Introduction and context

‘Physiotherapy is 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’. (Chartered Society of Physiotherapy, 2002. p19)

Physiotherapy in the UK is a protected-title profession regulated by the Health Professions Council (HPC). The Chartered Society of Physiotherapy (CSP) represents its professional, educational and trade union interests. The scope of contemporary physiotherapy practice is defined by a Royal Charter granted to the Society in 1920, and incorporates electrotherapy, exercise and movement, manual therapy, and kindred approaches (CSP, 2008). Consequently, physiotherapy has a broad knowledge and skills base that is aligned with the medical domains of respiratory, musculoskeletal, paediatrics, neurology etc. While the science-base of the profession is overtly stated, Sim (1985), noting its position between the caring role of nursing and the curative role of medicine, agrees with Singleton (1977) that physiotherapy draws upon both ‘art’ and ‘science’-based disciplines such that:

‘I think of art as the soul of physical therapy, of the science and techniques as its body. Art contrasts with skill and craft in putting stress upon something more, in implying a personal unanalyzable creative force that transmits and raises the art or product beyond a skill or craft’ (Singleton 1977, cited by Peat 1981 p171).

This epistemological tension is described more recently by Higgs et al (2001) in their exploration of the paradox of physiotherapy practice. Despite physiotherapy’s domination by a positivist ontology and technical rational epistemology of practice that reflect the profession’s historic connections with medicine (note its science-base and strive for evidence-based practice; Fish and Coles, 2000), it also seeks to adopt the more interpretive, client-centred (profession as ‘artistry’; Schön, 1983) approaches to healthcare being demanded by the World Health Organisation (WHO, Ottawa Charter in Higgs et al, 2001), the UK Government and society as a whole (Thompson, 2006).

Access to the profession in the UK became degree-only as recently as 1992. While this development has enabled the profession to increase its visibility and evidence-base (Kell and Owen, 2008), small-scale research suggests that the move into Higher Education has implicitly valued the more tangible elements of the profession’s practice. As a consequence, recent studies describe a perception among the profession’s students, academic staff and clinicians that the overt emphasis on evidence-based, specialised knowledge and speciality hierarchies is undervaluing the profession’s less measurable
skills and ‘artistry’ (Schön, 1983) attributes with consequent internal professional tension, fragmentation and isolation (Kell and Owen, 2006; Rughani, 2005; Hughes, 2004).

Reflection on the content of physiotherapy journals suggests that the discussion about defining physiotherapy’s underpinning ontology and epistemology is not new or unique to practice in the UK (Roberts, 1994; Tyni-Lenné R, 1989; Sim, 1985; Peat, 1981). Part of the challenge for physiotherapy relates to the dynamic nature of professions (Freidson, 1994), the weak articulation and embedding of professional identity in pre-registration programmes and thus the tendency of individual practitioners to express different aspects of the physiotherapy paradigm according to their personal values and experiences of practice. Tyni-Lenné (1989) suggests that it is usual for physiotherapists to discuss their competencies and interests, but less usual to hear discussion about the profession’s epistemological perspectives. If we struggle to articulate and value a coherent epistemological perspective, how does professional socialisation take place within Physiotherapy Education?

Pre-registration physiotherapy education in the UK

From diploma to degree

Following the establishment of the NHS in 1948, pre-registration physiotherapy programmes were bound by a national syllabus and delivered in hospital-based ‘training units’. Successful completion of a programme led to membership of the CSP and license to practice. The debate of all-graduate physiotherapy entry was initiated in 1979 (Piercy, 1979) - just 2 years after physiotherapy gained professional autonomy. A CSP position statement followed, which promoted degree-entry as a means of improving patient care and service delivery (CSP, 1979). The concept of all-graduate entry was however contentious within the profession as expressed by an editorial in the CSP’s journal:

‘...what will undergraduates learn, in addition to the common syllabus, which will make them special? And if they devote so much time to academic studies, how will they gain the practical experience necessary to make them useful staff members?’

(Whitehouse, 1979. p337)

Despite this ongoing debate and government’s unwillingness to release funding, pre-registration degree programmes slowly developed during the 1980s. The CSP countered its members’ anxieties by requiring all pre-registration degree curricula to integrate theory and practice and provide each student with a minimum of 1000 clinical experience hours (Roberts, 2001). Progress towards all-degree entry was helped by a change of government policy in 1989 (Roberts, 2001) and the profession became all-graduate entry by September 1992.

Currently, pre-registration Physiotherapy programmes in the UK are housed within Higher Education Institutions and must be validated by the Health Professions Council (HPC, state registration body) and conform to a national Curriculum Framework (CSP, 2002) developed by physiotherapy’s professional body. The Curriculum Framework effectively describes the qualities and competencies of a newly qualified physiotherapist by defining the learning outcomes and learning and teaching strategies appropriate for qualifying programmes in physiotherapy.

Pre-registration placement education

The Curriculum Framework describes placement education as ‘a pivotal component in physiotherapy students’ education’ (CSP, 2002 p50) and the setting where students both

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integrate their university-based learning with their clinical experience and practise the professional attributes that will enable them to make the transition from ‘knowing about’ to ‘functioning as’ an autonomous professional (p55). The Framework recognises the complexity of the placement-learning environment and clearly articulates that Placement Education should include a spectrum of learning opportunities across the breadth of professional practice.

Before 2003, individuals providing placement-learning experiences were paid extra for that role. During the late 1990s, the UK Government’s demand for more physiotherapists within the National Health Service (NHS) caused a mushrooming of undergraduate student numbers, which challenged the availability of placement learning experiences and created opportunities to explore different models of placement education (Baldry Currens and Bithell, 2000). The evolution of new models of placement learning coincided with the renegotiation of NHS staff employment terms and conditions (Department of Health, 2004), and resulted in the removal of the additional placement education payment and responsibility for placement education being integrated into role descriptions. This shift had been predicted by the Curriculum Framework which ‘is founded strongly on the principle that contributing to the learning of future members of the profession forms a basic responsibility of qualified physiotherapists’ (CSP, 2002. p12).

The power of placement on professional socialisation

Vollmer and Mills (1966) describe professional socialisation as the process by which an individual learns the values, attitudes and behaviours of a profession. Howkins and Ewin (1999) suggest that the process can be described as radical in its reconstruction of an individual’s role and identity to reflect that of the stated profession.

Previous research exploring professional socialisation specifically within the context of Physiotherapy Education suggests that the socialisation is continuous, powerful, expected by the students (Richardson et al 2002) and learnt during their interactions with academics, placement educators and other students (Richardson (1999). Of these interactions however, the dominant component is thought to be the placement educator (Väänänen et al, 2007). Both Hughes (2004) and Clouder (2003) suggest that using placement educators as assessors strongly encourages students to adopt ‘strategic compliance’ strategies (Clouder, 2003 p215) to match the professional image of their educator. Atkinson (1997) in his exploration of the development of professionalism during the clinical component of a medical undergraduate programme, described a more passive form of professional socialisation that absorbed and intellectually seduced (p190) students into the particular forms and versions of medical work practised in the study location.

Clouder’s view (based upon the study of Occupational Therapy (OT) undergraduates) that students actively participate in the socialisation process, seems to challenge Atkinson’s (1997) conclusions. However, by reviewing the results in their professional context, it could be argued that they reflect the differing epistemological standpoints of OT and Medicine. Occupational Therapy’s person-centred approach to practice (http://www.cot.org.uk/public/otasacareer/intro/intro.php) and its traditional use of problem-based learning education suggest that this profession values ‘artistry’. Conversely, late twentieth century UK medical education was still reliant upon a model of teacher/ consultant as ‘expert’ that valued a more technical-rational basis for practice. Both studies therefore place the practitioner in the position of main socialising influence and highlight the power of professional socialisation in reinforcing the epistemology (and the skills and practice etc) of a specific profession. So what is the story in physiotherapy
education? Is it possible to describe the physiotherapy placement learning experience and explore the socialisation experiences of our undergraduates?

**Background to the current study**

The Department of Physiotherapy, Cardiff University meets the Curriculum Framework's 1000-hour placement education requirement through 8 four-week placements undertaken during the students' second and third (final) years of study. Placement education is offered in geographically, socially and culturally diverse locations, using 272 placement educators (PEds) and accounts for 20% of the students' degree classification. A variety of placement education models are used ranging from the traditional 1:1 educator: student ratio to those that have a higher ratio of educator(s): student(s). In all cases the PEds act as both educator and assessor. A member of academic staff undertakes one pastoral and educational support visit to each student at least once during a placement.

Recognising the influence of the placement educator (PEd) on professional socialisation and the evolution of students' professional identity, the Department of Physiotherapy undertook a three-year project to investigate the effect of the placement environment on undergraduate learning development. The study comprised two inter-related phases of data collection.

Phase One of the project described the PEds' conceptions of and approaches to teaching (Kell and Jones, 2007) and the students' perceived approaches to learning while on placement (Kell and Owen, in press). The PEds' results suggested that the majority of respondents adopted a predominately knowledge transmission conception of teaching that was translated into teaching dominated by technical rational-based coaching. Kell and Jones (2007) suggested that such a profile of placement education experience, while possibly reflecting the PEds' own learning experience on diploma-based pre-registration programmes, was aligned neither with the philosophy of teaching within the academic-based department nor the expectations of the current Curriculum Framework (CSP, 2008). Kell and Jones (2007) did note however, that teaching profiles appeared to vary with a PEd's experience and motivation for undertaking the role: PEds with longer experience and an intrinsic motivation to support placement education tended towards a teaching-as-facilitation-of-learning conception of teaching. For their part the students responded to the placement learning environment by adopting a predominantly strategic approach to learning. However, where students perceived several PEds to be involved in their learning and assessment, a predominantly surface approach to learning was adopted. Kell and Owen (in press) suggested that the students' learning development depended upon their perception of their place and purpose within the placement learning environment.

Phase One of the project therefore raised questions both about the mechanics of the placement learning environment and the nature of 'profession' being socialised in undergraduates and necessitated a deeper exploration of the PEds’ perspectives of their role. As there was little existing literature to draw upon to address these questions, Phase Two of the project was designed to explore the PEds' perceptions of placement education. It was hoped that Phase Two would identify factors that influence PEd provision of placement learning and explore how these influences translate into the learning environments and socialisation experiences developed.

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1 This study was funded by the Department, and ethical approval to proceed granted from the NHS (COREC approved 04/SWE02/3).
Methodology, data handling and data analysis

As little previous research was available to inform the Phase Two methodology, the researchers adopted an interpretive framework for the investigation that was underpinned by an abductive reasoning approach (Atkinson et al, 2003). Such an approach required an initial period of data collection to generate working ideas and themes for re-interrogation in the research setting until a meaningful understanding of what placement education meant to the PEds had been developed.

Generating ideas through focus groups

The initial data collection comprised four focus groups set up around Wales to be accessible to all PEds who supported the placement-learning component of the programme. A representative sample of the 272 PEds was invited to these focus groups which were designed to facilitate participants’ discussion about their experiences of being a Placement Educator. Each focus group took place away from the participants’ work place and lasted approximately one hour.

Research team identity was a key issue in the development and analysis of this data collection phase. As lecturers we are registered physiotherapists who have completed the same training and socialisation processes as our participants, but lack currency with the reality of practice and education in the placement setting. This shared professional identity gave us credibility in the eyes of our participants, but challenged our understanding of the contexts described within the focus groups.

Through careful transcript review that balanced the challenges of familiarity and strangeness (Atkinson et al, 2003), we identified the following issues from the focus group sessions:

- The provision of placement education is challenging within the context of a workforce that is experiencing change and threats to its professional practice;
- PEds feel that they are constantly juggling their clinical, educational and administrative/managerial responsibilities;
- PEds perceive students in different ways with some describing their visiting students as additional workforce, as a CPD opportunity or as an additional burden;
- The PEds spoke of using others within their workplace to support the placement education experience. These ‘others’ could be physiotherapy colleagues and/or members of other healthcare professions. PEds from outpatient departments spoke of the key role of reception staff in organising the students' timetable, while those working in paediatrics or learning disabilities were able to offer the students opportunities to work with their OT or Speech and Language colleagues. Other PEds spoke of using ‘others’ to create space for themselves in the PEd: student relationship;
- Students were being labelled by some PEds. Common descriptors included ‘excellent’, ‘poor’, ‘weak’ or ‘average’. In some cases, this label was acquired early during the placement and would shape the students’ experience of that placement such that ‘excellent’ students were ‘rewarded’ and given more opportunities to apply their knowledge by working with patients. ‘Weak’ students would be sent to acquire some more knowledge by reading in the library or dispatched to ‘others’.

Thematic analysis of the focus group transcripts elicited two factors that appeared to influence how PEds constructed the learning experiences they offered:

1) role perception: their role as a therapist, as a PEd, and their work-based relationships;
motivation for becoming involved with placement education.

**Further exploration of education practice using role pictures and living scenarios**

To explore these two factors and the effects they seemed to be having on the construction of a student’s learning experience further, the focus group data were used to create a qualitative questionnaire. Central to the development of the second round of Phase Two data collection was the need to verify the focus group data by trying to access PEds’ own-word descriptions of their education practice. A three-section questionnaire was designed to explore:

1. role demographics
2. role perception; and
3. translation into practice.

1. **Role demographics**
   
   This section invited respondents to give information about their placement speciality; their reason for becoming involved in placement education; their years of experience undertaking placement education; and their current placement education role/title. This information was necessary to provide a context for the remaining 2 sections.

2. **Role perception**
   
   PEds’ descriptions of juggling their clinical, managerial and educational roles and engaging colleagues to support placement learning had resonance with one theme emerging from Higgs and McAllister’s (2005) 5-year interpretive study of Speech and Language Therapy Clinical Educators. The context and working relationships within a placement learning environment were therefore important to capture. Rather than asking for a written description of PEds’ perceived balance of their role and the involvement of others in the student’s learning experience, we explored the idea of using set theory (Venn and Euler diagrams). Traditionally used in mathematics as a means of expressing the inter-relationships between sets of objects, Rawson (1994) cites examples of its use in healthcare contexts to describe interprofessional relationships. Respondents were therefore invited to draw and / or describe a ‘role picture’ to reflect both the respondents’ own role(s) and the involvement of ‘others’ in the role(s).

3. **Translation into practice**
   
   The stories shared during the focus groups showed how PEds take direct responsibility for student learning, and how stressful this can sometimes be. It was obvious that in making a decision about their own work-practice, PEds were also evaluating the consequence of their action on the student’s experience. The decisions about ‘what to do’ with the student when anticipated work-practice changed (e.g. having to provide sick-leave cover; attending meetings at short notice) seemed to depend on the PEds’ perception of the student. In order to explore these issues further, a living scenario of 14 statements was generated based on the experiences shared in the focus groups. These statements aimed to reflect the types of decisions PEds would have to make during their working practice (a list of the statements is attached at Appendix 1). Respondents were invited to write about their practice-in-action for each statement in the context of 3 student ‘types’ (defined by the focus groups as: excellent, average, poor). In this way the responses produced mini case studies of the Placement Educators’ perception of their practice.

The questionnaire was piloted with 5 academic staff who had recently joined the Department from roles as Placement Educators. These staff were selected for their accessibility, their closeness to the data collection context and the ease of excluding them from the main data collection sample. Following a few amendments (wording and...
spatial organisation), the questionnaire was posted to all 272 PEds on the Department’s PEd database.

**Data handling and data analysis**

70 usable responses were received equating to a 27% response rate. To access the wealth of data generated a snapshot sample (representing each geographical region in the study area as determined by return envelope postal markings) was taken from the whole. The data (role pictures and responses to the living scenario) from 5 of the questionnaires selected were subjected to detailed thick description (Geertz, 1973). Each element of this initial sample was described independently by both researchers. Drawing on the framework of abductive reasoning (Atkinson et al., 2003), the thick descriptions were discussed and explored to see if patterns and themes were emerging. The ideas generated from the initial sampling were then feedback into the analysis of a second sample from the returns. This process of description, discussion, analysis and re-description continued until the researchers were confident that they had reached theoretical saturation (Glaser and Strauss, 1967, cited by Flick, 2006). Theoretical saturation was felt to have been reached when no challenges to our interpretation framework were made during the analysis of a final questionnaire sample. In total 19 of the 70 responses were analysed in this way.

**Results**

*Exploring the individual elements of the postal questionnaire*

a) Role motivation:

Within the demographic section of the questionnaire, respondents described their motivation for undertaking the Placement Educator (PEd) role as a) ‘having to’ because it was part of their role (n=9), b) stemming from a personal interest in teaching (n=4) or c) the result of being on an ‘Introduction to Placement Education’ day course offered by the study Institution (n=6). While none of the latter respondents offered information about their motivations or drivers for attending the course, this motivation appeared to be sufficiently distinct from the others to be identified as a theme in its own right.

b) Role perception drawings:

The diagrams drawn by the respondents were used in a variety of ways to represent the ‘self’ and the PEd role. In each case sampled however, the relationship between the constituent elements of the respondent’s role was very clear. The data analysis described above produced three distinct forms of placement educator role perceptions. Placement education was perceived as

- integral to the clinical role i.e. the placement education subset lay within the larger subset of a clinical role (n=8);
- overlapping with but not integral to clinical role i.e. the placement education subset of an almost comparable size to and overlapping by more than a third with the main clinical role (n=5); or
- peripheral to the respondents’ main clinical role i.e. where the PEd subset was very small and overlapping only minimally with the clinical role (n=6).

c) ‘Living scenario’ responses:

All respondents completed the scenario statements across each of the three student ‘types’: excellent, average and poor resulting in a maximum of 42 individual responses. Through this wealth of hand-written data it was possible to ‘hear’ the words of the respondent and engage with the possible experience of their perceived placement
education-in-action. In no instance did a respondent question or challenge the statements making up the scenario.

Thematic analysis of the responses across all 42 elements in the 19 sampled responses identified seven themes underpinning placement education provision.

1. Teaching focus
The language used by respondents that described a conception of teaching (CPT). A teacher-focused CPT, framed about a belief in teaching as knowledge transmission, was identified by words such as ‘I’ ‘tell’; ‘get’; ‘send’ etc. A more student-focused CPT, framed about a concern for student learning and growth, was identified by the words ‘we’; ‘enable’; ‘work with’; ‘support’ etc.

2. Purpose of placement education
The responses also described what PEds perceived the placement experience to be for. Placement education could be described as skills-teaching using the words ‘training’ and ‘telling’, but also as an opportunity to help students ‘take responsibility for their learning and development’ and socialise into their future profession.

3. Labelling
Labelling was evident where PEds stated, and then illustrated within their further responses, that their creation and provision of learning experiences was influenced by their having given the students an ability ‘label’. Non-labelling was evident where respondents wrote across all three option boxes for each statement.

4. Equity
This theme related to students’ equity of access to clinical learning opportunities - given the 1000-hour minimum placement education requirement for pre-registration programmes. The following examples of practice-in-action exemplify inequity:

Statement: *I have a meeting to attend at short notice.*
The ‘excellent’ student would be given a ‘contact point with another staff member’ and allowed to ‘continue with their own work load’, while the ‘poor’ student would be given ‘library time’.

Statement: *A patient has just said they don’t want to be treated by a student.*
If the student was ‘poor’, the PEd would ‘treat the patient with the student observing’. If the student was ‘excellent’, then the PEd would ‘try to persuade the patient to change their minds’ (sic). Such behaviour raises questions about the process of obtaining valid consent for treatment.²

5. Response to dyslexia
During the focus group phase of the project PEds identified dyslexia as a specific student need that was problematic. Living Scenario responses suggested that some PEds were frustrated by what they saw as students’ reluctance to disclose a specific learning need and arguing that the University should inform them in advance of

² Rule 2 of the CSP’s Rules of Professional Conduct (CSP, 2002) discusses the process of obtaining valid consent to treatment and clearly states that a competent person can refuse physiotherapy treatment. This principle is contextualised for Placement Education in Standard 2 of the CSP’s Standards of Practice: ‘The patient is informed that they may be treated by a student….., and given the right to decline this option, and be treated by a registered physiotherapist’ (CSP, 2005 Standard 2.6).
individual students’ needs. Other PEds did not seem phased by a disclosure of dyslexia and would take time to discuss with the student the implications of this in the placement environment.

6. Use of ‘others’
This theme reflects whether the PEds involved ‘others’ in supporting the placement education experience – be these members of the same or different professional groups. The dominant profile was for Placement Educators to perceive themselves as taking sole ownership for the education of ‘my’ student. Where ‘others’ were mentioned these tended to be own-discipline colleagues (to act as sounding boards and support for ‘problem students’) or members of the healthcare team for a purpose that was not specified e.g.

Statement: *I have a meeting to attend at short notice*
Response across the options: *Arrange for the student to spend time with another member of the MDT if possible.*

7. Relationship with the University-based Academic Department
This theme expresses PEds’ perception of the academic department’s distance from/ lack of integration with the placement education support package. Despite academic staff’s commitment to visit a placement site at least once during each placement to offer learning/pastoral support to the student and PEd, the responses suggested a distant relationship with the Department e.g.

Statement: *Now the liaison tutor for the College wants to pop in*
Response across the options: ‘Have to make it quick’, ‘Fine she [the student] is over there’ etc.

This distance may also be evidence of an individual PEd’s juggling act with competing priorities, or their perceptions about the needs of the student.

*Exploring the interrelationship between questionnaire elements*

Having identified themes in each element of the questionnaire, the researchers sought to explore any possible interactions between the themes that might suggest relationships between role perception, motivation and the placement learning experiences offered to students. Each of the 7 themes identified from the ‘living scenario’ elements of the questionnaire was therefore mapped to the respondents’ role motivation and role perception responses as illustrated in Figures 1 and 2.
Figure 1 clearly shows that all respondents, whatever their role perception consider placement education to involve skills-training and see placement education as a lone activity drawing on ‘others’ in the clinical environment to support the students’ education only as solutions to placement crises. However, while we acknowledge the preliminary nature of the mapping exercise, we suggest that, beyond these areas, there does appear to be a relationship between PEds’ role perception and the teaching/learning opportunities they offer.

Figure 1 suggests that respondents who perceived Placement Education as integral to their clinical role recognised their socialisation potential and described a student-focused teaching approach translating into a supportive, individually tailored learning experience that valued the strengths of each student. Labelling was a strong feature of these respondents but with labels that offered tailored support rather than removal of learning experiences. Interpersonal relationships and empowerment in clinical reasoning were key elements of these PEds’ education-in-practice.

In contrast PEds who viewed the role as peripheral to their main clinical role reported teaching strategies that labelled students early in the placement according to perceived ability and offered learning experiences that reflected this early judgment – even to the extent of reducing clinical contact hours for those students they deemed ‘weak’. These PEds described their education-in-practice in terms that suggested a distant, competency-based, skills-focused didactic approach.

Figure 2 maps PEds’ stated motivation for undertaking the placement education role with their living scenario responses. What is striking is the lack of commonality. The figure suggests that PEds who volunteer to take on the role may be more likely to offer students learning experiences framed about a student-focused conception of teaching that translates in action into a placement that encourages student growth and development. Placement Educators however who acquire the role of education within their contract of employment may be offering a different learning experience. Again, we acknowledge the preliminary nature of the data, but would suggest that individuals acquiring rather than seeking an education role may provide learning experiences framed about a teacher-focused, more didactic model of teaching.

Figure 2 indicates that PEds who acquire the role may be quicker to label and take sole responsibility for their students and not engage meaningfully with the visiting member of academic staff. Finally Figure 2 suggests that respondents who acquired the PEd role following a short training course, may offer a range of learning experiences. This
observation could be due to a possible mixture of motivations for taking on a PEd role/attending the course.

**Relationship between role perception and motivation**

Figures 1 and 2 illustrate the interaction of two separate variables with PEds’ practice-in-action. But is motivation or role perception the variable more likely to influence teaching practice? Table 1 presents a simple tabulation of the response frequencies and suggests that there is little relationship between motivation and role perception indicating that a PEd's role perception may not be influenced by the reason they have undertaken the education role. As Figure 1 suggests a clear definition between role perception and education-in-action we tentatively propose that role perception has more influence on education practice than route into the PEd role.

Table 1: Respondents’ role perception mapped to their motivation for taking on the PEd role

<table>
<thead>
<tr>
<th>Role perception</th>
<th>Motivation for role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal interest</td>
</tr>
<tr>
<td>Overlapping roles</td>
<td>3</td>
</tr>
<tr>
<td>PEd peripheral</td>
<td>1</td>
</tr>
<tr>
<td>PEd integral</td>
<td>1</td>
</tr>
</tbody>
</table>

**Summary of results**

The role pictures and living scenario responses have provided a rich source of data with which to start our exploration of placement education-in-action. Taking the results as a whole, we would suggest that staff beliefs about the purpose of education translates into the learning experiences they offer to their visiting students. While all PEds acknowledge the skills or technical-rational element of the education experience, Figure 1 suggests that some PEds complement this narrow interpretation with opportunities for students to develop more personally-defined professional attributes. This breadth of learning experience, arguably aligned more with the interpretive, client-centred ‘artistry’ end of the epistemological continuum, is less likely to be offered in placements led by staff who perceive placement education to be a small and peripheral element of their main clinical role(s).
Discussion

This Phase of a three-year project study set out to describe Physiotherapy undergraduate placement education from the perspective of the Placement Educators. Through a combination of focus groups, pictorial and scenario-based data collection tools the study has identified role perception as a key factor in the creation of student learning opportunities and the ensuing placement learning experience. The definition of Physiotherapy has been central to our data interpretation and analysis in its articulation of the mixed epistemological perspectives underpinning the profession’s practice. While the study did not set out to explicitly explore the profession’s underpinning philosophy, we suggest that the results describe PEds’ epistemological beliefs-in-action (Clouder, 2003; Atkinson, 1997) and as such raise important issues for our profession to consider.

A consistent element throughout Phase Two was the dominance of skill-based learning. Indeed, the results mapped in Figure 1 suggest that all PEds see placement education as an opportunity for students to learn the technical-rational skills of the profession. This focus is in line with some of the requirements of the CSP’s Curriculum Framework (2002), and reflects Whitehouse’s 1979 observation that ‘physiotherapy is essentially a practical profession’ (p337). In contrast however, the ‘artistry’ elements of professional practice were not alluded to during the Phase Two focus group sessions. Given the overt references within the profession’s definition of itself to its craft in ‘maximising potential’ through ‘informed interpretation’, we were surprised that there was no discussion about how PEds help their students learn the valuing and thinking systems of their profession. This omission meant that we were unable to explicitly explore the profession’s assumed ‘artistry’ elements through a specific statement in the Living Scenario section of the Phase Two questionnaire. Despite this limitation however, respondents were able to write about their education-in-action in sufficient detail to enable some to be clear that they were not only aware of the profession’s craft but were also keen to help their students develop these professional attributes - as required by the CSP’s (2002) curriculum framework. We would suggest that these PEds enacted professional artistry and supported its development in their students by adopting individually tailored, empowering and student-focused learning opportunities.

So why is it that some PEds offer a very narrow, technical-rational placement learning experience? Brew (2001), in her work exploring individuals’ conceptions of research, noted the strength with which personally-held beliefs are translated into practice and how individuals’ beliefs and personal identity are closely intertwined. The results of the current study suggest that there are Physiotherapists who view their professional role as service-providers. For these individuals their focus is on their patients and their treatment.

But what influences the creation of an individual’s role conception? Richardson et al (2002) and Väänänen et al (2007) note the importance of pre-registration professional socialisation on life-long practice. Broadbent and Laughlin (1997) however suggest that health policies that seem to value quantifiable competencies (DoH, 2004) and apply marketization and ‘accounting logic’ to healthcare have a powerful influence on practice and role development. We recognise the importance of both these factors on role perception but suggest that developing placement education experiences that coach students in the skills of the profession required to suit the needs of a specific list of patients is likely to perpetuate the perceived cycle of technical-rational domination within the profession.

Equally, it could be argued that the curriculum framework (CSP, 2002) itself causes the epistemological tensions within the profession. There are pages of content within the Curriculum Framework that describe knowledge, skills and the development of their application, but relatively little that describes professionalism and the process of...
facilitating the student’s transition from ‘knowing’ to ‘functioning’ as an autonomous professional. Given that individual institutions then use this document to inform the design and delivery of their curricula, do individual programmes reflect the epistemological preferences of individual curriculum design teams and how they have chosen to interpret the framework? There is evidence from Kell and Jones (2007) that teacher-centred CPT could be the consequence of the design of placement education assessment and its delivery (4-week timescale) which drives a ‘tell them all they will need to know about my discipline approach’. Goodlad’s (1984) advice to creators of professional courses to engage professional educators to help them develop curricula to ‘do’ what they want and develop what they intend in their students is evident in the physiotherapy literature (CSP, 2002; Roberts, 2001; CSP, 1979; Piercy, 1979). Is it that the reality of facilitating this engagement is limited given the reward and recognition system in HEIs (Goodlad, 1984) and the drivers towards service performance in healthcare? Further work is required in this area to explore the different flavours of BSc(Hons) Physiotherapy programme design and their impact on learning and the development of professional practice.

**Possible implications for professional practice**

If we acknowledge that conceptions of practice and perceptions of role are deeply held beliefs (Brew, 2001) then the study results could offer an explanation for the perceived tensions existing within physiotherapy today (Kell and Owen, 2006). With no common language with which to articulate their professional belief systems is there a tendency for like-minded individuals to cluster together to consolidate their position and beliefs?

**Possible implications for student professional socialisation**

If students experience 8 periods of placement education they shall get a breath of experience. Does it matter that not all of it aligns with the current definition and vision for the profession? The answer to this question in isolation is ‘No’, if there is a guarantee that somewhere within their pre-registration education students are socialised into their profession to such an extent that they are able to identify variations in PEd practice for themselves and take ameliorating learning action as necessary. What is concerning however, given the current state of flux within the whole profession, is the likelihood that at no time is a student going to be challenged to confront the nature of their profession. In a situation where the profession is unable and / or unwilling to overtly discuss its purpose and epistemological perspectives, it will always be the more observable, measurable and tangible skills that are valued and socialised quickly.

**Moving forward**

We would suggest that the CSP, in its current revision of the Curriculum Framework, make explicit the need for ‘profession’ education at the heart of pre-registration curricula. As long ago as 1984 Goodlad challenged professional education programmes to develop curricula that saw ‘profession’ as a ‘moral debate’ for close inspection and ongoing challenge (p302). Such a curriculum would help students articulate their perspectives within the framework of a nationally defined profession.

But what of the placement education context? While the academic sites may be able to facilitate these developments during university-based contact time, we cannot ignore the powerful influence of placement education on professional socialisation (Väänänen et al, 2007) and life-long practice. Given the strong relationship between an individual’s conception and execution of practice (Brew, 2001) change management within the PEd community is likely to be challenging and slow. Figure 1 however, illustrates a core of shared beliefs across all educators that could be used to frame both local and national
reflection and dialogue with respect to physiotherapy as a profession, its mission aims and underpinning epistemology of practice. With Placement Education now an explicit element in many Physiotherapists’ job descriptions an increasing number of therapists will be undertaking the PEd role by compulsion. Figure 2 suggests that such PEds may be the least likely group to facilitate student learning development in the more ‘artistry’ elements of their professional role. We suggest therefore that it is essential that the profession addresses these issues as a matter of urgency if it wishes to maintain its position as a healthcare profession responsive to the needs of twenty-first-century UK Society.

We acknowledge the preliminary nature of our results and would strongly recommend that further studies explore role perception more closely.

**Conclusion**

This study has challenged the authors to the very root of their professional beliefs. The process of abductive reasoning has been demanding but exhilarating in its capacity to challenge personal assumptions and promote a depth of understanding and engagement with the research data. Through such engagement we have gained an insight into the placement learning environment that we hope we have been able to share here. We acknowledge the contentious nature of ‘profession’ and its role in society. As the literature has illustrated, there is a reluctance within physiotherapy to engage in debate about the epistemology of physiotherapy, which has resulted in the perpetuation of a didactic, technical-rational skills focused vision of physiotherapy as it was in the late twentieth century. Attempts by academic departments to better align graduate practice with the client-focused ethos of the twenty-first century will come to nothing where the profession (and its educators) fail to question their professional status and the epistemologies upon which it is founded. Unless these issues are addressed we will continue to socialise healthcare workers for a previous age.
References

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Appendix 1: ‘living scenario’ statements

These statements were generated from the focus group data and aim to reflect the types of decisions Placement Educators would be expected to make during their working practice.

- My patient caseload is very heavy at the moment.
- The student isn’t making the most of opportunities; they are like ‘pushing a piano uphill’
- I normally split the placement 3:2 days with another educator so we can both get on with our other roles. It’s ‘not my day’ today, but my partner has phoned in sick.
- I have to attend a meeting too at short notice.
- Now the liaison tutor from the College wants to pop in.
- It’s the halfway feedback today. The student has told me they are trying to head for a clinical distinction.
- The student has disagreed with my feedback. They have unrealistic expectations.
- The student has ‘an attitude problem’ now. I need a bit of breathing space.
- A patient has just said they don’t want to be treated by a student.
- The College has just rung asking if I will squeeze in another student for the following placement.
- The student now tells me he / she has dyslexia.
- It’s the final feedback tomorrow.
- During the feedback the student bursts into tears. I’ve been misunderstood.
- The student has given me a box of chocolates and a card.