting atmosphere before developing a series of questions aimed at evoking a comprehensive account of the participant's experience, but noting that it is the interviewer's judgement as to which questions to ask or whether to use prompting statements according to the flow of the interview; I have utilised these suggestions

to develop my interview guide and to ensure coherence with my research aims and methodology as demonstrated in the following section and summarised in Table 4.

4.2.6 The interview guide

I classified the interview as semi-structured as it would be divided into three parts:

- **Understanding the individual interviewee's situation and context**

By discussing their background with respect to physiotherapy practice education and seven-day working it may create a relaxed and trusting atmosphere prior to asking them to describe their experiences. I felt it was important to collect this data because it is important to understand their context with respect to clinical speciality, place of work and their own experiences and assumptions of seven-day working as this may shape their own descriptions and interpretations of the phenomenon (Braun & Clarke, 2012).

- **Their descriptions and experiences of seven-day working**

This part of the interview would consist of one main question asking the participants to tell me about their experiences of practice learning in a seven-day model of working. I would then, as the interviewer, use prompts to gain more in-depth responses, or to seek further clarification as necessary. Such prompts included: "What feelings were generated by the experience?", "What thoughts stood out for you?", "Will you or have you done anything different following the experience?" and "What have you learnt from this experience?". This part of the interview was not structured as I wanted to allow the participant to share freely with me their experiences and their interpretations of those experiences.

Additionally, if the interview was too structured, I would lose the ability to be flexible in my probing more deeply in some areas, plus there would be a chance that the interview would become too prescriptive, too objectivist and I may be tempted to pre-empt the responses. With an interpretive approach, on the other hand, Gadamer's (1976) philosophy is to be surprised by your research, and with my appreciation of interpretivism I need to consider all contributors as individuals whose reality is independent of others. My participants are perceivers and

constructors of their own world and knowledge. As such I need to allow individuals to make sense and interpret their own world (Darleston-Jones, 2007). I want to hear their different voices emerge and the meanings they attribute to their experience of practice education in a seven-day model of working and hear of any suggestions they may have to improve their experience.

- **A summary**

I recapped on some of the experiences shared with me during the interview and gave the participants a chance to expand on any previous answers or to add any other thoughts before thanking them and concluding the interview.

The interview guide can be found in Appendix 6. This was used as a framework for guidance and to ensure coherence between the research aims and interview questions, although it is acknowledged that follow-up questions and prompts would differ for each individual. Also, I gained familiarity and confidence as the interviews progressed, and found that I needed to refer to the guide less and less as I conducted more interviews. The interviews were kept as conversational as possible and ranged between 30-60 minutes long.

Table 4 – Demonstrating coherence between my research question, research aims and methodology

| Interview guide | Research aim | Methodology | Specific interview questions |
|--|--|---------------------------------------|---|
| Understanding the individual interviewee's situation and context | To establish what physiotherapy students, practice educators and academic tutors understand by the term 'seven-day working' in physiotherapy | Informed by descriptive phenomenology | Can I ask you to tell me what is your understanding of the term 'seven-day working' in physiotherapy? |
| | To provide a description of the context of practice education in seven-day working | Informed by descriptive phenomenology | <p>All: According to NHS Improvement (2012), what level of service do you offer in your seven-day model of working?</p> <p>Physiotherapy students: How many placements have involved seven-day working or some aspect of weekend working? In what clinical specialities were they? Were you made aware by the university that practice placements may involve weekend working?</p> <p>Practice Educators: Please describe your experience (e.g. number of years or number of students) as a practice educator. When did students start to work this pattern? Why did you decide to move to students working seven days? What clinical speciality do you work in? Offer seven-day placements in?</p> |

| | | | |
|---|---|--|---|
| | | | Academic tutors: Can you describe to me your involvement in seven-day practice placements for your physiotherapy students. |
| Their descriptions and experiences of seven-day working | To gain an insight and explore physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education. | Informed by interpretative phenomenology | Describe your experience of physiotherapy practice education in a seven-day model of working. What feelings were generated by the experience? What thoughts stood out for you? Will you do or have you done anything different following the experience? What have you learnt from this experience? |
| Summary | | | Is there anything else you would like to share / talk / reflect upon in relation to practice education in a seven-day model of working? |

4.2.7 Conducting the interviews

This section is divided into the elements I completed prior to, during and after the interview process.

4.2.7.1 Prior to the interviews

The research was approached by me as an individual who has experienced the phenomenon of practice education in seven-day working, and I aimed to use this shared background and familiarity to embed myself in the research, as I agree with Gadamer (1976) that it is impossible to bracket the researcher out of the study. However, Braun and Clarke (2012) encourage researchers to complete a reflexivity exercise prior to data collection and analysis which involves reflecting and making notes on:

- The assumptions, if any, held about the research topic
- The values and life experiences of the phenomenon and how this might shape how the researcher approaches the interviews and data interpretation

This exercise can be found in Appendix 7. It made me more aware of my assumptions, so I could ensure that I did not lead the interviews, but instead allowed the participant to freely describe their own experiences.

4.2.7.2 Trial interviews

Prior to commencing my research interviews, I had a number of trial interviews with my work colleagues that allowed me to practise my skills as an interviewer, ensuring I actively listened to their experiences and prompted when required to probe deeper so to secure clear explanations of their experiences of the phenomenon. I also understood the need to be flexible and non-leading (Bryman, 2012). I had to let the interviewee lead the conversation to ensure it was an account of their experiences and opinions of practice learning in a seven-day model of working; however, it was important to probe the interviewee beyond just a descriptive narrative of their experiences, to probe them on their thoughts, feelings or what they might do differently in the future. The other skill that I practised was

to be non-judgemental, so not indicating agreement or disagreement to their responses so as not to distort later answers. I also found it useful to jot keywords down during the interview which would act as a prompt to gain further explanations about a topic and so I could also summarise responses correctly at the end of the interview.

There is debate as to whether researchers should have a preliminary meeting with participants to discuss the research question, thus allowing time to dwell, ponder and begin to interpret their experiences (Englander 2012). This was not indicated in this study as the Participant Information Sheet (Appendix 4.4) clearly sets out that they will be asked to describe their experiences of physiotherapy practice education across a seven-day model of working. However, after trial interviews it became evident that I needed to forward the classifications of seven-day working (NHS Improvement, 2012) (Table 1 in Section 1.5) so the participants could consider this carefully and would then be able to acknowledge their level of seven-day service within the interview without hesitation.

4.2.7.3 Research interviews

The interviews commenced in March 2014 and concluded in July 2014. I interviewed physiotherapy students and physiotherapy practice educators concurrently as I was guided by the availability of the participants. The university tutors were interviewed at the end after I had decided that they needed to be included in my research. The majority of practice educators chose to be interviewed at their place of work, and again quiet rooms or offices were utilised and I requested that they did not carry pagers, and that phones be placed on silent mode so that we would not be disturbed. One opted to be interviewed at a local university, but a quiet room was available for us to use. For all the interviews I arrived early to make the room as welcoming as possible by arranging the furniture so the participant and I were sitting at 90-degree angles to each other rather than across a desk so as to reduce intimidating or confrontational issues. I would check my recording device was operational and place it in an unobtrusive position, but

close enough to ensure that the recording would be clear for transcription purposes. I also ensured I had my interview guide, pen and paper to hand. When the participants arrived, I chatted informally about their journey and other trivial matters to help them feel at ease. I went through the purpose of the study, the Participant Information Sheet and answered any questions they had. I then sought signed consent before commencing the interview. Water was provided for refreshment during the interview. At the end of the interview I clarified the consent process once again and reiterated that their data would be included in my research if I had not heard from them after two weeks. I then thanked them for their time and asked if they wanted to be informed of the results. I allowed 90 minutes per interview to ensure that the participant did not feel rushed, and to allow for writing of field notes and reflections at the end of the interview.

4.2.7.4 Reflection on research interviews

After each interview, I also wrote my own field notes highlighting key points that were raised and anything else that either surprised me or I felt was very pertinent to the research question. I also reflected on the interview process itself and my own ability as an interviewer, which I documented in my research journal. It was these reflections that highlighted that my research would benefit by also inviting university link tutors to talk about their experiences of seven-day placements, as highlighted by my journal entry:

I was really surprised by some of the student's comments today regarding seven-day working. They don't seem to understand that this is the future of physiotherapy, claiming that they only chose to do it (seven-day working) on practice placement because they were told by the university that it would be good on their CV! But they have no plans to work seven days when qualified as a physiotherapist – what are they being told by the universities to have this view? Haven't they seen the NHS Plan? Maybe I need to ask the university tutors what they are telling students about seven-day working – after all, these are the physiotherapists of the future and this blinkered

view concerns me. Something a student said today concerned me – they stated that the universities ‘select’ the students who can work a seven-day placement on individual needs, i.e. the students who have a part-time job or children / family commitments are not placed on these placements – is that fair? Are they being discriminated against? Maybe they would like a chance to experience weekend working? What are they going to do when they are qualified if they don’t experience it as a student – will they want to work weekends – are they aware that they will need to? Is it fair on the other students who don’t have jobs / children to be expected to do all the seven-day placements? I have interviewed students already that work part-time so think that this is represented within my research. I haven’t found / recruited any physiotherapy students who have children and have worked seven days – maybe that’s because the university is not placing them on these placements. It comes back to me wanting to question university link tutors on their practices and experiences of seven-day working – are they influencing who experiences this phenomenon?

I also reflected that the practice educators were very descriptive in respect of the process of practice education in a seven-day model of working and required a lot of prompting to talk about their thoughts, feelings and their own understanding and interpretation of the phenomenon. I felt my prompting skills developed as I conducted more interviews. The following is an excerpt from my research journal following the first interview with a practice educator.

Physiotherapists are very black and white people. The physiotherapist that I interviewed this morning was very pragmatic about seven-day working. She saw it as a change in practice and that you just had to embrace it, therefore students just followed the same pattern. You have a problem, so you find a solution and get on with it! I found it quite hard to draw out her thoughts and feelings despite prompting. But I found that if I said, “Tell me more about that? And how did that make you feel?” then I was able to gain her individual views, opinions and experiences. Also, if I got her to talk me

through a placement from a practical perspective I could probe and gain more depth as the interview went on. For example, she talked about students going off sick after working ten days straight and I got her to review that, and she started to analyse that it may have been connected to the placement experience and not having any rest days, which I don't think she had considered before. This interview really highlighted the need to listen, and listen properly and to stop the participant and ask more questions before moving on. Jotting down key words helped me to remember topics I wanted more explanation on.

Another key moment came during an interview with a practice educator, who told me students continued to work the core hours of 8am till 4pm, yet the physiotherapists worked extended hours. When asked how she felt about that, she started to analyse her own practice and question why they had not changed. I wrote the following in my research journal:

Today's interview really demonstrated how, with a little probing, I could get the participants to not only share their experiences, but reflect and interpret their current practice. At the end of the interview the participant thanked me for questioning why they hadn't changed their practice and changed student working hours, and how during the interview it had led her to consider why they couldn't change and how it might improve the experience for all involved. I thought to myself – this is interpretation in action!

4.2.7.5 Memory recollection

Memory recollection or recall refers to the subsequent re-accessing of events from the past (Mastin, 2018). While in some research studies participants may have had the experience under investigation fresh in their mind, in other cases it may be much more difficult for them to discuss past experiences (Sutton & Austin, 2015). The student participants of this study were recalling experiences of practice placements that had occurred in the last six months and may have only experienced one seven-day practice placement. For practice educators they were recalling

memories and experiences of placements that are more frequent in nature. The academics were reflecting upon their interactions with the physiotherapy students and practice educators rather than their own experience of seven-day practice placements. The participants will have encoded and stored these experiences and on recollection those memories will never be identical to the original event as thoughts are mixed with awareness of the current situation, and it is possible that memory recall can be prone to error or distortion (Schacter et al., 2012) and bias (Spencer et al., 2017). Therefore, as a researcher it is difficult to ascertain whose memories and experiences are accurate and whose are not (Castenada et al., 2011), but De Chesnay (2014) advocates that narratives gained from research interviews are still meaningful data as the participant has already considered the meaning of those experiences and memories. Althubaiti (2006) suggests that memory recall bias can be a methodological issue in research involving interviews and that preventative strategies should be undertaken to lessen the potential bias. I have chosen participants who have experienced the phenomenon as Rubin and Rubin (2012) advocate that purposive sampling ensures that the participants are knowledgeable on the subject matter. Interviews were conducted as soon as participants volunteered to join the study, as recommended by Althubaiti (2006), so to minimise the time between the experience and the interview. I also used Seidman's (1998) three-stage approach to interviews (Section 4.2.5), and Table 4 ensured coherence between my research question, aims and methodology.

4.2.8 Transcripts

The interviews were transcribed verbatim within seven days by a professional transcription service. The transcription company signed a confidentiality agreement and used a secure 256-bit SSL encrypted server for security. The recordings and transcripts were cross-referenced by myself to ensure accuracy of the data transcribed. I acknowledge that it is recommended that the researcher should transcribe the interviews themselves as immersion in the data would allow for the interpretation to commence (Smythe, 2011). However, because of my limited typing skills I felt this would be a mechanical and time-consuming exercise for me

that would not achieve the engagement Smythe described, but instead I found repeated listening to the interviews and checking the accuracy of the transcripts achieved the same outcome. Additionally, I engaged further with the research interviews as I was able to use my field notes in conjunction with the interview recording to add any further details that the recording may not have picked up on, such as emotion, facial expression or body position.

I made the decision not to return the transcript to the participants for member validation, as I would check accuracy of the transcription myself throughout the data analysis process by listening to the recordings and checking against the transcriptions. I was also concerned that the participants would not have time to review their transcripts due to the demands of their working lives and the fact that the students were in the final months of their degree programme. I also wanted to take their experiences described to me at face value. I was concerned that if they reviewed their interviews they might change their comments to make them 'fit' with the research, or potentially they might withdraw from the study entirely. In respect of the analysis process, during the interview I tried to summarise key thoughts and experiences they had shared with me in order to give all the participants a chance to respond before concluding the interview. I have also used direct quotes from the interviews, so readers can interpret the results for themselves, which will thus hopefully not lead to any misunderstandings of the participants' experiences.

4.3 Chapter summary

This research was informed by a phenomenological methodology. Purposive sampling allowed me to interview participants who had experienced the phenomenon of practice learning in a seven-day model of working. The research interview, a semi-structured approach, ensured coherence between my research aims and interview questions and allowed for both descriptive and interpretative elements. On reflection, I increased my sample size to ensure it reflected the physiotherapy profession in respect of clinical speciality, gender and whether the

placement had been voluntary or compulsory. I also decided to extend my interviews to include university link tutors, as on initial reflection I was concerned that they may be influencing physiotherapy students' experiences.

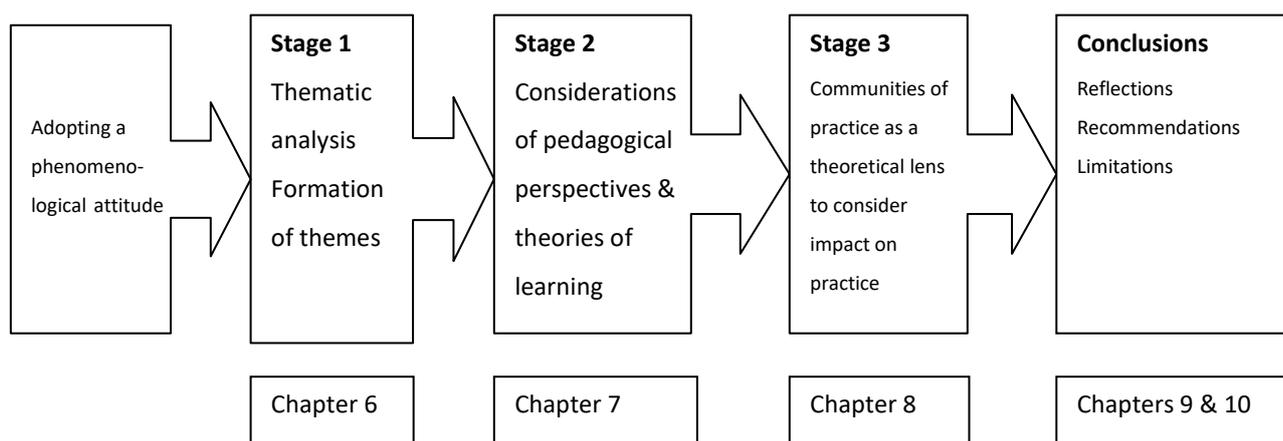
In the next chapter, I describe and explore the stages of data analysis that I have undertaken and explain how my themes emerged before utilising my theoretical framework to inform the impacts of this study.

Chapter 5 – Data analysis

5.1 Introduction

This chapter summarises the data analysis process. The interpretation of my data occurred in three significant stages (Figure 9). Although my data analysis has been presented as a linear, step-by-step process, the analysis was iterative and reflexive. To support my data analysis journey, in Appendix 8 I use excerpts from my research journal to share my journey and also demonstrate the process, phases and decision-making involved in the data analysis. I begin by explaining how and why adopting a phenomenological attitude was beneficial to the data analysis process.

Figure 9 – Stages of data analysis and interpretation



5.2 Adopting a phenomenological attitude

As this qualitative interpretative research has been informed by phenomenology, I tried to adopt a 'phenomenological attitude' throughout my study. I am conscious that my natural attitude to practice education in seven-day working is one of passion and enthusiasm. I believe that we need to develop, grow and generate therapists that are fit for 21st century healthcare and understand that a seven-day working pattern for many physiotherapists will be 'normal'. I have declared this stance throughout my thesis and in more detail in Appendix 7 for transparency. However, I am concerned that with such a change in practice the approach to

practice education needs to be investigated to see if we are still meeting the needs of learners, the profession, the healthcare system and the patient. I am aware of this viewpoint so have endeavoured to restrain my pre-understanding when presenting the data. I hope that the data is offered in such a way that it allows the phenomenon to present itself, is faithful to my participants and allows my readers to make their own interpretations.

5.3 Stage 1 – Identifying an analytical framework: thematic analysis

As with the methodology, the data analysis has been driven by the research question. Polit and Beck (2010) suggest that data analysis in qualitative research typically starts with seeking the establishment of recurrent themes by using a framework. Thematic analysis is a flexible approach that can be utilised for interpretative inquiry, according to Braun and Clark (2006), and is a good starting point for novice researchers. From my pragmatic stance, this approach has allowed me to explore the meanings and experiences of participants, while relating this practice. Also, on a personal level, I was attracted to this method because of the logical and structured framework that it offers. I also had the opportunity to attend a masterclass with Braun and Clarke just after I finished the data collection, where I had the opportunity to practise the skills required, and this cemented my choice of framework for analysis. The reasons behind this choice were that it is theoretically flexible and it allowed me to analyse the dataset as a whole or look at each group of participants in turn, so I could systematically identify, organise and offer insight into the themes emerging from the data before making sense of commonalities.

Thematic analysis is described by Braun and Clark (2006) in six phases: (1) familiarise yourself with the data, (2) generate initial codes, (3) search for themes, (4) review themes, (5) define and name themes, and (6) produce the report. At first glance, it may appear to be a more descriptive or realist approach as it reports experiences and meanings. Braun and Clarke (2012) explain that semantic meanings can be reported to simply show patterns that exist, and in this study this was utilised to share the context of practice education in seven-day working (Section

6.2.2). However, Boyatzis (1998) suggests that by going beyond the surface of that data and finding meanings to the themes it then becomes a more interpretative approach.

5.3.1 Phases of analysis

As the opening questions of the research interview were related to descriptions and understandings of the term 'seven-day working', these were extracted and summarised to form the findings for my initial two research aims, which were:

- To establish what physiotherapy students, practice educators and academic tutors understand by the term 'seven-day working' in physiotherapy
- To provide a description of the context of practice education in seven-day working

This data is presented in Chapter 6, Sections 6.2.1 and 6.2.2, and Appendix 8.1.

Fifteen interviews provided a vast amount of data for analysis. In order not to be overwhelmed with this, and to ensure a logical approach that went beyond superficial analysis, I then looked at the six phases of thematic analysis highlighted by Braun and Clarke (2006) and summarised the steps I would take (see Appendix 8.3) to answer the third aim of my study, which was to gain an insight and explore the experiences of physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education.

For each participant group I completed the first three phases, familiarising myself with the data by reading and re-reading. Throughout this process I made initial notes of topics that surprised me, interested me or just stood out. I then collated meaningful statements, began to categorise them into rough topics and the first basic codes started to develop. At the end of phase three, I summarised the initial coding into basic codes for the separate groups of participants (Appendices 8.4-8.7). At this stage, several codes also arose regarding practice education as a whole; this was information that was already documented in the literature, so, although interesting, it did not answer my research question. I have, however, collated and

tabulated this evidence in Appendix 8.6, Table 16, for clarification. I then explored the latent codes in phases four and five using the whole dataset. For each code, I added my own initial thoughts alongside a thematic statement from the transcripts; I then considered the concept, and this evolved into my subthemes and finally my overarching themes. An example of this process can be found in Appendix 8.7. During phase five, it became apparent that there was a great deal of repetition, so I was then able to merge some of the subthemes and, at the same time, rename them until I felt I had really captured my participants' descriptions and experiences of practice education in seven-day working. In Appendix 8.8 I explain why some themes were more privileged than others and why I also removed some themes from the final thesis, as on reflection I did not think that it answered my research question. I utilised decision trees to illustrate this in Appendix 8.8, Figure 21.

Phases five and six of the data analysis according to Braun and Clarke (2006) involve naming the themes and presenting them. At this stage, I once again reverted to the use of my research journal. It was on a journey to work that I stopped and thought:

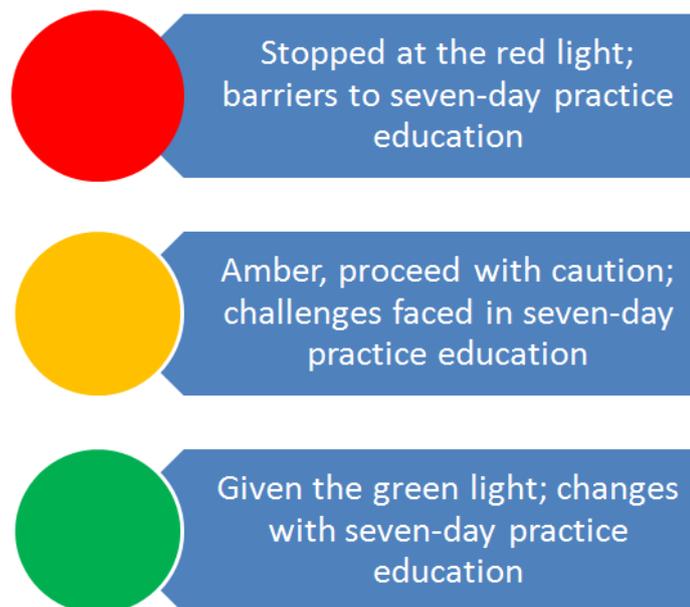
Each day I queue at a particular set of traffic lights, but today the lights were not operating. What struck me was the sense of teamwork that takes over within the 'community' of strangers who are driving their cars. There were no police, no temporary lights, but there was order and patience. It was assumed that the common-courtesy rules of the road applied, and the traffic flowed, a bit slower than normal, but still it flowed and there was no angry honking of horns. I still made my destination, a little later than normal, but in one piece. This made me think about traffic lights. Red means stop; amber, proceed with caution; and green, go ahead.

It could be questioned how this links to my data analysis, but I realised I could use traffic lights as a method of demonstrating thinking, feeling and doing in relation to the research data. The purpose of traffic lights is to allow traffic to move in an efficient manner and to allow motorists to progress with their journey. I relate this to my 'journey' of data analysis and the 'journey' the profession of physiotherapy is

undertaking as seven-day practice placements begin to develop. Just like cars, there are barriers to stop physiotherapy moving forward in practice education in a seven-day model of working (RED LIGHT); there are challenges to practice that make us pause and think before moving on (AMBER); and changes have already occurred in this developing practice (GREEN). I could relate the themes identified to the RED, AMBER and GREEN in the form of barriers, challenges and changes.

The initial themes, which are presented in Chapter 6, are depicted in the traffic light formation in Figure 10.

Figure 10 – Emerging themes (original in colour)



Data analysis was a slow and, at times, painful process: reading, writing and editing a number of times. I also utilised conference presentations to gain feedback from peers and used supervisor support to help refine these themes. Appendix 8 explores this process of reflection and refinement. During phase five, I quickly came

to understand that data analysis cannot be rushed and it is essential to keep going back to the data as you may find something new or interesting during this process. I also recognised that the iterative process of data analysis and moving back and forth between transcripts led to a greater self-awareness and understanding of the topic. I also recognised that in my enthusiasm to progress in my data analysis, the initial coding was descriptive in nature and concentrated on the process of practice education, and did not allow the depth of analysis required at this level of study. It was through the use of my research journal that I swiftly realised that this was not at all sufficient to do justice to the very rich data gathered and co-constructed, and was incompatible with the interpretivist appreciation I had aligned myself to.

5.4 Stage 2 – Reviewing the findings from a pedagogical perspective.

In Chapter 2, I considered the pedagogical perspectives for practice education in a seven-day model and defined physiotherapy professional identity as the way in which we explain and understand our practices both to ourselves and to each other. Foran and Olson (2008, p. 24) state that pedagogy refers to the relationship that binds learners and educators together, such that they 'are able to dwell authentically in a learning experience'. Pedagogical places in which we learn can influence curricular outcomes, shape our emergence as practitioners and determine how we relate to one another in a professional community (McCallum et al., 2013). Practice education within a seven-day model of working could be defined as a transitional 'pedagogical space'. As that space opens up, questions are raised about new experiences and possibilities available to us, and where different positions and ways of being as professionals and learners can be brought into the open and explored. Cross (2016, p. ii) describes this as moving from the 'there and then' to the 'here and now' as new opportunities and moments are created. This formed the constructs in Chapter 7 through which I will interpret my participants' experiences, ideas and understandings of the phenomenon of practice education in a seven-day pattern that I identified in Chapter 6. I have also considered the theories underpinning physiotherapy practice education when conducting this interpretation. Marshall and Rossman (2010) and Henry, Osborne and Salzberger-

Wittenberg (2016) suggest that this will offer insight into both the participants' structural context and individuality of response to their practice and education. Appendix 8.9 and Figure 22 demonstrate my thought processes.

5.5 Stage 3 – Utilising a theoretical framework

I chose to utilise a theoretical framework of communities of practice (Lave & Wenger, 1991) and legitimate peripheral participation (Wenger, 1998) as it allowed me to place my research within the perspectives of other studies in the same discipline. The theoretical framework also provided support for the study by allowing me to explain what we know about the practice of seven-day physiotherapy practice education and what more we could do to inform and influence this practice. It also allowed me to connect the reader to existing knowledge and the research question (Grant & Osanloo, 2014). Specifically, I have drawn on the concept of legitimate peripheral participation. I feel that this is a worthy lens through which to make sense of and explain the impact of my research, to link the pedagogy to theory and the practice. Trede et al. (2012) commented on the wide variety of theoretical frameworks that could be applied to developing an effective approach to education but added that there was no consensus among researchers as to the best approach. I have taken a situated and socially constructed perspective on learning, by reviewing learning within seven-day practice placements as a social and experiential process and recognising that the relationship between the learning and the situation is inevitably linked.

5.5.1 Communities of practice and legitimate peripheral participation as a theoretical framework

Such a transitional change in physiotherapy practice education requires exploration and development in its structure, relationships, organisations, ongoing negotiation of identity, cultural meaning, learning and development as it begins to create its own characteristics and history (Hammond, 2013). A community of practice is a social learning system (Wenger, 2010). It is a perspective that locates learning: the relationship between the person and the world (Wenger & Lave, 1991). In

education, communities of practice are increasingly used for professional development as they may offer a new perspective on learning and development (Lave & Wenger, 1991). I believe that, if as physiotherapists we proceed without reflecting on our fundamental assumptions about the nature of learning, we run an increasing risk that our conceptions will have misleading ramifications. In a health service that is changing, my concerns about learning and education within physiotherapy are certainly justified. But perhaps more than learning itself, it is our understanding of practice education that needs exploration due to the introduction of seven-day working as we begin to see how this change in practice, the environment and the implications of our perspectives, theories and beliefs impact on the process of practice education. As practitioners, I believe we must take responsibility for our future; it becomes imperative that we reflect on the perspectives that inform our practice. A key implication of our attempts to organise learning is that we must become reflective with regard to our own discourses of learning and to their effects on the ways we design for learning (Wenger, 1999).

5.5.2 Summary of theoretical framework

Brown and Duguid (1998) suggest that a pivotal feature of communities of practice is their superior capability to share highly tacit knowledge among their members, which is embedded into the practices they engage in. Communities of practice also take an important position in the context of organisational knowledge sharing overall (Brown & Duguid, 1998; Wenger, 2000). Thus, I believe the contribution of communities of practice and the legitimate peripheral participation concept as a theoretical framework within the context of practice education in a seven-day model of working will be beneficial because it will create a platform on which to share knowledge and learning, which, according to Grant, (1996), Kogut and Zander (1992) and Nonaka (1994) is significant for the survival and prosperity of organisations. Appendix 8.11 explores my use of a theoretical framework.

5.6 Chapter summary

Data analysis was informed by Braun and Clark's (2006) thematic analysis model. The findings of the analysis of the phenomenon drawn from the participants' descriptions and experiences are presented in the following chapters. In Chapter 6, I first outline the context of practice-based learning in a seven-day model of working and the participants' understanding of this phenomenon. I then discuss the themes in a systematic way with presentation of passages extracted from the transcripts. In Chapter 7, I consider the pedagogical perspectives and then in Chapter 8, through my chosen lens of communities of practice and legitimate peripheral participation, I consider the implications to practice.

Appendix 8 presents examples of the stages of data analysis from initial thoughts, identifying meaningful statements, developing basic codes and what the codes mean through to developing and naming the themes and giving meaning to those themes. I then demonstrate how I utilised the findings and meanings to be able to make suggestions to practice.

Chapter 6 – Findings and Discussion

6.1 Introduction

In this chapter, I present my findings related to this research study via the themes identified in the previous chapter. During the data collection process, participants were asked to undertake a journey of exploration and reflection that commenced with their understanding of seven-day working in physiotherapy. They were then asked to describe and reflect upon their experiences of practice-based learning in a seven-day model of working.

The findings presented in this chapter were identified following extensive reading and re-reading of participants' data. I followed the six phases of thematic analysis as identified by Braun and Clarke (2006) and described in Chapter 5 and Appendix 8. The context and understanding of seven-day working is first described by the participants. It is important to include this information in order to understand the developing phenomenon of seven-day working in physiotherapy before exploring practice education in this model of working. I then present the three overarching themes that emerged from the data.

Direct quotations from the participants are included in the findings; this allows the participants' voices to be heard. It also allows the reader the opportunity to engage with the text (Rolfe, 2006). This chapter goes beyond presenting the themes; it also explores the findings and there is some analysis and discussion as I felt it gave a more holistic view and allows the reader to gain an in-depth understanding. I feel this relates back to my stance as a researcher and in conjunction with my position as a pragmatist. I have also made links with the literature and suggested recommendations for practice as suggested by Fletcher (2017).

6.2 The participants and their understanding of seven-day working in physiotherapy

This section presents the participants' understanding of the definition of seven-day working within physiotherapy. I then present the demographic data regarding the participants that may assist in understanding how the context of seven-day working is being operated within practice education in physiotherapy.

6.2.1 Understanding of the term 'seven-day working'

As part of the interview process, as a preparatory exercise, participants were asked what the term 'seven-day working' meant to them. The purpose of this question was to relax the participant into the interview process, and as seven-day service delivery is transitioning concept within physiotherapy, I was interested in finding out if participants' definitions would be comparable. NHS Improving Quality (2013, p. 7) defines seven-day services in the following way:

Seven-day service provision is about equitable access, care and treatment, regardless of the day of the week. The level of service provided should ensure that the patient has a seamless pathway of care when accessing services no matter what day of the week.

The participants' responses are collated in Appendix 8.2; their descriptions are similar across participant groups where they identify that seven-day working is primarily concerned with providing patients with a more consistent level of care across the whole period, for example:

That you still work five days a week, but it can be any day of the week. It's a better service, a better level of care for the patients (PTS 5, p. 3).

Practice educators and university tutors also identified that it is beneficial for the profession of physiotherapy to move forward with these developments.

The weekend forms part of your regular week. As a profession we need to move forward; we need to provide a service to our patients across the whole seven days. We owe it to ourselves and our profession (PPE 5, p. 2).

The participants appear to have similar opinions that are concurrent with the definition of NHS Improving Quality (2013). However, it would have been interesting to explore physiotherapy students' understanding of seven-day working before they participated in a seven-day placement.

6.2.2 Description and context of seven-day working

During the interviews, participants were asked to describe the context of the seven-day model they participated in. Although it is known that physiotherapy practice-based placements are being hosted in this model of working, the context in which they are being delivered is unknown. By sharing this information with the reader, it allows for a clear picture to be formed of the delivery of physiotherapy student seven-day placements from the perspective of the student, educator and university at the time of this thesis.

This information is collated and tabulated in Appendix 8.2. A variety of clinical specialities were represented from acute and community settings with all offering a level 2 or 3 service. This relates to the provision of a physiotherapy service that goes beyond being on call and maybe only one profession at level 2, or multiple professions at level 3 (NHS Improvement, 2012). Placement providers had chosen to facilitate seven-day practice placements so to offer a 'real life' experience, although half of the educator participants gave students the choice of whether or not they participated in this pattern of work. Practice educators also highlighted the fact that they were utilising either a team approach or shared supervision model to support the students while on seven-day placements.

6.3 Overarching themes

During data analysis, three themes emerged with commonalities and connections across the participant group. Chapter 5 and Appendix 8 demonstrate how these themes emerged from the data. I adopted a metaphorical image of a traffic light system to present the themes (Figure 11).

Figure 11 – Illustration of overarching themes and subthemes (original in colour)



The red light or barriers were interpreted as stumbling blocks that needed to be overcome in order for the physiotherapy profession to move forward in practice education in a seven-day model of working, and they included how inconsistent working patterns affected learning and development. Challenges, the amber light, made participants pause and consider their actions or the impact they may have on practice before moving forwards. This theme related to the adjustment required to new ways of working, which included the impact of shift work, a different approach to supervision and how the environment was different at weekends. The final theme, the green light, reflects the changes that have already occurred. It relates to physiotherapy students gaining more skills and knowledge and the fact that it was a real-life experience, preparing them for future employment.

6.4 Overarching Theme 1 – Stopped at the red light: barriers to seven-day practice education

In this section I present the findings for the first overarching theme – Stopped at the red light: barriers to seven-day practice education.

6.4.1 Main Theme 1 – ‘Dropping off the learning curve’

The first main theme highlights concerns regarding the impact seven-day placements may have on learning and development. Physiotherapy students identified that by not having a regular working pattern, the move away from a traditional five-day week, Monday to Friday, to being rostered over seven days with days on and off of varying periods of time was found to be challenging. Participants talked about constantly having to pick things up after their rostered days off, and PTS 5 (p. 5) likened it to starting a new placement:

This is the worse bit, so being in for a couple of days, then off, then in again and that basically killed it for me because it was like starting a new placement every time I came back; I found myself going back to the beginning every time I came back. So, you just felt like you were getting somewhere and that you were learning something, getting a routine and getting a better understanding of assessments and treatments, then you had your days off, and when I came back I felt lost; I couldn't remember my patients or what I had been doing. (PTS 5, p. 5)

Throughout education, a consistent approach is described as one of the most effective tools in creating an effective learning environment (Wong & Wong, 2009). Continuity and consistency in learning should be encouraged as it creates reliability, dependability, stability and routine whereas inconsistency is unpredictable and difficult to manage (Eduflow, 2014). Wong and Wong (2009) explain that students do not welcome surprises, they enjoy a predictable learning experience where they feel safe because they know what to expect every day. In healthcare, continuity of care is also promoted so to improve the patients' experiences and efficacy of interventions (Sparbal & Anderson, 2000).

Other student participants expressed concern that it did not feel as if they had ownership of their patient caseload, compared to Monday to Friday placements, as other clinicians would take over their patients' care when the students were off.

This resulted in students feeling that they wasted valuable learning time in trying to update themselves on the patients before being able to treat and progress them:

I didn't feel like they were my patients, because I didn't know them, because of the shift pattern; lots of different physiotherapists saw the patients and I didn't feel able to progress them, to know what to do. So every morning I needed to get a thorough handover to know exactly what had happened, what was going on. That was the most difficult part of the placement – not having consistency with my patients, and I think it did affect my progression and learning. (PTS 4, p. 18)

Hutt et al. (2004, p. 1) describe caseload management as the 'the process of planning, co-ordinating and reviewing the care of an individual'. In midwifery, student midwives are purposefully 'caseloaded' so that they can demonstrate key skills including: following patients through the continuum of treatment, demonstrating planning, delivery and evaluation of care and gaining experience as an autonomous practitioner (Anderson & Lewis, 2004). In a seven-day practice placement, student participants who experienced inconsistent working patterns reported a perceived notion of no longer 'owning' their own patient caseload, where on previous Monday–Friday placements they had previously been 'caseloaded'. This difference resulted in a perceived notion of difficulty in conducting clinical reasoning and delivering effective and efficient patient care, but also in their ability to demonstrate their skills and abilities to practice educators. Assessment of physiotherapy students on practice placements includes demonstrating critical enquiry, problem solving, clinical reasoning and discharge planning (Donaghy & Morss, 2009). It may be that a combination of all these factors led the student participants to express concern that their assessment and grade had subsequently been affected while on seven-day practice placements.

The patients had changed and what everyone was doing was different; I was never up to speed. As a student, you need that continuity over a placement

so that you keep learning, keep going up in a nice curve. But if you have a big break you drop off the curve and it takes a while to climb back up to where you were, so you progress slower; it sets you back. (PTS 6, p. 8)

I think I would have got a better mark if I'd worked Monday to Friday because of the continuity. I'd have more time to demonstrate the changes; progression is slowed due to inconsistent working patterns. (PTS 6, p. 20)

This was the most difficult part of the placement – not having consistency with my patients, and I think it did affect my progression and learning. (PTS 4, p. 18)

The physiotherapy students who participated in 12-hour shifts also commented that they had fewer clinical contact days with their educator, so their perception was that they had less time to improve their skills, and this combined with an inconsistent working pattern:

You are in less physical days by doing 12-hour shifts, so over six weeks I only worked 17 days, which is less than half, which is slightly ridiculous. On a Monday to Friday placement, I have more time to improve my skills; I have five days a week to smash it and get a good mark, but with seven-day working and long shifts, after a gap of my days off, you are constantly trying to pick things up and remember where you were at, so that is a massive downfall and I think it affected my overall mark. I didn't progress as quickly as I hoped. (PTS 6, p. 20)

Davies and Eccleston (2008) acknowledge that experiences will vary among individuals and will be dependent on a number of variables including the context of practice and the educator-student relationship. Cross et al. (2006) suggest that these should be taken into consideration when links are made between the data. Students are central to learning and their attitudes, expectations and experiences

play an important part in ensuring effective learning within practice education settings (Rodger et al., 2013). Practice educators did not highlight any discrepancies between student learning on seven-day practice placements, but acknowledged that the inconsistent working patterns and extended shift patterns challenged their approach to delivering learning opportunities:

It's tiring working long shifts, especially when the students are learning so much. It's more difficult to book regular CPD sessions with students and band 5 / peers because nothing is on a regular basis anymore. I find I do more teaching at the bedside rather than sit-down sessions; it's tough. It's not the students that suffer as they still get the input, it's the clinician – it's such a juggling act. (PPE 3, p. 9)

As a clinician and educator myself, I raise the point that anyone entering into a healthcare profession should expect unpredictability; a patient's status can change in minutes, caseload size alters daily and physiotherapists through practice placement should gain these diverse skill sets to cope with differing illnesses and injuries at different stages of a patient's pathway. The inconsistent working patterns associated with seven-day practice education is a change for a physiotherapy student. To manage this change in practice, physiotherapy students need to be able to handle the complexity of the process. Adaptability, resilience and flexibility are skills that need to be developed so that the students can display the capability to adapt to this changing practice and changing health and social care context (National Quality Board, 2013). Physiotherapy students will continue to work shift rotas in a seven-day model, which may have inconsistent working patterns and the team management of a caseload, and it is this lack of continuity that appears to have the most perceived impact on learning and development. Should we therefore be promoting the idea that, as most clinical situations are characterised by a varying level of uncertainty, we teach individuals to be able to make the right decisions at the right time through promoting capability, that is, 'the justified confidence and ability to interact effectively with other people and tasks in

unknown contexts of the future as well as the contexts of today' (Stephenson, 1998 p. 157).

Should we encourage learners to recognise that a key element of physiotherapy education is the ability to learn through experience in any situation, whether it is familiar or not, as that will strengthen the development of their professional identity and improve their capability? Capability ensures that the delivery of healthcare keeps up with its ever-changing context; it promotes individuals to be able to adapt to change, generate new knowledge and continue to improve their performance (Fraser, 2001). Therefore, education providers may consider offering an environment and process that enables individuals to develop sustainable abilities appropriate for a continuously evolving organisation like the NHS.

As a profession we need to review these perceived barriers to learning and development in practice education in seven-day working and turn them into learning opportunities so to create a generation of therapists that are empowered and will reflect and react positively to new and uncertain situations. As early research by Mulholland et al. (2006) advocates, practice educators have significant capacity to influence students' confidence, interest in a specific area of practice and appreciation of the profession, and this could be applicable in seven-day working patterns.

6.4.2 Main Theme 2 – 'In the dark'

The second main theme, 'In the dark', identifies a lack of information, collaboration and understanding about the concept of seven-day working in physiotherapy. It has been recognised by the NHS Forum (2013) that physiotherapy is a key component to achieving a safe, efficient and effective seven-day service for the NHS. However, at the time of my study, it was not widely publicised, so physiotherapy students were still entering higher-education programmes without fully understanding the implications of contemporary practice and subsequently their career pathway, as participants explained:

There are few people on my course that understood how many areas of physiotherapy work across seven days; it should be better explained. (PTS 5, p. 13)

When I started my degree, I wasn't aware that I would have to work within the NHS beyond on-call requirement. I heard about seven-day working in my first year, and just by reading the papers, frontline magazine ... you just pick things up. (PTS 6, p. 2)

Universities and the CSP still don't advertise the profession of physiotherapy as seven days, so it's no wonder students don't fully understand the concept; information needs to match the current service. (PPE 5, p. 6)

Although the university link tutors all explain that seven-day working is discussed during the course and promote the experience as a great opportunity:

With the first years, it is discussed, and we do a debrief session run by the second years who have experienced it. (HEI 1, p. 2)

We talk about it in terms of opportunities, to get them to understand the different settings and situations. (HEI2, p. 2)

All students now are told that they will possibly get the opportunity to do seven-day working. We do encourage it because it is coming more and more. (HEI 3, p. 1)

Despite universities informing students of the possibility of seven-day practice placements and the opportunities it may give them, the student physiotherapists who participated in this study and had actually experienced the phenomenon of seven-day working reflected that they did not consider participating in seven-day working as a long-term career pathway. Their main concern was the impact it may

have on their family and social life, and they believed that they would still have the opportunity to select their work patterns:

A lot of students know it exists (seven-day working) and that it is a possibility that we will have to do it when we qualify. I don't want to work weekends when I qualify as it will affect my social life. (PTS 5, p. 2)

I think in terms of jobs; it's something I would consider doing for the first couple of years, but I wouldn't want to do it long term. If I wanted a family and if eventually from then on I don't think it would be very practical. (PTS 6, p. 16)

My friends don't work weekends or shifts, so it's not a career option I want to take. (PTS5, p. 5)

Although I worked weekends as part of my student placement, I wouldn't choose it as a long-term career option; I want a traditional Monday-to-Friday job. (PTS 3, p. 5)

They also felt that there was an option to opt out of extended days and 12-hour shifts.

I don't want to work 12-hour shifts when I qualify because I do stuff in the evenings – I don't want it to affect my social life. I don't think it would affect my career option if I opted not to do long days. (PTS3, p. 16)

The concern that students have a poor understanding of seven-day working was confirmed by the practice placement educators:

They don't really understand or appreciate that physiotherapy is now a seven-day-a-week career until they have worked their first weekend, their

first bank holiday; it's actually quite a shock; it's accepting the reality that this is the career they have chosen. (PPE 1, p. 1)

I don't think they appreciate the new face of physiotherapy. I think they believe there is still a choice of whether they work a five- or seven-day pattern when they qualify. They need to understand that seven-day working is the future (PPE 2, p. 12).

The university tutors also confirmed that physiotherapy students do not understand the long-term implication of seven-day working in physiotherapy.

The traditional Monday–Friday pattern is going; students need to understand that the service they need to provide includes bank holidays and weekends. (HEI 2, p. 12)

We talk about how the profession is moving forward and that they have to accept seven-day working and go with it; they need to do this to survive. I don't think they 'get' it though – many still believe the traditional Monday–Friday working pattern still exists. (HEI 2, p. 3)

There is this historical way of working, but there is no reason why it shouldn't break away from that Monday–Friday pattern. As universities, we are flying the flag for students to experience working with one or more educators in the way that they will naturally be working in a seven-day pattern. (HEI 1, p. 11)

The move to seven-day services is a key priority for the government (DH, 2000; NHS England Forum, 2013; NHS England, 2014). As a consequence of this, more and more physiotherapy services are being configured to deliver a service across all seven days of the week (NHS Improvements, 2012). There is an immediate pressure within the NHS to ensure that existing workforce numbers are sufficient to meet

current demand, but there also has to be a longer-term consideration of whether the current composition of the workforce can achieve the ambitions of future care models (NHS England, 2014). Given the clinical and financial importance of developing a workforce that is fit for purpose, and the cost and complexity of the workforce planning itself, it is vital that we really understand the nature of workforce pressures and what can be done to address them in both the short and the long term. This study has highlighted a concern that graduate physiotherapists may decide not to consider their career, or they may not continue their career development within a seven-day service as they do not view it as a normal career pathway. This may be due to a lack of information and publicity. Although Potts (2001) and CSP (2015) suggest that hosting student placements may lead to the retention of a future workforce at that location, this study suggests that if the student does not accept seven-day working as the normal working pattern, they are unlikely to consider employment in a seven-day pattern on qualification. As physiotherapy services change, the CSP (2015) advocates that it is vital for different types of student practice placements to emerge to prepare graduates for new ways of working in contemporary practice. It appears that despite experiencing the phenomenon in question, the transition to accepting seven-day working within physiotherapy needs further development. The undersupply of physiotherapists into seven-day services is an unmet need, which negatively affects outcomes, quality of care and the patient experience (Addicott et al., 2015). I would also question if the key stakeholders involved in practice education are working together to provide a clear sense of purpose, motivating each other to work effectively and focussing on improving system performance as recommended by the NHS Leadership Academy (2013). What my data highlights is that all the participants are aware of the barriers relating to informing and understanding practice education and seven-day working. If universities, the CSP, placement educators and students could interact more closely as a community of practice regarding the topic of seven-day placements, then these barriers may be alleviated.

This theme also identified a lack of sharing of information, in that placement information is not kept updated in respect of changing to a seven-day placement or informing students in advance of seven-day working patterns or 12-hour shifts. The effect of this is that tutors in HEIs feel they are kept 'in the dark' in respect of placements. One university tutor identified that they gained information via their students:

Sometimes the students come back and tell us that their placement was over seven days, and this can come as a surprise to all of us. We understand services are developing and changing, but information needs to be kept up to date so we aren't in the dark. (HEI 2, p. 5)

We don't necessarily know that different Trusts are coming on board with seven-day working and that information isn't always provided for us. We are still in the dark with what is happening in practice. (HEI 1, p. 15)

Research in nurse education (Yonge et al., 2006) identifies that practice placements are cited as being a tension-inducing factor of a nurse's training and that discordance between academic studies and practice placements adds to the stress (Taghari Larijani et al., 2007). Delany et al. (2015) agree that physiotherapy practice education is also a time of increased stress for students, and that a student's perception of stressors and their capacity to effectively manage them is a legitimate concern for educators, because anxiety and decreased coping strategies can interfere with effective learning, clinical performance and capacity to care for patients.

In my study, physiotherapy students alluded to the fact that they find practice placements very stressful and the unknown quantity of not knowing the structure of the seven-day placement adds to this stress.

You get your placement and educator details, but they aren't always up to date or accurate. I want to know in advance so I can prepare myself. Put

yourself in the student's shoes – placements are stressful enough, let alone if information isn't up to date, and then surprising seven-day working on us as well. (PTS 1, p. 30)

We weren't given any notification from the university that the placement would be 12-hour shifts, seven days a week. It would have been beneficial to know in advance so you can prepare and plan for it. (PTS 5, p. 2)

It is essential that physiotherapy students are given an adequate insight into the practice-based environment and to gain an understanding of what to expect and what is expected of them, as it assists them in identifying their own learning needs and helps to recognise potential factors that may limit their development (Thomson et al., 2014). Insight into the forthcoming experience may also lessen apprehension and limit uncertainties, and it is the university that bears responsibility for sharing this information (Thomson et al., 2014), although it can only be shared with the physiotherapy students if it has been provided by the educators in advance. The level of the students' preparation for the workplace has become an important focus in the academic literature (Miller, 2014; McNamara, 2015). This preparation involves equipping students with the knowledge and skills required to perform at an acceptable level in the practice environment, thereby enabling them to harness fully the benefits of these valuable opportunities and deal with the unpredictability of clinical practice, which in turn will allow them to achieve maximum professional development with the minimum of stress (Thomson et al., 2014). Universities and practice placement educators can do more to ease the physiotherapy student's path into the practice environment by ensuring placement information is up to date and reflects the current practice so there are no surprises and the student can prepare themselves for the impact that 12-hour shifts and seven-day working may have. Delany et al. (2015) suggest that resilience training is emerging as a valuable construct to underpin positive coping strategies for learning and professional practice. In their study, Delany et al. (2015) report that the development and evaluation of a psycho-education resilience programme designed to build practical

skills-based resilience capacities in health science (physiotherapy) students offers a potentially powerful tool to build self-efficacy and cognitive control as well as greater self-awareness as a learner and future health practitioner. This requires further investigation in the model of seven-day practice education.

6.4.3 Summary of Overarching Theme 1 – Stopped at the red light: barriers to seven-day practice education

In relation to the overarching theme, Stopped at the red light: barriers to seven-day practice education, the findings have suggested that as a profession, physiotherapy is not promoting seven-day working as the normal model of service delivery, despite this being the direction the NHS and physiotherapy are taking in order to meet the government's directives (DH 2000; NHS England Forum, 2013). It appears that physiotherapy is not consistently informing future physiotherapists of the concept of seven-day working as the career advice provided lacks detail and clarity. Universities are beginning to discuss seven-day working as part of their curriculum, but students still appear surprised that they have to participate in this model both as students and as newly qualified practitioners, and concerns were raised regarding the acceptance of seven-day working as a career option by our future generation which may impact upon recruitment and retention, especially after they have experienced the phenomenon as a student physiotherapist. The findings have also suggested that physiotherapy students perceive their learning to be affected by participating in placements across seven days due to inconsistent working patterns, although students rated their learning against the numerical grade they received as part of the assessment process rather than reflecting upon their ability to now work in inconsistent and unpredictable work patterns. The second overarching theme considers the impact on this new way of working.

6.5 Overarching Theme 2: Amber, proceed with caution: challenges faced in seven-day practice education

The second overarching theme identifies the challenges faced by the transition to seven-day practice education and is depicted as an amber traffic light; the amber light translates to proceeding with caution on the journey towards practice education in seven-day working. The overarching theme is divided into two main themes: 'getting to grips with new ways of working', which explores the impact of shift work and the changing models of supervision, and the second main theme highlights the differences faced at weekends in respect of team dynamics, atmosphere and culture, and how this impacts clinical reasoning.

6.5.1 Main Theme 1 – Getting to grips with new ways of working

This theme examines the challenges faced by the transition to a seven-day working pattern and includes the impact that shift work has on learning and development, university studies and personal lives. It also summarises key considerations that participants shared for the future planning and delivering of seven-day placements and how the model of supervision is changing.

6.5.1.1 Sub Theme 1: 'Tired in the brain'

Shift work is not unusual in the NHS, and the potential impact on individuals is clearly documented within the literature (Harrington, 2001; Demerouti et al., 2007; Costa, 2010). However, for physiotherapy there has been a significant move from the traditional Monday–Friday, 9–5 working pattern to a mixture of rostered days on/off including weekends (NHS Improvements, 2012). It may include 8, 10 or 12-hour shifts, early or late shift patterns and will vary depending on which placement site the students visit during their practice-based placements (CSP, 2015). It has already been highlighted (Section 6.4.2) that a lack of information concerning the placement structure heightens stress and anxiety for students as they feel they are unable to prepare themselves, and many remained surprised that placements incorporated weekends and shift work. The physiotherapy students report that they find the 12-hour shifts particularly tiring:

I didn't think my body would cope with the long 12-hour shifts, and I did feel tired at the end of the day. (PTS 3, p. 8)

I felt the placement was quite intense, but actually the 12-hour shifts were fine. Some days they actually flew by quite quickly, but I felt exhausted at the end of the day, not just physically but mentally as well. (PTS 4, p. 3)

I was definitely more tired working 12-hour shifts. Just physically as well as mentally, trying to keep focus and on your feet for 12 hours is hard. I knew it was going to be hard, because you are not used to it; you sit on a chair all day at university and then all of a sudden you are expected to be on the move for 12 hours, it is heavy going. (PTS 5, p. 7)

The students reported that it was both physically and mentally tiring. PTS 6 (p. 6) reported feeling 'tired in the brain' after three long 12-hour shifts. One area of concern that exists in the literature for shift workers is the shift duration; the RCN (2012) identify that there is an increased risk of mistakes and errors with long shifts, so educators must ensure regular breaks and sufficient recuperation between shifts. However, it appears that the practice educators are aware of the impact of 12-hour shifts and adapt timetables to accommodate both the physical and mental aspects by utilising different approaches to learning.

The 12-hour shifts weren't too bad just because of the way they had structured the breaks and how they broke up the day with the timetables, it was really good. The worst bit was between lunch and tea, that is the longest, but they would split it, they would add in some CPD or teaching or something to break it up a little bit. (PTS 6, p. 9)

It's tiring working long shifts, especially when the students are learning so much. I find I do more teaching at the bedside rather than sit-down sessions, it's tough. It's not the students that suffer as they still get the input, it's the clinician – it's such a juggling act. (PPE 3, p. 9)

It is my interpretation that the physiotherapy students appeared to take a very pragmatic approach to managing shift work, especially those who participated in the 12-hour shift pattern. PTS 4 (p. 3) made the suggestion that students should only ever work two consecutive 12-hour shifts in a row to avoid fatigue, and PTS 5 (p. 3) recommended that when rostering off days, there should be two days together as this would allow sufficient rest time and still enable them to be productive with university studies. This analysis and problem-solving approach by the students allowed them to utilise the different working pattern to assist them with their studies.

Once you got used to having days off in the week, you could utilise them to do university work, you could access the library, tutors; it was beneficial to me. I felt I could give more time to my studies on this seven-day placement. (PTS 5, p. 17)

The university link tutors also reported that the physiotherapy students appear to make maximum use of the non-traditional working patterns:

They all like having time off in the week because the university is a Monday–Friday service; days off in the week give them access to university if required, especially towards the later placements when we are moving towards dissertation, as they can meet with their supervisors, so that can be useful. (HEI 2, p. 9)

If they are working shifts and in some cases have longer breaks between shifts, it has given them an opportunity to come and meet lecturers; they also have time to catch up on written assignments and still have time to see friends. (HEI 1, p. 11)

A survey by the RCN (2012) reported that nursing staff prefer participating in 12-hour shifts as they result in nurses working fewer shifts and having more days off. The Health and Safety Executive (HSE, 2006) feels this may offer better health and

social benefits. The students appear to have utilised their days off but still acknowledge an impact on their social life. As a result of working non-traditional working days and hours, some of the students reported feelings of isolation, resentfulness and inconvenience.

On my placement, I found it quite hard to stay in touch with my friends and peers who worked a normal working week; I think that affects you. On the long days I was up before my flatmates and by the time I came in they had gone to bed. On my days off I went to the library and other people were on placement. So just not having much contact with other people was difficult. (PTS 5, p. 5)

Seven-day working does affect your social life, because everybody else is working when I am off and vice versa. I felt like I missed out on family events. I was lonely on my days off, so I didn't have anything else to do apart from work; it was quiet because everybody else was at work ... I felt isolated. (PTS 4, p. 14)

A study by Daniels (2010), who explored the benefits of peer interaction and support on practice placement within occupational therapy students, found that direct contact with peers is invaluable as it provides students with a support network, reduces isolation, provides reassurance and allows experiences to be shared and reflected upon which supports both learning but also personal well-being. Indirect contact was utilised via an online discussion board, and this could be something that could be further developed within seven-day practice placements in physiotherapy. The availability of an online forum for support and discussion while on practice placements may provide peer support, as there is the risk that there may be less direct peer-to-peer contact with inconsistent work patterns.

There was also the impact on family life:

My girlfriend, who I live with, found it harder with 12-hour shifts and weekends, as we would pass like ships in the night. (PTS 6, p. 10)

But students appeared to have taken on board the need to be organised and plan ahead and the fact that there were some adaptations to be made, as suggested by Oxtoby, (2014).

Because I knew my weekends in advance, I planned things in advance; because I was organised it was fine. (PTS 1, p. 9)

It's quite difficult to do seven-day working with your family, but I suppose it depends how organised and prepared you are for it – they have to fit in with me now. (PTS 5, p. 5)

During the initial stages of my research, comments via the iCSP were made regarding the impact that seven-day working may have on students who work part-time to fund themselves during their degree programme and those who have children. Two of the students interviewed had part-time jobs and both stressed that the placements were their priority, and that their part-time jobs would have to fit around the placements.

Placements are my priority, not my job; I understand that. Seven-day working challenges that, but it is a case of being flexible and honest with your educator so both can be scheduled in. (PTS 6, p. 12)

Our placements are the most important thing; I have to do well in these because I want a good degree and I want a good job, so I fit my job around my placement – 100%. This is more challenging with seven-day rotas, but my educators were flexible and accommodating and everyone was happy. (PTS 5, p. 8)

Educators also responded stating that students with part-time jobs appear willing to participate in seven-day working so long as enough advanced notice is given and there is a degree of flexibility on both sides.

So long as students let us know in advance about their jobs then we can accommodate their wishes, but it is their responsibility to approach this topic. I've never had a student not being able to work weekends because of a part-time job; we can change their days. (PPE 3, p. 8)

The student had a part-time job, but was happy to take time off; he could see it was beneficial to embrace seven-day working. (PPE 1, p. 11)

Although I didn't interview anyone who had children, one educator had a student with a son, but was still willing to participate in seven-day working.

My current student has got a son, but she emailed quite early on to ask for her dates so that she could arrange childcare; she is happy to do seven-day working, she is happy to be flexible, she is more than willing to do it, to fit in. (PPE 6, p. 12)

It therefore appears that this was a perceived concern, but in reality physiotherapy students place a high priority on their practice-based placements and they will adapt and be flexible, fitting their part-time jobs, childcare and social lives around their placements. They appear to be demonstrating resilience. Resilience is an essential element for practice in a chaotic practice world (Southwick et al., 2014). As changing healthcare patterns emerge, expectations shift (NHS England, 2018). New skills, or at least new perspectives on emerging challenges, are needed to solve problems (Hodges et al., 2005). The challenge for physiotherapy educators and HEIs is for them to recognise their role in preparing students for sustained professional resilience in this developing model of seven-day practice education.

This subtheme has highlighted the fact that physiotherapy students have to adapt to non-traditional ways of working when participating in a seven-day model of working, but I question if they are prepared for the impact that shift work may have on their learning, experience and personal circumstances. Universities, although

they approach seven-day working and shift work from a professional stance, in that the need to participate is being embedded into the curriculum, they do not appear to offer students advice on any strategies for adjusting to these inconsistent working patterns and long shifts – and it was identified in the first overarching theme that this inconsistent working pattern was a barrier to learning and development as students found it difficult to pick up caseloads and keep switching on and off. It may be that if practical lessons in adapting to shift work were offered by universities, it may aid the preparation for students when commencing placements that involve non-traditional working patterns. This approach to shift work training exists in business, especially in the USA, and includes: getting better sleep, tips to reduce fatigue and increase alertness, improving health and well-being, nutrition and family/social life (Dawson, 2009).

6.5.1.2 Subtheme 2 – ‘It’s a juggling act’

This subtheme identifies the changing approach to managing supervision on seven-day placements. This study demonstrates that physiotherapists are favouring the sharing of educators or a team approach to student supervision as this achieves a balance between student needs, patient needs and also protects the individual educator from undue stress and pressure. I cannot determine from this research alone whether this is directly related to seven-day working or if it is just a natural transition in a changing healthcare community. The student participants had only experienced the 1:1 model on previous traditional Monday–Friday placements, so the team or shared educator approach was a new experience alongside seven-day working for them and the educators explained this approach in the context of seven-day placements. It appears that the shift away from the traditional 1:1 model to a shared educator or team approach relates to the nature of shift work, as educators cannot guarantee to always have the same shift pattern as their students, or if there are reduced staffing levels at weekends it becomes a necessity to share students. Documented within nursing practice (Russell et al., 2011), the pressure of one educator taking sole responsibility can lead to increased stress levels and ‘burn out’ of the practice educator as well as exhaustion and

dissatisfaction of the educator role. Russell's (2011) study also identified that other team members such as new graduates felt abandoned if the educator's time was always directed to supporting the student. In contrast, Bennett (2008) identified that because all team members of different grades are involved in a team facilitation approach to practice education in physiotherapy, the result is a pattern of shared learning which was found to enhance both individual and professional development. A physiotherapy practice educator is often the team leader and specialist in their clinical area, so has responsibilities for ensuring all team members are developed according to their needs. These thoughts are mirrored by the participant educators as they report that it becomes a 'juggling act' of managing the demands of the team, patient caseloads and student supervision.

You are often in charge of the team at the weekend, and you have a set of demands that might be a lot higher than during the average day, so being able to meet your student's needs and assist your student as best you can, but at the same time being able to manage your team and see the caseload – it's a juggling act. But I wouldn't want them to worry, you think you see yourself as a role model, I wouldn't want them to panic, it's how you as an educator deal with it. (PPE 6, p. 7)

Practice educators explained that it takes more effort to manage student placements across seven days as there is a need to consider effective communication and the efficient and fair assessment of the student – all without causing undue stress to the student.

I think it takes more effort to make sure it runs smoothly, especially with multiple educators; we use a template to document everything we discuss with students, then nobody can have the wool pulled over their eyes, because I think when you share a student, they can, not deliberately, deceive you saying that no one said that to them. (PPE 5, p. 7)

There is less staff at weekends so there is less support, so we have to come together as a team to supervise the student. (PPE 2, p. 8)

Student participants highlighted the benefits of working with different team members while on seven-day practice placements; however, they were concerned about assessment of their performance on the placement and how the feedback was constructed. Multiple educator models require good collaboration in order to complete the student assessment procedure, which could be problematic if educators are not suitably trained, according to Stiller et al. (2004).

Because I worked with so many different people, I didn't feel my educator knew me, knew what I could do; she just got feedback from others and I didn't know what that feedback was, because they didn't feed back to me directly, so I didn't know what they expected of me. (PTS 4, p. 24)

I had three people looking after me, so I was kind of everywhere, like all over the place, so I struggled a bit because I would never have the same person for long enough to be able to develop anything (PTS 2, p. 3).

The data suggests that educators recognise communication and feedback as a potential issue when sharing students on a seven-day placement. An educator participant reflected that they use a template to document all discussions between students and educators so there is no miscommunication.

In writing, it's all black and white and whoever is mentoring them that day can carry on with that structure and build on it, so there should be no repetition and nothing missed. (PTS 5, p. 7)

Morris and Stew (2013) found that physiotherapy students found receiving feedback from multiple educators challenging as there were often conflicting reports and a lack of communication which would lead to difficulty in knowing how to interpret feedback and act upon it so to improve performance. They suggested a holistic model to aid formative assessment, which included encouraging and

empowering students to actively seek feedback from other sources including patients. Self-evaluation and reflection were also deemed important, and feedback should also flow in both directions. One student participant of my study recognised that she had to adapt to a new approach to supervision:

With two educators I had to be more flexible and adaptable to their different styles, which was good practice for me. I had to be more organised, I had to communicate better otherwise potentially things could go wrong. You could get mixed messages and expectations could be different, but they communicated well and at halfway they were on the same page. (PTS 1, p. 13).

Participants have alluded to some of the challenges and complexities of team supervision and the feedback process, models of supervision, feedback and assessment within seven-day placement practice, and this is certainly worthy of further investigation and discussion in future studies. It would also be interesting to investigate whether educators share students on traditional Monday–Friday placements and whether this is a natural transition within physiotherapy practice education.

Another challenge the participants identified was how different it was at weekends in respect of the staffing, team dynamics, patients' attitude and the atmosphere of the hospital. These are discussed in the second main theme of this overarching theme.

6.5.2 Main Theme 2 – It's different at weekends

This next theme, divided into two subthemes, explores how the participants describe how the weekends remain different to weekday working. It appears that for the majority of physiotherapy services, staffing is reduced at weekends, offering a level 2 or 3 service, according to NHS Improvement (2012), and so this impacts upon the prioritisation of the caseload and how the team work together more to support each other. The students also felt that the patients had a different attitude

at weekends and that they were able to offer them more time to answer questions or participate in treatment. As a result of sharing educators, the students noticed significant differences in team dynamics, which did not remain consistent over seven-day working and could change on a daily basis, and this inconsistency presented a challenge to the students. Absences of other members of the MDT at the weekend challenged clinical reasoning, but the experience of the different atmosphere added 'reality' to the student experience.

6.5.2.1 Subtheme 1 – Different faces every day

Within physiotherapy practice education, the structure of a team changes whenever a student commences a placement, and the biggest challenge for that student is to understand the various dynamics of how people work together (Sindell & Sindell, 2006). Another dimension is added when the inconsistency of seven-day working is introduced, as the team structure and members change on a daily basis, which can impact on team dynamics. For physiotherapy teams to remain as highly functional units in this new way of working there has been a need to refine coping mechanisms and communication strategies, especially if staffing is reduced at weekends. The educators recognised these challenges but also accepted that they are dealing with real life.

The students moan that we are not fully staffed to provide a full seven-day service, so of course we have less staff during the weekend, and also during the week the numbers fluctuate. But this is life, this is what we have to work with and they need to understand that. Yes, it's challenging seeing different faces every day, but it will make them better physiotherapists in the long run. (PPE 1, p. 14)

I warn students that they may work with different people at the weekend and that there are less of us; this is how it is. It's different, but it is the way forward. (PPE 2, p. 11)

Practice educators also acknowledged that it may be difficult for physiotherapy students to develop a rapport and relationship with the placement team.

It's tough: the team changes daily, you have to learn everybody's name, different working patterns, different ways of working, it makes them feel unstable, it takes away the consistency. It must be hard to develop a rapport with a continually changing workforce. (PPE 3, p. 12)

The students clarified that they find these constantly changing team dynamics challenging. They talked about the lack of consistency, feelings of confusion and not wanting to ask questions in case they appear 'stupid'.

Different people, different days, different skill mixes, so the teams didn't have the familiarity and stability that I was used to. (PTS 6, p. 7)

It can get confusing: you didn't know who you were talking to and, say, if the person who's leading that day, you don't know them as well because you haven't spent any time with them, you might find it tricky to approach them if something is happening; you don't want to appear stupid asking questions; it's more difficult. (PTS 3, p. 11)

Similar findings were expressed in a study by Weldon et al. (2014) who investigated transient teams within operating theatres and how there was a perception of being unprofessional if the theatre nurses sought clarification from the surgeon regarding the instruments they required. Weldon et al.'s (2014) study highlighted the significance of dialogue within transient teams, as the members do not always know each other as well as within stable teams. It highlighted the fact that communication needs to be explicit and clear so there are no misunderstandings. In healthcare, the aim is to deliver high-quality care to all, but delivering this can place individuals, teams and organisations under pressure (Ham, Dixon and Brooke, 2012). The NHS is introducing 'Human Factors' as an approach to optimise human performance in healthcare. Human Factors is defined as:

Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings. (National Quality Board 2013, p. 3)

The principles and practices of Human Factors focuses on optimising human performance through better understanding of the behaviour of individuals, their interactions with each other and with their environment (Carthey & Field, 2009). By acknowledging human limitations, Human Factors offers ways to minimise and mitigate human frailties, so reducing clinical error and its consequences (National Patient Safety Agency, 2004). The system-wide adoption of these concepts offers a unique opportunity to support cultural change and empower the NHS to put patient safety and clinical excellence at its heart (National Quality Board, 2013). It is suggested that Human Factors is not a separate agenda or programme but a way of thinking and should be incorporated into education and job roles (Carthey & Field, 2009).

The findings have provided an insight into the current issues surrounding altered team dynamics within physiotherapy as a result of seven-day working, which includes the need for effective communication. The next subtheme explores that alongside altered team dynamics the atmosphere in the clinical setting is different within seven-day working and this resulted in challenging clinical reasoning skills.

6.5.2.2 Subtheme 2 – Thinking outside the box

In this subtheme, the differences in the clinical setting between weekdays and weekends are explored along with how they may challenge clinical reasoning in practice education.

Participants stated that there are significant differences when working outside the traditional working pattern. They talked about how the hospital appears quieter, less busy, calmer, with no ward rounds and mentioned the fact that doctors aren't 'getting in the way'.

They've all talked about how different the hospital is at the weekend and how the whole feeling of things seem less busy; there doesn't seem to be that 'come on, come on' feeling. (HEI 2, p. 8)

You have got to be aware of the reality and how to adapt. The weekend was a very different working day for me, but you need to see that and be prepared. You have to use your clinical reasoning a bit more; you have to think outside of the box. (PTS 1, p. 5)

Many participants reported that the calmer atmosphere allowed more interaction with nursing staff, so there was a sense of being a more cohesive and collaborative team:

The nurses had time to speak to you, and they seemed more willing because we were there, more respect for us. It just seemed everyone was a lot calmer, which is strange because there was still the same number of patients. It was nice to be able to chat to the nursing staff. (PTS 2, p. 11)

Participants also felt that they were gaining a better insight into how services operated, giving them a more real experience of how they need to adapt in practice.

You have to be aware of the reality and how to adapt. The weekend was a very different working day for me, but you need to see that and be prepared. (PTS 1, p. 5)

They say the ward is different at a weekend. I think there is some insight into how the ward varies through the week and weekend. They quite enjoyed the approach – the small team and meeting new people. (PPE 1, p. 9)

I learnt about how the day worked and different priorities; this is different to the weekday. (PTS 3, p. 6)

They also talk about patients and families being more available:

The families seem to have more questions for us at weekends, which is a good thing because it makes you think what you are doing and why you are doing it and how to explain it to them. (PTS 5, p. 5)

It felt good to add to the patients' recovery; they were impressed they got the same clinician. (PTS 6, p. 17)

However, other resources or specialities may not be present, and this has challenged the participant's way of working and their need to adapt to the situation and consider the impact on physiotherapy:

I think it's an invaluable experience as working weekends are different. There isn't the same support from a medical point of view, resources are limited, you learn to think outside the box. (PPE 3, p. 6)

Clinical reasoning is fundamental to all forms of healthcare practice, but it is difficult to teach because it is complex, situation-specific, built up through experience and frequently based on tacit, automatic processes of pattern recognition (Delany & Golding, 2014). Seven-day working appears to challenge the clinical reasoning skills of the individuals as the inconsistent working patterns, the atmosphere, patients and staffing are different at the weekends. Participants refer to having to 'think outside the box' in order to cope with these differences that they may not have experienced before. Educators refer to the 'reality' of clinical practice and how students can gain valuable skills by experiencing this phenomenon. It could be argued that being exposed to seven-day working is making the experience more visible to the learner. A pedagogical premise is that students can be effectively facilitated to learn by participating in the daily activities of their community of practitioners; they are allowed to 'be' practitioners, where peers, role models and mentors scaffold or extend learning through guidance, modelling and discussion (Ajjawi & Higgs, 2008).

Despite feeling challenged in the context of seven-day practice placements, physiotherapy students highlighted the fact that the experience of participating in seven-day placements made them more independent and confident. They felt tested by the situation, but the result of experiencing this phenomenon resulted in the opportunity to be more independent, to have a louder voice and to experience increased self-belief in their own ability.

I think because there was less people in the department, it was quite good; it meant I could be more confident to speak up, put my thoughts forward, have a two-way conversation about patient care. (PTS 5, p. 12)

It was a case of I had to work independently and it helped me realise I could do it the following week. I had belief in myself, I had confidence, which gave the educator more confidence and she let me see more patients on my own. I felt like a real physio. (PTS 4, p. 13)

I did feel in control, I could prioritise, delegate, it built my confidence, it helped the following week as my educator gave me more freedom and independence as she was confident I could do it too. (PTS 3, p. 13)

I got to go into different environments, I had to think on my feet, stretch myself that little bit further and then you go back in the week and you feel more confident. (PTS 1, p. 22)

Educators confirmed that participating in seven-day placements increased students' confidence, and this was because of the need to step up due to fewer staff working at weekends.

It seems to do them the world of good working weekends, made them stand on their own two feet, step up to the mark, and it helps them through the rest of the placement. (PPE 3, p. 3)

It shows that they can manage a caseload, it shows that if they up their game on a weekend because there is less staff, managing the weekday caseload is ok, shows they could do it, stand on their own two feet, be independent. (PPE 6, p. 9)

As physiotherapy services change, the CSP (2015) advocates that it is vital for different types of student practice placements to emerge to prepare graduates for new ways of working, and it appears that participating in non-traditional patterns of working, such as seven-day working, is giving physiotherapy students a 'real' experience. Physiotherapy students, educators and university tutors all report that hospitals are different at weekends but that this has both challenged and enhanced their knowledge, understanding and clinical reasoning. Physiotherapy students report that they are more aware of service provision, delivery and the importance of caseload prioritisation. They feel that they have a greater understanding of the importance of team working and the different disciplines of the MDT, and that by participating in a seven-day pattern of working the profession of physiotherapy is gaining respect in the workplace from other staff members and patients themselves. However, the differences in staffing levels at weekends challenge clinical reasoning skills, and this can also be linked back to the barriers of inconsistent working patterns and communication identified in Section 6.5.2.1. A link can be made to Occupational Therapy where students have undertaken role-emerging placements, which was deemed to be outside of traditional practice. These placements have been shown to lead to deeper insights and increased student clarity of understanding about the uniqueness of the practice and the profession (Clarke et al., 2014). A recommendation of the study by Clarke et al. (2014) was that role-emerging placements should be considered as compulsory as they may assist occupational therapy students to prepare them more effectively for practice, and this may be a consideration for seven-day physiotherapy practice placements.

6.5.3 Summary of Overarching Theme 2– Amber, proceed with caution: challenges faced in seven-day practice education

This overarching theme has highlighted a number of challenges faced by physiotherapy as the profession undertakes a transition to seven-day working and begins to host student placements in this non-traditional way of working. It may be that if universities were to include the impact of shift work within the curriculum, then many concerns and anxieties may be lessened, as there would be fewer surprises, and strategies could be put in place in advance to aid with the unavoidable inconsistent working patterns. The physiotherapy students would also be more informed regarding the planning and organisation of the placement and the need to be flexible. There would also be the opportunity to discuss how supervision may be shared by a number of educators, how team dynamics can be altered and how the students may gain from this experience. In 2016, I was invited by one of the participating universities to conduct a workshop on non-traditional working. Feedback from the students was that the subject was thought-provoking and that they had not really considered the impact of seven-day working on their placements.

6.6 Overarching Theme 3 – Given the green light: changes with seven-day practice education

The final overarching theme, depicted by a green light, reflects how physiotherapy practice education has moved forward following the move to seven-day working.

6.6.1 Main Theme 1 – Another tool in my toolbox

According to Higgs et al. (2012, p. 5), practice education should be viewed within the ‘contexts of our time’, and this relates to being proactive to a changing society and meeting the needs of students and employers. The physiotherapy students stated that the experience of participating in seven-day working had enhanced their development in that they felt more prepared to enter the workforce as a qualified

physiotherapist; they talked about being ‘one step ahead’ as they learnt different proficiencies. Table 5 summarises the additional skills and knowledge that participants identified as being gained through a seven-day practice placement.

Table 5 – Examples of additional skills and knowledge gained on a seven-day placement as identified by the participants

| Skill and knowledge | Details | Evidence |
|---------------------|--|--|
| Flexibility | Working with others – MDT and different grades Integration into the team Lots of different situations Learnt the need to adapt to new and different circumstances Understanding the need to be flexible and compromise with shift patterns | PPE 3, p. 3 PTS 1, p. 5 PPE 4, p. 12 |
| Organisation | Need to have clear plans for the week It highlighted that it was really key for everyone to know when they were in, what they were doing, and everyone had a timetable | PPE 3, p. 6 PTS 6, p. 6 |
| Prioritisation | Need to prioritise at weekends due to reduced staffing They see prioritisation in action Prioritisation was highlighted more | PPE 2, p. 11 PPE 5, p. 6 PTS 3, p. 6 |
| Holistic Management | Learning to think outside the box when other members of MDT not present More thought about planning on ward referrals | PPE 3, p. 6 |
| Confidence | Experience of the unexpected | PPE 4, p. 16 |

| | | |
|----------------------|---|---|
| | <p>Greater appreciation and understanding of service delivery</p> <p>Understanding the need to be flexible</p> <p>The ability to work with others</p> <p>Not scared to do something new</p> <p>I can deal with the unexpected and survive</p> <p>Having to think on your feet</p> <p>My own self-belief and the belief of my educator</p> <p>Confidence to justify your decisions</p> | <p>PPE 6, p. 9</p> <p>PTS 1, p. 16</p> <p>PTS 2, p. 27</p> <p>PTS 4, p. 13</p> <p>PTS 1, p. 15</p> |
| Communication | <p>Highlights the importance of handovers</p> <p>Communicating with physiotherapy team and MDT</p> <p>Importance of handovers and notes when you are not there</p> <p>You have to talk to all members of the team to know what is going on</p> <p>Importance of a clear and concise handover</p> | <p>PTS 6, p. 18</p> <p>PTS 1, p. 15</p> <p>PTS 1, p. 15</p> <p>PTS 4 p. 19</p> <p>PTS 6, p. 6</p> <p>PTS 6, p. 7</p> <p>HEI 1, p. 7</p> |
| Time management | <p>Managing my own time with shift work</p> <p>Managing my patient caseload with days off</p> | <p>PTS 6, p. 18</p> |
| Real-life experience | <p>Understanding how hospitals work</p> <p>Understanding importance of seven-day working</p> <p>Experiencing the different settings and scenarios</p> <p>A broader range of experiences</p> | <p>HEI 1, p. 7</p> <p>HEI 2, p. 3</p> |

| | | |
|--|--|--|
| | The reality of working as you would when you qualify | |
|--|--|--|

Jones et al. (2010) identified that physiotherapy graduates need to demonstrate a wide variety of transferable skills, which highlight their strengths and therefore employability. Practice educators promote participation in seven-day placements so that all students gain a better understanding of the workplace and of real life:

They need that real-life experience from quite early on to get the right attitude; they need to get the idea that seven-day working is the way forward. (PPE 4, p. 20)

They gain an awareness of what working life is like. It's a real-life experience. (PPE 6, p. 2)

It transpires that the vision of the educators is matched by the learners' experiences; student participants do reflect that experiencing a seven-day practice placement was a 'real-life experience' and therefore would be beneficial to their future career, as was the aim of the educators, as they are more prepared and have gained a different skill set.

I think I will be more prepared for working life, because it was a very different experience. Hopefully when I get a job, I'll be prepared, so I feel like I am one step ahead. (PTS 1, p. 10)

Going forward to being a qualified physiotherapist, it was really beneficial, because I learnt loads of different skills and saw the bigger picture. (PTS 6, p. 9)

I feel I know more, I've experienced it, it's a real-life experience; it has to help me in the future. (PTS 6, p. 16)

It's another tool in my toolbox, so it's got to be advantageous. (PTS 3, p. 10)

The following comments reflect the students' confidence that seven-day working will aid their employability in the job market.

It will help me get a job because of the experience; it shows I am prepared to do it, that I have flexibility and that I can cope with working long shifts. (PTS 4, p. 10)

It's given me more confidence to go out and get a job. I feel ready, I feel I have the right experience, I think it will make the transition to a Band 5 easier. (PTS 1, p. 22)

The educators and university tutors also reflect that it is beneficial if students experience seven-day placements, as the students appear more 'rounded', have more insight and are more prepared; the educators and tutors feel that it makes the students 'stand out from the crowd' when applying for jobs.

It's so nice when they come to interview and are able to talk about seven-day working and can explain the reasons why it is beneficial; you feel more positive about these people working in your department. (PPE 1, p. 7)

It enhances their skills and knowledge; it makes them more rounded. (PPE 2, p. 13)

From a career point of view, they seem to have more insight, are more prepared, and more accepting of different working patterns. (PPE 6, p. 3)

They are potentially coming with different skills that might make them stand out from the crowd, make it easier for them to integrate into working life; it makes them more prepared for life as a qualified physiotherapist. (HEI 1, p. 8)

Professional education must be relevant and reflect contemporary practice if it is to encourage professional growth and development (Finlay, 2008). The findings of this study suggest that student physiotherapists are achieving the capability to act professionally in situations beyond the predictability of what was considered normal or traditional practice relating to delivering physiotherapy over the five-day Monday–Friday period. They are more flexible and are more prepared for their future role as autonomous allied health practitioners since experiencing the phenomenon of seven-day working.

Flexibility in the workplace is about adapting successfully to changing situations and environments (Bailey, 2014). Flexibility can and should be an attribute of both learners and educators (Ryan & Tilbury, 2013). No workplace environment ever stays the same (Bolton, 2016), and practice education in a seven-day pattern is a transitioning concept for educators and students alike. Participants identified several key factors to why it is so important to be flexible for both professional and personal reasons when participating in a seven-day working pattern:

It made me more flexible and adaptable. I had to adapt to a different setting and styles; it was good for me. (PTS 1, p. 5)

I will take more confidence to my next placement. Also, I have learnt that the flexibility and just adapting to different wards isn't as bad as I thought. (PTS 3, p. 13)

6.6.2 Main Theme 2 – Part of the team

In contrast to the challenges of changing team dynamics (Section 6.5.2.1), the student participants appear to have gained a better awareness of how teams work and the need to support each other within the workplace, following a seven-day practice placement.

It seems to bring the teams together; they appreciate when others are short-staffed and need help. (PTS 4, p. 4)

It really brought home how the staffing affects everyone; it can be stressful when staff are sick, how the reduced staffing and days off in the week impact – it opened my eyes. I don't think you see that on a Monday–Friday placement as it's more stable. We sat down as a team, looked at the patient caseload as a whole and divided it up according to need, so I got to see that aspect. I was paired with an OT in the afternoon, it was fantastic, and such a team approach – why can't we do that in a week? (PTS 1, pp. 4–5)

The student participants also reflected on how a change in practice has developed respect among teams and how speciality teams within a therapy department cross-work to help each other out.

Everyone respected each other, there was much more flexibility and cross-team working at the weekend. (PTS 3, p. 11)

It seems to bring the team closer together; they appreciate when others are short-staffed and need help. (PTS 4, p. 4)

It's closer team working; we ask all the other teams and see whether they need help. The students need to see this, take them out of their own little bubble, see the service as a whole, not just their own small caseload. (PPE 2, p. 8)

I appreciate what other team members are doing. Until you have done weekend working, it's kind of abstract, but now I understand what team members do at the weekend. I understand the responsibilities you have and will have. It mimics real life. (PTS 2, p. 14)

The student participants appear to have gained the understanding of team effort; they have learnt that they are more capable as part of a team than working as individuals. It was also recognised that working with different people was beneficial to learning and development.

The student says it's different at weekends; it helped build prioritisation skills, mixing with other team members because it's different people at the weekend, so she hadn't worked with them before and she had to be ready to fit in with them, which built confidence. (PPE 6, p. 3)

She had to work with others she didn't know, fit in with them; she realised she needed to be flexible and be able to integrate within the team, be able to work with lots of different grades in lots of different situations. (PPE 6, p. 3)

Working with other team members is a crucially important key skill (Ellis & Bach, 2015). It is essential to learn collaboratively (Jones et al., 2015). It is also central to being an effective team member at work (Jones et al., 2015). An individual's ability to work with others will therefore have a fundamental impact on their employability and future career as a physiotherapist (Quality Improvement Agency, 2008). Student participants also found that at weekends they worked more with other members of the MDT such as occupational therapy; inter-professional education (IPE) is well recognised and is now a key requirement by the HCPC Education Standards (2017) as an approach to improve the overall quality of healthcare by reducing costs, length of stay and medical errors (Buring et al., 2009; Bosch & Mansall, 2015).

6.6.3 Summary of Overarching Theme 3 – Given the green light: changes with seven-day practice education

This theme reflected that alongside a greater insight into working practice, participants stated that the role of physiotherapy is changing to meet the demands of 21st century healthcare and that this is resulting in greater recognition of their role.

I can see that we are now delivering better care for patients, and that can only be a good thing for us as individuals and the profession. (PTS 3, p. 4)

It makes a better service, a better level of care, better individuals, better professionals. (PTS 4, p. 5)

I think it's viewed better if physiotherapists are working weekends, particularly by doctors and nurses; they show us more respect, so our presence seven days a week is good for the profession. (PTS 2, p. 8)

Practice educators and university tutors advocate that they are role models by promoting seven-day working, not only for the current generation but for therapists of the future.

If students work weekends then we show that we are nurturing new blood, we are trying to replicate modern healthcare, and we are developing the professionals of the future. (PPE 4, p. 19)

They are studying a course at a professional level so there is a need to take up new opportunities and developments; we need to keep up with changing times. (PPE 4, p. 7)

This seven-day experience is essential to build our physiotherapists of the future, who in turn will drive the profession forward. (HEI 1, p. 3)

The profession of physiotherapy has seen a significant transformational change as more and more departments move towards delivering a seven-day service (NHS Improvements, 2012), and the CSP (2014) suggests that it relies on the vision, foresight, learning, development and collaboration of those involved. From this study, it is apparent that academic institutions and placement providers are conscious that they need to provide learning environments and experiences that reflect authentic healthcare and that we are developing the future generation of physiotherapists. Student physiotherapists participate willingly in seven-day working as part of their training, which is resulting in practitioners who are more informed and insightful. They have increased confidence, self-belief, a greater

understanding of the MDT and team working and appreciate the importance of being flexible and adaptable. As a result, they believe that they will transition easily into practice as they become practitioners.

6.7 Chapter summary

This chapter has presented a thematic interpretation of the experiences of physiotherapy students, practice educators and academics in seven-day practice placements. Participants consisting of physiotherapy students, practice educators and academics have contributed their descriptions and experiences as part of this research. They have identified that experiencing seven-day practice placements, which is seen to be 'real life' and an authentic experience, is beneficial to individual physiotherapists and the profession, as practitioners are developing a sense of meaning and understanding, of being part of a team, of understanding how teams work and of why a seven-day service benefits patient care. Participants report that practitioners who have experienced seven-day practice placements are seen to be more confident, rounded, insightful and more prepared for practice. However, there are barriers to learning and practice due to inconsistent working patterns which physiotherapy students feel has a direct link to their performance. The inconsistent working pattern also challenges team dynamics, caseload management and clinical reasoning.

In the forthcoming chapter, I discuss the meanings and implications of the themes identified in this chapter in relation to pedagogical perspectives and from a theoretical context.

Chapter 7 – Exploring the pedagogical perspectives

7.1 Introduction

This chapter explores how the themes identified in Chapter 6, which convey the practice of practice education in a seven-day model, relate to the pedagogy and theories underpinning the perspectives of practice education. Having identified a situated and socially constructed view on practice education in Chapter 2, the pedagogical practices associated with these theories include taking into account the context of the situation and the fact that learning experiences will connect with and extend physiotherapy students' ways of knowing, values, beliefs, skills and understandings through participation and relationships with others. I utilise the pedagogical perspectives I highlighted in Chapter 2 to make sense of the data and respond to the different circumstances and contexts and how it is supported by literature or adds to the existing body of knowledge concerning physiotherapy practice education.

7.2 Education in context

I have declared that I had a personal interest in this research study as it arose from an initial concern I had with the change to seven-day working and whether I, as an educator and practitioner, could still deliver a quality learning experience with this pattern of working. But I upheld the view that I did believe seven-day service provision to be the future of physiotherapy service models and that student exposure to this working practice would emulate real life and would help prepare potential practitioners for authentic practice in healthcare in the 21st century. In this section I consider whether seven-day practice education is an authentic experience and prepares graduates for future practice.

7.2.1 Seven-day practice placements prepare physiotherapy students for authentic practice

This study has demonstrated that the experience of seven-day practice placements prepares physiotherapy students for authentic future practice. According to

Dewey's (1938) experiential learning theory, learning takes place when an individual participates in activity and is then able to reflect and evaluate that it was a beneficial process and that it may influence ongoing development. Participants of this study recognised that the profession of physiotherapy is changing and developing so as to meet the needs of transitioning healthcare and that a seven-day service is beneficial to patient care as described by NHS Improvement (2017). There was also recognition that physiotherapy programmes should reflect authentic practice to ensure that we are educating future physiotherapists who are developing a professional identity fit for the future. This conforms to Higgs et al.'s (2012) opinion that practice education should be viewed within the context of our time. Physiotherapy student participants in this study felt that a seven-day placement reflected real life and that they had gained additional skills and knowledge by participating in seven-day practice placements; these additional skills and knowledge included understanding the need to be flexible, adaptable and organised; to have greater prioritisation skills, increased confidence and improved communication and time management skills. Practice educator participants agreed that physiotherapy students gained a better understanding of the workplace and of team working. As a result, all participant groups reflected that if a seven-day practice placement was experienced, it would aid the transition into practice as physiotherapy students were viewed to be more insightful, more rounded and more prepared and that it may increase employability. These findings are similar to research by Jakubowski and Perron (2018) who suggest that healthcare education and practice should reflect the language, norms and professional values, as this results in more effective use of resources and greater knowledge. The HCPC (2014) also advocates that practice changes over time and that HEIs and practice placements should respond to these developments so that the education programme is relevant to current practice. While seven-day practice placements have, according to the participants of this study, provided physiotherapy students with the opportunity to learn the skills, knowledge, behaviours and attitudes necessary for successful transition into authentic professional practice that is delivered in a seven-day model, it has occurred as a result of a change in practice

delivery rather than a carefully planned, guided and evaluated education process, as suggested by Young (1993). However, this study has allowed me to evaluate and understand this practice in more detail, and the findings may be useful to inform future practice education.

7.3 Understanding the practice – The impact of inconsistent working patterns

On exploring this developing model of practice education, there was a lack of literature relating to seven-day working in physiotherapy and the provision of practice education in this model. This resulted in much of the supporting literature being drawn from medical and nursing education where they have a history of seven-day working and inconsistent shift patterns. Throughout the themes in Chapter 6, the impact of inconsistent working patterns appeared to be at the essence, and I now consider how these changing work patterns impact on teams and caseload management, personal circumstances and the learning and assessment process, as it is recognised in the literature (Zarshenas et al., 2014) that exposure to a range of learning experiences is where the process of professional socialisation begins.

7.3.1 The impact of transient teams

My findings have highlighted that seven-day service patterns add another dimension to team working, as the team members change on a daily basis due to shift patterns. Bezemer (2015) describes this phenomenon as ‘transient teams’ where clinicians step in and out of teams due to work patterns and often work with colleagues whom they have never met before. The participants of my study reported that they struggled to cope with this constantly changing team dynamic as it was difficult for them to form good relationships with team members if they only worked with them on an ad hoc basis. Health and social care services are increasingly delivered by such transient teams (Finn & Waring, 2006), and that has a profound effect on the development of shared knowledge and expertise (Nasir et al., 2013). Transient teams therefore cannot draw on shared histories of collaboration and provide limited opportunities for creating routines tailored to the

particularities of the work environment (Weldon et al., 2012). Currie and Suhomlinova (2006) suggest that there is a tension between the need for flexibility and the need for continuity in order to deliver efficient and high-quality healthcare services. However, my participants valued the opportunities to work with others and saw them as beneficial. They identified that it allowed them to see different perspectives and a wider diversity of skills. Chatchada (2011) acknowledges that knowledge is co-constructed as a result of participatory interactions within a socially situated environment. I propose that in this context of seven-day practice education, physiotherapy students may need to develop resilience to cope with changing team dynamics on a daily basis, as this is a phenomenon they had not experienced before as the student participants had all experienced a 1:1 model of supervision previously. This is supported by McCallin and McCallin (2009) who suggest that team skills should be developed in education and then flow into practice so healthcare workers are 'practice ready'.

7.3.2 Inconsistent working patterns impact on social and family life

Participants acknowledged that participating in seven-day working and inconsistent shift patterns impacted on family and social life and that there was a need to be more organised. This is acknowledged in the literature (Harrington, 2001, Costa, 2010). In medicine and nursing, shift work is widely known and accepted prior to embarking on an education programme and so the individuals have self-selected this lifestyle. My student participants were surprised with the notion that they may have to participate in seven-day working beyond practice placements. This is translated into their reluctance to consider a seven-day working pattern as a career option as it is still not identified as the new 'norm' for physiotherapy, and physiotherapy students may have not aligned their professional identity to imagine their future participating in this practice as a career choice. It has to be acknowledged, however, that although the provision of seven-day services is extending within physiotherapy, some sectors and specialities remain a Monday–Friday service (NHS Improvements, 2017), so at the time of completing this study physiotherapists are still able to make a choice regarding work patterns. But as a

clinician in an acute hospital, I would be concerned about the impact this may have on recruitment if newly qualified physiotherapists are not engaged with seven-day working. The CSP (2015) mirrors this view that seven-day services could fuel recruitment problems.

7.3.3 Students place significant importance on their placement assessment

It is recognised in the literature that with all models of practice education, healthcare students are driven by learning and assessment on performance goals rather than service delivery (Peterson & Schaffer, 2001; Eraut, 2006), so the barrier still remains regarding the approach to 'assessment of learning', rather than 'assessment for learning' as identified by Morris and Stew (2013). There was no difference in this study; student participants reported a perceived concern that the inconsistent working patterns affected their ability to show their capability to progress patients, demonstrate clinical reasoning and manage a caseload to their practice educators, and so, consequently, they felt that their learning and development was hampered. Physiotherapy students suggested that this inconsistent approach may have influenced their overall grade as they were unable to progress as quickly compared to traditional placements as they felt that they were constantly 'starting again' after rostered days off. However, practice educators did not echo these perceptions in this research. Another finding of this study identified that a team approach or multiple educators were often utilised in seven-day placements and that having different educators may also lead to the students' perception that assessment is inconsistent, which may also have impacted on the overall placement experience. This concurs with Morris (2011) whose study identified that physiotherapy students found it difficult to achieve a consistent approach to assessment when multiple educators were involved. Morris (2011) recommended that a multiple-educator approach to student assessment requires a clear structure, good organisation and effective communication between educators. Consistent feedback is also essential to prevent students becoming confused by differing opinions and feeling uncertain about their progress (Bennett, 2008). In this study, student participants had mainly experienced a 1:1 approach to

supervision, therefore these perceptions may not be related to the experience of seven-day working. Practice educators did not raise this multiple educator approach as a concern for seven-day placements. Research findings indicate that students will compare one placement experience with another and will also discuss their experiences with peers (Foster et al., 2014). Physiotherapy students in my study perceived differences to exist between seven-day placements and traditional Monday–Friday settings including team dynamics, model of supervision, a different atmosphere at weekends and how inconsistent patterns and not ‘owning’ their caseload influenced their progression, and likewise between the educational gain that they have identified. The continued focus on achieving a high placement grade and the challenges introduced by inconsistent working patterns has led to a perception that their placement grade was lower than they may have achieved on a Monday–Friday placement. Brand (2017) suggests that as a result of how successful a placement is perceived to be, students create a perception that there are ‘good’ and ‘bad’ placements. In nursing, students argue that placements are the way in which they develop competency, and that positive or ‘good’ placements are the only way in which they can complete their training and qualify in a state ready for practice (Andrews & Chilton, 2000; Gopee, 2011; Jokelainen et al., 2011). It could be viewed that physiotherapy student participants perceived that a seven-day placement had an impact on their learning and development and that they felt their progress was hindered due to inconsistent working patterns. Seale et al. (2000) recognised that students place a significant emphasis on placement assessment, and because of the perception that seven-day placements may have an effect on the educator’s ability to assess their performance, it may have contributed to their decision, alongside work-life balance considerations not to pursue a seven-day working pattern as a long-term career pathway, although all participants successfully completed their seven-day placements. A limitation of this study is that during the interviews I did not delve into this scenario deeper to further explore whether it was a pure lifestyle choice, a result of a perceived negative experience due to the perception that student grades were affected or whether it was simply a lack of awareness.

7.4 Models of practice education

In Chapter 2 I showed that there are numerous models of supervision in physiotherapy practice education, and this study identified that in a seven-day model of working, a team approach or shared educator approach was favoured.

7.4.1 Advantages and disadvantages of a multiple-educator or team approach as a model for supervision

This study demonstrated that within seven-day working there is a tendency to utilise a team approach or multiple educators as the model of student supervision. The concept of multiple educators or a team approach is not new; Bennett (2003) advocates that physiotherapists of all grades can participate in physiotherapy practice education and assist in placement provision. Team models of practice education, which have been used for a number of years, have the potential to make students less dependent on an individual educator by promoting student autonomy (Lekkas et al., 2007) and offer a variety of learning, assessment and treatment approaches (Stiller et al., 2004). Participants in this study agreed with Morris and Stew (2013) in that there are benefits from working and learning from other team members, but they agreed that it was challenging in terms of receiving feedback and would have preferred a single educator to complete their assessments. It is important for student physiotherapists to gain greater appreciation that learning in a team may enhance their practice; they may consider alternative ways of working (Morris & Stew, 2013) and engage in a variety of learning opportunities and styles (Yazici, 2005). However, it is important that the placement team collaborate and communicate in an effective manner so there are no uncertainties for the student (Stiller et al., 2004; Lekkas et al., 2007). An earlier study by Vogt (2002) suggests that a supportive team culture at work maintains health, motivation and performance, allows stress reduction, provides a professional network, brings ideas and synergies, builds trust, increases effectiveness, helps organisations to become more innovative and lively and achieves higher satisfaction of learners.

7.5 Engaging in relationships

Practice and pedagogy are essentially linked through the relationships of learners and educators (Higgs et al. 2012). This study highlighted the fact that many relationships that physiotherapy students may encounter on a seven-day practice placement have been challenged by the inconsistent working patterns experienced, or they may have been exposed to new approaches that therefore challenge assumptions. In the previous section I have discussed how a changing approach to supervision has led to a difference in the educator-student relationship. I now consider the impact on peers, the MDT and patients.

7.5.1 Impact of inconsistent working patterns on peer learning and support

The practice educators in this study were concerned that individuals may miss out on peer learning or support as shift patterns may not coincide. Physiotherapy students reported that when they were on a day off, everyone else was working and vice versa, which led to feelings of loneliness and isolation, and this was made worse if they did not see fellow students at weekends to debrief and discuss placement experiences.

7.5.2 Team approach to patient care reflects real life and promotes interprofessional working

The overarching findings of my study were that it was a positive experience, emulating 'real life' for physiotherapy students in respect of gaining confidence of their understanding of the MDT, enhancing communication skills due to working with numerous team members and gaining a more insightful perspective on team work, team effort and service delivery. Student participants also reported more opportunities to work alongside other professions. Barwell (2013) identified that students from different health disciplines often had little idea of what each other's roles entail and if there are increased opportunities for interprofessional learning, knowledge and an understanding of the interpersonal skills needed for liaison and communication, then this collaborative learning approach will be created. Interprofessional learning has been shown to create teams that work together

better and improve the patient experience (Barwell, 2013). In 2013, NHS England signed up to a series of commitments on delivering integrated care and support so that the 'right staff, with the right skills, in the right place at the right' will deliver person-centred coordinated care (NHS England, 2013b). The CSP (2013b) is supportive of moves to integrate health and care services more closely and identify the important fact that physiotherapists, and other allied health professionals, are ideally placed to deliver this integrated care. Oxtoby (2009) explains that the government wants and expects healthcare roles to integrate further to fulfil its vision of the professions working together and across a seven-day healthcare. Participants in this study highlighted the benefits of working with other members of the MDT, such as OT, stating that it is beneficial to their own learning, patient care and efficiencies with staff resources.

7.5.3 Impact of inconsistent working patterns on the practitioner-patient relationship

This study has identified that with the introduction of seven-day working and inconsistent working patterns, physiotherapy is having to move away from individual relationships with patients and towards a 'management continuity' as proposed by Freeman and Hughes (2010). This is described as continually and consistently providing co-ordination of care, planning and provision of information as several members of the therapy team are responsible for providing the patient's care over the seven-day period (Freeman and Hughes, 2010). This approach is only successful if there is effective and efficient communication between team members, which may include an established routine for handovers (Freeman & Hughes, 2010). Physiotherapy students who participated in this study reported a 'loss of ownership' of their clinical caseload due to their inconsistent working patterns. They found it difficult to 'pick up' their caseload and often found that the patient's situation had changed while they had their scheduled days off, whereas on previous placements they would have seen the same patients over a number of days and felt more confident to progress these patients as they knew the patient and situation. In these cases, the students are relating to 'relationship continuity'

with the patient as defined by Freeman and Hughes (2010). As clinicians the physiotherapy students are trying to establish a therapeutic relationship with a patient, where one clinician solely provides the physiotherapy interventions (Freeman & Hughes, 2010). This relationship between patient and clinician is highly valued and can lead to improved satisfaction by both parties (Kelley et al., 2014). The difficulty in picking up caseloads across a seven-day service is not just restricted to physiotherapy students (NHS Improvements, 2012). A study by Millet (2011) identified qualified physiotherapists at Guy's and St Thomas' NHS Trust who found the change from an individual caseload to a shared caseload across a whole team challenging. They too found it difficult to pick up the patient caseload after having several days off and identified that strong communication and teamwork is essential in aiding this transition and managing the patient caseload on both a professional and personal level.

7.6 A new, younger generation of learners

In my analysis, it was evident that the exposure to inconsistent working patterns has had an impact on the learning experience of physiotherapy students on a seven-day placement. In this section I consider whether the generational differences highlighted in research may have influenced this.

In Section 7.3.3 I highlighted the fact that my participants placed a high priority on gaining consistent feedback and attaining the highest grade possible on the placement. A study conducted by Curtin University (2017) suggested that university students of the Millennial generation tend to focus on the destination of their learning, such as gaining high marks on placement assessments and ultimately their degree classification, rather than the learning process or journey they are undertaking. This concurs with my findings as this study raised opinions from physiotherapy student participants as to whether the inconsistent working patterns limited the ability to learn and develop so to achieve maximum grades on placement assessment due to lack of continuity of caseload management (Section 6.4.1) and that multiple educators were involved in the feedback process (Section

6.5.1.2). Millennials are reported to be conventional and appreciate structure (Johanson, 2012), and Gaberson, Oermann and Shellenbarger (2017) suggest that unfamiliarity within the workplace can lead to a feeling of insecurity; many of the student participants were unaware of seven-day practice placements, so were surprised and may not have been mentally prepared to undertake them. Howe and Strauss (2007) suggest that clear information regarding practice placements should be communicated so to assist in achieving success in the field. Another finding of my study that concurred with existing literature (Werth & Werth, 2011) was that the Millennial generation place high importance on wellness and work-life balance and will seek opportunities to advance their career. My findings highlighted that physiotherapy students felt it may enhance their careers or impress practice educators if they were to complete a seven-day practice placement, yet long-term seven-day working would not be a career choice for some participants due to the impact on family, friends and their social life.

7.7 Professional socialisation and professional identity

In Chapter 2, I highlighted that practice-based learning is situated and socially constructed through experiential learning. Clancey (1995) postulated that situated learning is always integrated with the individual's identity and participation in a social activity. Clancey (1995, p. 54) referred to participation as 'grappling with ideas, practice and people over time and between a community of practice'. To understand the transition of practice education in a seven-day model it is important to consider how the physiotherapy student participants have constructed their professional identity in this context. The formation of a professional identity of healthcare students involves learning skills, attitudes, behaviour and professional roles and it is essential that appropriate socialisation of students into the profession in the clinical arena is conducted (Moola, 2017). Socialisation may occur through relationships between mentors, peers and patients, learning strategies, opportunities, curriculum approaches, and incidental socialisation may occur in the clinical settings that are different, diverse and unpredictable, such as the inconsistent patterns of seven-day working within physiotherapy.

The impact of inconsistent working patterns has been discussed in the previous sections relating to the different pedagogical perspectives, but I now consider how this exposure to these may impact and influence the formation of a professional identity of a physiotherapy student experiencing a seven-day practice placement in physiotherapy. It is well recognised that the formation of a professional identity is a complex process (Dinmohammadi, Peyrovi & Mehrdad, 2013). In Chapter 2 I alluded to work by Caza and Creary (2016), who suggest that there are different approaches to the examination of the construction of professional identity and that individuals undergo various stages including:

- Utilising temporary solutions to bridge perceived gaps between their current capability and what a new role may entail
- Beginning to understand a negotiated adaptation of individuals to their new professional environment
- Understanding the context of a new environment or situation and a subjective view of themselves in their professional role.

Utilising the work of Caza and Creary (2016), it is my interpretation that this study has highlighted, in relation to developing a professional identity in a seven-day model of practice education that physiotherapy students demonstrate a hierarchy of needs based on Maslow's theory (1943) as they move through the experiential learning cycle. They first demonstrate personal constructs that relate to individual needs and meeting expectations. These have manifested as the barriers identified in Chapter 6 (Theme 1, Section 6.4). But as they undertake reflection on the process they then consider practice-level constructs or the challenges (Theme 2, Section 6.5) as they conceptualise the experience of working within transient teams and inconsistent working patterns before considering how they may take this experience forward as a meaningful learning experience into their professional career with active experimentation as they consider the changes that have occurred in physiotherapy practice education (Theme 3, Section 6.6). It could be said that self-actualisation has occurred as it is at this stage that learners can consider the

meaning of the learning process in the practice setting on their onward career or profession (Olsen, 2013).

I have depicted this in Figure 12, which illustrates how the themes identified in Chapter 6 are linked to situated learning via a hierarchy of needs and how the stages of experiential learning relate to these. I further discuss my interpretation of professional identity in more detail in the subsequent sections.

Figure 12 – Physiotherapy student construction of a professional identity on a seven-day practice placement (original in colour)

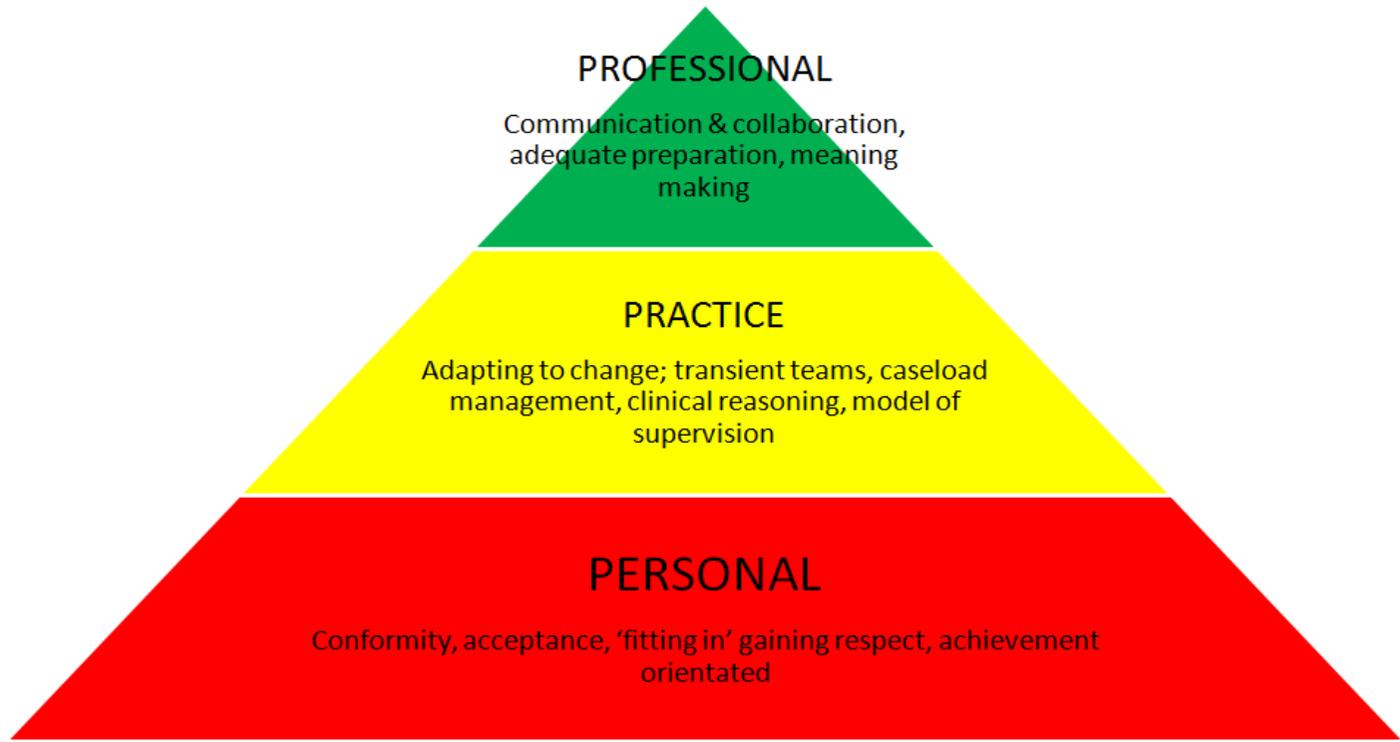
Situated learning via a hierarchy of needs

Links to themes

Given the green light: changes with seven-day practice education

Amber, proceed with caution: challenges faced in seven-day practice education

Stopped at the red light: barriers to seven-day practice-education



Stages of experiential learning theory

Active experimentation

Abstract conceptualisation

Reflective observation

7.7.2 Personal-level construct – Differing expectations

The first level of the hierarchy of needs in my study relating to seven-day practice education suggests that physiotherapy students need to feel safe and secure and that they are seeking approval to belong to the placement team. I propose that within seven-day practice education physiotherapy students have different expectations and perceptions to practice educators, as their understanding of how seven-day placements are conducted and delivered has been challenged compared to their knowledge of traditional Monday–Friday placements. Referring to Appendix 8.1.1 it can be seen that seven-day placements were offered on a voluntary or compulsory basis. The practice educators and physiotherapy students cited differing opinions about their choice to participate. When faced with a choice, physiotherapy students chose to participate in seven-day placements in order to belong, to demonstrate flexibility and adaptability and to engage with the practice of seven-day working. The reasons were personal:

The university suggested it would be good experience for us, it would look good on our CVs. (PTS 3, p. 1)

I chose to work the extended hours, I wanted more dedicated time with my educator, I wanted to be part of the team, I wanted to make a good impact, I thought if I appeared to be keen it would reflect on my assessment. (PTS 2, p. 3)

I volunteered to work weekends, I wanted to look keen, dedicated to my placement, to make a good impression, it may help my final mark. (PTS 1, p. 2)

The physiotherapy students appear to be demonstrating conformity. Conformity can be described as matching your behaviour or opinion to the consensus of a group (Deutsch & Gerard, 1955), and Yu and Sun (2013) explain that humans are highly susceptible to social influence and that individuals conform to 'fit in'. Cialdini and Goldstein (2004) refer to this as normative conformity. In this study, physiotherapy student participants who were given the choice to participate in

seven-day practice placements chose to partake due to the potential personal gains as it may assist in gaining respect from their educator, which may be reflected on their placement assessment or may help with future employability. I propose that this study has identified that a motivation to fit in and achieve plays an important role in the process of professional identity construction for physiotherapy students on seven-day practice placements. This concurs with work by Wasityastuti et al. (2018), who suggested that medical students were motivated to achieve from a personal need and this agreed with an older study by Burstein et al. (1980) who identified that medical students, when exposed to new situations, tended to be more achievement orientated in the first instance. In this study, the physiotherapy student participants have put their personal needs first and this concurs with Maslow's (1943) theory that a learner first needs to feel safe and secure in their learning environment. Also, work by Caza and Creary (2016) suggests that individuals in the construction of professional identity may initially utilise strategies or approaches to bridge gaps in different situations so to construct a subjective perspective of themselves in the different role.

Physiotherapy students identified a perceived lack of information from the professional body, academic institutions and placement providers, which can lead to a feeling of being kept 'in the dark' in respect to the notion of seven-day practice placements and seven-day models of service delivery (Section 6.4.2), although it has to be noted that the visiting tutors all identified that seven-day working is discussed prior to practice placements. This again relates to the basic needs that Maslow (1943) identified as requirements for meaningful learning: there is a need to be fully informed about the learning environment that physiotherapy students are entering. It could be viewed that these students entered the physiotherapy programme with a perception of physiotherapy practice that was unrealistic, as they had not fully understood the implications of seven-day placements on a personal level so were therefore not prepared to enter this practice.

This may link to another perception identified by my student participants: they suggested an opinion that their learning and development was hindered on a

seven-day placement (Section 6.4.1), which was of great personal concern for their education and pending degree qualification. Participants alluded to 'dropping off the learning curve'. On practice placements, physiotherapy students desire to attain the best assessment grade possible, and this is recognised in literature (Vuoskoski & Poikela, 2015). However, the inconsistent working patterns, transient teams and experience of multiple educators challenged the participants' perception of their ability to demonstrate clinical reasoning, caseload management and communication. This resulted in feelings that they were not excelling on the seven-day practice placement.

I propose that as a result of experiencing a seven-day practice placement, physiotherapy students may be describing a form of 'identity crisis'. The physiotherapy students have been confronted with the unexpected; experiencing a different model of practice education that on a personal level they did not feel adequately prepared for. An identity crisis can be understood to be a period of uncertainty which may impact on an individual's sense of identity due to a change process (Cherry, 2018). This study has highlighted that a change in practice education to a seven-day model has challenged the students' safety and security and as a result their initial thoughts, opinions and reflections on their experience of seven-day placements has mainly been concentrated on the impact it had on them personally, including their ability to demonstrate their capability to practice educators so to achieve the best placement grade they can. Fisher (2006) explains that learners can become accustomed to a sense of stability, which for my participants meant traditional Monday–Friday placements with a single educator, and the experience of seven-day placements may have unbalanced their developing professional identity. Beijaard, Meijer and Verloop (2000) suggest that in circumstances similar to these, the personal requirements overrule the practice and profession due to self-preservation. It is not to say that the learners became 'stuck' at this personal-level construct as the student participants were able to demonstrate reflective observation as part of Kolb's (1984) experiential learning cycle and were able to discuss how at a practice level there was a need to adapt to

change and share the learning they had gained as part of their developing knowledge, skills and behaviours.

7.7.3 Practice-level construct – Adapting to change

The physiotherapy students in this study appeared to be challenged by these changes in the delivery of seven-day placement and service provision. The students had to understand and adapt to this different experience of practice-based learning. They were demonstrating abstract conceptualisation as the student participants reflected that this practice is beneficial to patient care and the development of the profession and were now having to move beyond personal constructs as they began to consider the practice and culture itself. In nursing, Keller, Meekins and Sunimers (2006) describe this as ‘transition shock’. I suggest this can be applied in my study; physiotherapy students are having to learn how to address the challenges that seven-day practice placements bring so to diminish the gap of their previous experience of traditional Monday–Friday placements, or the reality that they were now facing. They were having to approach physiotherapy practice in another way, taking into account and working within the demands of this different experience. Kramer, Brewer and Maguire (2013) suggest that as individuals have to adapt to changes in practice it is worsened when there is an absence of support systems or that the preparation of the learners prior to entering practice did not reflect the ‘reality’ of practice which I highlighted in the previous section. This is true in many professions, not just physiotherapy, and is not a new concept (Benner, 1984; Coffey, 1994). The extent of such difficulties depends on the preparation physiotherapy students have received at both a practical level but also on a personal, emotional level.

As the physiotherapy student participants began to reflect upon their experiences and make sense of the practice of seven-day working beyond their personal needs, they began to relate to the authenticity of a situation. They were learning how to be a physiotherapist in this transitioning practice. Caza and Creary (2016) suggest that this is a stage in professional identity construction in that individuals will begin to understand and adapt to a different professional environment. Ibarra (2009)

supports this by explaining individuals may transition from personal needs to understanding and appreciating the context and the processes of practice and the effect this may have. It is participation in a situated and authentic learning process that allows us to 'define who we are by the ways we experience ourselves through participation as well as by the ways we and others reify ourselves' (Wenger, 1998, p. 149). However, my concern is that physiotherapy education providers have not evaluated the situation of seven-day practice placements; Young (1993) recommends that practice placements should be carefully planned, guided and evaluated. Therefore this study brings to the forefront developments and concerns that will allow the profession to assess seven-day practice education as a community of practice that provides a situated learning experience that is realistic and may provide guidance to assist others. I propose that there needs to be more focus on the community of practice that focuses upon the uniqueness and challenges of inconsistent working patterns experienced within a seven-day model of working. In this study the participants reflected that, as they learnt to deal with the new situation of seven-day practice placements, they did begin to develop a different understanding of the practice and the profession as they acquired different skills and knowledge (Section 6.6.1). This study reflects that a seven-day model of practice education is a valuable learning experience for physiotherapy students. It is my interpretation that participants of this study began to consider ontological aspects alongside epistemological knowledge; they began to see other 'ways of being' that may be beneficial to the construction of their professional identity; they moved beyond personal needs to understanding the practice. This may have been an unconscious development, as Freud (1915) suggests that our unconscious mind can influence individuals' behaviours and experiences. The process of professional identity formation meant that physiotherapy students in this study were, either consciously or unconsciously, working out how to balance their personal identity, their educational identity and clinical identity; learning skills and knowledge that they can take forward into professional practice as an autonomous practitioner as a result of experiencing seven-day placement practice.

7.7.4 Professional-level construct – A transformative process

In Figure 12, the final level in my hierarchy of needs relating to the development of a professional identity in a seven-day model of physiotherapy education describes the development of professionalism and professional values by my student participants. In this study, through experiencing seven-day placements, student participants felt that they had become more confident, rounded individuals who had a greater understanding of the MDT, team working and felt more prepared for working life, like they were 'one step ahead' (Section 6.6.1). The student participants described having raised self-esteem, a positive self-image and the belief that they could become a physiotherapist in a seven-day model. Miller and Cable (2011) explain that the development of the professional self is contextually situated within the workplace and that how we see ourselves in a new situation is directly correlated with developing a future perspective and professionalism. In this study, this was also reflected by practice educators who felt that students who had encountered seven-day working might be more employable as they had a better insight into clinical practice. In the context of seven-day working patterns, practice educators felt physiotherapy students saw the bigger picture and saw how, as individuals, they could make an impact on patient care and promoting the profession of physiotherapy. Studies demonstrate that physiotherapy students gain the most valuable knowledge about future employment from practice placements including gaining a more holistic approach (Duffy et al., 2004), aiding self-confidence (National Audit Office, 2001) and an increased self-belief (Hilton & Morris, 2001). Nybo (2004) advocates that recruitment of new graduates is conducted in accordance to the skills and knowledge required by the workplace and must match the complex challenges of the workplace, which may include inconsistent working patterns and the challenges this brings in seven-day practice. Mezirow (2003, p. 58) describes this transformative process as 'learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open, and emotionally able to change'. Relating this to practice education, when faced with a new situation, physiotherapy students have to reconsider their beliefs in a way that will fit this new experience into the rest of

their worldview. Relating this to Kolb's (1984) experiential learning cycle it may happen through reflective observation and abstract conceptualisation in the context of dialogue with other people, or the community, such as the practice educator, HEI or professional body. In this study I feel that the physiotherapy student participants were able to discuss their experiences as part of the research interview as they were asked to consider how things made them feel, what the experience meant to them and how the experience may be utilised in the future. I feel this was occurring through active experimentation; this is where they may reflect on their experiences of seven-day practice placements and apply their learning in practice on qualification. It has been highlighted by the King's Fund (2015) that there is a need to focus on re-training or re-assigning the current workforce so that they have the skills needed to deliver new models of care. Additionally, to an extent, the CSP, as the professional body, will also play a role in ensuring information supplied is accurate and up to date. Learning occurs when we engage in learning and negotiate and renegotiate the meaning of our experience (Wenger et al., 2002). Over time this interplay creates a social history of learning. I feel physiotherapy is still developing this community of practice as service delivery transitions with the introduction of seven-day working and extended hours.

7.8 Chapter summary

This chapter has explored the role of pedagogy of seven-day practice education in physiotherapy. I suggest that seven-day practice placements within physiotherapy are an influential experience for learning, although it has to be acknowledged that there are many barriers and challenges to be considered. While the boundaries of learning have changed with the introduction of inconsistent working patterns, this has influenced and changed participants' values and beliefs through a process of experiential learning and reflection, and I propose that this may have contributed to the construction of individual professional identities that have personal-, practice- and professional-level constructs that relate to a hierarchy of needs. The physiotherapy students have gained insights into a new aspect of healthcare; they have formed and transformed their identity as they have created different ways of

knowing and being. Barnett (2009) suggests that if these concepts of being and becoming are embedded in practice it will underpin a student's journey to becoming a new self. From this perspective, becoming a physiotherapist in a model of seven-day working is a continual and dynamic process of reconciling who we are as learners, educators and providers of physiotherapy education, what we think we know about practice education and discerning what we think we should know, so as to create a future workforce that is fit for purpose.

In the next chapter I utilise the concept of communities of practice so to gain a better understanding of practice education in a seven-day model, as it is a perspective that locates the learning: the relationship between the person and the world (Wenger, 1998), and it may offer new insights into this developing model of practice education.

Chapter 8 – Through the lens of community of practice – understanding the implications to physiotherapy practice-based education in a seven-day model

8.1 Introduction

Physiotherapy education is a complex transformative process of socialisation into the culture and profession of physiotherapy (Higgs et al.,2012). It involves personal and pedagogical considerations, values, beliefs and theoretical perspectives (Higgs et al., 2012). I have identified that practice education, when hosted in a seven-day model, has been challenged by the inconsistent working patterns, even though it provides an authentic learning experience in contemporary healthcare. In this chapter I consider the people, the practice and the pedagogy to explore the influence this study may have on the future provision of physiotherapy practice-based education in a seven-day model.

I have used the concept of communities of practice as a theoretical lens. According to Clancey (1995, p. 54), ‘the framework of a community of practice can be used as a way to explain what we know about a practice and what we need to do to accomplish more within that practice’. In Chapter 2, I suggested that the concept of legitimate peripheral participation offers a perspective enabling us to review the relationship between physiotherapy students (the newcomers) and practice educators (old-timers). Wenger (1999, p. 4) suggests that peripheral participation is ‘an encompassing process of being active participants in the practices of social communities and constructing identities in relation to these communities’. This lens has allowed me from a pragmatic perspective to consider the provision of practice education in a seven-day model so to offer suggestions to the challenges identified by this study. It was also my final research aim to consider how this study may inform and influence future physiotherapy practice education.

8.2 Legitimate peripheral participation in seven-day physiotherapy practice education

In physiotherapy practice education, physiotherapy students start their placement as peripheral members in the community of practice as they lack the necessary community-specific knowledge that would allow them to participate in a more central way. This is true for all practice placements in physiotherapy as students are seeking to apply theoretical knowledge taught at university to practice gained through exposure and experience in the clinical setting (Thomson et al., 2014). As the learner acquires unique knowledge relating to the community through collaboration, interaction and engagement with other members, they move from being an outsider towards becoming a member and legitimately participating in the community (Lave & Wenger, 1991).

In this study, legitimate peripheral participation has been demonstrated by the physiotherapy students through their shared experience and the construction of their professional identity (Section 7.7) as they moved through personal, practice and professional constructs. Physiotherapy students joined the community of seven-day practice education on the periphery; an area highlighted by this study was the physiotherapy students' personal needs and well-being, as demonstrated in the hierarchy of needs (Figure 12, p. 187). Lave and Wenger (1991) assume that learners have a legitimate role in the community and that they need to immerse themselves in the culture of a community of practice, which requires adapting to the same beliefs, values and language. In the next section, utilising the findings of this study, I consider the legitimacy and engagement of physiotherapy students on seven-day placements.

8.2.1 Legitimacy of physiotherapy students on seven-day placements and how they engage within the community

Placements form a significant portion of the education pathway for physiotherapy students (Thomson et al., 2014). The participants in this study were all invited to participate in seven-day practice placements by the placement hosts and practice

educators, while being supported by the academic institute, so could be deemed as legitimate members of the community. However, Lave and Wenger (1991) suggest that legitimacy also requires the newcomers to understand the underlying 'rules' and culture of the community. Findings from this study suggest that physiotherapy student participants were not fully aware of the concept and culture of seven-day working in physiotherapy and therefore were unaware of the underlying 'rules' and culture of a seven-day working community. I recognise that this isn't surprising as this is a transitioning model of practice education; the students were challenged by unforeseen inconsistent work patterns and how these impacted on their learning and development. These findings differ from the concept of legitimacy as viewed by Lave and Wenger (1991). For participants in this study, the boundaries of the community of practice have changed from their previous experience of traditional Monday–Friday placements. The unexpected inconsistent work pattern may impact on the students' ability to move from the periphery to the centre as a legitimate member of the community as they first had to gain a clear perspective of the community that they were entering.

In Chapter 7, I proposed that physiotherapy students may have differing expectations about seven-day practice placements due to a lack of knowledge, awareness and information regarding the structure and delivery of these placements. These building blocks of how seven-day practice placements are delivered had not been cemented together by the members of the community; practice educators and hosts did not always maintain up-to-date information of the nature of their placements. The CSP website lacked information regarding seven-day working, and despite discussing it at university, physiotherapy students did not fully understand the impact it may have on their placements. This was reflected in the construction of the student participants' professional identity as they were unable to reflect upon the practice constructs until they were able to rationalise personal constructs, as highlighted in Section 7.7.

Student participants were not alone in having differing expectations based on previous experience of a seven-day model. Each separate stakeholder in this study of seven-day practice education was beginning to make changes to their own practice, but they had not come together as a community to share this. It appears that the main reason HEIs and practice educators were moving towards seven-day practice education was to prepare physiotherapy students for practice. For example, in this study, practice educators explain that a reason for delivering seven-day placements was to emulate real life, to prepare students for practice. Similarly, the university tutors' focus was the development of students in respect of professionalism and preparedness for practice. Practice education utilises a number of learning theories including situated, experiential and social learning theory, all of which highlight the importance of the interface between the learner and the environment (Kolb, 1984) and that to constantly improve the learning process all stakeholders should be aware of the learning opportunities and experiences available to them (Serdyukov, 2017).

Richter et al. (2010) report that exposure to stressful environments can be lessened if individuals are more aware of new situations that allow them to develop personal coping strategies alongside situational support from HEIs and practice educators. Similarly, Berger (2000) suggests that students who are aware of learning environments or situations will more easily adjust and will be able to better cope with unexpected circumstances such as the inconsistent working patterns experienced on seven-day placements. I therefore propose that a significant finding of this study is that the stakeholders of physiotherapy practice education can support legitimacy of physiotherapy students into the community of seven-day practice education through improved mutual engagement of the community of practice. I propose that by having an increased awareness and improved communication of information and the culture of seven-day practice placements by stakeholders, it may support legitimacy of a physiotherapy student entering a seven-day practice education community, and this may influence future seven-day physiotherapy practice education as physiotherapy students would be more aware

of the 'house rules' and culture of seven-day practice placements. This can be considered through the concept of promoting mutual engagement as stakeholders need to create a common understanding of seven-day practice placements so to allow legitimate participation.

8.2.1.1 Promoting mutual engagement

Mutual engagement is the basis for relationships necessary to the functioning of the community of practice (Pyrko, Dorfler & Eden, 2017). It involves regular interaction of the members, who negotiate meaning of practice within the community (Diller & Moule, 2005). Simple strategies for promoting mutual engagement for seven-day practice placements could include updating the CSP, NHS careers and university websites. Information needs to be updated regarding seven-day working so potential therapists are fully informed regarding their career choice. Universities and placement hosts could also share experiences and suggest future opportunities for seven-day practice placements at practice education study days as my preliminary investigations highlighted that practitioners had many concerns regarding the delivery of seven-day placements. Physiotherapy students already reflect and share their experiences with peers at university as part of placement preparation (Moore et al, 2003). This practice is valued by less experienced physiotherapy students and may alleviate concerns regarding seven-day placements if the impact of seven-day working and the associated inconsistent working patterns are discussed among peers. Students could then confer and share strategies that they developed and discuss how it may work for others. In Australia (Nash et al., 2009), to aid the transition of nursing students into practice, nurse educators formed a partnership programme focussed on the development of resources for both the students and practice educator. This is supported by Henderson et al. (2006) who utilised a model of 'partner, learn, progress' that considers how peers can be used to facilitate and provide opportunities for learning and knowledge development for practice placements. Partnership working may enable physiotherapy students to transfer and build upon their learning into the context of seven-day practice placements and requires further investigation.

Another straightforward resolution is to ensure that universities and placement sites maintain an up-to-date database regarding placement hosts so students attending those placements are fully aware of the working patterns before they commence as participants of this study highlighted that some were not correct at the time of their placements.

The inconsistent working patterns experienced on seven-day rotas cannot be changed, but being informed and prepared for physiotherapy students can be achieved. HEI's and practice educators need to consider what they themselves can do to alleviate the impact of inconsistent working patterns experienced on seven-day practice placements. This requires further exploration to establish what practitioners are doing in practice and how they have changed their own practice so to accommodate this transitioning practice. If these experiences are shared and utilised to inform physiotherapy education curricula, future students may, when entering a seven-day placement, enter as a more informed and legitimate member of that community.

Lave and Wenger (1991) describe the second component after legitimacy to be peripheral participation. They explain that newcomers' ways of being involved and learning are developed over time as they are drawn into the centre of mature, experienced practice through engagement, interaction and acquisition of knowledge and skills (Figure 7, p. 77). In the next section I will frame my discussion utilising the perspective outlined by Lave and Wenger (1991) as it will allow me to view learning that is closely linked to the context of seven-day practice placements and occurs through participation and active engagement. I will also make suggestions for future practice.

8.2.2 Promoting peripheral participation of physiotherapy students on seven-day placements

This study has identified that there are obstacles to achieving full participation for physiotherapy students on a seven-day placement, which can be attributed to inconsistent working patterns. I offer this finding as a significant contribution to physiotherapy practice education. Utilising the findings presented in Chapters 6 and 7, I will now consider the pathway taken by physiotherapy students towards gaining full peripheral participation in a seven-day model of practice education, and from my pragmatic stance I will make suggestions for practice.

When I considered the construction of professional identity in Chapter 7, I proposed that student participants showed signs of 'transition shock' as they underwent the process of abstract conceptualisation, which is the course of making sense of what has happened (Kolb, 1984). The physiotherapy students in this study were beginning to interpret what had happened to them in relation to participating in a seven-day practice placement, what they had experienced and how it may impact their future career and further development. They are interpreting the phenomenon of seven-day working and making comparisons between what they have experienced compared to what they expected before the placement. They are reflecting upon this experience to form a practice-level construct. The exposure to inconsistent working patterns within this study has raised perceived concerns that relate to practice; physiotherapy students describe struggling to manage caseloads effectively, conduct efficient handovers and articulate clinical reasoning compared to their experiences on traditional Monday–Friday placements, with which they were more familiar. These obstacles may hinder the pathway of the physiotherapy student from the periphery of a community of seven-day practice education to achieving full membership. To promote peripheral participation, Wenger et al. (2002) suggest promoting joint enterprise. It is a crucial element for an effective knowledge structure within a community of practice as it reflects a time to be, that is, learners internalising and making sense of what they see in order to reproduce the behaviour themselves (Bandura, 1977). Joint enterprise refers to a process that

maintains the existence of the community of practice (Wenger, 1998). It is not merely about sharing goals but is a negotiated enterprise involving mutual accountability (Wenger 1998).

8.2.2.1 Promoting joint enterprise

Drawing on my findings, I propose that joint enterprise needs to be facilitated so to consolidate the practice and pedagogy of seven-day physiotherapy practice education. An effective approach to delivering practice education in a seven-day model may require a repertoire of different strategies and techniques to create the right conditions for learning and to promote peripheral participation. Practice education can be aligned to the theory of situated learning; physiotherapy students need to feel more prepared for this transitioning practice and supported to think about the professional they are becoming. Becoming reflects the process of rapid and significant change that occurs in their journey from physiotherapy student to an autonomous practitioner (Barnett, 2009). This is the core concept of practice education and is interlinked with skills and knowledge, expectations, cognitive demands, expectations and learning resources (Congdon, Baker, & Cheesman, 2012) which all assist in gaining competency and capability in clinical practice (Thomson et al., 2014). Participants in this study identified that participating in seven-day practice placements was challenging due to encountering inconsistent working patterns and changing team dynamics as it was less fluid compared to other placements they had experienced. This concurs with Ebright et al. (2003) who suggest that complex work situations are influenced by both human and environmental factors including unpredictability and ambiguity. It is therefore recommended that students have opportunities to learn about resilience strategies, so individuals can demonstrate flexibility in adapting to variation in education models (Biro, Veres-Balajati & Kosa, 2016).

Resilience is an emotional competence and allows individuals to develop strategies to be able to deal with life and work events and as such facilitates professional and personal growth (Tempeski et al., 2012). A US study by Downs (2015) suggests that a

resilience curriculum for physical therapy students provides learners with coping strategies to protect against stress and possible adversity as do Stephens et al. (2017) in nursing. Strategies already utilised in health education to facilitate resilience include role plays, simulation, video feedback, reflection on practice, portfolios and mentors (Tempski et al., 2012). But how can we teach and learn emotional competencies such as resilience in seven-day practice education? Referring back to findings identified in Chapters 6 and 7, the findings of this study highlighted that there are four significant considerations for physiotherapy curricula that may promote resilience so to facilitate joint enterprise within seven-day practice placements and allow physiotherapy students to be an active participant and learner as a result of the impact of transient teams and inconsistent working patterns:

1. Improving communication in transient teams
2. Improving communication to enable peer support
3. Improving caseload management in transient teams; creating a handover tool
4. The challenges of clinical reasoning in transient teams

These are considered in more detail in the following sections. Alongside my research findings, I have utilised literature from other studies to assist myself in making pragmatic suggestions for practice.

- **Improving communication in transient teams**

Research into transient teams stresses the importance of effective communication and creating 'normative actions' or standard ways of working (Marshall-Lee, 2018). This creates trust and guides a team's performance along with early beliefs that other team members are trustworthy, allows teams to cope with the inevitable setbacks and leads to higher team performance (Esteva, Padget & Sierra, 2002). For physiotherapy practice education these could be considered as work, communication and consideration norms. Workplace norms can help create a feeling of security, provide information and provide orientation into a team

(Dauber, 2008). These can include communication norms, which can be both functional and focus on results, or expressive so to build social support systems (Sheridan, 2007). The final norm is that of consideration. These are described as expectations that are centred on being considerate of members' well-being and should be flexible and changeable according to the individual and situation (Perko, 2017). I now consider how these norms could be incorporated into seven-day physiotherapy practice placements.

➤ Work norms

Work norms are aimed at helping the team achieve their individual and collective tasks. They may also include agreements about how team members will work with one another and how the group may work overall (Dauber, 2008). In seven-day physiotherapy practice education they may include: how caseloads are prioritised and distributed, how these are made explicit to team members including students, how caseloads are managed and how caseloads are handed over from one day to the next to ensure continuity of care. It may ask the question of who is the team lead for the day, who has ultimate responsibility for the physiotherapy student on a daily basis and how this is communicated to the learner so that the team are all aware.

➤ Communication norms

Successful teams are also achieved by recognising the importance of cultivating healthy working relationships by creating and following communication norms. For physiotherapy students when participating in a transient team on a seven-day placement this could include: when should communication take place and through what medium to ensure continuity of patient care and also in regard to student feedback and assessment.

➤ Consideration norms

For seven-day physiotherapy practice education this could be: how can norms be changed if someone is not comfortable with what is going on in the team? How

may the work norms change according to service needs beyond the placement speciality team? For example, at weekends the physiotherapy department may see patients on a prioritisation basis, so students may work outside the boundaries of their placement speciality. Will there be times when students need to observe due to staffing or time constraints? Are there plans or guidelines in place if weekend working and prioritisation is different to weekday working?

These work, communication and consideration norms described are just suggestions that I have proposed in light of this study and also my own experience as a practice educator and act only as a guidance to others to consider, to aid the pathway of physiotherapy students into a transient team experienced on seven-day placements.

Marshall-Lee (2018) also suggests that another solution to improve communication is to utilise online tools. For physiotherapy these may provide platforms to share information, teaching sessions and resources and conduct chats and discussion when the individuals' rota patterns do not match, whether this be peer support between students or when a multiple-educator approach is utilised to ensure effective and timely discussion of students. Marshall-Lee (2018) advocates that this is particularly important for fast-paced, transient teams, which could be relevant for seven-day physiotherapy practice education. Although my study did not identify technology as an alternative approach to communication within seven-day practice placements, it may be that the transition to seven-day practice education could be a catalyst to increase the use of both information and communication functions of learning technologies as part of practice education due to the issues of inconsistent working patterns. Boulos and Maramba (2006) feel that if web-based education is effectively deployed it could enhance the learning experience of students and deepen levels of learner engagement and collaboration within digital learning environments. The current generation of physiotherapy students – the millennials – grew up in an electronics-filled and increasingly online and socially networked world and so are comfortable with this medium as a form of communication (Agrawal, 2017). While technology is increasingly used with academia (Maag, 2006,

and Blackford, McAllister & Allison, 2015), this has not yet translated into practice education (Sevenhuysen et al., 2015). Nevertheless, technology and online communication is not without drawbacks and potential technical problems that can spoil users' overall experiences (Gray & Tobin, 2010). In this study, PPE 5 (p. 7) advocated the use of written feedback between students and multiple educators to ensure consistency; this is an example of where an online tool could be developed to facilitate this communication process and requires further investigation. In addition, technology could be considered to improve peer support on seven-day placements.

- **Improving communication to enable peer support**

In Section 7.5.1 it was highlighted that peer support was made more difficult due to working patterns not coinciding with peers, and this led to feelings of loneliness and isolation. In the absence of the ability to conduct face-to-face peer interventions, online forums have been utilised successfully in medicine (Makoul et al., 2010), nursing (Roehm & Bonnel, 2009) and information management (Hou, 2012) to enable active engagement and peer learning and support among students. In occupational therapy, Daniels (2010) investigated the use of an online discussion board for students during practice placements. Although not all participants actively participated, it was still found to be beneficial in promoting reflection and learning. Further recommendations were made to ensure tutors facilitated academic discussions so that collaborative learning occurred and social interaction was kept separate. Online forums have been used in physiotherapy, and Clouder and Deepwell (2004) summarised that the online discussion forums provide a 'holding environment' for students while away from the university on professional practice placement, which is clearly beneficial in terms of support and validation. However, in this study none of the participants reported the use of online forums to facilitate peer support and peer learning. The use of online forums could be considered as an alternative learning opportunity in order to manage reduced face-to-face peer support encountered on seven-day placements, which in turn may combat the anxieties around reduced peer support and isolation.

- **Improving caseload management in transient teams; creating a handover tool**

This study has identified that with the introduction of seven-day working and inconsistent working patterns, physiotherapy is having to move away from individual relationships with patients and towards a 'management continuity' as proposed by Freeman and Hughes (2010). The participants of this study identified that patient care is now conducted as a team due to inconsistent working patterns and the physiotherapy students reported a feeling of a 'loss of ownership' of their caseload. A student participant suggested that a comprehensive handover may alleviate some of these difficulties (PTS 4, p. 18).

According to the World Health Organisation Collaborating Centre for Patient Safety Solutions (2007), healthcare organisations should implement a standardised approach to handover communication between staff at a change of shift and between different patient care units in the course of a patient transfer. Handover or transfer of care is defined here as:

'the handover of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group, on a temporary or permanent basis.' (Bhabra et al., 2007 p. 300)

Studies have identified clinical handover as a high-risk scenario for patient safety (Wong et al., 2008). Research describes the dangers and consequences of poor handovers, highlighting discontinuity of care, adverse events and legal claims of malpractice (World Health Organisation Collaborating Centre for Patient Safety Solutions, 2007). There is also the human cost: the distress, anxiety and loss of confidence felt by patients, clients and their families, and by staff too (Quality Improvement Clinic, 2016). In nursing, handover is an age-old tradition and staff on every shift must receive a description of every patient's status to ensure continuity of care (Scovell, 2010). Also, in paramedic practice, Shah, Alinier and Pillay (2016) and Loseby, Hudson and Lyon (2013) suggest that standardisation of the handover contents and processes has been shown to prevent errors and omissions and can

improve the handover process for paramedics when transferring patients to hospital care. In recognition of inconsistent working patterns associated with shift work, the BMA (2002) and Royal College of Surgeons (2007) have devised guidelines to aid medical staff in the handover process as they feel effective communication lies at the heart of good patient care. Additionally, the BMA (2002), Royal College of Surgeons (2007) and RCN (2012) all advocate the need for a standardised handover as a crucial component of providing quality care when staff participate in different work patterns. The Quality Improvement Clinic (2016) concurs that handovers should be standardised and streamlined as they improve quality of care and productivity.

In my study, no concerns were raised regarding patient safety in the absence of a handover. Instead this research highlighted that due to inconsistent working patterns, there was a need for comprehensive handovers between clinicians and physiotherapy students to ensure continuity of patient care and also to ensure that physiotherapy students felt informed and up to date regarding their patients' status so as to aid caseload management and clinical reasoning and improve their learning experience of a seven-day placement. Participant PTS 4 expressed a desire to have a written handover and stated that it should be a two-way process between practice educator and student. This concurs with the concerns raised by the CSP (2014, p. 6) regarding the transition to seven-day working:

One of the key risks associated with complex work patterns is that appropriate handover and record keeping takes place for the sake of patient safety, service quality and efficiency. Suitable processes should be in place to facilitate handover between staff on different work patterns as well as consideration of high-quality integrated patient records. Continuity of care for patients is essential and every effort should be made to maintain the efficacy of treatment and professional standards across seven days.

An implication of my findings is that there is a need for physiotherapy education programmes to help prepare physiotherapy students for the challenges

encountered in a seven-day practice education model by developing handover skills that involve 'working in a different way', learning how to cope with 'picking up' caseloads after rostered days off, learning to manage the caseload as a team rather than as an individual, and what it means to be a physiotherapy student in this complex and challenging situation. One consideration is the utilisation of simulation training; Acharya, Thomas and Hellaby (2017) reported significant improvements in participants' confidence and skills following teaching and simulation sessions for handover training in junior doctors, as did Siah et al. (2015) with medics on an acute medical unit. It may be useful for seven-day physiotherapy students to practise managing a caseload over inconsistent working patterns so they can practise handing over and receiving information about patients, as participants of my study reported difficulty in 'picking up their caseloads after rostered days off'. Bucciariarelli (1996) advocates that education should involve thinking and working across different perspectives and different communities, and that it should involve negotiation. Therefore, should physiotherapy handovers be standardised and streamlined between HEIs and placement providers to allow for continuity? If physiotherapy handovers were standardised it would then be transferable as the physiotherapy students move from placement to placement and then into a qualified position. Further research could be conducted to design, implement and evaluate the use of a handover for practice education in a seven-day model of working to analyse the impact it might have on the physiotherapy students' experiences and ability to manage a caseload in this seven-day working pattern.

- **The challenges of clinical reasoning in transient teams**

Physiotherapy students in this study brought with them some notion and understanding of clinical reasoning gained at university or on Monday–Friday placements that initially underpinned their being a physiotherapy student on a seven-day practice placement. However, this seven-day model of education exposes individuals to change, and it creates different challenges for the process of clinical reasoning due to inconsistent work patterns and team management of a caseload (Section 6.5). This resulted in a perception that the student participants

were not able to demonstrate their clinical reasoning skills effectively to practice educators, and also on a personal level it dampened their experience of seven-day placement as the student participants shared concerns that this may have impeded their learning and development. No two moments in clinical practice are ever the same (Grosz, 2004), and according to Higgs et al. (2018 p. x), 'practitioners must continually engage in a critical practice model that maintains a critical view of transitioning practices along with continual questioning of that clinical reasoning'. Dall'Alba (2009) describes how exposure to these differing experiences and practices, which may be positive or negative, can become a resource for students in becoming a professional. However, a seminal study by Gray (1968 p xxi) explains that there can be a 'struggle' between openness and resistance to new ways of knowing and acting, which is evident in my study. Student participants reported that they did not have the same level of understanding as qualified practitioners so were unable to quickly make associations to understand how their caseload had changed during their rostered days off. These findings support those of other studies within physiotherapy; Charlin, Tardiff & Boshuizen (2000) suggest that as novice practitioners, physiotherapy students do not have the previous experience to enable them to automatically integrate information, so they tend to work through distinct and explicit 'thinking steps' in a more fixed pattern, and May et al. (2010) suggest that they do not have the necessary social engagement skills to gain information from handovers, other clinicians, medical notes and the patients themselves. Case, Harrison and Roskell (2000) postulated that novice or student practitioners lack the necessary storage and retrieval of knowledge that impacts on problem solving and clinical judgement. This relates to all physiotherapy students on clinical placements as it is expected that physiotherapy students develop clinical reasoning skills while on placement as they learn to integrate professional knowledge, practical skills, clinical experience and pattern recognition so to allow them to form a structured yet flexible approach to decision-making in the clinical setting (Wijbenga, Eerdts & Driessen, 2018). In this study, my interpretation is that physiotherapy students did not have the skills or strategies to cope with multiple physiotherapists being involved in a patient's care and managing a caseload on a

shared basis, as participants also explained that the patient's situation had altered during their rostered days off, and other therapists had been involved and potentially changed the treatment plan. This was something physiotherapy student participants had not experienced before during academic studies or on other practice placements.

The findings of this study suggest that there could be a greater emphasis on educational strategies as part of university curricula and by practice educators to discuss the impact of clinical decision-making in respect of inconsistent working patterns and transient teams alongside the need for effective handover and communication strategies. This concurs with Wijbenga, Eerdt and Driessen (2018) who suggest that physiotherapy education programmes should aim to prepare physiotherapy students for their clinical placements in terms of expectations and work schedules. Higgs et al. (2018) also support this by advocating an emphasis on narratives, language and culture and utilising a more team-based approach including shared decision-making with other professionals. However, research by Bowen (2006), Cutrer, Sullivan and Fleming (2013) and Norman (2005) suggests that the learning of clinical reasoning can only take place to a certain extent within the academic curriculum as its application is bound to real-life contexts, and that learning is triggered by authentic practice education experiences such as a seven-day model of working. However, according to Wijbenga, Eerdt and Driessen (2018) it remains unclear how the clinical learning environment facilitates or inhibits physiotherapy students' development of clinical reasoning skills, and from this study I propose that further research is required to understand how clinicians have adapted their own practice to meet the challenges of seven-day working and how this can be translated into practice education. Yardley, Teunissen and Dornan (2012) suggest that to a certain extent clinical reasoning skills are accrued through repetition while exposed to clinical practice, as this gradual increasing of exposure is based on experiential learning and participation, but for this to occur the learning environment and educator must be supportive (Dornan et al., 2014) and share their own clinical reasoning. By doing this, practice educators will be exposing tacit

knowledge, which according to Polanyi (1966) is the application of implicit knowledge specific to the situation or context. In this study, practice educators did not raise any concerns pertaining to the impact of inconsistent work patterns and transient teams so may not have altered their approach to facilitating clinical reasoning as they were unaware of the student's anxieties. Edwards et al. (2004) suggested that there are a number of clinical reasoning strategies in physiotherapy including: diagnostic, procedural, interactive, collaborative, predictive and ethical reasoning. These are required so individuals have the ability to apply the necessary strategies in a diverse range of thinking and action in a variety of tasks and situations, but still relate to the complex nature of clinical practice. I therefore recommend that further research is required within seven-day physiotherapy practice education to investigate the use of experiential learning and clinical reasoning strategies within physiotherapy education and practice placements to improve clinical reasoning skills and strategies in preparation for the inconsistent working patterns encountered. But first, exploratory research is required to examine what specific clinical reasoning cues, skills and strategies are required for inconsistent working patterns experienced within a seven-day model of working.

8.3 Supporting legitimate peripheral participation through seven-day practice placements

In the previous sections I have focussed on the challenges that were shared as a result of experiencing seven-day practice education and made suggestions of how legitimate peripheral participation can be promoted through mutual engagement and joint enterprise within a community of practice. However, from a situated perspective, the participants of this study identified different ways of knowing as a result of experiencing seven-day placements. Therefore a significant finding of this study is that certain components of a seven-day placement in physiotherapy can be understood as enhancing peripheral participation within a community of practice as learning has occurred through social interactions or shared repertoire for both the individual and the community.

8.3.1 Promoting shared repertoire

Within a community of practice a shared repertoire is developed over time and concerns the common concepts that members use to negotiate meaning and facilitate learning and development within the practice (Li et al., 2009). It is about knowing what others know, what they can do and how they can contribute to the community of practice (Wenger, 1998). This research study, which has included stakeholders of physiotherapy practice education (students, educators and academics) who have all shared their experiences so are beginning to create a shared repertoire of this phenomena as highlighted in Chapters 6 and 7 as I, in accordance with Wenger (1998), have assessed and interpreted the experience in relation to physiotherapy practice education in a seven-day model. I have proposed that physiotherapy students' professional identity is undergoing a transformative process as they reflect upon their experiences of seven-day practice placements and begin to negotiate their own interpretation and meanings of this experience beyond the initial objective view of competence and assessment from a personal and practice perspective. The physiotherapy student participants were beginning to make meanings of this phenomenon; physiotherapy students felt that a seven-day placement reflected real life and that they had gained additional skills and knowledge, and practice educators confirmed that physiotherapy students gained a better understanding of the workplace and of team working.

This research therefore suggests that participating in seven-day practice placements prepares physiotherapy students for authentic healthcare practice through peripheral participation. The process of becoming within social learning theory reflects this process (Barnett, 2009). It emphasises learning to participate fully and actively in society and will affect future generations of therapists and the development of the profession itself (Higgs et al., 2012). It could be interpreted that physiotherapy students who have experienced seven-day practice placements are describing their encounter as situational learning as they reflect upon practice context, physical setting and social interactions. Learning is occurring by actually participating in the practice itself which is different to previous experiences of

traditional Monday–Friday placements, and they are gaining more than the simple acquisition of propositional knowledge; they are learning from experience, they are achieving legitimate peripheral participation.

8.4 Chapter summary

Physiotherapy students joined the community of seven-day practice education on the periphery, a primary concern being their own personal development and the need to achieve and ‘pass’ the placement. However, as they began to consider the impact of seven-day working patterns, which are inconsistent, they began to consider the practice itself and how it can add to their development. In moving towards full participation, the physiotherapy students have faced these challenges of seven-day practice education, their previous knowledge, values and beliefs have been challenged by the community and I have suggested strategies to promote how this could be improved through mutual engagement and joint enterprise. However, there has been acknowledgement of the social process of learning through a shared repertoire as they began to consider the professional constructs of their professional identity and how their participation allows them to belong to the community, to be and become a physiotherapist in seven-day service delivery.

To summarise, from a pedagogical perspective, physiotherapy practice education in a seven-day model does offer a unique learning opportunity in an authentic and relevant context which assists in preparing physiotherapy graduates for future practice through legitimate peripheral participation. This study has also highlighted that the construction of a professional identity within seven-day practice placements is complex but can be linked to personal, practice and professional constructs; however, I propose that there are further potential pedagogical approaches to seven-day practice education that require further consideration. I have utilised the lens of communities of practice to frame these suggestions:

1. There is a need to promote mutual engagement within the community of practice to ensure legitimacy. Stakeholders of practice education need to

come together to communicate and collaborate more effectively. There is a need to promote and educate about this transitioning model of service delivery and practice education to potential and existing physiotherapy students so that physiotherapy students have a clear vision of the culture and values of the community of seven-day practice.

2. Seven-day practice education in physiotherapy needs to be further explored to promote peripheral participation. A joint enterprise needs to be facilitated to support and prepare physiotherapy students for this model of working. This study has highlighted the need to share coping and resilience strategies for participating in transient teams, managing caseloads and the need for a comprehensive handover.

3. This study is beginning to create a shared repertoire of seven-day practice education which facilitates peripheral participation. In order to further explore, develop and facilitate the phenomenon of seven-day practice education in physiotherapy, physiotherapy students, practice educators, education providers and the professional body require the opportunity to explore and reflect upon the experiences of seven-day practice placements from an individual and collective perspective. Providing opportunities to come together as a community and articulate ideas is one strategy to enhance the development of the provision of seven-day practice placements and the physiotherapy profession of the future.

In the next chapter, I reflect upon the research design and summarise issues of rigour, resonance, reflexivity and dissemination of the study, and I reflect on my journey throughout the doctoral process.

Chapter 9 – Critical reflections on this research study

9.1 Introduction

In this chapter, I include critical reflections on the research design and summarise issues of rigour, resonance, reflexivity and limitations of the study. Dissemination of the findings is also explored and I start by reflecting upon the implications to my own practice as a practice educator who delivers seven-day practice placements.

9.2 Reflections and implications to my own practice

As a practice educator myself, and a pragmatic physiotherapist, throughout this research process I have continuously evaluated my own practice. As a provider of seven-day practice placements, I have reflected and acted upon the operational component of organising and delivering placements over a seven-day period that was highlighted by the three themes identified in Chapter 6. I considered each of the barriers and challenges identified and have tried to adapt and include them in my own practice where possible. Table 6 summarises all the key elements that I now consider when planning and hosting a student placement in a seven-day model as a result of this research study and previous experience as a practice educator. This may be a useful checklist for other practice educators hosting seven-day placements from an operational perspective. Additionally, the importance of a productive, succinct handover has been identified in my study to aid caseload management and clinical reasoning within inconsistent work patterns experienced on seven-day placements, and I have devised my own handover sheet (see Table 7) based on a communication tool devised by the Institute for Healthcare Improvement (IHI) (2011). Commonly known as SBAR (Situation, Background, Assessment, Recommendation), the toolkit allows a systematic and consistent way of communicating concerns across professional groups following a comprehensive assessment of the patient. According to Leonard et al. (2004), it also allows the development of critical thinking. SBAR is recognised as an effective and efficient way to communicate important information (IHI, 2011). SBAR offers a simple way to help standardise communication and allows parties to have common expectations

related to what is to be communicated and how the communication is structured. I feel physiotherapy students and transient teams can utilise this in seven-day practice placements; however, this will need further evaluation to determine whether it does assist physiotherapy students on seven-day practice placements.

When applying the findings of this study, I have also considered the concept of belonging, being and becoming as identified by Wenger (1998). As a practice educator I now endeavour to ensure that the physiotherapy student has the opportunity to experience 'being' a student on a seven-day placement. If they learn by being, I can focus on the challenges that inconsistent work patterns bring. I am aware of the need to facilitate clinical reasoning and caseload management as part of a team approach to patient care. It is also important to ensure that when there are multiple educators, the assessment and feedback process is robust so the student perceives that there is consistency between a seven-day placement and a traditional Monday–Friday placement. I also promote seven-day physiotherapy working as a long-term career option and ensure students understand the benefits that shift work and extended hours can bring. Throughout this study I have professed my passion for the importance of physiotherapists to participate in a seven-day model so to enhance the professions profile, develop skills and knowledge, but most importantly improve patient care. As physiotherapy students develop their professional identity, I would like them to understand the benefits that seven-day working brings to patient care and reducing length of stay, but also for them to view it as a long-term career option. I want them to embrace being part of the community of practice of seven-day working throughout their health professional education, not just as a temporary member when on placement. But, this study has highlighted a hierarchy of needs and the fact that if we can support a safe and secure environment that fulfils personal constructs, plus allow time for students to reflect and create meaning, they may then consider the implications to practice and their developing professionalism.

Table 6 – Considerations for practice educators when hosting seven-day practice placements

| | Broad Topics | Components |
|----------|------------------------|--|
| Personal | University | <p>Be aware of any university commitments</p> <p>Be mindful of university work – always schedule two days off together to mimic a weekend</p> <p>Keep university up to date with placement details / working days and hours</p> <p>Student information sent in advance of placement explaining structure of placement and contact details</p> |
| | Family and Social Life | <p>Advance notice of placement days / hours</p> <p>Always schedule two days off together</p> <p>Flexibility around part-time jobs and childcare requirement</p> |
| | Travel / Transport | <p>Public transport may be restricted at weekends / bank holidays so may need to be flexible with start / finish time</p> <p>Safety if travelling alone early in a morning / late at night</p> <p>Consider matching student timetables if students are travelling together</p> <p>Always schedule two days off together if travelling back to family / university to minimise cost</p> |
| | Adequate Sleep / | <p>Maximum of three long days in succession as very tiring physically and mentally for</p> |

| | | |
|--------------|--|--|
| | Rest Periods | <p>students</p> <p>Always schedule two days off together</p> |
| | Diet | <p>Ensure you maintain regular meal patterns even on shift</p> <p>Provide students with information regarding availability of food at placement site or whether they need to prepare and bring food with them</p> |
| Professional | Team Working / Team Dynamics | <p>Team changes structure on a daily basis, so ensure student is introduced to whole team</p> <p>Explain roster to student</p> <p>Importance of MDT – need to understand roles</p> |
| | Establish Ground Rules / Work Norms | <p>Work Norms: This may include how caseloads are prioritised and distributed, how caseloads are managed, how caseloads are handed over from one day to the next to ensure continuity of care. Who is the team lead for the day?</p> <p>Communication Norms: When should communication take place and through what medium to ensure continuity of patient care and also in respect to student feedback and assessment</p> <p>Consideration Norms: How can norms be changed if someone is not comfortable with what is going on in the team? How may work norms change according to service needs beyond the</p> |

| | | |
|--|-------------------------|--|
| | | placement speciality team |
| | Supervision | <p>May need to review and evaluate model of supervision with changing practice</p> <p>May have multiple educators</p> <p>Ensure has named educator on a daily basis</p> <p>Try to have same educator for minimum of two successive days</p> <p>More team members will be involved in assessment process, so ensure robust communication strategy</p> <p>Need to create a robust written feedback form so no information is lost</p> <p>Written feedback from all educators</p> |
| | Peer Support & Training | <p>Need to utilise peers at same hospital / not necessarily on same placements</p> <p>Importance of Band 5 Physiotherapists as peers</p> <p>Timetable in service training around student timetables</p> <p>Peer evaluation sessions to discuss concerns and expectations</p> |
| | Learning & Development | <p>Use of different learning and teaching strategies to avoid fatigue on long shifts</p> <p>Challenges clinical reasoning if not all MDT are present at weekends and may need facilitation to progress treatment and understand how professional boundaries may be blurred so not to impact on patient care.</p> <p>Written information on team structure / rotas and team's mission</p> |
| | Communication | Importance due to changing team members / multiple educators – must have robust |

| | | |
|--|--------------------------------------|--|
| | | <p>system in place</p> <p>Importance of clear handovers to ensure patient care (see SBAR handover tool)</p> <p>Use of communication tools</p> <p>Importance of placement timetable</p> <p>Development of resource folder so students can seek information themselves</p> |
| | Patient Continuity | <p>Managed by the team rather than individuals, patients will change while you are on non-working days</p> <p>Need to develop communication strategies to aid handovers / patient treatment sessions</p> |
| | Transition to Qualified Practitioner | <p>Mimic real life to make transition to qualified practitioner easier</p> <p>May aid recruitment</p> |

Table 7 – SBAR Handover Tool

| SBAR tool Patient Details | S=Situation (a concise statement of the problem – what is the situation?) | B=Background (pertinent and brief information related to the situation – what is the clinical background?) | A=Assessment (analysis and considerations of options – what you found/think – what is the problem?) | R=Recommendation (action requested/recommended – what you want) |
|---------------------------------|--|---|--|--|
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9.3 Answering questions raised during preliminary investigations

During my preliminary investigations, a number of questions and concerns were raised by physiotherapy peers via the iCSP forum. Documented in Appendix 9 are my responses to these questions that have been obtained from the participant interviews. These responses may help to lessen the concerns that were raised about the feasibility, appropriateness and ability to deliver seven-day physiotherapy practice placements.

9.4 Reflections on my study design

In this section, I reflect on the research subject, approach, analysis and rigour. I conclude with some personal reflections.

9.4.1 Relevance, resonance and reflexivity

Finlay (2011) recommends that as a researcher you should consider the relevance and resonance of the research and be able to demonstrate reflexivity, thus having self-awareness and openness throughout the research process. In terms of relevance, I feel I have clearly set out the rationale for the research, the problem is 'real' within the physiotherapy profession and this was clarified by my peers via iCSP and a paucity of literature. It is applicable in practice as more physiotherapy services will be moving to seven-day services as demanded by the NHS Plan (2000). I do believe that the findings may contribute to the body of knowledge relating to this issue as no relevant literature was found in respect of seven-day working and practice education in physiotherapy. It may also provide guidance to other practitioners in the provision of practice education in this transitioning model of working. In respect to the resonance of the research, I have clearly demonstrated my motivation, passion and interest in this subject area and I hope that I have presented the findings and interpretations in such a way that other clinicians will be drawn in, and they themselves can resonate these with their own experiences. My pragmatic stance has also allowed me to suggest possible implications to practice that were founded from my research data, literature and my own experiences as a physiotherapist and practice educator.

As a physiotherapist myself, I am well practised in reflective practice, both reflection in and on action, as this critical analysis of everyday practice improves competence and promotes professional development (Clouder, 2000). It also encourages practitioners to learn from their own experiences and advocates peer learning rather than just gaining knowledge and skills from formal learning. However, I was less familiar with the notion of reflexivity. Finlay (2011, p. 265) describes reflexivity as 'to what extent has the researcher taken into account their own subjectivity and positioning and the possible impact of these on the research' and should include personal and epistemological reflexivity (Finlay, 2011).

- **Personal reflexivity**

As a researcher I needed to be aware of personal reflexivity in respect of values, bias, prejudices and personal motivation as well as consider my own understanding of the nature of seven-day working and practice-based learning (Dowling, 2007). In Appendix 7, I declared my assumptions about the research topic from my own personal perspective as I was aware I was passionate about the research topic. I have also utilised my research journal, sharing excerpts and illustrations with research supervisors and critical friends which has assisted me on my research journey with decision-making, analysis and presentation of the research. Finlay (2011) also advocates that learning should take place as the result of the research practice and in Section 9.2, I have highlighted how I have made changes and considerations to hosting seven-day practice placements. But I have moved beyond practice; I have learnt to analyse, critique, synthesise and evaluate both theory and practice. I have learnt to make decisions, take responsibilities, negotiate, present and discuss the project progress and results. I learnt to capitalise on the breadth of knowledge within the community. I learnt to be patient, especially during the analysis phase, and balance different opinions to gain an understanding of the phenomenon of seven-day practice placements. I gradually started to identify knowledge I have acquired during this doctoral thesis. Looking back, I am surprised to realise what I have achieved, have learnt and have developed in being able to do. I have also explored my position as a researcher, realising that my position as a

researcher is different to that of a clinician and have consequently analysed my developing paradigm shift. This is presented in the article entitled “From Practitioner to Researcher: A Threshold Concept. A personal reflection on my own ‘tug of war’.” (Appendix 3). In that article I stated, *“life will never be the same again!”*

- **Epistemological reflexivity**

Dowling (2007) explains that epistemological reflexivity should be evidenced at all stages of the research process with the researcher examining and explaining any decisions taken, and consideration should be made of the relationships of the researcher to the research topic and participants. I have reviewed, evaluated and critiqued research approaches and methods in various contexts and selected and justified my choices for my study. I learnt that you can change your mind, and you can deviate from your original plan as the study unfolds. For example, in Chapter 4, I explained how I increased my sample size and included university link tutors so as to ensure I allowed all stakeholders of practice education to have a voice; Appendix 8 demonstrates my analysis trail. I also had to consider how to present and discuss research findings in a way that was both informative and interesting. I had to carefully consider the implications this study may have on people, practice and pedagogy and consider the connections, similarities and differences to literature and theory. I had to link all of that with where I have been, where I was at the time and where I wanted to go in my doctoral research work.

By demonstrating reflexivity in my study, I hope it has promoted honesty and transparency so improving the quality of the research; I hope it will also signpost the reader to what is going on and then they can judge for themselves (Northway, 2000).

9.4.2 Participants and sample size

My sample size of 15 is deemed acceptable for a study informed by phenomenology; Creswell (1998) suggests between five and 25 participants and

Morse (1994) suggests at least six, as the purpose of the phenomenological approach is to illuminate the specific and to identify phenomena through how they are perceived by the participants in a situation. In the human sphere this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews. The interviews generated rich data, although I found I had to prompt some participants to go beyond just describing their experience, instead asking them to examine and explore the experience and how it made them feel or how they interpreted the experience.

The decision to include university link tutors I believe added depth to my research findings by promoting triangulation of sources (Flick, Kardoff & Stienke, 2004) as they are a key stakeholder in the provision of practice education and allowed me to explore the phenomenon from a different perspective. Triangulation of data sources as advocated by Patton (2000) was also achieved as I was conscious of ensuring the correct representation from both genders and met the ratio of 1:4 (male: female) identified by the HCPC (2014b), and utilised student and academic participants from three different institutions. The practice educators were from six different NHS trusts and represented both acute hospital and community settings, and a variety of clinical specialities. It is acknowledged that I did not include any private placement providers; the recruitment process via iCSP allowed all placement providers to respond and no private providers identified themselves as participants. It is unknown if this was due to private providers not hosting seven-day placements. Some physiotherapy practice placements are hosted in private settings, and in hindsight it may have been beneficial to give a voice to this sector of physiotherapy as it may have offered a different perspective to the findings.

The other voice that was not represented in this study was the professional body of the CSP. The CSP are members of the community of practice education and may have provided a more holistic approach in respect of policy, quality and promoting high standards of professionalism (Duthie, 2014).

9.4.3 Research interviews

On reflection of the interview transcripts, I acknowledge that participants often expressed their opinions on seven-day physiotherapy practice education. Mapp (2013) suggests that for a study informed by phenomenology the aim is for the participant to describe a lived experience of a phenomenon. However, Blaxter et al. (2001) add to this by suggesting that it should seek understanding, meaning, belief and opinion about an experience. This concurs with Ceylan and Turhan (2010) who suggest that if we think of an opinion as one person's view on a subject, then opinions can be solid and that student's opinion is a powerful narrative to help understand their experiences of education and learning. Chan (2016) suggests that opinions are a person's reality and refer to what the person thinks and feels given the circumstances, so it is extremely valid for qualitative research as they can be judgements and conclusions as a result of careful and sophisticated deliberation and reflection by an individual. The focus of my research was to seek description, understanding and the context of practice education in seven-day practice education within physiotherapy, so according to Creswell (1998) my approach allowed me to explore descriptions, interpretations, feelings, perceptions and opinions as it is congruent with a qualitative methodology that was informed by phenomenology. My interview structure was designed to reflect my research objectives and was influenced by the method of phenomenological interviewing outlined by Bevan (2014), which includes contextualising experience, apprehending and clarification of the phenomenon.

9.4.4 Rigour in phenomenological research

As a pragmatic physiotherapist utilising positivist approaches in work-based projects, reliability, validity and bias are always questioned, but this is based on the researcher being objective and the assumption of a single reality and truth being proved. This is not applicable in this study because as a researcher seeking a qualitative approach, I believe that each participant's experience is unique and I seek truth by interaction and interpretation, making truth relative and knowledge constructive. I have strived to be transparent throughout the research process,

utilising my research journal and including a description of data collection and analysis in Appendix 8. I have also considered credibility, fittingness, dependability and confirmability as indicators of rigour in my qualitative study as advocated by Nichols (2009). These are documented in Table 8.

Table 8 – Strategies to demonstrate rigour in my research

| Strategy to increase rigour | Strategies utilised for my research |
|--------------------------------|--|
| Credibility | <p>Use of iCSP to justify research topic.</p> <p>Dissemination of progress and sharing of findings to peers for evaluation at conferences and in peer-reviewed journals throughout the doctoral journey.</p> <p>Use of critical friends, networks and action learning set.</p> <p>Regular dialogue with supervisory team throughout research process.</p> <p>As a researcher, reflect on the research process throughout my doctoral journey, use of excerpts from my reflective journal to demonstrate thought processes and to explain any changes made.</p> |
| Transferability or Fittingness | <p>Use of purposive sampling – this ensured participants had experienced the phenomenon and would be able to add to the richness of the study.</p> <p>Interviewing both physiotherapy practice educators and students from multiple sites, therefore I can relate themes from one context or group to another. On reflection, deciding to also interview university link tutors as concerns may influence experience of physiotherapy students.</p> <p>Allowing the voices of both the participants and the researcher to be evident in the text to enhance authenticity.</p> <p>The readers / audience must be able to apply the findings or make their own judgement of transferability to</p> |

| | |
|----------------|---|
| | <p>their own personal experiences; therefore disseminate work as study progresses and include direct quotes from participants in findings chapters.</p> <p>During my thesis, I have been explicit in clearly documenting my record of decision-making or turning points, first as a mode of transparency so readers are able to judge the quality and trustworthiness of the research and secondly as a methodological tool that aids the critique and development of the research process.</p> |
| Dependability | <p>Semi-structured interview to ensure consistency in data collection.</p> <p>Use of professional transcription service to ensure accuracy of text generation.</p> <p>Audit trail clearing demonstrating any changes made, my thoughts and interpretations as they occur through a research journal so the reader may reach the same conclusion by utilising my perspective and the data provided.</p> |
| Confirmability | <p>Use of direct quotes within text so the audience are able to make their own interpretations of data.</p> <p>Use of memos in research diary which will demonstrate reflexivity as I document all my thoughts, interpretations and decisions as they occur.</p> |

Munhall (1994) also suggests that 'phenomenological nodding' is a crucial criterion to demonstrate rigour in phenomenological research, and this occurs the instant people read or hear the presentation of the study. I have utilised numerous conference presentations to achieve this phenomenological nodding throughout my doctoral journey as explored in the next section.

9.4.5 Dissemination of research journey and findings

Communities of practice can benefit from external assistance to share knowledge and build partnerships with relevant institutions (Cheng & Lee, 2014). If the learning activities are to be effective they should involve collaboration (Shulman, 2004). This provides a platform for knowledge sharing and may facilitate reflective enquiry among the physiotherapy profession and gain their mutual engagement.

Throughout this research journey I have disseminated my enquiries and findings at national and international conferences as collaborative practice is an extremely important component in the creation of communities of practice. Dissemination has occurred at physiotherapy-specific conferences, pedagogic research conferences and also at the National Association of Educators in Practice (NAEP) conferences, where all disciplines of healthcare are represented. I have also presented my own research journey which has aided my personal development, reflection and reflexivity. I hope that by disseminating to a wide audience throughout the research process, I have reached all stakeholders of practice education. It has also been an excellent forum on a personal level to gain feedback on the emerging themes, interpretation and implications to practice and to represent the interest within the profession on this transition in practice both at home and abroad. I have also facilitated workshops to both BSc and MSc students on seven-day and non-traditional working as a guest lecturer at one of the participating universities, and I have also participated in their revalidation forum. My dissemination diary is collated in Appendix 10.

I also intend to publish my findings in peer-reviewed journals. Physiotherapy, the professional journal of physiotherapists, and the International Journal of Practice-

based Learning in Health and Social Care are publications that would enable me to disseminate my research to a wider audience of physiotherapy and practice educators.

9.4.6 Appraisal of my philosophical stance and research methodology

Despite understanding and appreciating concepts of relativism and interpretivism in research, I still feel the pull of my pragmatic stance as a physiotherapist and as a practice educator. The desire to solve problems and offer solutions is evident in my approach as a researcher as in Chapter 8 I have made pragmatic suggestions to inform physiotherapy practice education in a seven-day model. Also, my own personal belief in physiotherapy as a profession and the desire to develop the next generation of physiotherapists that have experienced authentic and 'real-life' seven-day practice was my drive to complete this thesis. I reflect that I may not have considered whether engaging in seven-day placements should be part of the physiotherapy education curriculum as my natural pragmatic stance and belief that this is the direction physiotherapy is heading may have blinkered my view to seek solutions to improve this practice. However, the data does suggest that participating in seven-day physiotherapy practice education is an invaluable experience for physiotherapy students.

On reflection, I believe that I have approached this research from a pragmatic perspective with an interpretative appreciation. My study has provided description and explanation of the context of seven-day physiotherapy practice education. I have then undertaken steps to understand and interpret the pedagogical perspectives to practice education in seven-day working, and this included the construction of professional identity before suggesting possible action points via the lens of communities of practice and legitimate peripheral participation. This approach satisfied my need both to my pragmatic self who is trying to find solutions to problems and also to my interpretivist appreciation with a focus on interpretation and description (Scotland, 2012). Palinkas et al. (2015) suggest that we can consider qualitative research in terms of layers. The first is our empirical

data such as the descriptive findings from interviews. Secondly, it allows both opinions (someone's belief, feeling, view, idea, judgement or perception) to be expressed alongside experiences (the process of acquiring knowledge or skill from doing, seeing or feeling). Finally, the theories that we draw upon; in this study I have utilised communities of practice and legitimate peripheral participation as a lens to view the implications to practice. Fletcher (2017) suggests that a pragmatic attitude can also help researchers to explain social phenomena and allows you to suggest practical recommendations to address questions and concerns. This aligned more closely with my research question, so I believe that I have remained true to my methodological approach. A methodology informed by phenomenology has allowed my participants to share their experiences. Knowledge has been created with the belief that reality is subjective and constructed by the individual as experiences can only be understood by researchers via those who experience them and the context in which they occur. I believe this approach has worked well as it enabled me to explore a seven-day model of practice education because it has allowed me to understand and present different social constructs that may be of interest to others.

9.4.7 My data analysis journey

I found the data analysis process an overwhelming and challenging task. Initially, utilising thematic analysis, I immersed myself in the data and completed several layers of analysis and interpretation to produce three themes relating to my participants' descriptions, opinions and experiences of practice education in a seven-day model. This was presented in Chapter 6 and Appendix 8. It can be seen in Chapter 6 that my stance of a pragmatic practitioner inevitably influenced my interpretation of the data as the themes reflected the *what* and *how* of practice education in a seven-day model, but did not consider the *why*. I genuinely wanted to answer the why question as one of my research objectives was to discuss how the findings of the study have impacted and influenced my own practice and may inform future practice for physiotherapy education. It was only on reflection after the formation of the initial themes that I appreciated the impact of my

philosophical stance on the data analysis. Although I declared an appreciation of interpretivism, I was aware that I remained influenced by the pull of pragmatism and that influenced my initial analysis. This is demonstrated in Chapter 6; as the research had been driven by my own personal concerns I was tending to search for solutions to my initial concern. It is not to say that these themes were not important or insignificant as they may resonate with others and they formed the building blocks of my onward analysis. But as a doctoral student I aspired to specifically offer new theoretical constructions regarding practice education in a seven-day model of learning, and to do this I had to consider the significance behind the themes and accept the multi-realities, complexities and meanings. However, prolonged engagement with my findings and considerable personal reflection brought about an approach in the development of my analysis journey to look at the data as a socially situated experienced construct in relation to pedagogy as opposed to a collection of statements relating to the delivery of seven-day practice education. I began to realise that for me to fully understand and interpret my data I had to consider the pedagogical perspectives and learning theories of practice education and that it is made up of my participants' beliefs, attitudes, opinions and understanding of the process.

The idea of the situation really resonated with me, as throughout the formation of the themes, the central point I kept coming back to was the inconsistent working patterns experienced on a seven-day placement that was at the nub of my themes. It was experiencing these inconsistent working patterns that challenged both educators in the provision of a quality learning experience and the students' experience of it. Wilkinson (2003, p. 225) recommends that 'a practice-informed approach' leads to a deeper understanding of how patterns of practice may be transformed. It was these working patterns that make practice learning in seven-day working a different experience compared to the traditional Monday–Friday placements, and I therefore had to consider this in more detail in relation to the pedagogical perspectives and theories of learning within practice education that I had considered in Chapter 2. This is found in Chapter 7.

However, after I had completed my interpretation of the impact of inconsistent working patterns on the pedagogical perspectives and learning theories of practice-based learning, I realised that I had still not fully answered my research question as I had not considered how this may inform future practice. This new insight led me to the decision to consider a theoretical framework so I could link together the pedagogy, the practice and the people. It was at this juncture that I realised communities of practice could be utilised. Communities of practice provided me with a theoretical lens through which to consider the context and a way to frame and discuss the themes and pedagogical perspectives beyond the practicality of delivering seven-day placements to understanding the implications to the learning process, to individuals and to the practice. Chapter 8 explores this.

9.4.8 The use of a conceptual and theoretical framework

I made the decision to utilise a conceptual framework in my research as it allowed me as a novice researcher to reflect and articulate my research in an efficient manner. It enabled me to identify the significance of the study and provided a vehicle for discussing the meaning and impact to practice. I hope, as advocated by Grant and Osanloo (2014), that I have demonstrated deep reflections and thoughtful understandings.

The conceptual framework according to Knight, Hallett and Cross (2010) is a tool used for conceptualisation during the initial phase of doctoral research. However, in my research journey it was not developed explicitly until later in the process when I was trying to articulate my chosen phenomenon in relation to my theoretical framework underpinning the context of this study. It has helped to assist me as a guide on which to support my study as it utilised selected theories that underpinned my thinking with regard to how I have interpreted the research topic.

The use of a conceptual framework in this thesis I feel has resulted in a thesis that moved beyond description and allowed me to make sense of the data that flowed

from initial conception of the research question, through data collection and analysis, to how it has influenced my own practice and how it may impact others. It gave me a reference point from which to present my findings and to show how I utilised a theoretical framework to present the significance to practice. I hope readers will understand how I have situated the problem of the study in relation to how I have applied theoretical constructs to my writing.

I chose to utilise communities of practice and the legitimate peripheral participation as my theoretical lens as it provided me with a conceptual direction for my study. This lens assisted me in placing the social structure of learning that enables all stakeholders to learn with and from each other and to share knowledge and expertise in a given domain (Wenger, 1998). A critical review of communities of practice conducted by Smith, Hayes and Shea (2017 p. 224) concluded that communities of practice provide a useful framework for 'shedding light on how individuals learn within social and situated constructs'. I further utilised this framework to consider the implications to physiotherapy practice education in a seven-day pattern because communities of practice can be used as a mechanism to assess the viability and worth of developing practices (Lave & Wenger, 1991) and create value and knowledge by using participants' experiences (Kerno, 2008). It has allowed me to involve different stakeholders to identify and assess best practice and share new ideas, which may influence physiotherapy education and practice education through individuals, communities and organisations. The elements of joint enterprise, mutual engagement and shared repertoire alongside the concepts of legitimate peripheral participation were chosen to allow me to give a view of physiotherapy practice and make suggestions for future practice. These elements resonated with me because they provided a forum for me to link the themes identified in Chapter 6, with the pedagogical perspectives and the construction of physiotherapy students' professional identity (Chapter 7) and how it may impact and influence practice (Chapter 8). I also believe that this theoretical framework has helped me to connect the reader to existing knowledge, the research question and how this study contributes to knowledge pertaining to physiotherapy practice

education. However, I recognise that there are limitations with the use of a framework as it may create too much structure and rigidity (Wenger et al., 2002). Kimble, Hildreth and Bourdon (2008) also highlighted that researchers assume the ability to transfer the theory into the real world and Kerno (2008) suggests that you should exercise caution when only utilising certain elements from the community of practice theory. The use of multiple elements within the umbrella of communities of practice and reverting back to learning theories that underpin practice-based learning may diminish some limitations of only using parts of the community of practice concept. I feel that my choice to utilise communities of practice and legitimate peripheral participation as a theoretical lens has been clearly articulated so to ensure it aligns and supports the study's purpose and has allowed me to achieve my research aim in this exploratory study, which was to consider the implications to practice by using the experiences of my participants as a resource. In Chapter 8, I discussed my findings and meanings in the context of demonstrating how these may add further insights to other literature and their implication for practice education knowledge. Suggestions for further research, which would delve much deeper into the barriers, challenges and changes, are identified in Section 10.6.

9.5 What would I do differently if I did this study again?

On reflection, I feel some of the limitations of this study arose due to my limited experience as a researcher, especially in conducting research interviews. During the interviews, I found that I really needed to prompt and encourage participants to go beyond a description of practice education so as to ascertain their experiences, thoughts and reflections; it may have been beneficial to ask physiotherapy students to describe their understanding of seven-day working prior to commencement of their placements as it would have enabled me to ascertain if their awareness and understanding changed after experiencing the phenomenon. This would have provided me with more in-depth data along the continuum of practice. It was also highlighted that practice educators favour a team approach or multiple-educator models of practice education in a seven-day model of working. It is unclear if this

change is a natural transition or whether it was a conscious decision as a response to seven-day working, and, in hindsight, I should have sought clarification while interviewing the practice educator participants.

Also, on reflection, while I ensured all participants met my inclusion criteria, I did not collate the personal demographics, and I highlight this as a limitation of this study; as their history may have influenced their experience or opinion. For example, PTS 1, a mature student, explained that she had previously worked in the retail sector and had experienced a seven-day rota system so understood the impact it had on family and social life. PPE 2 had herself experienced seven-day practice placements as a student which she found difficult to manage due to university study, social life and part-time jobs; so she reported that she always gave the students the option to participate in seven-day placements. In contrast, PPE 1 was adamant that this was a change in practice and that practice education should reflect real life so that students were not surprised when they entered practice as a qualified physiotherapist.

Recall of memories is also subject to errors (Schacter, 2012) and I acknowledged in Chapter 4 that student participants may be remembering experiences from six months previously.

Other limitations arose around the inclusion criteria as I have identified other individuals that may have been able to contribute and add depth to my study. It was highlighted that experiencing seven-day practice placements may make physiotherapy students more employable and ease the transition to a qualified practitioner in the workplace as they had experienced 'real life' and authentic placements. In hindsight, I could have enhanced my research design if I had also interviewed newly qualified practitioners who had experienced seven-day practice placements as part of their training to evaluate if by experiencing the phenomenon it did assist their transition to becoming a newly qualified practitioner. I acknowledge, however, that this would have formed only a small part of their

education and it may be difficult to ‘unpick’ how it contributed to their transition into practice. Further research could be conducted on this specific element to further inform practice.

I also acknowledge that I only interviewed physiotherapy students who had successfully completed a seven-day practice placement, and it would have been interesting to hear the voices of students who had been unsuccessful on these placements to analyse if the transition to seven-day working and inconsistent working patterns did impact on their experience, as participants in this study did feel that inconsistent working patterns did impact on their learning and development, although practice educators did not echo this concern.

9.6 Final reflection on my own journey through the Professional Doctorate

My own experience of a professional doctoral student has been challenging, fascinating and at times frustrating! I have grappled with my stance as a researcher, but I acknowledge that I have approached this research from a pragmatic perspective with an interpretative appreciation. As a researcher, I do believe in constructing knowledge from individual experiences so have incorporated interpretative elements to my data analysis to allow me, through a phenomenologically informed approach, to seek understandings and meanings to this phenomenon. However, on reflection, my pull to pragmatism remains strong as I cannot resist the temptation to suggest practical solutions alongside descriptive and interpretative elements!

I have tried to remain transparent regarding my own thoughts and opinions of physiotherapy students participating in seven-day placements. But I am conscious that in my enthusiasm and belief that seven-day physiotherapy services are the future for the profession, this may have influenced my research, as I was probably unknowingly seeking solutions to make this practice work for physiotherapy students. However, the research journey has made me more aware of the multiple components of practice education. I have unpicked the multiple layers, like

unpeeling an onion. The first stage was understanding the term “seven-day working” and establishing what is happening in practice and the context. I then discovered how it was being delivered at an operational level through the descriptions shared with me by the participants, and this was the basis of my themes. Next, I analysed, interpreted and considered the pedagogical perspectives and how physiotherapy students constructed their professional identity before viewing the findings through my lens of communities of practice and legitimate peripheral participation to understand the implications to practice. I have already integrated my newly found knowledge into my own practice as a clinician and practice educator by creating a checklist; this may also influence the approach of others to practice education in this developing model of service delivery.

Throughout my journey, I have had numerous opportunities to share my findings; this, I feel, represents the interest in this subject. Also, being invited to universities to talk to undergraduate students regarding seven-day working was a great honour. My only disappointment was that my workshops were titled ‘non-traditional working’, and I would like to see that change as I believe that seven-day working is becoming the ‘normal’ pattern for the provision of physiotherapy services.

9.7 Chapter summary

In this chapter, I have reflected upon the approach I undertook while completing this doctorate, and why I chose to increase my participant size and include university link tutors so as to add depth and richness to my study. I have clarified my decision to utilise a theoretical framework to allow me to situate my research in the context of practice education and considering the implication to practice as explored through the constructs of a community of practice. I have demonstrated that I have made significant changes to my own practice of hosting physiotherapy practice-based placements in a seven-day model of working. I have also answered the concerns raised by peers during my preliminary investigations. In the final chapter, I offer a summary of the significant findings of this research and how this study makes an original contribution to physiotherapy practice education.

Chapter 10 – Conclusion

10.1 Introduction

In this final chapter, I reflect upon and confirm how I have met the aim and objectives of the study, offering summaries of the findings and the implications of my research for physiotherapy practice, and make explicit how this study makes an original contribution to physiotherapy knowledge. I discuss the strengths and limitations of this study and offer suggestions for further research. Finally, I reflect upon my research journey with my concluding thoughts.

10.2 Overview of study

My study arose from a change in my own practice, which was the transition to hosting seven-day practice placements for physiotherapy students. Together with colleagues and peers I raised concerns as we had not considered the impact of this change in working practice on the provision of student placements. There was also a paucity of profession-based literature on this subject area. From a pragmatic perspective with an interpretivist appreciation, I have undertaken a study informed by phenomenology. Participants of this study – physiotherapy students, practice educators and academics – experienced or supported the phenomenon of seven-day practice education and have contributed their stories and experiences as part of this research.

A community of practice is a social learning system which helps to locate learning between individuals and the world (Wenger, 1998). By utilising the concept of legitimate peripheral participation as a theoretical lens it has allowed me to consider how this research may offer new pedagogical perspectives to physiotherapy education and learning in a seven-day model. Through a shared repertoire, the participants have identified that experiencing seven-day practice placements, which are seen to be ‘real life’ and an authentic experience, is beneficial to individual physiotherapists and also to the profession as a whole, as practitioners are developing a professional identity with a sense of meaning and

understanding, of being part of a team, of understanding how teams work and of why a seven-day service benefits patient care.

However, there are barriers and challenges to learning and practice due to inconsistent working patterns and exposure to transient teams. This study has identified that there is a need to improve the awareness of the culture of seven-day working and further develop resilience strategies in physiotherapy education through mutual engagement and joint enterprise so individuals are more able to adapt and cope with the changing healthcare provision, including seven-day placements.

10.3 Returning to the study aim

The research question and aim are stated below:

Research Question

What are the understandings and experiences of practice learning within a seven-day model of working for physiotherapy practice educators, physiotherapy students and university link tutors?

Research Aim

- To establish what physiotherapy students, practice educators and academic tutors understand by the term 'seven-day working' in physiotherapy
- To provide a description of the context of practice education in seven-day working
- To gain an insight and explore the experiences of physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education
- To explore the findings of the study and to discuss how they have impacted and influenced my own practice and may inform future practice for physiotherapy education.

A methodology informed by phenomenology has allowed both descriptive and interpretative elements to be utilised, which was required to meet the research aims. This approach to exploring this phenomenon also means that conclusions have been drawn from the experiences of physiotherapy students and practice placement educators who have encountered seven-day practice placements, as well as academics who, as university link tutors, have supported physiotherapy students who had participated in seven-day placements. My philosophical stance of a pragmatic physiotherapist with an appreciation as a researcher of interpretivism has allowed me to make suggestions which may impact on and influence further practice, and this study has also changed my own practice as an educator as described in Chapter 9.

All of the research aims of this study were achieved. I now consider the individual aims in the context of physiotherapy education and practice:

- **To establish what physiotherapy students, practice educators and academic tutors understand by the term 'seven-day working' in physiotherapy**

In Chapter 6 I have shown that physiotherapy students, practice educators and academics demonstrate similar understandings of the term 'seven-day working' that correlate with the definition by NHS Improving Quality (2013). All participants highlight that by delivering a seven-day physiotherapy service it improves patient care, continuity of treatment and promotes timely discharges from hospital. The NHS is committed to developing high-quality services and new models of care that address patients' needs and expectations including seven-day working. I feel that the participants' understanding is promising in respect to patient care as there is a growing movement in physiotherapy to extend services to seven days in most areas of community and secondary care (CSP, 2015; Rimmer, 2015; Taylor & Shields, 2014). The participants also acknowledge that it is beneficial to the development of the physiotherapy profession. This could be important for recruitment and retention within the profession as the CSP (2015) acknowledge that there is a requirement to have sufficient staff to deliver seven-day services, staff who are not

only available but have the appropriate skills to deliver patient care, supervise colleagues and students but also have the vision to continue to grow the profession.

- **To provide a description of the context of practice education in seven-day working**

Also in Chapter 6 and Table 12 (Appendix 8, p. 367) there is a summary of the context of how seven-day physiotherapy placements was provided. Students and practice educators participated in seven-day practice education placements in a variety of physiotherapy specialities that included both acute hospital and community settings. Some of the placements also incorporated 12-hour shifts or extended hours. The seven-day services experienced in this study related to a level 2 or 3 as described by NHS Improvement (2012). All the university link tutors had facilitated and supported this practice. Some physiotherapy students had voluntarily chosen to participate in a seven-day placement, but for others it was compulsory. At the beginning of this research, while there was an awareness that seven-day practice placements were being hosted, it was not known in what context. This description therefore assists in providing an overview of the types of placement in respect to clinical speciality, secondary and community care locations and issues around choice; whether they are voluntary or compulsory, work or shift patterns such as the exposure to twelve-hour shifts as well as weekend working (Appendix 8.2).

- **To gain an insight and explore the experiences of physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education**

Data was collected through in-depth, audio-recorded interviews to present rich descriptions of the physiotherapy students', practice educators' and university link tutors' experiences to describe the phenomenon. Three themes emerged from this study. In Chapter 6, I utilised a metaphor of a traffic light system to present the themes:

- *Stopped at the red light: barriers to seven-day practice education*

The red light or barriers were interpreted to be stumbling blocks that need to be overcome in order for the physiotherapy profession to move forward in practice education in a seven-day model of working, and included how inconsistent working patterns affect learning and development.

➤ *Amber, proceed with caution: challenges faced in seven-day practice education*

Challenges, the amber light, made participants pause and consider their actions or the impact they may have on practice before moving forwards.

This theme related to the adjustment required to new ways of working, which included the impact of shift work, a different approach to supervision and how the environment was different at weekends.

➤ *Given the green light: changes experienced within seven-day practice education*

The final theme, the green light, reflects the changes that have already occurred. It relates to physiotherapy students gaining more skills and knowledge and that it was a real-life experience, preparing them for future employment.

- **To explore the findings and to discuss how the findings of the study have impacted and influenced my own practice and may inform future practice for physiotherapy education**

In Chapter 7 I considered the pedagogical perspectives of practice education in the context of a seven-day model and proposed that the boundaries of learning have been challenged with the exposure to inconsistent working patterns and transient teams, but that by experiencing seven-day practice education it reflected authentic and contemporary practice. This experience has also contributed to the construction of physiotherapy students' professional identity as they demonstrated personal, practice and professional components which related to a hierarchy of needs. Then in Chapter 8, I utilised the theoretical lens of community of practice to assist me in considering the influence that experiencing seven-day practice education may have on learning and education

and have made suggestions for future practice. Seven-day physiotherapy services are evolving, but it does not occur in isolation; it requires all stakeholders of practice education to come together and share experiences, ideas and consider future implications. Practice education forms a significant proportion of a physiotherapy student's education, and therefore it is important that they are exposed to authentic situations such as seven-day working as this reflects working patterns and team dynamics that they may experience on qualification; in this study a shared repertoire is beginning to emerge, and many positive aspects were identified including gaining values around team working, within physiotherapy and the wider MDT, improving confidence, learning to be flexible and a more rounded approach to physiotherapy as students approached qualification. It could be said that legitimate peripheral participation was occurring as, according to Skoien et al. (2009), physiotherapy students should be afforded progressive learning opportunities, and this was the case for students engaged in seven-day placements. However, this study identified that there are challenges in the context of seven-day physiotherapy practice placements to a smooth transition from the periphery as legitimate members of the community to full integral participants in a dynamic learning experience. Physiotherapy students were not fully aware of the changing boundaries of practice education from their previous knowledge and experience of Monday–Friday placements, so it could be proposed that they entered the community of seven-day placements as members who were not legitimate members. I have therefore proposed that there is a requirement to improve awareness and information pertaining to seven-day practice placements to promote mutual engagement within the community of seven-day practice education and ensure legitimacy. Full active participation in the community of seven-day physiotherapy education was also challenged by the impact of inconsistent working patterns on caseload management, clinical reasoning, communication and peer learning. This study has identified that a joint enterprise needs to be facilitated to support and prepare physiotherapy students for this model of working through teaching coping and resilience strategies, but also further

exploratory research is required to understand more fully what it is about inconsistent working patterns that creates the difficulties shared in this study, especially around the context of clinical reasoning.

This study has also had a significant impact on my own practice as an educator who hosts seven-day practice placements, and I reflected upon this in Chapter 9. I have created my own checklist to consider the possible operational considerations and learning opportunities when hosting these placements and devised a handover sheet that may assist with handovers and clinical reasoning when exposed to inconsistent working, which may aid other practice educators.

10.4 Contribution to knowledge relating to practice

It was acknowledged that there was a paucity of literature that referred to physiotherapy practice education in a seven-day model of working. To the author's knowledge, this is the first qualitative study to explore the experiences of academics, practice educators and students in a seven-day model of working in physiotherapy. This thesis has focussed on the experiences of physiotherapy students, practice educators and university link tutors to describe, interpret, give meaning to this changing practice and make suggestions to inform practice. As a result, the findings contribute new knowledge to physiotherapy practice education on the impact of inconsistent working patterns and transient teams that are experienced in seven-day working patterns and how this relates to pedagogical perspectives and may influence the construction of a physiotherapy student's professional identity that has not previously been identified or discussed. In Chapter 8, utilising the theoretical lens of communities of practice and more specifically legitimate peripheral participation, I proposed that this study has identified a potential pedagogical approach to seven-day practice education. I summarise this as:

- There is a need to promote mutual engagement within the community of practice of seven-day practice education to ensure legitimacy through a greater awareness of the culture and values of this transitioning practice.
- The practice of seven-day practice education needs to be further explored to promote peripheral participation as the impact of experiencing inconsistent working patterns has highlighted many challenges. A joint enterprise needs to be facilitated to support and prepare physiotherapy students for this model of working by increasing resilience.
- The community is beginning to create a shared repertoire of physiotherapy practice education in a seven-day model which promotes peripheral participation and supports the notion that exposure to seven-day placements promotes authenticity and preparedness for practice.

The following aspects of the findings of this study also make significant original contributions to the knowledge and practice of practice education in a seven-day model of working by:

- Identifying that experiencing seven-day practice placements prepares physiotherapy students for authentic future practice
- Identifying that it is inconsistent working patterns experienced through the nature of seven-day working that makes a significant impact on the experience of physiotherapy-based education
- Identifying that working within transient teams is challenging to physiotherapy learners in a seven-day model of practice education
- Identifying a need for a physiotherapy handover tool to aid caseload management and clinical reasoning in transient teams, and inconsistent work schedules
- Recommending that resilience strategies may help physiotherapy students gain coping mechanisms to be able to adapt to inconsistent working patterns experienced on seven-day practice placements
- Creating a checklist for practice educators to consider when planning and hosting seven-day practice placements.

10.5 Strengths and limitations of the study

In this section, I will explore some of the strengths and limitations of this study and how they may have impacted upon the findings. Throughout this thesis I have endeavoured to demonstrate my reflection and reflexivity as Berger (2013) suggests that this is a fundamental element of qualitative research.

10.5.1 Strengths of the study

The interest in my study from others has also been a positive experience for me as a researcher. The ability to discuss and share my research at a variety of conferences both nationally and internationally, and being invited as a guest lecturer by one of the HEIs, indicates that this is a contemporary topic of interest at the time of writing this thesis.

Findings from this study may resonate with physiotherapy students, practice educators and placement hosts, academic institutions and the professional body; the CSP. It may also influence other AHPs such as dietetics, occupational therapy and speech and language therapy as they begin to transition to seven-day working alongside physiotherapy.

10.5.2 Limitations of the study

It is not possible to say that the results of this study reflect the experiences of seven-day practice placements of all physiotherapy students, practice educators and HEIs, as only three university sites were recruited into this study and I acknowledge that findings from qualitative research cannot be generalised. However, practice educators were recruited nationwide and the spread of the participants reflected a wide variety of clinical specialities in both acute hospital and community settings.

A further limitation is that it is not possible to prove that the experience of those who chose not to participate did not differ from those that did participate. It may be that those who responded to my recruitment advert may have had particularly

strong views one way or another and therefore there is likely to be a risk of bias. However, this is the case for purposive sampling. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which has allowed me to answer my research question.

It is generally assumed that the conclusions of research should be an accurate representation of the findings. With phenomenologically informed research the underlying epistemological and ontological assumptions on which research is based recognise that the researcher's belief cannot be fully eliminated (Cresswell, 1998). With this knowledge, I strove to be open and transparent throughout the research process to avoid influencing my participants and have been explicit about my background. At times I have fluctuated back into my stance of a pragmatic clinician as this concern originated from my practice, and at times I found myself trying to solve the problem before I had fully completed the data analysis. As a researcher I have learnt that you cannot rush data analysis and that you must allow the findings to come to light before making suggestions to practice. The use of my research journal, supervisors, critical friends and dissemination of my findings at national and international conferences has been crucial in helping me to allow the findings and meanings to emerge from the data.

My limited research experience was demonstrated when conducting the research interviews and, on reflection, I was concerned that I did not want to lead the participants, so, in hindsight, I did not seek clarification on some themes that had been raised. Another criticism is that I interviewed the participants on an individual basis, and in hindsight, it may have been advantageous after the initial interviews to bring participants together in focus groups, as a community, to discuss the overarching themes in more detail and to gain clarification of some issues that I had raised. This can be undertaken as a further study as the aim of this thesis was to be exploratory, and that has been achieved.

10.6 Recommendations for further research

The study was highly exploratory. Further studies that build upon the insights highlighted in this thesis are recommended.

- It would have been interesting to hear the voices of physiotherapy students who had been unsuccessful on seven-day practice placements to analyse if the transition to seven-day working and inconsistent working patterns impacted on their experience.
- Further studies could involve newly qualified physiotherapists to explore whether experiencing seven-day working as a physiotherapy student impacted or influenced their early career as a newly qualified physiotherapist.
- Additional studies could explore the benefits and limitations of models of supervision such as the 1:1, collaborative and team approach in seven-day practice education and in the feedback and assessment process. To date no studies have evaluated or compared different models of practice education being utilised in seven-day working.
- It would be interesting to investigate how partnership models of practice can facilitate preparation of physiotherapy students for seven-day placements.
- Further studies into the effects of experiencing transient teams within seven-day physiotherapy practice education are recommended as this was identified as a key challenge in respect of communication, caseload management, clinical reasoning and building rapport with team members.
- This study highlighted the benefits of developing a handover tool for physiotherapists participating in inconsistent working patterns and transient teams; this requires further exploration and development.

10.7 Concluding thoughts

During this research study, I have had the benefit of exploring a concern that initially arose from my own practice that I am passionate about, as I wanted to

develop the learning experience I offer in the model of seven-day working. Preliminary investigations highlighted that it was a wider concern within physiotherapy and it is hoped that this thesis has addressed those questions and provided suggestions to inform the practice of others. Finlay and Ballinger (2006 p.196) suggest that a study that draws on phenomenological approaches should demonstrate its ability to 'share its discoveries, to draw the reader ever deeper into the worlds of others.' As physiotherapy continues the transition to seven-day working, I hope that this thesis may inform knowledge and understanding of individuals, communities and organisations within the wider practice education context. I have endeavoured to allow my participants' voices to be heard and to share their experiences of seven-day practice placements. For myself, practice education provides an opportunity for continual learning and growth. One of my hopes as a clinician, an educator and researcher is to instil a passion for providing learning opportunities that reflect authentic practice. In the constantly changing health service, I feel that there is a need for the community of practice education to come together and listen to the voices of those experiencing the contemporary practice and to respond accordingly so as to ensure we are preparing the next generation of physiotherapists for practice.

"Learning to become a professional involves not only what we know and can do, but also who we are. It involves integration of knowing, acting and being in the form of professional ways of being that unfold over time." (Dall'Alba, 2009, p. 34)

Glossary

| | | |
|-----|-------------------------------------|---|
| BMA | British Medical Association | The trade union and professional body for doctors in the UK. |
| CPD | Continuing Professional Development | CPD refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training. It's a record of what you experience, learn and then apply. |
| CSP | Chartered Society of Physiotherapy | Professional, educational and trade union body for the UK's chartered physiotherapists, physiotherapy assistants and students. |
| DH | Department of Health | The Department of Health lead, shape and fund care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve. |
| GMC | General Medical Council | The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK by setting standards for students and doctors. They provide support in achieving and exceeding those standards, and take action when they are not met. |

| | | |
|------|---|--|
| HCPC | Health and Care Professions Council | The regulatory body for physiotherapy and other healthcare professionals. |
| HEI | Higher Education Institution | HEI is a term from the Further and Higher Education Act 1992. According to the Act, it means any provider which is one or more of the following: a UK university, a higher education corporation, or a designated institution. |
| HSE | Health and Safety Executive | This is the national independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces. |
| iCSP | Interactive CSP | This is a community area of the Chartered Society of Physiotherapy website where individuals can share knowledge and connect to peers who have a clinical or other interest in common. |
| IHI | Institute for Healthcare Improvement | IHI is an American organisation offering continuous improvement education courses for quality and safety in healthcare professions |
| IOSH | Institution of Occupation Safety and Health | This is the chartered body for health and safety professionals. They set standards and support, develop and connect individuals with resources, guidance, events and training. |

| | | |
|------|--|---|
| IRAS | Integrated Research Application System | The Integrated Research Application System is an online system for preparing regulatory and governance applications for health and social care research. It is a UK-wide system, which is provided by the Health Research Authority. |
| IPE | Interprofessional Education | Refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing patient-centred healthcare. |
| QIPP | Quality, Innovation, Productivity and Prevention | The QIPP challenge is an opportunity to prepare the NHS to deliver high-quality care in a tighter economic climate. |
| MDT | Multidisciplinary Team | Members of different professions working together, the main purpose being to ensure truly holistic care for patients and a seamless service for patients throughout their disease trajectory and across the boundaries of primary, secondary and tertiary care. |
| NAEP | National Association of Educators in Practice | The NAEP aims to have a health and social care workforce in which individual practitioners fully understand the value of education for learners, patients, carers and other healthcare practitioners. |

| | | |
|-----|----------------------------------|---|
| NHS | National Health Service | This is the publicly funded national healthcare system in the United Kingdom. The organisation, funded primarily by taxation, provides free or low-cost healthcare to all legal residents of the UK. |
| OT | Occupational Therapy / Therapist | Occupational therapy provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. |
| PPE | Practice Placement Educator | A PPE facilitates, supports and assesses physiotherapy student learning on practice placements. They also support the work-based learning of peers, work colleagues and other professionals, as well as patients and their families. |
| PTS | Physiotherapy Student | Physiotherapy students enter an accredited education programme at a higher education institution. Education programmes offer an integrated approach to learning physiotherapy, research and clinical practice. Completion of the programme confers eligibility to apply for state registration as a |

physiotherapist with the Health and Care Professions Council (HCPC) and full membership of the Chartered Society of Physiotherapy.

RCN

Royal College of Nursing

A membership organisation and trade union for nurses in the UK. Its mission is to represent nurses and nursing, promoting excellence in practice and shaping health policies.

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Appendix 1 – Construction of my conceptual framework

Introduction

This appendix explores how and why I constructed a conceptual framework. It was a fluid process, evolving and developing throughout my research journey as I integrated issues relating to reflection and reflexivity within the study. For Ravitch and Riggan (2012), conceptual frameworks assist in the design of doctoral studies by helping to shape the research question, literature review and all issues relating to methodology, methods, data collection and analysis, and discussion. Bordage (2009) suggests that conceptual frameworks represent a way of thinking or ways of representing how complex things work and that they can shine a light on a phenomenon to illuminate it.

In constructing my own conceptual framework I considered the work of Berman (2013) who had synthesised the work of Smyth (2004) and Leshem and Trafford (2007) to identify four processes that provide clear definition of the activity required of a doctoral study and student. These are: (i) defining the research problem, (ii) establishing theoretical coherence, (iii) organising the research design and (iv) framing conceptual conclusions. Berman and Smyth (2015) also promote the use of a pedagogical model in the construction of a conceptual framework as the researcher can then clearly articulate the what, why and how of the doctoral study, demonstrating the alignment of ontology, epistemology and methodology, and considering each aspect of these three dimensions in as much detail as necessary for the clear articulation in the thesis itself. This is illustrated in Table 9; I utilise both examples in the construction of my own conceptual framework.

Table 9 Berman and Smyth's (2013 p. 130) pedagogical model for the use of a conceptual framework in a doctoral study

| WHAT Ontology | HOW Methodology | WHY Epistemology |
|--|---|---|
| Context for the research problem Key concepts Relationships Establishment of terminology and common language Boundaries for conclusions and theorising | Research themes Explicit research question Research design Methodology Rigour | New knowledge New theorising Extent (limits) of generalising Implications for practice |

Construction of my conceptual framework

The research context discussed here arose out of my own professional practice as a physiotherapist and practice educator. But it went wider than my own concern, as colleagues and peers also had questions and concerns regarding seven-day physiotherapy practice education, there was a paucity of literature on this topic. This was the starting point for the study. As this is a professional doctorate thesis it is important that the study remains anchored in practice itself. However, many individuals and organisations are involved in the process of practice education including: academic institutions, practice educators and placement hosts, physiotherapy students, professional and regulatory bodies and patients themselves. History also plays a part; the history of healthcare provision, the move towards seven-day services, the history of physiotherapy and the provision of physiotherapy training and education plus generational differences of learners and the development of information and communication technology. My initial concept map (Figure 13) demonstrated an explicit mapping of the reality of the research problem in relation to the specific phenomenon of practice education in a seven-day model. It brought together the past, the present and the future of physiotherapy education and practice. It cemented my decision to undertake this research as there was no other literature available, and myself, colleagues and peers via iCSP clarified that it would be a worthwhile undertaking. Therefore when

considering my research question and design I concluded that I needed to undertake some exploratory research. This would be my tool to understand more clearly the issue of seven-day practice education and may inform future practice. I also decided that I would undertake a qualitative approach as I felt I needed to listen to those individuals that had participated in this practice, hear their stories, their thoughts, their perceptions and that there was a need to have both descriptive and interpretive elements.

The second role of the conceptual framework was to draw together the multiple theoretical perspectives that underpinned the phenomenon within which the research was defined, in response to bodies of literature, and this was the basis for my literature. This process led me to consider the physiotherapy profession, its history and how it has developed as a profession. Also, I thought about how physiotherapy education has evolved and how the approach to teaching and learning has changed and continues to change. I then considered the pedagogical perspectives of practice education and theories of learning in a practice setting.

At this stage I was able to clearly articulate a research question that had specific aims, and I had already identified that as I am exploring experiences that it would be qualitative in nature, but that it required descriptive and interpretive elements so to achieve those aims. I also had to consider my philosophical stance and how my own thoughts, values and beliefs may influence the research. After grappling with my stance, I declared myself as a pragmatist with an appreciation towards interpretivism. I therefore sought a methodology that would allow me to answer the research question but allow me to remain true to my stance as a researcher. This led to the decision that my research would be informed by phenomenology as it would allow both the descriptive and interpretive elements and allow the participants to share their experiences. Purposive sampling and interviews were selected as the most appropriate method as it would allow a research conversation to take place. Additionally, an interview schedule was designed to ensure coherence with the research aims.

As with the methodology, the data analysis was driven by the research question. Thematic analysis was chosen as it is a flexible approach that can be utilised for interpretative inquiry according to Braun and Clark (2006).

The data analysis was not a simple task as I documented in my research journal:

“There are no shortcuts to data analysis, what I thought was a theme, isn’t, it is just a descriptive code. A code will lead me from the data to the idea and from the idea to the development of a theme. A theme will include important and central thoughts that explain to the readers what is going on. Themes are conceptual links of expressions, themes are induced from the data. A theme represents a level of patterned responses or meanings from the data that is related to the research question.

As I code the data I need to consider:

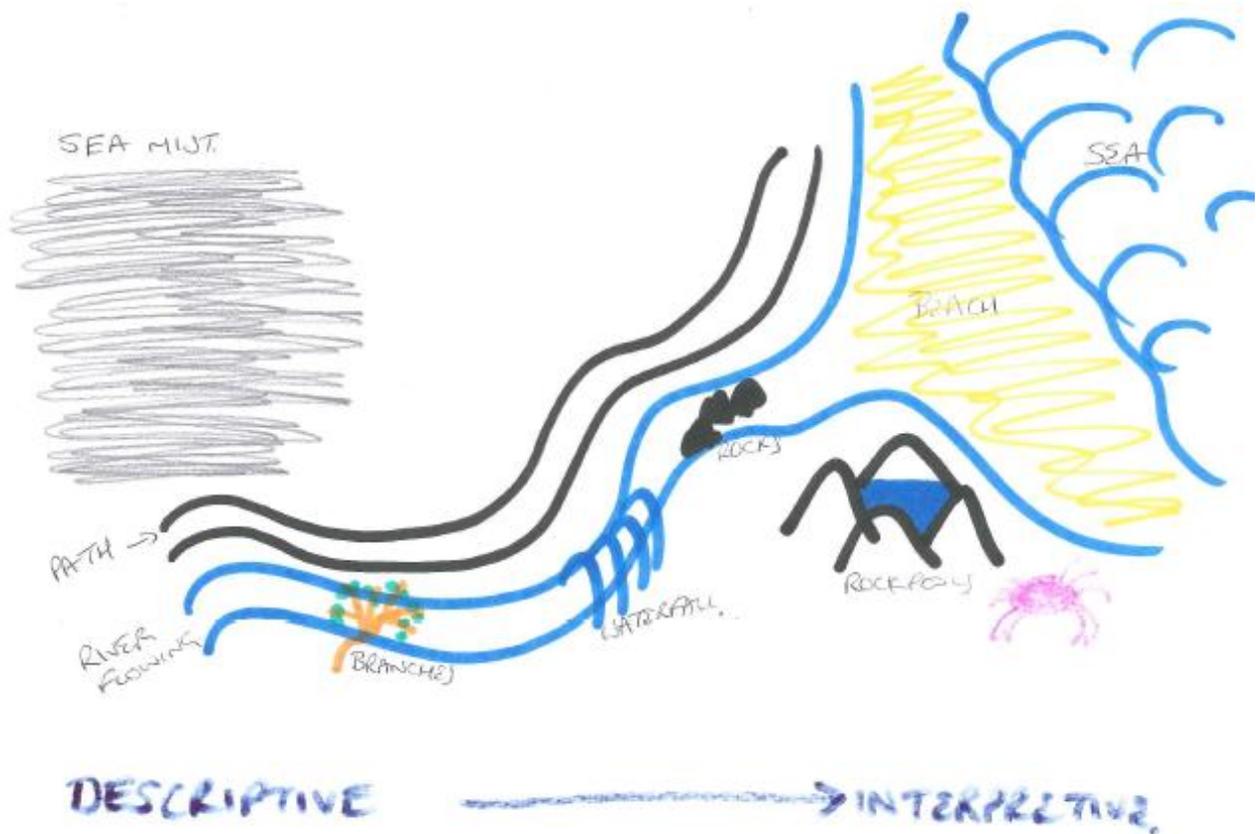
- *what are people doing?*

- *what are they trying to accomplish?*
- *how exactly do they do it?*
- *what specific means or strategies are used?*
- *how do members talk about and understand what is going on?*
- *what assumptions are they making?*
- *what do I see going on?*

I need to challenge my own assumptions and views, I need to take my blinkers off, I need to look beyond the process of practice education. I need to let the data talk to me, what is it telling me?

Throughout my research journey, I found the use of my research journal and reflective images to be invaluable, and it was through a drawing that I felt able to interpret and make meaning from the data and basic codes that I had developed. There was one drawing that proved quite fundamental in my data analysis process. It helped me make sense of the data and led me to look at my themes in more depth and in relation to my theoretical framework. I have presented the drawing and the passage from my research journal to help illustrate the journey I have undertaken during the data analysis process (Figure 14).

Figure 14 – An illustration from my research journal depicting my data analysis journey (original in colour)



"The drawing, entitled "A great expedition into the unknown of seven day working", depicts me seeing through sea mist. This mist causes me to move carefully through the data, unsure of where the next step will take me, as I move through the mist to clearer skies, I can see the bigger picture, I can see the path I want to take. I am moving from describing the data to interpreting the data. The river flowing, with a path alongside it, explains the need for constant change in modern organisations, such as seven-day working in physiotherapy practice education, the river flows sometimes slowly, sometimes more rapidly, it changes with the times, it never dries up or stagnates like a puddle. But there are many obstacles or challenges on its route; rocks, fallen trees and even going over the precipice of a waterfall. My participants are the river, they are being and becoming physiotherapists, their experiences as they flow with the water will shape

their development as professionals, they are met by barriers or challenges on their journey, but change will happen as the water carves a new path. This river flows to the sea. On the shore are rock pools, these rock pools are constantly changing environments with the tides and the creatures learn to adapt, they learn from each other, they work together to survive, they change with the seasons, the weather, the culture. The beach, where the river merges with the sea and the rock pools sit, are a community, the tide comes in and out, the sands shift, sometimes in an unmanageable way, this community needs all the elements to be aware of each other, to reflect, to evolve in order to survive. I liken this to communities of practice where in practice learning, physiotherapy students, practice educators and universities all come together, to learn from each other in order to ensure practice education provides the best learning experience in changing times."

The research themes that arose from the data analysis were mapped onto the conceptual framework. I then utilised the pedagogical perspectives I highlighted in Chapter 2 to make sense of and respond to the different circumstances and contexts and how it is supported by literature or adds to the existing body of knowledge concerning physiotherapy practice education. In order to answer the final research aim, which was the consideration this study may have on future practice, I decided to utilise the concept of communities of practice as a theoretical lens to frame my discussion. According to Clancey (1995, p.54), 'the framework of a community of practice can be used as a way to explain what we know about a practice and what we need to do to accomplish more within that practice'. I believe, as did Smyth (2004), that by allowing a conceptual framework to evolve it became a reference for the conceptual and practical conclusions of the study. The explicit coherence between the study and the conclusions was thus evident within the framework, and the interpretation of the data with respect to the theory and phenomenon of the study was meaningful. I also included critical reflections as part

of the framework as it also allowed the clear identification of limitations of this study as well as the potential opportunities for future research.

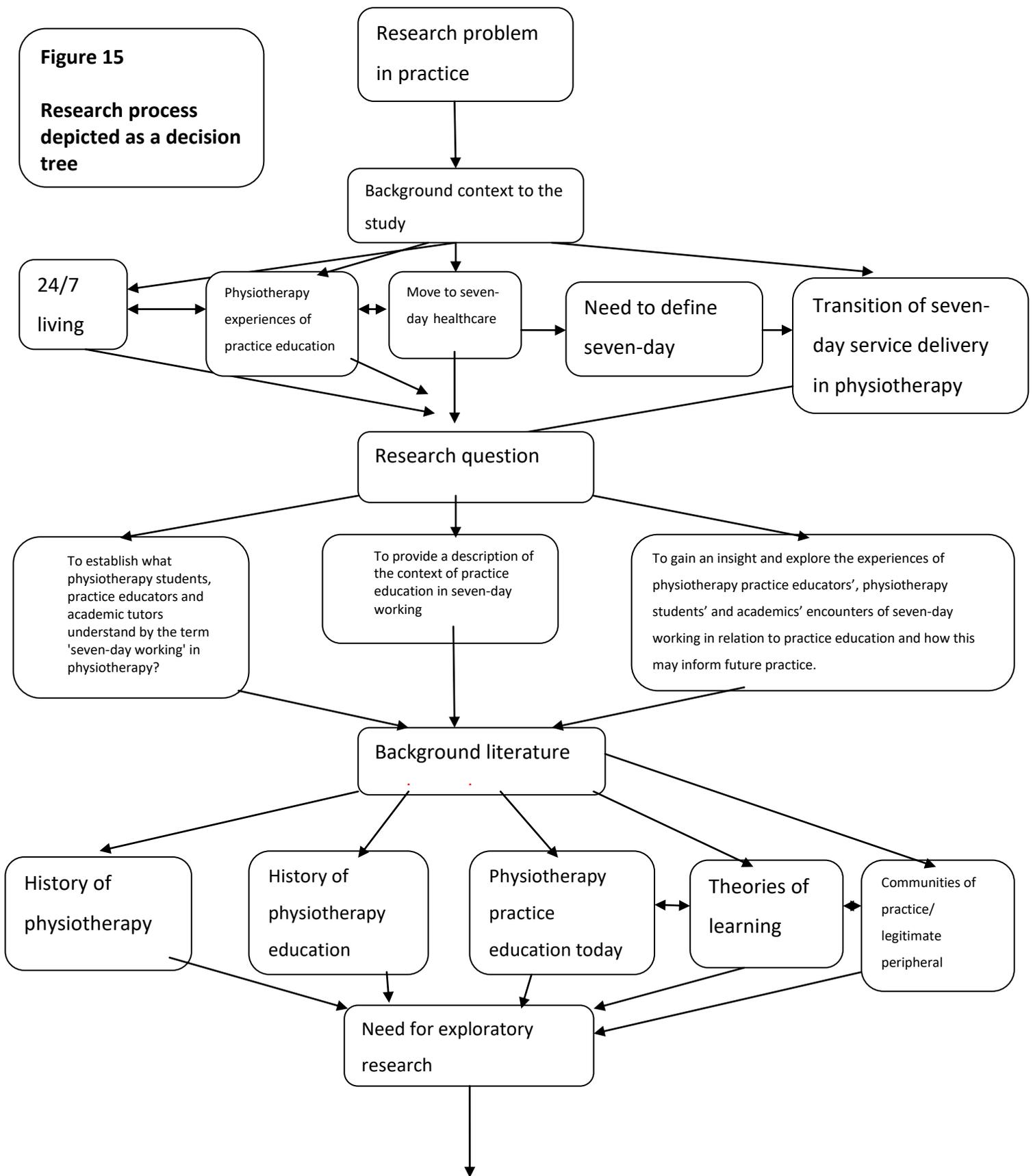
To support this narrative of the development of my conceptual framework I have also illustrated this journey as a decision tree. The use of a decision tree according to Kuntz et al. (2013) provides a way to visualise the sequences of events in a research study, and I found this extremely helpful throughout my research journey. This is found in Figure 15.

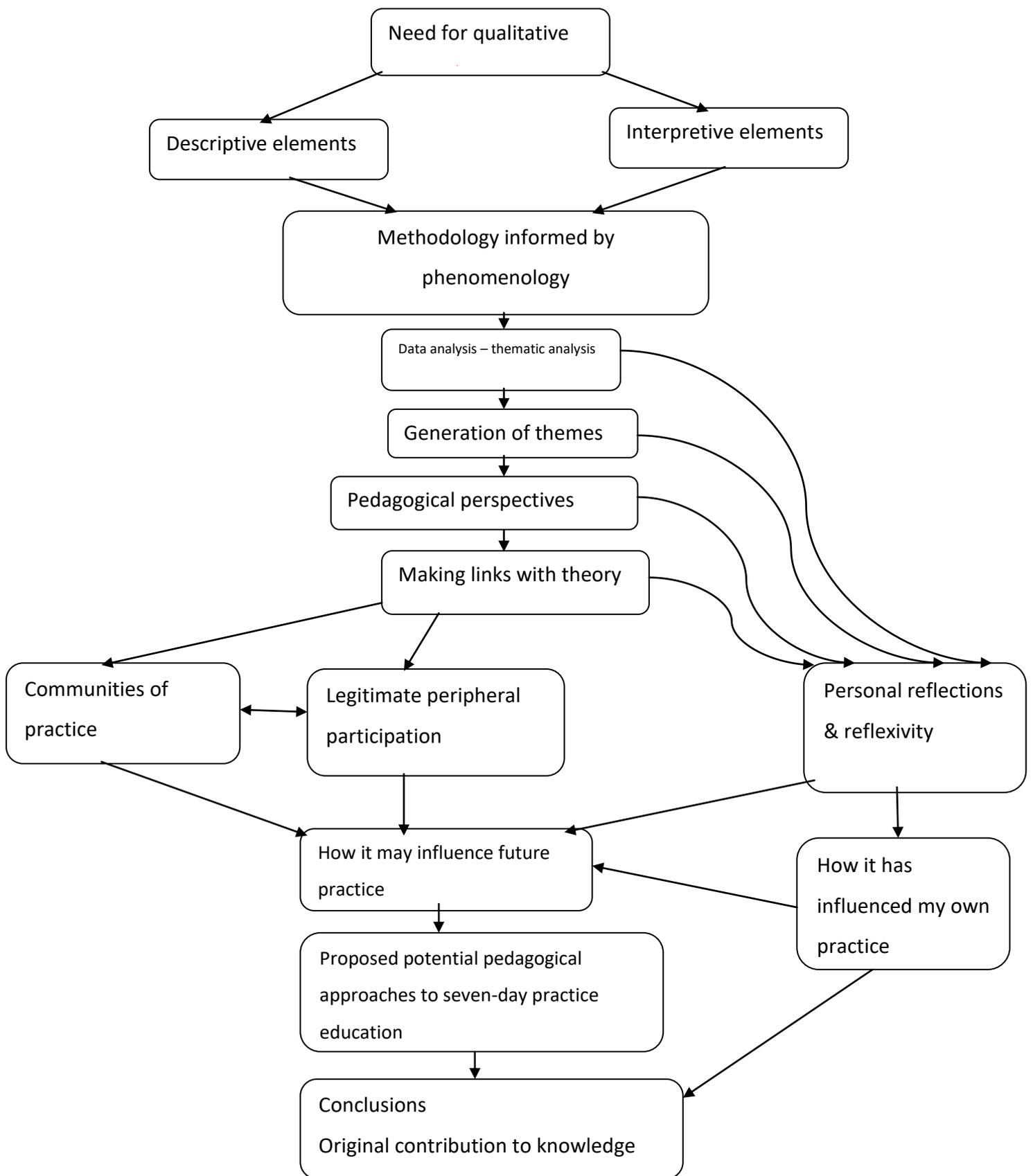
Summary of conceptual framework

For me, the development of an explicit conceptual framework had major implications for the process of the study as well as for the structure and presentation of the thesis. The evolving conceptual framework in this study demonstrated usefulness in framing the research question, consideration of relevant literature and theories of learning. It then allowed me to consider a pragmatic approach to data collection and analysis. The use of the conceptual framework has also been invaluable to guide my doctoral journey, especially in demonstrating when and why a theoretical lens was chosen and applied and for framing conceptual conclusions.

Figure 15

Research process depicted as a decision tree





Appendix 2 – Summary of some existing seven-day services in physiotherapy in the UK

Table 10 – Summary of some existing seven-day services in physiotherapy in the UK

| Service provider | Service provision | Clinical outcomes | Staff evaluations |
|--------------------------------|--|---|--|
| South Tees Hospitals NHS Trust | Seven-day service for cardiothoracic patients. Physiotherapists worked extended days 7.30am to 6pm. | “Overall, we feel we’re making a difference by removing missing physiotherapy days. We have seen more patients going home on time, spent more time with patients ... to do our paperwork.” Weekend inequalities in quality of care are reduced and discharges facilitated. | “as staff we feel more empowered and in control and we are allowed to swap shifts, giving us more flexibility and a better work-life balance.” Initial resistance due to lack of knowledge and fear of the unknown. Improved job satisfaction. |
| Northumbria Healthcare | Seven-day service to inpatients across | Reduced length of stay. Facilitated discharge. | Need to meet working time directive. Staff treated fairly with concerns and problems. |

| | | | |
|--|--|--|---|
| NHS Foundation Trust | three district general hospitals | Carers have increased chance to see physiotherapists at weekend. Improved communication with nursing staff and MDT. | |
| Guy's & St Thomas's NHS Foundation Trust | Seven respiratory services. Physiotherapists worked extended days 8.30am to 8.30pm. | Consistent and increased rehabilitation on critical care. Reduced time on ventilation and earlier discharge for patients. Patients have access to specialist physiotherapists seven days a week. Patients felt better informed about their physiotherapist. | Increased staff well-being, improved work-life balance. High turnover of staff proved to be challenging. Took a long time to get the physiotherapy team engaged in service developments. A 12-hour shift is a long day and can be tiring. Staff enjoyed having days off in week. Inconsistent working week makes regular commitments difficult to adhere to. Weekend shifts make it harder to organise a social life with people not in healthcare. Difficult to pick up patient caseload after you have been off three to four days Shift working can be difficult with childcare. Rotas make team meetings and teaching difficult as |

| | | | |
|---|---|--|--|
| | | | <p>staff may not work on day of scheduled training so need to develop online resources.</p> <p>Strong communication is essential.</p> |
| South Tees Hospital NHS Trust | Seven-day respiratory service | <p>High level of patient satisfaction.</p> <p>No delays for assessment and treatment.</p> | <p>Be open and honest with staff about service development and how the changes will affect them.</p> <p>Some initial resistance to changes.</p> |
| Newton Abbot Hospital, Torbay and Southern Devon Care Trust | Physiotherapy & Occupational Therapy Service for Stroke Unit. | <p>Reduced length of stay.</p> <p>Positive feedback from carers.</p> | <p>Improved rehabilitation ethos.</p> <p>Reduces stress for staff in respect of workload.</p> <p>Needs to be flexible and creative in approach to rostering.</p> |
| Heart of England NHS Foundation Trust | Seven-day therapy service. | <p>Improved patient flow.</p> <p>Improved continuity of care.</p> <p>Discharges facilitated quicker.</p> <p>Staff felt there may be a detriment to weekday services.</p> | <p>Changing staff working arrangements is challenging and faced opposition.</p> <p>Requires a change in culture and mindset.</p> <p>“I enjoy working at weekends; I have more time to interact with carers and relatives.”</p> |

| | | | |
|---|---|--|--|
| <p>South Tees Hospital NHS Foundation Trust</p> | <p>Seven-day physiotherapy service to ICU/HDU and surgery, twilight service till 8pm.</p> | <p>Improved patient and relative satisfaction. Continuity of care. More streamlined and efficient service. Improved patient safety.</p> | <p>Less of a workload burden on a Monday and less need for urgency on a Friday. Reluctance of staff initially due to alterations in pay from on-call payments to enhanced payments at weekends. Clinical specialist not included in weekend rota due to cost implications which caused bad feelings. Planning the rota and managing annual leave and sickness is challenging. Variable staffing levels. Staff need to be flexible. Need regular team meetings / good communication strategies. Risk of deskilling staff in respect of on call as less frequent.</p> |
| <p>Cardiff & Vale University Health board</p> | <p>Seven-day service and extended working day in acute medicine.</p> | <p>Reduced length of stay. Reduced response time from referral to contact.</p> | <p>Improved rapport with ward staff. Improved staff satisfaction due to improved patient care. Development of a successful rota.</p> |

| | | | |
|------------------------------------|---------------------------------------|--|---|
| | | | Difficult to recruit senior staff. |
| Hull & East Yorkshire Trust | Seven-day service to orthopaedics. | Post-operative physiotherapy commences earlier. Reduced length of stay. Improved continuity of care, meaning trust, cooperation and ultimately outcome is improved. | Staff satisfaction is high. Can spend more time with patients. “I believe the seven-day service has benefitted staff in respect of flexible working days.” |
| Raigmore Hospital, Inverness | Twilight service till 9pm. | Reduced call-outs. Facilitated discharges. Improvement in speed and efficiency of treatments. | Staff raised concerns about training and education, supervision and lone working. |

NHS Improvement, (2012); Millet (2011); NHS Forum (2013)

Appendix 3 – Published Journal Article

Elliott, S., Glynn, A. and Morris, J. (2016). From Practitioner to Researcher: A Threshold Concept – A personal reflection on my own tug of war. International Journal of Practice-based Learning in Health and Social Care. Vol. 4 No. 1, pp. 78–87. (Original in colour)



International Journal of Practice-based Learning in Health and Social Care

Vol. 4 No. 1 July 2016, pp. 78-87

From Practitioner to Researcher: A Threshold Concept – A personal reflection on my own ‘tug of war’

Sarah Elliott

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University of Brighton, UK

Jane Morris

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Abstract

A threshold concept can be considered as a gateway, opening up a new way of thinking about something. In this paper, I share my personal journey and

reflections as I embark upon a professional doctorate programme. I share my changing ontological and epistemological views as I undertake a paradigm shift moving from clinician to researcher. As a consequence of understanding a threshold concept, I will share my transformed worldview and the impact of this upon my doctoral studies.

Keywords: epistemology; ontology; paradigm shift; threshold concept

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Journal URL: <http://e-learning.coventry.ac.uk/ojs/index.php/pblh>

Elliott, S. with Glynn, A. and Morris, J. (2016) From Practitioner to Researcher: A Threshold Concept – A personal reflection on my own ‘tug of war’. *International Journal of Practice-based Learning in Health and Social Care*, 4 (1),78–87.
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NOTE: The reflection in this article, although personal, has been initiated through a formal course of study that necessitates recognition of supervisors as secondary authors.

Introduction

In this article, I wish to share the personal journey that I have undertaken since embarking on a professional doctorate programme at a UK university during my transition from clinical practitioner working in the National Health Service (NHS) to researcher. The features of a threshold concept can be used to define transformative points in my development as a doctoral student. My doctorate is a phenomenological study which explores the experiences of practice-based learning within a seven-day model of working¹. The aim of this study is to gain insight into, and understanding of, the lived experience of physiotherapy practice-based educators, and of physiotherapy students' encounters of seven-day working.

A threshold concept defined by Meyer and Land (2003) may be considered a gateway, opening up a new way of thinking about something. It represents a transformed way of understanding or interpreting something without which the individual cannot progress (Meyer and Land, 2003). As a consequence of comprehending a threshold concept, there may be a transformed worldview (Meyer and Land 2003). Land, Meyer, and Baillie (2010) describe the features of a threshold concept as relational, where, during the *pre-liminal stage*, the main feature is encountering troublesome knowledge, before moving on to the *liminal stage*. This is where ontological and epistemic shifts may occur which permit movement to the consequential *post-liminal stage* where transformation may occur that is irreversible. I will draw on these features to discuss how I moved through the pre-liminal stage as I struggled to comprehend my identity as a researcher. This was followed by the liminal stage where I tussled with my ontological and epistemological stance. Finally, realisation that I had undergone a paradigm shift with consequences for me personally and on my doctoral studies emerged in the post-liminal stage.

The pre-liminal stage

According to Stokes, King and Libarkin (2007), the first stage in acquiring a threshold concept involves entering a liminal space. This is a suspended state of partial understanding where individuals may encounter difficulties in understanding, or find that what they once thought was certain is now challenged in some way. Meyer and Land (2005) suggest that in this state of 'liminality', individuals will attempt to grasp new concepts and understandings that will ultimately transform how they think and practice, or how they perceive, apprehend or experience particular phenomena within their discipline (Meyer and Land 2005).

In identifying my worldview as a novice researcher, I consider my multiple roles as a physiotherapist, as a clinician, facilitator and leader. I often adopt a different stance according to the situation, adopting a pragmatic approach in order to meet the demands and requirements of each role. This is demonstrated in Table 1.

¹“Seven-day service provision is about equitable access, care and treatment, regardless of the day of the week. The level of service provided should ensure that the patient has a seamless pathway of care when accessing services no matter what day of the week” (NHS Improving Quality, 2013: 9).

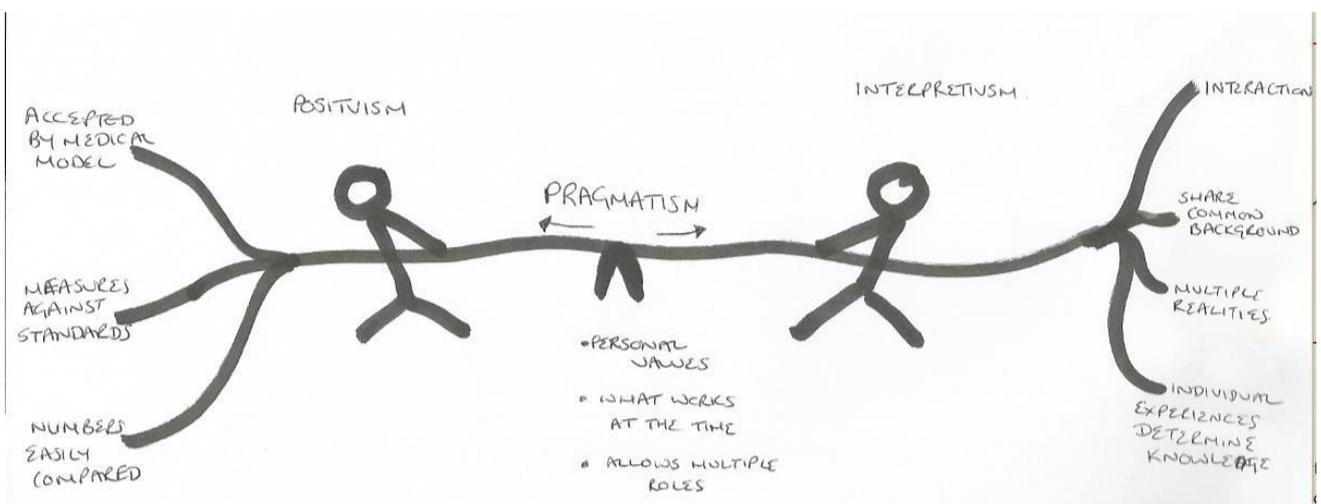
Table 1. The multiple roles I undertake as a pragmatic physiotherapist

| Role | Aim | Ontology | Epistemology | Methodology | Influences |
|--------------------------------|---|---------------------------------|-----------------------------------|---|--|
| Physiotherapist – Clinician | Evidence-based practice Ensure excellent patient experience | Realist Critical realist | Positivist Post-positivist | Quantitative; RCTS, case studies, objective measures Mixed methods; patient satisfaction, use of triangulation | Acceptance by medical model, standards to achieve, guidelines to meet, objective measures, need to measure success Patient satisfaction, standards of care, effective treatment |
| Physiotherapy – Manager | Financial; managing budgets Maintaining productivity Cost-effective service | Realist | Positivist | Quantitative; facts and figures | Targets, financial constraints |
| Physiotherapy – Practice-based | Provision of high standard of | Critical realist | Post-positivist | Mixed methods, student and staff feedback | CSP / university standards Appraisals |

| | | | | | |
|----------------------------------|---|------------------|-----------------|---|---|
| Educator | student placements Development of junior staff | | | Rotation feedback Achieving objectives | |
| Physiotherapist – Team Leader | Involvement of staff in service Development | Critical realist | Post-positivist | Mixed methods, reflections, evaluations, surveys, audit | Objective measures and standards, guidelines, meeting criteria |

In contrast, as a professional doctorate student, I believe each individual will have her/his own interpretation of experiences, and knowledge may be constructed from these social interactions. In my research journal, I reflected upon my own internal paradigm war by depicting it pictorially as a tug of a war (Figure 1). I felt I was being pulled one way by the demands of the NHS and another by my beliefs as a researcher. By contrast, as a pragmatic physiotherapist, I sat in the middle, with the scope to be pulled either way according to the need or demand of the research. I was in a state of liminality, tugged one way by my profession as a physiotherapist, and the other by my developing knowledge as a researcher. I was challenged by the way I think and practise as a physiotherapist and was not always willing to change the way in which I viewed the world, thus making it an uncomfortable place to be. It took me a long time and lots of grappling with philosophy before I moved forward as a researcher, with a clearer stance, as explained in the next section.

Figure 1. My paradigm tug of war



The liminal stage

A key feature of threshold concepts is that they are 'bounded' (Cousin, 2006). That is, they help to define the scope or boundaries of a subject area (Smith, 2006). A significant point in my research journal occurred as I reflected and analysed my stance in relation to my role as a clinician and as a researcher. Figure 2 is an extract from my research journal.

From my reflections in my journal, it is evident that I was transforming and becoming a researching practitioner, rather than just a clinician. Life would never be the same again, as described in the next section.

Figure 2. Extract from research journal

The pull towards quantitative methods has been hard to resist. Not because I believe that is the right approach to take, but that I have been influenced by authority and the need for physiotherapy to be accepted in the medical profession. It seemed comfortable to keep drifting back to 'measuring' and 'proving' because that is what I have always done. However, in this instance as a researcher I want to explore the phenomena of seven-day working from the perspectives of the educators and the students. I want to know what their experiences are – that way I will better understand the subject area. If we understand and interpret these experiences, it may provide important discoveries around this area and we know that the profession has to adopt seven-day working. So rather than stick my head in the sand and assume it will be alright,

I'm sticking mine above the parapet and asking 'what is your experience of practice-based education in seven-day working'. This might answer the concerns and questions of my peers, but more importantly it will provide me as a researcher the data I crave. Additionally, I have to look at myself as a researcher, not a clinician. Therefore I am 'free' to have my own worldview and philosophy as the only influence is myself and my beliefs which include believing that that no two experiences are the same and judgement/ values/ truth are all relative to the individual.

Threshold concepts are both 'troublesome' and 'transformative' (Cousin, 2006). I have battled emotionally with the concepts of epistemology and ontology, at times reluctant to leave the safe, secure position of a senior clinician, to that of a novice researcher, unsure of who I am and what I believe. Perkins (2006) explains that mastering threshold concepts often requires acquisition of knowledge that is troublesome, often the learner does not want to change or let go of their customary way of seeing things. It has taken time for me to understand that I can

continue to be pragmatic about my clinical practice, but as a researcher I am free to be myself and I need to allow my values and beliefs to be demonstrated and explained through my writing.

I used the analogy of a 'roller-coaster ride' to depict my emotional battle pictorially in my research journal (Figure 3). This picture represents my paradigm shift and illustrates how my research question developed. It shows how I was initially troubled by the thought of altering my worldview, but then accepted that I could be an individual researcher with my own stance. Additional reflection about this roller-coaster picture is included in Figure 4, which demonstrates that I am no longer feeling like a 'tug of war' as depicted in Figure 1.

Figure 3. My philosophical journey and paradigm shift

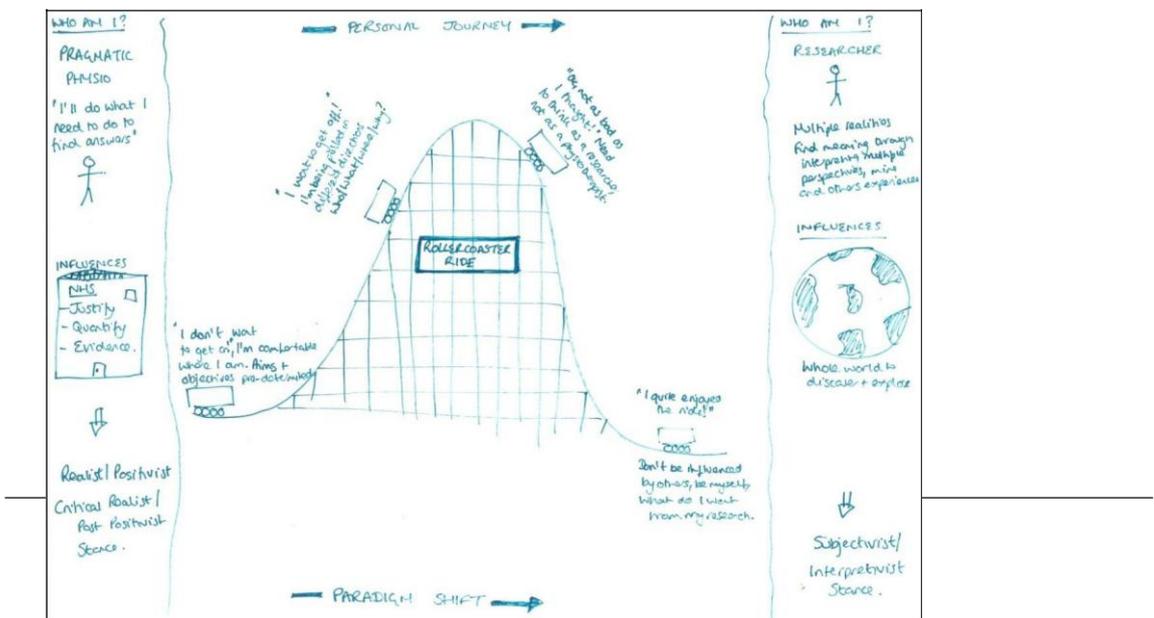


Figure 4. Extract from research journal relating to Figure 3

This drawing [Figure 3] really helped me to understand how I have to think as a researcher and can put aside the demands of a clinical role for the purpose of this research and that I am undertaking a personal journey of discovery, as well as a research study. No longer am I being pulled in different directions in a paradigm war but have made a paradigm shift which demonstrates my beliefs as a researcher within the interpretivist stance.

Once understood, a threshold concept changes the way in which an individual views the subject, and represents a transformed way of understanding, without which one cannot progress (Meyer and Land 2003). I felt at this stage that I had made a breakthrough and was able to continue on my research journey.

Threshold concepts are probably 'irreversible', and are unlikely to be forgotten (Meyer and Land, 2003). The doctoral process has changed me as a person and as a professional. Nothing is straightforward anymore, I am more analytical and I never take anything at face value now. My work colleagues have commented that I am no longer able to give a straight answer to a question, rather throwing questions back at them so they can explore the problem. Another situation I can recall was recorded in my research journal, as shown in Figure 5.

Figure 5. Extract from research journal – Life will never be the same!

At 6am this morning, while swimming in the local pool, another swimmer challenged whether I was quick enough to be swimming in the fast lane, my response: 'what is your understanding and interpretation of the term fast?' I'll never be the same again.

I am now beginning to see this change in myself. As an individual I am becoming more comfortable and confident with the new me and can begin to see how I have grown during this process and that it is impacting on my whole life.

Post-liminal stage

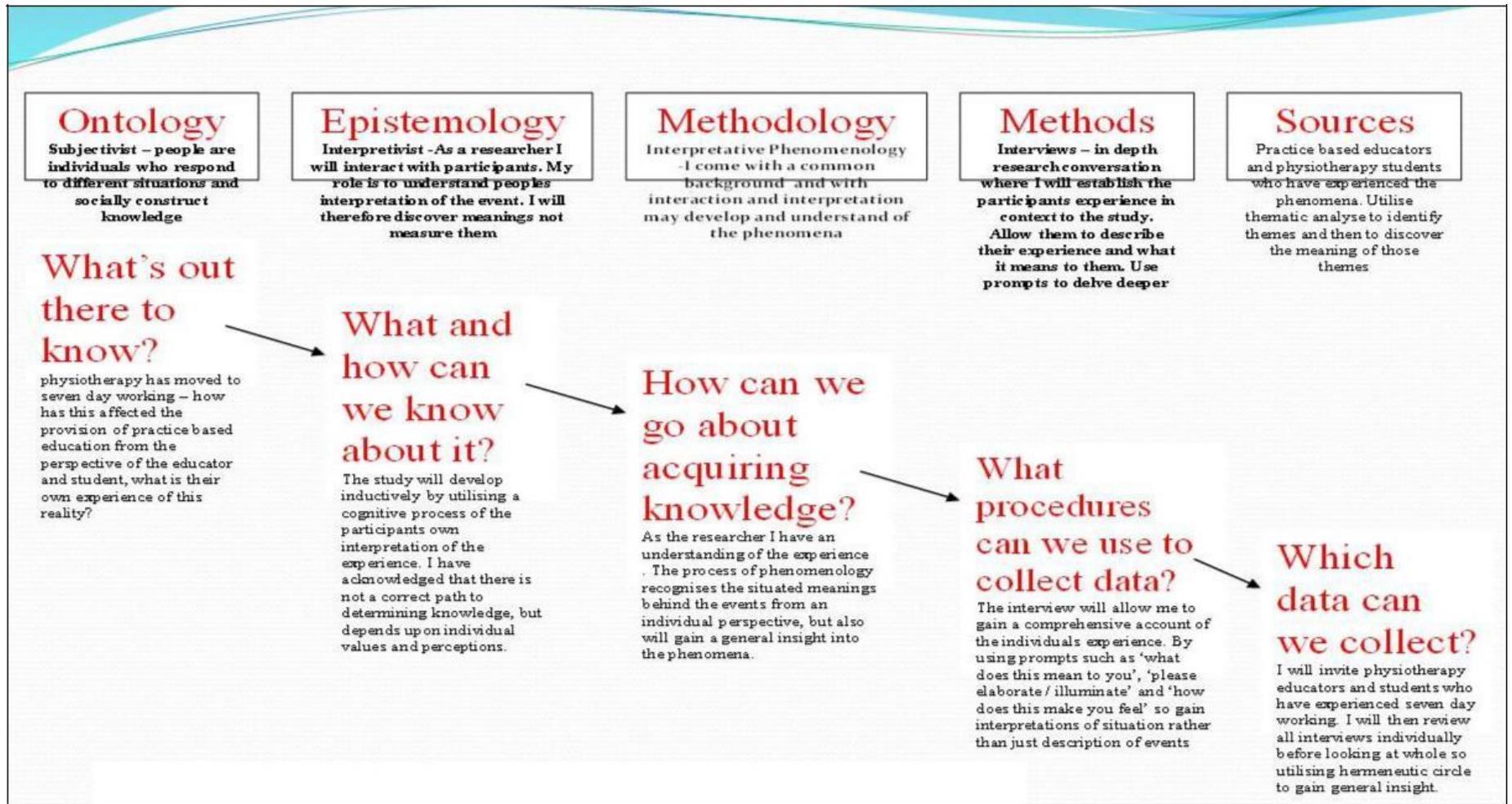
Threshold concepts, once learned, are likely to bring together different aspects of the subject that previously did not appear, to the student, to be related (Meyer and Land 2005). That is, they are 'integrated' (Meyer and Land 2005). Mastery of a threshold concept often allows the learner to make connections that were hitherto hidden from view.

It has been evident that while developing my research question, my own internal paradigm war contributed as I wrote the research question, phrased my research objectives and selected the methodology. Table 2 shows the development of my research question. At the time, I didn't realise that my developing philosophical stance had such a direct impact on my research question; it was hidden from immediate view. It is only now, as I reflect back on my journey, I can see how it affected my thinking and writing.

Table 2. The development of my research question and myself from a pragmatic physiotherapist to a researcher with an interpretivist approach

| | Assignment 1 | Assignment 2 | Assignment 3 |
|----------------------|---|--|---|
| Research Question | A team supervision model: Is this a viable, effective and sustainable approach to supporting physiotherapy students in clinical education across seven-day working? | How can the development of a team supervision model affect physiotherapy clinical education across seven-day working? | What are the experiences of practice-based learning within a seven-day model of working for practice-based educators and physiotherapy students? |
| Philosophical Stance | Realist/positivist approach – looking for a practical solution to a problem 'Prove' 'Justify' | Pragmatic approach – multiple roles, action-orientated Manager – realist/positivist approach – quantitative data Clinician – critical realist/post-positivist approach as concerned about people Educator – subjectivist/interpretivist approach as exploring experiences | Subjectivist/interpretivist approach My beliefs as a researcher; no two experiences are the same Judgement/values/truth are all relative to the individual |
| Methodology | Quantitative methods – facts and figures | Action research – looking to solve a problem in the real world. Allows a mixed-method approach to match multiple roles. Manager – facts and figures; productivity/cost Clinician – productivity, patient-centred care Educator – experiences and evaluations | Phenomenology – as a researcher I want to explore and discover experiences and interpret their meanings |

Figure 6. This diagram demonstrates my understanding of my philosophical stance within research and an increased confidence with terminology and how the process links together.



A discursive process

Meyer and Land (2003) suggest that the crossing of a threshold is a 'discursive' process in that it incorporates an enhanced and extended use of language, and this is true of me. At the start of the doctorate, words such as ontology and epistemology were new to me, as were positivism and interpretivism. I am now able to use these terms with greater knowledge and confidence, and rationalise their impact on my research journey. Figure 6, a PowerPoint™ slide used to explain my research at a student conference, demonstrates my understanding of my philosophical stance with research and an increased confidence with terminology and how the process links together.

Conclusion

The notion of threshold concepts and their potential to characterise ways of thinking and practising within a discipline has emerged as a useful and effective means of gaining insight into students' conceptual understandings (Stokes, King and Libarkin, 2007). I have learnt that adjusting one's worldview is very challenging. It is a journey of reflection, self-analysis, questioning, self-doubt, lack of confidence in my ability as a doctoral student and moving back and forth between my old, comfortable lens and my new lens. It is only now I can look back and feel comfortable and familiar with my new worldview as a researcher on a doctoral programme and take my studies forward with confidence. I have a new understanding of who I am, how I see and feel. I was not aware at the time that I crossed a conceptual threshold and I have no doubt I will revisit and pass back and forth on many more occasions according to the situation, and I will continue to grow and change as a researcher.

Acknowledgements

I would like to extend my thanks to my research supervisors who have supported me, and continue to support me, on my research journey.

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APPENDIX 4 – Participant Governance

A 4.1 Recruitment Poster – Physiotherapy Student

Are you a physiotherapy student that has worked weekends as part of your clinical placements?

I am a Professional Doctorate Student (Physiotherapy) who is exploring physiotherapy students' experiences of practice learning within a seven-day model of working.

As a participant in this study you will be asked to describe your experiences of practice learning where weekends (full or part) have been included as part of your clinical hours.

Your participation would involve a single, recorded interview lasting 45-60 minutes. For more information about this study, or to volunteer for this study, please contact: Sarah Elliott via email sce11@brighton.ac.uk

This study has been reviewed by and received ethical approval via University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

Version 2 Jan 2014

A 4.2 ICSP Notice of invitation to participate in research project

Invitation to participate in research project

A research study: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

You are being invited to participate in a research study being completed as part of a Professional Doctorate at the University of Brighton. This study is about exploring the experiences of practice educators and physiotherapy students who participate in a seven-day model of working. As a practising physiotherapist in a seven-day model of working I was concerned that this change in service delivery required further exploration to allow physiotherapists and physiotherapy students to have a voice. The results may inform future practice. The reason we have contacted you is because you may have experienced the subject under investigation; in that you are a practice educator that offers student placements across a seven-day rota.

Participation will involve sharing your thoughts, feelings and experiences of practice learning in a seven-day model of working during a recorded interview that will last approximately 45–60 minutes within a private room at a location of the participants' choice and convenience.

If you wish to participate, require additional information or if you have any questions then please don't hesitate to contact me, my contact details are:

Email: sce11@brighton.ac.uk

Thank you for taking the time to read this invitation to participate and please share with colleagues who may also be interested in sharing their experiences with me.

Sarah Elliott

This study has been reviewed by and received ethical approval via University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

A 4.3 – Invitation to participate letters

Invitation to participate in a research study (Physiotherapy Student)

A research study: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

You are being invited to participate in a research study being completed as part of a Professional Doctorate at the University of Brighton. This study is about exploring the experiences of practice educators and physiotherapy students who participate in a seven-day model of working. The reason we have contacted you is because you have experienced the subject under investigation in that you are a physiotherapy student that has participated in a placement that has involved weekend working.

Participation will involve sharing your thoughts, feelings and experiences of practice learning in a seven-day model of working during a recorded interview.

I have included the participant information sheet for further details regarding the study.

If you wish to participate or if you have any questions then please contact me, my contact details are:

Email: sce11@brighton.ac.uk

Telephone: 07876074558

Thank you for taking the time to read this invitation to participate.

Sarah Elliott, Professional Doctorate Student (Physiotherapy)

Version 2 Jan 2014

Invitation to participate in a research study (Physiotherapy Practice Educator)

A research study: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

You are being invited to participate in a research study being completed as part of a Professional Doctorate at the University of Brighton. This study is about exploring the experiences of practice educators and physiotherapy students who participate in a seven-day model of working. The reason we have contacted you is because you have experienced the subject under investigation in that you are a practice educator that offers student placements across a seven-day rota.

Participation will involve sharing your thoughts, feelings and experiences of practice learning in a seven-day model of working during a recorded interview.

I have included the participant information sheet for further details regarding the study.

If you wish to participate or if you have any questions then please contact me, my contact details are:

Email: sce11@brighton.ac.uk

Telephone: 07876074558

Thank you for taking the time to read this invitation to participate.

Sarah Elliott, Professional Doctorate Student (Physiotherapy)

University of Brighton

Invitation to participate in a research study (Physiotherapy University Link Tutor)

A research study: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators, university link tutors and physiotherapy students?

You are being invited to participate in a research study being completed as part of a Professional Doctorate at the University of Brighton. This study is about exploring the experiences of practice educators, university link tutors and physiotherapy students who participate in a seven-day model of working. The reason we have contacted you is because your students have experienced the subject under investigation as part of their practice education in fulfilment for their physiotherapy degree.

Participation will involve sharing your thoughts, feelings and experiences of practice learning in a seven-day model of working during a recorded interview.

I have included the participant information sheet for further details regarding the study.

If you wish to participate or if you have any questions then please contact me, my contact details are:

Email: sce11@brighton.ac.uk

Telephone: 07876074558

Thank you for taking the time to read this invitation to participate.

Sarah Elliott, Professional Doctorate Student (Physiotherapy)

University of Brighton

A 4.4 – Participant Information sheets

PARTICIPANT INFORMATION SHEET – Physiotherapy Student

RESEARCH QUESTION: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

In order for you to decide whether you wish to participate in this research, it is necessary that you understand what is involved and what is expected of you if you wish to participate. This sheet gives detailed information about the research being conducted to enable you to make an informed decision whether or not to participate. This study has been reviewed by the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

What is the purpose of the study?

The purpose of this study is to gain insight into the lived experience of practice educators and physiotherapy students who have worked in practice education in a seven-day model of working.

The findings of this study may provide a clearer description and deeper understanding of the implementation of seven-day working on practice education in physiotherapy, which may inform future practice.

Why have I been invited to take part?

You are a physiotherapy student that has participated in a placement that has included weekend working. I am seeking to recruit up to five physiotherapy students to participate in this study.

Do I have to take part?

No, it is up to you to decide if you would like to. Once you have read this information sheet, please contact me if you wish to proceed or if you have any further questions. If you decide you would like to participate I will invite you to sign a consent form to show you agree to take part. If you choose not to take part, it will not affect your university studies or practice clinical placements.

What are the benefits of this study?

It is not intended that you will directly benefit from this research, but the benefit that may be derived from this research is the opportunity to share and reflect on your experiences. The shared experience may contribute to further improve the experience of seven-day working placements.

What will be involved and asked of the participant?

This research will involve participating in an in-depth recorded interview lasting between 45–60 minutes. During the interview you will be asked to describe your experience, thoughts and feelings of practice education in a seven-day model of working. The interview will be conducted in a pre-booked room on the university campus.

How will my confidentiality be ensured?

As a participant involved in this research, you are assured that all the information shared with the researcher will remain confidential. Your name will not be used, instead it will be replaced with a pseudonym. The transcription will be stored securely in a locked filing cabinet on a universal serial bus (USB) which is password protected. The transcription will only be seen by me and my supervisors and all identifiable information will be removed and will not appear in any other written report or publication of the research study. The information you share will be strictly confidential and all the research data will be destroyed on completion of my studies.

What are the possible risks that I will encounter?

There is a small risk that while describing your experiences you may become emotional, if this occurs the interview will be paused to allow you time to decide if you wish to continue. If the interview is ceased, data collected up till that point will still be included in my research.

If you disclose information during the interview that has a direct impact on patient care or safety, and if deemed necessary or relevant I will refer the situation back to my university supervisors for guidance. I may also direct you to discuss the issues with student services or your personal tutor at the university. In the event of you disclosing a serious incident that contravenes the Physiotherapy Code of Members

Professional Values and Behaviours (CSP, 2011), after discussion with my research supervisors I will, if identified, refer the matter to your university link tutor.

What happens if there is a problem?

If you have a concern about any aspect of this study, you should contact me and I will do my best to answer your questions. If you remain unhappy you can contact my research supervisors, contact details are below.

Can I withdraw from this study?

Yes, you can withdraw from this study. It is assumed that if after the interview you do not contact me within two weeks then the data collected during the interview will be used as part of the research study.

Will I be paid for my participation in this research?

No, participation in this research study is of a voluntary nature and the participants will not receive payment for their participation.

What happens with the results?

I will publish the results in my thesis, submitted in relation to my Professional Doctorate. If successful, the thesis will be lodged in the British Library; otherwise it will remain at the University of Brighton. The study will be submitted for publication in peer-reviewed journals and conference presentations. Direct quotations from your interview may be used, however, in any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you, if you request, via email on the contact details below.

If you have any questions who can you call?

Researcher: Sarah Elliott, Telephone: 07876074558. Email: sce11@brighton.ac.uk

Research Supervisors:

Dr Angela Glynn, Principal Lecturer, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643660. Email: A.Glynn@brighton.ac.uk

Dr Jane Morris, Deputy Head of School, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643651. Email: jm309@brighton.ac.uk

PARTICIPANT INFORMATION SHEET – Physiotherapy Practice Educator

RESEARCH QUESTION: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

In order for you to decide whether you wish to participate in this research, it is necessary that you understand what is involved and what is expected of you if you wish to participate. This sheet gives detailed information about the research being conducted to enable you to make an informed decision whether or not to participate. This study has been reviewed by the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

What is the purpose of the study?

The purpose of this study is to gain insight into the lived experience of practice educators and physiotherapy students who have worked in practice education in a seven-day model of working.

The findings of this study may provide a clearer description and deeper understanding of the implementation of seven-day working on practice education in physiotherapy, which may inform future practice.

Why have I been invited to take part?

You are a physiotherapy practice educator that offers student placements across a seven-day rota. I am seeking to recruit five practice educators.

Do I have to take part?

No, it is up to you to decide if you would like to. Once you have read this information sheet please contact me if you wish to proceed or if you have any further questions. If you decide you would like to participate I will invite you to sign a consent form to show you agree to take part. If you choose not to take part, it will not affect your position.

What are the benefits of this study?

It is not intended that you will directly benefit from this research, but the benefit that may be derived from this research is the opportunity to share and reflect on your experiences. The shared experience may contribute to further improve the experience of seven-day working placements.

What will be involved and asked of the participant?

This research will involve participating in an in-depth recorded interview lasting between 45–60 minutes. During the interview you will be asked to describe your experience, thoughts and feelings of practice education in a seven-day model of working. The interview will be conducted in a private room in a public location that has been mutually agreed. I am willing to travel to your place of work.

How will my confidentiality be ensured?

As a participant involved in this research, you are assured that all the information shared with the researcher will remain confidential. Your name will not be used, instead it will be replaced with a pseudonym. The transcription will be stored securely in a locked filing cabinet on a universal serial bus (USB) which is password protected. The transcription will only be seen by me and my supervisors and all identifiable information will be removed and will not appear in any other written report or publication of the research study. The information you share will be strictly confidential and all the research data will be destroyed on completion of my studies.

What are the possible risks that I will encounter?

There is a small risk that while describing your experiences you may become emotional, if this occurs the interview will be paused to allow you time to decide if you wish to continue. If the interview is ceased, data collected up till that point will still be included in my research.

If you disclose information during the interview that has a direct impact on patient care or safety, and if deemed necessary or relevant I will refer the situation back to my university supervisors for guidance. I may also guide you to your own hospital's policy and reporting procedures or to discuss the issues or concerns with your line manager or peers. In the event of you disclosing a serious incident that contravenes the Physiotherapy Code of Members Professional Values and Behaviours (CSP, 2011), after discussion with my research supervisors I will, if identified, refer the matter to your line manager.

What happens if there is a problem?

If you have a concern about any aspect of this study, you should contact me and I will do my best to answer your questions. If you remain unhappy you can contact my research supervisors, contact details below.

Can I withdraw from this study?

Yes, you can withdraw from this study. It is assumed that if after the interview you do not contact me within two weeks then the data collected during the interview will be used as part of the research study.

Will I be paid for my participation in this research?

No, participation in this research study is of a voluntary nature and the participants will not receive payment for their participation.

What happens with the results?

I will publish the results in my thesis, submitted in relation to my Professional Doctorate. If successful, the thesis will be lodged in the British Library; otherwise it will remain at the University of Brighton. The study will be submitted for publication in peer-reviewed journals and conference presentations. Direct quotations from your interview may be used; however, in any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you, if you request, via email on the contact details below.

If you have any questions who can you call?

Researcher: Sarah Elliott, Telephone: 07876074558, Email: sce11@brighton.ac.uk

Research Supervisors:

Dr Angela Glynn, Principal Lecturer, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643660. Email: A.Glynn@brighton.ac.uk

Dr Jane Morris, Deputy Head of School, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643651. Email: jm309@brighton.ac.uk

PARTICIPANT INFORMATION SHEET – University link tutor

RESEARCH QUESTION: What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

In order for you to decide whether you wish to participate in this research, it is necessary that you understand what is involved and what is expected of you if you wish to participate. This sheet gives detailed information about the research being conducted to enable you to make an informed decision whether or not to participate. This study has been reviewed by the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee.

What is the purpose of the study?

The purpose of this study is to gain insight into the lived experience of practice educators, university link tutors and physiotherapy students who have worked in practice education in a seven-day model of working.

The findings of this study may provide a clearer description and deeper understanding of the implementation of seven-day working on practice education in physiotherapy, which may inform future practice.

Why have I been invited to take part?

You are a physiotherapy university link tutor from the participating university where student physiotherapists' have participated in seven-day working as part of their practice education in fulfilment for their physiotherapy degree. I aim to recruit one tutor from each of the participating universities.

Do I have to take part?

No, it is up to you to decide if you would like to. Once you have read this information sheet please contact me if you wish to proceed or if you have any further questions. If you decide you would like to participate I will invite you to sign a consent form to show you agree to take part. If you chose not to take part, it will not affect your position.

What are the benefits of this study?

It is not intended that you will directly benefit from this research, but the benefit that may be derived from this research is the opportunity to share and reflect on

your experiences. The shared experience may contribute to further improve the experience of seven-day working placements.

What will be involved and asked of the participant?

This research will involve participating in an in-depth recorded interview lasting between 30–45 minutes. During the interview you will be asked to describe your experience, thoughts and feelings of practice education in a seven-day model of working. The interview will be conducted in a private room in a public location that has been mutually agreed. I am willing to travel to your place of work.

How will my confidentiality be ensured?

As a participant involved in this research, you are assured that all the information shared with the researcher will remain confidential. Your name will not be used instead it will be replaced with a pseudonym. The transcription will be stored securely in a locked filing cabinet on a universal serial bus (USB) which is password protected. The transcription will only be seen by me and my supervisors and all identifiable information will be removed and will not appear in any other written report or publication of the research study. The information you share will be strictly confidential and all the research data will be destroyed on completion of my studies.

What are the possible risks that I will encounter?

There is a small risk that while describing your experiences you may become emotional, if this occurs the interview will be paused to allow you time to decide if you wish to continue. If the interview is ceased, data collected up till that point will still be included in my research.

If you disclose information during the interview that has a direct impact on patient care or safety, and if deemed necessary or relevant I will refer the situation back to my university supervisors for guidance. I may also guide you to your own university's policy and reporting procedures or to discuss the issues or concerns with your line manager or peers. In the event of you disclosing a serious incident that contravenes the Physiotherapy Code of Members Professional Values and Behaviours (CSP, 2011), after discussion with my research supervisors I will, if identified refer the matter to your line manager.

What happens if there is a problem?

If you have a concern about any aspect of this study, you should contact me and I will do my best to answer your questions. If you remain unhappy you can contact my research supervisors, contact details below.

Can I withdraw from this study?

Yes, you can withdraw from this study. It is assumed that if after the interview you do not contact me within two weeks then the data collected during the interview will be used as part of the research study.

Will I be paid for my participation in this research?

No, participation in this research study is of a voluntary nature and the participants will not receive payment for their participation.

What happens with the results?

I will publish the results in my thesis, submitted in relation to my Professional Doctorate. If successful, the thesis will be lodged in the British Library; otherwise will remain at the University of Brighton. The study will be submitted for publication in peer reviewed journals and conference presentations. Direct quotations from your interview may be used, however, in any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you, if you request via email on the contact details below.

If you have any questions who can you call?

Researcher: Sarah Elliott, Telephone 07876074558. Email: sce11@brighton.ac.uk

Research Supervisors:

Dr Angela Glynn, Principal Lecturer, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643660. Email: A.Glynn@brighton.ac.uk

Dr Jane Morris, Deputy Head of School, School of Health Science, Darley Road, Eastbourne, BN20 7UR. Telephone, 01273 643651. Email: jm309@brighton.ac.uk

A 4.5 – Consent Form

INFORMED CONSENT FORM

Project Title – What are the experiences of practice learning within a seven-day model of working for practice physiotherapy educators and physiotherapy students?

Researcher – Sarah Elliott. Professional Doctorate Student, University of Brighton.

| | | TICK |
|---|--|------|
| 1 | The name and purpose of the research project has been explained to me. I understand it and agree to take part. | |
| 2 | I understand that I may not directly benefit from taking part in this research. | |
| 3 | I understand that while information gained during the study may be published and may include direct quotes from my interview, I will not be identified and my personal details will remain confidential. | |
| 4 | I understand that I can withdraw consent from the study. However, ongoing consent will be assumed after two weeks from the interview and your interview data will be included in the research data from that time. | |
| 5 | I understand the statement contained in the participant information sheet about receiving no payment for participation in this study. | |
| 6 | I understand that the conversation will be audio digitally recorded. | |
| 7 | I understand that the results of the study can be made known to me if I wish. | |

Name of Participant.....
 Signed.....
 Dated.....

I certify that I have explained the study to the volunteer and consider that he/she understands what is involved.

Name of researcher.....
 Signed.....
 Dated.....

APPENDIX 5 – RESEARCH ETHICS AND GOVERNANCE PERMISSIONS

A 5.1 – University of Brighton Faculty of Health and Social Science Research Ethics and Governance Committee

30-Jan-2014

Dear Miss Elliott:

It is a pleasure to approve your application entitled "Physiotherapy practice based learning in a seven day model of working," subject to you making the very small changes listed below in the final paperwork sent to part

Please notify The Chair of FREGC immediately if you experience an adverse incident whilst undertaking the research or if you need to make amendments to the original application.

We shall shortly issue letters of sponsorship and insurance for appropriate external agencies as necessary.

We wish you well with your research. Please remember to send annual updates on the progress of your research or an end of study summary of your research.

Sincerely,

Prof. Julie Scholes

Chair, Faculty of Health and Social Science Research Ethics and Governance Committee

J.Scholes@brighton.ac.uk

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Applicant

You have addressed all the comments.

Just three comments:

I presume the 'trial interviews' will be with friends rather than those participating for this study. Can you confirm.

PIS: need to add Faculty of Health and Social Science in front of 'Research Ethics and Governance Committee'

Section of serious incident being stated, voice would be more consistent as 'you' and 'your' rather than 'the participant'.

Reviewer: 2

Comments to the Applicant

I am happy with these changes, and good luck with the study!

Amendments approved following inclusion of University Tutors and increased participants

Julie Scholes

To: Sarah Elliott

Cc: Glynis Flood

- You forwarded this message on 10/07/2014 15:02.

Thanks Sarah.

Happy to approve these changes.

This will be logged on your original application

Kind regards

Julie

Professor Julie Scholes
Chair, FREGC HSS

A 5.2 External ethical approval from other universities involved

• Research Governance Review Queries [rg2@bournemouth.ac.uk]



06 February 2014 11:0

Dear Sarah

Thank you very much for your request to access to BU students for your Professional Doctorate and enclosing a copy of your final Brighton Research Ethics Approval Letter(s) along with other useful study details.

We will keep a copy of your letter and these records securely in our own research ethics administration files.

From a research ethics perspective please take this email as initial approval to access our final year Physiotherapy students subject to approval by Elizabeth Rosser, Deputy Dean Education, who is cc'd to this message.

I have also cc'd Carol Clark for ease of comms.

Thank you for taking the time to seek this access-approval and all the very best with your study from hereon.

Dr. Martin Hind

HSC Research Ethics Coordinator.

Sarah Elliott

Faculty of Health and Social Science
University of Brighton

5th March 2014

Dear Sarah,

**RE: 'Physiotherapy practice based learning in a seven day model of working'.
– King's College London external research request permission**

I am writing with regard to your recent application for permission from the King's College London Research Ethics Office to undertake the above research study, as per our external research request procedure.

I can confirm that your application for permission has been accepted and that you now have permission to undertake external research using King's College London staff or students. Your permission has been granted by the Chair of the College Research Ethics Committee. Please note that the external research request procedure does not constitute ethical review, rather it is a permission procedure put in place to ensure that only ethically acceptable studies are carried out by King's College London staff/students and premises.

Please do not hesitate to contact the Research Ethics Office should you have any queries regarding the above.

Kind regards

Annah Whyton
Research Support Assistant
King's College London

Appendix 6 – Interview Guide

Check consent

Warm-Up Questions Examples – to engage participant in research conversation, make them more at ease and to gain context of their experience only.

Practice educator

Can I ask you not to name any individuals during the process of the interview, thank you.

Can I ask you to tell me what is your understanding of the term ‘seven-day working’ in physiotherapy?

Can you tell me how long you have been working a seven-day model in your physiotherapy department?

According to NHS Improvement (2012), what level of service do you offer in your seven-day model of working? (Show attached table to participant, this will be on a separate laminated sheet and will have also been provided in advance)

Seven-Day Working – Four Levels Model, NHS Improvement (2012, p.7).

| Level | Description |
|---------|--|
| Level 1 | Services limited to one department or a service that is beginning to deliver some services beyond the 8am – 6pm Monday to Friday service. This could be extended working days and some weekend services; however, it does not deliver equitable services irrespective of the day of the week. |
| Level 2 | Services that are delivered seven days per week but not always offering the full range of services that are delivered on week days. This limited range of services goes beyond “on call” and emergencies only and facilitates some clinical decision making and discharge, though is likely to be one service and not integrated |

| | |
|---------|---|
| | with other service delivery. |
| Level 3 | A whole-service approach to seven-day service delivery that requires several elements to work together in order to facilitate clinical decision-making or treatment, often covering more than one work force group. |
| Level 4 | A whole-systems approach to seven-day service delivery by integrating the requirements for elements of seven-day services across more than one speciality area. |

Please describe your experience (e.g. number of years or number of students) as a practice educator.

When did students start to work this pattern? Why did you decide to move to students working seven days?

What clinical speciality do you work in and offer seven-day placements in?

Physiotherapy Student

Can I ask you not to name any individuals during the process of the interview, thank you.

Can I ask you to tell me what is your understanding of the term 'seven-day working in physiotherapy'?

How many placements have involved seven-day working or some aspect of weekend working?

In what clinical specialities were they?

Were you made aware by the university that practice placements may involve weekend working?

Opening question

Describe your experience of physiotherapy practice education in a seven-day model of working.

Broad Questions

What feelings were generated by the experience?

What thoughts stood out for you?

Will you or have you done anything different following the experience?

What have you learnt from this experience?

Prompts that will be used to encourage the participant:

Can you elaborate on that point some more?

Thanks, that is very interesting, can you illuminate this point.

Can you describe in more depth how this made you feel?

What does this mean to you?

Themes to consider if interview faltering

Financial considerations

Changing team dynamics

Social implications

Differences of weekend working

Role of the practice educator

Models of practice education

Closing of the interview

Is there anything else you would like to share / talk / reflect upon in relation to practice education in a seven-day model of working?

Clarify consent for data to be used as part of research study. Remind participant that they can withdraw consent up to two weeks after the interview, after which time the data will be used.

Thank you for taking the time to share your experiences with me. After two weeks this interview will be transcribed ready for data analysis. Please don't hesitate to

contact me if you have any further questions or queries. Would you like to be kept informed of the study results?

Appendix 7 – REFLEXIVITY EXERCISE – Completed November 2013 (after gained RPA)

What are my assumptions about the research topic?

What are my values and life experiences and how might all this shape the data collection and analysis process?

My assumptions are that people will either be for or against seven-day working, and this might reflect in their working practice. I see this all the time at work: some people embrace seven-day working and accept that it is the future because we can't maintain a professional image if we only work Monday to Friday, whereas others see work coming second to family and social life, that working weekends is an inconvenience – we have even had staff resign because they didn't want to work weekends! Me, I'm all for seven-day working. Maybe it's because of the speciality I work in – critical care. This is a 24/7 job, patients don't choose when they are sick so we should be available for them, and if physio doesn't push themselves forward then someone else will try and fill that role and there are already doubts if ITUs need physios. I'd like it from a personal perspective as well. My partner worked shifts for ten years so we have experienced not being around each other at weekends. I like the time off in the week for me, to catch up on all those jobs and do things for just me. I don't have children, however, so that may be a completely selfish thought.

I also strongly believe that students should be working seven days when on placement so they experience the real world – in a few months they will be qualified and will have no choice in the matter. I think we still molly coddle students rather than letting them experience how it actually is – don't give them all the nice uncomplicated patients Mon – Fri, give them anything and everything – better now with supervision than when on their own as a newly qualified practitioner. A lot of students seem surprised at how busy

we are when they first start work and the pace which we work at, let alone the shock of working weekends. Let's deal with it early so they are ready for action when they qualify – after all, they may be looking after me in my advancing years!

I also believe people don't like change or believe that they can't change student placements. I'm sure people think student placements have always been Mon – Fri, so we shall continue that. Or students think, I only go to university Mon – Fri so why should I work weekends! One comment that really struck me when I first started looking at this research topic was someone said, "I'm sure students wouldn't moan about working weekends if their placement was at Manchester United!"

I understand that we have to be flexible with student placements and part-time jobs and children, but I don't think it's an excuse not to work a weekend – clinical placements should come first, and they should make an effort – I believe it would help them in the job market. Again, it comes back to experiencing real life.

One thing we do need to look at is the practical side of hosting placements, especially if there is reduced staffing at weekends. There is the argument of safety versus supervision, and is it a good learning experience or is there the temptation just to let it be observational. I have seen this first-hand when we had two students on the same weekend shift, with just me and a new band 5, plus lots of sick patients – I needed to chop myself up into lots of little bits, hence we now only roster one student on at a weekend, but we reflected upon the experience and made changes – the old pragmatic physio in me.

I know I have a strong opinion of seven-day working, but I am keen to hear others, maybe I'll be surprised or persuaded to think differently – I do

believe that everyone should be given a voice to express their wishes, choices and experiences. As a researcher I have to take my blinkers off and be open to all comments, thoughts and experiences. Things I say to myself are – be open- minded, listen carefully to what people have to say and reflect, reflect, reflect. Also, don't be afraid to say I've changed my mind or have been persuaded to change my thoughts. Maybe, I'll repeat this exercise at the end of the process.

My thoughts are based mainly on the practical and operational side of organising and hosting placements, although I utilise learning styles and theories for student education as am interested in gaining more knowledge on belonging, being and becoming a physiotherapist in this new pattern of working and how I can change my own practice.

Appendix 8 – Data analysis trail

A 8.1 Introduction

This appendix explains in more detail my approach, my thinking and decision-making throughout the data analysis process. I began with the descriptive elements of my research aims.

A 8.2 Phases of analysis – extracting the descriptive elements

The first interview question asked all participants what their understanding of the term ‘seven-day working’ meant to them. This was extracted from the interview transcripts and collated in Table 11. I thought it was important to establish this information so a comparison could be made across the participant groups. All the participant groups identified the benefits seven-day working brings to patient care. This also answered my initial research aim of: ‘To establish what physiotherapy students, practice educators and academic tutors understand by the term ‘seven-day working’ in physiotherapy’. More detail is presented in Section 6.2.

Table 11 – Participants’ understanding of seven-day working

| Participant | Understanding of the term seven-day working |
|-------------|--|
| KEY | PTS – Physiotherapy Student and number PPE – Practice Placement Educator and number HEI – University link Tutor and number |
| PTS 1 | There is no difference between the weekend and weekday; the patients receive the same care whatever day of the week. (p. 1) |
| PTS 2 | Patients need care every day, they don’t just fall over or are sick on a Monday–Friday basis. (p. 2) |
| PTS 3 | It allows for better care of the patients, and helps people get home quicker. (p. 1) |
| PTS 4 | That we work long hours spread over seven days. But the patients benefit as they are seen every day. (p. 1) |
| PTS 5 | That you still work five days a week, but it can be any day of the week. It’s a better service, a better level of care for the patients. (p. 3) |
| PTS 6 | That they are trying to provide the same service that you would do Monday–Friday but just to extend it over the weekend as well. Just to provide a service to patients over the full seven days, and the patients see the improvements. (p. 1) |
| PPE 1 | I think a true seven-day service should be everybody, every day, every service and it should be the same level of service every day. (p. 3) |
| PPE 2 | Seven-day working should be a service for that whole seven days. I feel it should be a full-on seven-day service that you provide throughout the wards and continues with patient care throughout. (p. 2) |
| PPE 3 | It’s all about providing the patients with the same service seven days a week. (p. 1) |
| PPE 4 | No longer do we breeze in at 9am on a Monday morning and stop at 5pm on a Friday; we provide a service across all days of the week. There is a need to provide care to patients every day of the week. (p. 1) |
| PPE 5 | The weekend forms part of your regular week. As a profession we need to move forward, we need to provide a service to our patients across the whole seven days. We owe it to ourselves and our profession. (p. 2) |
| PPE 6 | It’s a service running Monday to Sunday, the same every day, providing the same care for patients, whatever day of the week. (p. 3) |
| HEI 1 | It’s a different way of working; care is provided over the seven days, it’s the future of our profession. (p.2) |
| HEI 2 | It’s about giving the patient’s exposure to services over the whole seven days; it improves the patient’s experience, they shouldn’t be treated any differently at a weekend compared to a weekday. (p. 2) |
| HEI 3 | It’s all about providing the same service to patients across the whole week, it is the new working environment for physiotherapy now. (p. 1) |

My second research aim was 'to provide a description of the context of practice education in seven-day working. This is summarised in Table 12. This clarified that I had achieved the ratio of female: male participants in relation to the physiotherapy profession. It gave some background to why placement hosts had decided to offer seven-day placements and the model of supervision. It also highlighted the fact that I had a broad spectrum of clinical specialities from both acute hospitals and community settings for both practice educators and physiotherapy students. It was also interesting to note that some physiotherapy students had volunteered to experience seven-day working, while for others it was compulsory, and I wondered whether this may have influenced their experience. One limitation that I identified on reflection was that it may have been beneficial to identify the participant's history as previous life experience may also have impacted upon their attitudes, thoughts and perceptions of seven-day working. I consider this in Section 10.4 where I discuss the limitations of my study.

Table 12 – Details of the context of seven-day practice education undertaken by the participants of my study

| Participant / Pseudonym | Position | Gender | Clinical speciality of seven-day working or extended hours | Level of seven-day service (NHS Improvement) | Model of supervision | Choice – voluntary or compulsory | How seven-day working was rostered | Other |
|--------------------------------|------------------|--------|--|--|---|---|---|--|
| Physiotherapy Student 1 (PTS1) | 3rd year student | F | Neurology / Stroke specialities | 2 | 1:1 model – I had one educator that completed my assessments, but I worked with the whole team. | Voluntary – “educator encouraged me to experience seven-day working, and I was already quite keen.” | Arranged to work the same weekend as my educator. | Respiratory placement was seven-day working but did not offer this to students. |
| Physiotherapy Student 2 (PTS2) | 3rd year student | F | Respiratory – seven-day working | 2 | 1:1 model, but had to work with others when my educator was on a day off. | Voluntary – “they offered (respiratory) and I said I would like to do it because some of my friends said it | Arranged to work the same weekend as my educator. | Neurology offered seven-day placements but didn’t expect students to participate as it was across three different sites. |

| | | | | | | | | |
|--------------------------------------|---------------------|---|--|---|---|--|---|--|
| | | | Community – extended hours (8pm) | | | is a really different atmosphere so I wanted to experience that before I qualified.” | Matched educators’ hours | |
| | | | | | One main educator but often shared with two others. | Voluntary – “I wanted to spend more time with my educator, that’s why I chose to match her extended hours one week.” | | |
| Physiotherapy Student 3 (PTS3) | 3rd year student | F | Respiratory | 2 | 1:1 model | Voluntary: “university had said it would be good for us to experience it, but I didn’t mind, to be honest.” | We were given the choice of what weekend we wanted to do, which was good. | My day off was Tuesday the following week so it didn’t give me much time to do things, it broke my week up, I would have preferred two days off together. |
| Physiotherapy | 3rd year | F | Cardiology and | 3 | 2:1 model | Compulsory. | We were | Given a choice I would |

| | | | | | | | | |
|--------------------------------------|---------------------|---|--|---|---|--|---|--|
| Student 4 (PTS4) | student | | Surgery Seven-day service / 12- hour shifts | | | “I wasn’t excited about working weekends, so I just went in open-minded just to see how it went.” | just given a timetable, so we just followed that, but we did have leeway if we had other plans going on. | have preferred to work Monday to Friday because of family time, but I was prepared to do it for the experience. |
| Physiotherapy Student 5 (PTS5) | 3rd year student | F | Intensive Care / Respiratory | 3 | 2:1 model | Compulsory – we were just sent a rota of when we would be working. | Rostered on same days / weekends as educator, both students together | I wasn’t aware in advance that my placement would be across seven days. I was concerned how I would fit everything in as I also do paid work. |
| Physiotherapy Student 6 (PTS6) | 3rd year student | M | Respiratory – Long-term / weaning Seven-day service / 12- hour shifts | 3 | 1:1, but often worked with other members of the team. | Compulsory | We were asked in advance for our available dates, so I was able to avoid the days I do my part- time job, | They were really organised with my timetable, they had a timetable for when I was in which included all my teaching and when I’d be doing other stuff as well, it was well structured. |

| | | | | | | | | |
|--------------------------------------|------------------------|---|-----------------------------------|---|--|---|---|---|
| | | | | | | | there was no conflict in respect of that, but it meant I didn't always work with my educator. | |
| Practice Placement Educator 1 (PPE1) | Band 7 physiotherapist | F | Acute neurology, primarily stroke | 2 | 1:1 model due to physical space, but they work with whole of MDT who all provide feedback. | Compulsory, they would probably work one weekend on a six-week placement. | We give them the dates we, the educators, are working and try to match up; if they can't do the same week, we would roster them with the Band 6. I am quite flexible. | It was management's decision to move to seven-day student placements. |
| Practice Placement | Band 6 Rotational | F | Stroke rotation | 2 | 1:1, but they may have to | Compulsory | It's difficult to plan | We have a forum to discuss what went well, |

| | | | | | | | | |
|--------------------------------------|-----------------------------------|---|--|---|---|---|---|---|
| Educator 2 (PPE2) | physiotherapist | | | | work with other members of the team if our days don't correspond. | | ahead as our rotas aren't fixed, so sometimes when the students contact me I don't know my own rota, let alone trying to match my weekends with them. | what didn't go well. I think students should be given a choice of whether they want to work seven days or five days as they have so much going on. I don't want to put on extra pressure. It was our lead clinicians that decided students were going to work a seven-day pattern so to match their educators. |
| Practice Placement Educator 3 (PPE4) | Band 6 Rotational Physiotherapist | F | Respiratory rotation including intensive care 12-hour shift pattern, generally two weekends a month. | 3 | 2:1 model, sometimes they are supported by other members of the team. | Compulsory – it gives them awareness of real life, of what working life is actually like. | We contact the students as soon as we have their names, as we may have to negotiate days according to part-time jobs and | Students changed to seven-day working as soon as the service changed, the managers decided to make the change and a lot of preparation work was undertaken to aid the transition. |

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| | | | | | | | childcare. | |
| Practice Placement Educator 4 (PPE4) | Band 6 Physiotherapist | F | Intermediate Care team (community based) | 2 | 1:1 as we are out together in a car a lot of the time, | Voluntary – students are offered the chance to work weekends. They seem keen to take up the opportunity. | The student was rostered on the same weekend as me, but I would have been flexible if they couldn't do the same dates as me. | It's real life, that is how things are. Students have to show adaptability and flexibility to work a seven-day pattern. |
| Practice Placement Educator 5 (PPE5) | Band 7 Physiotherapist | F | Orthopaedics | 2 | Shared educators – takes a bit more effort to make it run smoothly. | Voluntary-sometimes there are exceptions to the rule, but I encourage it. | Students are rostered 8.30–4.30 but we work extended days – we need to review that as it may be beneficial for the students to | It is good for students to get used to the fact that that's how their working life will be and that their educational experience should mirror real life where possible. |

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| | | | | | | | match our hours. We only stuck with that out of tradition. | |
| Practice Placement Educator 6 (PPE6) | Band 6 Physiotherapist | M | Medical / Respiratory | 2 | Team approach | Compulsory – students are informed of their timetable in advance, but it is possible to swap shifts. | Rostered the same as a senior clinician working a 1-in-3 pattern. | Clinicians decided to give students an insight into the real working world by changing to seven-day placements. Need to consider the impact on students who are struggling, it can put pressure on the educator. |
| University link tutor 1 (HE11) | Module lead, preparing students for placement, organising placements, supporting students on placements. | F | Link tutor for all specialities | | It appears to be more 1:1 on seven-day placements, we try to encourage 1:2 to alleviate the pressure on finding | We are guided by the placement providers but actively encourage seven-day working. We do | Students report that they follow the pattern of their educator, but there does seem to be some flexibility. | No student has ever refused to participate on a seven-day placement. Sometimes we are unaware of a move to seven-day working from some hospitals, so need to be kept up to |

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| | | | | | placements. | consider their individual circumstances such as children, commitment to part-time work and distance to travel. | | date. There are some services out there that are working seven days but keep students Monday–Friday, and when I questioned them on that they said it was just traditional and it’s what they have always done. |
| University Link Tutor 2 (HEI2) | Practice education tutor; preparing students for placement, supporting the educators and students when on placement | F | Link tutor for all specialities | | Students always prefer 1:1 supervision, but we are experiencing some team approaches on seven-day placements. | Some of the Trusts have structured, compulsory seven-day placements, some are more ad hoc and students can sign up for the experience if they want to. It appears to be very different from hospital | They seem to follow their educators’ pattern of work, but both parties need to be flexible and adaptable and understand each other’s commitments. I tell the students | The majority of students are prepared to work seven days. You always get a few moaners, but we spent a lot of time talking about it, preparing them for their professional life. We look at each individual student’s situation before allocating placements. If someone has childcare issues, it’s not worth stressing them |

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| | | | | | | to hospital. I say if you ever get the opportunity to do it (seven-day working), take it, make it happen, change your weekend so you can get that experience, make the most of the opportunity, see what is different. | placements come first, and that they have to make their part-time jobs fit in around their placements. | or the educator out if the situation just won't work across seven days. |
| University Link Tutor 3 (HEI3) | Allocating placements, giving the students a portfolio of different placement experiences . Audit the | F | Link tutor for all specialities | | Students always have one named educator as a contact point but may work with other team members. | All students are told they may get the opportunity to do seven-day working, so we encourage it, but we've | Students arrange this on an individual basis with their educator. | Students' feedback has always been positive regarding seven-day working. It's hard to keep track of what services are moving to seven days. |

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| | placements and meet with heads of service. Provide training for the educators, share feedback from students. | | | | | made it optional for the students to discuss with their educators just because of part-time jobs or childcare commitments, so we don't make it compulsory. This was a university decision, but discuss it regularly with the practice educators, they are happy to keep it as optional. | | |
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A 8.3 – Phases of analysis – beginning the interpretive process

This section demonstrates the phases of thematic data analysis as identified by Braun and Clarke (2006) that I utilised to present and interpret findings to create the key themes that are explored in Chapter 6.

I have summarised the phases of data analysis in Table 13. I designed this to ensure that I completed each phase as fully as possible before moving on to the next step. I also considered reflective and reflexive questions to demonstrate my analysis, decision-making and to help me identify if a different approach was necessary. It also ensured that I kept the research question as the focus as the topic of practice education is so vast.

Table 13 – Phases of thematic analysis

| Phase | Process | Aim | Reflexive Consideration |
|------------------------------------|--|--|--|
| Familiarise yourself with the data | <p>Read the transcripts while listening to recorded interviews to check accuracy and begin to immerse myself in the data.</p> <p>Re-read the transcripts and begin to list what I found interesting or surprised me.</p> <p>Ask the questions: How does this participant make sense of their experience? What assumptions do they make in interpreting their experience? Each interview to be</p> | <p>The aim is to become intimately familiar with my data and begin to notice things that might be relevant to the research question.</p> <p>Generate an initial list of what is in the data and what is interesting to me and how it relates to the research question.</p> <p>Make detailed notes to complement field notes already taken, although these are not codes at this stage, just notes to aid further analysis.</p> | List in journal with a description of what each point of interest means to me at this stage. |

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| | reviewed as a 'standalone' data item. | | |
| Generate initial codes | Begin to generate basic codes, consider where and how patterns occur (data reduction). Infer what the codes mean to me as the researcher. | Clear, comprehensive coding at a basic level, codes should identify and provide a label for a feature of the data. Codes should be able to stand alone away from the data – pithy summary. Codes can be semantic (descriptive) or latent (interpretive) – but ensure they are labelled. Organise the data into its coded format. Keep going back and reviewing text/codes. | Explain how and why basic codes were developed and how they relate to the research question. Don't worry about the number of codes – it can always be merged or discarded at a later date. Any questions I am asking myself. |
| Searching for themes | Begin to create organising themes by considering how different codes may combine. May generate overarching themes and subthemes by collapsing and clustering codes. Use of mind maps/thematic networks to help visualise/organise data. Review each participant group in turn before looking across the whole dataset. It is okay to have a miscellaneous theme for codes that don't fit anywhere else. | Re-focuses the analysis at a broader level of themes rather than codes. A theme will capture something important about the data in relation to the research question. Searching for themes is an active process. Need to start exploring the relationship between themes. Collate all the data extracts relevant to each theme so I can begin the next process. | Discuss how codes were combined, interpreted and why it happened the way it did. Describe why themes may link/overlap. Consider the number of themes in order to present them in sufficient depth and detail to convey the richness of the data. |

| | | | |
|-----------------------------------|--|---|--|
| <p>Reviewing potential themes</p> | <p>Review and refine the themes. Check the themes against the collated extracts of the data. Use of extracts to support if there is sufficient evidence to support the themes. Consider the validity of each theme. Revise if necessary.</p> | <p>To establish the overall story that the themes tell, and how they fit in relation to the research question. Aiming for a set of themes that capture the most important and relevant elements of the data in relation to the research question.</p> | <p>Make notes of how I processed the understanding of the themes. Ask the questions: Is it a theme or a code? What does this theme tell me about the data – is it useful? Is there enough meaningful data to support the theme? Do the themes answer the research questions?</p> |
| <p>Defining and naming themes</p> | <p>Define and name each theme. What is interesting about each theme and why? Select extracts to present, analyse and tell the story of the data. Data must be interpreted and related to the research question and other literature.</p> | <p>A detailed analysis of each theme. Be able to state what is unique and specific about each theme. What the themes contribute to the research question. The name of the theme is important, should be informative, concise and catchy.</p> | <p>Describe and interpret each theme, sum up the essence of each theme in a few sentences. Keep asking the question ‘So what?’ when writing about each theme. Does the name of the theme reflect its meaning?</p> |
| <p>Producing the report</p> | <p>Writing-up process. Discuss themes and their meanings. Themes should be presented logically and meaningfully to tell a coherent story. Utilise research supervisors to ‘check’ analysis so to ensure accurate representation.</p> | <p>Comprehensive description and interpretation of results. Provide a compelling story about my data based upon my analysis. Make sure it goes beyond description to make an argument that answers the research question.</p> | <p>Description of each step and why it was taken. Consideration of themes in respect of research question. Discuss any useful contributions to practice learning in a seven-day model of working.</p> |

| | | | |
|--|--|--|--|
| | | | Avoid the common errors of providing extracts with no analysis. Ensure that my data-based claims are justified and that the claims fit with my overall position and methodology. |
|--|--|--|--|

I now explain and describe each phase of data analysis in more detail and my rationale behind my decision-making, interpretation and presentation.

A 8.4 Phase 1 – Familiarise yourself with the data

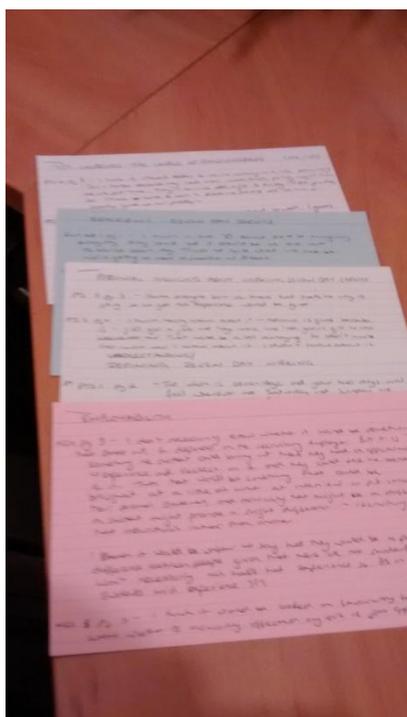
I listened to the recording and read the text to check accuracy, and where the transcribers had not been able to interpret technical terms I was able to fill those gaps. I was also able to cross-check with field notes as I had noted facial and body positions that struck me during the interview, such as sitting forward and being animated, or a more reserved presentation.

I read, read and read again, each time making notes on what surprised me, key statements that stood out – possible themes, all documented on interview transcript. Figure 16 demonstrates how I marked a transcript in this early stage of analysis.

A 8.5 Phase 2 – Generating initial codes

Each transcript was analysed on an individual basis. I read through each transcript and looked for extracts of data that may hold some meaning, and these became my meaningful statements. I then collated all similar meaningful statements together into very 'rough' codes. I then wrote each meaningful statement out in longhand again on index cards. I felt this really helped me to become immersed in the data. Each participant group was done individually on colour-coded index cards. This made it easier to see if one or all of the participant groups were highlighting the same experiences and interpretations (Figure 17).

Figure 17 – An image to demonstrate the use of coloured index cards where all meaningful statements were collated as 'rough codes' (original in colour).



Once I had completed all the transcripts I tried to group similar codes together, and the use of index cards made this easier to achieve (Figure 18). I put the cards in very broad topics for each participant group and documented them in the following tables as a starting point (Tables 14 a-c).

Figure 18 – An image to demonstrate the use of index cards to group themes together (original in colour)

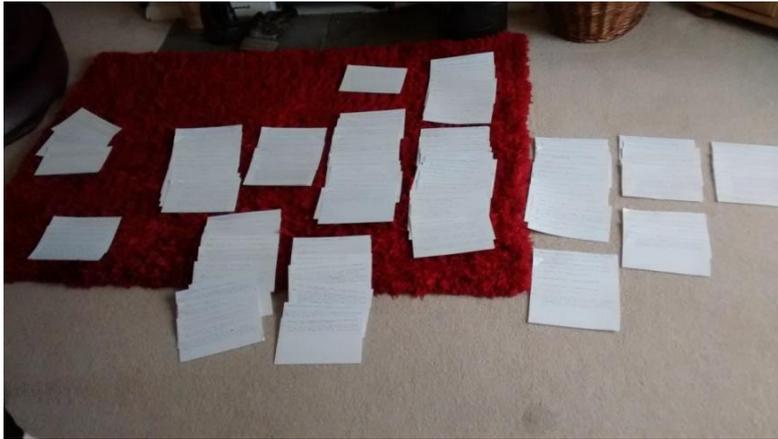


Table 14a – Initial basic coding of link tutor interviews

| IMPACT OF SEVEN-DAY WORKING ON PERSONAL LIFE | KNOWING AND UNDERSTANDING THE CONCEPT OF SEVEN-DAY WORKING | LOOKING TO THE FUTURE | STUDENTS WORKING A SEVEN-DAY PATTERN | PLANNING & ORGANISING A SEVEN-DAY PLACEMENT | ALLOCATION OF PLACEMENTS |
|--|--|-----------------------|--|---|--|
| <p>Impact on university life</p> <p>Barriers to seven-day working: PT jobs / children</p> <p>Impact on social life</p> | <p>INFORMING STUDENTS OF 7/7</p> <p>We discuss 7/7 with students</p> <p>We tell potential students about 7/7</p> <p>Students don't complain about 7/7</p> <p>Students have accepted 7/7</p> <p>Aiding the transition of seven-day working.</p> | <p>Employability</p> | <p>Students choose / volunteer to work seven days</p> <p>If services work seven days then the placements should match this</p> | <p>Structure of the weekends</p> <p>Issues with accommodation</p> <p>Timing of weekends</p> <p>Transport at weekends</p> <p>The organisation of the actual placement</p> <p>There should be flexibility</p> | <p>Considerations for allocations of placements</p> <p>Failing students shouldn't work weekends</p> <p>Special consideration for students with jobs / children</p> |

| WHAT DO STUDENTS LEARN BY WORKING SEVEN DAYS | REFLECTIONS OF STUDENTS EXPERIENCING SEVEN-DAY PLACEMENTS | INCONSISTENCY DUE TO SHIFT WORK | TEAM DYNAMICS | SUPERVISION & FEEDBACK DURING SEVEN-DAY PLACEMENTS | LINK BETWEEN UNIVERSITY & PLACEMENT HOSTS |
|---|---|--|--|--|--|
| Professionalism It's different working weekends / out of hours Communication skills | Benefits / real-world experience Positive feedback from students It's more than skills and knowledge – it's real life | Students concern about assessment Negative feedback from students about 7/7 due to lack of continuity | Staffing levels Be part of the team | Issues of communication with multiple educators Educator has more time at weekend Peer support for safety 7/7 only appears to be offered on a 1:1 model Provision of supervision / models of supervision You need trust | Placement providers need to tell us about changes in working practice Trusts don't always keep us up to date about placement structures Liaison with university and clinicians Should university tutors be available at weekends Link tutor visits |

Table 14b- Initial coding of student interviews

| IMPACT OF SEVEN-DAY WORKING ON MY PERSONAL LIFE | KNOWING AND UNDESTANDING THE CONCEPT OF SEVEN-DAY WORKING | LOOKING TO THE FUTURE | THINKING ABOUT PATIENTS | WHAT DID I LEARN BY WORKING SEVEN DAYS | REFLECTION ON SEVEN-DAY WORKING | INCONSISTENCY OF SHIFT WORK |
|---|--|---|---|--|--|--|
| <p>FAMILY; Impact of family life My family don't want me to work weekends People with children are placed locally</p> <p>SOCIAL LIFE Impact on social life Impact on sport / other commitments</p> <p>PART-TIME WORK Impact on PT</p> | <p>DIDN'T KNOW ABOUT SEVEN-DAY WORKING We didn't discuss seven-day working at uni I didn't know I would have to work shifts or weekends</p> <p>PERSONAL THOUGHTS ABOUT SEVEN-DAY WORKING</p> <p>DEFINING AND UNDERSTANDING SEVEN-DAY WORKING</p> | <p>EXPERIENCING SEVEN-DAY WORKING MAKES ME MORE EMPLOYABLE / HELPS ME GET A JOB</p> <p>EXPERIENCING SEVEN-DAY WORKING MAKES ME MORE PREPARED FOR WORKING</p> <p>CONSIDERING 7/7 FOR FUTURE JOBS</p> | <p>PATIENTS ARE DIFFERENT AT WEEKENDS</p> <p>PATIENTS APPRECIATE US WORKING WEEKENDS</p> <p>PATIENTS DIDN'T KNOW WE WORKED WEEKENDS</p> <p>WELFARE AND SAFETY</p> | <p>BENEFITS OR NO BENEFIT?</p> <p>COMMUNICATION</p> <p>COMMUNICATING WITH MDT</p> <p>GAVE ME TIME TO EXPLORE THE HOSPITAL</p> <p>GAVE ME INCREASED CONFIDENCE</p> <p>LEARNING TO BE FLEXIBLE</p> <p>WORKING WEEKENDS IS DIFFERENT TO</p> | <p>FIRST IMPRESSIONS COUNT</p> <p>REAL-LIFE EXPERIENCE</p> <p>PERSONALITY AFFECTS EXPERIENCE</p> <p>FEEDBACK I WOULD LIKE TO GIVE TO EDUCATORS</p> <p>POSITIVE EXPERIENCE</p> <p>GENERAL</p> | <p>THE EFFECTS OF WORKING SIX DAYS IN A ROW</p> <p>LACK OF A CONSISTENT PHYSIO AFFECTS THE PATIENT</p> <p>MANAGING MY CASELOAD</p> <p>INCONSISTENCY DUE TO DAYS OFF</p> <p>YOU SWITCH OFF</p> <p>YOU ARE IN FEWER DAYS</p> |

| | | | | | | |
|--|--|---|--|--|---|---|
| <p>job Placement is more important than job University comes first Flexibility of educators</p> <p>UNIVERSITY Impact on student / university life I didn't get my work done Managing my time off Depends on uni work Uni started simulation sessions</p> | <p>I WAS AWARE OF THE POSSIBILITY OF SEVEN-DAY WORKING</p> <p>PROFESSIONALISM 7/7 Improves the image of physiotherapy Students don't fully understand the profession of physio</p> | <p>EXPERIENCING 7/7 DOESN'T MAKE ME MORE EMPLOYABLE</p> | | <p>WEEKDAYS</p> <p>REVIEWING THE LEARNING EXPERIENCE</p> <p>YOU ARE THERE TO GET A GOOD MARK</p> <p>I OBSERVED MORE AT THE WEEKEND</p> <p>MY EDUCATOR WAS TOO NICE AT THE WEEKEND</p> <p>I PROGRESSED SLOWER ON A SEVEN-DAY PLACEMENT</p> <p>EDUCATORS ENCOURAGE SEVEN-DAY WORKING</p> | <p>REFLECTIONS</p> <p>SURREAL EXPERIENCE</p> <p>I SHOULD HAVE SPOKEN UP</p> | <p>PRODUCTIVITY</p> <p>I DIDN'T FEEL LIKE THEY WERE MY PATIENTS</p> <p>WASTED TIME READING NOTES / ASKING PATIENT</p> |
|--|--|---|--|--|---|---|

| STUDENTS WORKING A SEVEN-DAY PATTERN | PLANNING AND ORGANISING A SEVEN-DAY PLACEMENT | TEAM DYNAMICS | SUPERVISION AND FEEDBACK DURING A SEVEN-DAY PLACEMENT |
|--|--|---|--|
| <p>SHOULD STUDENTS WORK WEEKENDS? Should / shouldn't students work weekends? Choice of voluntary or compulsory I would be annoyed if 7/7 was compulsory</p> <p>SHIFT WORK View on 12hr shifts I don't want to work 12hr shifts</p> <p>WHY I CHOSE TO WORK 7/7 I worked weekends to make a good impression I volunteered to work a 7/7 service and reasons why W/E working fits in with my life</p> | <p>PLANNING THE WEEKENDS How often should students work weekends Timing of weekends</p> <p>INFORMATION Information in advance Need clear expectations Placement information isn't always up to date</p> <p>ISSUES WITH</p> | <p>REDUCED STAFFING AT WEEKENDS</p> <p>UNDERSTANDING THE ROLE OF THE MDT</p> <p>GOOD TO WORK WITH OTHER MEMBERS OF THE TEAM</p> <p>I WAS A BENEFIT TO THE TEAM AT THE WEEKEND</p> <p>MADE TO FEEL PART OF THE TEAM</p> <p>STAFFING SAME ACROSS THE SEVEN DAYS</p> | <p>DIFFICULTIES WITH SHARING EDUCATORS AND GETTING FEEDBACK I WANTED MORE TIME / SUPPORT FROM MY EDUCATOR I COULDN'T WORK IF MY EDUCATOR WASN'T IN EDUCATOR PUT PATIENTS FIRST I FELT UNSUPPORTED / GENERALLY UNSUPERVISED DIFFERENCES OF SUPERVISION 5 DAYS VS 7 DAYS</p> <p>I'M NOT SURE MY EDUCATOR WANTED ME THERE</p> <p>PEER LEARNING</p> <p>MODELS OF SUPERVISION</p> |

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| I would take the opportunity to work 7/7 again. I would choose to work weekends if it was offered to me I DON'T MIND WORKING SEVEN DAYS 7/7 IS A NIGHTMARE FOR STUDENTS | TRANSPORT PLANNING A SEVEN-DAY PLACEMENT Logistics Arranging weekend working. | CHANGING TEAM STRUCTURE I UNDERSTOOD HOW THE TEAM CAME TOGETHER 7/7 AFFECTS / ALTERS TEAM DYNAMICS | MORE TIME WITH EDUCATOR AT WEEKEND I DON'T LIKE SHARING EDUCATORS, PREFER 1:1 MODEL |
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Table 14 c – Initial Coding of Practice educators' interviews

| IMPACT OF SEVEN-DAY WORKING | KNOWING AND UNDERSTANDING THE CONCEPT OF SEVEN-DAY WORKING | LOOKING TO THE FUTURE | STUDENTS WORKING A SEVEN-DAY PATTERN | PLANNING AND ORGANISING A SEVEN-DAY PLACEMENT | WHAT DO STUDENTS LEARN ON 7/7 PLACEMENTS |
|--|--|---|--|---|---|
| Effect on social and family life Part-time jobs 7/7 fits with university life Effect on university work / study | Students' understanding of 7/7 Managers reluctant to have students at weekends Describing seven-day services | Students only work weekends as a CV exercise 7/7 makes you more employable Working weekends is good for your CV | Seven-day working should be optional for students If a service works seven days then the student should match it Students should | Planning the placement Travelling at weekends Changing to a seven-day placement | Students learn about prioritisation 7/7 increases confidence Weekend working is different to weekdays |

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| | <p>Students are surprised about 7/7 and 12-hour shifts</p> | <p>There is inconsistency in students experiencing 7/7</p> | <p>compulsory work weekends</p> <p>If students are studying at a professional level then they should take up 7/7 opportunity</p> <p>I wouldn't want to work weekends as a student</p> <p>Do students miss out if they don't work W/Es?</p> <p>Empathy with students regarding weekend working</p> <p>Students should be given the option to work weekends</p> <p>Working shifts /</p> | <p>Managing experiences</p> <p>Rostering the student</p> <p>Timing of the weekends</p> <p>Educators need to be more organised</p> <p>Flexibility with 7/7 working</p> <p>Caseload and productivity</p> | <p>Students learn to be organised</p> <p>Students learn to work with others</p> <p>Students learn to stand on their own two feet</p> <p>Weekend working enhances learning</p> <p>Student welfare</p> <p>More observation at weekends</p> |
|--|--|--|---|--|--|

| | | | extended hours | | |
|--|---|--|---|--|--|
| REFLECTIONS ON 7/7 WORKING | INCONSISTENCY OF SHIFT WORK | TEAM DYNAMICS | SUPERVISION AND FEEDBACK DURING A 7/7 PLACEMENT | LINK BETWEEN UNIVERSITY AND HOSPITALS | ALLOCATION OF PLACEMENTS |
| Changes I have made on transition to 7/7 working | Students struggling with continuity of care | Less exposure to band 5s (peer learning) | Matching students and educator hours | Outlook of mature students | What if a student says no to working weekends? |
| Students' feedback | Inconsistency with learning and development | Changing team dynamics | Model of supervision | Problems with visiting tutors | Seven-day working and a failing student |
| Feelings of guilt | | Extra pressures on clin eds at weekends | Managing supervision time at weekends | Students are told in advance about 7/7 working | When a student shouldn't work weekends |
| What would I do differently? | | | Team approach | Part-time students find 7/7 more difficult | |
| Effects of 7/7 | | | Changes to supervision | University's need to tell students about 7/7 | |
| Real life / nurturing new blood | | | Assessing a student on a 7/7 placement | | |
| 7/7 benefits the team and students | | | More supervision at weekends | Using weekends to make up clinical hours | |
| | | | Less support at | | |

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| | | | weekends Sharing educators It's good to work with other educators Difficulties sharing students | University supports out of hours / weekend placements | |
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Table 15 – An example of how I began to form themes from basic codes

| Participant | Transcript – Meaningful units | What is this telling me? | Basic code |
|-------------|---|---|---|
| PTS4 pg 21 | I think with the patients, it affects them as well, cause I did have one patient who, he didn't say it to me, but it was just on the notes that he would have liked more consistency, but out of all the patients I saw, he was the only one. So I think from the patient's point of view, consistency is probably a major thing as well, just because it's a familiar face you get to know and you get used to one person. | Inconsistency in care Patient perspective of having different physiotherapists | Lack of a consistent physiotherapist affects patient care |
| PTS4 pg 18 | I didn't feel like they were my patients, because I didn't know them. I didn't see them progress. Whereas on my other placements they were my patients. So I was the one seeing them progress and knowing what to do, but with this, because so many people were seeing them, it was a just every morning I just needed a thorough handover to know exactly what happened, what's going on, what I had missed. I think that was definitely one of the most difficult things not having that consistency with patients. If I had a written handover, I would know what to do with the patient if I was going to see them and where their rehab was going and what they required. | Inconsistency in care Importance of handover | I didn't feel like they were my patients |
| PTS 4 pg 19 | I felt like I was reading, spending more time reading the notes and then going to ask the patient. I felt like I was reading at least 3–4 days back and just reading up to now. | Not familiar with caseload Checking notes | Wasted time reading notes as I didn't know the patients |
| PTS6 pg 8 | The patient had changed and what everyone was doing was different, and I think it was just more of me being up to speed and what was going on, but also me being, I don't know, as a student you want to, I think you need that continuity over the full placement | Struggling with days off Concerned with effect of shifts on learning process | Inconsistency due to days off |

| | | | |
|-----------|--|--|-------------------------------|
| | so that you can keep learning, keeps you going up in a nice curve, but if you have big breaks you sort of drop off and it takes that time to get back to where you were to carry on progressing and I think that sets you back. | | |
| PTS5 pg 6 | Because after having three days off, knowing I had to come back and pick up my patients, it would take me quite a long time to have a read back through the notes and understand what had happened in the last three days. I just didn't have the experience of knowing quickly by looking at the patient what had changed. | Not familiar with caseload Checking notes Inconsistency and lack of continuity of patient care | Inconsistency due to days off |
| PTS5 pg 7 | This was the worse bit, so being in for a couple of days, then off for a couple and trying to pick up when you come back. It was like starting again every time. Just when you felt like you were getting somewhere and learning something, getting into a routine, understanding what was going on, how you were doing in terms of your assessment, but then you had days off, so then going back in was like starting again. | Lack of continuity made it difficult to care for patients Affected learning process | Inconsistency due to days off |
| PTS6 pg 9 | The main disadvantage would be all the work-based learning stuff, just falling off as you had days off, and having to pick up when you came back. | Lack of continuity affected learning process Inconsistency of shifts | Inconsistency due to days off |
| | | | |

I then needed to review the data for the potential themes that I might name and utilise in my thesis, as at this stage I still had numerous themes (or what I thought were themes) and it was critical to go back to the research question, and my aim was to ensure the themes related to practice seven-day education and not just practice education. The next layer of interpretation was therefore to extract what we already know about practice education; these comments / topics related to the topic of practice education as a whole and did not relate to seven-day working so were excluded from the final interpretation, but documented for clarification and related to existing literature.

Table 16 – Already identified aspects of practice education in physiotherapy

| What do we already know about practice education that appears to be no different with seven-day placements? | |
|---|---|
| | References |
| Difficulties with multiple educators – feedback, communication, prefer 1:1 model. | Morris & Stew (2013) |
| Enjoy / benefits of working with others – MDT / physio team | Hilton & Morris (2001) Ponzer et al. (2004) |
| Benefits of peer support | Ladyskewsky (1993, 2002, 2003) Ladyskewsky et al. (1998) |
| Models of supervision – utilising team approach, feedback, feelings of guilt regarding level of supervision | French (2002) Moore et al. (2003) |
| Reflection is key to learning | Schon (1982), Kolb (1984), Moon (2004), Gibbs (1988) |

8.7 Phase 4 – Reviewing potential themes

Basic codes were then grouped together where there was a common thread, and I assigned a thought and concept to each one. From here I was able to develop outlined subthemes, and it was from here that I could identify the three main themes: barriers, challenges and changes. Table 17 shows an example of this process.

Table 17 – How I started to generate themes by analysing each code

| Basic code | Thoughts | Thematic statement | Concept | Themes |
|---|---|---|-----------|---|
| Students only work 7/7 as a CV exercise Experiencing 7/7 makes me more employable | | “students should have a choice” | Challenge | Getting to grips with new ways of working |
| Experiencing 7/7 will help me get a job Weekends are good for your CV | Employability, becoming a physiotherapist | “looking to the future” | Change | Recognition of the importance of seven-day working |
| Looking to the future I don’t want to work weekends when I qualify | Not understanding the profession of physiotherapy, not accepting seven-day working as a long-term career choice | “I don’t want to work weekends when I qualify” | Barrier | Stuck in the dark ages |
| Experiencing 7/7 makes me prepared for working Working 7/7 will help me when I qualify | Being prepared for life as a qualified physiotherapist, being a professional in the workplace | “I’m prepared for working life” | Change | It’s more than skills and knowledge, it’s real life |
| Impact on social life Impact on sport and other commitments You don’t have a social life Impact on family life My family don’t want me to | Impact on family and social life | Reflecting upon the impact of shift work and seven-day working on social life, family life and university studies | Challenge | Getting to grips with new ways of working |

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|--|---|--|-----------|---|
| work weekends Children / childcare needs Part-time jobs and 7/7 | | | | |
| Managing my time off Placement is more important than job University comes first Impact on university life I didn't get my university work done Part-time students 7/7 fits with university life | Impact on university life and study | | | |
| Benefits of students experiencing 7/7 Positive effects of 7/7 Real-life experience It's more than skills and knowledge | The impact of seven-day working on developing as a physiotherapist preparing for practice | Getting to grips with new ways of working | Change | Getting to grips with new ways of working |
| Organisation of actual placement Logistics and organisation Planning the placement Rostering the student Timing of the weekends Structure of the placement How often should students work weekends | Organisation of the placement | "Organisation, organisation, organisation" | Challenge | Getting to grips with new ways of working |

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|--|--|---|--------|---|
| Students have accepted 7/7 Students have never complained about 7/7 Personal thoughts on 7/7 I don't mind working 7/7 | Acceptance of seven-day working by all parties | "Students have accepted seven-day placements" | Change | Recognition of the importance of seven-day placements |
|--|--|---|--------|---|

| | | | | |
|---|-------------|--|-----------|---|
| Matching the student and educator | | | | |
| Flexibility with 7/7 Importance of flexibility Should be flexibility on all sides | Flexibility | "There needs to be flexibility on all sides" | Challenge | Getting to grips with new ways of working |

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|--|---|---|-----------|---|
| I was aware of 7/7 but not the impact We discuss 7/7 with students We tell potential students about 7/7 Students are told in advance of 7/7 placements | Awareness of seven-day working appears to be apparent to students | “We were aware of the possibility of seven-day working on our placements” | Challenge | Getting to grips with new ways of working |
| Students are surprised about 7/7 I didn't know I would have to work 7/7 | Maybe needs to be advertised more pre-university / CSP | Surprised about seven-day working | Barrier | In the dark |
| Importance of 7/7 Understanding the importance of 7/7 7/7 improves image of physiotherapy | Importance of seven-day working for the image of physiotherapy | “Seven-day working is important for the image of physiotherapy” | Change | Recognition of the importance of seven-day placements |
| Universities need to tell students about 7/7 Placement providers need to tell us about working patterns Need information in advance Placement information isn't always up to date | Information is key to providing successful placements | Everybody needs to be kept informed of developments in seven-day placements | Barrier | In the dark |
| Educators encourage 7/7 HEI aids transition to 7/7 HEI supports 7/7 | Support | Seven-day working is encouraged and supported by educators and universities | Change | Recognition of the importance of seven-day placements |
| Should students work | Choice of | The question of choice – | Challenge | Must ensure everybody gets |

| | | | | |
|---|--|--|-----------|---|
| weekends? Voluntary or compulsory Should be optional Students should volunteer for 7/7 I would moan if 7/7 was compulsory | placements is still debatable and no one consensus came to light | should students be made to or offered the chance to work weekends while on placement | | the same opportunity |
| Changing to 7/7 placements Availability of 7/7 placements | Opportunity | “All students should have the opportunity to experience seven-day working as part of their training” | Challenge | Must ensure everybody gets the same opportunity |

A 8.8 Phase 5 – Defining and naming themes

I have then presented the initial themes, using traffic lights to present themes and concept mapping to identify overarching themes, main themes and subthemes.

Figure 20 illustrates the first concept map identifying the themes.

It can be seen that at this stage there was so much data, it was unmanageable, so I had to revisit and refine. At this stage I completely removed some themes that I didn't really think answered the original research question. This was difficult for me as I was conscious that participants had taken time to talk to me and I didn't want to miss anything out – I was reminded by my supervisors that this data still exists and I may choose to present it at a different time. An example of themes removed related to choice; I had some data on whether students had voluntarily chosen to participate on seven-day placements or whether it was compulsory, and although it was interesting to hear their thoughts, I felt it did not alter their experiences so removed them. Table 18 identifies the first revision of my themes.

An extract from my research journal illustrates that I found not using all data difficult:

“It is hard to put data aside – to me it is all interesting and was important enough for the participant to share with me, I feel like I am betraying them in some way ... but I must focus on the original aims of the research and the use of my lens will help me to focus. It doesn't mean I will never use it, I can always come back to it or disseminate through other means. I can see that as I read, refine, read, refine that my themes are moving beyond a description and really relate to practice education in a seven-day model of working.”

Figure 20 – Illustration of the first concept map identifying the themes (original in pencil)

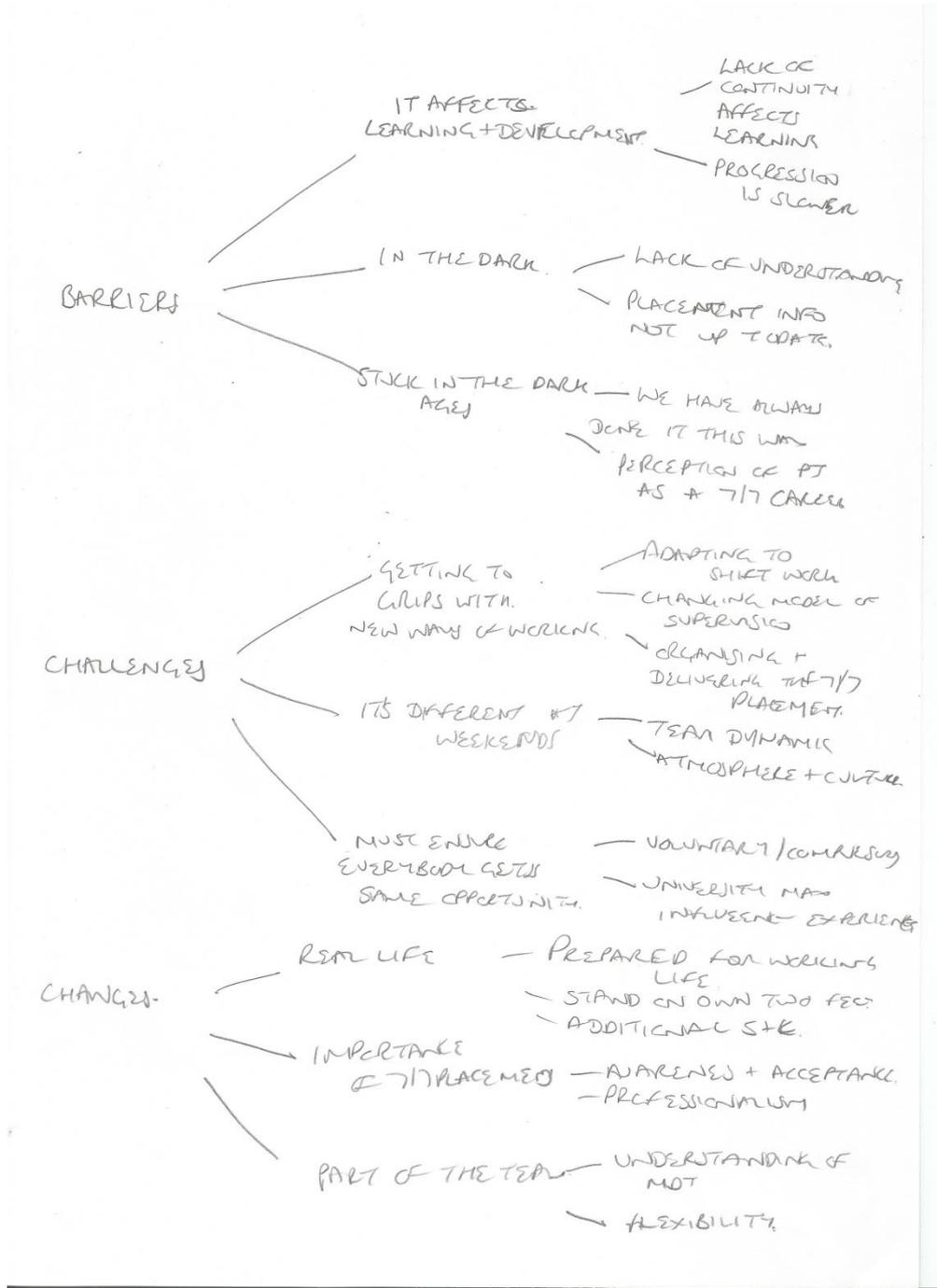


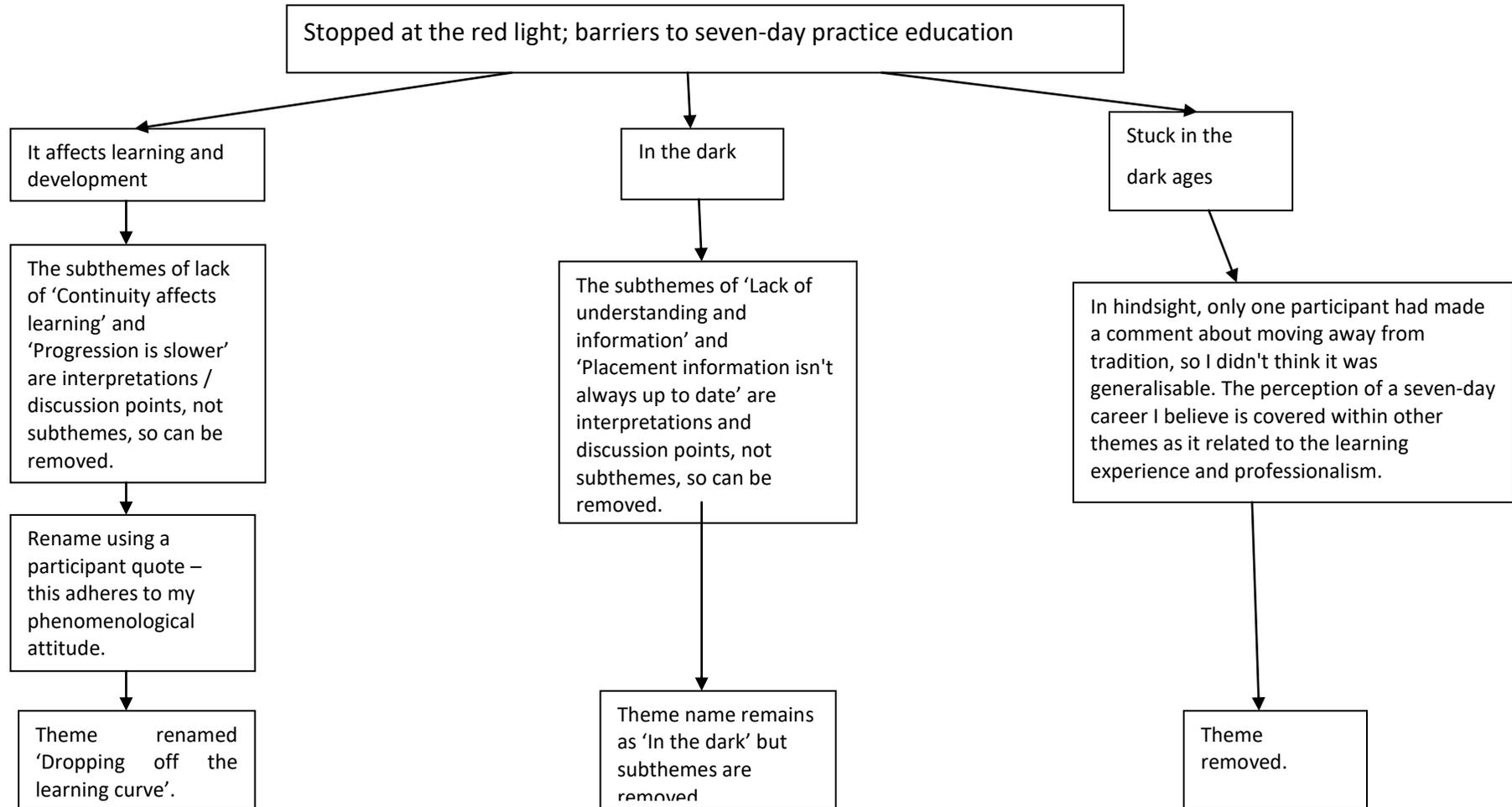
Table 18 – First revision of themes and subthemes (original in colour)

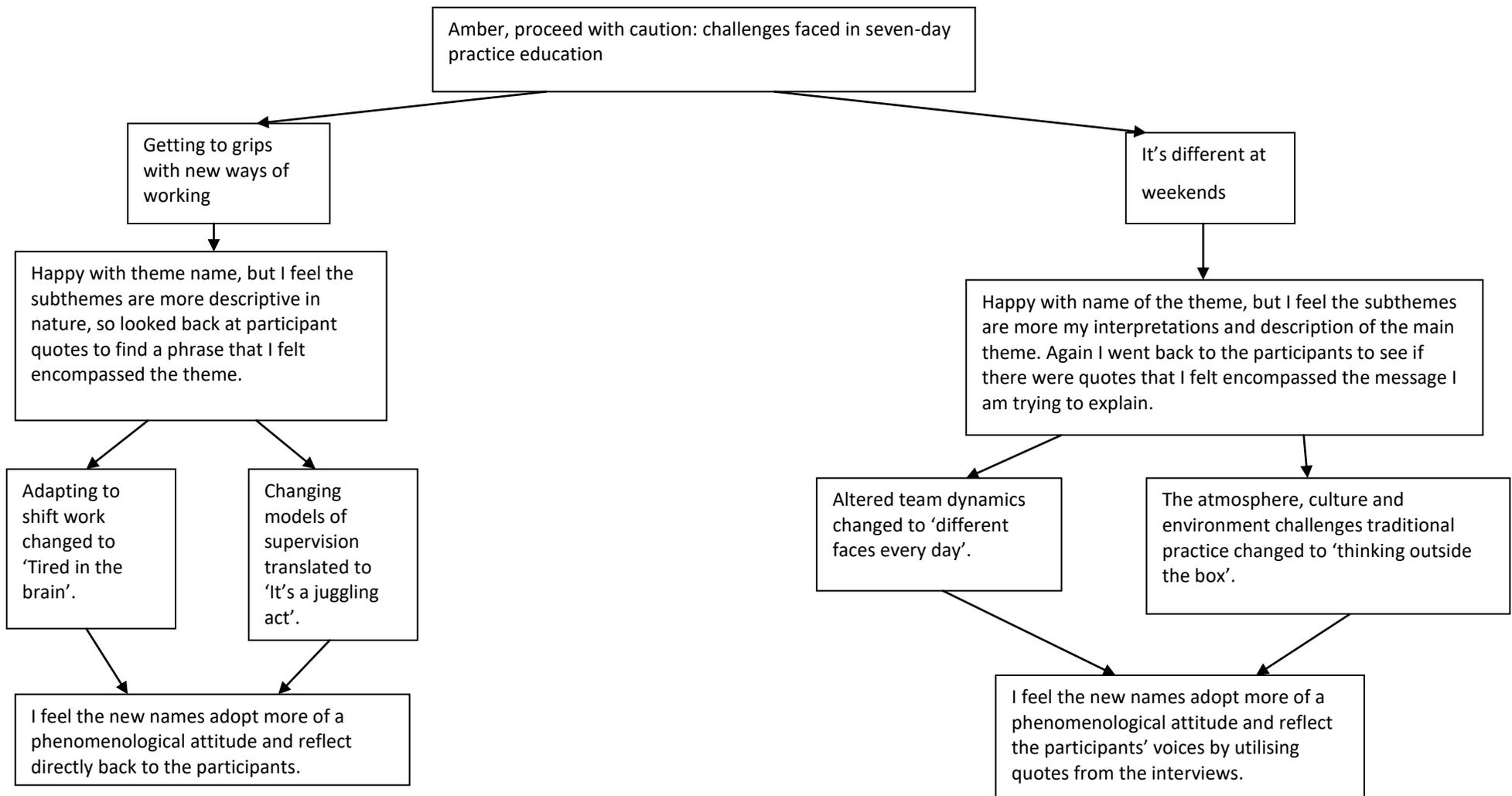
| | | | |
|---------------------|---|---|---|
| Overarching Theme 1 | Barriers to practice education in a seven-day model of working | | |
| Main Themes | “It affects learning and development” | “In the dark” | “Stuck in the dark ages” |
| Subthemes | Lack of continuity affects learning Progression is slower | Lack of understanding and information Placement information isn’t always up to date | Moving away from tradition Perception of physiotherapy as a seven-day career |
| Overarching Theme 2 | Challenges faced in practice education by physiotherapy in a seven-day model of working | | |
| Main Themes | “Getting to grips with new ways of working” | “It’s different at the weekends” | |
| Subthemes | Adapting to shift work Changing models of supervision | Altered team dynamics The atmosphere, culture and environment challenge traditional practice | |
| Overarching Theme 3 | Changes undertaken in practice education by physiotherapy during the transition to a seven-day model of working | | |
| Main Themes | “It’s more than skills and knowledge, it’s real life” | Recognition of the importance of seven-day practice placements | |
| Subthemes | Prepared for working life Learning to stand on my | Awareness and acceptance of seven-day practice placements | |

| | | |
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| | own two feet Additional skills and knowledge gained | Developing professionalism |
|--|---|----------------------------|

However, when I started to write my findings, I found that there was a lot of repetition between the themes, so eventually, after much reflection and refining, I created the final themes and subthemes that I felt really encompassed the aim of the research and this is what I have explored in Chapter 6. I liked the metaphor of traffic lights as explained in Chapter 5 as I thought this allowed me to present the findings in a visual way alongside written interpretation. Feedback at conferences from attendees was very positive about this visual imagery. Figure 21 is the decision trees I utilised to articulate my thoughts. At this stage I also renamed some of the themes using direct quotes from the participants as I felt this encompassed my phenomenologically informed methodology more fully. Once all the themes had been finalised I then collated all relevant participant quotes in relation to the overarching themes, main themes and subthemes (Table 19). This allows the reader to review all the relevant quotes as I am unable to use all in the findings section.

Figure 21 – Decision trees for refining themes





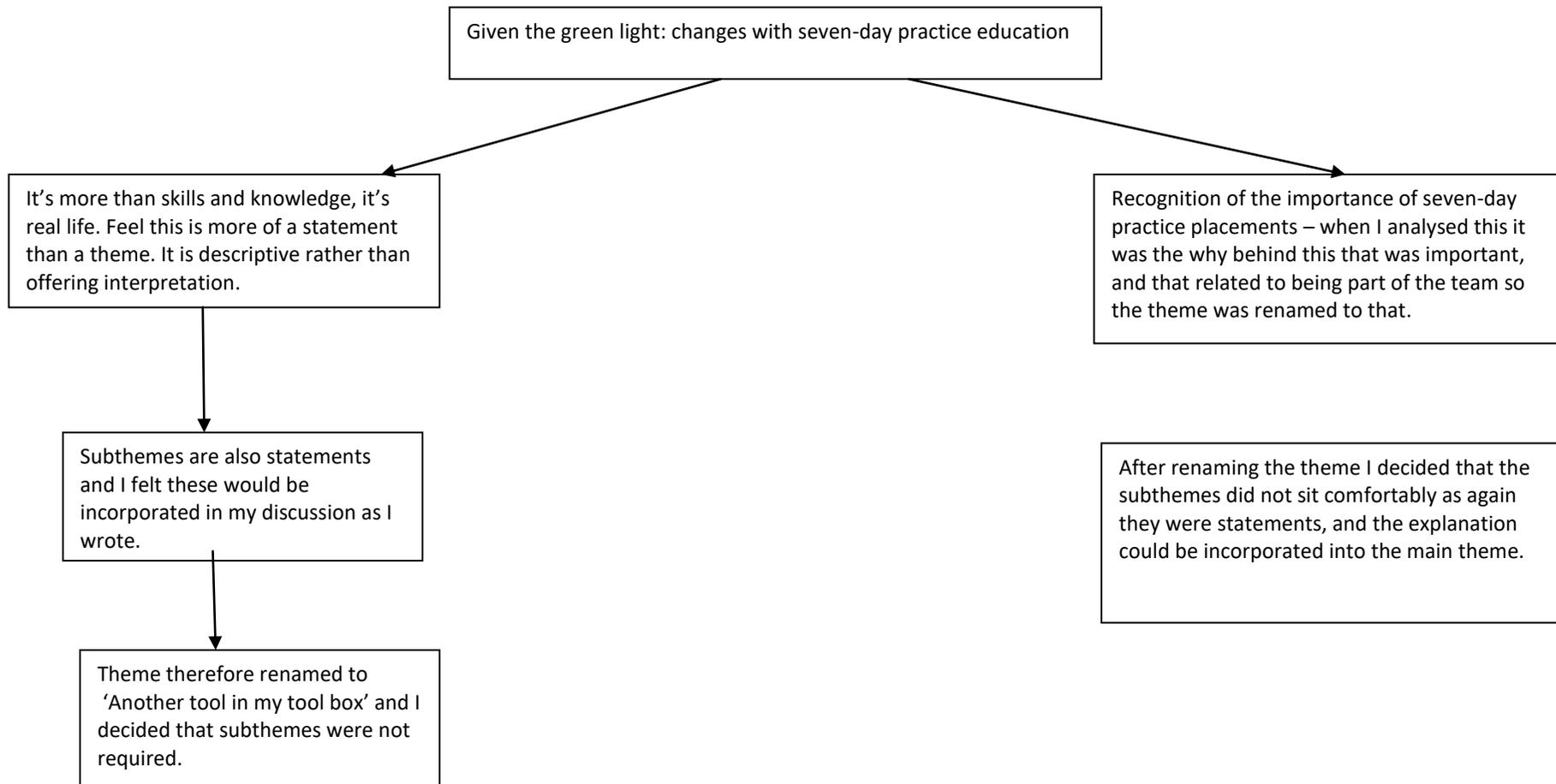


Table 19 – Collated participant quotes categorised into the themes / subthemes
(original in colour)

| Overarching Theme | | |
|--|--|---|
| Stopped at the red light: barriers to seven-day practice education | | |
| Main Theme 1 | | |
| “Dropping off the learning curve” | | |
| Participant | Comment | Suggested action plan |
| HEI 1 pg 4/5 | I think the difficulty was that she was having some challenges with certain aspects of her clinical reasoning and the difficulty was that although she had longer days to be able to achieve things, there were longer gaps between these days and therefore it lacked a degree of continuity. | Personally, I don't see the difference when they go off on a Friday and come back on a Monday, but this student found it challenging. |
| PPE3 pg 11 | On a five-day working with a student they attend handover every day, so they build up a caseload and rapport. On a seven-day placement, this is tough for the students; you see the patients for three days, then go off, and when you come back you have a whole new caseload, so if you are doing case reviews the students are lost by the time they come back. | We encourage the students to follow up, find out where the patients have gone, which ward so they can find closure. |
| PPE3 pg 10 | I feel you have less contact with the students on 12-hour shifts on a seven-day pattern; you could be doing their halfway assessment after only six contact days, so they have less chance to evidence their learning and development. I feel they have less chance to put feedback into practice and so progress; it's harder for students. | |
| PTS 4 pg 18 | I didn't feel like they were my patients, because I didn't know them, because of the shift pattern, lots of different physiotherapists saw the patients and I didn't feel able to progress them, to know what to do. So every morning I needed to | We had handover every morning or my educator might update me, apart from that I talked to the patients myself. |

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| | <p>get a thorough handover to know exactly what had happened, what was going on. That was the most difficult part of the placement – not having consistency with my patients, and I think it did affect my progression and learning.</p> | <p>I would have preferred a written handover, my educator got me to write one, but I never got one back. That would have been helpful.</p> |
| PTS 6 pg 8 | <p>The patients had changed, and what everyone was doing was different, I was never up to speed. As a student, you need that continuity over a placement so that you keep learning, it keeps going up in a nice curve. But if you have a big break you drop off the curve and it takes a while to climb back up to where you were, so you progress slower, it sets you back.</p> | |
| PTS 5 pg 6 | <p>After having three days off, I had to come back and pick up my patients. It would take me quite a long time to read back through the notes and understand what had happened. I just don't have the experience in terms of knowing quickly by looking at the patient whether they were getting better or not. It was difficult as a student, I didn't have the level of understanding that I could quickly make associations to know what was going on with my patients. It took time, time I didn't have.</p> | |
| PTS 5 pg 7 | <p>This is the worse bit, so being in for a couple of days, then off, then in again, and that basically killed it for me because it was like starting a new placement every time I came back, I found myself going back to the beginning every time I came back. So you just felt like you were getting somewhere and that you were learning something, getting a routine and getting a better understanding of assessments and treatments, then you had your days off, and when I came back I felt lost, I couldn't remember my patients or what I had been doing.</p> | |

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| PTS4 pg 19 | I felt like I was reading, spending more time reading the notes and then going to the patient. It was wasting valuable learning time. | |
| PTS 6 pg 11 | My experience / knowledge is not as good as someone who did a 9–5 Monday–Friday placement because of the lack of continuity throughout the whole process, so maybe my skills aren't as good. | |
| PTS 6 pg 11 | So even though I think students learn better Monday to Friday due to consistency, it's important to be part of the team and work the same days and hours. | |
| PTS 4 pg 20 | It delayed my progression. They were long hours, it was a new experience. | Support the student from the start as most of us haven't experienced this before, I wanted to feel more supported. |
| PTS 6 pg 20 | <p>You are in less physical days by doing 12-hour shifts, so over six weeks I only worked 17 days which is less than half which is slightly ridiculous. On a Monday–Friday placement, I have more time to improve my skills, I have five days to smash this and get a good mark, but with seven days working and long shifts, after a gap of my days off, you are constantly trying to pick things up and remember where you were at, so that's a massive downfall, and I think it affected my overall mark, I didn't progress as quickly as I hoped.</p> <p>I think I would have got a better mark if I'd worked Monday–Friday because of the continuity, I'd have more time to demonstrate the changes. Progression is slowed due to inconsistent working patterns.</p> | |
| PTS 4 pg 18 | I didn't feel like they were my patients, because I didn't know them, because of the shift pattern, lots of different physiotherapists saw the patients and I | |

| | | |
|--|---|--|
| | <p>didn't feel able to progress them, to know what to do. So every morning I needed to get a thorough handover to know exactly what had happened, what was going on. That was the most difficult part of the placement – not having consistency with my patients and I think it did affect my progression and learning.</p> | |
| <p>Main Theme 2</p> <p>"In the dark"</p> | | |
| PTS 5 pg 13 | <p>There are few people on my course that understood how many areas of physiotherapy work across seven days, no matter how much work experience they have had. It should be better explained.</p> | |
| PPE 5 pg 6 | <p>Universities and the CSP still don't advertise the profession of physiotherapy as seven days so it's no wonder students don't fully understand the concept; information needs to match the current service.</p> | |
| PTS 6 pg 2 | <p>When I started my degree I wasn't aware that I would have to work weekends within the NHS beyond on-call requirements.</p> | |
| PTS 3 pg 14 | <p>It's good to know in advance if a placement is going to be seven days, rather than it being a surprise on day one.</p> | |
| PPE 3 pg 3 | <p>I guess the students are still surprised about seven-day working, probably because not everywhere is doing it yet, and some places still don't offer students the chance to participate in it.</p> | |
| PTS 4 pg 10 | <p>It would have been nice to know in advance about seven-day working, just so we can mentally prepare ourselves.</p> | |
| PPE 5 pg 3 | <p>Seven-day working isn't a secret, but I think it surprises some of the students that it isn't just occasionally that we work weekends, that it is now part of our regular working hours.</p> | |
| PTS 5 Pg 19 | <p>We should inform students early in their degree, revealing that this is a possibility for placements.</p> | |

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| PTS 1 pg 30 | You get your placement and educator details, but they aren't always up to date or accurate. I want to know if I am going to work weekends in advance so I can prepare myself. Put yourself in the student's shoes: placements are stressful enough, let alone if information isn't up to date, and then springing seven-day working on us as well. | |
| PTS 5 pg 2 | We weren't given any notification from the university that the placement would be 12-hour shifts, seven days a week. It would have been beneficial to know in advance. It should be disclosed earlier on the course so you can plan for it. | |
| HEI 2 pg 5 | Sometimes the students come back and tell us that their placement was over the seven days, and this can come as a surprise to all of us. We understand services are developing and changing, but information needs to be kept up to date. | |
| HEI 1 pg 2 | We don't necessarily know that different Trusts are coming on board with seven-day working and that information isn't always provided for us. We are still in the dark with what is happening in practice. | |
| HEI 1 pg 15 | I think we need to know the people who are working seven-day services and have a dialogue with them, highlight the issues and concerns. | |
| HEI 2 pg 12 | I think it's important for students to understand that seven-day working is now part of their chosen profession, it is not an option. The traditional Monday–Friday working pattern is going. Students need to understand that the service they need to provide includes bank holidays and weekends. | |
| HEI 2 pg 3 | We talk about how the profession is moving forward and that they have to accept seven-day working and go with it, they need to do this to survive. I don't think they 'get it' though, many still believe it will be optional in their working lives. They still believe the traditional Monday to Friday working pattern still exists. | |

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| PPE 6 pg 12 | This is real life now, we are going through a re-organisation, we are moving away from the traditional practice of a five-day service to delivering physiotherapy seven days a week. Students still don't seem to appreciate this. | |
| PPE 4 pg 7 | Some services seem afraid to change to seven-day student placements, just because it's 'what we've always done'. We need to move with the times, not stay in the dark ages. | |
| PTS 1 pg 5 | I asked about working a weekend on my respiratory placement, but my educator told me students didn't need to as placements are traditionally Monday to Friday and they hadn't considered changing that. | |
| HEI 1 pg 11 | There is this historical way of working but there is no reason why it shouldn't break away from that Monday to Friday pattern. As universities we are flying the flag for students to have the experience of working with one or more educators in the way that they will naturally be working in a seven-day pattern. | |
| PPE 5 pg 8 | I work 7.30–5.30 but the students still do 8.30–4.30. I don't know why we haven't changed the hours, tradition I suppose. It would work better if we worked the same hours. I just don't think it's something that had ever sprung to mind as a permanent change. It's making me think talking to you. | |
| PPE1 pg 1 | I think students have a poor understanding of a year-round service, let alone seven-day working. It should be understood that the patients are there all the time, the service is there all the time. They don't really understand or appreciate that physiotherapy is now a seven-day-a-week career until they have worked their first weekend, their first bank holiday; it's actually quite a shock, it's accepting the reality that this is the career they have chosen. | |
| PPE 4 pg 9 | The student felt that seven-day working was just respiratory and not that all specialities | |

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| | are now involved. | |
| PPE 6 pg 4 | I think they might think that it's just overtime that we do time to time. I don't think they hugely expect that it's our regular working hours, which I think surprises them. | |
| PPE 4 pg 20 | Students need to experience seven-day working, they need that experience from early on to get the right attitude; it's not a glamorous job and they need to understand that, they need to get the idea of what we are doing and what they will be doing when they qualify, I don't think they appreciate the new face of physiotherapy. I think they believe there is still a choice of whether they work a five or seven-day pattern when they qualify. They need to understand that seven-day working is the future. | |
| PTS 3 pg 5 | Although I worked a weekend as part of my student placement, I wouldn't choose it as a long-term career option, I want a traditional Monday to Friday job. | |
| PTS 5 pg 2 | A lot of students don't know it exists (seven-day working) and that it is a possibility that we will have to do it when we qualify. I don't want to work weekends when I qualify as it will affect my social life, I don't want to work when my friends are socialising. I will choose a Monday to Friday job. | |
| PTS 3 pg 16 | I don't want to work 12-hour shifts when I qualify because I do stuff in the evenings, I don't want it to affect my social life. I don't think it would affect my career if I opted not to do long days. | |
| PTS 5 pg 5 | My friends don't work shifts or seven days a week, so no it is not a career option I want to take. I do physio for a sports team on a Saturday, I wouldn't give that up, that is still CPD and I wouldn't want to sacrifice that. | |
| PTS 1 pg 3 | My other half, although he supported my placements, he says 'you mustn't go to seven-day working when you qualify'. | |
| PTS 6 pg 16 | I think in terms of jobs, it's something I would consider doing for the first couple of years but I wouldn't want to do it long term. | |

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| | If I wanted a family and if eventually from there on I don't think it would be very practical, but when I qualify I don't want to be picky with jobs. | |
| PTS 2 pg 8 | I don't think people really know what physiotherapists do outside of outpatients unless they have had contact; we need to improve our image to the public that we are a seven-day service. | |

| Overarching Theme 2 | | |
|--|---|--|
| Amber; proceed with caution, challenges faced in seven-day practice education. | | |
| Main Theme 1 | | |
| "Getting to grips with new ways of working" | | |
| Subtheme | | |
| "Tired in the brain" | | |
| Participant | Comment | Action Plan |
| PTS 3 pg 8 | I didn't think my body would cope with the long 12-hour shifts, and I did feel tired at the end of the day. It's not like we can go home and relax at the end of the day, we have reading and other university stuff to do, so on my first day off I just used to sleep and recover, so I felt like I was missing a day of study. | |
| PTS 4 pg 3 | I felt the placement was quite intense, but actually the 12-hour shifts were fine. Some days they actually flew by quite quickly, but I felt exhausted at the end of the day. Not just physically but mentally as well. I only worked two long days in a row, so knowing I had a day off kept me going. It's hard to be 'on the ball' for 12 hours, I was definitely more mentally exhausted. | I would recommend students only ever work two consecutive 12-hour shifts in a row to avoid mental fatigue. |
| PTS 4 pg 22 | By the time I got home after working 12 hours it was 9.30 / 10pm, so by the time I had dinner it was time for bed, I just couldn't think about anything else on those days. | |
| PTS 5 pg 3 | It was good to get chunks of time off between the 12-hour shifts, definitely; you need to be able to do your reading and back up learning for your | Please give us two days off together, it means we can still have our |

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| | placement, plus uni work. It also allows for downtime. It worked for me. | weekend, and catch up on sleep, otherwise if you just get one day off you are tired on both days and not as productive. |
| PTS 5 pg 5 | I had three days off and it was really tough coming back, the first day back it would take me all day to get back into it, I just didn't have the experience to keep 'picking things up'. Then day two you would just get back into the swing of things and you would be off again. It was hard trying to keep it all together and keep focussed. Yeah, it's difficult. | Good team communication and lots of things were put in place that were good to carry over day to day, shift to shift. We need to know about hospital policies and procedures, admission and discharge policies so we can focus on the patients. |
| PTS 5 pg 7 | I was definitely more tired working 12-hour shifts. Just physically as well as mentally, trying to keep focus and on your feet for 12 hours is hard. I knew it was going to be hard, so I actually went to the gym quite a lot before I started my placement, because you are not used to it, you sit on a chair all day at university and then all of a sudden you are expected to be on the move for 12 hours, it is heavy going. | |
| PTS 6 pg 6 | Come the end of the third long day, I am normally quite tired in the brain, so it's good to take a little break after a stretch of long shifts. | |
| PTS 6 pg 9 | The 12-hour shifts weren't too bad just because of the way they had structured the breaks and how they broke up the day with the timetables, it was really good. The worst bit was between lunch and tea, that is the longest, but they would split it, they would add in some CPD or teaching or something to break it up a little bit. | |
| PTS 6 pg 10 | The main disadvantage of long days is that you don't have a life, you get up, go to placement, come in, go to bed. | |
| PPE 3 pg 9 | It's tiring working long shifts, especially when the students are learning so much. It's more difficult to book regular CPD sessions with students and band 5 / peers because nothing is on a regular basis anymore, I find I do more teaching at the bedside rather than sit-down sessions, it's tough. It's not the students that suffer as they still get | |

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| | the input, it's the clinician – it's such a juggling act. | |
| PPE 5 pg 9 | I think there might be some resistance to students doing long days, I appreciate that they get tired, they find it hard adjusting from university to placement, having to get up and come to work every day. Then coming into a new setting and having to apply themselves for 12 hours, it's a big ask. | |
| PTS 2 pg 10 | I knew I was doing a six-day stretch, I thought it might be long and tired, but it wasn't too bad if you are expecting it, you boost yourself up and then it is alright. | |
| HEI 1 pg 5 | A student reported that she felt she had more opportunity in comparison to other placements to spend protected time with her educator over a 12-hour shift. 12-hour shifts also allowed them some CPD time, teaching and reflection time each shift. | |
| It's a juggling act | | |
| HEI 2 pg 4 | I think the biggest challenge for students is how financially they are going to manage if they were to maintain themselves with a part-time job, they are the ones that will struggle the most, that and students with children. | |
| HEI 3 pg 1 | We have made it optional because a lot of students earn money at the weekend or have childcare commitments. We promote it but can't enforce it because of financial issues, and personal commitments. | |
| HEI 2 pg 12 | They find placements hard, especially the new patterns and shift work. We talk to them about being student physiotherapists not just students. They have enrolled on a professional course and they made that choice. If they want a 'student lifestyle' then they should have done a different course. They ask about weekends and bank holidays – why should I work, I am a student? Being a student isn't a good enough reason, you are a student physiotherapist, your patients are still there, your educator still has to go in and see them – why should their educators take responsibility of their placements just so they can | |

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| | have a day off? | |
| HEI 3 pg 3 | I think the students know that placements take priority over anything else, so yes their social life might be affected for a few weeks, but this is real life. | |
| PTS 4 pg 14 | Seven-day working does affect your social life, because everybody else is working when I am off and vice versa. I felt like I missed out on family events. I was lonely on my days off, so I didn't have anything else to do apart from work, it was quiet because everybody else was at work ... I felt isolated. | |
| PTS 5 pg 5 | On my placement, I found it quite hard to stay in touch with my friends and peers who worked a normal working week, I think that affects you. On the long days I was up before my flatmates and by the time I came in they had gone to bed. On my days off I went to the library and other people were on placement. So just not having much contact with other people was difficult. | |
| PTS 6 pg 10 | It didn't affect my social life, I just adapted, you have to. Sometimes I felt resentful if I did miss out. My girlfriend, who I live with, found it harder with 12-hour shifts and weekends, as we would pass like ships in the night; that was difficult. | |
| PTS 1 pg 9 | Because I knew my weekends in advance, I planned things in advance, so it had no impact on my personal life; because I was organised it was fine. | |
| PTS 3 pg 2 | On the weekends I didn't work, that's when I went home, caught up, I could still fit things in. | |
| PTS 5 pg 5 | It is quite difficult to do seven-day working with your family, but I suppose it depends how organised and prepared you are for it – they have to now fit in with me. | |
| PPE 6 pg 12 | My current student has got a son, but she emailed quite early on to ask for her dates so that she could arrange childcare; she is happy to do seven-day working, she is happy to be flexible, she is more than willing to do it, to fit in. | |
| PPE 3 pg 4 | Seven-day working and long days impacts on the students and clinicians; you have to be organised, flexible and accommodating. | |
| PPE 4 pg 13 | More mature students seem more keen to adapt to different ways of working, they seem to want | |

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| | to grab all opportunities available to them, they take change in their stride more readily than the younger students. | |
| PPE 5 pg 2 | Seven-day working is less convenient for the younger students where Friday and Saturday nights are the most important nights of the week, but realistically we no longer work a five-day week, so they need to understand that every now and then they might miss out as they have to come into work the next day. | |
| PPE 5 pg 2 | I think some students rely quite heavily on going home and seeing their family and getting some emotional support, so if they can't go home one weekend, it may affect them ... however, there is still the telephone, Skype, it shouldn't be the end of the world if they can't see them in person. | |
| PPE 1 pg 11 | The student had a part-time job but was happy to take time off; he could see it was beneficial to embrace the seven-day working. | |
| PPE 3 pg 8 | So long as students let us know in advance about their jobs then we can accommodate their wishes, but it is their responsibility to approach this topic. I've never had a student not being able to work weekends because of a part-time job. We can change their days, but they have to understand that they would then be shared between two educators as I wouldn't change my days. | |
| PPE4 pg 12 | I wouldn't force weekends on a student with a job, but I would certainly be having a discussion seeing where there is room for manoeuvre, for example if they have a Saturday job, could they could still work a Sunday; it's all about flexibility and compromise. | |
| PPE 5 pg 12 | I think it is reasonable to ask students with a part-time job to work one weekend out off a six-week placement, they have enough notice to inform their employer. I respect that students with jobs have financial commitments and I respect that, but I think it is reasonable to discuss it, to work together. | |
| PTS 5 pg 9 | It is my responsibility to have enough money to see me through placements, you need to complete all aspects of your degree and if that includes weekends then so be it. | |

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| PTS 6 pg 12 | Placements are my priority, not my job, I understand that. Seven-day working challenges that, but it is a case of being flexible and honest with your educators so both can be scheduled in. | |
| PTS 5 pg 8 | Our placements are the most important thing, I have to do well in these because I want a good degree and I want a good job, so I fit my job around my placement – 100%. This is more challenging with seven-day rotas, but my educators were flexible and accommodating and everyone was happy. | |
| PTS 6 pg 11 | The placement obviously comes first because I want to get a good mark that goes towards my degree, so that was the priority. I just have to alter my part-time job around the shift pattern that I am rostered onto; it took some juggling, but I coped. | |
| PTS 5 pg 17 | Once you got used to having days off in the week, you could utilise them to do university work, you could access the library, tutors, it was beneficial to me. I felt I could put more time into my studies on this seven-day placement. | |
| PTS 6 pg 7 | I had five days off in a row, at the time it was lucky as I had a big piece of coursework, so I was really happy I had the time to do it. | |
| HEI 1 pg 11 | If they are working shifts and in some cases have longer breaks between shifts, it has given them an opportunity to come and meet lecturers, they also have time to catch up on written assignments and still have time to see friends. | |
| HEI 2 pg 9 | They all like having time off in the week because the university is a Monday–Friday service; days off in the week gives them access to university if required. Especially towards the later placements when we are moving towards dissertation, as they can meet their supervisors, so that can be useful. | |
| PPE 3 pg 15 | On a 12-hour, seven-day placement they only have to get up three days a week, there is less travelling so they get less tired, it's got to be an easier option. | |
| PTS 2 pg 20 | I was confident at the weekend that my educator was literally at the end of the phone and would | |

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| | bleep me back straight away, whereas in the week it would always take a while for her to answer. So I felt better at the weekend and better supervised even though there was less staff. | |
| PTS 4 pg 24 | Because I worked with so many different people, I didn't feel my educator knew me, knew what I could do, she just got feedback from others and I didn't know what that feedback was, because they didn't feedback to me directly, so I didn't know what they expected of me. | |
| PTS 2 pg 3 | I had three people looking after me, so I was kind of everywhere, like all over the place, so I struggled a bit because I would never have the same person for long enough to be able to develop anything. | |
| PPE 1 pg 8 | The pressure is off at the weekend and it's actually quite easy to say, "Oh well, finish this and go and have a little chat" and there is never anybody in our room. So in a way it's almost easier, and it's calmer and quieter. | |
| PPE 1 pg 9 | I get to spend more time with them clinically, perhaps with more one to one with the patients. It's just me and them at the weekends. | |
| HEI 2 pg 8 | A lot of them will say, "Oh my educator had a little bit more time to explain why we were doing stuff and we kind of chatted around the patient more, so I feel like I got loads of teaching at the weekend because we were reasoning together, because my educator was calmer." | |
| PTS 1 pg 11 | Working five days you get your educator every day, but with seven-day working you get odd days when they are not there. But I saw this as a positive because you get to learn from somebody else, their knowledge, their style, so I quite enjoyed it. But only for one or two days, after that you want your educator back. If she was off she was very organised and assigned someone her level, so I was well looked after. | |
| PTS 1 pg 12 | You can't sit back and wait for things to happen, you have to be proactive and ask questions, then it's easy to shadow other people. | |
| PTS 2 pg 13 | There was a difference as I was sharing educators, but I felt like I had more supervision time as I had two people I could turn to. I also felt | |

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| | like there was more time at the weekend to answer questions than during the week. | |
| PTS 2 pg 14 | The educators didn't take days off until we had found our feet, and when they did we always had numbers for other people. | |
| PTS 3 pg 4 | I had a band 7 and two band 6s, I had everybody's number. It was good to see how different people work. | |
| PTS 4 pg 7 | I think on the weekend because we were short staffed and there were the wards to take care of, our educator was taking care of those, so she was only a bleep away, but we were more independent. I still felt supported and she did come and see us regularly, and other team members helped us. I still felt safe though. | |
| PPE 6 pg 7 | You are often in charge of the team at the weekend, you have a set of demands that might be a lot higher than you would have during the average day because there is less of you. So being able to meet your students' needs and help assisting your student as best you can, but at the same time being able to manage your team and see the caseload, it's a juggling act. | |
| PPE 6 pg 8 | It does depend on how insightful the student is, how they see the demands on the team as a whole, but it is good for them to know how the pressure is and be exposed to that experience. But I wouldn't want them to worry, you think you always see yourself as a role model, I wouldn't want them to panic. You have to be assertive, to make sure they know that certain things need doing and have to be done, but it's how you as an educator deals with it. | |
| PPE 5 pg 7 | I think it takes a bit more effort to make sure it runs smoothly, especially with multiple educators; if the template is filled in by all the educators then nobody will have the wool pulled over their eyes, because I think when you share a student, they can, not deliberately, deceive you saying that no one said that to them. In writing it's all in black and white and whoever is mentoring them that day can carry on with that structure and build on it so there should be no repetition and nothing missed. | We use a template to document everything we discuss with students, what they needed to work on, read up on, what they have seen and done. |

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| HEI 1 pg 6 | The problems I've seen is that the students just work on the educator's shift pattern, so they weren't working across or with multiple educators. | |
| HEI 1 pg 6 | I could understand that if you have two educators and you were sharing or going across a number of shifts, so the educators don't end up doing excessive hours. But I could see how there could be problems of communication that would require additional challenges and would require careful feedback. | |
| PTS 4 pg 7 | At weekends, I think it was the priority to see the patients, but in the week we were more of a priority when she had other staff to support her. But to be honest it does make sense because the priority is going to see the patients. | |
| PPE 6 pg 3 | There are less staff on the weekend and if you've got a student that needs a lot more time that can put pressure on you, especially if you are the only senior and you have a new junior and assistant. It can be quite stressful knowing that you have to help everybody. | |
| PPE 5 pg 8 | It ends up being a 50/50 split between two educators, so it ended up being shared more than I anticipated over the seven days. | |
| HEI 1 pg 5 | It makes more sense on seven-day placements to have 2/3 educators to a student because of the shift pattern, there is then always someone to talk to. | |
| HEI 1 pg 7 | My experience is that students doing seven-day placements haven't had any issues with sharing educators or communication, but it does lessen the opportunity for peer learning as the students may not come into contact with their peers / fellow students due to differing shift patterns. | |
| PPE 2 pg 8 | There is less staff at weekends so there is less support, so we have to come together as a team to supervise the student. | |
| PPE 6 pg 11 | They need to learn to work with the whole team from the beginning, they need to work with different people, being exposed to different things, this is how it is now, we approach everything as a team. | |
| PPE 5 pg 16 | I wouldn't structure 1:1 time on a weekend, as there is less staff relative to the week. | |

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| PPE 6 pg 12 | I think it really helped using team supervision, I think more and more people get used to adapting to it, managing work-life balance and different team members in on certain days. | |
| PTS 1 pg 13 | With two educators I had to be more flexible and adaptable to their different styles which was good practice for me. I had to be more organised, I had to communicate better otherwise potentially things could go wrong. You could get mixed messages and expectations could be different, but they communicated well and at halfway they were on the same page. | |
| HEI 2 pg 8 | They need to be part of the team, if they are treated differently, they feel different, out on a limb. A huge part of the placement is being part of the team, being successfully integrated and that means matching work patterns. | |
| PTS 2 pg 14 | You don't know what they've been doing until you have worked a weekend yourself and I think that makes you part of the team as well, it feels like you are helping out. | |
| PTS 3 pg 12 | I felt like I was contributing to the team, I felt utilised. I understood how important it is to work with the MDT and I definitely understand their roles better after this placement. | |
| PTS 5 pg 12 | It definitely helped me understand how the team worked together over seven days, there was a lot of teamwork and everyone just helping each other. I definitely got to see that. | |
| PPE 2 pg 8 | The students want to experience the weekends, just to find out what the difference was. It's calmer at the weekend, it's a different atmosphere and they want to experience it for themselves. It seems more relaxed and on the wards it's quieter, you've not got ward rounds, doctors aren't getting in your way, so it just feels a calmer atmosphere so you can actually get on with your workload rather than being interrupted. | |
| PPE 3 pg 6 | I think it is an invaluable experience, working weekends are different. There isn't the same support from a medical point of view, resources are limited. Lots of other services are closed, such as speech and language therapy, you learn to think outside of the box. | |

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| PPE 4 pg 2 | It's a good opportunity to work weekends, some are calm, some are hectic, there is something different about hospitals at the weekend. | |
| PPE 6 pg 9 | The student had got used to managing two wards during the week, and suddenly at the weekend we had to manage 12! She was a bit shell shocked. But we paired up and went and saw all the priorities, you learn to be flexible, to go anywhere, be able to work with others, to see different illnesses and be exposed to different things. Challenging but so beneficial. | |
| PPE 5 pg 5 | I find I get a lot more work done on a weekend, there is less other staff milling around, wanting to see the same patient, so in terms of effectiveness, it's more effective to work a weekend day. Patients are available all of the time and it just goes much smoother so students can get a lot from working a weekend. | |
| PTS 1 pg 2 | The way physiotherapy is run is different week days to weekends. What I noticed is it's stretching the service a bit thinner, in terms of staffing, they are just stretched over five days, but it is so beneficial to the patients and they appreciate being seen at the weekend, they seem more compliant, more willing as they appreciate the fact we have got up, come in and can be bothered to see them, they feel special. | |
| PTS 1 pg 5 | I saw different patients, went on different wards, you have to adapt, it was good, it pushed me. The atmosphere was different, you had to use your clinical reasoning a bit more. It was more relaxed, there are no consultant rounds, less visitors, it didn't feel pressurised. | |
| PTS 2 pg 11 | We just had to see the priority patients, so I had to write a list which I hadn't done before, so that was interesting. I liked the weekends, it was a lot quieter and calmer. The nurses had time to speak to you, and they seemed more willing because we were there, more respect for us. It just seemed everyone was a lot calmer which is strange because there was still the same number of patients. It was nice to be able to chat to nurses more. | |
| PTS 2 pg 18 | I enjoyed working out of hours, it's because everything is a lot calmer. We went to a couple of | |

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| | nursing homes and everyone was having their tea and settling down for the night, it was nice to experience that, rather than at midday when everything is manic. It's good to see the other side of the NHS. | |
| PTS 3 pg 6 | I liked the different style at weekends that you work in, the environment is much more quiet and it felt more relaxed in some ways. I learnt about how the day worked and different priorities, this is different to the weekdays. | |
| PTS 3 pg 7 | The whole department was quieter, it was not as busy. I didn't feel like I was in a rush to see everyone, I felt like I had more time. | |
| PTS 4 pg 3 | It was really relaxed, it was really quiet – the ward itself. Personally I thought it was going to be chaotic just with family coming in and seeing patients, but the ward was quiet. I got to see more patients that day because I didn't have to wait around waiting for other professions, it was a lot more relaxed, I enjoyed it. I also saw how they completed all the paperwork, ready for the next working week, that is normally hidden from students. | |
| PTS 4 pg 11 | It was more relaxed from a physiotherapists' perspective, I think it's because there wasn't the hustle and bustle going on the ward. I could see why we could manage with less staff at the weekend, although I did notice the absence of other members of the MDT, so you couldn't interact. | |
| PTS 6 pg 16 | It was so quiet, it was literally dead. | |
| PTS 5 pg 5 | The families seem to have more questions for us at the weekends, which is a good thing because it makes you think what you are doing and why you are doing it and how to explain it to them. The whole hospital is quieter and the shops shut so you need to plan in advance to get food! But the care was consistent, which for the patients is fantastic. | |
| PTS 4 pg 11 | The patients felt Sunday was a day of rest, so were less prepared to do things, there was a definite difference, but they were more relaxed. | |
| PTS 6 pg 17 | The patients questioned why we were there, they didn't think I had a home to go to! But they were willing to engage, they were impressed that they | |

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| | were getting the same clinician throughout the whole weekend – it felt good to add to those patients’ recovery. But it highlighted the fact that physiotherapy needs to promote itself as a seven-day service. | |
| PTS 2 pg 12 | Patients lose track of days, but when it’s quiet on the weekends it’s noticeably quieter, so they appreciate that you are working, they respond really well on those days, you feel like you have more time for them. | |
| Main Theme 2 | | |
| "It’s different at the weekends" | | |
| Subtheme | | |
| "Different faces every day" | | |
| PPE 1 pg 14 | The students moan that we are not fully staffed to provide a full seven-day service, so of course we have less staff during the weekend, and also during the week the numbers fluctuate. But this is life, this is what we have to work with and they need to understand that. Yes it’s challenging seeing different faces every day, but it will make them better physiotherapists in the long run. | |
| PPE 2 pg 11 | I warn students that they may work with different people at the weekend and that there are less of us, this is how it is, it’s different, but it is the way forward until the day full seven-day services are funded. | |
| PPE 3 pg 12 | It’s tough, the team change daily, you have to learn everybody’s name, different working patterns, different ways of working, it makes them feel unstable, it takes the consistency of having just one educator five days a week. It must be hard to develop a good rapport with a continually changing workforce. | |
| PPE 6 pg 11 | She said she finds it really interesting to work with different people and she says it gives her breathing space. But it’s different, difficult at times and everybody needs to be flexible. | The student said that she liked working with the individual during the weekday prior to the weekend, so she felt more at ease with them. |
| PPE 3 pg 4 | I think CPD is impacted by seven-day working because students may not be rostered on | |

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| | together, so they might not see their peers one week, so peer learning and social interaction is compromised. | |
| PTS 6 pg 7 | Different people, different days, different skill mixes, so the team didn't have the familiarity and stability that I was used to, but it was fun to work with different people, you pick different things up. | |
| PTS 3 pg 11 | It can get confusing, you didn't know who you were talking to and say, if the person who's leading that day you don't know them as well because you haven't spent any time with them, you might find it tricky to approach them if something is happening, you don't want to appear stupid asking questions, it's more difficult. | |
| PTS 5 pg 18 | I don't know if it was a good or bad thing, the staff seemed under more pressure juggling rosters, managing days off, sometimes I felt pressurised that I had to step up and be more independent, maybe I needed to be more organised to cope with the changing team structure, it was confusing at times. | |
| PTS 4 pg 4 | It seems to bring the teams together, they appreciate when others are short and need help. | |
| PTS 5 pg 11 | It was quite odd actually, because there was a couple of team members who I didn't work with till the fifth week. When I did work with other staff, they weren't aware of where I was or if I knew anything or nothing. I think they found it difficult, they didn't know whether to let me do things or not, we both had to communicate better with each other. But then everybody does things differently so you didn't know if you were doing it right or not. | |
| PPE 6 pg 3 | The students say it is different at the weekends, it helped build prioritisation skills, mixing with other team members because it's different people at the weekend, so she hadn't worked with them before and she had to be ready to fit in with them which built confidence. | |
| PTS 1 pg 4 | It really brought home how the staffing affects everyone, it can be stressful when staff are off sick, how the reduced staffing and days off in the week impact, it opened my eyes. I don't think you see that on a Monday to Friday placement as it is | |

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| | more stable. | |
| PPE 1 pg 7 | There is only a small group of staff so we all meet up for lunch, check how everyone is getting on, but during the week you can't do that. You sit with people you don't normally sit with and you are more likely to help someone who is struggling. | |
| Subtheme Thinking outside the box | | |
| PPE 1 pg 9 | They say the ward is different at a weekend. I think there's some insight into how the ward varies through the week and weekends. They quite enjoy the different approach – the small team and meeting new people. | |
| PTS 1 pg 5 | You have got to be aware of the reality and how to adapt, the weekend was a very different working day for me, but you need to see that and be prepared. | |
| HEI 1 pg 7 | One student mentioned to me that she was very struck by the difference of working 'out of hours', so that after 5 o'clock the ward seemed different. They seem quieter, the corridors seem quieter and you don't have perhaps quite so many members of staff running around. But it was interesting for them to bring out the slightly different experience of the hospital at different times of the day, and also when they are working at the weekends, it's exactly the same as out of hours but exacerbated even further. I suppose again, it's quite interesting for the students to think about the differences and how it may impact on physiotherapy. | |
| HEI 2 pg 8 | They've all talked about how different the hospital is at the weekend and how the whole feeling of walking into the hospital is different. They like the fact that kind of things seems less busy, there doesn't seem to be that kind of mission of 'come on, come on' feeling. | |
| PPE 1 pg 7 | It's a different vibe at the weekend, even the atmosphere in the staff room is different. Our | |

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| | weekends are fantastic. The wards are quieter and more controlled and because there is only two of us we can focus on what's really important, I can give the student time. I can be a physiotherapist, all day, not weighed down by admin tasks. It's lovely. | |
| PPE 2 pg 8 | The students want to experience the weekends, just to find out what the difference was. It's calmer at the weekend, it's a different atmosphere and they want to experience it for themselves. It seems more relaxed and on the wards it's quieter, you've not got ward rounds, doctors aren't getting in your way, so it just feels a more calmer atmosphere so you can actually get on with your workload rather than being interrupted. | |
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| | <p>appreciate being seen at the weekend, they seem more compliant, more willing as they appreciate the fact we have got up, come in and can be bothered to see them, they feel special.</p> | |
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| PTS 2 pg 12 | Patients lose track of days, but when it's quiet on the weekends, it's noticeably quieter so they appreciate that you are working, they respond really well on those days, you feel like you have more time for them. | |

Overarching Theme 3

Given the green light, changes with seven-day practice education

Main Theme 1

"Another tool in my tool box"

| Participant | Comment | Action Plan |
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| PTS 1 pg 10 | I think I will be more prepared for working life, because it was a very different experience, hopefully when I get a job, I'll be prepared, so I feel like I am one step ahead. | |

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| PTS 2 pg 16 | If you haven't done it as a student you are going to be floundering when you are a band 5, I am ready now for any job. | |
| PTS 6 pg 9 | Going forward to being a qualified physiotherapist, it was really beneficial, because I learnt loads of different skills and saw the bigger picture. | I think all services should offer it, it would be better. |
| PTS 4 pg 10 | It will help me get a job because of the experience, it shows I am prepared to do it, that I have the flexibility and that I can cope with working long shifts. | |
| PTS 6 pg 11 | I'd like to think it will help me get a job, I have the added experience that other students don't and I might be able to reflect on it and portray it as an advantage. | |
| HEI 1 pg 8 | This experience is something they could bring up at interview and gives them a chance to reflect on it and highlights the benefit, they are coming with potentially different skills that might make them stand out from the crowd, make them easier to integrate into working life, makes them more prepared for life as a qualified physiotherapist. They may see the advantages of working a seven-day model and could take it forward to a new team. | |
| HEI 3 pg 4 | We tell students that it is a really good thing to promote themselves, it's a good experience, it's different, it's a selling point as it reflects more and more the normal working environment. | |
| PTS 1 pg 22 | It's given me more confidence to go out there and get a job, I feel ready, I feel have the right experience, I think it will make the transition to a band 5 easier. | |
| PTS 3 pg 10 | It's another tool in my tool kit, so it's got to be advantageous. | |
| PTS 5 pg 20 | Caring for patients over seven days is really positive and I have been lucky to experience it, so that is something that will help in job applications, interviews and my early career. | |
| PTS 6 pg 16 | I feel I know more, I've experienced it, it's a real-life experience, it has to help me in the future. | |
| PPE 4 pg 2 | It makes them stand out from the crowd when applying for jobs. From my point of view, it shows that little bit extra, that you are showing willingness to be flexible and accepting and acknowledging that we just don't work Monday to | |

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| | Friday anymore. | |
| PPE 1 pg 7 | It's so nice when they come to interview and are able to talk about seven-day working and can explain the reasons why it is beneficial, you feel more positive about these people working in your department. | |
| PPE 2 pg 13 | It enhances their skills and knowledge, it makes them more rounded. | |
| PPE 6 pg 3 | From a career point of view they seem to have more insight, more prepared, more accepting of different working patterns. | |
| PPE 5 pg 11 | Knowing they understand the setup of seven-day working and weekends, it makes inducting them into the department easier, they understand the prioritisation, the expectation. | |
| PPE 3 pg 3 | It seems to do them the world of good working weekends, made them stand on their own two feet, step up to the mark and it helps them through the rest of the placement. | |
| PPE 6 pg 9 | It shows that they can manage a caseload, it shows that if they up their game on a weekend because there is less staff, managing the weekday caseload is ok, shows they could do it, stand on their own two feet, be independent. | |
| PTS 1 pg 22 | I got to go into different environments, I had to think on my feet, stretch myself that little bit further and then you go back in the week and you feel more confident. | |
| PTS 3 pg 13 | When I worked on the Saturday, I was paired with an assistant and I did feel in control, I could prioritise, delegate, it built my confidence, it helped the following week as my educator gave me more freedom and independence as she was confident I could do it too. | |
| PTS 4 pg 13 | It was a case of I had to work independently on that Sunday and it helped me realise I could do it the following week. I had belief in myself, I had confidence, which gave the educator more confidence and she let me see more patients on my own, I felt like a real physio. | |
| PTS 5 pg 12 | I think because there was less people in the department, it was quite good, it meant I could be | |

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| | more confident to speak up, put my thoughts forwards, have a two-way conversation about the patient's care. | |
| PPE 6 pg 10 | It boosted confidence for when I stepped back at the weekend, because during the week we were fully staffed and we may have looked after her too much, where at a weekend, with less of us, she had to make the most of that opportunity and show her skills off, show us she could work independently. | |
| PPE 3 pg 3 | She had to work with others she didn't know, fit in with them. She realised she needed to be flexible and be able to integrate with the team, be able to work with lots of different grades in lots of different situations. | |
| PPE 3 pg 6 | It improves organisation, your organisation needs to be in tip-top form so you make lists for the week after, have clear plans, it's a great skill to have. | |
| PPE 2 pg 11 | I think seven-day working helps with prioritisation. I think it helps them try and manage their caseload because during the week there is a few of us so I don't think the need to prioritise comes across as much as at weekends. They get to see how prioritisation works and why it is important, I think it does help them to understand a bit more. | |
| PPE 3 pg 6 | They learn in terms of holistic management, what are you going to do? Prioritisation, referrals – the ability to think outside the box. | |
| PPE 5 pg 6 | I think from a prioritisation perspective, it's a good skill to learn. | |
| PPE 4 pg 16 | I think maybe from a confidence point of view, as we are scared of things we don't know about, so if they experience seven-day working they know what to expect, I think there is a greater appreciation and understanding. | |
| PPE 6 pg 9 | She said it really boosted her confidence, she could go anywhere, be flexible, be able to work with other people, be able to see something different, different illnesses and be exposed to different things. She thought if I can do it at a weekend, then I can manage my ward in the week. It showed that she could up her game, it was really positive. | |
| PTS 1 pg 16 | It gave me more confidence, I can now deal with the unexpected and survive, I'm not scared to try something new now. | |

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| PTS 2 pg 27 | Going into different environments, having to think on your feet, it gives you confidence. I was able to go to new wards and feel comfortable, confident. | |
| PTS 4 pg 13 | I think I felt a lot more confident the following week and it just went on from there. It was because I knew my educator was confident in letting me see patients on my own, that's probably what made me feel a bit more confident, I knew she believed in me, so I believed in myself. | |
| PTS 6 pg 18 | So communication because it really highlights the importance of your handovers, communications within your team and the MDT. More with my own time management and prioritisation of what I am doing because of the shift work, both for patients and my own social life. | |
| PTS 1 pg 15 | You get that real confidence to prioritise, to justify your decisions, justify why you have done something. | |
| PTS 3 pg 6 | So just learning to prioritise slightly differently, it was good. | |
| PTS 1 pg 15 | It made me think about the importance of communication, handing over what you have done, the importance of notes and handovers when you are not there in person to do it. | |
| PTS 4 pg 19 | I would like to think my communication with the MDT improved because initially I didn't know who to approach, who they were. But by the end of it I did feel more confident, it just had to be done, because I needed to get the handover. | |
| PTS 4 pg 20 | I definitely take better communication skills with me to the next placement, because as you have days off you just have to talk to every member of the team to know what's going on, it saves time. | |
| PTS 6 pg 6 | I think this really emphasised effective communication and to have everything written down, the need for effective handovers. They just really highlighted that it was really key for everyone to know when they were in, what they were doing and everybody had a timetable. | |
| PTS 6 pg 7 | I learnt that handover skills and just concisely describing what you know and what's going on, like what you can do treatment wise and stuff. | |
| HEI 1 pg 7 | Placement obviously builds up skills and knowledge, but helps to understand how | |

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| | organisations, how hospitals work and perhaps they can draw upon that to form their own conclusions about the importance of seven-day working. But if they experience it, they see the difference in the hospital, the staffing, the caseload at weekends, they can see the benefits for the patients by having consistent therapy across seven days. | |
| HEI 2 pg 3 | It's the reality of working. You have to be flexible and I think if they can open their minds to the fact you work weekends, you are going to have responsibility at weekends and I think they will need to understand that we have to look broader at the way we work. | |
| HEI 3 pg 4 | It reflects the reality of working, you are working as you would when you qualify. | |
| HEI 1 pg 7 | The other aspect the students have to be good at is communication. They have to make sure that their notes are extremely clear and that can be followed by another physiotherapist when they are not in. | |
| PTS 1 pg 5 | It made me more flexible and adaptable. I had to adapt to a different setting, styles, but it was good for me. | |
| PTS 3 pg 13 | I will take more confidence to my next placement, also I have learnt that the flexibility and just adapting to different wards isn't as bad as I thought. | |
| PTS 3 pg 17 | One thing I have learnt is the flexibility of it, how you have to just go and see your list, that you could go to any ward, you just have to adapt to what is on the list, because usually Monday to Friday you just get to make your own list, you aren't aware of what else is happening, what other priorities there are. | |
| PPE 3 pg 4 | Seven-day working and long days impacts on the students and clinicians, you have to be organised, flexible and accommodating. | |
| PPE4 pg 12 | I wouldn't force weekends on a student with a job, but I would certainly be having a discussion seeing where there is room for manoeuvre, for example if they have a Saturday job, could they could still work a Sunday, it's all about flexibility and compromise. | |

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| PPE 6 pg 13 | You have to be flexible if needs be, if somebody has real issues with family or work then just having the flexibility to work around it is key. We accommodate their needs as best we can. | |
| PPE3 pg 3 | We are flexible with the rotas, but it works two ways, the students need to be flexible as well. | |
| HEI 1 pg 4 | Flexibility is definitely needed, especially with the given problem of not knowing in advance whether the service has changed its hours. | |
| PTS 6 pg 18 | Flexibility is key, myself as a student to be flexible with commitments outside my placement, but also the educators with your working hours otherwise the placement wouldn't flow as well. | |
| PPE 5 pg 5 | We would always be flexible if there was an issue. | |
| Main Theme 2 | | |
| Part of the team | | |
| PPE 4 pg 20 | They need that real-life experience from quite early on to get the right attitude, it's not a glamorous job and they need to understand that, they need to get the idea that seven-day working is the way forward. | |
| PPE 6 pg 2 | I think it is a good opportunity to give them the insight into how things might differ, how the hospital works differently at the weekend and get them used to a different working pattern, to try and fit them into real life ready for when they start work. They will know how staffing numbers and things differ and the impact on the team as a whole. | |
| PPE 3 pg 6 | They gain an awareness of what working life is like. It's a real-life experience, fitting in work with your social life. | |
| PPE 5 pg 3 | I think it's good for them to get used to the fact how their working life will be, and that any educational experience should mirror real life when possible. | |
| PTS 2 pg 14 | I just enjoyed the atmosphere, and appreciating what other team members are doing, until you've done weekend working it's kind of abstract, now I understand what team members do at the weekend. I understand the responsibilities you have, will have, it mimics real life. | |

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| PTS 5 pg 18 | I'm proud that I can do it, work long shifts, adapt working patterns, I'm proud I survived the placement, it means I will be able to do it for real. | |
| PTS 1 pg 3 | I saw the benefits definitely for having weekend physio, it's beneficial for the patients, that is what we are there for, it's so important that we get the chance to see this as students. | |
| PTS 1 pg 9 | I was aware of seven-day working and accept that it should be part of my course. The university are very supportive, they tell us we must be prepared, they are fully behind it and very aware that's the trend, they are quite in touch with what is going on. | |
| HEI 2 pg 2 | We talk about seven-day working as an opportunity, to get them to understand the different settings and that they have to accept it, they will only survive if they are accepting and adaptable. | |
| PPE 2 pg 6 | Students seem prepared to work weekends, they have accepted it, I think the universities are teaching about seven-day working, this is where it's going, this is what's happening. | |
| PPE 4 pg 2 | By participating they are demonstrating awareness and acceptance, acknowledging that physio isn't a Monday to Friday job. | |
| HEI 1 pg 4 | From the experience I have had with students who've had this seven-day working experience, is that they have understood it, they've been willing to accept the same hours as their educators and there hasn't been any logistical issues. | |
| HEI 2 pg 12 | I think it's important for them to understand that this is part of their professional role on placement. They need to provide the service that is required for the patient group they are working with and that it may include bank holidays and weekends. It's about understanding the difference of being a student and a student physiotherapist and I think that is key to me. They need to understand the CSP's code of conduct, all that is developing within the profession and you have a responsibility when you are on placement. | |
| PPE 4 pg 19 | If students work with us at weekends then we show that we are nurturing new blood, we are | |

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| | trying to replicate modern healthcare, we are developing the professionals of the future. | |
| PPE 6 pg 16 | It gives the students good insight into their future professional role when qualified. | |
| PTS 3 pg 4 | I can see that we are now delivering better care for patients and that can only be a good thing for us as individuals and the profession. | |
| PPE 4 pg 7 | They are studying a professional course at a professional level so there is a need to take up new opportunities and developments, we need to keep up with the changing times. | |
| PTS 6 pg 1 | Seven-day working benefits not only us students but the profession and the patients as well. We can prove our worth because we are delivering a service across the whole week, the whole seven days, we can justify our role, we will be more respected. | |
| PTS 2 pg 8 | I think it's viewed better if physiotherapy are working weekends, particularly by doctors and nurses, they show us more respect, so our presence seven days a week is good for the profession. | |
| PTS 4 pg 5 | It makes us a better service, a better level of care, better individuals, better professionals. | |
| HEI 1 pg 3 | Placement is more than learning skills and knowledge, it's about understanding the pressures of everyday life, understanding what it is like to be a physiotherapist now, understanding the different ways of working, this seven-day experience is essential to build our physiotherapist of the future, who in turn will drive the profession itself forward. | |
| PPE 2 pg 8 | It's closer team working, we ask all the other teams and see whether they need help. The students need to see this, take them out of their own little bubble, see the service as a whole, not just their own small caseload. | |
| PTS 1 pg 5 | We sat down as a team, physio, OT speech, everybody. Looked at the caseload as a whole and divided it up according to patient need. In the morning we had to do chests and priorities then I was paired with the OT in the afternoon, so got to see that aspect, it was fantastic, such a team approach – why can't we do that in the week? | |

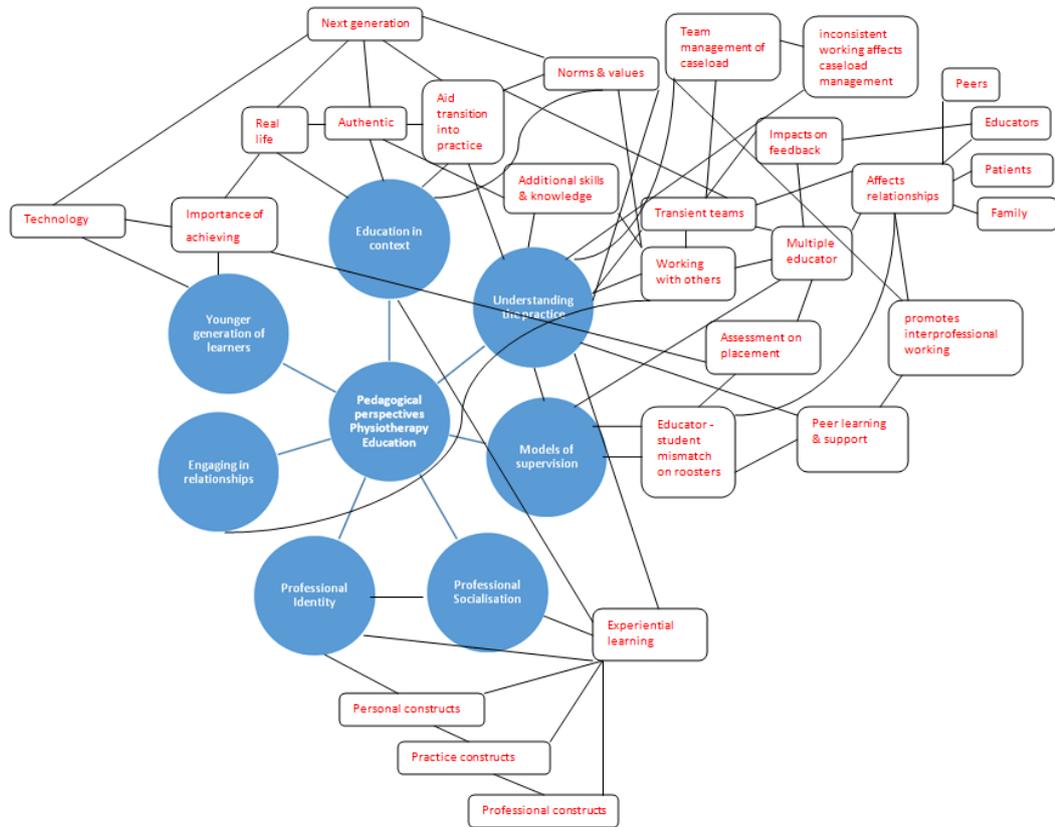
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| PTS 3 pg 11 | Everybody respected everybody, there was much more flexibility and cross-team working at the weekend. | |
| PTS 5 pg 6 | There was good team communication and lots of things were put in place so the weekend ran smoothly, everybody helped each other. | |
| PPE 6 pg 3 | She had to work with others she didn't know, fit in with them. She realised she needed to be flexible and be able to integrate with the team, be able to work with lots of different grades in lots of different situations. | |
| PTS 1 pg 16 | There was more joint working at the weekend so I got to spend time with the OT and understand her role more, they totally included me, I wasn't a third wheel I was very much part of the MDT. | |
| PTS 2 pg 21 | I have more empathy for the nurses, just because when I work Monday–Friday their faces change every now and then, but when you work weekends you realise they were here yesterday as well as today and I think that helped. | |
| PTS 4 pg 12 | I think I was a benefit to the team at the weekend, it helped them to be more efficient, I saw all the paperwork they had to complete in order to prepare for the next week, it also helped me to understand how the whole team, the MDT comes together and how their roles overlap and that it is better to work with each other. | |
| HEI 2 pg 8 | They need to be part of the team, if they are treated differently, they feel different, out on a limb. A huge part of the placement is being part of the team, being successfully integrated and that means matching work patterns. | |
| PTS 2 pg 14 | You don't know what they've been doing until you have worked a weekend yourself and I think that makes you part of the team as well, it feels like you are helping out. | |
| PTS 3 pg 12 | I felt like I was contributing to the team, I felt utilised. I understood how important it is to work with the MDT and I definitely understand their roles better after this placement. | |
| PTS 5 pg 12 | It definitely helped me understand how the team worked together over seven days, there was a lot of teamwork and everyone just helping each other. I definitely got to see that. | |

A 8.9 Phase 6 – Producing the report

Chapter 6 is the culmination of my theme development. At this point I have explored the themes in relation to literature and hopefully by utilising direct quotes from my participants I have remained loyal to their experiences. I did notice at this stage that there were perceptions, opinions, descriptions and reflections given by the participants, but as I have declared that my methodology is qualitative in nature and informed by phenomenology that this is acceptable and allowed me to answer my research aim which was to gain an insight and explore the experiences of physiotherapy practice educators', physiotherapy students' and academics' encounters of seven-day working in relation to practice education.

The next stage I completed was to consider the pedagogical perspectives that I had considered in Chapter 2. This formed Chapter 7. I felt this would assist me to consider how the themes link together between the learners and the educators and may assist me in considering how this study has influenced practice. The first step I undertook was to take Figure 2 from Chapter 2, which highlighted the pedagogical perspectives, and mind map my thoughts and interpretations from Chapter 6. This then formed the basis for structuring Chapter 7. This is illustrated in Figure 22. It allowed me to consider what was similar to existing practice and what was different, and I began to consider implications for future practice.

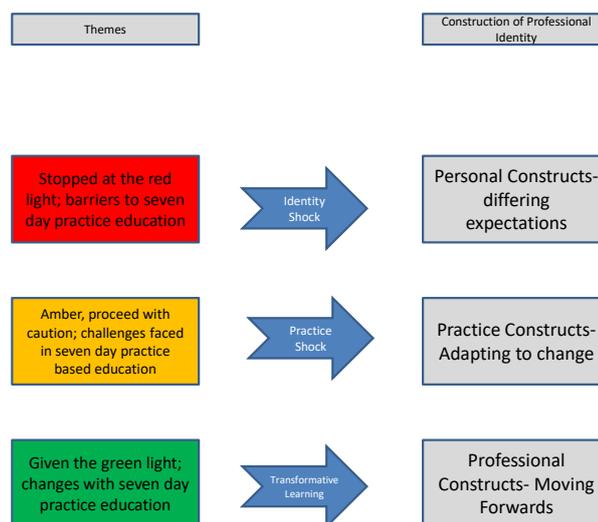
Figure 22 – Mind map of pedagogical perspectives (original in colour)



While developing Chapter 7, I found myself focussing on the construction of professional identity. According to Beijaard et al. (2004), the idea of a professional identity implies an interaction between both person and context as individuals adopt and adapt professional characteristics depending on the necessities of their immediate context and the value. Smith and Hatmaker (2014) emphasised that the education period is the formative time for professional identity construction and it contributes in developing the commitment towards the profession. Anderson (2007) explains that through varying degrees of engagement with the placement providers, their educators and their peers, each student sees her or himself, and is seen by others, as one who has or has not learned to be a physiotherapist in this developing model of service provision. The activities in which students choose to engage are often related to the way they envision those activities fitting into their broader lives. This appears to be relevant for physiotherapy students in a seven-

day model as they become more aware of their place in the world and begin to make decisions for their future. In Chapter 5 I alluded to work by Caza and Creary (2016) who suggest that there are different approaches to the examination of the construction of professional identity and that individuals undergo various stages. Utilising the work of Caza and Creary (2016), I believe the construction of the physiotherapy students' professional identity in seven-day practice placements can be related to a hierarchy of needs, and I have illustrated this analysis in relation to physiotherapy practice education in a seven-day model in Figure 23.

Figure 23 – Links between themes and construction of professional identity (original in colour)



I have suggested that physiotherapy students who have experienced seven-day practice placements have personal-, practice- and professional-level constructs in their identity formation. I propose that physiotherapy students need to satisfy their own personal needs before they can begin to consider the changes in practice and how it may influence developing professionalism as they understand the context of a transitioning practice. I presented the final illustration as a hierarchy of needs in Figure 12 in Chapter 7.

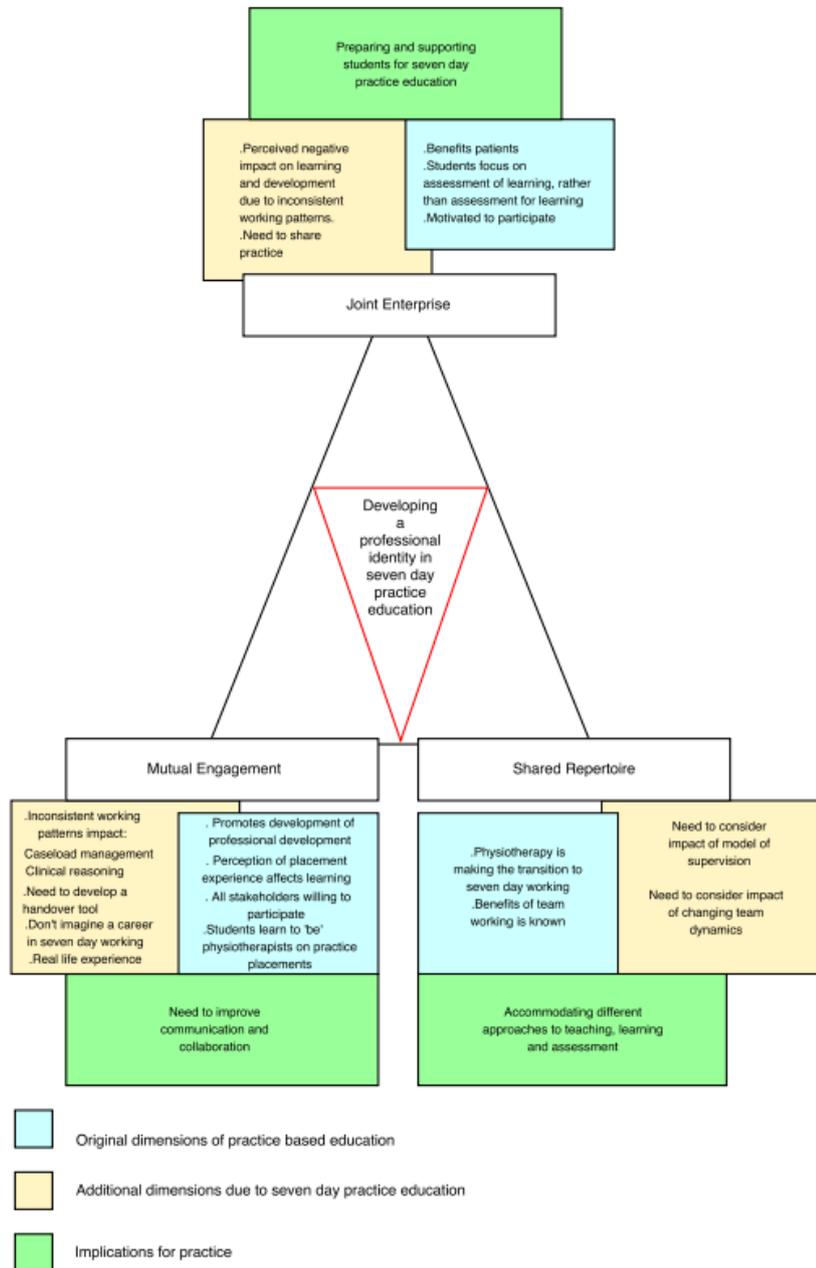
At the end of Chapter 7, in order to achieve my research aims I still needed to consider how this research may inform and influence practice. It was at this point I decided to utilise a theoretical lens to help me frame my discussion.

A8.10 Beyond analysis – identifying a need for a theoretical lens

Communities of practice was selected as my theoretical lens as it can be used to explain what we know about a practice and how more can be accomplished.

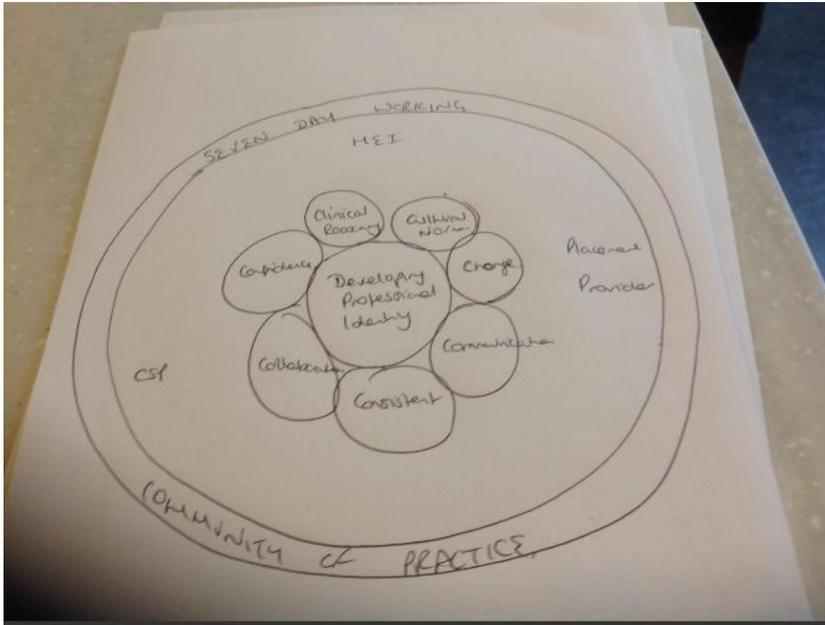
At this stage, I placed the development of a professional identity at the centre of this as the development of personal and professional values through participating in practice is key to practice education. This is reflected in Figure 24. Comparisons are made to existing practice and the additional dimensions that seven-day practice placements add, and I have also considered the operational aspects that could be enhanced. On reflection this did not take into account other key concepts for thinking about learning within its social dimensions and the community of practice as this had not been investigated previously. This is identified in Figure 25.

Figure 24 – An initial framework to highlight key concepts for developing a professional identity for a seven-day practice model



Adapted from Wenger (1998 p.78)

Figure 25 – Key concepts identified from findings (original in colour)



- Communication

This study has highlighted that there are still gaps between participating in seven-day placements and creating meaningful learning because many barriers and challenges were identified. Many of these occurred because individuals had not expressed or discussed their concerns with other members of the community or there was participation and not reification. Learning is also the relationship between people, learning is in the conditions that bring people together and allow for particular pieces of information to take on relevance. In practice education, the members need to share knowledge and experience outside of the traditional structural boundaries to develop the practice, and it was highlighted that communication tools and clinical reasoning proformas may make the learning more meaningful in inconsistent working patterns. Research suggests that this then leads to change that results in greater knowledge sharing, which in turn could influence the effectiveness of practice education.

- Change

Participation in social communities shapes experience of individuals and organisations. Practice education is undergoing a transformative process as

placement hosts begin to host seven-day placements and the ability to shape the community will unfold as people share their experiences. There is a need to develop forms of mutual engagement, discover what helps, what hinders, renegotiate the meaning of various elements, such as the model of supervision, and in this way physiotherapy will further understand the process of practice education in a seven-day model of working. Just because individuals are now participating in this process, it goes deeper than engagement in practice. Participation does not simply end at the end of the placement, it will be a part of them throughout their journey. Learning is an evolving, continuously renewed set of relations.

- Confidence

Developing professional identity is a fundamental aspect of professional socialisation and requires learning to connect all aspects of professional practice in a responsible and reasoned manner. Becoming a professional is a learning process in itself and practice education in a seven-day model mirrors real life, values and beliefs while honing the individuals' understanding of the practice resulting in increased confidence and self-belief, and these individuals may be more 'conscious' professionals who are more likely to construct an appropriately fitting professional identity that may enable career development.

- Clinical Reasoning

Two key elements of becoming a critical practitioner are the ability to critique and transform. This involves moving away from decisions that are taken for granted and recognising more challenging situations of knowing and being. Seven-day working challenges clinical reasoning in many ways: inconsistent working patterns, management of an ever-changing caseload and multiple educators and physiotherapy students have interpreted that they are more aware of a realisation that things could be different. This is called 'conscientisation' and the outcome of this is a transformed understanding of reality.

- Collaboration

Community membership refers to how individuals define themselves by the familiar and unfamiliar. Practice education in a seven-day model of working is a

new phenomenon, it is unfamiliar territory, we are uncertain of how to engage with other people, how to work together. Collaboration is required by all parties to ensure the profession of physiotherapy engages in this practice, so that we can make use of our experiences as we have been part of it and now it is part of us.

- Cultural Norm

As yet the practice of seven-day placements is not the norm. It is still considered as a non-traditional working pattern, yet more and more services are moving in this direction. If all the stakeholders acknowledge that this is going to be the 'norm' and collaborate together to widely publicise the future of physiotherapy practice, students will not be surprised. It could be included in curriculums, they will expect multiple educators, they will know that patient caseloads will be challenging and will have to improve their clinical reasoning skills to develop appropriate questioning to be able to manage this new way of working.

- Consistent

There is no longer a consistent approach to practice learning. Inconsistent working patterns challenge both students and educators in delivering the learning experience and how caseloads are managed, and students find it very difficult to pick up patients after a day off. It challenges clinical reasoning and communication, and the team dynamics are different. It appears that it is this inconsistent working pattern that appears to be the crux of everything; this is the key component that impacts on everything else.

I identified these key considerations from the data, but the concept map I created (Figure 25) did not represent the interaction / relationship between them and I needed to view it more from my chosen analytical lens. Taking this all into consideration, I revisited the key aspects of the initial themes and looked at how they impacted on each other, how they were linked, how they were related but through the eyes of my theoretical framework. This lens helped me to establish the following diagram (Figure 26), which I feel demonstrates the nub of the data, with inconsistent working patterns at the centre and how everything else is interrelated.

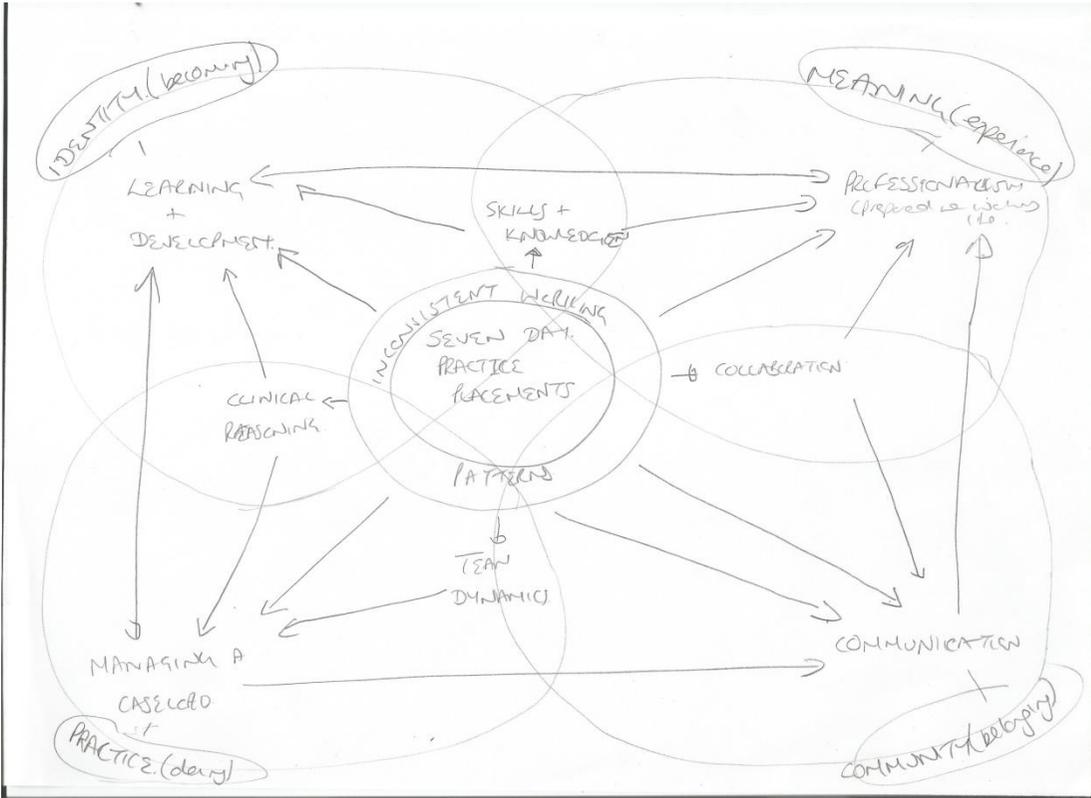
I also documented it in my reflective journal highlighting my thoughts:

“So in order to ‘belong’ to the community of practice of seven day it is really important to have good communication and collaboration between the stakeholders so everyone is aware of the practice of seven-day working. This in turn affects professionalism as new graduates will be more prepared to accept this way of working. From communication, this impacts on team dynamics as this is altered, students are working with more educators, caseloads are managed in a different way, this is learning as doing. Clinical reasoning is challenged due to team dynamics and the constantly changing caseload. This then affects how students are going from being a student to becoming a practitioner, they feel their learning is challenged, yet they are walking away with a different set of skills and knowledge – they feel more confident, more prepared. This makes them more prepared for working life, they have ‘experienced’ the meaning of seven-day working from a personal perspective, and also that of the patient, the hospital, the NHS. It is all interlinked.”

The diagram in Figure 26, although it explained the relationship between the key concepts and the theoretical framework, I felt it did not demonstrate where the barriers, challenges and changes identified in the findings were linked, and what was a positive and what required more development. I therefore added colours, following the traffic light metaphor that I had first introduced. The centre was the inconsistent working patterns highlighted in red as I thought that this is the main stumbling block, and others are then linked with amber and green. Further evaluation also highlighted that there are some concepts that sit outside of the community of practice such as the physiotherapy students being temporary members of the community, the importance students put on numerical grades rather than skills and knowledge, not feeling like physiotherapy students have ownership of their caseload and also the concern that physiotherapy students do not consider seven-day working as a long-term career. So I placed these on the periphery, outside of the community, and linked with red as I thought these were

barriers that require further consideration. The second draft of this concept map is highlighted in Figure 27.

Figure 26 – Placing all the key concepts identified through the findings



After completing this exercise, it highlighted to me that communities of practice consists of many elements and pulls on many other theories and that I need to start to pull them together in order to frame my writing more concisely. So as a starting point I considered links and connections between the elements of communities of practice and my own research study that I had identified so far. This is documented in Table 20 and illustrated in Figure 28.

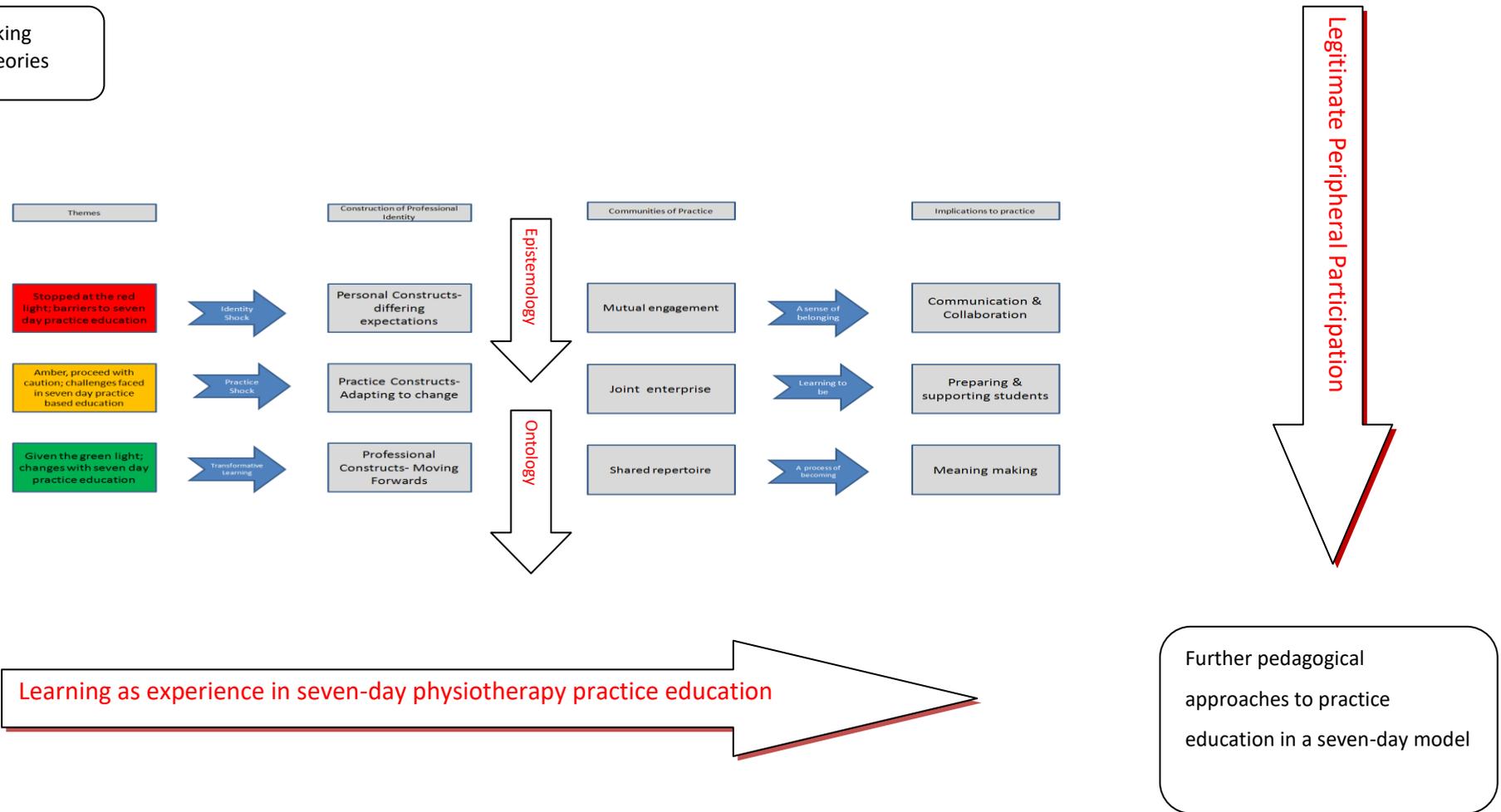
Table 20 – Layers of analysis – Linking themes, pedagogic perspectives, professional identity and theory of communities of practice

| Community of practice element | Pedagogical perspectives | Link to themes | Professional identity construction | Legitimate peripheral participation | Key points in relation to community of practice | Suggestions |
|--------------------------------------|---|---|---|---|--|---|
| Mutual Engagement | While all participants had participated in seven-day practice education, they had not come together to discuss the implementation, delivery and implementation of this practice. Students were concerned about the impact on their learning | Stopped at the red light: barriers to seven-day practice education | Personal-level constructs | Are students on seven-day placements legitimate members of the community? | The community of practice had not established norms There is a lack of communication and collaboration between stakeholders of practice education | There is a need to promote mutual engagement within the community of practice. Stakeholders of practice education need to come together to communicate and collaborate more effectively. There is a need to promote and educate about this transitioning model of service delivery and practice education to potential and existing physiotherapy students so there are no surprises. |
| Joint Enterprise | Physiotherapy student participants while on seven-day placements learnt more about 'being' a therapist in a real-life setting and more about the | Amber, proceed with caution: challenges faced in seven-day practice education | Practice-level constructs | Promoting peripheral participation | Physiotherapy students need to be more adequately prepared and supported for the differences that seven-day | The practice of seven-day practice education needs to be further explored as the impact of experiencing inconsistent working patterns has highlighted many challenges. A joint enterprise needs to be facilitated to support and prepare physiotherapy students for this model of working. |

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| | MDT and team dynamics after they had got over the initial surprise | | | | placements bring, mainly inconsistent working patterns. | This study has highlighted the need to teach coping and resilience strategies for participating in transient teams, managing caseloads and the need for a comprehensive handover. There may also be requirement to meet the needs of the modern generation beyond the university setting. Although the scope of this study did not include the use of technology for seven-day practice placements, further consideration is recommended. |
| Shared Repertoire | Development of professional values. Authentic practice. Development of flexibility and resilience | Given the green light: changes with seven-day practice education | Professional-level constructs | Supporting peripheral participation | Physiotherapy students require time to reflect on their experiences and learning so they can consider the practice and professional-level constructs. They need time to negotiate the meanings of their learning | In order to create a shared repertoire, physiotherapy educators, practice educators, education providers and the professional body require the opportunity to explore and reflect upon the experiences of seven-day practice placements on an individual and collective perspective. This may create an influential space for meaning making, and to share and integrate the skills and knowledge beyond achieving determined competences / assessment requirements. Providing opportunities to come together and articulate ideas is |

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| | | | | | experience. | one strategy to enhance the development of the provision of seven-day practice placements and the physiotherapy profession of the future. Additionally, the relationship between the student and practice educator is changing as there appears to be a transition to a shared educator or team approach, but this requires further investigation as I am unable to clarify if this is a natural transition of practice education or directly related to seven-day working. |
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Figure 28 – Linking themes and theories



It took a lot of time and soul searching to write Chapter 8, which pulls together my themes and pedagogical perspectives by utilising the theoretical lens of community to present to my readers the implication to practice and possible future suggestions. My pragmatic self, who is an educator in practice, was always looking for a solution to potential problems, and on reflection in Chapter 9 I have made changes to my own practice as a result of this study. However, I needed to present my implications to practice in a succinct and concise manner that would be applicable to all. After lots of interpretation, going backwards and forwards and considering the different elements of communities of practice, I finally decided to utilise the concept of legitimate peripheral participation as my lens. This resonated with me as I had already identified in Chapter 2 that physiotherapy students start their placement as a peripheral member of the community as the 'newcomer', then under the guidance of an educator they learn skills and knowledge allowing them to move centrally towards participation. It also allowed me to link the themes and pedagogical perspectives previously identified to suggest implications to practice and for myself to propose new pedagogical perspectives. This process also highlighted that although there were some extremely interesting data regarding caseload management and clinical reasoning, further research would be required to fully understand the 'why' behind why inconsistent working patterns had such an impact on practice.

To fully utilise legitimate peripheral participation, I broke it down into three elements:

- legitimacy or engagement of physiotherapy students on seven-day placements
- promoting peripheral participation
- supporting legitimate peripheral participation

and utilised the elements of mutual engagement, shared repertoire and joint enterprise to suggest possible suggestions for practice.

A8.11 – Reflective summary of data analysis

Extract from my research diary:

"The data analysis has been challenging. I liken it to unpeeling the layers of an onion. I peeled back one layer, to reveal another, then another. At first the data analysis was quite descriptive and I was challenged to unpick the meanings behind the themes. I had to move away from an operational and strategic level to one that viewed the data from my theoretical lens. At times I had to keep remembering my stance as a researcher and not a practice educator. As a pragmatic physiotherapist in practice, the temptation was to solve the problems that arose – and I have made changes in my own practice as a result of this study, but then I had to keep bringing myself back to me as a researcher, my quest to interpret the experiences and to be able to present it through my lens. I have tried to incorporate quotes from the participants so readers can make their own interpretations, I have stated my initial data analysis as I presented the three themes, but then I have incorporated interpretive strategies to present the meanings of these themes through the lens of communities of practice. Data analysis is messy, lots of going backwards and forwards, lots of scribbles, drawing pictures, diagrams, it's hard to know when to stop. Each time you review the data, you see something new, it's hard to know when to stop. But I feel I have reached a point where I have got to the nub – inconsistent working patterns and how they impact on practice learning and developing a professional identity. Hopefully readers can take something away into their own practice, whether this is more awareness, a strategic change or whether they themselves consider how communities of practice and legitimate peripheral participation can be used to present this data. I also feel that this is just the beginning, I have explored the global topic of practice education in a seven-day model of working, but I think future research needs to focus on the individual components such as assessment and feedback, clinical reasoning, transition to practice and much more. I

have been lucky throughout my doctoral journey to share and disseminate my findings at each step. I have received nothing but support and encouragement cementing my decision that this research is invaluable and will contribute to practice and knowledge".

Appendix 9 – Responses to questions raised by peers as part of the preliminary investigation

Table 21 – Responses to questions raised by peers as part of the preliminary investigation

| Question / concerns | Response |
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| Is there any benefit to students working across a seven-day service? | <p>Students are experiencing a real-life, authentic practice placement that they reflect prepares them for working life.</p> <p>Students feel part of the team as they match they the placement hosts days and hours, they don't feel on the periphery.</p> <p>Students gain a greater awareness of team dynamics, team working and maintaining team moral. They also understand the roles of the MDT members.</p> <p>Clinical reasoning skills are challenged due to inconsistent working patterns.</p> |
| Will students be more employable if experienced weekend working? | <p>It was reported that students would be more employable if they had experienced seven-day working as they would understand the impact shift work has.</p> <p>There needs to be more work done on promoting physiotherapy as a seven-day career, although students participating on placement are still unaware that this is the future of the profession.</p> |
| Would productivity be affected by students working | <p>This was not raised as a concern by any participant.</p> |

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| weekends? | Students report that they felt they were a benefit to the team at weekends especially if they had reduced staffing. |
| How would supervision be provided across seven-day working patterns? | It appears that most educators who host placements across a seven-day period utilise a team approach or shared-educator model. |
| Would this increase stress for clinical educators and students? | Students report that they experience stress if they are unaware of seven-day placements or 12-hour shifts prior to arriving at placement. Universities are frustrated if placement information is not kept up to date. Educators report that timetables are essential and that a variety of learning styles have to be utilised especially on 12-hour shifts. |
| Are there cost implications? | No placement hosts indicated any concerns in respect to costs. Students with part-time jobs explained that so long as they had advance notice and a degree of flexibility then their own personal situation could be managed. |
| Weekend working is a different experience. | It was acknowledged that working at weekends was different, but this was found to be positive. Students report being more confident in their own ability, it challenged communication, clinical reasoning and caseload management. They enjoyed being part of the team and understood the need to support other |

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| | team members. There needs to be clear communication for handovers, feedback and assessment. |
| Is it safe for the student? Is it safe for the patient? | No concerns were raised in respect of safety. |

Appendix 10 – Dissemination diary

Facilitated poster presentation ‘Should students work weekends?’ at Innovation: Ideas into action. Physiotherapy in a challenging environment, Irish Society of Chartered Physiotherapists, Dublin, November 2012.

Platform Presentation ‘My doctoral journey: the highs and lows’ at Doctoral Conference, Graduate School of Education, University of Bristol, June 2013.

E Poster ‘Physiotherapy education in a seven day model of working’ at New Moves Conference, Australian Physiotherapy Association, Melbourne, Australia, October 2013.

Poster presentation ‘Physiotherapy and practice based education: a preliminary investigation for doctoral research’ at Practice education in times of change: calm waters and stormy seas’ National Association of Educators in Practice, Coventry University, April 2014.

Poster presentation ‘Seeing the world through a new lens; acquiring and comprehending a threshold concept’. CSP South East Coast Regional Network Conference, September 2015.

Platform presentation ‘A step into the unknown: delivering seven day student placements in physiotherapy’. The National Association of Educators in Practice Conference; Identity and practice: Responses to future needs. Coventry, April 2016.

Platform presentation ‘Reflection and Reflexivity – A Personal Journey of Discovery.’ Health & Well Being – An Allied Health Profession’s Perspective. Kent and Medway hub of Council for Allied Health Professions Research (CAHPR) June 2016.

Article, Elliott, S., Glynn, A., and Morris, J. (2016). From Practitioner to Researcher: A Threshold Concept – A personal reflection on my own tug of war. International Journal of Practice-based Learning in Health and Social Care. Vol. 4 No. 1, pp. 78–87.

Facilitated Discussion, ‘Should students work weekends?’ Physiotherapy Conference New Zealand, Auckland, September 2016.

Platform presentation, ‘From Practitioner to Researcher: A Threshold Concept – A personal reflection on my own tug of war.’ Physiotherapy Conference New Zealand, Auckland, September 2016.

Poster Presentation 'A step into the unknown: delivering seven-day student placements in physiotherapy'. European Region of the World Confederation for Physical Therapy (ER-WCPT) Advancing Physiotherapy, demonstrating value and impact, Liverpool, November 2016.

Invited Speaker 'From clinician to researcher – a personal journey'. Kent & Medway Research Event, University of Kent, Canterbury, January 2017.

Platform Presentation 'The impact of non-traditional working patterns on practice placements: a study of physiotherapy students experiences'. Enhancing Higher Education through research, University of Brighton's Pedagogic Research Conference, Falmer, February 2017.

Platform Presentation 'Physiotherapy Education in a seven-day model of working'. The National Association of Educators in Practice Conference; Making the case for practice education, Birmingham, April 2017.

Poster Presentation 'Physiotherapy education in a seven-day model of working'. World Confederation for Physical Therapy, Cape Town, July 2017.

Practice Review The CSP Practice Education Information Support and Guidance Resource (online) highlights examples of good practice experience and the CSP requested a review of seven day practice education so to help learners appreciate contemporary practice, August 2017.

Platform Presentation 'A rollercoaster ride through seven-day working' South East Coast CSP Network – Exploring and challenging current practice in education. Eastbourne. April 2018.

Platform Presentation 'From practitioner to researcher. A threshold concept – a personal reflection on my own tug of war. 7th Biennial threshold concepts conference. Miami University, Ohio, USA. June 2018.

Platform Presentation Construction of physiotherapy students' identity on a seven-day practice placement. Enhancing Higher Education through Research. University of Brighton Annual Pedagogic Conference, Falmer. February 2019.

Poster Presentation Construction of physiotherapy students' identity on a seven-day practice placement. World Confederation for Physical Therapy. Geneva, May 2019.