Struggle and failure on clinical placements in speech pathology: Lived experiences

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A thesis submitted in fulfilment of the requirements for the degree of

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Statement of Originality

I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision. The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any approved embargo.

Rachel Davenport

ACKNOWLEDGMENT OF AUTHORSHIP

I hereby certify that the work embodied in this thesis contains published paper/s/scholarly work of which I am a joint author. I have included as part of the thesis a written declaration endorsed in writing by my supervisor, attesting to my contribution to the joint publication/s/scholarly work.

By signing below I confirm that Rachel Mary Davenport contributed a major component of this work by undertaking the following roles: conceptualisation, data curation, formal analysis, investigation, methodology, project administration, visualisation, writing original draft and writing-review and editing following supervision from all co-authors for the publication entitled "Struggle and failure on clinical placement: a critical narrative review"

A/Prof Sally Hewat

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Abstract

Background

A core part of any health professional course is the clinical placement component (Delany & Molloy, 2018). The majority of students complete their placements successfully, however in any given cohort there will be a small number of students whose performance during placement is considered less than satisfactory. These students are sometimes referred to as 'struggling' or 'failing' students, amongst other terms. The current literature regarding struggling or failing students in speech pathology is scant so it is necessary to look to other health professions to gain a better understanding of how students experience failure. A review of the currently available literature indicated a focus on exploring risk factors and predictors of failure for the health professional student from the perspective of the educators and universities, however there was an apparent gap in the student experience or 'voice'.

Aims

The research presented in this thesis aimed to explore and understand the lived experience of struggling student speech pathologists on clinical placement, within the wider context provided by the experiences of clinical educators (CEs) and university clinical education coordinators (CECs) when working with these students.

Methods

A qualitative study using narrative inquiry methodology was used. There were two phases of the study. Phase 1 explored the *retrospective recollections* of experience of five struggling or failing students and 11 CEs, through semi-structured individual interviews, and eight university CECs through a focus group. Phase 2 explored the lived experiences of struggling or failing students, two CEs and one CEC through semi-structured interviews which were conducted with participants contemporaneously with the clinical placement.

Results

Qualitative analysis of the participants' narrative accounts revealed distinct themes, as well as the way participants sought to interpret their own experiences through cultural archetypal character tropes and story plotlines. The findings in the data assisted in developing an understanding of how students who struggle on clinical placements, and the CEs and CECs, made sense of and understand their experiences. The findings also highlighted that struggle and failure to reach the required level of competency may not solely relate to problems with skill development or skill execution but rather that multiple other factors contributed to the student learning experiences.

Conclusion

Findings from both phases of the study revealed some of the complexity associated with struggle and failure in clinical learning and was able to identify some of the multiple interacting factors impacting learning, not least the relationship between the student and CE. These results were discussed in light of the impact on clinical workplace learning with future research directions being identified, and a variety of strategies or actions for students, CEs or universities are proposed to assist students' workplace learning.

Structure of Thesis

The work completed for this research is presented in the format of a thesis with a publication. There are seven chapters, including the publication in chapter 2, and are as follows:

Chapter 1: Introduction and background

Chapter 2: Struggle and failure on clinical placement: a critical narrative review (References from the publication have not been included in the reference list for the rest of the thesis)

Chapter 3: Methodology

Chapter 4: Recalling the experience: In depth case studies

Chapter 5: Recalling the experience: Group data

Chapter 6: The lived experience

Chapter 7: Lived experiences of struggle and failure informing clinical workplace learning

Publications, Presentations and Prizes Arising from this Thesis

Publications

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Conference Presentations

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1. Introduction and Background

This chapter consists of two parts. Part I describes the motivation for, aim and scope of the study. Part II provides a background and context to the study, including literature and research evidence to contextualise the study. Other contextualising research evidence is found in chapter 2 (published narrative literature review) and chapter 3, the methodology.

1.1 Introduction to the thesis

A core part of any health professional course is the clinical placement component (Delany & Molloy, 2018). Each year, in Australia, education institutions send health professional students on placement and the majority of these happen without any major issues, with students performing well academically and clinically. However, in any given cohort, there will be a small number of students whose performance during placement is less than satisfactory. The literature sometimes refers to them as "challenging", "problem", "failing", "underperforming", "struggling" or "marginal" students. (Bearman, Castanelli, & Denniston, 2018; Bearman, Molloy, Ajjawi, & Keating, 2013; Delany & Molloy, 2018; Maloney, Carmody, & Nemeth, 1997; S. McAllister, Lincoln, Ferguson, & McAllister, 2011; Rose & Best, 2005). Within this thesis they have been described as "struggling" and/or "failing" students. It is important to note that struggling students do not always go on to fail their placement. However, some do fail and as multiple resources go into supporting both groups of students, both outcomes were captured in the research.

It is well documented that supporting these struggling or failing students is time and resource intensive (Health Workforce Australia, 2011; Ryan, 2005), from the perspective of both the clinical educator (CE) and the university faculty or staff. As the following chapters will outline, the literature surrounding struggling and/or failing students in speech pathology is scant. Therefore, there is a necessity to look to other health professions, including

medicine, nursing and other allied health disciplines, to gain a better understanding of the struggle students encounter. The currently available literature explores risk factors and predictors of failure for the health professional student, from the perspective of the educators and universities. It investigates what supports are currently available for these students and touches on why some clinical educators will at times struggle to fail these students when needed, a concept termed "failure to fail" (Duffy, 2004; Fitzgerald, Gibson, & Gunn, 2010). What is apparent is that there is a gap in the literature of the student experience or "voice": The lived experience of the student themselves is not clearly understood. If we are to fully understand what happens in the process of struggle then the voice of the student themselves has to be heard, in conjunction with the existing voices of CEs and universities. Understanding the students' and/or CEs and universities' perspective can assist in developing clinical programs that support all students' needs, that consider all stakeholder perspectives prior to the point of, and after the point of failure and thatmay mitigate the need for the "ambulance at the bottom of the cliff".

1.1.1 Motivation for the study.

I have worked as the clinical education coordinator of a speech pathology program at an Australian University for the last 14 years. During this time, I have observed and supported many struggling students. Each one of these students was unique with their own story; however, over the years I have noted commonalities and themes. The literature seemed to go only so far to assist with exploring my observations and, in line with the prevailing view, investigated the individual characteristics or deficits of the failing or struggling student (Maloney et al., 1997; S. McAllister et al., 2011; Shapiro, Ogletree, & Dale Brotherton, 2002), situating the development of competency with the individual. Thus, when I started out on my PhD journey, I fully intended to carry out research that was likely to be mixed methods in design, hopefully investigating the characteristics of this group of students more

fully to ascertain what was going “wrong” with them. I wanted to “pathologise” and fit these students neatly into categories, with the aim of being able to “prescribe” a particular support program to them that fit their “diagnosis”.

Over the course of the first few months of my studies, my thinking changed significantly. From a more in-depth exploration of the literature, it became apparent that over the last two decades there had been a shift towards viewing learning in a less linear way and there was a call to look at the broader contextual factors from multiple perspectives (Bearman et al., 2013). Learning in a workplace context is complex and requires an understanding of multiple theories and perspectives, including the historical journey taken to where we are today.

It has been suggested that individualistic models have been privileged in healthcare learning (Bleakley, 2006; Bohmer & Edmondson, 2001) with the discourse surrounding competency development focusing on the individual rather than the collective and environmental factors involved in learning. In Parker’s (2010) paper on case examples of failing and marginal placements of social work students, he explained that in one review, *“the focus concerns the inadequacies of the student and ways in which practice teachers may resolve these”* (p.985) , rather than looking at the involvement of all stakeholders or particularly concentrating on the student’s experience. Parker (2010) emphasised that experiencing disruption and failure in any walk of life could have profound implications for those involved. He went on to explain that it could have a negative impact on self-esteem, could reduce the capacity to persevere and could disturb others around the individual who had experienced the failure. That said, he noted that there was also evidence to suggest that failure could also have positive outcomes, and this did not seem to have been considered with regards to struggling students in health professional education.

Bearman et al. (2013) discussed the need for future research to consider the system and environment when looking at the educator and failing or struggling student relationship along with hearing the student voice. Other authors have identified the need for further research in this area generally (R. Johnson, Purcell, & Power, 2013). These insights led to the conclusion that a full literature review of this area was warranted, to provide more clarity and a foundation for my research. A review therefore was undertaken, published and is included as chapter 2 in the thesis.

On my research journey, I then recognised that the experiences of the students past and present needed to be explored to develop a better understanding of what their experience was to fully understand struggle. There was a need to explore and understand the lived experience of the struggling student on clinical placement, in the context of the other actors in their experiences.

My motivation for undertaking this doctoral study was driven by the desire to enable the student voice to be heard, to have an equal representation in the discourse surrounding struggle. I suggest that this in turn will enable support for all students in clinical workplace learning environments to be shaped by consideration of their perspectives, in addition to those of the CEs and the educational institutions.

1.1.2 Aim and scope.

This research proposed to explore: What is the experience of struggling and failing speech pathology (SP) students, retrospectively, and the lived "in the moment" experience; how do they make sense of the environmental and personal factors that may have contributed to and impacted on their experience? To contextualise the students' voice, the experiences of supervising clinical educators (CEs) were also explored along with those of university clinical education coordinators (CECs) responsible for managing student progression.

A qualitative study using narrative inquiry methodology was used. This aligned with the project problem, questions and position of the author. There were two phases of the study. Phase 1 explored the retrospective experience of five struggling or failing students, 10 CEs, and a group of nine university CECs. Phase 2 explored the lived experiences of two struggling or failing students, two CEs and a university CEC, immediately following their experience. To collect the data semi-structured interviews were carried out with the students and CEs (in both phases) and the CEC in phase 2, and a focus group was carried out with the CECs in phase 1.

The aim of this study was to investigate and understand the lived experience of struggling and failing speech pathology students on clinical placements. In order to do this some parameters had to be set around the meaning of struggling and failing. For the purposes of this study, the participants who volunteered to take part in the research had to have had a placement where they were identified as struggling or be "at risk" of failing the placement at the mid-point assessment. The use of a prompt tool at the mid-placement assessment in COMPASS® (Competency Based Assessment in Speech Pathology) (S. McAllister, Lincoln, Ferguson, & McAllister, 2006) was utilised to identify the students. COMPASS® is used in all speech pathology programs across Australia, New Zealand and in some South East Asian countries to assess student performance on clinical placements.

The stories or narratives we tell about ourselves are a way of us making sense of our experiences in the world. The more we tell our stories the more we can assimilate this into our sense of self[1]. I therefore wanted to capture students who had had a recent experience of struggle or failure and those students who had a retrospective experience to see how time impacted on making sense of their experiences. For those students who had had a

[1] The literature surrounding narratives is explored in-depth in chapter 3, where the methods are introduced.

retrospective experience of struggle, the parameters were set so that this experience had to be between one and three years prior to participating in the study. It became evident that this group of "students" were now in the workforce, however despite now being graduates in this study they are referred to as "students" for consistency, as they were reflecting on their experience that occurred whilst still a student. The students who had just had an experience of struggle and were still enrolled in a speech pathology course[2] are also referred to as "students". I also attempted to capture those students who might have had an experience where they failed placements and did not go on to practise as a speech pathologist. I anticipated that sourcing this group of participants might be challenging and it turned out to be this way, no participants were sourced from this group.

In order to situate students' experiences, and better illuminate the context of struggle, it was decided to also capture the stories of the supervisors or clinical educators (CEs) and the university clinical coordinators (CECs). These terms will be used throughout the rest of the thesis. The research design enabled the stories of the students to be triangulated with other stakeholders in the placement process (CEs and CECs). CECs provided an alternate view of the dyadic nature of the student/CE interaction, which was not achieved through the student and CE data as dyads were not interviewed for ethical reasons. In line with qualitative research concepts concerning credibility, it is important to be able to contextualise data and this can be achieved through the triangulation process. This is discussed in more depth in chapter 3 of this thesis.

1.1.3 Significance of the research.

The main outcome of the study was to contribute to the understanding of the lived experience of struggle and failure from the perspective of the student. This research is the first of its kind

[2] A speech pathology "course" refers to the whole program of study and can be at undergraduate or post graduate masters level in Australia. This may be referred to as a program or course.

in the field of speech pathology and adds to the wider research in the Health Professions Education (HPE), which is scant from the student perspective, and so stands to contribute to our understanding of clinical workplace learning[3].

The research in speech pathology will contribute to the overall understanding of the student experience in clinical learning environments across all health professions and will contribute important learnings about our understanding of factors influencing success or failure in this context. The findings have the potential to change the way we deliver and support clinical programs of study for the health professions. This study adds deep, rich insights into the student perspective of clinical learning and underperformance and therefore stands as an innovative example within HPE.

1.1.4 Overview of the thesis.

This thesis contains seven chapters. In the remainder of chapter 1, I situate the study in the context of clinical education and clinical learning in the health professions, including a summary of the relevant models and theories of learning and how these relate to clinical workplace learning, and provide a brief description of the current higher education environment in Australia and the factors that influence and impact students today. The context of competency development in speech pathology in Australia is also discussed to contextualise the approach to learning and assessment in which the students participate.

Chapter 2 presents my published literature review of the research surrounding struggling and failing students, not limited to speech pathology but in other health profession disciplines, including medicine and nursing internationally. The review touched on

[3] Clinical workplace learning is a term that can be used interchangeably with workplace learning, work integrated learning, work based learning, clinical placements, fieldwork. Depending on which body of literature is being referred to different terms may be used in the thesis.

environmental influences for these students and highlighted a significant gap being the students' voice in the research, which this research aimed to address, at least in part.

Chapter 3 presents the methodology and methods for my research and puts it into a personal philosophical context. It includes the methods used for the data collection and analysis of the data. In phase 1 a focus group was carried out with clinical education coordinators (CECs) and semi-structured in-depth interviews were carried out with student and clinical educator (CE) participants. In phase 2, in-depth semi-structured interviews were carried out with students, CEs and a CEC. The interview was then analysed using a framework developed specifically for this study. The CEC focus group was analysed following a thematic analysis process suggested by Braun and Clarke (2006). The semi-structured in-depth interviews were firstly analysed using Braun and Clark's (2006) method, looking for themes relating to the research findings in chapter 2, and then developing themes emerging from the data. The data was then analysed using a three level process suggested by Bamberg and Georgakopoulou (2008) and positioning theory (Van Langenhove & Harré, 1999) to develop character tropes and identify story plotlines. An in-depth case analysis was carried out on selected participants' narratives utilising a method suggested by Clandinin and Huber (2002).

Chapter 4 presents four different in-depth case studies, two student cases and two CE cases are presented from phase 1, using the method described by Clandinin and Huber (2002). Presenting the cases first in the results chapters aims to provide re-told stories in which to situate the thematic analyses which follow in chapters 5 and 6.

Chapter 5 presents the findings from the retrospective experiences: the CEC focus group and the student and CE in-depth interviews from phase 1. The CEC findings are presented first to situate the student and CE data. The themes present in the data sets are presented first, followed by the narrative plotlines and finally the character tropes.

Chapter 6 presents the results from the lived, contemporaneous, experiences in phase 2 of the study. The findings from student and CE data are presented together, as in chapter 5, with the thematic analysis presented first followed by narrative plotlines and character tropes. The CEC who participated in this phase of the study is presented as an in-depth case study, utilising Clandinin and Huber's (2002) method.

Chapter 7 discusses the findings and presents a conclusion, limitations, the broader impact and a reflective evaluation of the contribution this study has made. Strategies are proposed that can be translated into current practice supporting struggling and failing students on clinical placements. Future research recommendations are presented.

1.2 Background literature and concepts

1.2.1 Background to the research.

As outlined in the first part of this chapter, this thesis aimed to explore past and present speech pathology students' lived experiences of struggle on clinical placement in context with the experiences of the CEs and university CECs. The second part of this chapter presents an outline of the nature of clinical education, covering individual factors impacting clinical learning (including contemporary individualistic theories of learning). It also discusses institutional factors that influence the clinical education environment, including what competent performance in speech pathology in Australia means, along with exploration of the factors in the placement context, (including the CE, social models and theories of learning, assessment and feedback). Finally, cultural influences on clinical education are explored. Figure 1 is a schematic diagram of the relationship between these cultural, institutional and individual aspects of clinical education that are relevant to the topic of this research. It provides a contextual framework in which to view the struggle some students experience.

1.2.2 Clinical education.

Students who are learning to perform competently and to be practising clinicians usually must undertake clinical learning alongside or with university-based learning. There is an understanding of the knowledge required to become a professional, involving a mix of propositional (theoretical) knowledge combined with research-based evidence and professional craft knowledge derived from practice (L. McAllister, Bithell, & Higgs, 2010). Students transform their propositional knowledge into professional craft knowledge largely through clinical placements or fieldwork education (L. McAllister et al., 2010), in addition to case based learning, skills classes or labs, and simulation experiences (Dudding & Nottingham, 2018; Hill, Davidson, & Theodoros, 2010; Ker & Bradley, 2010). The clinical education environment is dynamic and complex and involves many interacting components. In the sections below, the main aspects of clinical education or clinical workplace learning are outlined and discussed, including an exploration of competency development in speech pathology, highlighting how each of these components can impact on and influence the student's clinical learning. The focus here is specifically on clinical learning in workplaces, not learning through simulation or case-based learning.

As depicted in **Figure 1.1**, clinical education operates at the institutional interface between the individual's learning (with attendant cognitive, emotional and physical aptitudes or restrictions) and the cultural expectations around the attainment of professional competencies. The overview of relevant aspects of the clinical education process are described from the position of the individual, the institutional position through to the broader cultural and societal position.

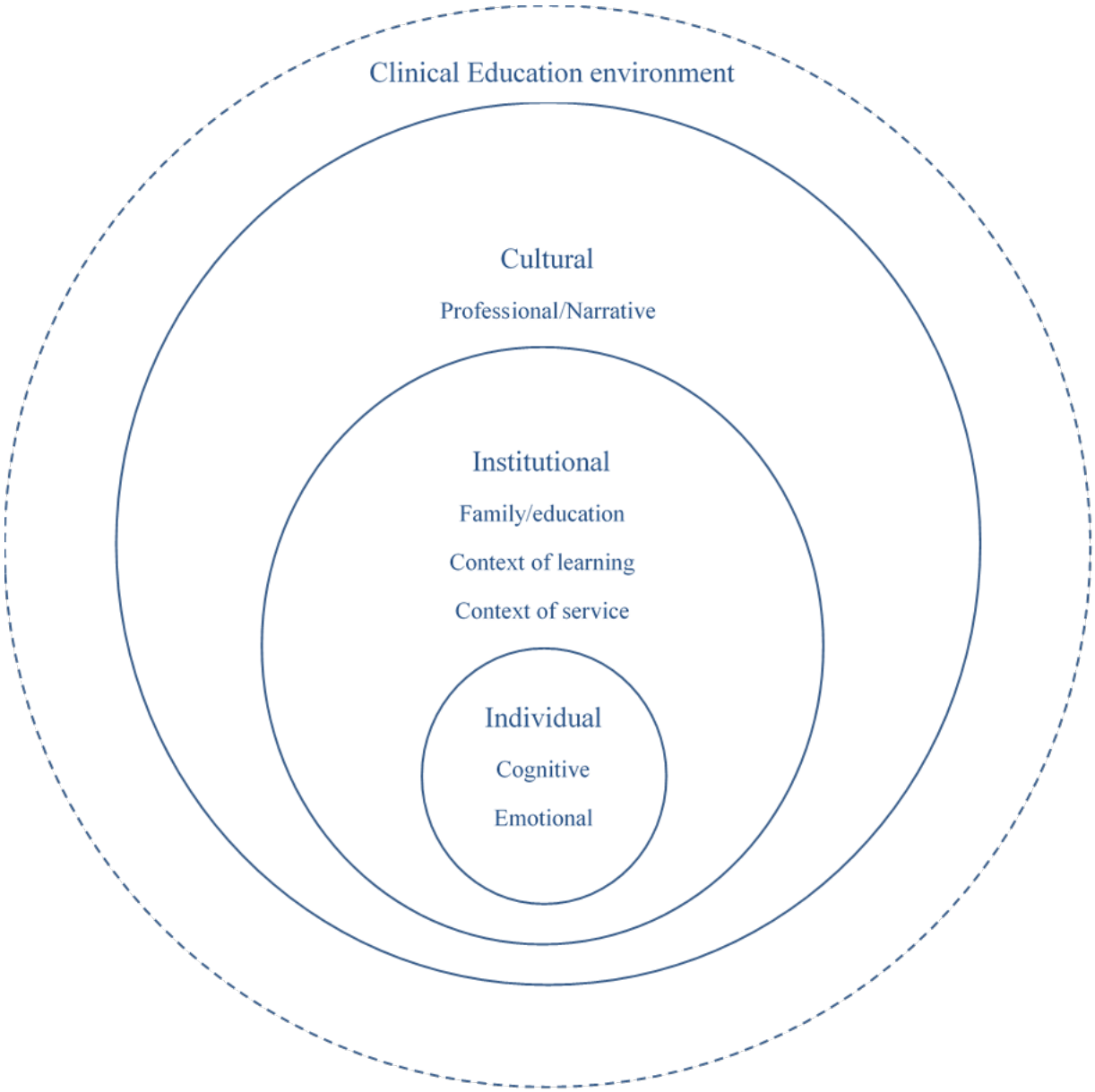

Figure 1.1 Schematic of the relationship between the cultural, institutional and individual aspects of clinical education that are relevant to struggle and failure

1.2.3 Individual factors impacting clinical education.

It is essential to consider the many personal factors surrounding the student that can impact and influence the student learning in the clinical education environment. In these next three sections individual cognitive, emotional and physical factors impacting clinical education are described and discussed. Their significance in relation to struggling and failing students is highlighted.

Cognitive.

An individual's capacity to be able to engage with new learning material and then develop knowledge or skills as an outcome is one view of how learning occurs. According to Bleakley (2006) individualistic models or theories of learning have traditionally been favoured in health profession education[4] up until the last decade or so. Since then social learning theories and models have developed (see sections on *workplace learning* and *legitimate peripheral participation* for further discussion on this area). In individualistic models of learning agency rests with the student or learner. The purpose of this overview is to highlight this as an element to be considered in the context of this topic, not to present an in-depth analysis of individual learning theories. To illustrate this, one theory that has been related to medical education is discussed — the cognitive load theory (Sweller, van Merriënboer, & Paas, 2019; Van Merriënboer & Sweller, 2010). This theory, in particular, has been selected because of the relationship between cognitive schema being learned in social contexts, that is in clinical placements.

Cognitive load theory is an individualistic theory of learning which aims to develop instructional design guidelines based on a model of human cognitive architecture. This model

[4] Medical education and health profession education maybe referred to together or interchangeably, depending on the context of the literature referred to. As the literature in speech pathology is scant, as previously highlighted, literature from other health professions has been referred to.

presumes there is limited working memory and an unlimited long-term memory , which can hold schemas, or in the case of medical education “illness scripts” (Van Merriënboer & Sweller, 2010). The premise is that skill or expertise comes exclusively from these schemas in the long-term memory and that learning is the construction and automation of these schemas, rather than arising from the ability to engage in reasoning with many elements that have not been organised in long-term memory (Van Merriënboer & Sweller, 2010). Three different types of cognitive load are identified in this theory: intrinsic load, which relates to the complexity of the task being learned; extraneous load, relating to the superfluous process surrounding the task but not directly related to the learning; and the germane load, caused by learning processes that deal with intrinsic cognitive load (Sweller et al., 2019; Van Merriënboer & Sweller, 2010). These elements inform the design of strategies to assist and support learning (Van Merriënboer & Sweller, 2010).

The more experience and exposure to knowledge or information a learner has, the more skilled and experienced they become, with the ability to draw on more complex schema or scripts (Van Merriënboer & Sweller, 2010). Research has shown that experienced clinicians or experts automatically process information, with experts having schemas to enable them to encode elements into a single unit. For example an expert clinician can walk into a meeting with a patient, observe a set of signs or symptoms, automatically recognise a condition and work out what might be happening with and for that person. They do not have a need to recall signs, symptoms, anatomical knowledge and research evidence, they have fully automated schemas, and this complex problem solving occurs at a fast rate, without conscious thought.

Conversely, novice learners (students) new to a clinical situation need opportunities to use the learned material through worked examples, goal free (i.e., no aims for the learners which may restrict their thinking), and perhaps completing part of a task. They do not have access to relevant schemas, and instead need to attempt to remember and process individual

elements. The students' application of cognitive capacity to problem-solving is less efficient. Van Merriënboer and Sweller (2010) argue that instructional design principles should be used based on this model of cognitive architecture to support the three different elements: intrinsic, extraneous and germane loads. For example, novice learners should be provided with worked examples, not left to problem solve for themselves to decrease the extraneous load. More experienced learners or experts will need different models of support or instruction. It is noted that the design principles suggested by Van Merriënboer and Sweller (2010) are not based on results from a real life clinical situation but controlled lab based studies. So, whilst there is applicability, how they may transfer to a real-life clinical situation is not fully understood.

Cognitive load theory can be applied readily in clinical workplace learning, with CEs being able to support students in their learning by reducing any one of the three loads, depending on the task. It should be noted that whilst the intrinsic load of a task cannot be altered per se, the task itself can be amended, reducing the impact of the intrinsic load. However, when educators are not aware of current learning theories or pedagogies, they may also not be aware of how to support a student's learning. CEs may also not be aware of how they personally process differently to their student because they have experience and more complex schemas to draw on. The CEs may then inadvertently provide students with inappropriate supports that are more appropriate for experienced practitioners. This potentially could be problematic for students' learning, especially if they are struggling and needing more specific support. Provision of inappropriate supports or no support at all can impact on the student's learning and wellbeing. Within the personal factors influencing clinical education (see figure 1.1) emotional factors are discussed in the following section.

Emotional.

Given universities have a preponderance of young people attending and the prevalence of mental health issues is highest between the ages of 16-24 (Slade, Johnston, Oakley Browne, Andrews, & Whiteford, 2009), it is not surprising students may encounter issues with their emotional wellbeing. Studies in Australia have reported the number of university students presenting with mental health issues is significantly larger than their peers in the community (Leahy et al., 2010; Stallman, 2010) and the number of students accessing support services at universities has increased over recent years. Specifically the number of students accessing counselling services at La Trobe University in Melbourne, Australia, doubled over the decade to 2012 (Simpson & Ferguson, 2012). In another Australian study examining distress rates in tertiary students compared to community peers the authors found that tertiary students had a greater prevalence of "moderate", but not "high" distress than non-students. Those students who worked between one and 39 hours in paid employment were at greater risk of high distress, indicating that where there were financial factors involved, those students were more likely to experience higher levels of distress (Cvetkovski, Reavley, & Jorm, 2012). More recently, similar results in an Australian study noted that tertiary students who experienced financial stress were more likely to suffer from a generalised anxiety disorder or GAD (Farrer, Gulliver, Bennett, Fassnacht, & Griffiths, 2016). This study suggests that as the participation rate of socio-economically disadvantaged students increases, the risk of high distress due to financial factors will also be more prevalent. Financial factors impacting clinical education are also discussed in other sections (sections *physical* and *family/education*) as they not only relate to the individual but occur at an institutional level. Farrer et al. (2016) also found in their study that being female was also a risk factor for experiencing generalised anxiety disorder. As speech pathology is a female dominated profession, it is possible speech pathology courses may have a higher

representation of students presenting with generalised anxiety disorder. Current research described above suggests that students enrolled in health professions courses might be more likely to experience levels of distress.

Physical.

In this section the physical refers to the elements of the student and their life- aptitude, disability factors, family situation, financial status, other responsibilities outside of university. Some of these elements overlap with the institutional level factors, which will be discussed in section 1.2.4., and other factors already discussed, for example, *emotional.*

To be able to participate and effectively perform key tasks in clinical workplace learning and most university health profession courses, a student needs to fulfil the course inherent requirements, that is, the essential elements of a course, or unit of study, that all students must meet (McNaught, 2013). The student essentially has to be "fit to practice". It is the individual's responsibility to ensure they can meet and fulfil these inherent requirements. For example, in speech pathology, one requirement might mean being able to auditorily discriminate between the sounds of English and produce the sounds of English, for an Australian based course. This implies the student's hearing and speech mechanisms must be functioning well as these skills are required to perform key tasks in clinical learning. As stated above, whilst it is the individual's responsibility to ensure they can meet the inherent requirements of a course, there is also an institutional element here that needs to be considered. University programs or courses set the inherent requirements[5] and sometimes these are governed monitored and/or accredited by professional registration bodies, but it is

[5] Some links to examples of inherent requirements of speech pathology programs in Australia
http://sydney.edu.au/health-sciences/disciplines/speech-pathology-inherent-requirements.pdf
https://www.acu.edu.au/study-at-acu/how-to-apply/inherent-requirements/inherent-requirements-for-speech-pathology
https://www.canberra.edu.au/current-students/canberra-students/student-support/inclusion-engagement/inherent-requirements/health-and-sport/Health_IR-Statement_Speech_Pathology.pdf .

not the universities responsibility to be gatekeepers into degrees for the professions. For those students who may have a disability, accommodations can be made, but these cannot compromise the inherent requirements, that is, the student still has to be able to perform key tasks of the profession (McNaught, 2013).

In his paper on the potential impacts of inherent requirements for students with mental health concerns McNaught (2013) suggests some students who might have a disability may worry about sharing or disclosing the nature of their disability for fear of discrimination, stigmatisation, or recurrence of previous negative experiences. This lack of disclosure may then impact them in a negative way, because their needs have not been duly considered. At an individual level this can cause the student anxiety and stress and pressures mount (McNaught, 2013) that may negatively impact their learning. The issues of disclosure will be discussed in more depth at the institutional level in section 1.2.4.

Another study in physiotherapy examined how the inherent requirements for a student with a vision impairment could be reconsidered to accommodate their needs. The authors found that by working with the placement provider, using a support worker, they were able to create a bespoke placement experience for the student (Johnston, Mackintosh, Alcock, Conlon-Leard, & Manson, 2016). The authors found that careful planning was needed, engaging with the individual with disability before the course of study commenced, including them in decision making and planning along with the placement provider(s). Whilst this has implications for the individual there are also implications for how inherent requirements are implemented and managed at the institutional level.

As is indicated above, the individual "physical" factors presented and discussed do not stand alone, they are interrelated and can impact an individual's capacity to successfully engage with clinical education opportunities. Some of these factors as mentioned, do not

solely reside with the individual but relate to institutional factors as well. The overlap is highlighted when it appears.

1.2.4 Institutional level.

In addition to the individual factors impacting the clinical education context, there are several institutional factors or elements which need to be considered in relation to the clinical education context.

Family/Education.

The higher education environment needs to be considered as a factor that can impact on a student's learning in placement as it has influence in a number of ways. Political and policy decisions affect the education system as a whole, which then has a ripple effect down to the students attending university. In a recent report by Speech Pathology Australia (2018) the direct and indirect influences of the higher education sector on speech pathology education are outlined. These influences range from government changes to funding models, deregulation of universities, strategies for internationalisation (including transnational education, short-term study abroad and internships), the importance of an Aboriginal and Torres Strait Islander health curriculum framework (2016), increasing student numbers and enabling access to the higher education sector for people across the socio-economic spectrum. The report also highlights the increase in number of students who are "first in family" to attend university.

In addition to these broad institutional factors there are others that impact the student at an individual level, including being first in family to attend university, needing to navigate family expectations, and possibly having carer responsibilities. The Speech Pathology Australia (2018) report of clinical education in Australia indicates there are more first in family students attending university and more students with carer's responsibilities. It can be argued that this needs consideration at an individual and institutional level. It has traditionally

been considered the individual students' responsibility to ensure their success in light of these additional factors, which are often seen as negative, however, Devlin (2013) argues that relative adjustments should be made at an institutional level with shared responsibility between the individual and institution.

Students who are the first in their family to attend university also often come from a low-socio-economic background (Devlin, 2013) and therefore might be more prone to financial stress and other stressors that may impact their ability to successfully engage with learning opportunities. As noted in section 1.2.3 above, the student's financial situation can be a risk factor for experiencing higher levels of distress (Cvetkovski et al., 2012). A report by Universities Australia (2013) indicated the average student in Australia in 2012 experienced higher levels of financial stress than in 2006. The number of students who reported that the requirement to work externally to support themselves whilst at university negatively impacted on their performance increased from 40% in 2006 to 50% in 2012. This report also indicated the financial demands for almost half of all university students outstripped their earnings. The findings from this report indicated that tertiary students in Australia are currently under great financial strain, which in some cases can lead to experiencing high levels of distress as indicated by other researchers (e.g., Cvetkovski et al. (2012)). For health professions students, including speech pathology, that are already experiencing high levels of stress or distress due to financial strain on entering placements, may have reduced capacity to deal with factors within the placement, thereby impacting on or contributing to struggle on placement.

The Speech Pathology Australia (2018) report also refers to Health Workforce Australia data which indicates there has been an increase in the number of students commencing speech pathology programs from 668 in 2008 to 1312 in 2011 (Health Workforce Australia, 2014). In 2017 the number of programs on offer in Australia had

increased to 23 professional entry-level speech pathology programs across 15 universities. In 2008 only nine universities graduated speech pathologists (S. Attrill, Lincoln, & McAllister, 2012). This increase in student numbers means more clinical placements for students are required, putting pressure on universities to source more placements and placement providers to provide more placements. Given pressure from different aspects of the higher education sector, it is evident there are multiple pressures on placement provision, before the student even commences their placement learning. Along with pressures for quality placement provision, (R Johnson, Bourne, Sheepway, & McAllister, 2017; Rodger et al., 2008) this creates an environment where there is pressure to place more students in clinical contexts in a finite period of time. This tension for more placements from placement providers and universities may then feed down to the CEs who feel the coerced to "get students through" as quickly and efficiently as possible, leaving little room for anything to go wrong. It is not a system that caters for supporting the learning needs of any student who is not able to follow the prescribed pathway.

Context of learning.

In Australia speech pathology students learn part of their professional craft through clinical placements embedded throughout the course. Placements provide an opportunity for students to learn professional competencies, become work ready and ensure graduates are fit to enter the profession (Laitinen-Väänänen, Talvitie, & Luukka, 2007). This section and section on *context of service,* explore this institutional space of learning and competency development for speech pathology students.

Competency development in speech pathology.

Speech pathology competence in Australia has been conceptualised as being able to demonstrate the professional skills identified as key to practice to an adequate level

of performance, with the journey to competence along a continuum (S. McAllister et al., 2011). As can be inferred from the definition below, it is a complex interaction and integration of skills (including motor, problem solving, communication and pattern recognition), knowledge (propositional, tacit, personal and process) and personal attributes (attitudes and values) (Eraut, 2004; S. McAllister, Lincoln, Ferguson, & McAllister, 2010b). Speech pathology Australia define competency as: -

> *"An individual's ability to effectively apply all their knowledge, understanding, skills and values within their designated scope of practice. Competence is observed when a speech pathologist effectively provides services, acts professionally and ethically, and reflects critically on their practice" (Speech Pathology Association of Australia (SPAA) 2011)*

S. McAllister et al. (2011) also define competences as: -

> *"…being able to integrate and apply the processes involved in effective professional action across the scope of the profession (context and client needs) at a level sufficient for entry into the profession..." (S. McAllister et al., 2011).*

The later definition arose from the research undertaken in the development of COMPASS® (S. McAllister et al., 2006), a standardised assessment tool used to assess student speech pathology performance in clinical workplace learning. Prior to the development of the COMPASS® assessment tool speech pathology in Australia had already adopted a competency-based approach to assessing entry into the profession. This had occurred in the early 1990s as a response to government reform agendas (Guthrie, 2009; S. McAllister et al., 2011), arising from the need to evaluate the suitability of migrant professionals across a wide range of fields. In the field of speech pathology, the Competency

Based Occupational Standards (CBOS)- Entry Level were developed (Speech Pathology Association of Australia (SPAA), 1994), and have since been twice revised (Speech Pathology Association of Australia (SPAA), 2001; Speech Pathology Association of Australia (SPAA) 2011). They are currently undergoing review at the time of submission of this thesis.

The CBOS (Speech Pathology Association of Australia (SPAA) 2011) framework focuses on the doing of speech pathology, by integrating knowledge, skills and attributes required to do the job of a speech pathologist (S. McAllister et al., 2011). These competencies are then dissected to identify activities or elements that interrelate to create overall competency. Below these elements sit performance criteria or cues which identify relevant knowledge bases, practical and contextual considerations, skills or actions, and attitudes. This then provides evidence of whether the performance criteria have been achieved. CBOS (Speech Pathology Association of Australia (SPAA) 2011) describes the competencies that speech pathologists need to demonstrate at a particular level (entry level) by graduation, across six domains of practice, speech, language, swallowing, fluency, voice and multi-modal communication when working with children and adults across the lifespan. The CBOS (Speech Pathology Association of Australia (SPAA) 2011) framework is also important in informing how speech pathology curricula in Australia are designed and is an important feature of the accreditation process (S. McAllister et al., 2011). S. McAllister et al. (2011) notes that given the prominence of CBOS in accrediting graduates to practise, the COMPASS® (S. McAllister et al., 2006) assessment tool was designed to assess development of student competency against the competencies stipulated in CBOS at entry and preceding levels. The COMPASS® (S. McAllister et al., 2006) assessment tool is now used in Australia, New Zealand, Singapore and Hong Kong to assess student speech pathology performance in clinical workplace learning.

In addition to the seven CBOS (Speech Pathology Association of Australia (SPAA) 2011) units, the COMPASS® (S. McAllister et al., 2006) assessment also incorporates four professional competencies of "communication", "professionalism", "reasoning" and "lifelong learning" which were developed through the research when designing COMPASS® (Ferguson, McAllister, Lincoln, McAllister, & Owen, 2010; S. McAllister et al., 2006, 2011). These professional competencies underpin the learning and development of the ability to carry out the occupational competencies in CBOS.

Assessment of competency.

Assessment is a core component of the placement experience and understanding how assessment is carried out for students is important for this research. Assessment occurs in every placement, regardless of the setting and is something that is known to drive learning (S. McAllister et al., 2010b), and maybe an important factor influencing students who struggle and fail clinical placements.

In the clinical placement environment, the student will be assessed, typically — in Australia — with the COMPASS® assessment tool. Assessment is carried out by the CE over time in the workplace, making judgements about performance on multiple occasions. As described above COMPASS® was developed through a rigorous program of research, embedding principles of competency assessment within it. In their paper on how they overcame some of the issues with assessment design in COMPASS®, S. McAllister, Lincoln, Ferguson, and McAllister (2010a) explain how designing quality assessment of competency which involves human behaviour is inherently difficult. They explain that assessment of competency in real workplace environments involves focusing on the role of the assessor and the assessee and their impact on validity. They go on to explain that research into generalisability indicates that rater or judge behaviour impacts less on error variance than other factors. They suggest other aspects of assessment content, design, or process may have

a greater impact on assessment validity than rater behaviour. The authors argue assessment of learning and performance is inherently subjective and therefore COMPASS® (S. McAllister et al., 2006) was developed with strategies and mechanisms to address these major issues with regards to assessment design. The authors have considered the notion that assessment drives learning, therefore formative feedback has been incorporated within the assessment process. This acknowledges the idea that focusing solely on summative feedback can place learning in the background and therefore negatively impact it whilst trying to assess it (Boud, 2000). Formative feedback therefore becomes an important integral aspect of the student's learning and assessment. This is discussed in more depth in the section on feedback.

In speech pathology, we therefore have a standardised tool that assesses learning and performance in the workplace which has been validated for use in Australia. Thus, there is some confidence that student speech pathologists are being assessed against the same criteria, with variables which may impact validity being minimised as much as possible.

Clinical placements are mostly determined in relation to the different levels of competence students are expected to demonstrate at a particular stage in their course. In some cases other factors may influence development or use of clinical education models, such as CE expertise and placement availability (Sheepway, Lincoln, & McAllister, 2014). Placements usually take place in authentic workplace environments where students are assessed in real life situations, as opposed to simulated learning situations, which poses an additional set of stressors for students. The continuous nature of the COMPASS® assessment, where the CE is also the educator and assessor, assessing the student over time, can create a potentially stressful environment for the student. The clinical placement environment itself is discussed in more depth in relation to the *context of service* section. To understand the type of learning that students engage in during clinical placement, it is useful to refer to socio-cultural models or theories of learning. These theories have been written

about and explored in relation to clinical learning, workplace learning or clinical workplace learning, and relate to the type of learning students engage in for speech pathology. These social learning theories are explored in more depth in the sections on workplace learning and legitimate peripheral participation.

Feedback.

In the last decade there has been a shift towards the view of feedback as a process students engage with to act on information they have been given about their work to improve the quality of their subsequent pieces of work (Dawson et al., 2019). As noted previously, formative feedback is important for learning and performance, being one of the most powerful influences on a student's learning (Hattie Helen, Hattie, & Timperley, 2007) and so is discussed here in more depth. Feedback is important in the assessment process, and for overall learning, so the learning is not pushed to the background (Boud, 2000). Feedback therefore becomes essential in the clinical placement space to help guide learning. It is important to be aware of this as it is another potential factor that may influence a struggling or failing student's experience.

Lefroy, Watling, Teunissen, and Brand (2015) explain that providing feedback effectively is not easy. In their paper, they presented a guide of 32 "do's", "don'ts" and important "don't knows", based on the authors' expertise and knowledge of the literature. The "do-s" consisted of education activity for which there was evidence of efficacy. The "don'ts" consisted of educational activity for which there was evidence of no efficacy or evidence of harm (negative impact). In the case of the "don't knows" there was no evidence of efficacy for the educational activity. This body of work pulled together the existing research and knowledge about effective feedback. It was apparent that some types of feedback activity, could, in fact do harm. The authors provided seven "don't" points overall, which included not assuming you know why a student might be struggling and not

underestimating the emotional impact of feedback. If either of these two positions was assumed, emotional harm for the student would likely eventuate. These points related to how the feedback provider (or CE) delivered feedback, however the 32 points also included a section on feedback in the learning culture, for example, *"Do support the development of longitudinal, trusting supervisor-trainee relationships in medical training; influential feedback thrives in the context of trusting relationships".* This indicates whilst feedback to the learner is important, the social learning environment also is a major factor and influence to consider. Other authors have also identified desirable educator behaviours for high quality feedback in health professions education (C. E Johnson et al., 2016). The authors in this study conducted an extensive literature search of 170 articles to identify elements of an educator's role that may influence learner outcomes. They also identified and examined ten verbal feedback instruments used in health professions education to describe important educator activities in effective feedback. From these elements, descriptions of observable educator behaviours that characterised effective feedback were developed. These were then refined in a three-round Delphi process and with a panel of experts face-to-face. Eighteen distinct elements of the educator role were delineated with 25 descriptions of educator behaviour aligning to the elements. These included, for example, *"the educator offered to discuss the performance as soon as possible"* (C.E. Johnson et., al, 2016 p.7). There are some commonalities with Lefroy et al. (2015), in that the importance of the relationship between student and CE is seen as crucial.

In a more recent study by Christina E. Johnson et al. (2019), the authors observed, using video, and systematically analysed educator behaviours from different health professions during feedback episodes in authentic clinical learning situations. Thirty-six videos, involving 34 educators and 35 learners, were analysed. The findings indicated that educators commonly provided feedback on performance, described how the task should be

performed, and were respectful and supportive. There were however some behaviours that were commonly absent, such as clarifying the session purpose and expectations, promoting learner involvement and creating an action plan or arranging a subsequent review.

The findings from Christina E. Johnson et al. (2019) concur with Boud and Molloy (2013) in their book on feedback in higher and professional education. They explain a common misconception about feedback is that feedback is unidirectional, being only something delivered to students by teachers or educators. The authors adopt a broader perspective and go on to explain, *"…the process of feedback might be prompted by what teachers say or write, but the process is not concluded until action by students occurs."* (p.2). The implications of this are that a wider perspective of feedback needs to be taken, considering what happens prior to the feedback (preparation and briefing) and what occurs afterwards (debriefing, the student actions and checking in with the student about their actions). Christina. E. Johnson et al's. (2019) findings would suggest that this is important but was not commonly observed in their study.

For struggling and failing students in the clinical learning environment, this broader interpretation of feedback seems essential, in order to maximise their learning. Current research suggests that students and educators have a slightly different view of what makes feedback effective. In a qualitative study, across two universities in Australia Dawson et al. (2019) explored a) what educators and students thought the purpose of feedback was and b) what they thought made feedback effective. The educators largely thought feedback design was important, for example, timing, modalities and task connectedness. In contrast, the students felt that high quality feedback comments made feedback effective, that is, comments that considered affect and were personalised to the student's work. This illustrates differing perspectives and that it is essential for educators to consider what and how feedback might be delivered in order to support students' learning. In addition to understanding how feedback

can influence learning, it is also important to understand how learning occurs in the clinical learning environment.

Workplace learning.

It is essential to consider the context in which the placements take place. In the context of clinical workplace learning, socio-cultural theories suggest the student's ability to learn is influenced by a number of social and environmental factors. Socio-cultural theories suppose that knowledge creation is dependent on the learner and the environment in which that learning takes place (Mann, Teunissen, & Dornan, 2010; J. van der Zwet, Zwietering, Teunissen, Vleuten, & Scherpbier, 2011).

In his paper on learning through health care work Billett (2016) reported findings from some of his previous work (Billett, 2001, 2004, 2008) which suggested there were four key contributing factors for how workers learn for and through their work. Health professionals need to engage in meaningful goal directed activities and interactions, which develop procedural (know-how), conceptual (know-what) and dispositional (propensity to use) knowledge. Secondly, in workplaces, social and physical environments offer clues and cues for learners about how these practices are enacted, that is, learners observe and talk to others about what they are doing. Thirdly, work activities offer the learner opportunities for practice, to refine their skills and build links between concepts, thereby enabling development of clinical reasoning skills. Finally, learners need close guidance by more experienced practitioners in the workplace, especially with skills and practice that are not best learned through trial and error, for example, dysphagia[6] assessment, due to the potential for recommendations to cause harm. Billet suggests three of these four elements are the

[6] Dysphagia is a disorder of eating and drinking, also referred to as swallowing disorder. Swallowing is one of the six key domains speech pathologists work across.

responsibility of the learner or student to take action in addition to the affordances the workplace provides for learning.

Billett (2008) suggests both social and individual agency are needed for successful learning to take place in the workplace, they are interrelated, however, whilst there is an element of community being integral to the experience, Billett (2016) does not extrapolate or suggest how significant this might be, suggesting much of the onus on successful engagement and learning resides with the learner, with community being only one small element of this theory. Billet does not however extrapolate whether each of these four elements is more important than the others. It is evident Billet's (2001, 2004, 2008, 2016) work expands on individualistic theories of learning, such as cognitive load theory (Sweller et al., 2019; Van Merriënboer & Sweller, 2010) already discussed in section 1.2.3, where agency and learning reside completely with the learner, however the responsibility for action in Billet's theory still seems to reside largely with the learner, but enacted in social space or community.

More recent theories developed with health profession students in authentic clinical learning environments also suggest that whilst learning is a social phenomenon, the onus is on the student to leverage opportunities for learning. In their grounded theory research King, Turpin, Green, and Schull (2019) aimed to generate a theoretical understanding of students' interactive processes in clinical workplace learning that accounted for high levels of cultural/linguistic diversity. The authors collected survey data from 71 final year veterinary students from an Australian program, the results of which then guided the development of questions for semi-structured interviews with 17 of the student cohort. The results suggested that students have to work out how to "harness dialogue" in the placement environment to coordinate three, interrelated interactive processes (a) functioning in the workplace, (b) impression management and (c) learning-in-the-moment. The authors found there were negative and positive consequences, depending on how they had harnessed the dialogue. The

student's access to learning opportunities was sometimes affected if dialogue was not harnessed effectively, for example, if they spoke out too often or too much, their opportunities for learning might be restricted. It should be noted that learning to harness dialogue in the "right way" in the learning situation was something the students had to work out how to do themselves. For struggling and failing students this may be a challenge for them or they might be identified as struggling if they have not been able to work out how to harness dialogue in the "right way".

These theories, whilst having a social basis, all seem to point to the learner having a large responsibility to engage with and harness learning opportunities through social interaction. Another theory or study of social learning that focuses on learning being a social or community activity is Lave & Wenger's (1991) study of apprenticeship — legitimate peripheral participation.

Legitimate peripheral participation.

Lave and Wenger (1991) describe an apprenticeship model in which the learner enters the learning situation or workplace and begins on the periphery by participating in observation, gradually taking on tasks of the more senior, experienced members of the community, using the "see one, do one" model. A key feature of this study of apprenticeship, which has come from further critique and refinement of their work, is that changes occur to both the learner and the community, because learners bring their own skills and knowledge from their own socio-cultural context (personal or prior placement experience) and expose these to the new community, and in this way there is reciprocal benefit to both parties (Morley, 2016; Wenger, 1999).

This study of apprenticeship also trusts that the learner comes into the learning environment (workplace) and adjusts to the social norms of that place (Lave & Wenger, 1991). Often these norms are not transparent or spoken about and it is the responsibility of

the learner to decipher them. As learners in Australia, students can partake in several placements over the duration of their course, often more than one in a semester, attempting to assimilate into different workplaces (environments) over a relatively short period of time.

The importance of learning theories for this study.

The learning theories and studies presented in the sections above situate learning in the social space. The learner is however a key, core component of them. In two of the theories, (Billett, 2001, 2004, 2008, 2016; E. King et al., 2019) whilst the two components (learner and social environment) need to co-exist, the onus to harness learning opportunities within the social space resides largely with the student or learner. In Lave and Wenger's (1991) study of apprenticeship, whilst the community of practice is definitely central, there is still an onus on learners to assimilate themselves into that community. The commonality across these theories and studies is the absence of direction regarding how students should harness the opportunities presented to them. For students who may be required to complete placements in several different workplaces a semester or year to learn, this can create a challenge. However, understanding the context of their placements or learning may assist with assimilation.

1.2.5 Context of service.

Clinical placements.

It is assumed that in order to develop clinical competence, speech pathology students need to be exposed to a number of clinical placements with a variety of caseloads, intensities and in a range of settings (Sheepway et al., 2014). As described above, competence is determined by being able to demonstrate specific skills and behaviours with clients across the life span and across domains of practice to enter the profession. Therefore, in addition to being cognisant of the impact of the higher education environment, an awareness is needed of the various aspects of placements — the state of the placement environments as well as the demands that the clinician has to deal with on a daily basis.

Speech pathology placements take place in a range of locations: metropolitan, regional and rural locations; and service delivery settings: on-site university clinics, community health services, hospitals (paediatric, acute, sub-acute and rehabilitation), schools, and sites in the disability sector. Therefore, students are able to develop skills with a range of people across the lifespan from different cultural, socio-demographic backgrounds (Sheepway, Lincoln, & Togher, 2011) and domains of practice. In these settings, students need to integrate theoretical skills with practical knowledge. The specific requirements in speech pathology, as previously outlined in section *Competency development in speech pathology*, to cover domains of practice across areas of competence, become significant drivers for the types of clinical education experiences students undertake prior to graduation (Rodger et al., 2008). At an organisational and workforce level, there are other forces and factors impacting and driving placement availability.

One of these factors is the availability of CEs to supervise students on placements. A report on clinical education by Speech Pathology Australia (2018) stated that in 2011 the average weekly hours worked by a speech pathologist was 30.3 hours (Health Workforce Australia, 2014), indicating that many speech pathologists may be engaging in part-time work and adding a student into a speech pathologist's part-time work week can add extra pressures. It can also mean that when block placements (usually 3 or more days a week) are needed by programs it can be more difficult to source these types of placement due to the part-time nature of the workforce, further limiting placement capacity or availability.

Various reports have highlighted that policy reforms such as disability funding for support packages and activity based funding in health all influence the placement environments in an Australian context (Lewis & MacDonald, 2017; Speech Pathology Australia 2018). Whilst this may be a positive shift for service users, these funding changes potentially create tension and difficulties in being able to continue to provide clinical

education in these environments. Barriers to placement provision may exist such as increased workload demands, increase in complexity of clients or service users and privatisation of some services (R Johnson et al., 2017; Lewis & MacDonald, 2017).

As highlighted earlier, students need to develop skills across a range of practice domains in different settings. Sheepway et al. (2014) investigated the impact of placement setting, caseload and placement intensity on competency development. The study examined competency development of third year speech pathology students completing a number of placements over a period of a year. Data was collected from COMPASS® (S. McAllister et al., 2006) of 56 students and tracked their competency development over the course of three different placements and results indicated that the students developed competency over a sequence of placements, regardless of where that placement was (e.g., university clinic, community health centre, etc.) and the intensity of it (i.e., block placement vs sessional). Therefore, suggesting that speech pathology students did develop competency along a continuum over time and that prior learning was transferred. The caseload type did however have a statistically significant impact on the students' development of competency. The results showed that students who had a paediatric placement as their second placement had greater growth in their skills than those students who had an adult placement second. The authors argued that the structure of the course may have impacted this with the students having a greater developed paediatric schema than adult schema (see section 1.2.3 relating to cognitive load theory). They also cited research from Schmidt, Norman, and Boshuizen (1990) who suggest that students needed hands on experience in order to enact their adult semantic networks and illness scripts, of which they had had none before this adult placement. Whilst Sheepway and colleagues' (2014) research has some implications for the caseload type experienced in the placement, the results must be interpreted with caution. The

order in which students learn knowledge and therapy at university might influence the level of impact the caseload type has on their competency development.

Aside from placement setting, caseload type and intensity of placement, one of the other key variables or factors in the placement for the student is the CE.

Clinical educator.

The CE is the professional on the placement who provides direct educational support to students during clinical education (Rose & Best, 2005). In most cases practitioners take on the role because it might have been put upon them as part of their clinical work (Delany & Molloy, 2018). Most do not have the luxury of learning their craft as educators, with time to develop an understanding about the relationships between learning theory and practice or the opportunity to regularly learn from and reflect on their teaching experiences (Delany & Molloy, 2018). Many CEs take what they have learned from their own experiences and base their clinical education practice on what and how they have been afforded opportunities in their workplaces (Bearman, Tai, et al., 2018). This often haphazard path to becoming a CE would suggest that there may be variability in the standard of educators' skills, which would impact their ability to provide affordances that would effectively support the learner's ability to engage and develop their competency.

Previous research has suggested that placement success is dependent on the relationship between student and CE. A positive relationship promotes professional socialisation of students into the profession, and can either encourage or hinder learning for the student (Higgs & McAllister, 2007; Laitinen-Väänänen et al., 2007). This relationship is subject to an inherent power imbalance, where CEs hold more power than the students due to the very nature of their role as a qualified clinician and assessor (as depicted in figure 1.2) and will be discussed in more depth in the section 1.2.6. The research highlights the complexities in the inherent imbalance of power, due to the self-replication aspect of the

learning context where assessment against competencies may shape students into being someone closer to their educators and their profession, through socially reinforcing the professionally-sanctioned behaviours (Kell, 2014). When students perhaps do not conform to being someone closer to their educator's image or likeness, this may create problems for the student, with the CE perceiving the student to be "struggling" because they are not like them.

In Hummell's 1997 survey of 42 Occupational Therapy students investigating student perceptions of the characteristics of effective fieldwork supervision, it was found that students identified various attributes as being characteristic of an effective supervisor. These characteristics included, good interpersonal skills along with well-developed technical and organisational skills, flexibility, and the ability to be responsive to the needs of individual students (Hummell, 1997). Students also perceived CEs to be effective if they created a safe learning environment for them, where questions could be asked freely, with students being able to explore their skills and role important for practice. This study did highlight that students perceived that there were limiting environmental factors which could impact on a successful supervisory relationship, such as limited time and a heavy caseload. The results from this study also identified characteristics of ineffective CEs such as, being "unavailable", "unapproachable", "not communicating effectively with students", "not allowing opinion differences" and "displaying a lack of interest in supervision". The authors in this study reported that a number of student responses indicated an interrelationship between factors such as interpersonal skills, feedback and evaluation (as previously discussed). The findings illustrated that there is a layer of complexity, not only surrounding the relationship between student and CE but how this relationship can influence and interact with other aspects of the placement.

The role of the CE, having to balance their ongoing clinical workload along with supporting a student, is clearly a complex one. In another study in the discipline of

Occupational Therapy (OT), the researchers found that OT CEs experienced time pressures and had concerns about student skills and performance. The authors suggested that CEs need to have advanced skills in balancing their work in complex environments with facilitating student learning (Thomas et al., 2007). L. McAllister, Higgs, and Smith (2008) also noted the tension and dilemma for CEs between the need to care for the student and the need to ensure client care.

As is evident from the literature, clinical education is complex. CEs require a high level of expertise and interpersonal skills to facilitate student learning in often complex clinical learning environments. CEs may have often not had opportunities or exposure to training, and their selection for being a CE more than likely will not have been based on skill or experience, but on availability (Rodger et al., 2008). When all these factors are considered collectively it is not difficult to envisage how or why things might not go to plan in the clinical learning environment or in the relationship between student and CE. The importance of this relationship between student and CE cannot be understated with it being central to a perceived positive learning environment by the student (Dornan, Boshuizen, King, & Scherpbier, 2007; Lewis & MacDonald, 2017; J Van der Zwet et al., 2010; J. van der Zwet et al., 2011) and by CEs (L. McAllister et al., 2008). Researchers have found that in addition to the centrality of this relationship, students need to feel safe and supported within their learning environment with their CE (Dornan et al., 2007). Students need to be able to access learning opportunities (J Van der Zwet et al., 2010) in a developmental space, (where they could develop their professional identify) and a contextual space (where they have a designated physical space e.g., student room, computer etc.) (J. van der Zwet et al., 2011). These aspects are to a certain extent driven by the CE but also influenced by the cultural environment in which the learning takes place. These cultural factors influencing clinical education are discussed in section 1.2.6.

1.2.6 Cultural aspects.

The third layer of influence is the cultural level. At this level there is a cultural discourse or narrative which surrounds the clinical education environment. Each discipline usually has their own discourse and there are also discourses surrounding curriculum, assessment, failure and other factors which may influence the clinical education space. The purpose of this section is not to provide a critical discourse analysis but to provide an overview and illustration of the influences that impact clinical education at this level.

Professional/Narrative.

Ferguson (2009) presents the results of a critical discourse analysis of the profession's "talk" and reflections of speech pathologists' talk (Ferguson & Armstrong, 2004). The language used by the profession to situate and place itself in society and explain what it does is analysed using critical discourse methods, in either association documents (Ferguson, 2009) or the literature surrounding communication used with clients in the clinical setting (Ferguson & Armstrong, 2004). In both bodies of work, the institutionally derived asymmetrical power relationship between therapist and client was found to be unidentified, which is common to other health professions, not just speech pathology. In both bodies of work, this power differential was suggested to be reflected by the language presented in either the professional documentation (from professional bodies) or the communication observed between clinicians and clients. For example, therapy is something that clinicians "do to" clients, with clients or patients having little agency. If clinicians are accustomed to being in this position of power with "doing" to clients and patients as the norm, it could be suggested that this may be the normal way of being with student clinicians as well. What has been highlighted in these two pieces of work surrounding discourse in speech pathology is that attempts at collaboration with others may be affected by implicit power imbalance. Power is discussed in more depth

in the following sections, as this is something that pervades all levels of influence on the clinical education environment.

Ferguson (2009) argues that speech pathology is a discipline that has fought hard to be recognised as a scientific profession whilst at the same time internally debating the legitimacy of the scientific paradigm. From a curriculum perspective, speech pathology courses are taught in universities, which are perceived as high status institutions, and the fight to get there and be recognised as legitimate has been part of the discourse of the discipline (Ferguson, 2007). Ferguson posits it is not surprising that most students who enrol in speech pathology courses are from the middle classes, and that this then results in a workforce that comes predominantly from a position of privilege and power. As mentioned earlier in this chapter, with an increase in first in family attenders at university who are more likely to be from a low socio-economic background, students coming into this space may be exposed to a "culture shock" and may experience difficulty in navigating and negotiating within this milieu.

In addition to understanding or becoming accustomed to the culture of profession, students will also be surrounded by the discourse surrounding assessment and workplace learning. Boud and Falchikov (2006) suggests that the discourse of assessment draws strongly on the metaphors and notions of acquisition and judgement, rather than the more positive connotations aligned with life-long learning and participation in workplace learning. Instead, the two notions can seem to be at odds with each other. Boud goes on to explain how assessment has emotional links and connotations. Many people recall less than positive experiences of assessment, so aligning this with their ideas of workplace learning and developing competence may also be in conflict with each other.

The notions and discourse around "competencies" are taken-for-granted assumptions that can be suggested as highly contestable. In some codifications of competencies, the

specifications and criteria may be standards seen as ideal or imposed, while other approaches to competency frameworks may be emergent from within a societal group. For individuals engaging with professional competencies as beginners, the written and verbal statements of such expectations are their first exposure to how the profession talks about itself, that is, a framework for narratives around success and failure. This discourse around competence and assessment of competence, whilst present at an institutional level also naturally forms part of the cultural discourse at a professional level.

Students who are entering clinical placement environments are subject to these hidden discourses which influence this clinical education environment and a student's ability to perform, and which are often mostly unknown by the learner. Power is inherently present at this level of influence, as it is at the other levels. Power is discussed below.

Power.

One definition that comes from the organisation behaviour literature suggests that power relates to control over the behaviour of others (Bailey & Schermerhorn, 1991). Other definitions relate to power not as being something that can be held but being something more dynamic, that is used in social and personal circumstances, with some people having more opportunities to use power than others (Street, 2001). **Figure 1.2** provides a broad schematic for the inherent aspects of power that are present in the clinical education process.

As can be seen by the schematic, power is present at every level of influence, CEs hold power within the cultural framework of the institution they work within. Power is also present within the teams the CEs work in and at a cultural position within the organisation. The discourse of the profession also indicates where power rests, as was discussed above in the section *professional/narrative.* It is therefore apparent with power present at many levels, the student in comparison has less influence and control over the clinical education environment.

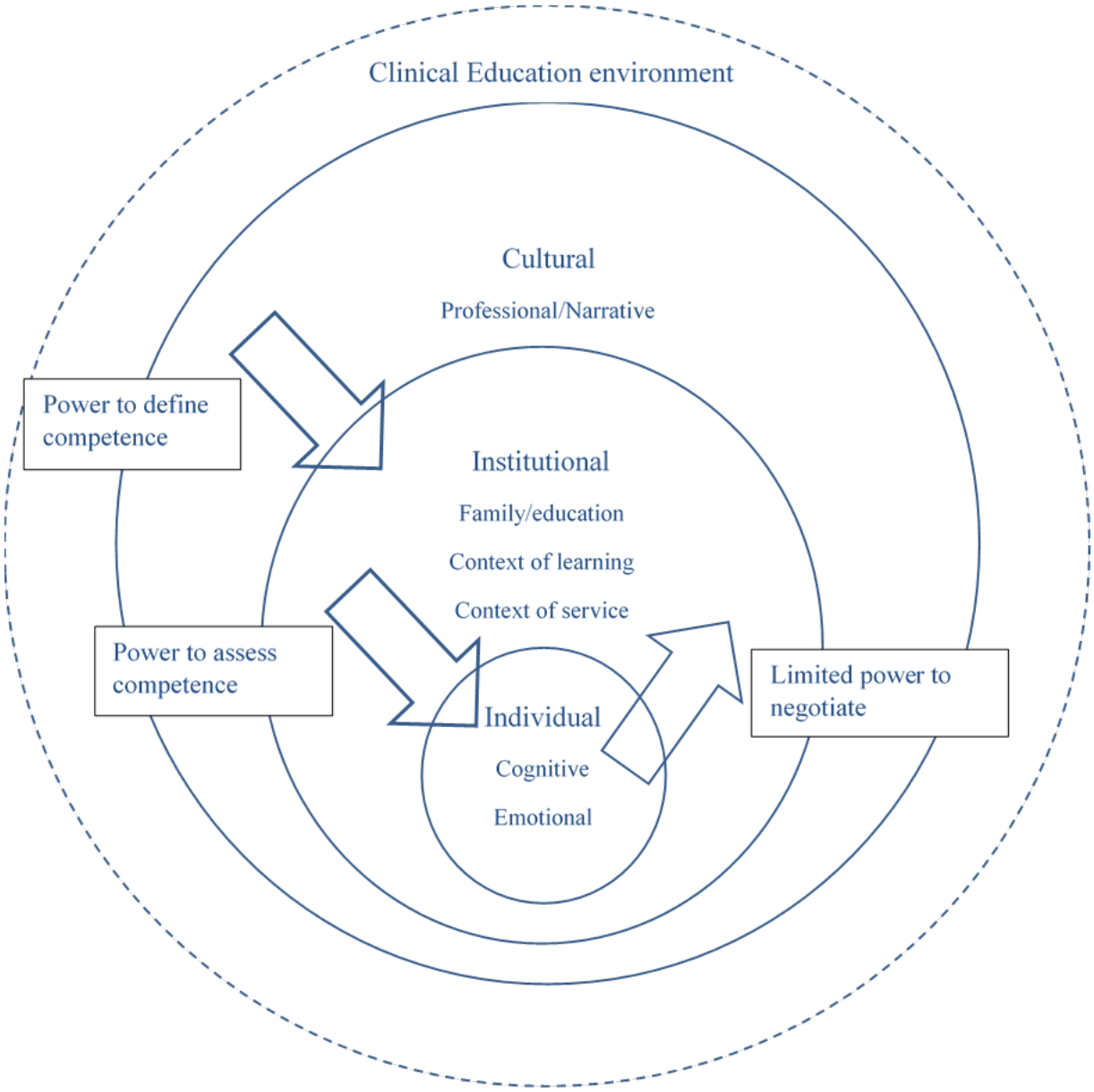

Figure 1.2 Schematic of the relationship between the cultural, institutional and individual aspects of clinical education and power that are relevant to struggle and failure

At the institutional level, Wagner and Hess (1999) looked at the supervisor or CE's use of social power with student speech pathologists. They suggested that power always exists, with power being inherent in providing feedback, and that the way in which it is used can differ and can result in either positive or more negative outcomes. The authors surveyed student speech pathologists, at different stages of their program, and CEs about the way they perceived power being used. Five types of power were found to be used, some types were used positively, for example, reward power, and some was negative, for example, coercive power where the CE had the power to punish the student. Although this research was based on perceptions of students and CEs, and is 20 years old, the premise that power inherently exists and the way in which it can be used can differ still stands as exemplified by the literature on bullying in nursing and medicine, for example, (Birks, Budden, Biedermann, Park, & Chapman, 2018).

While power relationships are inherent in relationships between people and social institutions, when power imbalances exist, then they provide opportunities for abuse. In other disciplines at an institutional level power abuse or workplace bullying have been widely documented, particularly relating to bullying of students in the workplace (Meissner, 1986; Skehan, 2014). Alternative terms for workplace bullying include mobbing, aggressive behaviour, incivility, harassment, horizontal violence, nurse hostility, and lateral violence (Skehan, 2014). Examples of bullying behaviour experienced by student health professionals or staff members have included shunning, shaming, or criticising team members in front of others; threatening team members with retribution, litigation, violence, or job loss; throwing instruments, and hurling charts or other objects (Pfifferling, 2008) being belittled, degraded and humiliated (Birks et al., 2018). Sometimes these acts are enacted in the form of physical violence but often in the form of non-physical acts.

Social theorist Pierre Bourdieu's concepts of symbolic power and symbolic acts of violence can be related to the experiences of health professionals and health professional students in the workplace. Bourdieu defines symbolic power as:

> *"… that invisible power which can be exercised only with the complicity of those who do not want to know that they are subject to it or even that they themselves exercise it" (Bourdieu, 2011).*

Bourdieu defines symbolic violence as a type of non-physical violence revealed in the power differential between two groups, for example, in the health professions, between staff and between staff or CEs and students. Bourdieu emphasises that symbolic violence is generally not a deliberate act by the dominant person or group in the social hierarchy, rather it is an unconscious way of reinforcing the status quo within that hierarchy (Topper, 2001). For example, not using the correct terminology or professional dialogue within a placement, could become a vehicle for domination by the CE over the student. Whilst the physical acts of violence sometimes reported in the literature may be present and deliberate, Bourdieu's concepts provide an alternative lens through which to interpret the non-violent forms of power misappropriation in the clinical learning environment.

Nevertheless whether intended or non-intended as a student on the receiving end of a form of bullying, power abuse or violence, it can be damaging with the consequences immense and impacts ongoing (Birks et al., 2018). All students may be subjected to this regardless of whether they are struggling or not. In this qualitative study surveying 884 Australian nursing students to identify the nature and extent of their experiences of bullying, the authors reported the impact on the students included feeling suicidal at worst, reduced confidence levels, panic attacks, changed sleep patterns and questioning whether this was the right profession for them. Students reported feeling powerless and held the university to account for not preparing them psychologically for placement.

Speech pathology, as for any other culturally influenced profession, is also influenced by the cultural, institutional and individual interrelationships of power. As previously mentioned, Ferguson's work examining the discourse in speech pathology documents indicated, that power is present in the language used, indicating practitioners are in the position of power by doing things to their clients, rather than reflecting their aspirations toward collaboration. Likewise, the narrative surrounding assessment in speech pathology also indicates that educators have the power to judge and make decisions about and for the students.

As has been illustrated, power at the institutional level and at the cultural level is not in favour of the student. The student has very little individual power in the clinical education space, limiting their agentic behaviour, potentially impacting their mental health and thus impacting their ability to perform on placement. As previously discussed, avenues for dialogic negotiation of the power relationship are being discussed more recently in relation to workplace learning in the work of King and others (2019). Additionally, recent research indicates educators can address the power balance. For example Molloy and Bearman (2019) suggest that educators can facilitate students feeling safer in the learning environment by showing vulnerability in the way they talk about their work and knowledge. There is a fine balance however in maintaining their credibility and creating this safe space for students. The authors refer to educators showing this vulnerability as intellectual candour. Whilst this is a positive step towards redressing the power imbalance, the power is still with the educator or clinician to take action.

Workplace culture.

The culture of the workplace also needs some consideration as an influence on the clinical education environment in which the student's placement takes place. As outlined in previous sections, disciplines and workplaces have their own cultural narrative. More often than not

nurses and doctors work in hospitals, with their own workplace cultures and it is therefore no surprise that in the study by Minton, Birks, Cant, and Budden (2018) they found that most of the instances of bullying documented in their research took place in a hospital. Healthcare cultures are hierarchical. Shaw, Rees, Andersen, Black, and Monrouxe (2018) suggest that in the hospital hierarchy given doctors' high levels of education they are typically placed on the highest rung of the institutional ladder. They have been afforded prestige and authority. Given the hierarchical structure within the hospital workplace, where many HPE students will have placements, it is little wonder that practitioners from other disciplines operate and find their own place and rung lower down on the ladder.

1.3 Conclusion

In summary, there are many factors that may influence the successful outcome of a student learning experience on clinical placement. The previous sections have provided a background to the current context students learn in, the hurdles they routinely have to deal with in everyday student life and how learning takes place in a clinical context.

There is no doubt that learning in a clinical context is a complex social system, in which individual, institutional and cultural aspects play a part. The power relationships within and between each of these aspects means that this complexity is increased when students struggle or fail on clinical placements. Current research in the area of struggle and failure on clinical placements in the health professions indicates that to date, factors that surround, may influence or predict risk of struggle or failure have been researched in isolation and have been privileged in this area (see chapter 2). However, there are gaps in our knowledge about what truly happens for students on placements when they struggle or fail. This research project has been designed to address that gap.

2. Struggle and Failure on Clinical Placements: A Critical Narrative Review

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This chapter is a published critical narrative review that investigated the literature surrounding struggle and failure in health professions education. The review identified a gap in the research regarding the student voice. The findings from this review guided the development of the methodology presented in chapter 3. At the end of the published review a short summary of more recent literature is presented along with the key drivers for research.

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Review

Struggle and failure on clinical placement: a critical narrative review

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Abstract

Background: Clinical placements are crucial to the development of skills and competencies in speech–language pathology (SLP) education and, more generally, a requirement of all health professional training programmes. Literature from medical education provides a context for understanding how the environment can be vital to all students' learning. Given the increasing costs of education and demands on health services, students who struggle or fail on clinical placement place an additional burden on educators. Therefore, if more is known or understood about these students and their experience in relation to the clinical learning environment, appropriate strategies and support can be provided to reduce the burden. However, this literature does not specifically explore marginal or failing students and their experience.
Aims: To review existing research that has explored failing and struggling health professional students undertaking clinical placements and, in particular, SLP students.
Methods & Procedures: A critical narrative review was undertaken. Three electronic databases, ProQuest, CINAHL and OVID (Medline 1948–), were searched for papers exploring marginal and failing students in clinical placement contexts across all health professions, published between 1988 and 2017. Data were extracted and examined to determine the breadth of the existing research, and publications were critically appraised and major research themes identified.
Main Contribution: Sixty-nine papers were included in the review. The majority came from medicine and nursing in the United States and United Kingdom, with other allied health disciplines less well represented. The review identified key themes with the majority of papers focused on identification of at risk students and support and remediation. The review also highlighted the absence of literature relating to the student voice and in the allied health professions.
Conclusions & Implications: This review highlighted the limited research related to failing/struggling student learning in clinical contexts, and only a handful of papers have specifically addressed marginal or failing students in allied health professions. The complexity of interrelated factors in this field has been highlighted in this review. Further research needs to include the student's voice to develop greater understanding and insights of struggle and failure in clinical contexts.

Keywords: Clinical placements, struggle, failure, clinical education.

What this paper adds
This paper provides an overview of the main focus areas researched in relation to struggling and failing students to date and which disciplines have carried out the research. There is a gap in the representation of the struggling and failing student SLP voice in the research that should be researched further. Struggle and failure is complex and these students are not a homogeneous group.

Introduction

Clinical placements are a core part of becoming a speech–language pathologist (SLP) or any health professional. This clinical learning component has a growing body of research surrounding it, particularly in medical education (e.g., van der Zwet *et al.* 2011),

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developing a better understanding of how all students learn on placement. Professional organizations or bodies stipulate that programmes need to have these practical or clinical components (Health and Care Professions Council (HCPC) 2014). The placements and the educators serve as an important gatekeeping mechanism to ensure safe practice and patient safety. Therefore, passing this component of a course is mandatory to become a qualified, safe, ethical practitioner; however, in any given cohort, a small number of students may struggle in their placements and/or fail them. For the purposes of this paper failure means the student not reaching the required level of competence to pass a subject or placement as part of their training to become a health professional and struggle means being identified 'at risk of failure' before the end assessment point.

The research team for this paper are all SLPs from Australia and have first-hand experience supporting students and their educators during clinical placements. Over the years many stories have been told and heard, building up a bank of anecdotal evidence, which lead one to ask the following questions: What is really known about failure and struggle in programmes that have clinical placements? What do these students really look like? Are the experiences as a university educator consistent with the literature? Could the literature assist to understand better the students and educators and how to be able to support them more effectively and efficiently.

As educators working in the university system there is an expectation of providing a service to the students, with often limited resources. Workloads are calculated carefully; there is a need to work efficiently (Jensen and Morgan 2009). For clinical placement subjects, each student is allocated a small proportion of time for support, yet a proportion of students year in year out seemed to take much more time than their allocations. Whilst this marginal group may be few, the proportion of resources they take is large. The costs of failure have long been documented (Ryan 2005), both financial and emotional, to the student and educators. Ensuring that resources are appropriate, available and efficiently employed for students is a key driver for this review, in addition to ensuring that future graduates are safe practitioners.

Understanding the wider education context and its associated costs (financial and emotional) and the university context is also important to grasp fully the complexity and interactive factors at play regarding struggling and failing students. The research team had experiences of stories of relationship and communication breakdown and complex interrelated factors surrounding students' learning. Tertiary education is increasingly costly. The cost of higher education in the United States has risen by more than six times the rate of inflation since 1971 (Shoen 2015). In recent times, more and more students in Australia have needed to work whilst studying to support themselves, with the same being true in UK, although some health professional students have their tuition fees funded (National Health Service (NHS) 2015). In the United States, students pay large sums of money for their education for extended periods of time as SLP degrees are at master's level. Added to the tuition costs, clinical placements place further financial strain on students—that is, they often cannot work at the same time or they need to reduce work hours to attend clinical placement. In some cases they are required to live away from their primary place of residence to complete placement (sometimes paying double rent or higher rents for short-term accommodation). As a result, students expect placements will be of a certain standard, the student being the 'consumer' (Hil 2012) of this 'service' their university is providing for them. As a result, students who struggle and/or fail a placement are often under increased pressure, and therefore place greater demands on their university for support and additional placements or learning opportunities.

At the same time, government funding to universities is decreasing, often meaning already limited resources must stretch further. For example, in Australia, in 2014, an announcement was made to cut funding to higher education by A$1.1 billion between 2015 and 2018, effectively reducing the number of government supported places at universities, with students paying more for their education (Bexley 2014). Financial worries have been documented to be one of the main stressors for students today (Simpson and Ferguson 2012), which can then impact on their mental health and ability to perform on clinical placement.

The literature in mental health indicates when people are stressed, preoccupied with other thoughts or worried about something significant, learning may be disrupted (Simpson and Ferguson 2012). More students than ever in higher education worldwide are accessing support services for mental health problems (Hunt and Eisenberg 2010, Simpson and Ferguson 2012). Simpson and Ferguson (2012) highlight the relationship between mental health and academic performance. They indicate that students who have untreated mental health problems are more likely to leave university before completing their studies.

Considering Maslow's hierarchy of needs may assist to contextualize what happens to struggling students as, if stress or illness impacts them, they may not be able to achieve any higher order needs in the hierarchy such as self-actualization, i.e., fulfilling their full potential as a SLP or health professional student. In their qualitative analysis of focus groups of 174 medical students, Gan and Snell (2014) found that there is a complex interplay of personal and environmental factors in students' perceptions of suboptimal learning. For example, if students are stressed about income, housing or health, then

their learning will be pushed down the hierarchy and they are not likely to perform to their potential (Gan and Snell 2014).

These factors—the added financial pressures of the increased cost of education, paying large sums of money to complete their placements and degrees—could be one of the major contributing influences to student stress and anxiety, particularly during their clinical placements and learning in the workplace. So, whilst these factors may not fully explain why students may struggle or fail, this complex interplay of factors needs consideration and understanding. Shapiro *et al.* (2002) found that students tended to have difficulties in more than one area, i.e., academic, clinical and/or 'other', which included personal or health problems. This seemed to fit with the team's experience, but it was not conclusive evidence. Looking to other professions in addition to SLP was the next logical step.

Leading on from the initial questions raised at the start of this paper this critical narrative review has four broad aims:

- To identify SLP research and research from other health professions relating to struggling and failing students.
- To identify what is already known about struggling and failing students in the research.
- To identify if the literature can assist with managing struggling and failing SLP students.
- To identify gaps in knowledge and recommend approaches, methods and questions for future research.

Method

A critical narrative review, incorporating some of the methods used by Pickering and Byrne (2014), was employed to address the aims listed above.

Three electronic databases, ProQuest, CINAHL and OVID (Medline 1948–), were searched using key search terms and specific inclusion criteria. These databases were selected to cover the main health professions including medicine, nursing and the allied health professions. The search combined the terms ('speech language pathology student' OR 'medical student' OR 'health occupations student' OR 'allied health occupations student') AND (characteristics OR behavio*OR traits OR competencies) AND (fail*OR marginal performance OR struggling). Terms were experimented with before running the full searches, e.g., 'poor performance' was also tried but this yielded zero publications. This initial search was limited to peer-reviewed articles written or translated to English and published between 1988 and 2017. Papers were included if they specifically related to tertiary level students in an entry-level degree in a healthcare profession. Entry-level in medicine was anything that was considered to be pre-consultant level, that is, postgraduate education for registrars or interns was included. The reason being competency in medicine is not deemed to have been reached until a doctor reaches consultant level with specific training including assessments and examinations continuing. In other health professions competency is deemed to have been reached on graduation. Papers that investigated academic achievement and competency of failing and marginal students were also included as these often examined the overall achievement of the student. Editorials, opinion pieces and reviews were also identified to provide an indication of what topics and areas were 'hot topics' of discussion.

This initial search strategy yielded 1338 publications. Once duplicates were taken out and content checked to match inclusion criteria, 69 publications remained for review and data extraction. Each paper was reviewed by the first author and identifying data were extracted from each paper: authors' names, affiliations, journal, year of publication, discipline and location, and put into a spreadsheet. The third author then checked the data in the spreadsheet to ensure the extracted data were accurate.

As part of the critical review process, additional information was extracted from each of the papers: including, the main focus of research, study design and methods used (e.g., focus groups, surveys, interviews etc.), numbers of participants and participant characteristics (e.g., educator, university faculty, students), and the strengths and limitations of the research. Identifying the focus of the research was an iterative process, with the primary author making revisions as the papers were reviewed. A thematic approach was taken to identifying the main foci of the research. Themes were identified by looking at key terms that appeared in the publications such as 'identification', 'prediction' or 'remediation'. As terms were identified the first author went back and rechecked publications already reviewed in this iterative process. The themes were then checked with two other authors. These data were checked in the spreadsheet with a sample of publications. Some key terms could be collapsed into overarching themes such as feeding forward/feedback, remediation, resource support, emotional support and learning support were all determined to come under the 'support and remediation' umbrella. This assisted in developing a picture of how struggle and failure in clinical learning has been researched and viewed to date.

Results

Nature and type of research

Of the 1338 publications identified, 69 papers were eligible for inclusion in the review. Table 1 presents

Table 1. References sourced from searches in OVID (Medline 1948–), ProQuest and CINAHL

Publication authors	Date of publication	Country
Hendren	1988	USA
Graveley and Stanley	1993	USA
Caldwell and Tenofsky	1996	USA
Gutman *et al.*	1997	USA
Cariaga-Lo *et al.*	1997	USA
Shen *et al.*	1997	USA
Duffy and Scott	1998	UK
Hrobsky and Kersbergen	2002	USA
Robshaw and Smith	2004	UK
Higgins	2004	UK
McGregor	2005	Canada
Stern *et al.*	2005	USA
Jewell and Riddle	2005	USA
Yates and James	2006	UK
Denison *et al.*	2006	UK
Dowell *et al.*	2006	UK
McGregor	2007	Canada
Skingley *et al.*	2007	UK
Rutkowski	2007	UK
Sifford *et al.*	2007	USA
Cleland *et al.*	2008a	UK
Cleland *et al.*	2008b	UK
Durning *et al.*	2008	USA
McGann and Thompson	2008	USA
Frellsen *et al.*	2009	USA
Laatsch	2009	USA
Neely	2009	USA
Park *et al.*	2009	Korea
Chang *et al.*	2009	USA
Hauer	2009	USA
Yates and James	2010	UK
Courmabat *et al.*	2010	USA
Andujar *et al.*	2010	France
Yates	2011	UK
Artino *et al.*	2011	USA
Wilkinson *et al.*	2011	New Zealand
Stegers-Jager *et al.*	2011	Netherlands
Klamen and Williams	2011	USA
Shin *et al.*	2011	Korea
Lewallen and DeBrew	2012	USA
Attril *et al.*	2012	Australia
Garrud and Yates	2012	UK
Winston *et al.*	2012	Netherlands
Todres *et al.*	2012	UK
Jones and Tracey	2012	UK
Stevens	2013	UK
Audetat *et al.*	2013	Canada
Mavis *et al.*	2013	USA
Wiskin *et al.*	2013	UK
James *et al.*	2013	UK
Cleland *et al.*	2013	UK
McDougle *et al.*	2013	USA
Andyryka *et al.*	2014	USA
Corcoran *et al.*	2014	USA
Black *et al.*	2014	UK
Mark-van der Vossen *et al.*	2014	UK
Guerrsasio *et al.*	2014	USA
Docherty and Dieckmann	2015	USA
Pitt *et al.*	2015	Australia
Vinales	2015	UK
Samouei *et al.*	2015	Iran
Hemann *et al.*	2015	USA
Bierer *et al.*	2015	USA
Adam *et al.*	2015	USA
Carr *et al.*	2016	UK
Nixon *et al.*	2016	USA
O'Neill *et al.*	2016	Denmark
Jardine *et al.*	2017	New Zealand

Continued

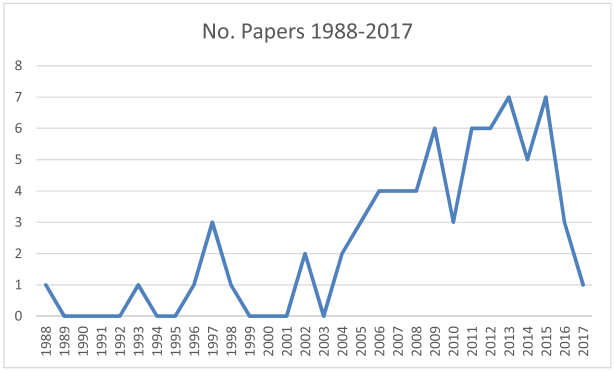

Figure 1. Published research over last 20 years, 1988–2017. [Colour figure can be viewed at wileyonlinelibrary.com]

all publications sourced, their year and country of publication.

Figure 1 presents the number of publications related to struggling and failing students in clinical placement over the past 30 years. The majority were published in the past 11 years, between 2006 and 2017 (55, 79%). Most of the publications came from the disciplines of medicine ($n = 47$, 68%) and nursing ($n = 19$, 27%) and were conducted in the United States ($n = 30$, 43%) and the UK ($n = 25$, 36%). Three studies were from Canada, two each from Korea, New Zealand, Australia and the Netherlands, and one each from Iran, France and Denmark.

Three other health disciplines were represented in the literature with one paper each (1.4%), physiotherapy, occupational therapy and speech pathology.

Main focus of research and theoretical perspectives

As part of the review process major themes or areas of focus were identified in the publications. These are presented below.

The publications focused on five main themes: 'Identification of at risk students', 'Support and remediation', 'The lived experience', 'Failure to fail' and 'Consequences for progression'. The majority of research papers

examined one specific aspect of failure or struggle, hence the main focus of the publication or research was readily identified (e.g., Yates and James 2006, Garrud and Yates 2012). Whilst this provides insight into specific information about students who struggle or fail clinical placement, it ignores the complex nature of learning in the clinical workplace.

Identification of at risk students and support and remediation

The majority of the publications focused on identification of students at risk of failing ($n = 38$, 55%) and support and remediation for struggling or failing students ($n = 24$, 35%). A small proportion of these publications examined both identification and support or remediation ($n = 6$, 9%), hence the results for these two areas are being presented together.

Most publications looking at identification of at risk students came from medicine ($n = 31$, 44%) and had a very narrow view of the area of research, and only examined risk factors or predictors of failure in isolation (Gutman *et al.* 1997, Garrud and Yates 2012, Yates 2011, Yates and James 2006, 2010, Wilkinson *et al.* 2011, Cleland *et al.* 2008b, Corcoran *et al.* 2014, Durning *et al.* 2008, James *et al.* 2013). However, other authors did emphasize the importance of the learning context and its complexity (Wiskin *et al.* 2013, Winston *et al.* 2012).

Most papers ignored the complexity of learning, failure or struggle (e.g., Artino *et al.* 2011, Andyryka *et al.* 2014) investigating 'at-risk' behaviours (e.g., Yates and James 2010, James *et al.* 2013) or characteristics or behaviours of failure (e.g., Laatsch 2009, Hendren 1988) using retrospective cohort studies. For example, Andyryka *et al.* (2014) talked about medical school being analogous to 'drinking from a fire hose'—the implication being that medical students are vessels being filled with knowledge at an alarming rate. Which may be partially correct, however it largely ignores the complexity and social aspect of learning, where students interact with educators, clients or patients as well as the environment around them.

In their research, Artino *et al.* (2011) suggested the locus of control resides with the student and did not consider other environmental factors that may impact on learning. They investigated self-regulated learning behaviour in 248 students over a 2-year clinical reasoning course. They found that higher-performing students placed greater value on learning activities and had higher levels of confidence than lower-performing students, who had greater course anxiety and higher levels of boredom and frustration. They largely ignored the impact others and the environment can have on learning.

The literature that discussed support and remediation for struggling and failing students investigated the provision of remediation programmes for students to improve outcomes after re-sitting assessments (e.g., Mavis *et al.* 2013, Hrobsky and Kersbergen 2002, Caldwell and Tenofsky 1996, Denison *et al.* 2006). Cleland *et al.* (2013) presented a very thorough systematic review of this literature arguing that most intervention or remediation studies were poorly designed with few control groups and were unable to identify the active component of the remedial process. Their findings support the results of this review in that most of the research in this area has taken place in the last 10 years. They summarize their findings by stating that the reasons for poor performance are complex and that we are not dealing with a homogeneous group. Some researchers acknowledged the need for early identification of risk factors or 'red flags' in order to provide timely support (Denison *et al.* 2006), whilst others stated the need for providing support to all involved in the process including educators (Hrobsky and Kersbergen 2002). Neely (2009), for example, in his letter to the editor, questioned whether some struggling students can actually be assisted because they cannot 'step outside of themselves to see themselves as they are perceived by others'. He implied failure or struggle resides with the student only, agreeing with Artino *et al.* (2011) above. Audetat *et al.* (2013) suggested that appropriate remediation programs for struggling students and supports for teachers need to be in place. The commonality in all this work is the view that learning and failure resides with the student, ignoring the complex interplay of factors.

Wiskin *et al.* (2013) took a less narrowed view in their research where they surveyed 29 out of 33 UK medical schools to examine how they support and assist students who fail communication assessments. They acknowledged the breadth of research that currently exists investigating variables (largely in isolation) that identify potential struggling or failing students, such as gender, ethnicity, English language proficiency and academic performance results. They also found that the supports available were variable and ad hoc and depended on a number of factors, as Cleland *et al.* (2013) found. Cleland *et al.*'s review suggests that despite all the research identifying potentially struggling or failing students the remediation programmes for these students are at best haphazard, with no clear rationales or ability to identify the active component of the remedial process. Many papers in our review, indeed, examined some of these variables in isolation (Yates and James 2006, Yates 2011, Garrud and Yates 2012, James *et al.* 2013).

Wiskin *et al.* (2013) also suggested that there is little research to date looking at the remediation of poor communication skills in medical students, which can impact on becoming effective practitioners. They acknowledge

the importance of communication and social interactions in the role of a doctor. Their results indicated that few medical schools had identified programmes of support to assist students who struggled with communication. They suggested more support could be provided on a less ad hoc basis in some medical schools and that targeted well planned supports are needed.

Communication skills are the core business of an SLP. Attrill *et al.* (2012) examined international students' performance on placement in 10 universities, with speech pathology programmes in Australia and New Zealand. Their research suggested that students who come from a culturally and linguistically diverse (CALD) background may have more difficulties developing competencies on clinical placements, regardless of whether they are domestic or international students. This was consistent with other disciplines (Yates 2011, Yates and James 2006). They also overtly stated that the clinical learning situation is complex and students need several skills to 'negotiate the rules of the clinical environment' (Attrill *et al.* 2012, p. 262).

One paper in this review did find that students were in actual fact able to create successfully their own remediation programme (Bierer *et al.* 2015). The results are from one cohort of students at one medical school and so should be interpreted with caution but it does support the notion that students should be consulted more widely in this area of research.

Winston *et al.* (2012) discussed the complexity of workplace learning and remediation for struggling students, overtly stating that they deliberately took on a variety of lenses due to the complex nature of learning and the interactive nature of its constituent components. They used a mixed methods approach investigating different stakeholders' perspectives in their research. By drawing on different theoretical lenses they could develop a remediation programme that worked for a group of failing medical students in a particular context. The authors cautioned that human functioning in complex systems is unpredictable and remediation programmes need to cater for the students' emotional needs as well as the cognitive and metacognitive skills needed for learning.

The lived experience

Three papers in particular examined the 'lived experience' of students and clinical educators (McGregor 2005, 2007, Black *et al.* 2014). McGregor (2005, 2007) in his two papers, investigated two individual students' experiences of threat of failure and actual failure. The research acknowledged the human centred nature of learning in the clinical workplace and the importance of the interactions and relationship between learner and educator, highlighting the humanistic side of learning. Black *et al.* (2014) looked at the experiences of 19 nurse mentors, through in-depth interviews, who failed students on placement. Their research also highlighted the humanistic aspect of learning, i.e., emotions and relationships are involved adding to the complex interplay of factors involved in struggle and failure. The approach and methods of these three publications was different from other research papers examined in the review. These authors were the only ones who really looked at the student experience from the student perspective.

Failure to fail

The concept of 'failure to fail' describes the situation where educators pass marginal students who, arguably, may continue to struggle or go on to graduate without reaching sufficient competence for practice and go on to be 'weak' practitioners. Eleven publications (16%) discussed this concept. Some acknowledged the complex interactions that occur between educators and students on placements, with educators often experiencing strong emotional reactions when supporting struggling or failing students (Black *et al.* 2014).

Some authors, whilst indicating the importance of communication and developing rapport with educators and clients, attributed the failure to a characteristic the student holds (Lewallen and DeBrew 2012, Skingley *et al.* 2007, Stevens 2013). It is often easier to 'lay the blame' with the student and avoid taking any responsibility for failing them. The student and educator appeared to be dichotomous components that were separate or the educator had an omnipotent role, not affecting the student in any way. Rather than taking any responsibility for failing a student the benefit of the doubt is given.

Cleland *et al.* (2008a) suggested an alternate theoretical model for understanding the concept of failure to fail and the reasons why educators may fail to fail students, which encompassed environmental factors in addition to student centred elements. There was agreement amongst the researchers that educators feel pressured to pass students (Rutkowski 2007, McGregor 2007, Cleland *et al.* 2008a, Stevens 2013, Skingley *et al.* 2007, Lewallen and DeBrew 2012, Black *et al.* 2014) and therefore perhaps to pass a percentage of students who should really have failed. The numbers of students who are passed and perhaps should not be was not presented in any of the publications in this review.

Consequences for progression

Two papers (3%) from the themes legal and ethical responsibility and dropping out have been put under the umbrella of 'consequences for progression'. Stegers-Jager *et al.* (2011) investigated the dropout rate of 809

medical students prior to and 809 students following the implementation of an academic dismissal policy over a 4-year period. They found that having a policy did not affect dropout rates but the students who were in the academic dismissal policy cohorts were more likely to seek assistance for their problems, therefore those students who were identified as struggling or failing were more likely to seek assistance if a dismissal policy was in place.

Graveley and Stanley (1993) set out guidelines, in their position paper, based on experience not research, for what faculty might do in terms of documenting and clearly communicating a student's progress or lack thereof, discussing the legal responsibilities of faculty when a student fails clinical placement. They highlight the importance of clear, transparent guidelines and communication when failing a student and they acknowledge how difficult the process of failing a student is.

Discussion

This review has revealed that there has been an increase in research relating to struggling and failing students in the health professions in the last 10 years. However, the reasons for most of the research coming from medicine and nursing are not clear. It is hypothesized that the push to retain students, the costs associated with struggle and failure and the need to graduate safe practitioners are correlated with this increase in research publications. There were fewer outputs from the allied health professions, perhaps because they are smaller than medicine and nursing and it is likely therefore, by proportion, they have fewer outputs. The implications for this, however, mean that smaller disciplines may need to look to the larger professions for patterns, findings, commonalities and signposts of where to go in their own disciplines, as was hypothesized above and, hence, prompted the method for this review. Questions around generalizability, transferability and applicability to different disciplines should be considered carefully along with applicability to other settings, cultures and countries.

Research relating to struggling and failing students to date has been mainly conducted in the areas of identification, support and remediation, particularly in the disciplines of medicine and nursing. Identification of risk factors in students indicates that failure largely resides with the student, presenting with risk factors such as coming from a lower socio-economic backgrounds (Yates and James 2010) having English as a second language (Attrill *et al.* 2012) and having lower academic grades (Cleland *et al.* 2008b).

The reasons for the higher proportion of publications focusing on identification and remediation could be related to cost. Failure and struggle has implications for all stakeholders involved (Corcoran *et al.* 2014, Wiskin *et al.* 2013, Yates 2011, Neely 2009). As education costs have risen over the years (Shoen 2015) and funding has decreased (Bexley 2014), institutions prioritize supporting and enhancing the student experience to achieve low dropout rates and high progress and completion rates in their degree programmes (Hil 2012). It is therefore important to ensure the appropriate support is provided to struggling students and/or those who go on to fail. The costs to the patients are also potentially great if the practitioner is weak, as Cleland *et al.* (2013) mentions in their review of the literature investigating remediation for struggling medical students. They quite rightly identify that weak students will often go on to be weak practitioners, which is of concern for all disciplines not just medicine. Cleland *et al.* also reported that current remediation programmes are not of a high quality and are usually not clear on what the active component or strategies are, none of which is supported by evidence and this is concerning, especially when programmes want to retain students and graduate safe practitioners.

The dearth of research investigating both risk factors or predictors and strategies to remediate these issues is also of a concern. As Cleland *et al.* (2013) note, the reasons for poor performance are myriad; poor performers are not a homogeneous group, therefore looking at these factors in isolation does not really present the full picture. As Cleland *et al.* suggest, further research in this area is required looking at the complexity of factors and complex interventions.

This review found that very few publications were from allied health and Cleland *et al.* also acknowledge they did not review the literature in the allied health professions. This indicates that there is not a plethora of knowledge or high-quality evidence for successful remediation programmes across the allied health professions at all and further research is required. Factors identified as possible pressures and risk factors for students learning today, such as financial pressures and stress and mental health are largely ignored in the literature to date. These risk factors need to be factored into the complex picture and be researched further.

A very apparent gap in the research was the lived experience of the struggling student, with only single case studies, and the voice of the struggling student was largely absent from the literature base. It appears from what research has been published, that this perspective may be important to understand further the whole learning context and complex nature of this area. Perhaps investigating the student voice and lived experience can help inform other areas of the research agenda such as risk factors and predictors as well as assisting to inform what may be beneficial for students in a remediation programme. Indeed, the one paper in this review

that did find that students were in actual fact able to create successfully their own remediation programme (Bierer *et al.* 2015) is a flag to indicate that the student voice should be considered in any future research and they should be consulted more widely.

When considering the consequences of failure the two papers that arose in this review suggest that clear policies and documentation are needed for all involved (Stegers-Jager *et al.* 2011, Graveley and Stanley 1993). This finding could suggest that universities and institutions should have clear policies and documentation around dismissal and accessing supports if they do not already, this could prompt failing or struggling students to access supports if they have not done so already but also provide the educators with a clear paper trail of documentation to fail a student if necessary.

This review also suggests 'failure to fail' is a very real phenomenon that is present for educators of struggling and failing students and their experience of the emotional impact of this is well documented (Cleland *et al.* 2008a, Stevens 2013, Skingley *et al.* 2007, Lewallen and DeBrew 2012, McGregor 2007, Rutkowski 2007, Black *et al.* 2014). Having clear policies and documentation may assist in identifying students earlier on in their degrees, supporting clinical educators to fail students when appropriate, and provide the students and educators with adequate and appropriate support strategies. The literature in this area of failure to fail also supports the complexity of struggle and failure.

The role educators play in the failure scenario also needs to be carefully considered, currently educators appear to be largely seen as an 'agent', assisting the student to pass (Stevens 2013). Several research papers have identified that they too need appropriate supports following the failure of a student (Hrobsky and Kersbergen 2002, Denison *et al.* 2006); however, the research lacks acknowledgement of the interactive and dynamic nature of learning in the clinical setting. The learning environment can be seen as a complex system where the components are not static and are interactive (Mason 2008). This is apparent in the current research in medical education investigating learning as a whole, but appears to be largely ignored to date for failing and marginal students. As mentioned above, risk factors and various supports are variables that, to date, have largely been researched in isolation.

Mason (2008) argues it is perhaps easier to reduce things down to isolated variables to research them but this simplification does not tell the whole story of failure and struggle, it is only one part of the truth or one reality. There is an argument here for investigating specific variables and the bigger picture together. From a social constructivist perspective there are many truths and realities (Liamputtong 2012), and as educators and researchers we should be open to this. Cleland *et al.* (2013) do acknowledge that the literature to date investigating remediation interventions has not really considered the complexity and they suggest that adopting complex intervention models 'would enable the identification and evaluation of key components of any intervention, progressing knowledge of what does and does not work' (249). The literature in medical education that examines how learning occurs for the mass student population might be usefully applied here to the struggling student and SLP students. The voice of the struggling student needs to be heard to allow these many truths to emerge, by doing this only then can we aim to begin to understand and observe the many realities of struggle and failure. These reasons coupled with cost related factors to all stake holders indicate there is more research to be carried out relating to struggling and failing health students on clinical placements.

Limitations of the study

This review provides a current, critical review of the literature investigating struggling and failing students in the clinical learning environment. The search terms deliberately focused on health professional students. Despite this some health professions were not captured in the search, e.g., social work and they could be applicable to SLP. By including 'social work students' in future searches, more specific literature and research may be found that did not appear in this review. The research team has deliberately focused on research and literature published in English such as in the United States, the UK and New Zealand. Whilst some publications are from other countries, those with 'like systems' and programmes perhaps provide the best comparisons at the current time.

Conclusions

This review has highlighted that the majority of research in this area has occurred in the last 10 years in medicine and nursing. The research in allied health professions is sparse, with only one paper from SLP in this review. Much of the research has investigated risk factors and predictors of failure in isolation (Yates and James 2006, Yates 2011, Garrud and Yates 2012, James *et al.* 2013), and remediation for struggling and failing students is 'haphazard' and non-specific (Cleland *et al.* 2013). It is apparent that this area is complex and further research investigating the complexity of interrelating factors is needed. In view of needing to work more efficiently, university educators need to know that remediation programmes are targeting what they are meant to target with learning targeted not just assessment outcomes. For SLPs there is a need currently to look to other professions for research in this area due to the sparse nature of the

research in our own profession, and this review has done this. Including the student voice in future research is essential if a true understanding of struggle and failure for the student is to be gained.

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2.1 Summary of More Recent Literature +

In the two years since the literature review was published several other papers have been published. A brief search using identical search terms of the main databases used in the original review was carried out. Peer review articles published in English were identified, published between January 2018 and mid-2020. This search yielded an additional eight publications, six in medicine (Chou, Kalet, Manuel Joao, Cleland, & Kalman, 2019; Kickert, Stegers-Jager, Meeuwisse, Prinzie, & Arends, 2018; M. Mak-van der Vossen, Teherani, van Mook, Croiset, & Kusurkar, 2020; M. C. Mak-van der Vossen et al., 2019; Park, Kamin, Son, Kim, & Yudkowsky, 2019; Sobowale, Ham, Curlin, & Yoon, 2018), one in physiotherapy (Milne et al., 2019) and one in dietetics (Parkin & Collinson, 2019). Three were from The Netherlands, two each from USA and UK, and one from Australia.

For seven of the articles the main focus was on prediction of success or failure of some kind, either academic or on clinical placement. Only one article examined remediation practices in medical education, providing useful do's, don'ts and don't knows for educators (Chou et al., 2019). No papers identified in the last two years privileged the student voice.in regard to the experience of struggle or failure in clinical learning.

The most recent literature therefore seems to be following in a similar vein to that found in the original review, with a focus on identifying predictive factors and on remediation. The lived experience papers found in the original review (Black, Curzio, & Terry, 2014; McGregor, 2005, 2007) serve as a blue print for this research, examining the lived experiences of those involved

3. Methodology

In this chapter I outline the reasons why I chose the research paradigm which guided the methods used as well as provide an overview and rationale of the research strategies used in each phase of the investigation. The methods utilised in each phase of the research are described in detail in subsequent chapters.

3.1 Research Paradigm

Once researchers have decided upon the research questions they wish to explore, the methodological framework or research paradigm needs to be carefully considered to ensure that this "fits" the question(s). This then influences the choice of research strategies and methods they will employ (Liamputtong, 2012). Each element informs the other (Crotty, 1998). Figure 3.1 illustrates the research process in phases and the relationship between research methodologies, strategies and research methods. This figure is an amalgamation of ideas from Crotty (1998) and Denzin and Lincoln (2017). The research process for this study is also outlined alongside the different phases.

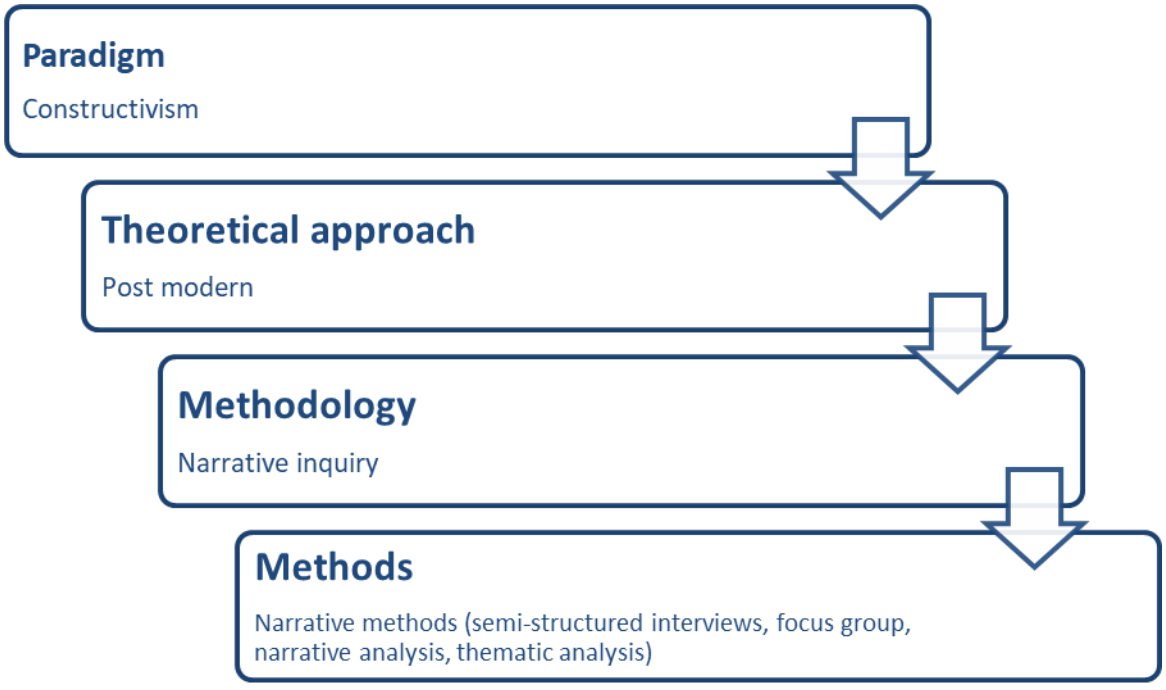

Figure 3.1 Research process phases and approaches adopted for this thesis

The paradigm, epistemology or worldview is the theory of knowledge embedded in and informing the theoretical perspective of the research, and therefore the methodology used in the research (Creswell, 2007; Crotty, 1998). This involves the researcher looking at the way they view the world and how they make sense of it. The questions that the researcher is asking also inform the paradigm and underpins and interacts with all the other stages of the research process.

This study investigated the lived experiences of struggling and failing students and of the educators supporting struggling and failing students on clinical placements. The paradigm in this study was grounded in constructivism. Social constructivism encompasses the notion that meaning or knowledge is constructed, with multiple and varied interpretations (Crotty, 1998). Within the social constructivist paradigm, learning is viewed as emerging through social interaction. This lens allows us to explore student learning within the social institutional framework of the clinical placement in the clinical learning environment, as outlined in chapter 1.

As different individuals' experiences were investigated, with different interpretations of struggle and failure, this paradigm allowed the exploration of the multiple perspectives and truths of the participants in the research and how they made sense of the events in their lives. This approach also aligned with my personal and professional understandings of the nature of the clinical education process, my emergent learning through the first stages of my PhD journey (see section 1.1.2) and reflects my own philosophical stance, (see chapter 1 for a more detailed description).

Alternative approaches that were considered to explore the student perspective included both quantitative (positivist) and other qualitative approaches.

Survey methods would have allowed for both quantitative and qualitative data to be collected but this was rejected for three reasons. Firstly, given the paucity of available research on this topic, it would be difficult to ensure the validity of the questions selected in designing such a survey. Secondly, even a survey using broad open-ended questions would be unlikely to provide the richness and depth of the data possible through semi-structured interview. Thirdly, the total number of speech pathology students experiencing a similar clinical education process (i.e., in Australia) is relatively small, and the proportion of those students who experience struggle or failure is even smaller, which would negate the potential of such methods to explore population trends.

Experimental designs, in a similar way to survey design, depend heavily on previous research findings to isolate and select relevant variables and to develop testable hypotheses. As before, the paucity of available research means that such an approach was not considered to be appropriate. Also, the underlying positivist paradigm of such an approach presupposes that there are factors that are isolatable in serving to explain features of a phenomenon. As discussed in chapter 1, from what we do understand of the experience of struggle and failure, it takes place within a complex and multi-factorial system.

3.2 Theoretical Approach

As the basis of this research was to understand the lived experience of students who had struggled on clinical placement along with the experience of the educators, an approach was needed that allowed the participants' stories to be told and heard. A narrative inquiry approach was a natural fit for the research questions, given its focus on seeking to explore the ways in which the participants themselves understand and interpret their experience. Also, as mentioned above, the number of students who struggle is relatively small in the discipline of speech pathology, and so this theoretical perspective which provides for in-depth inquiry into individual perspectives was both feasible and appropriate (Riessman, 2008).

An alternative to the use of narrative inquiry was potentially that of a phenomenological approach. As (Creswell, 2007) explains, a phenomenological study describes the meaning of many individuals' perspective or experience of a concept or phenomenon. The overall intention of such research is to reduce individual experiences of a phenomenon to a description of the "universal essence". However, given that this research was exploring a hitherto unexplored area in the field, such an aim was considered to be beyond the present scope of the exploration of the topic. Instead, I wanted to tease out the individual experiences, to try to understand how the participants interpreted the complexity of struggle and failure, rather than reduce it to a single phenomenon.

For these reasons, a narrative inquiry methodology was chosen to investigate the experiences of the struggling and failing students and the educators of these students. Narrative research and methods are now widely used across a number of disciplines and fields of study and they have adopted their own approaches (Chase, 2005). Narrative inquiry is not a new practice but is relatively new in the social sciences. Human beings live and tell stories about their lives, helping them to understand and create meaning in their lives (Clandinin, 2006; Riessman, 2008), allowing people to search for meaning in difficult times, creating order and enabling connection with others (Riessman, 2008). Riessman (2008) goes on to state that the process of retelling stories helps people make sense of their experiences. It is best for capturing the detailed, personal stories or life experiences which serve as evidence to issue knowledge about neglected but significant areas of the human realm (Polkinghorne, 2007). It could be argued that the student experience of struggle and failure in clinical workplace learning is one such neglected area. Narratives provide some insights into why and how the person and others, acted the way they did (Sakiyama, Josephsson, & Asaba, 2010).

Narrative can be used to refer to "any text or discourse", written or spoken (Liamputtong, 2012) or it might be the text used within the context of a mode of inquiry in

qualitative research (Chase, 2005). Riessman (2008) suggests the term "narrative" has several meanings and can be used in several ways but is often simply a "story". In her work, Riessman uses the terms "narrative" and "story" interchangeably and this is how I have used these terms in this study. The focus is on the stories told by individuals. Narrative studies might have a specific contextual focus and in the case of this study I wanted to look at the lived experience of students who are struggling and failing in clinical placements and the experiences of the educators in this clinical context. By using a type of narrative approach, I was able to look for themes across stories and for character tropes and archetypal plots in the stories told by the participants.

One of the key elements of using a narrative approach is the collaboration between both the researcher and the participants (Creswell, 2007). Riessman (2008) explains that generating oral narratives requires *"…two active 'participants' who jointly construct narrative and meaning."* (p23).

Due to my role at La Trobe University as the clinical education coordinator I was well placed to do this. My personal position has already been explored in more depth in chapter 1, so will not be repeated here. Many researchers emphasise how important trust building and rapport is for successful narrative research (Liamputtong, 2012; Riessman, 2008). The process of conducting semi-structured interviews to collect the participants' stories enabled a relationship of trust to be fostered. This was certainly considered an essential part of the process- see section 3.3.3, *conducting interviews*, for a more in-depth explanation of the conducting interviews process.

3.3 Research Methods Phase 1 and 2

The main tool used for data collection in this research was the interview. I carried out in-depth semi-structured interviews with students and educators in both phases of the study, as

well as carrying out a focus group with the clinical education coordinators (CECs) in phase 1 of the research (see section 3.3.2 *Conducting interviews- phase 1*)

3.3.1 Participants.

In the following sections details about the recruitment and eligibility of the participants for both phase 1 (retrospective recollections) and phase 2 (contemporaneous accounts) are presented.

Eligibility/inclusion criteria.

Phase 1 (retrospective recollections) sought speech pathologists who had graduated between one and three years ago, at the time of recruitment, from speech pathology courses at Australian Universities or universities overseas where the curriculum was delivered in English and where COMPASS® was used as the assessment tool. They needed to have either failed a placement in the past or were identified as being struggling or "at risk" on placement. The participants were asked to self-identify. Ultimately, all participants recruited were from Australia.

Clinical Educators (CEs) who had supervised a student who had either failed a placement with them or who had struggled on placement during the last one to three years, at the time of recruitment, were asked to participate in the research. The CEs could be from Australia or overseas. CEs were asked to self-identify. When participants contacted the student researcher the inclusion/exclusion criteria were clarified to ascertain the correct participants were interviewed. The Clinical Education Coordinator (CEC) participants in phase 1 had to be working as a clinical education coordinator at a speech pathology program in either Australia or New Zealand. CECs, as mentioned in chapter 1, section 1.1.2, provided an alternate view of the complex interaction between CE and student, serving as a triangulation point of the student and CE data.

The student participants in phase 2 were current speech pathology students at two

Australian speech pathology programs and had to be identified as struggling at the mid-point in their placement. The CEs were current CEs taking students from another two Australian universities and had to have a student who was struggling at the mid-point in the placement. The CECs in phase 2 were invited directly to participate and discuss an experience of supporting a student/CE dyad when the student was struggling.

Participants were also advised that the interview would be conducted in English[7].

Sampling strategy.

Purposive sampling strategies were used along with specific criterion. Purposive sampling is the deliberate selection of specific individuals because of the crucial information they can provide that cannot be obtained through any other source (Liamputtong, 2012). I wanted to talk to a specific group of speech pathologists, speech pathology students and university educators. They needed to have struggled or failed on a clinical placement, have supervised a student who had struggled on or failed a clinical placement or supported students and CEs on placements when the student was struggling on placement. The criteria were specific and crucial to the research, as Liamputtong (2012) explains, the participants have to meet the predetermined specific criterion or criteria.

Phase 1 (retrospective recollections) — sampling.

In the first phase of the research, advertisements for the graduated speech pathology students were put out on social media (Twitter) and in an e-bulletin (e-newsletter) to members of Speech Pathology Australia (see appendix A). Speech pathologists were asked to send the information on to people they knew who might be interested in participating in the research, employing a modified snowballing technique (Geddes, Parker, & Scott, 2018;

[7] All recruitment channels were through English language media, and it was anticipated that English language proficiency would in fact be high for the target group, as it was. All participants were either native English speakers or had a high level of English language proficiency.

Liamputtong, 2012). Snowballing is perceived to be an effective sampling technique in qualitative research, especially for hard to reach populations or for sensitive or private subject matter (Liamputtong, 2012; Waters, 2014). People often feel more comfortable contributing if they know someone who has already participated. The technique was modified in this research slightly, in that advertisements were posted across several social networks in speech pathology, not just sent to a few people. Geddes et al. (2018) suggest that sometimes having a more "horizontal" approach, spreading across social networks rather than drilling down "vertically", from person to person, as is the usual course of action in more traditional snowballing techniques, can be a more effective sampling strategy. This is the technique I employed in this research. Advertisements were sent to different networks within the speech pathology profession, rather than to a select few targeted people.

For the focus group of Australian and New Zealand clinical education coordinators I emailed them directly as I knew most of them personally, through my work as clinical education coordinator.

Phase 2 (contemporaneous accounts) — sampling.

In phase 2 speech pathology students from two Australian universities, where I was not either working or a student, were recruited in a two-step process.

Initially, all students commencing clinical placement were asked if they would be willing to be contacted should they be identified as struggling at the mid-point of their placement. Ninety students from two universities agreed to be contacted should they be identified as struggling at the mid-point. Ten students were identified as struggling at the mid-point, out of these 10, two students then consented to being interviewed immediately following their placement. Students were identified through the online assessment tool, COMPASS®. The 90 students who initially consented, consented to sharing data with me at

the mid-point of placement if they were identified as struggling in the placement[8]. The students were then contacted again at this point to see if they wanted to continue to participate. If they wanted to continue, they needed to agree to participate again. This mechanism was built in for ethical reasons (see section 3.3.7 on ethical considerations).

For the CEs in phase 2, CEs who took students from two different universities to the ones where the student participants were recruited, were approached and asked if they would participate in the research should they have a student who was identified as struggling at the mid-point. Three CEs responded and were willing to participate. Only one of these CEs ended up with students who struggled. The CE had two students over two different placements over a six-month period. That CE agreed to participate and was interviewed about both students on different occasions for the purposes of this research.

Participant details.

If the participants were eligible (see above) and they wished to enter into the research they were given the option of being interviewed face to face (if possible due to location of the student researcher), by phone or Skype.

The total numbers of participants recruited for both phases are outlined in table 3.1. This table breaks down the numbers into participants who did not meet inclusion criteria and withdrew from the research as well as those who participated.

[8] COMPASS® has an inbuilt tool that sends an automated email to the coordinator of a clinical program at the mid-point if they are identified as struggling. Students consented to this information also being shared with the student researcher at the mid-point. I collaborated with the developers of COMPASS and was able to receive a specific report with this data.

Table 3.1 Total number participants in both phases of the research

Phase 1	***Total number of participants***	***Number participated***	***Did not follow-up***	***Number not eligible***	***Number withdrawn***
Students	13	5	1	6	1
CEs	25	11	12	1	1
CECs	8	8	0	0	0
Phase 2					
Students	10	2	0	0	8* Students identified being too stressed under the circumstances
CEs	3	1* CE had 2 students so interviewed twice	0	2* CEs wanted to participate but didn't end up with struggling students at the mid-point.	0
CECs	5	1	0	0	4* Due to heavy workloads could not find a time to be interviewed, therefore withdrew.

Demographics of participants.

Phase 1- Students.

Participants were recruited nationally and came from four different states. Four participants had completed placement in an adult hospital setting and one participant had completed a placement in a paediatric setting. All of the students were female. Data from the HWA 2014 Speech Pathology in Focus report indicated there were 127 male and 5,384 female practising speech pathologists (Health Workforce Australia, 2014), so recruiting all female students in this study is not surprising.

Phase 1- Clinical educators.

As for the students the CEs were recruited nationally and came from four states. Eight participants worked in an adult clinical environment and six participants worked in a paediatric environment. Eight participants were female and three were male. The number of males participating in this part of the student is over representative of males in the profession.

Phase 1- Clinical education coordinator focus group.

All clinical education coordinators from Australian and New Zealand speech pathology university programs were invited to participate in the focus group — 16 in total. Eight participants were able to attend the group. All participants were female and came from four of the five states across Australia that had speech pathology programs at the time the focus group took place. No one from the New Zealand courses was able to attend the group as they were not in the country at the time.

Phase 2- All participants.

There were two student participants in phase two, both female, from the same state. The same CE shared two stories of different experiences at different times across a six-month period. One CEC participated in this phase.

3.3.2 Data collection.

The data was collected through semi-structured interviews and a focus group. Webster and Mertova (2007) suggest that the questions used in narrative inquiry should be structured in a way to encourage reflection and recall of the critical event, in this case the struggle on the clinical placement. Riessman (2008) suggests adopting an approach outlined by Mishler (1995) where the interview is conceptualised as a discursive accomplishment, where the interviewee can develop narrative accounts collaboratively with the interviewer. The goal was to generate detailed accounts of the participants' experiences not brief answers of general statements. An interview protocol was developed for each set of participants (see appendix B) with a series of questions designed to probe into the details of the participant's narrative. However, the questions were used flexibly, in some cases, the participants were asked all the questions in the protocol and some additional questions asked to probe more deeply. In other cases, participants were able to retell their story after only being asked the first prompt or question. It was important to maintain this flexibility, to generate a discourse between myself and the participant, yet allowing time and space for them to generate their story. Riessman (2008) suggests that cognisance of this is essential, for example being alert to when shifts occur in the narrative and being able to explore these with the participant.

Conducting interviews.

Phase 1.

In phase 1 of the project I interviewed the graduated students and the CEs using a semi-structured framework, outlined in Webster and Mertova (2007) as mentioned above see appendix B for the interview protocol guide.

The interview protocol guide (appendix B) guided me in the interviews, to help me organise my thoughts and to ensure that each interviewee received the same information

regarding participation and consent as required by the ethics committee. Creswell (2007) recommends use of such protocols to help keep the interviewer on track.

Participants were given the choice of how they wanted to be interviewed. As participants were recruited nationally, a face-to-face interview was not always possible. As previously mentioned, participants were given the option of either a phone or a Skype interview. This was the choice of the participant. For four participants in phase 1, I travelled interstate to do the interviews face-to-face as they were all located geographically close to one another. Two other interviews were conducted face-to-face, as they were in the same state as me at the time of data collection. Two interviews were conducted via Skype and the remainder by phone.

The CECs in phase one attended a focus group. A focus group was chosen instead of individual interviews for several reasons (a) it was felt that the interaction between the coordinators would yield the best information — this was a group of educators who knew each other, trusted each other and were a cooperative group (b) participants from similar social and cultural backgrounds often feel comfortable talking to each and will talk openly (Liamputtong, 2012) — all participants worked in the same position in different universities and all worked with struggling or failing students and the students' CEs— they had shared experiences (C) this was also a topic they loved to talk about and (d) I was opportunistic as I knew this group of people were going to come together prior to a national conference and I seized the opportunity. I also wanted this group to discuss the issue of struggle and failure in an open, focused way. The number of potential participants fitted nicely into the recommended number for a focus group (6-10) suggested by Liamputtong (2012) and by Krueger (2009) who suggests five to eight participants for a non-commercial topic, in this group we had eight participants (see table 3.1).

I used an interview protocol for the focus group (see appendix B) to guide the session. This was guided by Krueger (2009). This included what needed to be prepared before the focus group, outlining the purpose of the group, explaining how confidentiality and privacy would be maintained and ground rules for the group participants. Prompt questions were devised, and the group session was broadly divided into parts.

The longest interview with a student in phase 1 was 67 minutes and the shortest 37 minutes, with the mean length of interview being 55.6 minutes. For the CEs in phase 1 the longest interview was 60 minutes, the shortest 35 minutes and the mean length 49 minutes. The focus group with CECs was 70 minutes.

All interviews in both phases of the research were digitally recorded on two devices, to ensure that, if one device failed, there was a back-up copy. One device was a Sony digital recorder, and the other was an iPhone 4 (for initial interviews and iPhone 6 for those later in the research).

Phase 2.

The interviews in phase 2 of the research were also semi-structured. Again, an interview protocol was used, with guiding questions (see appendix B). As with phase 1 the goal was to generate a detailed account and narrative with the participant. The questions in the protocol were designed to guide the interviewer and interviewee to co-construct this narrative together. The questions for these interviews were also shaped from the questions used in phase 1. The participants in this phase had just completed a placement that they had struggled in or failed and so there was also a need to be extra sensitive. Participants were also invited to keep a diary (written or video) during their placement to share with me.

The CEs and CEC who participated were interviewed using a semi-structured framework (see interview protocol appendix B). They were also invited to complete a written or video diary and send it through after the placement before they were interviewed. All

interviews in phase 2 were conducted by phone due to the location of the participants being in a different state to me. In phase 2 the mean length of interviews with all participants (student, CEs and CEC) was 50 minutes[9].

Building rapport.

Building rapport and trust with research participants is essential when conducting sensitive research with vulnerable populations (Kim, 2016; Liamputtong, 2012). Liamputtong (2012) mentions what Wadsworth (1984) calls a "data raid" where the researcher goes in, gets the data and gets out. This raises the question whether the researcher really has any interest in the participants at all. Building rapport can take time. I was speaking to people who were volunteering to be vulnerable with me, they were going to share their experience of struggle or failure. During the process of organising the interview itself, rapport was built often via email. If they had questions about the process or what was going to happen on the day, I answered their questions and let them know their time and story was really important to me. Putting the participants at ease was crucial. At the start of the interview I took time to build rapport with the participants, I shared information about my background, my experiences and why I was interested in hearing their story. Liamputtong (2012) emphasises that self-disclosure is important when conducting sensitive research. Although this can be seen as "contamination" in conventional research (Dunbar, Rodriguez, & Parker, 2002; Liamputtong, 2012) it does encourage the participant to share their own subjective experiences. This took place even before the digital recorders were switched on. Throughout the interview, if it was face to face, I took very few notes as I wanted to stay engaged with the participant, letting them know they were important to me. I took extensive notes in a field journal prior to and after the interview instead. At the end of the interview the participants

[9] Times of interviews and means have been rounded up to the nearest minute.

were given the option of adding anything or changing anything. If the participant had more to say this was then recorded before the digital recorders were switched off. Liamputtong (2012) proposes that researchers need to "stay around" after the interview to ensure their participants are left with good feelings and also to ask them about their experience of the interview. She also suggests that taking time to thank the participant is essential along with letting them know how their contribution will help the research. I did this for each of my participants. I made sure I "left the door open" for further conversation and discussion if the participant wanted to think about anything and get back to me. As Liamputtong (2012) maintains, this shows the participant we value their stories and lives, we have not just *"come to grab their stories and rush off" (p.83).* Carrying out single interviews has its challenges, in that rapport has to be built quickly. I utilised all available opportunities to ensure that my participants felt safe and trusted me. In the protocol I made sure that the participants knew that if they wanted to stop at any time this was an option, assisting in developing the trusting relationship.

The interview opened with a broad, probing question to enable the participant to tell their story, for example, for the students in phase 1 *"Think about a placement you had problems in or failed and tell me about it"*. Clarifying questions were asked as needed throughout each interview, Liamputtong (2012) suggests using probes and tactics to encourage the participant to keep talking along with use of body language, showing them that you are interested in hearing their stories. Not all of the questions were needed for all of the participants and Liamputtong (2012) suggests taking brief notes in the interview if things needed to be followed up, which I kept to a minimum to maintain rapport and interest with the participant. However, field notes were written immediately following each interview, recording reflections of the interview, along with any points that needed follow-up. As each participant's interview was recorded on two devices, I was able to minimise my note taking. I wanted to be able to stay engaged with the participant throughout, and I explained this to

them prior to the interview commencing (see protocol appendix B). Liamputtong (2012) and Kvale (2007) point out that taking extensive notes during an interview can be distracting and interrupt the free flow of the conversation. As I wanted the participants to talk freely, share their stories and not be interrupted I absolutely needed to record the interviews. This was also required for a detailed analysis of the stories afterwards. All participants consented to have their interviews recorded on the two devices. Liamputtong (2012) explains that many a researcher has been left with a bad transcript because of a failed recording.

It was important to let the interview flow as naturally as possible, letting participants finish their stories, as Liamputtong (2012) and Barbour and Barbour (2003) point out often participants want to tell their stories and as researchers we need to acknowledge this need.

3.3.3 Transcription.

Phase 1 & 2- semi-structured interviews.

I transcribed all of the interviews verbatim in both phases of the research to enable data analysis of the written text. There is debate in the literature as to who should transcribe interviews, as transcribing turns oral text into written and constitutes an initial phase of data analysis (Liamputtong, 2012). Liamputtong (2012) argues that the researcher should transcribe their own interviews as they learn about their interviewing style and aspects of the interview itself will be reawakened in the process. Analysis of the meaning of what was said starts in this phase and the researcher again becomes familiar with the interview they participated in (Liamputtong, 2012), with the transcription being deeply interpretive (Riessman, 2008). As I had transcribed all interviews myself this allowed this part of the analytic process to occur. Riessman (2008) suggests there is no universal form of transcription suitable for all research situations. The researcher is involved at every step, making decisions, based on theoretical concerns and practical constraints.

All of the informalities, the expressions, the pauses, and moments of laughter were transcribed, to capture things that may otherwise be lost in the translation of speech to written text. All of these things enable the researcher to make sense of the data (Liamputtong, 2012). Ten percent of the transcriptions were then checked for accuracy with one of my supervisors (AF). We had 99% agreement on the content of the transcriptions.

Pseudonyms were assigned to each participant before the transcription. All CEs were given names beginning with "C" and the students in both phases, names beginning with "S". In the focus group and phase 2 the CECs were given names beginning with "E".

Any identifying data was taken out of the transcripts during the transcription process. Names of others involved in the process, names of places and any agencies mentioned were edited out. Any other information that the participant requested be removed was also taken out or other information added with a note to indicate this was at the request of the participant post interview.

Phase 1- Focus group.

The focus group was not transcribed fully verbatim. I listened to the recording of the group many times and coupled with the field notes from the group, identified key themes and wrote a summary of the discussion between the participants.

3.3.4 Data analysis.

The process of data analysis involves making sense of the data, organising it in a more meaningful way (Liamputtong, 2012). The initial phase of data analysis begins in the fieldwork phase, collecting the data, in my case conducting the interviews, then reading and rereading, making sense of the generated data. Immersion in the data allows researchers to try to make sense of the data they have gathered (Liamputtong, 2012). This process of analysis is not a standalone phase but begins when the research begins and is ongoing. Liamputtong (2012) does suggest though that it is a stage built into the research design.

There are various ways to analyse qualitative data and as stated previously, the methods used for this research involved narrative inquiry and analysis, along with some content analysis of the data.

As with other types of qualitative data analysis, there are different ways to conduct narrative data analysis. As Kim (2016), states:

> *"Narrative data analysis and interpretation is a meaning finding act through which we attempt to elicit implications for a better understanding of human existence" (Kim, 2015 p. 190)*

Kim suggests we should "flirt" with the data, and "flirt" with different models of analysis, in order to "let go of commitment" and any pre-conceived ideas we might have. This allows us to be curious and to dwell on what may be unconvincing, uncertain and even perplexing in the data. Basically, it allows us to play with new ideas. This is important as Wragg (2012) states we often interpret events "as we wish to see them, not as they are".

Kim (2016) cautions us to be aware of some inherent problems with the data analysis process. Meaning is not static, nor tangible and is therefore not easily grasped. We do not have direct access to the meaning others make,

> *"we are at the mercy of storytellers recollection of introspection" (Kim, 2015 p.191).*

The data I have for this project was collected in individual interviews, the participants were not re-interviewed, so some caution has to be taken here. I also need to be mindful of my own biases and personal position in this research. I cannot divorce myself from the process and am indeed an integral part of the process. (also see section 3.3.7 on Rigour and chapter 1 for my personal position).

Narrative analysis process.

Many researchers in the field of narrative enquiry outline two broad schools of thought with regards to analysis. Sociolinguistic analysis focuses on plots or the structure of the narratives. Sociocultural analysis looks at the interpretive frameworks used to make sense of particular events in people's lives, for example the stories people tell provide insights into the culture, political and historical climates of the time (Grbich, 2013). Whilst there are these two broad styles of analysis, other scholars in the field suggest there are other methods of analysis, which blur the boundaries of these two broad areas.

Polkinghorne (1995) suggests there are two types of analysis: analysis of narratives (which relies on paradigmatic cognition) and narrative analysis (which depends on narrative cognition). Paradigmatic cognition essentially is a thinking skill we use to organise our experiences as ordered and consistent, it is logical. This skill is a way of knowing in an

> *"effort to classify such general features into different categories"*
>
> *(Kim, 2015 p.196).*

Qualitative research generally employs paradigmatic analysis in that common themes are identified and then are organised into categories.

Polkinghorne (1995) suggests there are two types of paradigmatic analysis, (a) wherein concepts are derived from previous theory that can be applied to the data and (b) wherein concepts are derived from the data, (e.g., Glaser and Strauss' grounded theory). In analysis of narratives the findings using this mode are arranged around descriptions of themes that are common across multiple sources of data, paying attention to relationships among categories. It puts the emphasis on producing generalities found across the set of data and therefore minimises the uniqueness of each story.

Narrative analysis, on the other hand, is based on narrative cognition, which concerns itself with,

"...special characteristics of human action that takes place in a particular setting" (Kim, 2015 p.197).

As opposed to looking for generalities and commonalities in the paradigmatic analysis, the narrative analysis focuses on the specific events, happenings and other elements in the data to put them together as a whole in a plot, making the narrative coherent to the reader. Gaps are filled between events and actions in the story using "narrative smoothing" (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990).

Mishler (1995) posits a more detailed typology than Polkinghorne's models above. His framework encompasses most of the approaches available in the realm of narrative enquiry, he suggests that the models of narrative analysis used should be based on what our research problem is. He provides a framework for each model that allows comparison of problems, aims, foci and methods across models (Kim, 2016). He does caution that his typology is "preliminary, tentative and incomplete" (Mishler, 1995 p. 89) and there are blurred boundaries. He suggests using a narrow, focused approach can be limiting and we should therefore look to alternative approaches that would provide a more comprehensive, deeper understanding of the narrative. For this reason, as other narrative inquiry researchers have cautioned, I have selected not a single, narrow approach to the analysis, but several different approaches which I have developed into my own analysis process, see **figure 3-2**

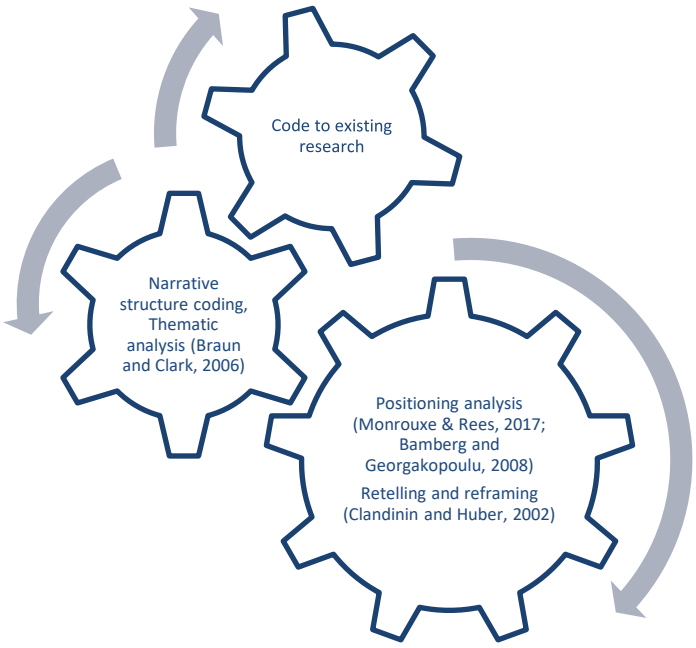

Figure 3.2 Data analysis process used in the research

This process has been developed to fit with the research problem, aims and foci, as Mishler (1995) suggests. Figure 3.2 shows the iterative process I used for data analysis in this research for the CEs and students in phase 1, the CEs, CEC and students in phase 2. The process for the focus group in phase 1 was different and is described below.

For the focus group in phase 1 a combination of Krueger's (2009) framework and Braun and Clarke's (2006) procedures for thematic analysis was used. S Attrill, Lincoln, and McAllister (2015) employed this method of analysis researching international student perceptions of clinical placement experiences and competency development in comparison to domestic student perceptions. In the first instance I recorded immediate thoughts and ideas that jumped out to me following the focus group, as suggested by Krueger (2009). I recorded these thoughts and ideas with other field notes from interviews with the other participants. This provided with me with a record to go back to later when conducting further analysis

when triangulating data from other participants in the study. The data set used for this analysis was the focus group interview only.

Braun and Clarke (2006) caution that the process of analysis must be made explicit, in many qualitative research papers authors use language such as “themes emerged from the data”. The authors suggest that the exact process of analysis undertaken needs to be described for the reader, and for future researchers in the field, should they wish to build on the research. For the data set in this project both a top down and bottom up approach was taken, that is concepts derived from previous theory or research and concepts derived from the data (Polkinghorne, 1995). Data was coded according to themes that arose from the data itself but also coded to themes that have already been well researched in the field of struggling and failing students on clinical placements (see chapter 2). The themes were then collapsed into overarching themes, which are presented in the results section for phase 1 in chapter 5 and phase 2 in chapter 6.

The analysis process for the narratives of the students, CEs and CEC followed the same pattern. The process was developed to enable each participant’s story to be retained as a whole. One of the benefits of narrative analysis is keeping the story complete, to enable the reader to get a sense of who the participant is and what their experience is (Clandinin & Huber, 2002) For my research I felt this was particularly important.

Initial coding of themes that already exist in the literature was the first layer of analysis, a “top down” analysis (Polkinghorne, 1995), I then coded the content of the participants stories to look at narrative structure referring to Riessman (2008). Following that I looked more closely to see how each participant positioned themselves in relation to others in the narrative, and how they positioned others, either deliberately or unintentionally in their narratives (Bamberg & Georgakopoulou, 2008; Van Langenhove & Harré, 1999). Positions can and do change, using positioning theory and analysis in this study shows how the

participants and characters within their narratives are positioned at one particular time in one particular situation. In another experience or narrative their position could be completely different. As Van Langenhove and Harré (1999) state, positions are used by people to cope with the situation they find themselves in. By looking at them in their narratives we can learn a lot about their experiences. The positioning of self and others was then considered in the context of the plot line of the story. Within this framework character tropes were developed according to the characters' traits and their positioning (Van Langenhove & Harré, 1999). Character tropes are based on social stereotypes of groups of people who share similar characteristics (Monrouxe & Rees, 2017). Stereotypes can be defined as "a set of consensual beliefs in one group about the attributes shared by members of another group" (Van Langenhove & Harre, 1999, p. 129). Monrouxe & Rees (2017) explain that character tropes therefore usually contain "fuzzy sets" of ideas about a character with no one representation being true. They go on to explain that no single character in a narrative is recognisable without being represented alongside other characters, for example, there is no *villain* without a *hero*. Characters cannot exist in a "moral vacuum".

This analysis of positioning was the first level of three levels of positioning analysis based on Bamberg & Georgakopoulou's (2008) three levels of positioning used by Monrouxe and Rees (2017) in their work looking at medical students' moral identities.

The second level of positioning considers the "interactional world" and milieu in which the narrative takes place. This can inform us about cultural practices within the discipline of speech pathology. The third level of positioning looks at the social implications of how the storytellers view and "fit in" with current ideologies and cultural discourse of being a speech pathologist. **Figure 3.3** below, is adapted from Monrouxe and Rees (2017) illustrating the three levels of positioning.

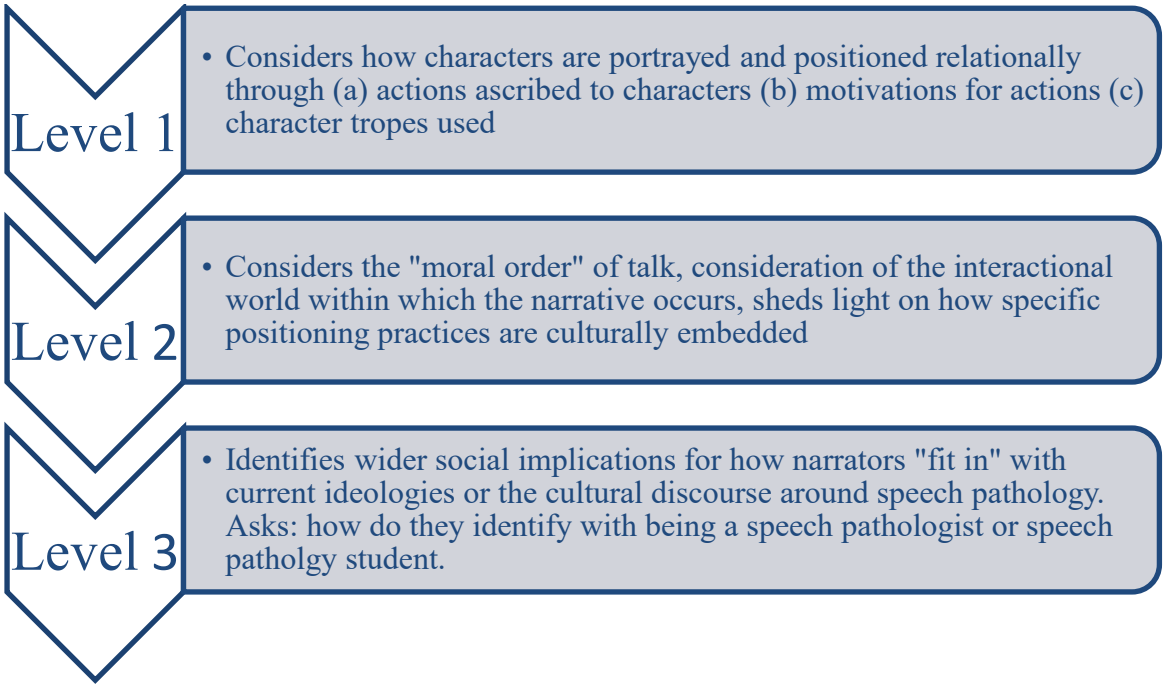

Figure 3.3 Three levels of positioning analysis (adapted from Monrouxe and Rees, 2017)

The data from the different levels of analysis was then combined to re-tell each participants story, including my reflections from my field notes taken during the data collection phase and analysis phase. This “re-told” story is presented as a whole in a three-dimensional space, based on Clandinin and Huber’s (2002) work, to capture the person who told the story rather than fragment their narrative. These stories were then aligned with one of Booker’s (2004) seven archetypal plots. Plotlines in stories attempt to explain why things happen and encompass the logic of the story (Monrouxe & Rees, 2017), and the analysis of how participants explain how and why events occurred provides insights into the ways they interpret their experiences.

The end results are re-told stories from each participant. Highlighting each person’s experience, how they position themselves and others in this experience, the culture in which the narrative took place and the characters and plot of the story. Case study examples of these retold stories of phase 1 data are presented in chapter 4 and the CEC case study from phase 2

in chapter 6. A more in-depth explanation and guide for the reading of the results chapters is presented in section 1 of chapter 4.

3.3.5 Data management, storage and confidentiality.

The digital recordings were kept securely on a password protected hard drive. After transcription, the data were uploaded into NVivo 10-12[10] (QSR International Pty Ltd, 2018), a data management program for qualitative data.

During the transcription process pseudonyms were assigned to each participant (as described in section 3.3.3. p. 17), the real names of the participants kept separately from the recordings and transcriptions, to minimise the risk of identification (National Health and Medical Research Council, Australian Research Council, & Universities Australia, 2007). Copies of the transcripts were also kept on the password protected hard drive. Each transcript was also assigned demographic codes for the participant in the NVivo software, which could then be used in the analysis process. These codes were participant type, that is, CE, student or CEC, gender, placement setting and state.

The transcriptions were also saved on a password protected drive, separate to the recordings and any other identifying information about the participants, again to protect the participants' anonymity.

3.3.6 Ethical considerations.

Two ethics applications were submitted and approved for the two phases of the research. Phase 1 (approval no. H-2013-0349) and phase 2, (approval no. H-2014-0287). The phase 1 application was a low risk application. The application for phase 2 was a National Ethics Application Form (NEAF)[11], as the risk associated with this phase of the research was deemed to be higher than phase 1 (see appendix C for both approval letters). The National

[10] As updated versions of NVivo have been brought out these have been utlilised in the data analysis process.
[11] The NEAF has now been superseded by the Human Research Ethics Application (HREA).

Statement on Ethical Conduct in Human Research 2007 (National Health and Medical Research Council et al., 2007) was consulted to inform the design of phase 2, to ensure any potential ethical issues were addressed appropriately. I was approaching students who were "in the moment" of struggle and failure, and they were potentially very vulnerable at the time. The National Statement states that two themes must always be considered in human research, the risk and benefit of the research and the participants' consent. (National Health and Medical Research Council et al., 2007). I needed to be sensitive to this population and the possibility that this research may harm or exploit the participants and or put them at risk. The risk of psychological harm was real. Talking about something that was potentially very distressing for the participants could put them at risk of psychological harm. It was important to ensure that the student participants fully understood what they were agreeing to participate in. Hence the two-stage consent process was designed. The participants had initially agreed to sharing their mid-placement data, and then had to consent again at the mid-point if they were identified as struggling through the COMPASS® tool. This ensured the participants had two opportunities to consent, they were also able to withdraw at any time if they wished. As the students were also asked to keep a video or written diary, risk around this also had to be minimised. I did not want to add pressure or work on to the student, for this reason it was not seen as essential if the students did not keep the diary, but they were informed of the benefits to learning if they chose to keep a reflective diary. I was also mindful of not interfering with the normal placement process, hence after the second consent stage, no further direct involvement or contact occurred with the student participants until after their placement result had been confirmed. Creswell (2007) indicates being mindful of these ethical considerations is essential.

I had to be mindful of my dual role in the research. I was the student researcher but also had a role as an academic in the university sector as a CEC. The latter gave me insight and

understanding into some of the experiences the participants talked about, which helped to build rapport and trust with participants, as has previously been described. This information was declared to all participants at the start of each interview or prior to the interview when a time and place was being negotiated for the interview to take place.

As has been described in section 3.3.1. under the sub-section of *sampling strategy,* no participants were approached directly in either phase of the research project, apart from the CECs in both phases. A modified snowballing approach was used whereby people were invited to send on the ad to any potential participants they thought they might know. Those participants were then asked to contact me directly. Therefore, steps were taken in carefully designing the process to ensure no participants were coerced into partaking in the research.

The research project was a national and potentially international project, as advertisements were distributed to people in Australia, as well as countries in the Asia pacific region who used the COMPASS® (S. McAllister et al., 2006) assessment tool. There was potential for participants to be known to me, and some were. It was therefore essential that I was transparent and disclosed my interest and reasons for wanting to listen to the stories. Participants were provided with the participant information sheet (see appendix D) to inform them about the study prior to consenting to participate.

Member checking.

After the interviews were conducted and transcribed, the transcripts were then sent to the participants for checking. This is an important part of the research process and an ethical consideration. Lincoln & Guba (1989, p. 239) state that this is *"the most single crucial technique for establishing credibility"*. In this process I sought clarification from the participants that the data I collected in the interviews was an accurate account of what we had talked about. Other researchers suggest that this is a significant way in which the power imbalance between researcher and participant can be addressed (Carpenter & Suto, 2008

p.153). Other researchers warn that this process of that member checking can lead to confusion, in that participants can change their mind about what they originally said (Morse, 1994). None of the participants made changes to their transcripts in this checking phase.

3.3.7 Rigour.

> *"Rigour is the means by which we demonstrate integrity and competence, a way of demonstrating the legitimacy of the research process. Without rigour, there is a danger that research may become fictional journalism, worthless, as contributing to knowledge" (Tobin & Begley, 2004, p. 390)*

Rigour in qualitative research is a way of evaluating the quality of the research, similar to the concepts of reliability and validity in positivist, quantitative research. Many qualitative researchers refer to this as "trustworthiness". The concepts of reliability and validity really refer to the "stability" of the research and whether we are really measuring what we say we are measuring (Liamputtong, 2012). In quantitative research this works because a strict set of criteria are being measured. In qualitative research, this is not the case and so these concepts are often seen as incompatible. Using these concepts in a qualitative context does not work because it is often seen as *"too subjective, lacking in rigour, and/or being unscientific and, consequently, denied legitimacy"* (Angen 2000, p. 379).

We therefore need to look to other concepts or criteria to judge the quality of qualitative research. Lincoln and Guba (1989) have developed four criteria that translate to concepts in quantitative research, namely credibility, transferability, dependability, and confirmability.

Each of these concepts will now be taken and described. Table 3.2 illustrates the different rigour criteria and how this was achieved in my research.

Credibility.

In quantitative research terms this is comparable to internal validity. It looks at the "fit" between what the participants actually say and how the researchers interpret and represent this. (Liamputtong, 2012). Another term linked to this is authenticity, which is established by asking whether the research findings can be trusted and whether they are genuine and reliable (Carpenter & Suto, 2008). In qualitative research terms research is credible if it represents adequately these multiple truths and realities stated by the participants. Selecting the research participants in a careful, purposeful way based on their knowledge and unique characteristics is one way of insuring the research is credible (Liamputtong, 2012). Credibility of the research can also be checked by employing various strategies, such as triangulation, member checking (as discussed in section 3.3.6) as part of ethical considerations, and reflexivity (Liamputtong, 2012). Each of these criteria was employed in my research.

Researchers suggest that triangulation is the most powerful means of strengthening the credibility of qualitative research (Liamputtong, 2012). It allows information from multiple sources to converge (Creswell, 2007) to "corroborate the data and emerging themes" (Carpenter & Suto, 2008). Data was collected from a variety of participants and sources in the research, students who had struggled, clinical educators who had supported students who had struggled or failed and university staff who supported both students and educators in the process of struggle and failure. In addition to these three groups of participants, data was collected from participants at different stages of experience. Phase 1 of the research targeted past students who had had their experience of struggle and failure between one and three years prior as well as CEs, and phase 2 aimed to capture participants who had just had an experience of struggle or failure. Different methods of data collection were also employed, in addition to in-depth semi-structured interviews, a focus group with the university CECs was carried out.

In the transcription and analysis phases, I consulted closely with my supervisors. As mentioned previously, one supervisor checked over 10% of the transcriptions for agreement. We had 99.9% agreement. During analysis again, I checked regularly with one of my supervisors, looking at emerging themes, story plotlines and character tropes as they developed. Discussion took place about the themes, plotlines and tropes and were then updated as appropriate.

Reflexivity was a key, continuous part of the research process from start to finish. Liamputtong (2012) states it is a crucial strategy essential for the whole research process. Identifying my own epistemological, philosophical (worldview) stance was part of this process and continually assessing and reflecting on my own position throughout contributed to the interpretation of the data, strengthening the credibility of my research. Chapter 1 clarifies my own personal stance and position in the research, which is a key part of reflexivity.

Transferability.

Transferability refers to the "generalisability" of the research and to what extent can the findings be applied to other individuals or groups, contexts or settings? (Carpenter & Suto, 2008). It is important to differentiate between generalisability in a positivist sense, in that transferability really relates to asking can the theoretical knowledge be applied to other similar individuals or groups (Carpenter & Suto, 2008). This in part is done through thick description of the research setting (Creswell, 2007) and also through the sampling strategies (Chilisa, 2012). Both of these occurred in this research.

Dependability.

Dependability can be related to "reliability" in positivist quantitative research terms. Do the research findings "fit" the data from which they have come from? Dependability can be achieved through an auditing process. This ensures the research process is logical, traceable,

and clearly documented (Liamputtong, 2012). Part of this process was creating an "audit trail". It allows others to make sense of the process that was followed and to ascertain whether logical decisions were made at each step. Regular meetings were held between myself and my supervisors to discuss decisions in the research at each step. Two of the supervisors were more closely involved in the research and two less so. It was useful for the two who were less involved to have input at various stages to check the decision making.

Confirmability.

Confirmability aims to show that the findings of the research do not come from the imagination of the researchers but from the data (Tobin & Begley, 2004). In my research I kept an audit trail, field notes and memos during the research process, particularly during data collection and analysis and was able to refer back to them during the process.

Table 3.2 Criteria and strategies for ensuring rigour in this research (adapted from Liamputtong, (2012))

Rigour criteria	Criteria for rigour	Research strategy	Techniques used to ensure rigour
Credibility	Truth value	Fieldnotes Digital recorder Thematic log in Nvivo	Purposeful sampling Constant comparison Member checking Triangulation Audit trail
Transferability	Applicability	Simultaneous literature review	Purposeful sampling Thick description
Dependability	Consistency	Fieldnotes Digital recorders Reflexivity	Member checking Triangulation Audit trail
Confirmability	Neutrality	Fieldnotes/memos	Audit trail

3.4 Summary of Research Approach

This research has used a qualitative research method, using a narrative inquiry approach, grounded in constructivism, that is innovative and has not been used with this population before. Two separate phases of data collection occurred with different sets of participants. In phase 1 retrospective stories of struggle or failure were collected and in phase 2 the immediate lived experience stories from participants were collected. A three-step process was designed for the analysis of the interview data, to produce an innovative way of interpreting the story data shared by the participants. This has resulted in being able to interpret the experiences of students who have struggled on speech pathology placements, and the CEs and CECs who support those students who struggle, through a different lens.

4. Recalling the Experience: In Depth Case Studies

4.1 Part I: Introduction

The previous chapter outlined the methods and process used to analyse the data. This first section of the results provides some in-depth examples of what that process looked like in reality; to illustrate how the analysis worked in practice. This will enable the reader to understand the different representations of the results in chapters 4, 5 and 6.

As described in section 3.3.4 of chapter 3, the process was iterative. Initially the interview transcripts were examined for the presence of themes relating to the current literature surrounding struggle and failure in the health professions[12]. Table 4.1 provides an overview and examples of how the themes were identified and derived from the participants' data.

[12] These themes came from the literature review in chapter 2 and there were five, identification of being at risk, support and remediation, the lived experience, failure to fail and responsibility.

Table 4.1 Examples of identifying existing themes in the literature

Theme	Subtheme	Quotation	Field notes
Identification of being at risk	e.g., problem focus —"other"	*"…and with her there were a lot of other issues going on that kind of came out eventually, personal issues and financial issues, they sort of trickled out when she felt that she [could] use them as a, as a playing card I suppose…" CaraP1 CE*	Cara feels challenged by the student's complex array of difficulties. She believes the student is using some of her personal problems as a reason for her struggle.
Support and remediation	e.g., for student	*"…it was all kind of, like they were trying to help, I I felt that the whole time like I didn't feel I was being like judged or all the time, like obviously they're, my skills are being evaluated but they were trying to help me get there trying to remove any barriers that they could um…yeah…so it was good, I felt like everyone was kind of on my side mostly…" SandraP1 S*	Sandra identifies that she received support to help remediate her problems on placement, but there is a sense that she is not overly satisfied with this support. I'm left feeling that there is more, when she says, 'everyone was on my side mostly', I wonder what this means?
	e.g., support for CE	*"…I suppose it was me identifying the issues early this time too and asking for that support, and so I was really grateful for that, the the colleague who I worked with, I get along with well, I really respect and it was great we were on the same page, and observing the same behaviours, had the same concerns, so it just made that a lot easier, yeah um to be able to share that, share that responsibility I suppose…" CaraP1 CE*	This placement weighed heavily on Cara, the responsibility was enormous. The support she received from her work colleagues during the placement was significant for Cara, it helped validate her judgment and decision making with this student.
	e.g., uni support	*"…I think it was, you know talking to the support person at the uni was really good, you know she had some good strategies and stuff like that…" CarolineP1 CE*	Caroline relates how she was able to draw on the support of the uni, they were able to assist her with problem solving how to make things concrete for the student. This was essential for Caroline.

This first stage was more straight forward, looking for direct talk of the themes in the literature. Attention was also paid to the way the participants talked about these themes.

In the next phase of analysis, the data were examined for themes in the data itself. Initially the individual stories were looked at — vertical examination — then I looked across the participants' narratives — horizontal examination — for commonalities and differences. Table 4.2 presents examples of how the themes were developed in this stage of the analysis. It should be noted that these phases were not siloed, they were iterative, with much back and forth between phases. Figure 3.2 in chapter 3, illustrates this iterative process with the cogs — each stage is dependent on the other to keep the process moving, with continuous movement between the different parts of the analysis.

Table 4.2 Examples of theme development in the analysis phase

Theme	Subtheme	Quote	Field notes
Emotional impact/mental health	Workload	*"…looking back the amount of work that went into it was huge…needing to support the student, I suppose, I suppose I set some guilt on top of that as well that I didn't get her over the line…" CaraP1 CE*	The emotional impact had the biggest effect on the CE, the responsibility impacted their confidence to the point where it sometimes crumbled. The CE owned the failure, felt like they weren't doing enough, it was a huge amount of work.
	Frustration	*"…you're time poor, you do get stressed and these things do add up and sometimes just the constant support you're providing, if you're not seeing that progress it's frustrating…" CassieP1 CE*	
Power	Acts of CE aggression	*"…I've heard other horror stories… but you know people who have CE s who yell at them and get really angry at them and you know, and um have some way of, I have seen sometimes that in action um, a clinical educator that I've met in the past who um was a colleague that you know was sort of felt like it was a good thing to have students be scared of you and cry and that kind of thing…" CelesteP2 CE*	Celeste appears to be very aware of the milieu, the symbolic violence that can sometimes occur in speech pathology clinical education.

As these themes were being developed, the characters and story structures were also being identified. Codes were developed in NVivo for the broad story structures, for example, beginning, middle, end, critical event or problem, actors or main characters. As this level of analysis was occurring, the three-level analysis described in chapter 3 (based on Bamberg and Georgakopoulou (2008) and Monrouxe and Rees (2017)) was also taking place. The positioning the narrator used for each of the main characters with the story was identified, the actions ascribed to characters and tropes were identified. At the second level of analysis the moral order of the talk was identified along with the cultural world the narrative took place in. This highlighted cultural practices within this milieu. Finally, in the third phase the wider social implications were identified in how the narrator fitted in and identified with being a speech pathologist.

Table 4.3 Examples of three levels of analysis (based on Bamber & Georgakopoulou (2008) & Monrouxe & Rees (2017))

Level of analysis	Example from participants' data	Researcher field notes
Level 1- positioning of narrator, actions ascribed, tropes identified	*"…I mean from the coordinator point of view you don't want to blow up placements and so it's really difficult when you're supporting a student because you want to keep that placement for future years…" EleanorP2 CEC* e.g., Tightrope walker trope.	Eleanor positions herself in the middle, walking the tightrope between CE and student, not wanting to burn bridges or burn out placement providers.
Level 2- moral order of talk, cultural world of narrative	*"…so acute placements anyway I think are a little stressful for students because of the acuity of it, um and the fact that that there it's very confronting for a lot of students, I know when I was a student when I did my first acute placement it was my first time stepping into a hospital um I didn't have elderly relatives that had been sick, I had no experience of it and I had very little contact with the elderly um so and I find, and I remember that very vividly, you know even 20 years on …and I, you know I see that in my students…" ChristaP1 CE*	Christa's experience took place in her workplace, an acute hospital. It is apparent from her talk, she believes the culture of the acute hospital placement is challenging and confronting for students. It seems the students have a hurdle to overcome even before they set foot in the door. Is Christa looking at how each student overcomes this initial challenge, and this contributes to her impression of the student before the students start on their clinical learning journey?
Level 3- wider social implications, identity of being a speech pathologist	*"…now I've gone into a case managing role, um as a speech pathologist…I suppose I'm finding it hard and I spoke to my supervisor about that at the end of last week um and sort of just yeah, sort of mentioned that that I feel like a bit of a fraud at times um and it's quite stressful as well…" SusanP1 S*	Susan's experience has impacted how she sees herself, and what she can do as a speech pathologist. It has had far reaching implications for her identity and confidence in her abilities and skills.

Following this the narrator's story was "re-told" following a method outlined and used by Clandinin and Huber (2002). Wherein they developed a three-dimensional metaphorical space — interaction (personal and social), continuity (past, present, future) and situation (notion of place) — through which to view people's lives and experiences. The authors believe that by framing people's lives and experiences within this space it allows their experiences not to be taken apart by analytic categories but to see people *"...composing lives full of richness and complexity."* (Clandinin and Huber, 2002 p.163). Thus, this framework of moving inwards (towards feelings, hopes and aesthetic reactions and moral dispositions) and outwards (toward existential condition) — backwards and forwards (from the past to present to future) in a place — was used to present the case studies. The aim was to keep the participant's story as a whole and provide a sense of who the participant was. Finally, the overall narrative plotline was developed and identified based on the preceding analysis.

Table 4.4. provides a guide for tracking where the analysis of the participants' data sits in the thesis. In the remainder of this chapter (chapter 4), the first of three results chapters, four case study examples from phase 1 of the study, are presented which are the culmination of the iterative analysis process described above. The four cases selected provide a rich coverage of the issues raised in the data. In chapter 5, the thematic analysis from phase 1 and the results from the positioning analysis are presented. Phase 1 results are presented first as they influenced the development of phase 2 of the study, looking at the experience of struggle and failure in more depth from a contemporaneous perspective, rather than retrospective, as phase 1 was. In chapter 6 the results from phase 2 are presented, examining the contemporaneous lived experience. Chapter 6 takes the same structure as chapter 5, with the CEC case study example included to illustrate their story in more depth.

The results presented in this chapter are from phase 1 of the project. In the first section the case examples of the narratives of two students (Susan, Sandra —not their real names) are retold and unpacked. In the second section case examples of the narratives of two CEs (Carly, Craig — not their real names) are retold and explored in more depth.

Table 4.4 Summary of analyses of participants' data and where to find it in the thesis

Phase 1 *(retrospective accounts)*	***Number participated***	***Data***	***Presentation of results of analyses for participants***
Students	5	Interviews 37 – 67 min Mean 55 min	Themes, tropes and story lines presented in chapter 5 Two of five in-depth Susan — *lost in a sea of unknown* Sandra — *if only things had been different* (case studies in chapter 4)
CEs	11	Interviews 35 – 60 min Mean 49 min	Themes, tropes and story lines in chapter 5 Two of eleven in-depth Carly — *the ultimate struggle* Craig — *stuck in the middle* (case studies in chapter 4)
CECs	8	Focus group 70 min	Thematic analysis of whole group data (results in chapter 5)
Phase 2 *(contemporaneous accounts)*		Mean of all interviews in Phase 2 50 min	
Students	2	Interviews	Stella — *playing the game* (see chapter 6 for themes; case study in appendix 9.5.1) Sadie — *if only things had been different* (examples in Table 6.1; case study in appendix 9.5.2)
CEs	1	Interviews (two re two students)	Celeste 1 — *inner turmoil* Celeste 2 — *frustration* (see chapter 6 for themes; case study in appendix 9.5.3 and 9.5.4)
CECs	1	Interview	Eleanor — *compassion fatigue, dog ate my homework* (case study in chapter 6)

The table 4.4 below provides a legend for interpreting and understanding which text related direct participant quotes, which text relates to themes that have come out of the research and which text relates to a coined expression.

Table 4.5 Legend to assist with understanding chapters 4, 5 and 6

Text	**Meaning**
Italicised font	Themes or tropes that have been developed from the data
Plain text	My words linking the participants quotes.
"Italicised font within quotation marks"	Participants' words
"Plain text within quotation marks"	Coined expressions or phrases
[plain text within square brackets]	My words within participant quotes to illustrate where I have added something to enrich meaning and understanding

4.2 Part II Case Studies: Recalling the Experience

4.2.1 Student case studies.

In the following case examples two different experiences of struggle and failure are explored. These stories highlight the importance of the student/CE relationship, environmental factors and personal influences on placement outcomes from the student perspective. The impacts of struggle and failure beyond the placement are also explored. The story plotline each narrative aligns with is also highlighted in the retold story. As mentioned in chapter 3, section 3.3.4 plotlines in stories attempt to explain why things happen and encompass the logic of the story (Monrouxe & Rees, 2017), and the analysis of how participants explain how and why events occurred provides insights into the ways they interpret their experiences. The archetypal plotlines for the student narratives are explored in more depth in chapter 5, section 5.6 but are highlighted here to illustrate

Susan — Lost in a sea of unknown.

Susan was a student in her final year when the placement in question occurred. The placement took place in a hospital with two CEs. Susan had a placement partner (peer) with her and they were together for the duration of the placement. Susan expressed gratitude that the other student was present, as they supported each other. Susan's narrative aligns with the *overcoming the monster* archetypal plot (Booker, 2004), which was the most common in the student narratives.

Susan started the narrative by explaining that within a couple of weeks she and her placement partner were asked to meet with the CEs individually. They were asked if they had previously struggled on a placement in an adult setting. This meeting puzzled Susan and she immediately contacted the university for support. Unfortunately, the support she received left

her feeling like she had done something wrong and then she did not know where to turn to next for the support she needed. The bond she described between her and her placement partner is strong, this was her island or life buoy in a sea of unknown. They were holding on to each other to stay afloat.

After being told they were not "hitting the mark" Susan and her partner worked extra hard, working late at night to produce work for the CEs. She was not sure if they ever read any it, she did not recall receiving any feedback about it. She felt like she was jumping through hoops. At that point in the narrative Susan was trying to "play the game", to do everything she could to successfully complete the placement, but she was not actually sure what it was she should be doing or focusing on. The feedback she received was inconsistent and at times contradictory.

> *"I went in to see a client on the acute ward and then I got feedback that I had spent too long, like making, like developing rapport with the um patient and that maybe because being in [an] acute setting I need to be a lot to sort of, not talk to the patient as much and kind of be quite fast and efficient, um so I took that on board and then I went and saw the next patient um and took that into consideration and then I got that my rapport building skills weren't great with patients and that I need to improve…um so I think there was, yeah a lot of things like that where, I got told one thing yet I acted on that and then got told a different thing and it was quite hard…" SusanP1 GS*

Susan described the emotional impact this had on her, she felt anxious and confused, despite responding to the CE's feedback, she still did not know what competencies she was meant to be working on to improve her skills. She positioned herself as *the victim* here, with

the CE in the position of power, as *the bully.* She could sense when the CE was displeased with her and on one occasion described explaining to the CE that she may not be cut out for the acute environment, but she was trying her best. Susan thought by disclosing her vulnerability the CE might acknowledge the effort she was making, but this did not happen.

> *"I think at one stage I did mention I think I might have said 'oh look I know that the acute environment might not be for me but I'm someone that I don't really strive really fast paced environment, busy environments' um and then on the spot she sort of said 'oh do you think maybe, you know having a break and doing the acute placement um, another acute placement or something, or it doesn't have to be here or somewhere else' and then was when straight away and I in saying, disclosing that to her I I thought she would um it would have been more about like oh I understand that everyone's different… um so that's what I, in disclosing that to her, I thought that's what she'd kind of realise and sort of like 'oh you know I understand and you know you're trying your best' but it kind of got put back to more like I'm not up to scratch and I need more time and that I'm not reaching competency yet…" SusanP1 GS*

Following this Susan felt even more lost on the placement. She was working even harder to try to please the CEs. At that stage she had a chance meeting with someone who had a similar experience when they were a student. Susan received advice about how to "play the game" from here on in. However, what Susan actually did was start to fight, she was strategic and started to document everything, she researched the process for getting a student advocate and she set that process in motion. Susan became a *warrior.* She also contacted the university again, she was being proactive. She was still unsure about what she needed to do to improve her skills to reach competency, so she tried everything. The university coordinator

told her to stay positive. She met with the advocate and they discussed documenting everything, they also warned her she was in a vulnerable position, with the CE in a position of power. The advocate warned her the university were more likely to believe the CE than her.

> *"I met up with the student advocate um she kind of told me, I don't like your chances if they fail you, like she says um she says this is really common thing, um I think particularly with nursing students as well, um she said look, the unis think, I think the way that I felt is that being a student you've got no experience, so you are quite vulnerable in um, because you know um you're they they've got um the power and in failing or passing you and they've got the so called experience so you've, if they're saying you're not up to scratch and you're saying I think I am up to scratch um you know who, whose people, your people gonna believe? They're gonna believe someone that's experienced …" SusanP1 GS*

Susan's narrative turned to feeling in limbo, not knowing what to do, but yet trying everything. Eventually she met with the CEs again and asked them for specific guidance. She felt like they did not give her a clear response, struggling to identify which skills she needed to improve. She felt as if she was "at sea". As much as she tried to be proactive, she was at the whim of the CEs, *the bullies* or *monsters,* who held the power. She questioned whether being proactive and voicing her concerns with the CEs was the right thing to do. She contrasted this with her clinic partner's actions, who was much more passive. She identified being the *warrior* did not necessarily work for her.

> *"the other student I think in comparison to my approach was probably a lot more quieter and didn't speak up as much and I'm not sure*

that, I'm not sure if it's the fact that I spoke up and the fact that I asked specifically things that I was probably a bit more overt in saying oh look I'm sensing you're not happy with me at the moment …" SusanP1 GS

Susan's rationale for being open and proactive came from a place of managing her own stress and anxiety. In the process of retelling her story, Susan reflected whether her honesty actually went against her and made her CEs think she was struggling more than she actually was. Susan felt that her CEs, one in particular, were displeased with her when she raised how their non-verbal behaviour affected her. To support her judgement Susan positioned herself as not being the only one subject to this behaviour from her CE, she described how the CE seemed to be critical of other colleagues in the workplace, not just the students, that this behaviour was typical for that workplace context. Susan reflected on the impact this environment had on her, she explained she was not happy there.

"…it seemed between the two just the whole workplace environment seemed a bit, for instance one clinical educator you could just tell on the ward she was just picking up other people's mistakes, like there was a xxxx that had written something in the notes and she sort of went up to her and said, um, sort of not told her off but, you know sort of looking for other people's errors all the time…" SusanP1 GS

In the end Susan recalled that she was failed on the spot. She attributed the failure to the CEs by the language she used.

"I ended up being failed on the spot, so we got told I wasn't gonna meet the mark…" SusanP1 GS

She recalled being tested right until end. Her CEs questioned her decisions when she checked in with them about the clients she was seeing on that particular day. At that stage she

recalled a division now between her and her placement partner, with the CEs praising the partner. She sensed she was out at sea on her own. She explained that it in one way it did not surprise her, the rollercoaster journey she had been on had prepared her for this. She had been riding the waves in this sea of unknown almost from day one.

At this point in the placement the CEs asked Susan if there was anything she wanted to say, she gave them feedback about receiving criticism constantly and how that had negatively impacted her learning. She reflected that this possibly was not a good idea, Susan was a *warrior* until the end.

Following the placement Susan discovered through the university the reason the CEs gave for her failure was her anxiety. She explained the university initially seemed to agree with the CEs and felt it was Susan's anxiety at the root of the failure. At that point Susan showed she was still the *warrior,* going into fight for herself. She wrote to the university explaining she had seen a student advocate and counsellor during the placement. She also referred to the speech pathology code of conduct and explained that the anxiety could not be diagnosed by the CEs or the university, her anxiety was a normal reaction to the situation and feedback she received.

> *"…and that's when I got out the speech pathology code of conduct and said that 'we actually can't diagnose that' I said 'I've gone and seen them, the counsellor at the university and they said because of the reactions I was getting I was anxious, as would any normal person be' um so I think that, it was just really fortunate that I did go and see a student advocate and then I did get things done to back myself up, yeah…" SusanP1 GS*

Despite the battles and being at sea for the duration of the placement, Susan positioned herself as a *warrior,* in charge of her learning. She sought islands of refuge along

the journey. Staying afloat in this sea of unknown had a price and Susan explained she was exhausted. Susan's self-efficacy paid off in the end. The university re-considered her situation and gave her a shorter placement to confirm her competency level.

When Susan eventually got this second chance placement, she explained she was a *"ball of anxiety".* Susan described how this second placement was such a contrast to the first. The relationship established with her CE was positive from the start, Susan felt safe in disclosing information to the CE. She attributed this to the kindness of the CE who understood her situation. Susan reflected that if she had had another bad experience, she would possibly have said goodbye to a career in speech pathology. Susan was fearful of disclosing her experience at the previous placement as she did not want that to impact her opportunity for learning. However, she did end up disclosing to the CE and the CE disclosed and shared experiences with Susan. This mutual positioning of vulnerability aided in providing Susan with a positive backdrop for the placement. From here the CE was able to recognise that Susan's confidence needed a boost and was able to provide a positive, nurturing environment in which Susan's self-assurance could flourish. By the end of this second placement Susan was able to start enjoying the hospital environment, something she did not envisage ever happening.

When asked to reflect on the impact the experience has had on her, she was able to clearly articulate how she second guessed and doubted herself, particularly in the placements immediately following this hospital placement.

> *"maybe a bit more uncertainty about myself and I, as a clinician um and I think maybe as well um I notice went onto the makeup placement, my next placement, which was a paediatric placement that um I…er second guessed everything um and that I kind of um think really, didn't do things*

as confidently, like I probably just quite like a bit of reassurance that I'm doing the right thing um that, yeah I sort of over think everything and not just sort of, you know go with something, but I sort of overthink it a bit um" SusanP1 GS

Susan went on to articulate how this experience had impacted her working life. It has influenced decisions she has made in her career. She was wary of situations and needed reassurance. She positioned herself as needing permission to do things, lacking in confidence and needing the approval of those senior to her. Her experience of the working world has been tarnished by her failure on placement to the point that she had chosen not to take on a role at work because of her lack of confidence in her abilities.

Susan explained her first criteria now when looking for a position was getting along with colleagues and being happy in the work she did. She said this was something that has come out of her experience. She was very mindful when looking for her first position when she talked to potential employers, she wanted to be seen as a person by them, there was a sense she wanted a connection with the people in her workplace, something that was lacking on the placement.

"it's made me sort of realise that, um that, how important it is to be um, happy at work, and to be happy with the people you're working with and to be happy and to be, to be feeling that you're actually um, that that you're actually, you feel confident in what you're doing and that you're um, that you're feeling you're succeeding at what you're doing…" SusanP1 GS

It appeared that Susan positioned the placement environment where she had this experience of failure of all that was "bad" about a workplace and was actively seeking

something that was not that when she looked for her first job. It had really shaped her view of what was a positive work environment, and how this could impact on how worthy you could feel in the workplace.

> *"...so I think it makes a slight difference when the work environment's really nice and you feel like you can talk to people and that um, and the, yeah it makes it so much easier, you sort of wanna be there and I think you learn more as well, if people are more friendlier and they're talking about things and you're more likely to join in the discussion and you're more likely to learn and yeah so I think, and you're more likely to feel like you're worthy in the workplace rather than just kind of feeling a bit like you've, you know you've come into something where you're still learning and you don't have much experience ..." SusanP1 GS*

Whilst Susan had this view of what was "good" and "bad" about a workplace environment, she did not appear to harbour any bad feelings towards her CEs. She identified what came out of the experience and what she took from it, she continued to position herself as the *warrior*, being in charge of her own learning and career path. So, whilst she had actively chosen not to take on a role at work, she had done this to optimise her learning. She appeared very aware of her strengths and limitations and that sometimes bad things happen in life.

> *"I suppose it's just another really, another thing that happened in life, sometimes you just, you know things aren't gonna go the way you planned and that, and that you can react in different ways to that, you can kinda let it really, you know tear you apart or you can really use it as a way*

to learn things and to kind of build, build from that…yeah build from that yeah…" SusanP1 GS

In this three-dimensional metaphorical space, looking forwards and looking back, inwards and outwards, Susan has had time to reflect on what she has learned and taken from the experience. In essence she is able to recognise, whilst not a positive experience, how she has grown and developed overall into the person and clinician she is today. Whilst at the end she may have felt less confident than she might have if she had not have had failed the placement, she also saw the skills she had gained. She positioned herself as resilient, being able to bounce back from the event and she used it for the positive. She felt she would be more understanding if she were to have students of her own down the track. She was able to get through this placement because she had had good supervisory experiences prior to it and also knew she had skills she could draw deep on to get her through.

"I've learned a lot of skills from it, I've learned um, how to, I'm I'm someone that hasn't really been involved in any conflict before so it, um I sorta learnt how to deal with that kind of thing, um so I think yeah I think I learnt lots of good skills from it, and I think a lot of understanding as well, for if I down the track have students I'll have more understanding…" SusanP1 GS

Susan's story is indicative of how the power of a CE can be wielded over a student, despite the student being pro-active in their own learning and taking many measures to try and improve the situation. She was metaphorically at sea alone in the unknown. She did not know when the monsters (CEs) were going to strike again. She tried to hang on to islands of refuge (partner student) and life buoys (student advocate, university staff) where she could, but these attempts were futile against the might of the sea monsters lurking beneath (CEs).

Despite the challenges Susan faced, she did persevere and hung onto her life buoys, knowing that she may not succeed in this particular sea, but she had a fair chance of doing so in the next, and that's what she did.

Sandra — If only things had been different.

Sandra's placement took place in a hospital environment. At the time of the interview she was working in a different environment as a speech pathologist with a different caseload. At the start of the interview she prefaced her story with explaining how she was leaning towards a career in paediatric speech pathology and lacked prior experience with an adult caseload. It seemed she was positioning herself as lacking in the pre-requisite skills required for the placement and therefore it should not be surprising that she struggled with it. These reasons seemed to be out of her control. Sandra's story aligns with the *voyage and return* archetypal plot (Booker, 2004), this was less common in the student narratives.

> *"Um…. yeah…there were a few issues I think one of the bigger ones was I had, I wasn't familiar with the hospital setting as, like at all and I had a very little practical experience working with adults…" SandraP1 GS*

Sandra continued that she and her CE seemed to have contrasting expectations, the CE expected the students to behave like graduates at the start in Sandra's opinion, and she was not. She then touched briefly on their different personalities. She seemed to play this point down, but it loomed large as an element in her narrative.

> *"I think my CE's personality was a bit different to mine…like it wasn't, I didn't, it would have been an issue it was just one of the contributing factors…" SandraP1 GS*

When Sandra went into more depth about this, she described the differences in their styles. Sandra was "thrown into the deep end" with the expectation she would be able to do

some assessments with patients independently. Sandra felt she needed more opportunities for observation but because of the structure of this placement this was not possible. She attributed one of the reasons for her failure as the placement structure, she felt she would have had a better outcome had it been different.

After she explored these external factors, Sandra started to explore the personal factors impacting the placement outcome. She reflected on her personality and how that might have impacted her ability to engage with the placement, her CE and the environment. She reflected that this placement environment forced her to do things she had never done before in terms of driving herself out of her comfort zone. She positioned herself as being *"shy".* In this placement the expectation of liaising with other professionals, going to see clients as inpatients, was there for Sandra and she admitted she struggled with this. Whilst there was this admission, she quickly re-positioned herself as the "victim of circumstance" and explained that *if only things had been different* then the outcome might have been different too.

> *"I'd agree that I didn't show entry level clinical skills and that it was totally fair for me not to pass um… but I do feel there could've been… if things were a bit different in the initial stages I might have, I might have got there maybe if I hada been able to observe a couple first um, if I was a bit more familiar , maybe had a, like a tour of the hospital or something first…" SandraP1 GS*

Sandra went on to describe the structure of the placement in more depth, she explained she was one of four students. She felt that there was a gap between her skill level and that of the other three students and this highlighted her difficulties in the CE's eyes. When asked if she was aware of this "gap" she said, not so much. She felt one of the other

students demonstrated similar skills and difficulties, but the CE did not pick up on them. She felt she was "labelled" early in the placement and this label travelled with her for the duration of the placement, and it predicted the outcome. There was a sense she felt she was positioned as a "failing" student undeservedly.

> *"I felt like she demonstrated some of the same difficulties I showed but that the CE didn't maybe pick up on them as much just because I hadn't, I don't know I felt like it was earlier on I got flagged as you know possibly gonna have difficulties and then that kind of coloured the way that um, I was viewed like maybe I was a bit more scrutinised? Like maybe if I'd have gone in there um, been more confident um, you know maybe kind of I don't know done my first one better than I did um, I don't know might have been put on a different trajectory?..." SandraP1 GS*

The theme of *if only things had been different* came across strongly in Sandra's narrative, with many elements not in her control. On the one hand Sandra agreed she should not have passed the placement but on the other there was a sense that justice was not done, there could have been a different outcome *if only things had been different*.

When asked to explore what things could have been different, Sandra referred to the CE and said outright that if she had had a different CE that maybe the outcome might have been different. So, whilst early on in the narrative Sandra implied that she and her CE were different and this was not a *"huge issue"*, Sandra contradicted herself by saying that by changing the CE the outcome of her placement could have been different. Here, she indirectly positioned the CE as the perpetrator of her failure.

Sandra went on to explain that she would have liked more encouragement, which she felt was lacking. She explained the experience was stressful initially, however by the end

when she realised she was not likely to reach the required pass criteria for the placement, she felt less stressed as there was less pressure to perform. So, Sandra did continue with placement and viewed it as a learning experience and *"took what I could"* from the placement. She acknowledged her CE praised her for her attitude towards the placement and her learning.

When asked how this placement had influenced her, she reflected on how her personality may have impacted her ability to engage fully with the learning opportunities afforded her in the placement. She positioned herself as a reserved and withdrawn personality type, an introvert and for this placement she was *"too far"* that way. She recognised the importance of needing to *"step up"* if she was going to be a good clinician. She then explained that she had not really been forced to in previous placements. Sandra seemed to oscillate between the two positions of recognising her own place and role in failing the placement and putting the blame on other circumstances, externalising the locus of control. After this oscillation that was apparent throughout her narrative, she disclosed how her reservedness had been highlighted to her before in previous placements. She explained:

> *"…like they'd say things about um… yeah…um very quiet, didn't ask enough questions um…that my… like, big gap between my ability to…, my written communication, like my written reports were a lot better than when I'm giving information to clients face to face…um… just all those so little threads, like always a concern but never um…really came to a head I was never really forced to…" SandraP1 GS*

When this was pointed out to her by the university, she was faced with the idea that her failure may not have all been down to the CE.

"…um so there were a few patterns like so it can't be… it couldn't be fully attributed to like, the clinical educator." Sandra P1 GS

When asked, she acknowledges that she was aware of it, but she had not been forced to change in the past. She opened up more and described it was hard to face but useful too. She reflected she had not considered how much it would hold her back. She showed some insight about how her quiet style would impede rapport building with clients and being able to demonstrate her skills to her CEs. Sandra acknowledged how difficult these interactions were for her, it seemed overwhelming for her.

"…like I had difficulty kind of starting and ending sessions like um…yeah, just kind of interaction like, yeah I just wasn't used to…um like dealing with lots of different people I guess um and with the hospital placement I couldn't kind of psych myself up for it…" Sandra P1 GS

Sandra went on to describe the support she had from the university in helping her remove any barriers within the placement. When she described the support, she positioned herself and her CE on opposing *"sides"*.

"…I didn't feel like they were um…kind of siding with my clinical educator, not that like we were, like it there wasn't really like any animosity or anything it was just a little bit of, I don't know we weren't quite on the same page initially and then it was a bit shaky um…yeah so I felt like they were trying to get both sides of the story and just trying to figure out you know what, if there's any issues they can work around…" Sandra P1 GS

She acknowledged that by having this external support she was able to see and tease out more of the factors involved in the placement. She admitted that it was a learning

experience and that by failing she was able to focus on the skills that were a weakness for her. There was a positive, transformative outcome of Sandra's failure. That said there was still an underlying thread of frustration in Sandra's narrative towards the CE, this sense of *if only things had been different* remained which seemed difficult for her to let go of.

> *"…like it could've maybe been different I think… like you know, yeah it could've worked out differently…" SandraP1 GS*

Towards the end of her story there was a sense that perhaps there was shame and embarrassment underlying Sandra's feelings towards the placement.

> *"…yeah like I was pretty, I guess embarrassing to, like at the time, to have failed like the final placement um… when then all my peers graduate and I didn't… although there was one other girl from my year who was in the same position as me and we did the supplementary placement together over the summer um… so yeah, I wasn't like totally alone but um… yeah I guess that's how I felt um…. Just kinda disappointed and like I'm yeah just different to everyone else…" SandraP1 GS*

Finally, there was an admission from Sandra that perhaps she could have worked on some of the factors that impacted her placement earlier. This was the first sense within Sandra's narrative that she had had some agency and control over the outcome of her placement.

> *"I could've addressed some of these issues earlier on in my uni life um…but I don't know, there was never that force point like it never really yeah it didn't happen until that last semester…" SandraP1 GS*

Sandra now appeared very aware of the skills that were a problem for her in this placement and where she utilised them in her employment. There was a sense of appreciation she could now apply her skills and she felt more confident than had she not had the experience of failure. This was a tangible shift in her positioning towards the end of her narrative. She appeared to be taking more agency and responsibility for her actions, her learning and contributing factors for failing the placement. This was not apparent at the start of her narrative.

> *"…so I think um, prior to this placement that woulda really scared me like I would've been very nervous about doing that um… but yeah so there were some like I think…yeah that taps into some of the skills that were the issues I was made aware of during that placement yeah…"*
> *SandraP1 GS*

Sandra described that ultimately failing the placement had had a positive effect on her own supervision of students. She was aware of the student and their needs. When she recently took her first student with a colleague, she was acutely aware looking at the student's needs. There was a sense Sandra tried to fill the "gaps" she had experienced in her own clinical placement experiences.

Sandra's story was largely one of externalisation and *if only things had been different* until the end, when she became more vulnerable and started to share insights about critical skills that were linked to her personality. This was deeply personal for Sandra. At the end of her narrative we saw a person who was ultimately embarrassed about her experience and perhaps needed another reason to lean on for her failure and therefore positioned the CE as *the villain* to ease her own feelings of shame.

4.2.2 CE case examples.

In the following CE case examples, the stories of two CEs are re-told and explored. Each has a different experience, highlighting the importance of the student/CE relationship, power and environmental influences.

Carly — The ultimate struggle.

Carly was a CE whose experience of working with and supporting a student who was struggling took place a year before the interview. Carly was still visibly impacted by her experience during the interview. Carly was interviewed in person at her workplace, in her office.

Carly's story was very well structured, it appeared she had re-told this story before and had done so to make sense of her experience. She was clear about the order of events and the emotions she felt and at various points in her narrative her emotions were apparent and extremely visible. Carly's story aligned with the *voyage and return* (Booker, 2004) archetypal plot.

Carly had four students with her on this placement in an acute hospital. Each students' prior experience of hospital placements varied. The student who was the focus of her narrative had had no experience in this setting. Carly described alarm bells ringing almost from day one.

> *"I guess I knew, my alarm bells started ringing from the first email that I received from this one particular student um… that she didn't know what neurosurgery was, or what it meant…" CarlyP1 CE*

Despite this Carly described going into the placement without trying to have any pre-conceived ideas of what might happen. She recognised almost instantly that the student looked overwhelmed and like a *deer in headlights*. Carly emphasised how much time she

spent prior to and at the start of the placement getting prepared for the students. Her beginning narrative focused on time invested in building the relationship between her and the students, and this one student in particular. She talked from a position of respect for the student.

> *"…this particular student was very honest from the get go, so she identified that she had some difficulty with anxiety, new settings and um, and was very explicit in some of her information and so I did know that I was dealing with a very different type I guess and… understandably very concerned about how she was going to go but credit to giving her, she volunteered for it, she wanted to do it so… so it showed me also a little bit about her personality and I thought she was willing to have a challenge…"*
> *CarlyP1 CE*

Carly was very tuned into the student's behaviour from the beginning, she recognised the student was self-focused, not able to take anything else in. Carly recognised this was not productive for the student's learning. At that stage Carly sought additional support for the student and herself. She positioned herself as a caring educator, for example, she ensured the student received feedback in two formats to safeguard they were able to take it on board. Carly ran her plans by the support staff at the university to ensure she was doing the right thing, she completed work after hours. There was sense that Carly had gone above and beyond to support the student's learning. She highlighted the energy it took, whilst also trying to balance the support she still needed to provide for the other three students.

> *"…So um, I guess as a CE it was really hard for me, it took a lot of my energy also having the three other students knowing that you had to*

work, give them as much supervision but I felt like I was basically working just with that one…" CarlyP1 CE

To provide all of the students with adequate and appropriate support, she enlisted the help of a colleague. Carly positioned herself as being responsible and having a duty of care to the student and the patients she worked with. This seemed to weigh heavily on her. The centrality of the relationship between her and the student was very clear, open clear communication was the key. Despite this Carly described how difficult it was to have conversations with the student about struggling to develop competence. She described the impact it had on her.

"It was horrible, horrible. I felt just horrible, because she also was a very lovely, or is a very lovely person and I felt, and I get emotional when I think about it now is that um, I wasn't doing enough for her as a CE, so um, I felt like I'd let her down a bit…Really hard, and I think the pressure of being in her final semester knowing that, if she didn't make um, entry level she would actually not graduate with her cohort and that's enormous on me, I felt that that was… even though we know that the course coordinators make the final decision …that it's based on what I see or observe…" CarlyP1 CE

It was apparent from Carly's narrative how she had taken on ownership and agency for the student's progress. She cared deeply about the student as a person and their ability to complete the course. Carly described how 'gracious' the student was in accepting the feedback. This student stood out in the way that she received feedback and worked so hard. Yet, Carly's narrative indicated she felt responsible for the student and their progress, using language like *"in the times I've had to fail students".*

Carly explained the end placement feedback was easier for her to deliver, despite the student failing. She attributed that to solid relationship they had established from the start. Carly emphasised in her story the value she placed on the student as a human being. This was extremely evident throughout Carly's narrative.

Carly's narrative then turned to students coping with emotional and mental health issues on placement. She felt CEs and speech pathologists were not well equipped to support students who have stress and anxiety. Training was not provided in speech pathology educational programs or degrees. This extra layer of complexity added to the placement and placed additional strain on Carly.

> *"I felt that that was another level as a CE that we don't know how to do that very well we certainly don't get the skills in our speech pathology degree to manage a lot of anxiety and that was an extra layer." CarlyP1 CE*

In addition to these individual needs Carly's narrative touched on the institutional factors impacting learning. She discussed how the student really needed extra time for learning, but because of the structure of the course imposed on the placement timing this was not possible. This then impacted on the student's ability to graduate with her cohort. This impacted Carly significantly. She positioned herself as the one *"who didn't get her [the student] there"*. Whilst Carly acknowledged she was not *"supposed"* to take that on board, she did. Carly's experience was tainted with the feelings of "failing the student".

Carly took time in her narrative to reflect on this experience and her connection with students in the past and with this student in particular. She identified connecting with this student as she perceived them as wanting to *"achieve"*, whereas with others in the past there had been a sense of students not meeting Carly half way. Carly wondered if she was too

harsh, this statement contrasts dramatically with the Carly presented thus far as a caring, emotional CE who was invested in her students. She quickly however turned back to the importance of the relationship with her students, the importance of working together, as a team, learning from her students, the human experience being central to the practice of being a CE.

> *"I think it, also taught me that it's okay, that I'm human and that I can feel, and have these emotions…so really making that team or that unit more, in that beginning phase, really talk to them about how important it is to work together…" CarlyP1 CE*

When she was asked to reflect on what her main memory of the placement experience was, Carly says it was the student who failed. She was able to think of other things, but the failure trumped everything else. This seemed to be the disadvantage of the human experience, feeling so deeply.

> *"…Her failing …Her failing definitely but also um… er. That sort of overshadows everything but when I think and reflect on it, I can pick up other things that don't just relate to that student…" CarlyP1 CE*

Despite owning and feeling deeply about the failure Carly was able to reflect that there was a positive, almost transformative side to the experience. She positioned herself as a learner as much as the students were. She acknowledged that if a situation like this were to occur again then she would have many more skills to draw on. She felt she has become a better CE for it.

> *"I always say that you get given things to help you, I don't know, build on your own skills an and as I always say to the students I learn as much as they do, if not more so I feel like as a CE, the students that I have I*

learn from them a lot so I did learn, as much as it was a really horrible experience to go through as a CE I think that if I have that situation again, I have sooo much knowledge and skill now to apply to a setting like that so I think it's made me a better CE it's just unfortunate that you have to go through all those emotional…" CarlyP1 CE

Carly also expressed being able to take her learnings into other roles she had at work. She had a greater understanding of the student perspective, in addition to how she could support them better with their learning. This bigger picture view had impacted her practice. She believed that an experience like this was something that all CEs should have, almost like a rite of passage, it was a growth experience that could not be replaced by anything other than having lived through it. It was something that had impacted her fundamentally as a human being. When this was discussed Carly became emotional.

"um… yeah, I've learnt a lot and I think um, it's almost like not every CE should have that experience but I think it would really, you know CEs who don't ever have that, you just think aw you've missed out on something there…yeah I think I've grown as a CE, as clinician, as a human…" CarlyP1 CE

In terms of supports, Carly did not hesitate to acknowledge accessing supports from others for herself; this was crucial in this placement. She also acknowledged that there were supports for the student but the relationship between her and the student was *"firm and secure"* and they were able to work together as a team with additional supports from the university as required. Carly acknowledged that it was common to hear of CEs not being supportive of students who struggle. She positioned herself in her own narrative as someone to whom that would not apply.

"I think the good thing about that was is there wasn't, the issue between the student and CE was not there, so this student respected me and I respected her, so there wasn't that additional angst or our relationship was firm and secure, and I think I established that from the get go which is what I like to do with all my students but, so there wasn't that that I had to deal with, it wasn't against like, 'my CEs doing this to me'" CarlyP1 CE

Carly presented herself as a supportive CE who was not afraid to show her vulnerability with her students, who demonstrated she was a lifelong learner and took support and feedback on board herself. Whilst she described this experience as having been emotional and exhausting, she says it had done the opposite of putting her off being a CE. It had reaffirmed that what she did was worthwhile and valuable, and she was good at it. Her view was this had been a transformative growth opportunity, and this seemed to be because she positioned herself as a learner, she was open to the part she played in the experience.

"…But I sort of took it as more like I said it was to help me grow my CE skills, um… put that under my belt and think you know what it happened for a reason and I certainly improved my skills doing something you know…and I think some people when they wanna become a CE, I don't think they realise that the task is not easy it might sound or yeah great, we'll get our students to see all of our patients and you'll help with our workload but it's not that at all I think some people have a very different or incorrect view…" CarlyP1 CE

As a CE, Carly positioned herself as having a major responsibility in developing student skills, helping them to realise their potential. She took the job seriously, she took ownership if the students failed to make progress when they were with her. Carly was very

clear and firm about this. She believed that she needed to be active in the process, by modelling, explaining and teaching. She provided structure for the students. Carly then diverted from this line of thinking, she suggested that student expectations have changed over the years. She expressed that some students may be less appreciative of the support she has provided, having a level of expectation, and almost entitlement, that she did not have when she was a student. She felt the current generation of students were taught to question grades and question in general, she contrasted this with how she was as a grateful learner, respecting her educators, without question. There was a sense that despite striving to be a supportive CE, she would also like acknowledgement of the work she does from students, and this was not always forthcoming.

Time and again Carly's narrative came back to her "failing the student". When questioned whether she believed this or not she confided initially she did, she owned the failure. She now recognised she did the best she could and could not have changed the outcome for the student. Mentally and physically she gave the placement everything she had. During the placement she questioned whether her teaching skills were adequate, demonstrating the self-doubt she had in her ability to be a "good" CE. An element of guilt came through in her reflection, Carly became emotional when discussing this. She reflected that she did not realise this level of emotion was still close to the surface for her.

Carly reflected she loved her job, she felt she was in the right place, she positioned herself as a "good CE" who cared about her students. She contrasted this with "poorer" CEs who were maybe CEs because they were forced to be, not because they had a passion for it. Again, she made reference to hearing about these "other" types of CEs around the place. Carly recognised she could make a difference and did make a difference in this particular student's life and career, making reference to the human experience. She positioned herself as

a human being first and foremost, someone who did not have all the answers and who made mistakes.

> *"I've always sort of wanted to make sure that they realise that I was human as well, that and I am always very honest in the fact that I don't know everything so if you ask me a question and I don't know it I'm going to say to you guess what I have no idea [both laugh] let's both go away and research that um… letting them know that I do learn from them…"*
> *CarlyP1 CE*

She also recognised the impact feedback could have, from one human being to another. Carly was very mindful of that for this particular student. She ensured there were mechanisms in place to later check up on this student when she had provided them with negative or constructive feedback. This demonstrated an extra level of consideration she provided for the students. Carly considered this to be being human.

Carly recognised the position of power she had with her students, how they looked up to CEs in her sort of role. She recognised the potential impact she could have on students but intimated that perhaps not everyone did. Carly positioned herself apart from these "other" CEs again.

At the end of her narrative Carly reflected again that this was a "rite of passage experience" every CE should have, if they had not then they had not experienced the full extent of being a CE. She saw working with and supporting a student who was struggling as being a fundamental part of her skill set.

> *"…it's not almost that everyone needs to experience it but it is almost that… that if you don't experience a situation like this um… you haven't experienced being a CE to the full extent and um… I know that I can make*

a change and I've got more skills behind myself. I've got you know, even though it didn't get like I said that positive outcome at that time I now I a number of different skills that I can employ if that situation was to come again um… you know knowing what to do, how to break it down, how to model, how to provide feedback… um, I think it was crucial in my development as a CE…"CarlyP1 CE

Carly was a CE who had had a profound, transformative experience, which had touched her deeply, this had been a journey for her. Her narrative demonstrated the importance and centrality of the connection and relationship between CE and student.

Craig — Stuck in the middle and overthrown.

Craig was a CE who worked in an adult environment. Craig supported a pair of students with a colleague (co-CE). His narrative related to the experience of one of these students. Craig began his narrative in a very "matter of fact" way, he recalled facts and details of the event. The student in question was identified as having some gaps in her knowledge which were addressed quickly. By the end of the placement Craig felt the student had reached the pass criteria for the placement but his colleague did not. Most of Craig's narrative focused on this point, how the matter was resolved and his feelings surrounding this decision. Craig's story aligns with the archetypal plot, *overcoming the monster,* it was the only CE narrative to align with this plot. It stands out because of that.

Once the facts of the narrative were relayed Craig began to open up about what he felt the main issue was, it did not relate to the student's skills or clinical competence in the end. He disclosed he felt the supervisory styles of both CEs impacted the student greatly and this was not taken into consideration.

"I think a lot of it in my opinion is the supervisory style I think…she felt so under pressure by the other clinician that she she just didn't perform well because you know I had her alternate days this student and I had her and she was asking all the right questions and you know she was a little bit slow but it was certainly passable…when the other supervisor said 'oh she did this and she asked this' I couldn't believe some of the things she was saying cos she didn't do any of that for me… so I thought well what is the, what's the factor here? What's the difference I can only assume cos she very much, I don't know, I don't like to be standing over them clipboard sort of style, I try to be you know, collaborative and educating…and I don't know I don't want to cast aspersions but I just feel like maybe she just felt so under pressure by this other clinician" CraigP1 CE

Craig reflected that this realisation had been something he had come to after the placement, after time for reflection. At the time the student did not question the failure of the placement and seemed to accept her performance was variable. Craig suggested in his narrative that it would be very difficult for students to question the different styles of educators and discussed how this impacted the student, directly with them.

The place Craig had come to as a result of his reflection was feeling doubtful. These doubts went beyond the placement and student in question. Craig began to doubt his ability as a CE to accurately judge a student's performance. Craig positioned himself as a thoughtful, *considered CE* but had really started to question his ability to assess students, he questioned all of his previous experiences. He became the *doubtful CE.*

Craig described how he, his colleague and their supervisor negotiated and discussed whether the student should pass or not. At the end Craig felt like he could not argue with the

student's inconsistent performance, regardless of the underlying reasons for that performance. He just could not seem to reconcile how one day the student could perform one way with him and be completely different with his colleague. This made him question his abilities as a CE.

Craig questioned whether a truly impartial third party assessing the student's performance in the end would have been fairer to the student. Craig emphasised the importance of this impartiality, as CEs hold a lot of power. He reflected back on his own experiences as a student which were "good", but he made reference to the *"horror stories you hear"*. Craig positioned himself as a fair person, with a moral compass, as opposed to the CEs who abused their power with students.

Craig reflected on the impact the placement environment could have on the student's performance. He acknowledged that his workplace was a high-pressured environment, with a challenging and complex caseload. Craig acknowledged a tension there, he recognised the environment might impact a student but also felt they needed to be able to work in a place like this as a new graduate. Craig reflected on the environment he and the rest of the team created for the students. He recognised he and his colleague had different styles. He was quick to acknowledge that his thoughts and questions were about their style differences, not about who his colleague was as a person. He reflected that her style seemed to be less supportive, she appeared to be assessing the student all the time in the placement, rather than making supportive comments and suggestions.

> *"I thought if that was me I'd, you could just feel the disapproval, the critical eye… yeah there wasn't anything that was untoward just…um… I guess some of the comments like, were sharp like…um…. 'but we know such and such an apraxia don't we?' and um…'you know you should be revising this stuff, you should be revising*

stuff if you wanna be um at entry level' that sort of thing…yeah really, it's that passive aggressive, not quite but…like I feel like you should be helping the student, you know educating them on exactly what to do, so you're not not just assessing them all the time…" CraigP1 CE

Describing his colleague like this Craig unintentionally positioned himself as a supportive CE, who did provide support to his students, positioning his co-CE as "the other" or *the monster* or *the bully* in this story. This appears several times in Craig's narrative.

Craig recalled the placement as being somewhat stressful, for example identifying the initial concerns for the student and then the mid-placement feedback, but it was mainly the conflict between his perception of the student's skills and his colleague's perception that caused him the most stress, it encroached on his thoughts outside of work.

Beyond the placement it has made him question his "gauge" of judging student performance. He did not want to take students for some time after the placement. Craig clearly reflected deeply about this experience and about his skills as an educator and assessor prior to and after the placement. He wondered whether his standards had moved over the years, this seemed to worry him deeply and he explained there were implications for this. He took his responsibility as a CE seriously and knew that passing students who should not have passed was problematic, his position as an ethical practitioner really came through in his narrative. He questioned the objectivity and subjectivity of using COMPASS®, the assessment tool used in speech pathology placements, and how accurate this was. His doubt had infiltrated his thinking deeply.

In his narrative he went back to contemplating if a more impartial third-party opinion would have been useful, indicating he would have liked someone else to either confirm or negate his opinion. This seemed to still worry him, the sitting in the middle between the

student and his colleague, doubting his skills as a supervisor. The second guessing and doubting himself had really affected him. Craig was not sure how it affected his colleague. He thought she was also stressed about the placement in general, but when their opinions about the student's performance started to diverge, he was not sure how she felt.

When he reflected on his assessment of the student, Craig says he felt she reached the pass criteria, but she performed differently for the other CE and it was still a mystery as to why that was.

> *"my reflection is largely I still don't see why that it occurred um but no I guess I think my concept of whether she was at entry level was probably alright, it was more the different performance rather than my assessment situation" CraigP1 CE*

Craig wondered why the student's performance was so different and inconsistent, but he did not know. He knew that inconsistent performance or variability could be interpreted as not being at a particular level, but he also knew what he saw. In the interview together we questioned how interactions with a CE could impact a student's performance and the underlying causes for variability.

In terms of how this has affected his practice, Craig reflected he was surprisingly more likely to ask for second opinions to check his gauge with other colleagues. He would often ask colleagues to spend time with his students to provide the student with variety but also give him that option for a second opinion. It seemed there was a need for him to confirm his observations of his students, to validate his position as a CE. This experience seemed to have undermined his foundations as a CE, so he needed some validation and support.

What Craig did not say directly is that he was powerless, but he positioned himself as such. He did not have the power in the dynamic with his colleague, and ultimately his

supervisor came in and used her position of power to "side" with his colleague. This undermining of his observations of the student has undermined his sense of self as a competent CE.

4.2.3 Summary.

Using Clandinin and Huber's (2002) three dimensional metaphorical space to explore these narratives in more depth, reconstructing the participants' stories has enabled a sense of who the participants really are as students and CEs to come through. Their identity as people comes across, reflecting off the environments their experience was in, as a backdrop. Whilst some themes appear to be present in their stories, the participants are not solely reduced to these phenomena. We can see how these themes fit into the narrative as a whole, without losing a sense of the person who told the story. As was alluded to in some parts of the re-told stories, there was co-creation. I, as a researcher, am present on the page with the participant, alongside their words.

The two student participants' stories were very different, both aligned with Booker's (2004) *"voyage and return"* plot, however the character tropes within them were different. Each student positioned themselves and others within their narratives quite differently. The two CE case studies aligned with different Booker (2004) archetypal plots, Carly aligned with *"voyage and return"* whereas Craig's narrative aligned with *"overcoming the monster"*. As with the student narratives, the CE narratives contained different character tropes depending on how the narrator positioned themselves and others. Looking at these narratives within this three-dimensional space has provided a different lens through which to view the participants experience, understanding the whole, rather than fragmented elements of the event.

5. Recalling the Experience: Group Data

In this chapter, I present the results from the Clinical Education Coordinator (CEC) focus group, themes evolving from the student and Clinical Educator (CE) data and story plotlines and character tropes from the student and CE interview data in phase 1. The focus group included eight CECs from Australian universities from four states across Australia.

Additionally, eleven CEs were interviewed in phase 1 of the study. Eight were female and three were male. They came from four states across Australia. Six worked in a hospital setting, two in a university on campus clinic, two in schools and one in community health setting.

Five students were interviewed in this phase, all were female, four had placements in a hospital setting, and one had a placement in an on-campus university clinic. They came from three states across Australia. All participants completed their experience of struggle or failure between one and three years prior to their interview.

5.1 CEC Focus Group

The CEC results from the focus group are presented first to provide a contextual understanding for the student and CE results. As outlined in the methodology an iterative process of analysis was used to analyse the data from the focus group. The focus group was carried out primarily to provide a third triangulation point (Liamputtong, 2012) to compare and contrast with the students and CEs.

Five main themes emerged from the focus group data that the CECs dealt with when supporting and working with students who struggled and failed on placements and their CEs: supports provided for the CEs and students, environmental issues encountered, the challenges the CECs encounter in their role, the emotional impact this role has on the CECs and the time the role takes. These five themes were interrelated rather than standing alone and dealing

with them appeared to be a balancing act for the CECs. Figure 5.1 represents the themes and how they interacted and impacted on one another and the CECs.

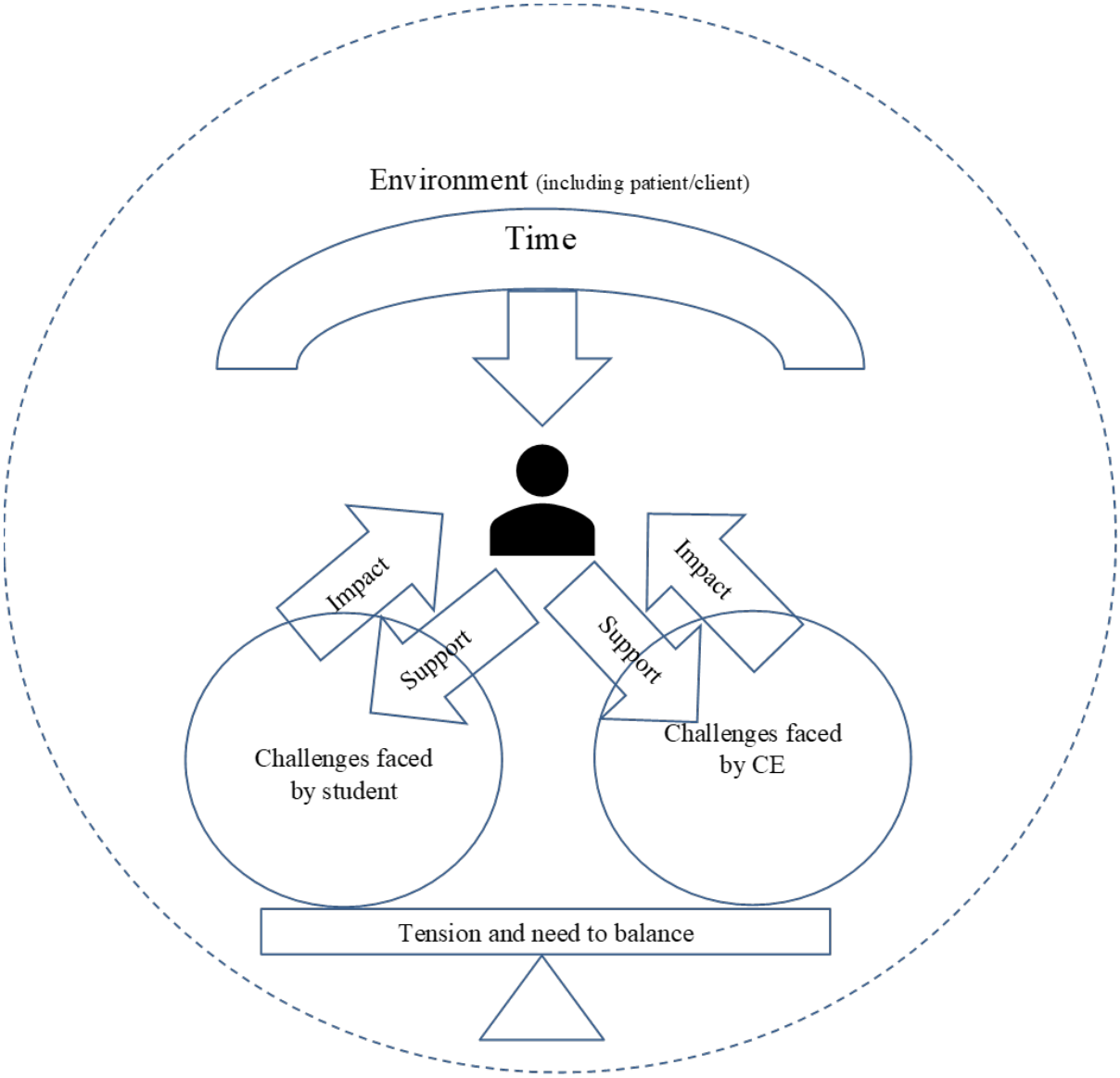

Figure 5.1 Themes from CEC focus group phase 1

5.1.1 Time.

The CECs repeatedly reported issues with time that affected their work with struggling students, it impacted their role significantly. The CECs identified that it took time to provide appropriate and quality support to students and CEs and to ensure their recommendations were suitable. The communication with students and CEs also took time; for example, the CECs identified that having regular "chats" and doing site visits when possible ate up time.

> *"Time consuming, in terms of the amount of um email conversations, phone time, phone discussions, site visits, meetings with CEs, meeting with students, meeting altogether, follow-up, documenting, communication with any other staff you need to…" EstherP1 CEC*

The CECs also reported they did not always have time to debrief properly at the end of a placement, when the next block or set of placements was already on the horizon. This left the CECs with a feeling of dissatisfaction of not doing the role well.

Time also arose as one of the elements they sometimes tried to negotiate for students: for example, time to reflect after each session, specific and appropriate time for feedback.

5.1.2 Supports provided for students and CEs.

There were similarities and differences in the types of supports and ways in which the CECs supported students and CEs. The CECs often acted as sounding boards, giving the CEs…

> *"…confirmation that they were doing a good job…" EileeshP1 CEC*

Communication was a large part of the supports provided, including "regular chats" with CEs. At times the CECs would assist the CEs in balancing their ethical responsibility to their clients and to the student: for example, suggesting a reduction in the student's caseload to allow clients to receive the best possible service.

The CECs noted that sometimes they supported students with translating their theory into practice, it is noteworthy that the CECs did not report spending a lot of time focusing on this issue, which might have been expected, rather more of their focus seemed to be on "other" issues. "Other" issues pertained to things such as financial problems and workload issues whilst on placement. The CECs noted that providing supports to the students with "other" issues was most difficult to manage, this was perceived to be one of their most significant challenges and also had an emotional impact. Both these aspects are discussed in upcoming sections.

> *"And for me personally I don't feel like I have the skills to manage that situation um as a speech pathologist, more so than encouraging the student to access other services but really if they do or don't is their choice so I constantly feel inadequate, like I should be able to provide them with that level of support because they're coming to me and that's not realistic…" EveP1 CEC*

> *"…whereas it's the students with the 'other' aspects of life, diagnosed mental illness or something that's changed quite recently in their life, that are really difficult to make, to support throughout the placement or make the decision as to whether they should continue in the placement and then the end outcome of the placement, whether it's a pass or fail…" EmersonP1 CEC*

The CECs often had an advocacy role with the students, requesting specific accommodations within a placement to facilitate the student's learning. As mentioned above this could be negotiating a reduction in caseload, as well as providing extra time for reflection and feedback, or ensuring the student has enough preparation time during the clinic day

depending on their specific needs. The CECs also suggested how CEs could scaffold supports for students: for example, providing suggestions for how to prompt students, ask appropriate questions and provide specific types of feedback.

> *"…time often…opportunity to have more time to think, to reason…to think about reflect before they verbally reason, often students will say 'oh the educator expects me to just come out of the assessment and be able to talk about it and I just can't I need to go away and think about it', which is a personality trait of half the population really, so it's about then talking to the educator about what might work best, and speaking with the student about bridging that gap…" EileeshP1 CEC*

By and large however most of the CECs' time was spent providing students with emotional support, aiming to fill the students with confidence, trying to put the placement into perspective for them and to build resilience. The CECs reflected that providing support for the student whilst also protecting the student's self-efficacy was important. The CECs noted the growing number of students presenting with mental health issues, particularly stress and anxiety.

5.1.3 Challenges for CECs.

Many challenges were noted by the CECs working in this role. The overarching theme of time arose here. Supporting struggling and failing students was just one aspect of their role and took up a large amount of time. They noted that there was a lot of documentation when supporting students who were struggling or failing and when assisting their CEs, and this work also impacted on the time taken to do their wider role within the university.

One of the hardest things the CECs reported was, what they called, the concept of *"fence sitting"*, that is, having to balance information from both CEs and students. The CECs

reported that this was particularly challenging when they felt the CE was *"being mean"* and they had to remain impartial. Sometimes it was difficult to work out which way to lean. A lot of emotional labour was spent trying not to get involved in what they called *"triangulation[13]",* that is, playing one party off against the other.

> *"…But often um even looking at the clinical educator, sometimes you know that clinical educator is relatively new to being a clinical educator, that they've got a personality that you know is sometimes challenging to work with, particularly with certain with other personality types, and so as much as it's our role to remain impartial sometimes you understand why the student is struggling on that placement and what they're telling you is reasonable and as a professional you might deal with it slightly differently but because they're being assessed um there's like this hierarchy of things you're having to consider and I always find that difficult…when you're communicating and trying to remain impartial…" EmmaP1 CEC*

The CECs noted that they allocated placements strategically for those students who had a history of struggling in a placement previously. They had an understanding of what a particular agency or placement site was like. This knowledge came with longevity in the role. They highlighted the tension this created for them with also understanding that students still needed to be able to demonstrate competency regardless of where they carry out the placement, and not wanting to show the struggling students favouritism.

> *"…and then when you've got a marginal student and you think well if I send them there they're going to be slaughtered, executed you know,*

[13] Triangulation in this instance does not mean the same as "triangulation" in a qualitative research context.

they're not just going to cope and survive, but then… but then do you say I'm going to send them somewhere where I think they could cope with it a bit and then is that favouritism and what about the stronger students when you send them into the more firing line type of placement, like where does that line…sit and I also don't think you know you should, if a student's weak or at risk, I don't just wanna send them to an easier placement either…" EstherP1 CEC

Sometimes the CECs reported feeling torn when deciding to withdraw a student from placement due to the CE not providing what the student needed, rather than because of the placement caseload or setting.

"…where we have had to withdraw a student from a placement because we are convinced that student will never get the opportunities to develop competency because of something about the educator, not the environment but about the educator…that's very stressful on everybody…" EileeshP1 CEC

When students presented as being, what the CECs termed *"emotional"*, this was a challenge for everyone involved. Students who had been identified as having what the CECs labelled an *"external locus of control",* who externalised issues and blamed others for things going wrong in their placements were particularly challenging. The CECs reported that often these students were prone to keep what they labelled *"debating"* the issue long after a decision of failure had been made.

"…It's still me [the student] keeps emailing back and forth with 'well would you, if I had more evidence would you reconsider it' and it's well this is the decision that has been made, but [they] keep emailing back

and forth…and so working out ways to, you know you keep repeating the same message and it's tiring…" EstherP1 CEC

As mentioned in the supports section, students who presented with a mental health issue also presented challenges for the CECs, especially if the issue was of the more severe type, for example, psychosis. This was perceived to be time consuming and had an emotional impact. When parents became involved in their child's placement issue this also presented as a challenge for the CECs to manage.

"I find it really challenging when parents get involved and you're actually dealing with an adult learner where you're not allowed to disclose anything to the family members and yet they, the student tells their parent and then you've got a parent on the phone saying 'my son or daughter, they've been hard done by and I need to come and meet with you', that's really challenging…" EmmaP1 CEC

Confidentiality and disclosure presented a major challenge for the group. They reported that they often felt a tension being the holder of information about the student's performance in past placements, when knowing that information might make a difference to the next CE, but not being able to disclose it for confidentiality and legal reasons. When asked directly by CEs whether the student had had any previous difficulties the group described communicating in what they called *"code",* there was a feeling of wanting to share but not being able to. One participant explained that *"…It all comes out in the pragmatics…"* where for example the response time to answer the question often gave away that the CEC had information, but was followed by the CEC's neutral answer of *"…unfortunately, I can't disclose that information…" EmmaP1 CEC*

The CECs reported it was often difficult to know what they termed *"where the line is"* and decide how much support is enough. There was no manual to do the job. They reflected on becoming more hard-line the longer they were in the job and wondered if they became less empathetic as time went on. They felt the job of the CEC had a definite lifespan;

> *"...I couldn't be in this role forever...because I am not sure I could carry that emotional side of it forever, so yeah there's complexities around that…" EmersonP1 CEC*

Often the CECs did not have a person they could debrief with and saw this was a challenge. They felt they needed team input from staff in other subjects in their program.

All of these challenges lead to the impacts described in the next section.

5.1.4 Impact on CECs.

By far the greatest impact on the CECs was the emotional impact. They noted the impact on all parties, not just themselves, one CEC referring to it as the *"emotional soup"*. As previously mentioned, the CECs noted the number of students presenting with mental health issues was increasing and this increased the burden and impact on the CECs. One CEC highlighted the "human" aspect of working in this area with struggling and failing students and noted; *"...that can be heartbreaking…" EmersonP1 CEC*

They likened the students to a clinician's clients, in that there is emotional investment; *"…they are your clients…" EleanorP1 CEC*

> *"There's been lots of tears, I've cried a lot over some students where you just, not necessarily because you feel so sad for them, but you because you've invested so much and you're absolutely exhausted…and often the*

stress and burden and pressure that it is it's just like I can't deal with this anymore…" EmmaP1 CEC

The CECs felt that it was important for boundaries to be in place, but it was often hard to maintain those boundaries. Being a CEC and working in this area could be invasive, impacting their work/life balance. They noted the only time to debrief with CEs could be after hours when the students and clients had gone home. Some CECs ended up giving out their personal phone numbers. This occurred because they did not want to, what they termed, *"risk relationships"* with CEs out in the field. Some CECs dreamt about work and the struggling and failing students on placement, with *"mid placement week always being busy".*

The group reported there were positives to the role, especially when there was a successful outcome for a student. They defined a successful outcome not necessarily as a pass but, what they called, a *"fair one",* where the student may have ended up failing the placement but with the right supports and the student understanding that this was the right decision and outcome. The student may have made a self-discovery during the placement and developed insight that they did not previously have, and this provided the CEC with job satisfaction. When everyone was on board, working as a team — student, CE and CEC —this was reported to have a positive impact on the CEC's job satisfaction. Seeing the students grow and being able to contribute to that growth also provided a great deal of satisfaction and had a positive impact on the CECs.

"…and when you do work with a student across a number of years and contribute to that journey, and see them grow and develop and and that is where the main job satisfaction comes from, because you see them get there and it's truly amazing and a privilege to be a part of…" EmersonP1 CEC

5.1.5 Environmental issues.

The last theme, the environment for learning within the workplace, was identified by CECs as something they thought about a lot in the context of supporting students and CEs. They noted that the impact of the environment was not necessarily clear cut and depended on the individual student's context.

The CECs felt that one of the major influences on a student's placement could be workplace environment. They felt that the culture in the organisation came from the top down. If the tone set by management was one that valued clinical education, then this meant that students generally fared better. If the department had experience in clinical education, even if the individual CE was inexperienced, then it was felt by the CECs that this situation was potentially better for the student.

> *"…If the department has had 100s of students over the years then they're not fazed, even if that clinical educator is new, someone else can go, oh we've had a student life that before, it's ok…" EleanorP1 CEC*

They felt a tension between providing what the student needed when often the model of clinical education they were in (e.g., 4:1 student: CE ratio) did not allow for it. When a CE was dealing with a group of students and the CE might be less experienced, they might struggle to adapt to multiple students' needs on the same placements. The argument was made that struggling students might do better not in a group placement.

The CECs reported that if the environment was more pressured, for example, in an acute setting, then time became an issue and the students could feel pressurised. The CECs noted that environments where there were large caseloads could impact on the ability to provide clinical education for the students.

The physical space in the environment was felt to make a difference in the student's placement. Where there were separate *"student hubs"* it was felt this could lead to a separation of CEs and students. They felt the physical spaces could impact on the students' feelings of inclusion in a department. If they were not physically located within the speech pathology department then this could lead to students feeling isolated, even if they were with students of other disciplines. The CECs felt that students preferred being in the physical space of the department as the students felt a part of the team.

> *"…the student felt, you know, not part of that team and it was actually just the physical space in a space that you would expect is promoting clinical education…" EmmaP1 CEC*

It was felt that sometimes there were gender issues in the placement environment. An example was provided of a male struggling student in the lunchroom when trying to engage socially with their CE to build rapport, asked inappropriate questions and made inappropriate comments. The CECs felt this was especially difficult in a female dominated profession. Trying to place male students in appropriate learning environments (where there may be male CEs who could act as role models) was not always possible.

As has been illustrated in Figure 5.1 the themes experienced by the CECs do not stand alone, they are interrelated and impact each other.

These next sections in this chapter now explore the content and themes across the student and CE participants' experiences. The first stage of the analysis framework (see chapter 3 section 3.3.4) was to identify content and themes in the participants' narratives, coding to the existing literature (top down) and then looking for emerging content and themes (bottom up) (Braun & Clarke, 2006). Themes were also identified from the in-depth analyses

presented in the previous chapter. The findings presented relate to how the participants made sense of their experiences in their work and personal lives.

The findings from the student and CE data are presented together, firstly where themes were shared, the similarities and differences in the way participants talked about these themes are presented and then the themes that were particular to a participant group are presented.

5.2 Thematic Analysis — Coding to the Existing Research

The first level of coding looked at whether participants referred to themes that have been widely researched in the literature to date (see Chapter 2). Two of the five themes were discussed repeatedly in both the student and CE narratives, *identification of at-risk students* and *support and remediation*.

5.2.1 Identification of "at risk" students.

The CEs in the first phase of the project made sense of their experiences by discussing how they initially identified an "*at risk* student. The CEs often made reference to "*red flags*" or "*alarm bells*" and then explained what these were in the context of their placement. The CEs often started their narratives by explaining how they identified the problem with their student in the first place. Whilst the CEs discussed what the specific issues were, which relates closely to the literature, they also spent time explaining how they identified issues and the time this took and the impact this had.

Carly explained how she identified issues with the student before the actual placement even started.

"I guess I knew, my alarm bells started ringing from the first email that I received from this one particular student um… that she didn't know

what neurosurgery was, or what it meant um… so my alarm bells started to ring …" CarlyP1 CE

Many CEs made sure they referred to the competency standards in speech pathology to outline the context for their experience.

"…even from week 1 it was clear that the student, the knowledge and the skills of the student just weren't up to scratch, the materials that were being provided to the clients were very inappropriate, they weren't age appropriate, they weren't gender appropriate, they weren't appropriate to speech pathology…" CassieP1 CE

For other CEs, where the experience was related more to the student's health or personal circumstances, it seemed to be harder to identify a problem and often took longer to decipher or the issue was never really revealed.

"I feel uncomfortable probing that type of information um… even though it may have an impact on the clinical placement… um… just from I suppose previous experience with other students, not this one in particular… it is very often that there are home… health or other issues going on in the background which are actually the primary thing which are preventing that engagement…" CarlP1 CE

Some CEs described how the "*clinical red flags*" did not exist in isolation, co-existing usually with personal problems.

"…in fact in quite a lot of students there's normally the the clinical issues but then it's like, that's like tip of the iceberg stuff there's always

stuff happening at home or in their life or seems to be… the thing which is really kinda impacting them…" CarlP1 CE

Conversely, for the students, their discussions of being identified as at risk centred around not knowing why they had been identified, and that this identification was often a shock for them.

"I was told I would likely to fail at mid-point and wasn't given an explanation as to why… um or how I could make it better so um, very, very confused by the whole thing…" SamP1 S

The students' narratives around this theme differed from the CEs in that they did not really focus on the specific difficulties or reasons for why they were struggling.

5.2.2 Support and remediation.

The theme of support and remediation was discussed by both the students and CEs in their narratives. The students tended to discuss what they had received in terms of help and support from the universities and their CEs, and generally reported this as being less than positive.

"I just sort of didn't really know where to go next or how to go about things or what to do to kind of ensure that I was gonna reach competency um and so yeah I was a bit lost and so was the other student cos um yeah we just didn't know um what we should be doing to support ourselves…" SusanP1 S

Some students expressed that they thought if they had received better support, either from the CE or the university, they may well have passed the placement, and thus experienced a different outcome.

"…I do have good insight into my own failings and I I really think that the clinical experience was not conducive, was not…if the clinical experience was better, if the clinical supervisor approached her role differently, I wouldn't have failed…even if I was at risk I wouldn't have failed because, because if it was a different, if I had a clinical educator who put time into me, who possibly observed me more, who didn't, whose manner didn't put me under stress and made me upset and others…who put support into place perhaps who could've communicated the problem to me and actually took time, time out to do that, then I wouldn't have failed…" ShellyP1 S

Most students reported that they were not provided with specific, individual supports to assist with remediating their issues, which appeared to compound their feelings of stress and anxiety during the placement. Many students felt more alone and isolated rather than more supported after seeking assistance. The student participants were able to articulate in most cases that they valued and needed more specific, targeted feedback in order to assist with their remediation. These two areas were so prominent in the participants' experiences that they were identified in the analysis as themes in their own right and are discussed in the sections below.

The CEs discussed what they had received in terms of assistance from the universities to support the students. The CEs had mixed experiences in how useful they had found these supports. When the CEs found it less than helpful, they expressed feeling like they were clutching at straws.

"…it's, it's you know it's unsustainable but I I've got strategies in place…and and kind of, yeah debriefing er… options out there so… um... I

I kind of I work those out, outside of the university cos I wasn't getting them from the university…" CarlP1 CE

When the CEs had supports that were useful and they gained useful strategies to implement with the students, they had felt more positive about the experience.

"I think it was, you know talking to the support person at the uni was really good, you know she had some good strategies and stuff like that…Um… what I learnt from it obviously having to go to the uni and, and um… get the information about how to problem solve it, was good…" CarolineP1 CE

The CEs also discussed the strategies they had used to support themselves personally, which usually came from universities or formal and informal supports from supervisors and colleagues within the department where they worked. Many CEs recounted these informal supports as being essential, often being more valuable than the more formal supports, with the CEs feeling the experience would have been much more difficult and stressful without them. This informal support was an opportunity for CEs to share experiences and stories with other educators, who were able to empathise with them. They reported that this reflection with colleagues supported their development as an educator and facilitated their ability to support other CEs as well.

"I guess understanding the frustration you can feel and also just that whole, I know this happens with me and it doesn't necessarily happen with everybody else but the fact that um I took it as an opportunity to reflect on my skills as a clinical educator and constantly doubted my skills as a clinical educator so coming from that empathetic side of knowing how hard

it is and knowing what a clinical educator does go through I feel like um that has helped me to support other clinical educators…" CassieP1 CE

The CEs' experience of the more formal supports from universities, was for some less than helpful but for others it had been essential. This support assisted in different ways, providing affirmation for what they were doing and providing specific strategies and suggestions to enact with the student. For those who felt it to be less than helpful it sometimes led to the CE feeling more doubt and uncertainty about their abilities and skills as an educator.

"I just remember being so surprised when I explained the mistakes she'd made in an assessment, and just doubting myself, you know do I not know what entry level is…" CraigP1 CE

Both students and CEs discussed these themes that have been widely researched. Both sets of participants reported receiving supports from the university, with the CEs needing and receiving supports for themselves, not just to facilitate student learning, but to assist them through the process of supporting a struggling student. Whilst the students experience of support was largely less than positive, often leaving them feeling more alone and isolated.

5.3 Shared Themes from the Data

In the next sections the themes generated from the participants' data will be discussed, firstly the themes that were shared across student and CE participant groups, then the themes that were particular to the individual groups. Figures 5.2 and 5.3 show the themes present and their interrelationship, in the student and CE data respectively.

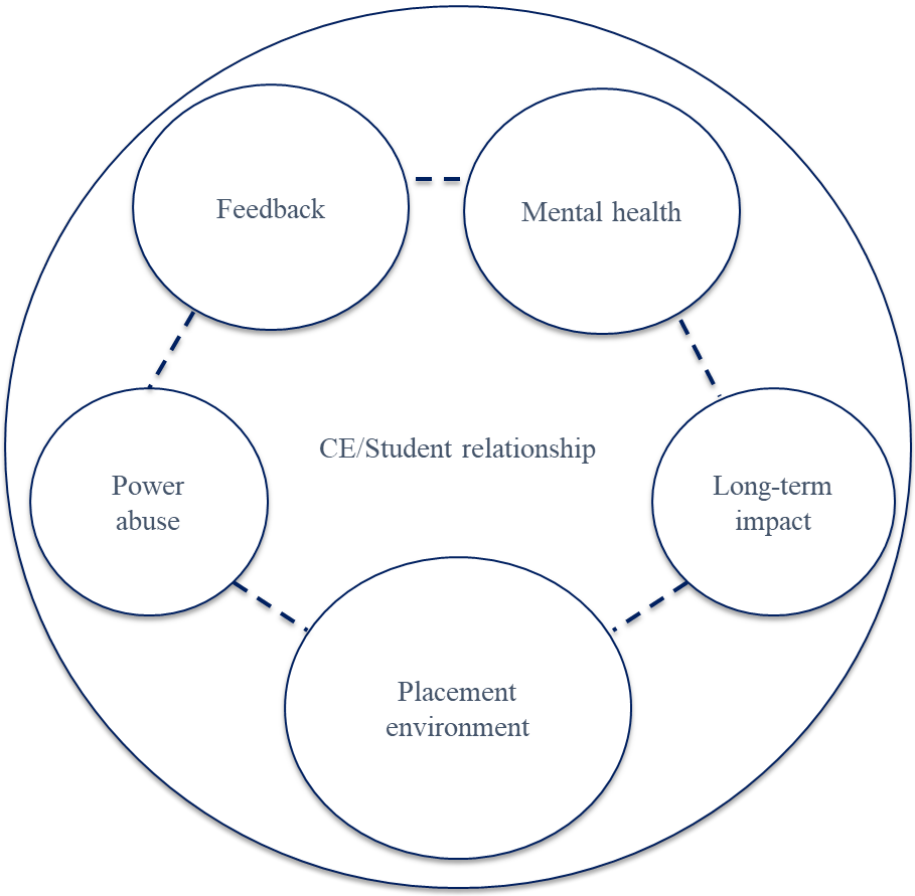

Figure 5.2 Students' retrospective recollections: Themes from student narratives and their interrelationship in phase 1

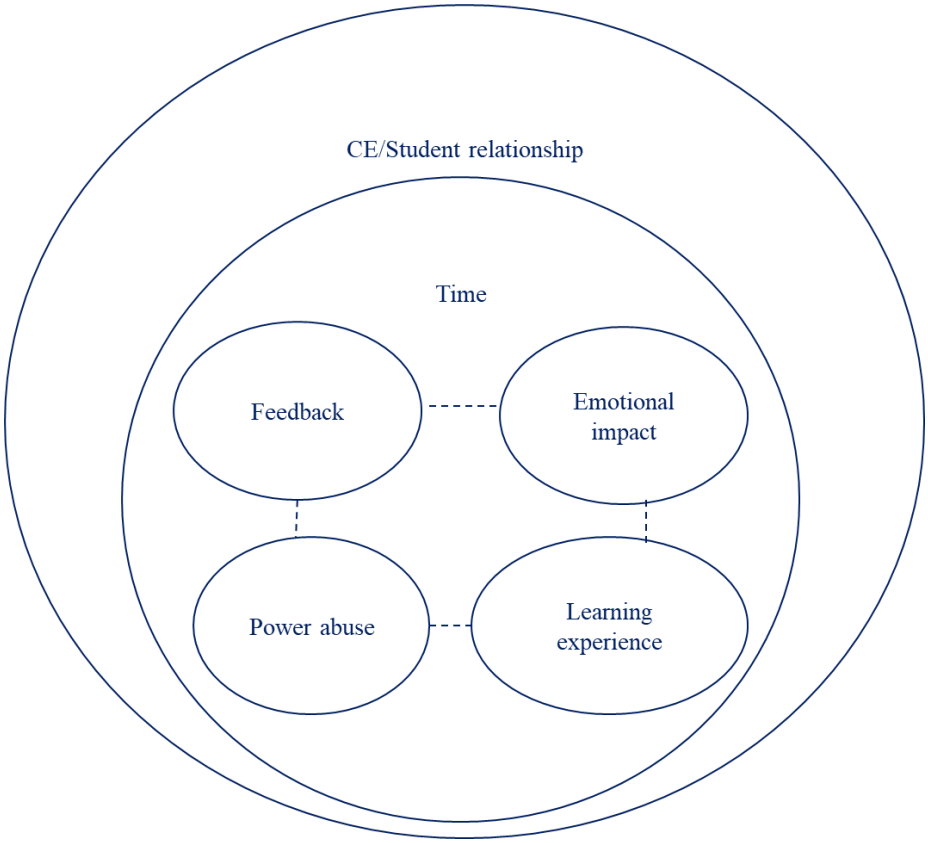

Figure 5.3 CEs' retrospective recollections: Themes from CE narratives and their interrelationship in phase 1

5.3.1 Student/CE relationship.

In the literature, a positive relationship between the student and the CE were generally held to be at the centre of everything for the student's learning, and to be the key to a positive learning outcome. From their retrospective recollections, none of the student participants appeared to have experienced a positive relationship.

> *"I do feel like maybe if it was a different clinical educator um, I just wonder how much that played into it um… um, I think um… yeah I could've done a bit better with a different kinda style…" SandraP1 S*

In the CEs' retrospective recollections, this relationship was acknowledged by the CEs, and viewed as taxing for them to negotiate and balance the role between assessor, educator and support person.

> *"so it's I I find that extremely difficult, just being able to still be that support, and still be someone who you can approach but at the same time, being really honest, and constructive, cos there's no point in sugar coating it, it's not gonna help them, yeah so that emotional affect is is really hard I suppose, it makes you stronger, next time it happens…"CaraP1 CE*

The CEs identified they were the person responsible for setting the tone of the relationship and had awareness of how this could impact on the student's performance. Some CEs expressed the need for clear boundaries within this relationship and were clear about the function of their role and noted the importance of this to protect their own mental health.

5.3.2 Feedback.

The role feedback played in the CEs' experience was viewed as central. It was something they spent a lot of time doing, considering how to do it, when to do it and who was going to do it. Having COMPASS® enabled them to frame the feedback in a way that depersonalised the process for the student and focused on their competencies and behaviours.

> *"…there were a few points um we had sort of an informal COMPASS® the week before, which wasn't related to directly to the COMPASS® but was related to the goals we had set out a few weeks before we had set out for her, which related to COMPASS® that we had talked about then…" CaraP1 CE*

Nevertheless, for some CEs the experience of providing feedback impacted on them emotionally, because the feedback sometimes did touch on the personal, such as discussing a

student's communication skills. For others they were able to recognise the impact it had on the student and this was often emotional.

> *"I had some positive feedback but a lot of it was all about how much work she needed to do…she took it on board like a trooper. Way better than what I delivered it probably, like I was really emotional, and I had to explain to her, I said to this student, I am really emotional because I can see what a hard-working student you are…" CarlyP1 CE*

The students expressed that feedback for them needed to be targeted and specific however, for most of them it had not been. Feedback lacked specificity and the students reported they had been confused as to what and how they were supposed to make changes to progress their skills.

> *"She couldn't tell me what I was doing wrong, she literally said that, she said to me, I don't think you're meant to be a speech pathologist, but I can't tell you why…" SamP1 S*

5.3.3 Mental health and the emotional impact of placement.

All the student participants articulated the impact their placement experience had on them emotionally. It affected their confidence, their stress and anxiety levels increased and some experienced shame and embarrassment about their experience.

> *"Extremely nervous…as in I also have an anxiety disorder… so certainly my anxiety was heightened during the latter part and when I was being observed by her and there were instances even though I did say there were instances where she didn't observe me, when she did it was one on*

one…um…and I was extremely nervous around her and in fact cried at times…" ShellyP1 S

For some students it had a positive impact with them being able to approach challenging situations in the future with more confidence.

"…it's made me more aware of um..I guess maybe some personality traits that I have which I kinda need to….work on or kind of get over um… that's ok but I need, I really need to step up if I'm gonna be a good clinician um, cos I hadn't really been forced to in my past placements…" SandraP1 S

The CEs too were impacted emotionally. The degree to how much they were impacted varied widely. Some were frustrated, often with the placement process;

"…frustration and I guess yeah, the main feeling that comes out of that one…hmmmm… yeah particularly because I've learnt that she since has progressed on and so that added another level of frustration for me then, looking back thinking well perhaps was my opinion not valued or what happened since that has allowed her to pass on…"CaraP1 CE

Whilst others felt guilt about their student not making progress or not passing the placement.

"…I suppose I set some guilt on top of that as well that I didn't get her over the line…" CassieP1 CE

For others the emotional impact was deep. Generally, the CEs' stress levels were heightened during the placement because of the extra load and time it too to support the student.

"When you have good students there is a still that great added demand to your workload that you're needing to do and that in itself creates the related stress, and stress levels so yeah, tack on challenging students or even a couple at the same time or even borderline then yeah it can be quite stressful yeah…" CalvinP1 CE

Many CEs though spoke of the positive emotional impact their experience had and, for some, this experience was something that could not be replaced by anything else. It left an indelible imprint on them.

"…it's taught me an enormous amount um I now approach clinics, not that I ever did, but I think I have more of a heightened awareness of them, that's what, it's not almost that everyone needs to experience it but it is almost that that if you don't experience a situation like this um… you haven't experienced being a CE to the full extent and um… I know that I can make a change and I've got more skills behind myself. I've got you know, even though it didn't get like I said that positive outcome at that time I now have a number of different skills that I can employ if that situation was to come again um… you know knowing what to do, how to break it down, how to model, how to provide feedback um, I think it was crucial in my development as a CE, you know…" CarlyP1 CE

5.3.4 Power abuse.

The students reported experienced instances of power being wielded over them in placement, by both universities and their CEs. Susan recalled how she had sought advice from an advocate and the power differential was clearly articulated to her. As a result, she felt powerless against the CE and university and did not know where to go to next.

"…she kind of told me, I don't like your chances if they fail you, like she says um she says this is really common thing, um I think particularly with nursing students as well, um she said look, the unis think, I think the way that I felt is that being a student you've got no experience, so you are quite vulnerable in um, because you know um you're they they've got um the power and in failing or passing you and they've got the so called experience so you've, if they're saying you're not up to scratch and you're saying I think I am up to scratch um you know who, whose people, your people gonna believe? They're gonna believe someone that's experienced…" SusanP1 S

For the CEs this theme related to how "other" CEs acted with students. The CEs recounted how they had observed or heard about other CEs misusing their power with students. They talked about "*horror*" stories they had heard in their communities of practice, which were almost "*folklore*", passed down from generation to generation.

"Well there is a lot of power in the CE's court really if they get given a… you know someone who's highly strung or or a really really critical then it's too bad you can't really deal with that or… it's just… they can fail you or say what they want about you you can't really do anything about it which I you know, my CEs when I was a student were really good but you hear the horror stories of people who just can't do anything with their supervisor, yeah, depend on who you get… it depends who you get…" CraigP1 CE

The CEs on the whole were conscious and mindful of the power they held and actively tried to consider this when they were supervising students.

5.4 Themes Specific to Students

The two themes specific to the students were the *placement environment* and the *long-term impact* of the placement. These are now explored individually below.

5.4.1 The placement environment.

For some student participants the placement environment played a direct role in how they had experienced their placement, such as the pace of the environment in an acute setting.

> *"…thinking about why I was stressed I would say…it was probably the environment I was in and the attitude of the clinical educator I think that had a lot to do with my stress…" ShellyP1 S*

> *"I'm someone that I don't really strive really fast paced environment, busy environments…" SusanP1 S*

Whilst for others it was more the team environment of the placement that had impacted their experience. In this instance the students picked up on how the team functioned and how their CE behaved in this team environment, which mostly had a negative impact on the student.

> *"…it seemed between the two just the whole workplace environment seemed a bit, for instance one clinical educator you could just tell on the ward she was just picking up other people's mistakes, like there was a xxxx [clinician] that had written something in the notes and she sort of went up to her and said, um, sort of not told her off but, you know sort of looking for other people's errors all the time…" SusanP1 S*

5.4.2 Long-term impact.

The student participants talked about the long-term impact of the experience of struggle or failure had on them. Most participants described how the feelings of the experience were still with them, long after the event, even if to a lesser extent, despite the passing of time.

> *"I definitely still have moments where I think I'm no good at this and I shouldn't be doing this and I'm not, I'm not speech pathologist and I'm just pretending to be one…um…I still have those moments, luckily they don't last very long… but I, I can't imagine that if I hadn't had that experience then I would ever be thinking that way…" SamP1 S*

For many their confidence has been impacted in the long-term, and sometimes their career pathway or jobs have been impacted. For instance, some have chosen not to apply for positions or have turned positions down because of their experience.

> *"…like I probably just quite like a bit of reassurance that I'm doing the right thing um that, yeah I sort of over think everything and not just sort of, you know go with something, but I sort of overthink it a bit…" SusanP1S*

For the majority, the experience had made them consider how they wanted to be as a CE, or how they did not want to behave as a CE. From a positive perspective it forced them to reflect on what they needed to develop as a clinician.

> *"I know what I never want to put a student through um and that's the best thing I think to come out of it because I literally promised myself that I would never, ever do that to any student, and you know if I think they're going to fail for some reason and they will have reason, they will have reasons and I will sit down with that student and we'll make goals that they*

can, you know manage to achieve… to stop themselves from failing…"

SamP1 S

5.5 Themes Specific to CEs

5.5.1 Time.

Time was an overwhelming, overarching theme for the CEs. Supporting a student who was struggling impacted the CEs' time in different ways. The general consensus was supporting a student who was struggling on placement was time-consuming- from a resource perspective but also in terms of the extra amount of work the CE was required to do.

"it was…very time consuming and very um…I suppose draining from a resource point of view but also my thinking and the amount of work I needed to, or I put in…" CarlP1 CE

This issue was seen as impacting the CE's caseload, other aspects of their job and other students who also might have been on placement at the same time.

"…and balancing giving those three other students adequate kind of time and and experience with providing with more experience and more time to the struggling student meant I was doing a lot of work…um…and and that was um really, really quite difficult…" CarlP1 CE

It also encroached on the CEs' personal time, if that was the way the relationship with their student had been established.

"I was getting text messages and emails at 12 o'clock, 1 o'clock in the morning of things she was really struggling with so it really took over the rest of my life not just…" CamillaP1 CE

The CEs reported that often additional time was needed once the placement was finished to re-establish relationships with clients and to get back on top of their caseload and work that had been neglected during the placement.

5.5.2 Learning experience.

Similar to the theme of *long-term impact* for the students, the CEs identified that having the experience of working with a student who struggled or failed was often positive.

> *"I think it's a positive thing because the next time I think something happens I'll have some strategies sooner to deal with it I mean every situation's different but I think sometimes… you know the stuff that challenges you is the stuff that makes you learn basically so, so yeah I don't see it as being a negative thing…" CarolineP1 CE*

Most CEs reported positive learnings: from learning new strategies, skills and changing their practice to feeling like this experience had transformed them in some way, some on a deeply personal level. Some CEs reported feeling like it had taught them something about humanity and life.

> *"I think it, also taught me that it's okay, that I'm human and that I can feel, and have these emotions…" CarlyP1 CE*

Having this experience was something most CEs felt was almost a rite of passage and they would not change it despite how difficult it was at the time.

5.6 Narrative Plotlines

Plotlines in stories attempt to explain why things happen and encompass the logic of the story (Monrouxe & Rees, 2017), and the analysis of how participants explain how and why events occurred provides insights into the ways they interpret their experiences (see chapter 3). The

plotlines in the stories of CEs and the students varied. They differed in tone depending on how the various characters in the narratives behaved, acted and reacted. The behaviours of these characters depended on how they were positioned in the narratives, either intentionally or unintentionally, by the CEs and students and how the CEs and students positioned themselves in the narratives.

In this next section the plotlines of the student and CE narratives are described in more depth. There were three main plotlines identified in the students' stories, which were in line with the two archetypal stories of the *overcoming the monster* and *voyage and return* (Booker, 2004), two of the seven archetypal story plots Booker describes. The majority of the plotlines in the CEs' stories were in line with the archetypal story of the *voyage and return* (Booker, 2004). Booker (2004) maintains that all stories fit within one of these seven archetypal plots.

In the *overcoming the monster* plot from the student perspective, the protagonist (student) set out to defeat an antagonistic force, (placement and/or CE) which threatened the protagonist (student) themselves or their homeland. In the *voyage and return* plot, the protagonist (student) went to a strange land, (placement land) overcame threats it posed to them (reaching competency, something internally they are battling or the CE) and they then returned with experience (new skills or learnings as a student or speech pathologist).

In the *voyage and return* plot from the CE perspective, the protagonist (CE) went to a strange land, (placement land) overcame threats it posed to them (students not reaching competency or behaving unprofessionally which threatens their sense of self as an educator) and then returned with experience (new skills or learnings as a CE). In the *overcoming the monster* story line, the protagonist set out to defeat an antagonistic force (often evil and often

another CE) which threatened the protagonist or the protagonist's homeland (their sense of self as an CE with sound skills).

In the CE narratives whilst most narratives aligned with *voyage and return* as explained above, one CE's narrative was different, in that their story aligned with the plot of *overcoming the monster* (Booker, 2004). In this narrative, *overthrown* the CE came up against another CE who threatened their skills, knowledge, abilities and sense of self as someone who was an experienced educator. The (*villain*) CE challenged the protagonist CE's ability to assess the student accurately. The protagonist supports the student but despite this is overthrown by the (*villain*) CE and their accomplices. In this particular version of *overcoming the monster* our protagonist CE loses the battle and walks away licking their wounds with damaged pride. The protagonist feels like they have failed their student (the victim) and they question themselves and their abilities. The power of the evil force wins out on this particular occasion.

For the majority of CEs their stories fitted the *voyage and return* archetype (Booker, 2004). There were different versions of this that were told. In the *ultimate struggle* narrative, the student is identified by the CE as struggling right at the start of the placement. The CE puts all of their resources into the student and the placement. So much so the CE "takes the placement home" with them. The boundaries between placement and home life blur, causing the CE stress and worry. The struggle is real for both student and CE. Unfortunately, the student does not pass the placement at the end and the CE feels like they have failed the student, despite knowing they have done absolutely everything they could possibly have done. From this tragic ending the CE recovers and some sort of transformation in their knowledge or sense of self as an educator occurs. They have new skills and learnings from their experience they take into future experiences.

In the *turning things around* narrative, the student who has been identified at the start of the placement as struggling seemingly has issues that to all intents and purposes could be insurmountable. The CE works hard with the student in a very thoughtful, compassionate way enabling the student to reflect on their skills and behaviours to make the significant changes required of them. Depending on the type of CE they are, they either find the placement stressful but not overly burdensome or are burdened by the weight of the placement. The former type of CE is able to keep the placement in balance with other aspects of their role and life. The latter type struggles to keep it all in balance. At the end of the placement the student reaches the appropriate level of competency and a sense of relief is experienced by the CE. In the longer term the CE reports the experience as having been meaningful and educational for them, they appreciate the benefits it has afforded them.

In the third narrative, *the critical incident*, the CE notices some concerning skills at the start of the placement but addresses them straight away. The student tries to hide in the shadows by either being passive or overly confident. Part way through the placement a critical incident occurs which heightens the CE's concerns about the student. This is a turning point in the placement that allows barriers to be broken down between CE and student. The student is able to move on with the support of the CE, but the critical incident remains a central point of learning for the CE. As a result of this placement the CE feels they have learnt many skills with their practice changed as a result of the critical incident.

In the fourth narrative *on the back foot* the CE identifies the student as struggling right at the start of the placement but does this by comparing the student with their peers. The students are positioned against each other as polar opposites, with one being "excellent" or "good" and the other "struggling" from day one. They are positioned as the "weak", "incapable student". A decision is made very early in the placement that the student will fail, there is no hope for them, it will be impossible to pass the placement. The CE gives the

student a choice to either stop the placement or continue with a revised plan and timetable which means it will be impossible to demonstrate the skills required to pass the placement. The student continues but does not really understand the implications of remaining and continues to wonder if they will pass. Towards the end of the placement the CE reiterates to the student they will not pass, and they leave the placement before the end placement feedback can be given. The CE is surprised by the student's departure and on reflection reports learning a lot from the experience about how students present and the things they are dealing with which can impact learning.

The plotlines are explained in table 5.1 with examples to illustrate each plot. Plotlines apparent in the student narratives are presented first in the table, followed by plotlines apparent in the CE narratives.

Table 5.1 Retrospective recollections: Narrative plotlines in phase 1 participant stories

Narrative Plotline	Description	Illustration
In a sea of unknown *(based on Overcoming the Monster (Booker, 2004))*	The student feels unsafe on placement from the outset, they feel the feedback given to them is unspecific, they do not know what they are doing wrong, and therefore don't know what they need to do to fix it. They are *"in a sea of unknown".* The CE is portrayed as the monster the student needs to overcome.	*"…it was all very vague and it wasn't until, um it was very inconsistent and up and down at the whole, the whole placement, which made me and the other student extremely anxious, we were just and it was really good we had each other, we were going through the same thing…she [CE] was very sort of unpredictable and it was, yeah it was, we we'd both become really anxious on placement because we just didn't know what to expect…" SusanP1 S*
If only things had been different (A voyage and return (Booker, 2004) narrative)	The student in this narrative goes on a journey to placement land, which is traumatic and harrowing at times. They feel the CE is against them, they have been allocated a placement that could have been better, the CE could have been different, all things the student feels could have changed the outcome. A realisation then occurs where the student recognises they have a part to play in their story and a shift occurs. They realise they have learned something about themselves which will change their practice moving forward as a clinician.	*"…if things were a bit different in the initial stages I might have, I might have got there maybe if I had been able to observe a couple first um, if I was a bit more familiar, maybe had a, like a tour of the hospital or something first, I don't know…" SandraP1 S*

Playing the game (an Overcoming the Monster (Booker, 2004) narrative)	The *playing the game* narrative starts in the same was as *in a sea of unknown*, the student is lost, they don't know what they are doing wrong, or what to do to fix it. However, in this narrative, the student capitulates rather than decides to fight the monster, and "plays the game". They do what they think is required to "win" not necessarily what they think is right. In a sense they lose a part of themselves.	*"Yeah so I I literally did what she asked me to do, for the next six weeks regardless of what the client was doing and whether I thought the client was responding to that or not, I just did what she asked me to do and went through it and I passed and I I asked her I said, she said 'oh I don't know what you did, but you were so much better'…" SamP1 S*
Overthrown *(based on Overcoming the Monster, (Booker, 2004))*	CE narrates a story where they are *overthrown* by a more powerful CE. The CE disagrees with the judgment of their colleague. Their sense of self as an educator is challenged and they question their skills moving forward.	*"…I think a lot of it in my opinion is the supervisory style I think…she felt so under pressure by the other clinician that she she just didn't perform well because you know I had her alternate days…so yeah I just being surprised and thinking, you know 'is my radar off?', 'Is my um what's the word, is my scale out of whack?', that's the main thing, I really doubted myself…um…yeah I thought how many students have I passed now? And maybe none of them are entry level?" CraigP1 CE*
The ultimate struggle (based on Voyage and Return (Booker, 2004))	The student is identified by the CE very early in the placement as struggling. All of the CEs resources go into the placement and student, lines between work and private life blur and they experience a large amount of stress. The student does not pass the placement at the end. After a time the CE reflects on the huge learning that has taken place and transformed them in some way. It changes their practice.	*"…and in the end the student did fail, under a lot of stress, yeah, it was difficult and I think at the start she tried really hard…but it's it's really difficult and I think you know having a failing student it makes you reflect a lot on on…the things that you're doing and the clinical education that you're providing…all the extra time I was spending on this failing student, it is a lot of extra time, um and it's time outside of that clinic…um it's so difficult at the time but the lessons that I learn as a clinical educator and I guess the*

		improvements that I can take into the next clinic always outweigh the difficult times…" CassieP1 CE
Turning things around	The student presents at the start of the narrative with problems that are seemingly insurmountable. The CE works hard with the student and they turn things around to pass the placement. The CE finds it relatively stressful but reflects on the great learning they have gained as a result.	*"Look it it was borderline decision and with the input of all the other parties yeah, I certainly made mention of er the current level of competency, the area of concern er but this this student I don't think I've seen anyone make as big a changes as they did over the course of this short period of time…Look I was I was extremely pleased for the student um to to actually see the amount of change that was made however it was highly stressful I think for both student and supervisor, I can certainly attest to that myself anyway, um yeah, mixed bag. Rewarding but I think I I learnt a lot I think I've evolved as a supervisor but yeah it was, it was tough going yeah…" CalvinP1 CE*
The critical incident	In this narrative the CE notices the student has some concerning skills at the start of the placement, they highlight them to the student. A critical incident then occurs in the placement, which is alarming to student and CE. This is a pivotal point in the placement where barriers are broken down between CE and student and learning occurs for the student. The incident remains a key point of learning for the CE, taking things from that experience into their future practice.	*"I guess I I felt that I was aware that she was potentially going to struggle very early on um but I… always have that approach of 'okay let's provide some scaffolding early on'…I can tell you of one situation which exemplified her lack of participation…that was like a critical incident for me, um… and I have thought about that incident quite a lot because it could have been a dramatic outcome…so I guess in terms of, her learning, that was a shock… um, and it might have accounted for some of her early improvement…it was a learning experience all round [for] me, the student and the other educator…but you know sometimes the best learning comes from the hardest work…" ClarissaP1 CE*

On the back foot	CE identifies issues early on with the student but compares them to the student's peer, polarising one as good and one as bad. The bad or poor student is labelled and pigeonholed as failing. Nothing they can do will change the outcome. The student is not entirely aware of the implications of being labelled so early on, when they realise they leave the placement before the end. The CE's learnings happen after the student leaves and they reflect on how students present and how life can impact on them and affect performance.	*"…first of all, they were very unevenly matched students, one of them was beyond excellent um she could have actually started work at the beginning of the placement [laughs] um and the other student was the struggling student, so very, very mismatched…you know by the 3rd week, you know we were coming up to mid-placement and I was like well, she's not gonna pass, she's not gonna, you know and, and this mid placement feedback is going to be, very, very hard for her…for the end placement feedback and um yeah, she just said 'oh I don't think I can come back next week then, if I'm not gonna pass' I was just like, 'oh wow' and and that shocked me more than anything I think you know because we'd had it, so clearly documented and so much discussion with her and the university and everyone and yet she still thought she was going to pass, I just thought 'oh my goodness'…it's made me um, hugely aware of anxiety um it's really refined my ability to scaffold, and structure learning, it really refined my ability to um set incredibly measurable goals and give very specific homework, um…er and keep things very um finite…" ChristaP1 CE*

5.7 Character Tropes

Character tropes are based on social stereotypes of groups of people who share similar characteristics (Monrouxe & Rees, 2017). Stereotypes can be defined as "a set of consensual beliefs in one group about the attributes shared by members of another group" (Van Langenhove & Harré, 1999, p. 129). Monrouxe and Rees (2017) explain that character tropes therefore usually contain “fuzzy sets” of ideas about a character with no one representation being true. They go on to explain that no single character in a narrative is recognisable without being represented alongside other characters, for example, there is no *villain* without a *hero*. Characters cannot exist in a “moral vacuum”. By adopting certain positions in the narratives told, people adopt a particular vantage point, drawing on the various plotlines and character tropes, through these practices the narrator’s identify comes to the fore (Monrouxe & Rees, 2017). Character tropes were therefore seen as important to identify in the participants’ narratives.

A range of character tropes were identified in the narratives of students and CEs when sharing their experiences struggle and failure or supporting a student who was struggling or failing on a clinical placement. The identified tropes were based on how the student and CE participants positioned themselves or others in their narratives. A character can be more than one trope in a narrative, for example, *the warrior* student may turn into *the capitulator* part way through the narrative when they decide to switch their approach in *playing the game* or the *doubtful CE* might also present themselves as *the frustrated hero* trying to rescue the *victim* student. Table 5.2 provides an overview of the character tropes. Some tropes were common to both CE and student narratives.

The CE character tropes (as labelled) came largely from the CE narratives, how they had positioned themselves in their own stories, through their thoughts and actions. The tropes that related to the students came both from the student narratives and the CE narratives. The students who talked of CEs in their narratives largely positioned the CEs in the *bully* or *villain* role, in the sense of a force the students found themselves up against. In the CE narratives, the students' character tropes had more description and depth to them, with the CEs' talk and descriptions being present to illustrate the things within the student they might have had to manage or might have found challenging, for example, with the *rabbit in headlights,* the student's difficulty engaging in the learning environment was central to the CEs' narrative.

In the student narratives, the character tropes with the greatest depth to them related to how they positioned themselves in their story, that is, their student trope, and this related to how central their experience was to them as a student.

Table 5.2 Retrospective recollections: Character tropes in student and CE narratives phase 1

The considered CE
The considered CE is thoughtful, knowledgeable, capable, confident, supportive and facilitatory. They are able to work with the student without feeling overburdened by the experience. They still feel stress during the experience, but they manage to keep it contained at work. They see the value in the experience and take valuable learnings away from the experience.
The overburdened CE
Whilst *the overburdened CE* has many of the positive characteristics of *the considered CE*, *the overburdened CE* bears the burden of the placement on their shoulders. They use language which indicates they "own" the failure for the student. They put all of their resources into the placement experience. The stress of this often bleeds into their private life and impacts on their time outside of work. As for *the considered CE* they too take valuable learnings away but there is a cost to this, the stress and burden. This sometimes results in needing a break from taking students in the future.
The doubtful CE
The doubtful CE has many of the characteristics of *the considered CE* and *overburdened CE*, whilst *the overburdened CE* takes on the burden of the placement, they know they are doing their absolute best, *the doubtful CE* on the other hand questions their ability and skills as an educator. It makes them question their past and future experiences, and the validity of these experiences.
The powerful CE
The Powerful CE is portrayed as such by others, often with *the doubtful CE.* They dominate the student (victim) in the narrative and *the (frustrated) hero*. *The Powerful CE* wins out by being dominant and overpowering those who they come into contact with.
The guardian CE
The Guardian CE has all of the qualities of *the considered CE* and some of those of *overburdened CE,* (stress) but they take the student under their wing, feeling deeply emotional about the student's plight.

The controlled CE
The controlled CE is knowledgeable and skilled as an educator, they know theory about the clinical education process, but they execute it in an emotionally removed way. They have very clear boundaries and can come across as a little aloof.
Hiding in the shadows
This student is portrayed as someone who is a passive learner in the narrative. They are portrayed as wanting to stay out of the way of the CE as much as possible, so their lack of skills or knowledge will not be found out. The shadow side if this character is a louder character who tries to hide in the shadows behind a wall of bluff, they appear more confident than they are. It can take the CE time to work out the shadow side of this character if it presents itself initially.
The deer in headlights
The deer in headlights is a student who lacks in confidence, they may be passive but quite often they are frozen. They find it difficult to perform in front of their educator and clients. The reasons behind *the deer in headlights* presentation is often related to an anxiety issue but can also be related to a lack of knowledge and clinical skills.
The rogue
The rogue is a student who is presented as someone who is perceived as a dangerous learner. Since they don't know what they don't know, this can be difficult for the CE to work with.
The prop
The prop is a character who appears as someone who facilitates the protagonists place in the narrative but does not fulfil a real role in the story.
The hero
The hero is portrayed in the narratives as someone who selflessly overcomes their own personal agenda to "save" others (usually the victim). They sacrifice themselves for the cause, to get the students "over the line".

The (frustrated) hero
This character is also portrayed as selfless, saving others, however their quest is portrayed as fruitless in the narrative and might not be noticed by the oppressor or *the victim*.
The victim
The victim is portrayed as innocent, and often powerless against the force of a more powerful oppressor. When they are portrayed as powerless, they may be vulnerable and need rescuing.

5.8 Summary

In this chapter the themes, plotlines and character tropes discovered in the participants' data have been presented. There are many common themes across participants' narratives, whilst there are some themes which are specific to individual participant groups. For example the *learning experience* is specific to CE narratives and the *long-term impact* is specific to the student narratives. The common themes identified — the student/CE relationship, feedback, mental health and the emotional impact and power abuse — indicate the experience of struggle and failure is complex and does not reside solely with the student or problems with their skill and competency development. In fact, although both sets of participants spoke of the need for specific feedback around skills and competency development, the talk of problems with skill and competency development was kept largely to the theme of feedback and students not knowing what they were doing wrong. The other issues were more prominent.

Narrative plotlines and character tropes were apparent in the student and CE narratives. Some tropes appeared in the narratives of both student and CE participants for example *the deer in headlights*, whereas some tropes were specific to participant groups for example *the considered CE* only appeared in CE narratives. The plotlines in the student narratives tended to be aligned with the *overcoming the monster* archetypal plot, whereas the CE narratives tended to be consistent with the *voyage and return* plot (Booker, 2004). The plotlines and character tropes assist in better understanding the experience of the student who is struggling on placement and the CE who is supporting them. It was apparent from these stories and characters, that students in their retrospective recollections of struggle, often viewed their experience as something they had to overcome, with their CEs being viewed as a bully or monster of some kind. CEs on the other hand generally positioned themselves as

competent for the most part, with stress sometimes overwhelming them because of the level of responsibility for the student who had been struggling. Students were often positioned according to the approach they took to their learning by the CEs.

Despite the challenges identified by all participants, all groups identified there were positives to their experiences on some level. For the students, this related to the learnings they took with them which had long term impacts on their career. For the CEs on the whole their experiences of supporting a struggling student was viewed in retrospect as a transformative positive experience. The CECs also reported positive impacts, especially when CE, student and CEC worked together for a positive outcome.

6. The Lived Experience

6.1 Introduction

This chapter presents the results of the analysis of the phase 2 data which was collected contemporaneously, that is, close to the time when the participants were dealing with a situation of struggle during a clinical placement. The results in this second phase of the study shine a light on the lived experience of struggle — what it feels like to live through a challenging experience — whether as a student or educator. In the previous phase of the research, the participants had the benefit of hindsight and distance from their experience and so they had had the opportunity to retrofit their experience to their lives now. Capturing the lived experiences of the participants in phase 2 juxtaposes the participants' experiences "as they occurred" against the reflected experience (presented in the previous chapter). The impact of time available to reflect and integrate experience into their life as a person and clinician is apparent and lacking in this data set, except for the clinical educator, who had multiple prior experiences to contrast with these encounters.

Two students participated in this phase of the project. They were identified as struggling or being "at risk" in the COMPASS® assessment tool by their clinical educator at mid-placement. They opted to participate in the study at the start of their placement when they first logged into COMPASS®, as outlined in the methodology chapter section 3.3.1 *eligibility/inclusion criteria- sampling strategy-phase 2 contemporaneous accounts*. Out of 10 students who were flagged as being at risk, only these two students then agreed to be interviewed following their placements.

One clinical educator (CE) participated, reporting on two separate experiences of managing students who were struggling on clinical placement. One clinical education coordinator (CEC) also participated in this phase of data collection.

The participants in phase 2 of the project were interviewed immediately after the placement experience, whether as a student, CE or CEC. Participants were also asked to keep a written or video diary of their experience if they were able to. The CE completed a written diary, for each placement she was interviewed about, both students reported that having to keep the diary on top of navigating their placement would have been an added load they could not cope with at the time. The CEC also reported being time poor and did not share a diary.

The sections below outline the themes within the narratives of all the participants and the plotlines and character tropes are presented and discussed. Note that sections 6.1.1 and 6.1.2 deal primarily with the results of the analysis of student and CE data, although the tropes and plotline in the CEC story has been presented in sections 6.1.4 and 6.1.5. As there was only one CEC with one story the data analysis has been presented as a case study example and is introduced and discussed from section 6.1.3 and integrated in the remainder of the chapter.

6.1.1 Themes from the literature.

The themes identified in the student and CE narratives in this second phase of the study were almost identical to the themes in phase 1. The students discussed the themes of *identification of at-risk students* and *support and remediation*. The CE, Celeste, also discussed the theme of *failure to fail* in her narratives.

Similarly to phase 1, students indicated they were unsure why they had been highlighted as being "at risk" at times. One student's experience was of finding out their CE had significant concerns after the placement was complete, not at the mid-point, even though this was indicated on the COMPASS® tool. This student was aware they needed to work hard in the placement but at no time were they told they were at risk of failing or not meeting

the required level of competency. The other student was very aware she had difficulties performing clinically but struggled with working out why this was. She expressed feeling *"in the dark"*.

In both of the CE's stories and her diaries, Celeste spoke of identifying issues with the students' skills and abilities early on. She related these areas to units assessed in COMPASS®, such as reasoning. This was consistent with how the CEs in phase 1 spoke about *identification of at-risk students* in their narratives.

> *"…she was one who very much had issues with her clinical reasoning, was something that she had a lot trouble with was the first thing really that came up, so um especially that ability to um have that online sort of clinical reasoning…" Celeste2P2 CE*

In terms of the *support and remediation*, both students expressed not having support from the university they could rely on or that was useful to them during their placement. One student made a decision to take action themselves to pass the placement, whereas the other student appeared more passive and expressed disappointment the university did not do more to assist.

Celeste was also very clear in her narratives about what structures were put in place to support the students and how she went about doing this.

> *"…so by week 4 we're trying to just branch outside the square a little bit along the way we've been doing some communication therapy um which once again if it was able to be structured the student would do quite well, by the 5th week we were just trying to see as many patients as we could cos I was thinking aww, try… I was really looking to see how the student's reasoning was kinda developing cos I was really hoping, you know, if have*

they improved that enough that we're gonna be able to get them over the line…" Celeste1P2 CE

Like the CEs in phase 1, Celeste also touched on the supports she received for herself. Again, Celeste's talk around *support and remediation* was consistent with the phase 1 CEs.

"I'd sent a couple of emails just in week 2, just sort of saying 'aw the students, this is how they're going in a couple of areas and I've got some concerns and some things we're gonna work on and then before we did the mid-placement feedback I let them know I was gonna put the student at risk, um because of the following reasons and then I had a good phone conversation with the clinical supervisor I think in about week 4 just to let them know how the student was going and then again um at the very end of week 5 just to chat through what we were gonna to say to the student as a plan from here…" Celeste1P2 CE

Celeste also discussed the issue of *failure to fail* in her narratives, as a CE, earlier in her career she often struggled with identifying and telling the student they were "at risk". She talked about how difficult this is for a CE to do.

"…when I actually first started doing clinical education I actually really struggled with um putting, having that conversation of putting students at risk in mid-placement cos I kind of, I would often get to mid-placement and think oh well I think two and half weeks, that's not very long and maybe I haven't just seen them shine enough and and you know there's still two and half weeks, they could probably pick up and so maybe I shouldn't put them at risk, that could be really disheartening and I would

often really have a lot of inner turmoil about putting them at risk…"

Celeste1P2 CE

She tended to want to give the student the benefit of the doubt and hope they were going to develop the necessary skills.

As illustrated above, the themes from the literature present in the participants' data in phase 2 was consistent with phase 1, aside from the discussion of *failure to fail* by the CE in phase 2. This CE related this to a lack of experience earlier in her career.

6.1.2 Themes from the data.

The themes in the student data in phase 2 were similar to those in the stories of students in phase 1, except for the theme of 'long term impact'. These students had not yet reached the stage of considering how their experience would impact or influence them in the future. There were five themes present in their narratives. These themes are represented in figure 6.1 and are described in the following sections. In the inner circle, the student/CE relationship is central to everything. It impacts the other themes outwardly but is also impacted by the other themes inwardly.

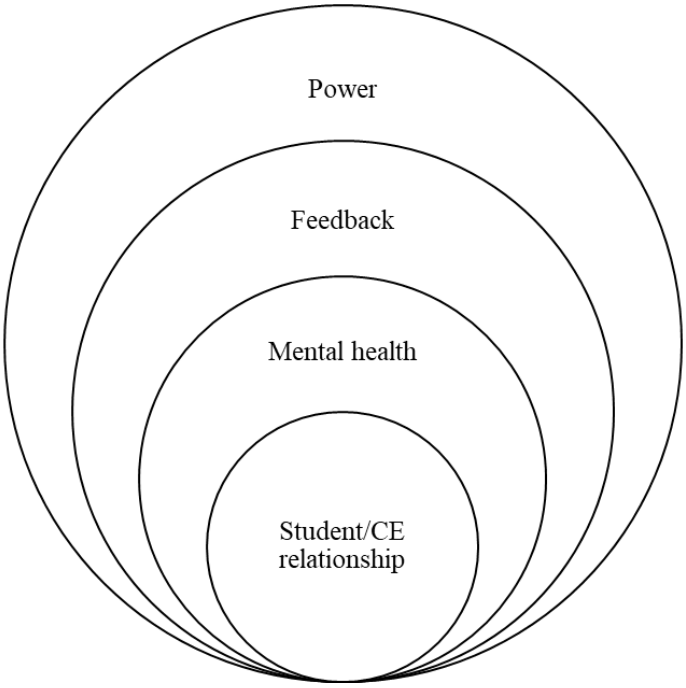

Figure 6.1 Themes from student and CE data in phase 2

Student/CE relationship.

The students expressed how important they felt the CE/student relationship was to their clinical learning. One student's experience was not bad, but she expressed needing to manage the relationship carefully in order to navigate the placement successfully.

> *"I did find her a little bit difficult, to work with um…but I I feel like we got along so, when weren't talking about sort of treatment or uni whatever, I felt like we got on fine and I feel like she liked me and you know she she she'd drop into my room and we'd chat but we wouldn't chat about, I I didn't feel like it was easy to chat about speech pathology stuff [both laugh] it was more she wanted to talk to me about yeah I think she was interested in me as a person…and she liked to have a bit of a gossip and a whatever [both laugh] um but I found it really hard to talk to her about, not to get proper feedback, and I sort of, I don't think that we agreed about certain things um…" StellaP2 Student*

The other student expressed how she felt the nature of the relationship with the CE impacted her placement. She felt this could have been better and therefore could have changed the course and potentially the outcome of her placement. This related to having to relate to more than one CE during the placement, as it was a juggle to adjust to the different CEs' styles.

> *"…I didn't know what to make of that when one, when one CE would tell me one thing and another CE would tell me another thing…" SadieP1S*

Celeste made it abundantly clear that the relationship with her students was extremely important to the placement experience. She recognised the importance of being empathic and

kind with her students, especially when difficult feedback or conversations needed to be had. She had an awareness of her potential impact on the students' experience.

> *"…and personally I think as well it just helps me to be someone who, I mean I would always would say that I'm a nice person and I hope others would agree with that [both laugh] just that whole making sure that when you're dealing those hard conversations and knowing how to handle it and being empathetic and professional but still a teacher and you know, I guess a leader of of people and that kind of thing and just making sure you're still always doing it in a a really nice way, like I sort of try to pride myself on…" Celeste1P2 CE*

Conversely in Celeste's second experience she noted how difficult it was to relate to the student, and how this impacted on her experience of trying to support the student.

> *"…she just didn't give you much to work with, which I found really difficult I guess, as a um as a student to work with cos it was really hard to know what you were to do to improve, she didn't seem overly worried that she wasn't improving so um…so that was quite tricky…" Celeste2P2 CE*

In both experiences the students indicated how central the relationship with the CE was to feeling safe in the placement and ultimately having a successful learning outcome.

Mental health.

Both students expressed how hard the emotional impact of the placement was for them. For one student this impacted their mental, and subsequently, physical health.

> *"…it just impacts on your physical health so much and your mental health yeah there's only so much adrenalin you can … yeah, so that that*

was definitely a problem I feel like, you know they were aware that perhaps, well… we identified that as a problem and we tried to fix that but I just feel like maybe they needed to factor that in a bit more at the start…" StellaP1 S

Both reported feeling anxious, one to a crippling degree.

"…but basically, I I go in and you know, I was just, I was just I probably looked okay but inside I I just freeze and um and that that impacted on everything from my online flexibility with the clients to just normal and engaging with the parents" SadieP2 S

As these students had just completed their placement, their experiences were fresh and raw. They were still in the midst of processing their experiences and what that meant for them. One of the participants described wanting to lock herself away and not wanting to talk to friends and family.

"I wouldn't want to get out of bed, I wouldn't want to you know, I wouldn't want to go outside at all, um so the other thing I was, I tended to block everybody out" SadieP2 S

As indicated above, this experience was very recent for Sadie. She described still trying to process it and was putting supports in place for herself.

The CE, Celeste, described in her narratives the impact these placements had on her emotional wellbeing and her experience of emotional turmoil or doubt. She described having an inner struggle during these events.

"…when I have a student at risk, is just having that kind of um…not quite turmoil but having that sort of um, almost inner struggle of that sort

of when you're trying to decide when are you going to fail them, whether you're going to, whether you're not and trying to think about a way to put them through and trying to walk that fine line between are you going to give them more patients to see to really work on things but when it's not going so well it's just sort of a, can sometimes be a numbing experience for the student cos they know they're not going well and that the patient isn't particularly enjoying it…" Celeste2P2 CE

Her narratives gave a sense of how she felt torn between the student's needs and those of her patients.

"I guess sometimes there's always a bit of a… watching the student do sessions sometimes, with um, not particularly stressful but sort of that feeling of a bit you know I I sometimes had a bit of inner turmoil cos sometimes when I knew the student was struggling so much and and really did have trouble or doing say an initial assessment or something like that… and because we are seeing you know real patients and that kind of thing I want to make sure the patients don't feel like they're getting a dodgy service cos they're getting a student that's not very good…" Celeste1P2 CE

Celeste also described feelings of frustration in relation to one of her experiences, illustrating the different reactions a person can have to a similar event. The human centredness of struggle and failure in clinical placements was seen in Celeste's narratives about these two different placements.

"It was frustrating um it made the placement feel like it went for a very long time I must admit um sometimes with some students the block

just goes by so quickly and others not so much… um hers was definitely a not so much um placement so it just a lot like it took a really long time and um they sort of often are, I'm always trying to think how can I best improve to help her along um sometimes I think 'oh is it that I'm not doing something like, you know is there something I should be doing' or um anything I tried just didn't seem to work but that kind of, I guess a lot of that made me feel bad that she wasn't improving in any way um…" Celeste2P2 CE

Power abuse.

Both the student participants alluded to an imbalance of power in their placements. One participant described being used as almost a "pawn" between the CE and the university, where the CE spoke disparagingly about the university. Stella explains what her CE expressed to her.

"… 'you know years ago to xxxx uni used to be better and now they're just, you know, pushing graduates through for the money' and it was almost like this feeling of um… sort of …yeah the quality's going down, yeah…" StellaP2 S

Stella explained feeling inadequate when the CEs spoke in such terms about her university and reported feeling that she had to work harder to prove herself. She explained this had an emotional impact on her, with trying to prove herself exhausting her. The interrelated nature of the themes within the narratives was illustrated by Stella's report that trying to manage the way her CEs utilised their power resulted in this emotional and physical impact:

"...pretty inadequate, I I felt I spent a lot of energy just um keeping my attitude positive and you know really trying to bring energy to work um...which probably tired me out in the end..." StellaP2 S

As a CE, Celeste touched on the theme of power abuse in clinical education in speech-language pathology as the CEs in phase 1 did, relating this to "other" CEs and stories she had heard.

"...you know I've heard other horror stories, I mean who knows, students probably embellish things like that but you know people who have CE s who yell at them and get really angry at them and you know, and um have some way of, I have seen sometimes that in action um, a clinical educator that I've met in the past who um was a colleague that you know was sort of felt like it was a good thing to have students be scared of you and cry and that kind of thing and I um, that's just not my learning style or my teaching style and so I like that the students aren't scared of me, at least I want them to respect what we're doing in the department as a whole to make sure they're still professional but um, you know I I don't think students learn well when they're petrified of you and so I'm always trying to make sure I get that balance right of being nice and empathetic and professional but a leader and not having them be absolutely petrified of me..." Celeste1P2 CE

This "othering" positioned her as a "good" and "professional" CE who did not engage in this sort of behaviour with the students.

Feedback.

Both student participants emphasised the importance of receiving consistent feedback where there were two or more CEs involved in their supervision. Their experiences were difficult, as they did not receive consistent feedback, and this was confusing and problematic to synthesise at times.

> *"I didn't know what to make of that when one, when one CE would tell me one thing and another CE would tell me another thing…" SadieP2 Student*

Stella expressed having to change her practice because of the very different feedback she received from the two CEs she worked with. She described feeling conflicted as she could see the impact it had on the client she worked with.

> *"…it just it really threw me off and I felt really lost, like I just felt 'oh gosh I've been learning all of this stuff and um to me this feels right, it feels like it's required in this moment and I can write a rationale about that and it feels right and I want to try it' um but I couldn't so I felt really lost, like I thought I just don't know what I'm doing here, it doesn't feel right you know… but the the impact that had on my therapy it was just all over the place, you know like one week I was, depending on who was observing me, one week I was doing minimal pairs [both laugh] and the next week it was, I'd send in my session plan trying to build on from what I'd done and depending on who was observing me they'd she would just email me and say 'no that's completely wrong you're gonna have to do it all again'" StellaP2 S*

Both students' narratives expressed the need for consistent, specific feedback but with room for discussion between student and CE.

Celeste, the CE, talked about feedback in her narratives and diary entries frequently. She described providing specific feedback for her students, both verbal and written, and the importance of the students taking this on board to change their clinical behaviours. In Celeste's first experience she described the student taking her feedback on board, writing it down and trying to implement it. In the second experience she described the student not appearing to take the feedback on board and struggling to make changes. It was difficult for Celeste when she needed to provide difficult feedback; sometimes because she could see one student was making a concerted effort and Celeste did not want to hurt them and with the other student because they did not appear to be taking the feedback on board.

> *"giving feedback and that kind of thing but um yeah, it's probably more just um overall, it makes it just a more stressful kind of, when they're not going so well, when they're not sort of taking on that kind of feedback and I always find it easier if they're a student who, yes they're at risk but they're trying really hard at, you know you can really work with them and whether they fail or not at the end, if they're actually sort of showing that learning…" Celeste2P2 CE*

While the themes above were present in both student and CE narratives, the next section explores the theme present only in the student narratives.

Placement environment.

Both student participants highlighted the significance of the placement environment in different ways, from the location of the placement, to the nature and number of clients seen,

to the attitude of the staff in the placement and how many CEs were involved in the placement.

Stella had to travel a significant distance to her placement, which she did not mind doing, but when coupled with the way her CE worked with her resulted in a recipe for fatigue and burnout for Stella. Her CE would often provide feedback late or at the end of the day which then impacted on Stella's evening, staying up late to rewrite session plans, which then encroached on her sleep time, combined with having to get up early for placement resulted in Stella getting sick.

> *"… and like I cos I'm travelling from xxxx I had to be there at 8am so I was getting up at like 4.30am in the morning and so just all that lack of sleep and it was only two days a week but going in extra days to do observations…" StellaP2 Student*

The low number of clients in this placement environment also contributed to Stella's experience. Stella compared her placement environment to those of her peers, and this increased her stress levels.

> *"I started to feel stressed that I was , because I only had two clients ongoing…you know I had um two a week and I'd go to uni when classes started and I'd go back to uni and they'd say 'oh we're doing three or four clients a day and we're so stressed out' and you know other people would have more than that and started to feel really inadequate cos I was thinking why am I so tired and stressed cos I've only got two clients…so I was comparing myself…I just constantly felt like I wasn't…good enough…" StellaP2 Student*

Sadie's experience on the other hand was compounded by being in different environments across her placement with different CEs. She found this difficult to adjust to.

> *"…the multiple CE model as well, I think it although it's really good I think to see the different, how the different clinicians work, um and I think that's really good, I got to see some um um some different styles that I definitely benefited from um but… I guess where you just have one CE and you're seeing one site um I guess your learning would be a lot more um consistent and a lot more I guess more balanced and even along the whole way rather than having to adjust for each CE, adjust for each um site, each setting it it could've yeah, I guess that that sort of um, yeah I'm I'm not sure that I I'm a fan of the multiple CE model…" SadieP2 Student*

Sadie felt consistency would have been beneficial for her learning.

In summary the students felt different aspects of the placement environment, from models of placement provision, to location and the staff working in those environments impacted their learning and experience. The next two sections describe the additional two themes that were specific to the CE's stories.

Time

Whilst Celeste, the CE, did not really raise major concerns about the additional time the students took for her personally, she noted that it took them longer to complete work. They handed work in late and for one of her experiences, Celeste felt like it lasted for a very long time.

> *"It was frustrating um it made the placement feel like it went for a very long time I must admit um sometimes with some students the block just goes by so quickly and others not so much…" Celeste2P2 CE*

Learning experience.

Celeste described her experiences as learning events, despite some of the difficulties and emotional turmoil felt during these placements. Celeste could reflect on the learning she had developed over time, more than pinpointing what she had gained out of these specific experiences. She talked more about adding to her general learning rather than moments of "epiphany".

> *"I feel like after this placement, as far as my my own clinical, um educator skills, I think are definitely improving…and I feel like um every time that I've had to manage a student that's, you know at risk and that has failed I'm getting better at it each time, um I think and so I think um this last time was um it went really well and I think from that point of view I've learnt ways to you know just have those hard conversations and things like that, so as far as um being a clinical educator it's definitely um, this last one I um I think I can say definitely improved my skills in in that area and I feel more um confident and um and competent doing those kind of talks, and walking a student through that journey, um and so yeah I think definitely every time something like this sort of pops up it gives you that bit more um experience in dealing with it because this is my most recent one, um that's added to that…" Celeste1P2 CE*

Whilst the CEs in phase 1 were able to reflect on the explicit learnings they acquired from their specific experiences of supporting a struggling student, Celeste reflected more generally. This may be a distinct difference of the impact of time. Time allows reflection and integration of experiences into a person's narrative. Celeste had not yet had the time to do this, perhaps explaining her reflections at the time of the interview being more general.

6.1.3 Clinical education coordinator.

In this section the CEC's experience is explored in more depth. One CEC was interviewed in this phase of the study, Eleanor. Many of the themes that were apparent in the CE narratives were also apparent in Eleanor's, as were the themes that arose from the CEC focus group in phase 1.These are touched on in the exploration of Eleanor's narrative, as described below. Eleanor's case is retold employing the three dimensional metaphorical space Clandinin and Huber (2002) utilise in their paper, through a process of broadening and burrowing. This is the same method used to develop other case studies in this research (see chapter 4 and appendix E).

The tropes and plotline in Eleanor's story were developed by applying a three-level positioning analysis based on Bamberg & Georgakopoulu's (2008) work, the same process carried out for the tropes and plotlines in other participants' stories. These two methods are brought together below.

Eleanor — The story of compassion fatigue and the dog ate my homework.

Eleanor was a clinical education coordinator at an Australian university. One of her roles was to support students and CEs during placements. She told the story of a student who had struggled throughout her course, with academic as well as clinical learning. Eleanor had supported this student during this time. This story stood out for Eleanor as she explained she agonised over this particular student for some time. Other main characters in the story were CEs and they served only as props for Eleanor's narrative. Whilst they had an important role to play for the student, from Eleanor's perspective they were props in the background without a real voice in her narrative.

Eleanor began her story by giving an overview of the student's characteristics, why she was a student who had struggled and failed academically during the course. As the

student progressed through the course, just getting through, repeating subjects as she went, Eleanor described anticipating issues as the student was entering their final year. The language Eleanor used was strong, as she emphasised the enormity of what happened.

> *"…when you get into 4th year where it's [placement] 4 days a week…then that's where the issues really show and there's kind of…this particular student I was expecting concerns in 4th year but it was catastrophic in 4th year so it's like all the chickens came home to roost really, and the kind of behaviours that we were seeing and thinking 'aw this is not looking good' when she went out 4 days a week she couldn't do anything, it was really very problematic and the clinical educators were very concerned from almost before she came because [she did]not contact [them] until very late…" EleanorP2 CEC*

Eleanor then went back to the beginning of the final year and described how the student's two CEs came to a workshop she ran prior to the placement, before she was aware they were taking this student. In the workshop she covered working with struggling students, which somewhat prepared the CEs for what was about to come. She noted that their alarm bells rang almost before the placement started, at which stage the close liaison between Eleanor and the CEs started. She was very mindful of wanting to maintain this relationship for any future students and placements. This concern seemed to always be in the back of Eleanor's mind.

> *"… [the CEs] contacted me very early but they really did find it very difficult, I mean from the coordinator point of view you don't want to blow up placements and so it's really difficult when you're supporting a student because you want to keep that placement for future years and you know*

that this is stressful for them and it's making them think 'oh my goodness students are hard work and I don't know if I wanna do this anymore' um you know it makes the management of it quite difficult when when it's that scenario, when you know the student is actually difficult but you haven't got any choice, they've enrolled in the unit, you have to send them on placement…" EleanorP2 CEC

This raised one of Eleanor's big conundrums being in this role — having to send students out on placement when she was aware the student was likely to have difficulties. Eleanor described working closely with the educators, as a team, to support the student. Eleanor and the CEs seemed to be very much on the same page, with Eleanor providing them with strategies to support the student and the CEs keeping Eleanor up-to-date with the student's situation on placement. At this stage Eleanor described the student as not working with her or the CEs, making excuses for why work was submitted late or not being prepared prior to seeing clients. Eleanor's patience for this student seemed to have worn very thin as she talked of supporting her *"over the years"*. Eleanor was clearly able to describe her feelings towards the student and the situation and how this had changed over time. She described feeling empathy at the beginning, and how this had changed to feeling irritated and now feeling anger. She summed this up;

"…I have compassion fatigue…[laughs] and I think that for me, my kind of feelings have gone from empathy, to bewilderment and to anger and irritation…" EleanorP2 CEC

This had been a journey for Eleanor. Eleanor looked to the future for this student and how this would impact on any future placement providers. She predicted that by sending this

student to placements she was potentially burning bridges with CEs. She knew she was walking “a thin line”, “on a tightrope”.

Eleanor’s frustration with the student came through when she discussed the amount of work she had put into supporting her. This frustration had built over time. She told a story of the student not managing to pull everything together but being cognitively capable. She compared her to students she had supported in the past, where she felt she had let the student down, letting them get to the end of the course but not being able to pass the practical component. For this student there was a sense that she felt more anger and frustration than guilt, but it had taken time for her to get to this point.

> *“…you know I I’ve put a learning contract in place, I arrange extra tutorials and you know, that she kind of goes ‘yes, yes, yes’ and cries a little bit but then there’s no change in behaviour at all, no, and that’s really frustrating, cos I think she’s capable in that it’s not cognitive issues…I think she is cognitively capable but I’m not sure that she can put the self-discipline in place… it’s really frustrating…I think a lot as a clinical coordinator what do I put in place to help students, often when you say to students ‘can you do this this and this’ then they’ll go away and do it, but she doesn’t but she thinks she’s doing it or she says she’s doing it or, and what she tells you is not what she’s telling the clinical educator, and we were doing the whole everything got emailed to everybody and even so she will try and kind of twist it slightly to try and put her in the most favourable light as possible…” EleanorP2 CEC*

Eleanor felt the student had taken advantage of her and the university. The nurturing and support that Eleanor was pre-disposed to provide was now causing problems with this

student. She was concerned that the student lied and gave Eleanor a litany of excuses when questioned, very much like "the dog at my homework" at the 11th hour.

> *"I think in our course we're very nurturing and so it's easy to kind of be taken advantage of and I think that's what's happened with this student, we've kind of been taken advantage of, we've assumed the best, which is what you do, we assume that people have good intentions, we assume that they are doing their utmost but I think with this student we're like 'well we really should have picked this up sooner, she should have got failed early on in the course', you know because now it's really causing big problems out in the prac…" EleanorP2 CEC*

Eleanor was acutely aware of the need to be transparent with the CEs working with the student, while also aware of student's needs and rights for confidentiality. With this student she had tried to walk that line as best she could. The metaphor of the tightrope and Eleanor as the tightrope walker appeared again.

As Eleanor's narrative progressed, she talked more about the student and how she had tried to make sense of her behaviour. Eleanor portrayed her in the story as *the fool*. *The fool* elicits an emotional reaction in others, as she had with Eleanor, and in Eleanor's narrative the student shows no emotions. Instead she seems detached and has no apparent awareness of her behaviour that is inappropriate. In her narrative Eleanor addressed these behaviours directly with the student.

> *"…you know when you get that kind of those behaviours that work for you when you're dealing with perhaps some kind of… traumatic, trauma in your childhood, you might develop these strategies that work for you and I have spoken to her about, I've actually been very direct about*

and said 'look you know, I think that possibly when you were a child these were strategies that worked for you, kind of hiding what was really going on, not talking about how you're feeling, making up excuses, pushing things away, but these are not working for you now and you need to get other strategies, you need to go to counselling, you need to, you know you need to start behaving in a different way because as an adult these are not serving you'" EleanorP2 CEC

Eleanor wondered whether the student's behaviours were a result of her background and remarked that some students do seem very young and not mature. She noted that there was an expectation that when students graduated from a speech pathology course they were fully functioning professional adults. She wondered whether this student, who lacked insight and awareness into her behaviours, was ready for this.

This led Eleanor to discuss how much information about a struggling student's history was provided to CEs before the student went out on placement. The metaphor of Eleanor the tightrope walker appeared again. She talked about the benefits of discussing the history and the downsides of this depending on the "type" of CE the student was going to. Eleanor acknowledged there are CEs who just wanted to make it hard for students with Eleanor alluding to the theme of power imbalance, as the CEs and students did. Walking this fine line and making decisions was tricky for Elenaor.

"…then I'm kind of biasing them and that is one of the difficulties you have with struggling students, is how much do you share with clinical educators before they get there and and when clinical educators tell us we want to know, some of them want to know because 'well I'm gonna make it damn hard for this student' but some of them want to know because they

love having difficult students and wanna do everything to support them and so you you've really gotta make that judgement call, and you also have to have permission from the student…" EleanorP2 CEC

Eleanor struggled with the excuses the student provided to her and the CEs for not completing work or not communicating in a timely manner. Whilst Eleanor was "over" this student and was fatigued, with this coming through in her narrative, she also showed a side which cared about the profession. She felt a responsibility to ensure that universities graduated ethically sound students.

"…from an ethical point of view why do we want someone who's not honest being a speech pathologist? We don't! [both laugh] So yep, it's very tricky. And you do really think about the reputation of the university, you think about the reputation of your course and the reputation of your profession because they're going out there and meeting other, you know other professionals as well as their clinical educators, and you really do think about it and you know wonder what you can do with all the students who are at risk…" EleanorP2 CEC

As the story progressed and Eleanor discussed how much support was provided to this student, she confided that she found it difficult to like this student. She was open about her feelings. Eleanor explained that she was someone who normally would do anything she could to support a student's learning, that she felt for them when they did not do well but, with this student, it was not the case. Eleanor was aware of her feelings and made sure she worked hard to be fair to the student. She could articulate that it was the student's lack of truthfulness that she found most difficult.

"…I don't actually really like this student, I I must say, I never ever get that with people, I like people, and I really root for students, you know I really want them to pass and I think they should be given every opportunity …and with this student because of the constant dishonesty I find that really difficult to take, and I worked really hard last semester to be sure I was being utterly fair with her giving her the same opportunities as other students and not letting my own personal feelings colour how I dealt with her, but still felt that it didn't make any difference that even if I'd said whatever you know, 'I'm not going to see you anymore because you don't do what I say' [both laugh] that's what I felt like saying, you know when other students who had that amount of support would fly, you know, um that other students are kind of missing out even because of the energy this student is taking but it didn't make any difference, oh I don't think she's aware of of you know the impact of her behaviour on people around her…"
EleanorP2 CEC

The student's apparent lack of awareness and external locus of control was seen as problematic. Eleanor recounted how the student always had excuses for why work could not be done or was not completed on time, that is, the "dog ate my homework" scenario. This was frustrating for Eleanor given the amount of work she dedicated to helping and supporting the student, which consisted of meetings, visits to placement, and setting up individual tutorials which the student did not attend.

At this stage Eleanor seemed defeatist in that she did not believe it when the student said she would work hard in future experiences to turn things around. She worried about which placement to give the student next, thinking about the families and clients she would work with and the impact this student would have on the service delivery.

When asked if Eleanor felt stressed supporting the student through the last clinical experience, she described feeling disappointed and irritated with the student's behaviour. She felt that the student was letting both herself and the course down. Eleanor seemed to have a sense of pride and responsibility for the course she managed and taught into. She valued the relationships she had with CEs and did not want relationships to be affected and ruined. She provided the CEs with lots of support and reassurance whilst the student was with them, seeking to ensure they were aware they were valued.

Reflecting on this student's scenario as a team, Eleanor explained, the speech pathology teaching team at her university have considered how they could have picked up on the difficulties earlier and managed it better. She mused on how some students scrape through subjects or units earlier in the course and progress through to placements. Identifying students as having risk factors early on could be difficult and Eleanor reflected that some of the difficulties and issues only become apparent in a clinical learning environment.

> *"it's more about um not not letting the students kind of get through earlier units but some behaviours actually are only gonna be exhibited on prac and for this student those behaviours really have become much more prominent on prac and that's one of the difficulties you have with the struggling students who everything seems to be fine and then prac is where it comes undone and so you don't know…and until they go on prac and everything comes undone and er I think mental health issues tend to be that so they're often, you know they may well be highly anxious but you're not gonna see that in the lectures or even if you see it you know it's not gonna impact their grades necessarily but suddenly when they're with someone and they feel they're been watched and you know kind of being examined every moment of the day that's when it unravels and they can't handle that*

pressure er so you can't always predict and clinical educators you know they say we wanna know if the students gonna have problems but you have to say well if we know, we don't always know… but some of the problems the clinic brings out, the problems that don't come out in lectures…"
EleanorP2 CEC

Eleanor reflected on the greater impact this student had had on her. She felt that she had become stricter with students, for example, putting learning contracts in place, and that she was more wary and cynical about the stories students told her. Her emotional energy and reserves appeared depleted although Eleanor's fundamental values and beliefs about people had not changed. She believed that everyone should be given a second chance and that people could change given the right supports, however with this student her experience told her this was unlikely. She had come to believe that some students who got into the course might not graduate at the other end. She had come to feel that those difficult conversations about considering whether this was the right course and career choice should occur earlier. She reflected on what qualities needed in a speech pathologist were, in her opinion, to care for and care about the outcomes for their clients. She felt this student did not care, and this worried her. Eleanor felt this was not the type of person needed in the profession.

"I would not want any of my family members or anybody I knew to see this student cos I don't think she'd really care, I don't think she'd work hard to make the best outcomes for you, I think she'd do the barest minimum to meet the job requirements if that, and anything else she could get away with and get on with the rest of her life and that's not what you want in allied health professionals I mean we care too much and we all burn out because we do too much for our clients but I don't know I'd want someone out there who is not really gonna be that bothered whether you

get better or not and that's what I feel is probably the thing that bothers me most about the student is I don't think she's really that bothered about her clients or even thinks that…" EleanorP2 CEC

Whilst reflecting on this in the interview, Eleanor concluded that the student might have had some narcissistic traits, and this was why it had been so difficult to engage with her and effect change in her behaviour.

Eleanor continued by reflecting on where to from here with this student. She expressed what she would like to be able to put into place but described how the university processes and policies were not always supportive and sometimes got in the way. The institution loomed large in Eleanor's narrative at this point, standing like a "large wall", prohibiting actions Eleanor would like to take. She positioned herself as being deferential to the institutional power.

"…what I'd like to do but what I probably can't do is say these are the requirements before you can attend another prac but that's not part, that's not what's in the unit plan, it's not what, you know you're really kind of…you're limited by what assignments are in the unit plan, what the learning outcomes are, what the university policy says…you know I'd like to say well, you know you can't go back out on a main prac unless you've completed informal prac and shown that you have got, changed your behaviour but I can't do that…so that's very limiting…" EleanorP2 CEC

Eleanor felt that what she would like to be able to do for the student was not allowed, so she found it to be limiting. She saw herself in a position of having her "hands tied" metaphorically. Despite having some power to make decisions about the student's plan and progress, ultimately Eleanor was controlled by the power of the institution.

Ultimately Eleanor felt torn in this situation. Eleanor was about to meet with the student and the course coordinator at the time she shared her story and was spending a lot of time thinking about what to do. She did not know what she was going to do from that point, and this was a dilemma for her. For any future placement she felt like she would like to be up front with future CEs and disclose what the issues had been, but Eleanor's morals and ethics would stop her from doing that. Again, Eleanor walked the metaphorical tight rope.

Despite the compassion fatigue, Eleanor continued to put time and effort in to the student and the situation. She had thought a lot about the upcoming meeting and had planned the conversation by working out how to address the issues carefully. As she discussed this in the interview, the tightrope metaphor appeared again. She realised she had always thought about having a duty of care to the student, but now she thought about the duty of care to the clients, the CE and future students who would use that placement and again positioned herself in the middle, balancing on the rope.

Eleanor acknowledged she felt, and had sounded, very negative about the student when discussing her. She felt she needed to address this before doing further work with the student. Ultimately Eleanor positioned herself as a caring, thoughtful coordinator, who wanted the best outcome for everyone involved. With this student that had not been possible, and this had led Eleanor to experience a difficult period, walking along the metaphorical tightrope.

6.1.4 Narrative plotlines.

As with the retrospective narratives in phase 1 of the study, specific plotlines were apparent in the participants' stories. These are outlined in this section. The student narratives were consistent with those in phase 1. The two narratives of the CE were different to phase 1, as was the CEC narrative, which was explored in more depth in the previous section 6.1.3,

above. The plotlines present in the narratives of the phase 2 participants are outlined in table 6.1.

Table 6.1 Narrative plotlines present in phase 2 participants' narratives

Narrative Plotline	Description	Illustration
If only things had been different (a voyage and return (Booker, 2004) narrative)	The student in this narrative goes on a journey to placement land, which is traumatic and harrowing at times. They feel the CE is against them, they have been allocated a placement that could have been better, the CE could have been different, all things the student feels could have changed the outcome. A realisation then occurs where the student recognises they have a part to play in their story and a shift occurs. They realise they have learned something about themselves which will change their practice moving forward as a clinician.	*"…so um basically one of the main or one of the things I guess is the sort of the CE model that I had, so in my first placement I had a multiple CE model… and if you can imagine in all this there's a lot of um I guess inconsistency in feedback…I guess where you just have one CE and you're seeing one site um I guess your learning would be a lot more um consistent and a lot more I guess more balanced and even along the whole way rather than having to adjust for each CE… I definitely know what I need to do in terms of my clinical skills and everything and again all that comes under that umbrella of my anxiety and my confidence and everything, so I definitely know I need to do about that, it's just going about that and you know making a point that I need to make… and things like that um, so so I'm I'm yeah, I definitely know what I need to do in terms of everything I can personally control…" SadieP2 S*
Playing the game (an overcoming the monster (Booker, 2004) narrative)	The *playing the game* narrative starts in the same way as *in a sea of unknown*, the student is lost, they don't know what they are doing wrong, or what to do to fix it. However, in this narrative, the student capitulates rather than decides to fight the monster, and "plays the game". They do what they think is required to 'win' not necessarily what they	*"…cos I really I really had to look after myself in that way, in that mentally sort of going you know, 'you're okay, you're doing the best that you can, you've gotta work with this at the moment that's not…like sort of a lot of erm supporting myself…" StellaP2 S*

	think is right. In a sense they lose a part of themselves.	*"I just feel like the mid-COMPASS was the turning point for me to go…erm…sort of take charge a bit more [Rachel: yeah] and turn it around for myself…" StellaP2 S*
The story of inner turmoil (based on voyage and return, (Booker, 2004))	The CE identifies the struggling student early on in the placement. The CE has their own struggles internally, battling with which clients to let the student see and feeling guilty with the service the client is receiving. The CE works closely with the student, but the student does not pass the placement. The CE feels like the experience has added to their skill set.	*"…by the end of week 1 we realised that um and and the student as well, that they had er had a lot of a confidence issue…I sometimes had a bit of inner turmoil cos sometimes when I knew the student was struggling so much and and really did have trouble or doing say an initial assessment or something like that… and because we are seeing you know real patients and that kind of thing I want to make sure the patients don't feel like they're getting a dodgy service…I think I would say that… the placement as a whole I think for both myself and other students who passed and the student who didn't that it was just still a really er…quite a useful, effective learning experience I think…" CelesteP2 CE*
The story of frustration (based on voyage and return, (Booker, 2004)	The CE identifies the struggling student early in the placement. The CE tries many strategies and provides feedback in different ways to the student but to no avail. The CE feels frustrated with the student's lack of progress and change. The student does not pass the placement in the end. At the end, the CE can acknowledge they have added some skills to their repertoire for next time, even if they are not yet sure how big the impact of this experience will be yet.	*"…um she was one who very much had issues with her clinical reasoning, was something that she had a lot trouble with was the first thing really that came up…she just didn't really, um not that she didn't take well to feedback, she always took it, she was happy to take it, but it but just didn't do anything with it, so they were the things she fell down on…we did talk about it and we tried in different ways to do feedback, whether it be verbal and we did lots of written feedback and sometimes I'd give it to her written on the day but also then written in like an email to her so could take it home and think about it over the weekend and we tried even getting her to do, you know she would do the written feedback first and then I would add to it so that we could trial different ways…in a lot of ways it was a lot like I was repeating myself a lot and not necessarily getting anywhere [Rachel: yeah] it was a frustrating sort of a placement…It's*

		given me a few more um ideas about to give feedback trying to do it in different ways that's not a bad thing…" CelesteP2 CE
The story compassion fatigue (based on voyage and return, (Booker, 2004))	This is the story of a CEC who works with a student over a long period of time. The student, who is difficult to work with and in this type of narrative is positioned as *the rogue*, similar to student character in *the story of frustration* who wears the CEC down. The CEC goes above and beyond initially for the student, but this effort bears no fruit for the CEC and they start to feel compassion fatigue. They CEC positions themselves as *the tightrope walker*	*"…so…she's very like student who's kind of gotten through the curriculum just… some units then retaken them but mostly due to not putting in much time, submitting assignments late, not coming to lectures that kind of collection of behaviours which is always a flag early on in the course… this particular student I was expecting concerns in 4th year but it was catastrophic in 4th year so it's like all the chickens came home to roost really, and the kind of behaviours that we were seeing and thinking 'aw this is not looking good'…you know it makes the management of it quite difficult when when it's that scenario, when you know the student is actually difficult but you haven't got any choice, they've enrolled in the unit, you have to send them on placement…yeah I have compassion fatigue…[laughs] and I think that for me, my kind of feelings have gone from empathy, to bewilderment and to anger and irritation…" EleanorP2 CEC*

The two student participants had a different plotline in their narratives. One was consistent with the *overcoming the monster* archetypal plot and the other with the *voyage and return* plot described by Booker (2004). Stella's story was consistent with the *playing the game* plot described in phase 1 and Sadie's story was consistent with *if only things had been different*. At the end of the *if only things had been different* plot in phase 1, the protagonist is able to reflect back and recognise the great learning they acquired and acknowledge the part they had to play in their narrative. In Sadie's story it appears she is only part way along this journey, but there are signs she is starting to reflect on what she needs to do differently. Thus, indicating she is reflecting on her own actions and the influence she might have on the outcome of her story, her story does not yet have a conclusion.

In Celeste's two stories, we saw two narratives which aligned with the archetypal plot of *voyage and return* (Booker, 2004). Both stories involve a journey for Celeste. The first story involves *inner turmoil* for her, the protagonist, battling with how to structure the placement for the student, which clients to give the student and worrying about balancing the student's learning needs with the needs of the clients. Celeste works hard but this does not seem to be a hardship as the student works equally as hard. We see Celeste portrayed as the *guardian CE* in this story. Celeste feels like she gains skills from this experience.

In Celeste's second story, she battled her own frustration with the student. She found it difficult to work with this student, to work out what the student needed, she positioned the student as *the rogue*. Celeste positioned herself as *the considered CE*, constantly trying to maintain balance for the student, but the student's actions caused Celeste to feel frustrated. Again, she took learnings from the experience, in the form of new skills. What is apparent from the retelling of these lived experiences is the narrator, Celeste, has not yet had time to

identify or recognise any major transformations and their impacts, if indeed there were to be any. It was too soon to realise the full impact, and this contrasted with the stories of the CE participants in phase 1, where their stories often form the bedrock and foundation of their practice as an educator.

For a more detailed exploration of each of these narratives, utilising a method outlined by Clandinin and Huber (2002), see appendix E for in-depth case studies. These case studies are presented in the appendices as they form part of the data analysis. This method of analysis was described in more depth in section 4.1 at the beginning of chapter 4. In these case studies, the stories of two clinical educators are retold, through a process of narrative smoothing, as Clandinin (2006) and Clandinin and Connelly (2000) describe, through broadening and burrowing of the research text.

6.1.5 Character tropes.

Within each of the participants' narratives, distinct character tropes were apparent. Some tropes were unique to the CE narratives only, some unique to the student narratives and two unique to the CEC narrative.

As in phase 1, the phase 2 tropes were identified by looking at the positioning of the characters within the narrative and also identifying sets of characteristics or traits. As outlined in section 5.7 Monrouxe and Rees (2017) explain character tropes are based on social stereotypes of groups of people who share similar characteristics. Stereotypes can be defined as *"a set of consensual beliefs of one group about the attributes shared by members of another group"* (Van Langenhove & Harre, 1999 p.129) . Monrouxe and Rees (2017) go on to explain that character tropes therefore usually contain "fuzzy sets" of ideas about a character with no one representation being true. These "fuzzy sets" of ideas apparent in the participants' narratives have been used to identify the tropes.

In the student stories, the focus of their narratives was naturally about their experience of struggle or failure. Often the students' CEs were not described in detail but only assigned general characteristics like being "mean", "powerful" or a "bully" and therefore were assigned the tropes of *the bully* or *the powerful CE.* The personal characteristics of the students came through more strongly in their experiences and therefore more specific tropes for the students were developed such as *the warrior* or *the capitulator.* These tropes also were apparent in the phase 1 narratives. The trope of the *deer in headlights* was apparent in one of the student narratives in phase 2 but also appeared in the CE narratives in phase 1.

The tropes apparent in the CE narratives were particular to their stories. The way they positioned themselves and described their experiences resulted in sets of identifiable characteristics from which the tropes were developed. It is important to note the same CE provided two narratives in this phase of the study, and yet the CE trope apparent in each of her stories was different, thus indicating that tropes are not set and do indeed shift according to circumstances. *The guardian CE* and the *considered CE* were apparent in these two narratives.

In the CEC narrative we see the CEC portrayed and positioned as *the tightrope walker.* Other tropes apparent in this narrative were *the fool* student, who was central to this story. Other characters in this story were *props,* where the purpose they fulfilled was to support other characters in the narrative.

Table 6.2 below describes the character tropes within the stories, with examples provided to illustrate these tropes.

Table 6.2 Character tropes in student, CE and CEC narratives in phase 2

The warrior/ The capitulator
The warrior is aware, they fight for their rights, they have a strong moral compass. They seek out resources to help their cause. If they stick with their cause they often lose their battle (fail the placement). The shadow side of this character is *the capitulator. The warrior* decides to back down as they recognise fighting for their rights serves no purpose and they become *the capitulator.* In a sense they give up some of their beliefs and part of themselves.
The fool
The fool elicits an emotional reaction in others but shows no emotions themselves. They appear detached and have no apparent awareness of their behaviour which is often inappropriate. It is often the others around *the fool* that recognise their behaviours. In the narrative in this phase the CEC recognised the behaviour in the student (*the fool*).
The bully
The bully is portrayed as a dislikeable character, they are usually the CE and dominate the student(s) and sometimes other CEs.
The powerful CE
The powerful CE is portrayed as such by others, often in the same narrative as *the doubtful CE.* They dominate the student *(victim)* in the narrative and *the (frustrated) hero*. *The powerful CE* wins out by being dominant and overpowering those who they come into contact with.
The considered CE
The considered CE is thoughtful, knowledgeable, capable, confident, supportive and facilitatory. They are able to work with the student without feeling overburdened by the experience. They still feel stress during the experience, but they manage to keep it contained at work. They see the value in the experience and take valuable learnings away from the experience.
The deer in headlights
The deer in headlights, who is usually a student, lacks confidence, they may be passive but quite often they are frozen. They find it difficult to perform in front of their educator and clients. The reasons behind their presentation is varied. Their anxiety levels are elevated, this can be a predisposition or related to a lack of knowledge or skills; or because of perceived pressure by the CE.

The guardian CE
The guardian CE has all of the qualities of the considered CE and some of the same qualities as *the overburdened CE* from phase 1, with elevated stress levels, however they take the student under their wing, feeling deeply emotional about the student's plight.
The prop
The prop is a character who appears as someone who facilitates the protagonists place in the narrative but does not fulfil a real role in the story.
The tightrope walker
The tightrope walker is usually a CEC. They walk the fine line between student and CE, listening to both narratives, trying to stay impartial. Walking this fine line is tiring, trying to stay upright and not lose their balance is sometimes tough. There is an emotional cost to being *the tightrope walker.*
The (frustrated) hero
The hero is portrayed in the narratives as someone who selflessly overcomes their own personal agenda to 'save' others (usually the victim). They sacrifice themselves for the cause, to get the students "over the line".
The victim
The victim is portrayed as innocent, and often powerless against the force of a more powerful oppressor. When they are portrayed as powerless, they may be vulnerable and need rescuing.

6.1.6 Summary.

In this chapter the themes, plotlines and tropes developed from the data from phase 2 of the research have been presented. The participants in this phase had just undergone their experience of failure or supporting a student through an experience of failure. Whilst the themes, tropes and plotlines were largely similar to those in phase 1, we see a difference. The reflection and learning that took place in phase 1, which ultimately impacted the participants' lives in some transformative way, had yet to take place for the participants in this phase, the experience was too recent to have been reflected on deeply and integrated yet into their sense of self and identity.

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7. Lived Experiences of Struggle and Failure Informing Clinical Workplace Learning

Research Summary

Learning in the workplace (clinical placement) is a core part of shaping the development of any future health professional (Delany & Molloy, 2018), however, a small number of students will struggle or fail any given placement. The cost of failure is high to all stakeholders, financially (Foo et al., 2017), emotionally and from a resource perspective. There is also a dearth of research about the experience of struggle and failure from the student perspective (Davenport, Hewat, Ferguson, McAllister, & Lincoln, 2018) (also see chapter 2). This qualitative study was designed to fill that gap and asked, "what is the experience of the struggling and failing speech pathology student, retrospectively and the 'lived in the moment' experience; how do they make sense of the environmental and personal factors that may have contributed to and impacted on their experience?" In order to answer that question fully, two phases of the study, using a narrative inquiry methodology explored the retrospective and lived, contemporaneous, experiences of students. The studies also included the experiences of clinical educators (CEs) and clinical education coordinators (CECs), through which to triangulate the student experiences. Semi-structured interviews and a CEC focus group were carried out, transcribed verbatim and then analysed.

Summary of Results

There were several common themes present in the student and CE data in both phases of the study (a) the centrality of the *relationship between student and CE*, (b) *feedback*, (c) *the emotional impact of the experience or impact on mental health*, and (d) *power abuse*. Other themes were particular to the different groups of participants. *The placement environment* and *long-term impact* were specific to the students and *time* and *learning experience* were specific to the CEs. These major themes were all apparent in the different and distinct character tropes and story plotlines that were identified in the narratives using positioning theory. The plotlines and character tropes in the student narratives were largely different to

those in the CE narratives. There were two character tropes that appeared in both sets of narratives, across both phases of the study- *the deer in headlights* and *the warrior/capitulator* tropes. Story plotlines from both phases in the student and CE data aligned with Booker's (2004) archetypal plots of *voyage and return* and *overcoming the monster.* The student narratives largely aligned with the *overcoming the monster* plot and the CE narratives aligned mostly with the *voyage and return* narrative. The narratives and plotlines provided an alternative way to understand the participants' stories and make sense of their experiences. These findings are now explored in more depth in relation to contemporary theories of workplace learning, theories of power relations, their broader impact and with suggestions of future research directions.

7.1 Major Findings Related to Existing Theory and Research

These next sections explore the major findings in relation to current theories and research related to learning, clinical education and power already introduced and discussed in chapter 1. This then informs the broader implications for future practice in clinical education and possible future research directions. It is important to note these findings do not stand alone but are interlinked and related in the experiences of the participants in the two phases of the study. For this reason, there is some necessary repetition when discussing relevant theories due to the interrelated nature of the findings.

7.1.1 The Student/CE relationship is central to learning in the clinical workplace.

A major overarching finding which was true for participants in both studies was the centrality of the student/CE relationship. This relationship impacted the placement experience in important ways. Both students and CEs felt this to be so, with CEs acknowledging they had responsibility for driving this relationship and recognising the impact they could have on student performance. These findings placed the relationship front and centre of the learning

experience. This finding whilst not new re: its impact on students (Kilminster & Jolly, 2000), confirms the centrality of relationship between CE and student in the placement experience.

The centrality of relationship came through in the plotlines and tropes apparent in the participants' narratives. For example, in the student plotlines of *in a sea of unknown* and *playing the game* the narratives centred around the student fighting the antagonistic force of the CE. This relationship was at the centre of the story, illustrating the importance for the students of how this relationship impacted their experience. It was of significance that these student narratives centred around Booker's (2004) archetypal plot of o*vercoming the monster,* where the CE was portrayed as the monster, *bully* or *villain* in the narrative. It was this relationship in the student narratives, that stood in the way of the student being able to access learning opportunities and achieve their goal of passing the placement. The student narrative data wholly supported the finding of Kilminster and Jolly (2000) that the supervision relationship is the single most important factor for the effectiveness of supervision, more important than the supervisory methods used.

Some theories of learning acknowledge the social aspect of learning for example, legitimate peripheral participation (Lave & Wenger, 1991) and Billet's workplace learning practices (Billett, 2001, 2004, 2008, 2016) refer to other Billet work now mentioned earlier in chapter 1. Lave and Wenger's (1991) model gives prominence to the social aspect of learning, with learners needing to observe and work with older members of the community of practice, moving from the periphery to being fully fledged members of the community, to be successful in their learning. This presumes that relationships between new learners and older more experienced members of the community are functional and formed without problems, although that is not made explicit in the model. In the present study participants (refer to which ones and maybe the thematic analysis) talked about the centrality of the student/CE relationship. Many students experienced relationships with their CEs that could be described

as dysfunctional, that is, the students felt they did not receive adequate supervision or support from their CE and power was often used against them (see section 7.1.3. for further discussion on this finding relating to power abuse).

Billet's (2016) work clearly suggests that much of the onus on successful engagement and learning resides with the learner (this part needs to be updated with ref to the other Billet work). Whilst there is an element of community being integral to the experience, Billet does not extrapolate or suggest how significant this might be in successful learning. For the struggling students in the present study, it was often difficult to be successful in their learning due to the poor relationship with their CE, even when they had agency and readily engaged with the learning opportunities in the workplace (e.g., *the warrior*). Individual agency and drive are main features of Billet's model, with engagement with others being an element given less emphasis. The struggling student's experience suggested that the element of engagement, which relied on a successful relationship between student and CE influenced the individual's motivation and engagement (i.e., the main features of the model). This relationship significantly impacted how successful the learning experience was, with the struggle attributed to the poor relationship, which was sometimes related to, or was a symptom of power abuse (see section 7.1.3 for a more in-depth exploration and discussion). The struggle was therefore not solely attributable to a lack of skill or competency development on a student's part or was due to an intrinsic problem with the learner or their skill set. This interpretation is of course based on the students' reports of experiences and cannot be checked exactly against the experience of their CEs, as dyads were not recruited in the study (see strengths and limitations section 7.5). However, to mitigate against this limitation this study triangulated findings from different groups of participants (CEs, CECs and students) from both phases of the study and all participant groups discussed the nature of poor student/CE relationships and the impact this could have. It is therefore postulated that

some students experience struggle or failure that can be largely attributed to their poor relationship with their CE.

As outlined in the literature review in chapter 2, there is a dearth of research from the perspective of the student with regards to struggling or failing in the health professions. The literature in medical education investigating what constitutes a positive learning environment for students supports the importance and centrality of the relationship between student and CE (Dornan et al., 2007; J. van der Zwet et al., 2011). In speech pathology S. L. Attrill (2016) also found that the relationship between student and CE was central to the importance of international students' placement experiences and the present study supports Attrill's findings, in that the relationship developed between student and CE is perceived by the student to significantly influence the success of the placement (S Attrill et al., 2015).

What is not clear from models of workplace learning and social learning theories is where the responsibility for the relationship between students and CEs really sit. As described above, agency and responsibility seems to rest with the learner (Billett, 2001, 2004, 2016) but the models and theories do not extrapolate how learners can take agency in ensuring the relationships are functional to give the students the best opportunity for a positive learning outcome, especially when there is a power imbalance. One consideration is whether this element of learning may relate to a "hidden curriculum". The "hidden curriculum" is well documented in medical education, where students learn many key aspects about being, for example, a doctor not from their educators in formal learning situations, but from interactions with peers and other staff in the environment in the on-call room, the corridors and other informal situations. In their essay on the role of the student-teacher relationship in the formation of physicians Haidet and Stein (2006) suggest that teachers, that is, physicians, have a key role to play in the hidden curriculum by being a role model, which their students will ultimately draw upon when being educators themselves. Other researchers concur with

this suggestion that the role models students are exposed to teaches them about how they themselves might behave in the future as educators (Kaufman & Mann, 2010). This view seems to suggest that teachers or CEs have a lead role in shaping these relationships, not the student. In the present study when students attempted to drive or steer the relationship in a particular direction (e.g. *the warrior*) this seemed to be counterproductive to their learning. The students also spoke in their narratives about how these relationships had shaped their eagerness (or lack of) to be a practitioner or educator in the future. Students are learning these things on an unspoken level, through the hidden curriculum.

As discussed previously in this chapter, Billet (2016) explains the learning process is interdependent on the learner engaging with social partners or artefacts in the workplace environment, drawing on social cues and clues, but he does not mention the importance of the strength of the social partnerships. The onus appears to be on the student to be the active participant, which minimises the role the social partner, or educator, can potentially play in the success of the learner in the workplace. This leaves a gap in how this theory can fully explain how learning takes place for the struggling students.

Box 7.1 Summary of findings from the student/CE relationship is central to learning in the clinical workplace

- *When the student/CE relationship is dysfunctional it can significantly impact the student's ability to succeed in the clinical workplace.*
- *The student/CE relationship is central to student learning.*
- *CEs act as role models and shape the students' future selves as clinicians and CEs.*

7.1.2 Struggle and failure have an emotional cost.

All participants in both studies reported the significant emotional impact of their experiences — CEs, students and CECs alike. For many student participants the emotional load impacted

their ability to engage readily in their placement experience. The students reported exacerbated levels of stress and anxiety which then acted as a barrier to accessing afforded learning opportunities or prevented them from performing to their potential. Some students reported pre-existing conditions where they experienced living with heightened levels of stress and anxiety but for others the experience of struggle or failure itself exacerbated their stress and anxiety levels.

Current literature does highlight that educational success or failure can arouse a multitude of different emotions including, but not limited to, enjoyment, pride, anger and anxiety (Pekrun & Perry, 2014). Test anxiety has been more widely examined but other achievement emotions have not. These emotions can also impact educational success or failure. Whilst the students in these studies talked mostly about stress and anxiety, other resultant emotions were raised such as shame and anger. It seems, therefore, that the feelings experienced by the participants in this research are not unusual in the context of learning. Some emotions were more evident than others however.

As outlined in chapter 1, an increasing number of students in higher education today are experiencing high levels of stress and anxiety (Cvetkovski et al., 2012). As was highlighted in figure 1-1 in chapter 1, there are emotional factors that can impact clinical education. The students in the present study were no exception with the findings being in alignment with previous studies looking at the impact of stress and anxiety on learning for example, (Geertshuis, 2018). Whilst the Geertshuis (2018) study cited here looked at the impact on performance in an academic learning situation it can be argued that the major findings can be applied to placement learning: a student's emotional wellbeing can and does shape active engagement in learning activities and contributes to determining learning outcomes. As discussed in section 7.3.1 relating to the student/CE relationship, active engagement by the learner is perceived to be a core component of many social learning

theories and models (Billett, 2001, 2004, 2008, 2016; Lave & Wenger, 1991). It therefore follows that when a student is less able to engage with afforded opportunities, in this case due to stress or anxiety, their learning outcomes may be affected. In the present study the students who had heightened stress and anxiety levels during their placement were identified as struggling to reach the required level of competency. For some the placement environment and relationship with their CE impacted them but for some there was an identified pre-existing condition, which may well have contributed to how they functioned in the learning environment. There is clearly a distinction here between the two groups but in reality, it may sometimes be difficult to distinguish one from the other.

From an individualistic learning theory perspective, Sweller et al. (2019) explain that intrinsic and extraneous cognitive load, can impact on the learner's ability to transfer content to their long term memory. The different types of load are explained in more depth in chapter 1, so will not be extrapolated here any further. The intrinsic load and extraneous load if balanced, might not cause the learner any issues. For example, if there is a high extraneous load but the intrinsic load is low then the learner's working memory may not be compromised.

In this study the majority of student participants did not identify the complexity of tasks (intrinsic load) as a distinct issue. Their issues around learning appeared to be impacted by "other" factors. Cognitive load theory in health professional education, as outlined by Van Merriënboer and Sweller (2010), is focused on the learning activity (intrinsic load), learning strategies (extraneous load) and the act of learning itself (germane load). In their research the model does not appear to account for other factors, such as stress or anxiety that may impact on the learning, the development of schemas and the knowledge transfer into long term memory. This theory only accounts for factors surrounding the learning itself but it does not explain how other issues can impact learning, where social learning theories might.

Bleakley (2006) explains individualistic models of learning, as had been privileged in medical and health professions education prior to the last decade, do not fully explain the process of learning in the clinical learning (placement) environment. Other models considering the complexity of this learning (including the emotional impact) need to be considered. When learning does not go to plan, as with the students in this study, many theories of learning lack the complexity or detail to be able to describe or fully explain why.

Other researchers however have identified that the relationship or educational alliance between CE and student may influence how students perceive and receive feedback and how this feedback in then enacted (Telio, Ajjawi, & Regehr, 2015). These researchers suggest that the CE/student relationship can be likened to the "therapeutic alliance" in psychotherapy, where it is accepted that there are generally better outcomes for the patient when their perception of the relationship with their therapist is a positive one. How the student therefore feels about their CE may significantly impact how credible they perceive their CE to be and therefore how much they actually learn from them.

The results from the present study support Bleakley's suggestion that learning is complex, with multiple interacting factors that influence and contribute to the process, resulting in a variety of emotional reactions which can then impact learning themselves,

Box 7.2 Summary of findings for struggle and failure has an emotional cost

- *The emotional cost of struggle and failure for students is high.*
- *In this study struggle and failure had an emotional impact and this then impacted the student's ability to learn in the clinical workplace.*
- *Many theories or models of individualistic and social learning do not account for how emotions can impact learning.*

7.1.3 Power abuse is part of the narrative in struggle and failure in speech pathology.

"...symbolic power is that invisible power which can be exercised only with the complicity of those who do not want to know that they are subject to it or even that they themselves exercise it" (Bourdieu, 2011).

Participants from student, CE and CEC groups talked about experiences of power misuse or having knowledge of or having heard stories of power abuse. Their experiences related to social theorist, Pierre Bourdieu's concept of symbolic power and symbolic acts of violence. The students' experiences related to use of symbolic power, usually by the CE or university, to put the student "in their place". Symbolic acts of violence were used against the student, such as being ignored by their CE, until the CE was ready to talk to the students. As discussed in chapter 1, often these acts are not performed deliberately, that is, it may not be a conscious act by the CE but intended to communicate to the student where their place is in that hierarchy. As Wagner and Hess (1999) reported in their research, power is inherent and present, and the way it is used can either facilitate or inhibit learning for the student, this was highlighted in chapter 1, figure 1-2, where power influences the institutional and cultural factors impacting clinical education. It can be suggested that for some of the students in this study, their experience of power was negative and could be framed as abusive and bullying.

For many of the student participants, their placements were in a hospital environment. Hospitals generally conform to a hierarchy in which healthcare workers sit, with doctors often being perceived as being higher up the medical hierarchy or organisational structure. Recent research indicates that traditional medical and interprofessional hierarchies persist in the healthcare setting (Shaw et al., 2018). Many clinicians in healthcare may not be consciously aware of this hierarchy on a day to day basis but conform to it unwittingly. The

CEs thereby communicate to their colleagues and the student that the student is not on the same level as them. Unfortunately, these acts, whether conscious or subconscious impact the student's learning. The narratives in the student data indicate, from their perspective, negotiating the relationship with the CE and the power enacted in this space, overshadows and dominates the placement. Hence the narrative becomes less about the student's development of competency but about negotiating a space for themselves in the placement environment where learning can take place. The narratives in phase 1 and 2 of the study, *in a sea of unknown* and *playing the game,* both display acts of symbolic violence, enacted by the CE. In *in a sea of unknown* the protagonist, *the warrior,* challenges the *bully* CE and the hierarchy. In *playing the game, the capitulator,* protagonist does not. The outcome for *the warrior* was failure and *the capitulator* went on to pass. This was a clear pattern in the narratives, and speaks to the research evidence in medical education. Monrouxe and Rees (2017) looked at character tropes and narrative plotlines in student narratives relating to their experiences of dilemma relating to breeches of professionalism they witnessed whilst on clinical rotations. Whilst the range of tropes and narrative plotlines were different to the ones in this study, the researchers observed patterns where when there was a *bully* character present, usually a doctor, the students were less likely to speak up against them for fear of the ramifications. In this study *the warrior* students sometimes did speak up against *the bully* (CE) and the cost for that student, was then failure. More recent research by Shaw et al. (2018) indicates that medical students used direct and indirect means of resistance against breaches of professionalism by their seniors, sometimes in the moment and sometimes delayed. *The capitulator* sometimes did attempt to call out the bullying or power abuse after their placement for example, by participating in focus group feedback sessions at the university, but the impact of this is unknown. Shaw et al. (2018) suggest that the intention behind the delayed resistance against or calling out of these lapses was to prevent this

behaviour occurring in the future. It should be noted that Shaw et al's., research included professionalism lapses that often involved patients, whereas this was not reported or described by the student participants in the present study, nor was it the focus of the present study. However, the Shaw study is of relevance as it indicates the hierarchical environment in which students learn their craft and to which some speech pathology students may be exposed. Shaw et al. (2018) do note that such reflection will allow students to make sense of the structural factors that facilitated or prevented them from challenging their seniors. The present study has enabled the speech pathology student participants to do just that and perhaps provides a strong argument for providing students with formal opportunities for reflection post placement.

As described in chapter 1, E. King et al. (2019), explain that students have to work out how to *"harness dialogue"* in the placement environment to coordinate three, interrelated interactive processes (a) functioning in the workplace, (b) impression management and (b) learning-in-the-moment. The authors found that there were negative and positive consequences, depending on how students had harnessed this dialogue. The student's access to learning opportunities was sometimes affected if dialogue was not harnessed effectively for example, if they spoke out too often or too much, their opportunities for learning might be restricted. It should be noted that learning to harness dialogue in the "right way" in the learning situation was something the students had to work out how to do themselves. This relates to the points raised in section 7.1.1. about the hidden curriculum. When and how students learn to harness dialogue is not something an educator sits down and tells them how to do that is, how they present themselves to their CE. King et al.'s (2019) research provides a new light in viewing clinical workplace learning, which emphasises how students manage the hierarchies and power within the learning situation to be afforded learning opportunities. The findings from the present study resonate with E. King et al.'s (2019) work, as the student

participants expressed working really hard to manage the hierarchy and power in their clinical workplace, sometimes with little success.

Recent research from O. King et al. (2019) investigating what dignity means for students and educators in work integrated learning, indicates that students and educators found it difficult to verbalise and conceptualise what dignity actually means in this context. Their findings from six different disciplines indicated that participants viewed dignity in work integrated learning, as twenty-three different concepts including freedom from abuse, a right to constructive feedback (for more on feedback in this study see section 7.1.5), being respected and being included. The student participants in the present study reported a lack of constructive feedback, feeling not included and respected. This indicates that dignity is something that is lacking for some students on placement and may well impact their ability to learn.

The CEs in this study also spoke of "stories" of power abuse almost as folklore and hearsay, acknowledging these acts of power abuse did occur, but they were not participants or actors in them, nor did they condone them. The CECs in the focus group also acknowledged these stories and alluded to intentionally not placing students with particular agencies or CEs due to knowing the CE had a reputation for being *"mean".* This was accepted common practice amongst the CECs. Whilst these instances might be relatively few in relation to the total number of students in placements across Australia, it appears from the narratives of the student and CE participants and from the CEC focus group, that power abuse and symbolic acts of violence are commonly occurring in speech pathology clinical education practices in Australia. Whilst this has not been widely documented in speech pathology to date, nursing and medicine have a long history of power abuse and bullying in education (Birks et al., 2018; Minton et al., 2018). It is therefore not surprising for similar acts to be occurring in

speech pathology in similar clinical workplace learning environments, where speech pathologists may be working in teams with other disciplines such as nursing and medicine.

The views and experiences of the participant groups were different, the students positioning themselves as victims, the CEs as observers, not perpetrators and the CECs unintentionally condoning the behaviour by not actively doing anything about it. The data overall from the CEs was that of a group of people who positioned themselves as "doing acts of good". The character tropes of CEs that came from their narratives aligned themselves with helpers and carers, so it was not surprising that their talk about the acts of violence was deliberately from an observer stance, they distanced themselves from these acts of violence to indicate their position of being a good clinical educator.

The data indicates that students who accepted their place *(the capitulator),* when symbolic power or symbolic acts of violence are perpetrated, were more likely to pass their placement. The trade-off for them was losing a sense of self or acting in a way that was not congruent with their values, but this was a deliberate, conscious decision for them. Conversely the students who stood by their values *(the warrior)* and fought for their rights and place in the learning environment were more likely to fail the placement by the end. The narratives *playing the game* and *in a sea of unknown* are illustrations of how symbolic power is used in the learning environment and how students negotiate their place in in this space.

If the data is viewed through the lens of Bourdieu's theory, it is likely that the power used against students by CEs or these acts of dignity violation were not intentional but a subconscious product of the environment they were working in. However, it does highlight that this is a phenomenon that is not talked about widely in the profession nor dealt with directly in the workplace or by universities. The research suggests that it may be timely to bring this into the clinical education narrative to raise awareness and situate the issue within

the context of organisational structures and hierarchies. Such awareness may then reduce the number of students who struggle because of relationship dynamics and how power is wielded in the learning environment.

Box 7.3 Summary of findings for power abuse is part of the narrative in struggle and failure in speech pathology

- *Power used against students in clinical workplace learning is recognised by students, CEs and CECs.*
- *CEs use acts of symbolic violence against students perhaps as a way to maintain power hierarchies in their workplace environments, akin to those reported in nursing and medicine (Birks et al., 2018; Skehan, 2014, Pfifferling, 2008)*
- *When students stand up to acts of symbolic power or symbolic violence, this did not usually end up positively for the student, when the student capitulated they usually passed the placement.*

7.1.4 Learning and learning environment.

The learning environment and the learning experience were discussed widely in the data of both CEs and students. In this section the context of the learning environment will be discussed first, followed by learning, through the lens of different learning theories and models to contextualise the findings.

The learning environment plays a key role in struggle and failure in clinical workplace learning.

The narrative data from the students indicated that the learning environment did play a role in their experience of struggle or failure. Many students indicated that if they were in an adult acute placement environment, as many of them were, the pace and requirements of this environment impacted on their ability to learn. The number of CEs supervising the student also impacted their ability to learn. Some students indicated, and in one instance a CE, it was

difficult to balance and manage the expectations and requirements of multiple CEs, impacting the students' ability to engage with afforded learning opportunities fully.

Lave and Wenger's (1991) model of legitimate peripheral participation suggests that to be integrated and accepted into the community, newcomers need to be endorsed by existing members of the community. The conditions for being accepted and endorsed into the community involves navigating the social structures and power relations within the community of practice. As discussed in section 7.1.3. when students experience symbolic acts of violence and misuse of power in the learning environment, it can impact their learning experience. Relating the student narratives and experiences to Lave and Wenger's (1991) model indicates that struggling students may not have been fully accepted and endorsed into the community and therefore may not have been afforded the best opportunities to learn. As discussed in section 7.1.3. on *power abuse,* when the student chose to capitulate (*the capitulator*) and agreed to the terms and conditions of acceptance into the community they went on to pass, based on the terms of the CE. As E. King et al. (2019) suggest in their research, students work out how to harness dialogue in the placement environment which then affords them opportunities to learn.

Other models and social learning theories, such as Billett (2004), suggest that learning in the workplace is a complex interaction of interdependent factors — knowledge-use, roles and processes. There is an interaction between affordances and constraints in the workplace, that learners must negotiate. For those struggling students in both phases of the study, where they spoke of the pace of the environment and the models of clinical education afforded to them (e.g., 3 CEs to 1 student), their experiences can be conceptualised in terms of these affordances and constraints. For them the pace of the acute hospital environment was a constraint they had to navigate. The throughput of patients in hospitals is greater than ever in Australia, with overall average length of stay (ALOS) in public and private hospitals reducing

by an average of 1.2% from 3 days to 2.8 days from 2012-2013 to 2016-2017. In public acute hospitals the ALOS has reduced by an average of 2.2% from 3.3 days to 3 days between 2012-2013 to 2016-2017 (Australian Institute of Health and Welfare, 2018). This puts greater pressure on staff for patients to be seen and treated quickly. This was something that ultimately, the students could do very little to change in the environment and consequently, because of their individual capacity to not fully cope with the pace, their learning was compromised. As Billett (2004) explains:

> *"…more than seeing workplaces as physical and social environments, they need to be understood as something negotiated and constructed through interdependent processes of affordance and engagement" (Billett, 2004).*

The struggling students, in relation to pace of environment found it difficult to engage with the opportunity afforded to them due to (a) their individual capacity at that time was not sufficient enough to cope or (b) the opportunities on offer may not have been apparent to the student. This apparent lack of opportunity may have been because of a dysfunctional relationship with their CE, where communication was not clear, or as previously mentioned in section 7.1.3. on *power abuse,* the students may not have been able to *"harness the dialogue"* (E. King et al., 2019) well enough to have learning opportunities afforded to them by their CEs.

In comparison, one student felt the low caseload within the placement environment impacted the learning opportunities afforded to her. In this instance it was not clear if this was a strategy employed by the CE to support the student's learning or if it was circumstantial, where the CE had no control over the caseload at the time and it just happened

to be particularly low. What is clear from this experience is it was difficult for the student to "harness dialogue" around this issue to remedy the situation for herself.

Where the struggling students had difficulties negotiating the learning environment with multiple CEs, it could be attributed to the students struggling to engage with opportunities afforded to them in the workplace environment (Billett, 2004) or possibly difficulty harnessing dialogue (E. King et al., 2019) with three different CEs . From the students' narratives their struggle stemmed from having to negotiate the learning space presented to them by more than one different educator at a time, with different expectations presented by the different CEs. Viewed through the lens of an individualistic learning model for example, Sweller et al. (2019); Van Merriënboer and Sweller (2010) it can suggest that the intrinsic load for the student may become too high, where multiple different tasks maybe presented at once. Viewed through the lens of Lave and Wenger (1991), their model of legitimate peripheral participation suggests that newcomers or learners have to integrate themselves into the community they are joining. The burden the students have to shoulder is large, as they try to understand and learn the different nuances of multiple different CEs, with sometimes contrasting and/or contradicting needs. For the struggling students, integrating into a community where there are multiple views and perspectives to be considered added a layer of complexity and acted as a barrier to learning.

The students' experiences of the learning environment aligned with many models of workplace learning and social learning theories such as Lave and Wenger (1991), Billett (2004) Billett (2001) and Billett (2016); where multiple, interacting variables can impact learning at any one time. In the case of the struggling students in this study, the key variables were found to be the pace of the environment and how many CEs the students had to interact with and work with at a time.

Learning from struggle and failure can be transformative.

Learning in this section (and as a theme) is defined as the learning which the participants described as an outcome of the placement, that is, an end product following reflection sometime after the placement. This was more prominent in the CE data than the student data. Students in phase 1 framed their learning from the perspective of their professional identity, that is, what they had learned about how they wanted to be as a clinician and practitioner moving forwards in their work life. In phase 2 it was framed slightly differently with the student participants able to acknowledge they had learned some valuable lessons, but it was still too early to comment on how great the impact of that learning might be yet, because of the recency of their experiences when they shared their stories. This was a major difference between the two stages of the study for the student participants.

From the CE perspective there was a clear finding that their experiences of supporting a struggling student were transformative in some way. If these experiences are viewed through Lave and Wenger's (1991) model of legitimate peripheral participation, one of the central tenets of this model is the change that occurs to both learner and community as a result of the reciprocal influence each has on the other. The interactions between newcomers, with their knowledge and prior experience, and existing more experienced community members results in learning and change for both parties. The CEs of the struggling students spoke clearly about learning more from these experiences of struggle and failure than other more regular experiences with students who had not struggled or failed. The CEs spoke of learning about their skills and knowledge, but also on a deeper, more personal level as a human being, learning about empathy and humanity. The narratives of the CEs that fitted with Booker's (2004) archetypal plot of *voyage and return* all spoke to the transformative nature of the learning that had taken place, with these experiences almost being like a rite of passage all educators should experience.

Whilst the students' experiences were less explicit, they spoke of the impact their learning had had on them. They acknowledged that their experiences had transformed their lives, especially their working lives in a fundamental way. As the majority of the student participants in this study had had negative experiences of learning, this usually spoke to the students not wanting to emulate the CE in their narrative, aiming to be a better CE and wanting to provide others with a more positive experience of learning. It should be noted the present study only captured those student participants who had gone on to pursue a career in speech pathology, it is not known at this stage what learning occurred for those students who opted to leave the profession or never went into the profession. This is mentioned as a limitation in section 7.5.

The students in phase 1 were clearly able to articulate the learning as an outcome of their placement. It is suspected this is because at the time they shared their experience in the research study, it had occurred at least 12 months prior to the interview and they had had time to assimilate the experience into their sense of self. However, the students in phase 2 were not as clearly able to recognise or articulate what learning might have occurred, nor how this may impact or influence them in the future because of the recency of the experience. They were still in the act of processing their experience, and as the sample size of participants was so small in phase 2, both participants articulated how the experience of being in this study facilitated reflection for them. One student had passed their placement and the other failed, yet both were still contemplating the full impact of their experience on their future. The students were at different stages in their course at the time of interviewing, so this may have had some influence on their thinking too.

The findings from this study support the idea that learning can be transformative (Lave & Wenger, 1991), even when the experience results in failure. The participants' experiences fit with Mezirow's transformative learning theory (Kitchenham, 2008), in which

learners undergo *"... a deep, structural shift in basic premises of thought, feelings and actions"* (Transformative Learning Centre, 2016). This has been reported previously in speech pathology, where a student experienced a moment of illumination that changed her learning trajectory from failing to passing (James, Collins, & Samoylova, 2012). In fact failure has been argued to be essential to learning (Manalo & Kapur, 2018). These authors however do point out that productive failure is deliberately designed and integrated into learning in a structured way. The student participants' experience of struggle or failure in this study was not deliberate or orchestrated to facilitate learning but nonetheless still resulted in learning that was transformative for them in the longer term, especially the phase 1 participants. The differences in the two phases of the study, in how participants have made sense of their learning, indicates that time and reflection play a large part in assimilating experiences into a person's narrative. This is consistent with Mezirow's theory, where over time learners go through different processes, or transition phases, ultimately resulting in a changed perspective from the experience. Transformative learning indeed involves transitioning through various stages or phases. These phases can be emotionally disruptive and troubling for the person undergoing the transition (Robertson, 1997) with critical reflection being an essential component of this theory (Kitchenham, 2008). As Connelly and Clandinin (1990) explain narrative inquiry is a way to reflect inwards and outwards, backwards and forwards across time to make sense of the human experience. As such participation in this study facilitated reflection for the participants on their journey through the transitions to transformation. Even though this theory has evolved and has been refined over time, the result of a changed perspective or position of the learner is the same by the end of the transition phases. It is likely what was seen as a difference between participants in phases 1 and 2 of this study was participants at different phases of transition. Whilst the experience of the phase 2 participants was fresh, and raw, they had transitioned to the phase

of being able to assimilate their experience into their life, when fundamental change occurs. Time and space are needed to do that.

Box 7.4 Summary of learning and learning environment findings

- *The pace of the learning environment and number of CEs in the environment impacted the learning opportunities students were afforded.*
- *Despite the lack of positive experiences, students experienced the learning as transformative, especially in phase 1. Learning was positive even though it was not deliberately orchestrated that way, as has been demonstrated in existing literature (Manolo & Kapur, 2018).*
- *The CEs' experiences were transformative and impacted them on a personal level in addition to developing their skills as CEs.*

7.1.5 Feedback and clear communication are essential to facilitate learning.

Students and CEs in both phases of the study, spoke explicitly about the need for, and often for the students an absence of, explicit, direct feedback.

From the student perspective their learning was directly impacted mostly by a lack of explicit direct feedback. They spoke of feeling confused, lost and working without direction due to not having a clear understanding about what they needed to do to change their clinical behaviours to progress with their competency development.

CE participants discussed the need for providing direct, explicit feedback. In their narratives, they discussed how they spent a lot of time in placements considering the place and role of feedback, how and when to provide it and laboured over how it might be received. When the CEs needed to provide negative or critical feedback, it weighed heavily on them and was strongly linked to their emotional reaction and response to their own personal experiences. The continuous assessment process that the COMPASS® assessment tool

utilises puts the CE in the dual role as educator and assessor, as is often the case for educators and can raise a tension for the CEs wearing these two hats (Bearman et al., 2013) and was certainly the case in this study.

As identified by both CEs and students, the need for explicit feedback is essential and has been identified as one of the most powerful influences on learning (Chowdhury & Kalu, 2004; Hattie Helen et al., 2007). Whilst the CEs in this study were mindful and aware of the influence and impact this could have on the students; the students' experiences were less than desirable. Despite feedback being essential in assessment and in the overall process of learning (Boud, 2000), the students in this study did not have a positive experience of feedback, potentially putting them at a significant disadvantage. Their experience of the feedback they received was either non-existent or lacking specificity. Researchers have noted that in the case of students who struggle CEs often provide more of the same support or feedback, not doing anything differently (Bearman, Castanelli, et al., 2018; Bearman et al., 2013). The lack of specificity reported by the students' experience of feedback in this study potentially could be related to not doing anything differently or "more of the same". Recent research has identified types of feedback that are helpful and types of feedback that can be harmful (Lefroy et al., 2015). The impact of feedback on the students in this study was not explored specifically, so it is impossible to say how it hampered their learning, except to say feedback was something the students identified as an issue. The experiences of the students in this study do however suggest that their experiences of feedback were certainly not supportive or helpful. This is something that could be investigated in future research studies.

Whilst the narrative data of all participants across both phases of the study indicated feedback was a major factor, feedback is only explicitly mentioned in some theories and models of workplace learning, for example, (Eraut, 2004). It could be argued that it is implied that feedback would take place between learners and educators as part of the

interactions that take place in the workplace or community, however feedback and the role that feedback plays in shaping a student's learning is not explicitly discussed in some models and theories (e.g., (Billett, 2001, 2004, 2008, 2016); Lave and Wenger (1991)). To look at the role feedback plays directly in learning, individualistic models of learning need to be looked at such as Sweller et al. (2019); Van Merriënboer and Sweller (2010). Providing learners with direct instruction that focuses on strategies for change rather than on learning deficits (Molloy, 2009) can be facilitative for students. Providing students with verbal and written feedback, through different modalities, can assist with reducing cognitive load for the student, fulfilling the "modality principle" and the "fading guidance" strategy (Sweller et al., 2019; Van Merriënboer & Sweller, 2010). This frees up cognitive space, enabling students to focus on the task at hand, thus improving their skills. The data from the students in this study indicates that "fading guidance" is something they had not or did not recall or were not able to identify receiving in their placements.

In her thesis on international students' experience of speech pathology clinical placements, S. L. Attrill (2016) also found that international students expressed the desire and need for explicit feedback to help structure their learning. Attrill's findings are in line with the findings of this study, given that international students are more likely to be identified as being at risk during placement, this finding is not surprising.

Whilst the CEs in the study did not identify a student passing a placement when they should have failed, the CE in phase 2, Celeste, did identify in her early days as a CE she sometimes struggled to provide difficult feedback due to the emotionally taxing nature of providing challenging feedback to a student. This relates to the concept of "failure to fail", which has been identified in the health professions education (Finch, Schaub, & Dalrymple, 2014; Fitzgerald et al., 2010; Lewallen & DeBrew, 2012; Rutkowski, 2007; Skingley, Arnott, Greaves, & Nabb, 2007; Wilkinson et al., 2011). Whilst it was not clearly identifiable in the

students' narratives, the question of whether some of their CEs were struggling with providing constructive, meaningful feedback to the students should be asked, resulting in confusion on the students' parts. Perhaps some of the students who did pass their placement but were identified as struggling only later in the placement were subject to their CE's "failure to fail". It is not possible to come to a conclusion either way in this study, as dyads of students and CEs were not interviewed for ethical reasons (see section 7.7. on strengths and limitations), and so we do not know what the other narrative would have been. What is clear from this data is feedback needs to be clear and specific to support student skill development and progression (Chowdhury & Kalu, 2004; C. E Johnson et al., 2016; Lefroy et al., 2015). Transformative learning can occur when students and CEs have a positive relationship, where power differentials are managed carefully, and the potential for heightened emotions are reduced.

Box 7.5 Summary of findings for feedback and clear communication are essential to facilitate learning

- *Students want specific and explicit feedback, in their experiences. In this study they did not get this and they felt this impeded their learning.*
- *CEs expressed the need to provide explicit and direct feedback.*
- *In social theories and models of learning feedback does not feature prominently, individualistic theories and models need to be consulted. Focusing on strategies for learning rather than deficits can facilitate students' learning (Lefroy et al., 2015). This did not appear to have occurred for the students in this study.*
- *When providing difficult or constructive feedback to a struggling or failing student, CEs can feel conflicted in their roles, particularly between assessor and educator.*

7.2 Developing a Stronger Understanding of Struggle and Failure in Clinical Workplace Learning

Whilst it is not possible to say that all student and CE experiences of struggle and failure are going to fit neatly into the narrative plotlines and tropes apparent in this study, it provides us with a different lens through which to view struggle and failure. Viewing through this lens suggests that struggle and failure does not happen in a vacuum. Rather, characters are interdependent; that is, a victim does not occur without a villain, and a hero does not occur without a victim to rescue and so on. In the context of struggle and failure it shows us that the student is not a sole actor in their own narrative, others have significant roles to play. How students, CEs and CECs position themselves and others impacts on how the narrative plays out. Relating these experiences to story plotlines and character tropes provides us with a medium with which to examine and explore the key aspects of the experience. This is a universal medium that can be applied to other disciplines where placement experiences are a core component of health professional training (Delany & Molloy, 2018). The cases presented in the study offer examples of what the lived experience is like, what personal and environmental factors contribute to the experience of struggle and failure, and how people make sense of these experiences in their personal and working lives. The cases have provided insight into the transformative nature of struggle and failure, from the perspective of both student and CE. Caution, however, must be taken when engaging with and utilising these tropes and plotlines. It is recognised that they may be open to abuse themselves. The intention is not to overgeneralise, label or stereotype students and/or CEs but to provide an alternate lens through which to explore these experiences.

The findings provide an insight into the experiences of a minority of students, whose experience of their placement learning has not been fully understood to date in relation to theory, nor has it been well documented. By relating these findings to contemporary learning

theories, I have been able to advance the understanding of the importance of the relationship between student and CE and other interrelated factors. These include the environment, use of feedback and how power can be manipulated, not always intentionally, with an impact on learning. When considering the schematic diagrams (figures 1-1 and 1-2) introduced in chapter 1, it can be seen that for struggling and/or failing students it is essential to consider all of these interrelated factors and they can and do influence students' learning.

Struggle and failure is a human centred, complex experience, with a complex interplay between all characters and the environment involved This study indicates that the social aspects of most theories of workplace learning (Billett, 2008, 2016; Lave & Wenger, 1991) are integral to their success. The theories or models, however, do not mention or consider how to ensure that the social interdependency between parties will be safe and run smoothly, that is, relationships between students and educators.

Billet (2016) suggests that much of the onus in workplace learning rests with the individual learner to make the most of the affordances given to them to maximise formal and informal learning opportunities. The results from this study suggest that it is not always possible for learners or students to take advantage of learning opportunities (sometimes due to physical or mental health barriers), opportunities maybe withheld (CEs feeling the student is not ready) or CEs actively standing in the way of learning opportunities (power abuse). When situations like this occur for students, universities and students may need strategies to manage the situation. When CEs encounter situations where students are struggling they may need specific strategies and support to facilitate learning. Bearman et al. (2013) and Bearman, Castanelli, et al. (2018) report that when students struggle or fail CEs tend to focus on doing more of the same, rather than targeting specific skills or behaviours. The research around support and remediation also does not tend to address the social aspects of clinical workplace learning, largely ignoring the complexity, for example, Cleland et al. (2013).

7.3 Application and Strategies for the Clinical Learning Environment

In this section each of the main findings is taken and suggestions of supports and actions that can be taken either by the student, CE or university are provided. These suggestions are presented in a table format below and can be applied to learning for all students not just struggling and failing students. It should be noted that not all cells are filled, as only where action by that person or organisation is recommended or suggested are populated.

Table 7.1 Strategies for clinical workplace learning

Main finding	**Action by student**	**Action by CE**	**Action by University**
The student/CE relationship is central to learning in the clinical workplace			
Managing the student/CE relationship	• Student takes responsibility for behaving in a respectful, professional manner towards CE.	• CEs have a responsibility to lead the development of the relationship with their student and role model effective, respectful communication. • CEs are explicit about the placement expectations, what they expect from students and what their responsibilities are e.g., this could be communicated through some sort of learning agreement.	• In training packages for CEs, universities can bring the importance of the relationship to the forefront of CEs' and students' minds. • Orientation and training can focus on developing psychologically safe spaces for student learning e.g., develop and organise orientation for students and CEs together, focusing on building relationships first and foremost.
Managing the relationship and putting supports in place when things go wrong.	• Student flags to university as soon as they feel the relationship with CE is not working in any way. • There is a mechanism available for students to be heard and their experience to be factored into the assessment process. • Take time to reflect and ask what isn't working and what am I contributing to this situation?	• CE to flag with University when they feel the relationship with the student is not working. • Take time to reflect and ask what isn't working, what am I contributing to this situation?	• In training for CEs and students universities have clear statements about the importance of the student/CE relationship • Where the relationship has been dysfunctional and there has been cause to question its impact on learning the university's assessment policy and procedure has flexibility to factor in the interaction of multiple factors in the learning environment, such as the impact of the relationship on learning.

Struggle and failure have an emotional cost	**Student**	**CE**	**University**
The emotional cost of struggle and failure for students is high.	• Students can access support services and are directed to these services as and when needed e.g., university counselling services, GPs for medicare support plans, learning support units.	• CEs made aware of support services for students and themselves. Mechanisms for CE debriefing built into programs by SP University programs.	• Wellbeing and mindfulness modules could be built into SP programs to facilitate self-care for students.
The emotional cost and impact of supporting a struggling student is high for the CE.	• Share their concerns or needs with their CE but be respectful of boundaries e.g., contacting only during work hours	• CEs access supports through their workplace and/or university program where the students are studying.	• Universities to provide practical support for CEs to assist with the emotional burden of supporting a student in the way of provision of strategies and also provide an avenue for debriefing about the placement.
Power abuse is part of the narrative in struggle and failure in speech pathology	**Student**	**CE**	**University**
CEs use acts of symbolic violence against students perhaps as a way to maintain power hierarchies in their workplace environments, akin to those reported in nursing and medicine (Birks et al., 2018; Minton et al., 2018; Pfifferling, 2008)	• Students can access a 3rd party they can go to for support within a placement site where practicable, e.g., student coordinator. • Students are supported to call out issues quickly with their university and are supported to address issues of power abuse and bullying.	• Ensure students are incorporated into teams e.g., invite to staff meetings, provide a space where practicable (Van der Zwet et al., 2011).	• Provide explicit information to students and CEs about power in clinical workplace learning i.e., it is inherent (Wagner & Hess, 1999) focusing on relationship building in orientation may mitigate some power issues.

The learning environment plays a key role in struggle and failure in clinical workplace learning in speech pathology	**Student**	**CE**	**University**
The pace of the learning environment and number of CEs in the environment impacted the learning opportunities students were afforded.	• Request opportunities for learning based on personal learning needs e.g., opportunities for ongoing observation of the CEs.	• Where multiple CEs are working with students, ensure clear communication between colleagues. • When in fast paced clinical learning environments make relevant accommodations to expectations in student performance.	
Learning from struggle and failure can be transformative	**Student**	**CE**	**University**
Despite the lack of positive experiences, students experienced the learning as transformative, especially in phase 1. Learning was positive even though it was not deliberately orchestrated that way, as has been demonstrated in existing literature (Manolo & Kapur, 2018).	• Students can keep a reflective journal throughout placement experiences.	• CEs model intellectual candour with students throughout the placement (Molloy & Bearman, 2019)	• Universities facilitate debrief sessions with students and CEs to reflect on learnings, both positive and negative.
The CEs experiences were transformative and impacted them on a personal level in addition to developing their skills as CEs.		• CEs model intellectual candour with students and colleagues throughout the placement and in their professional supervision (Molloy & Bearman, 2019)	• Universities provide opportunities for debriefing with CEs, acknowledging their skill, expertise, time and input with the students.

Feedback and clear communication are essential to facilitate learning	**Student**	**CE**	**University**
Students want specific and explicit feedback. In their experiences in this study they did not get this and they felt this impeded their learning.	• Students can request how and when they would prefer feedback to be provided e.g., verbal, written, immediately post clinical sessions vs end of the working day. This can be integrated into the learning agreement for the placement.		• Universities to provide targeted training to CEs about providing specific feedback that is grounded in contemporary theory e.g., (C. E Johnson et al., 2016; Christina E. Johnson et al., 2019; Lefroy et al., 2015)
In social theories and models of learning feedback does not feature prominently, individualistic theories and models need to be consulted. Focusing on strategies for learning rather than deficits can facilitate students' learning. This did not occur for the students in this study.		• Strategies to facilitate learning can be employed such as "fading guidance" (Van Merriënboer & Sweller, 2010) , rather than doing more of the same. • Structured models of feedback can be employed e.g., the feedback sandwich (Matua et al., 2014), Pendleton's model of feedback (Chowdhury & Kalu 2004) or the 'Situation-behaviour-impact' tool (Mind Tools 2017) • CEs should be mindful or providing only feedback that is supportive and not harmful (Lefroy et al., 2015).	
When providing difficult or constructive feedback to a struggling or failing student, CEs can feel conflicted in their roles, particularly between assessor and educator.		• Share the mental load with a supervisor, colleague or university.	• Where a student is struggling or failing, alternative or additional assessment procedures might be introduced and an alternative assessment or assessor employed. This takes the load or conflict away from the main CE.

7.4 Broader Implications

This study explored the retrospective lived experience of struggling or failing speech pathology students on clinical placements. A narrative approach was employed to look at the student, CE and CEC experiences, in particular examining how the placement environment impacted on these experiences. Archetypal story plotlines and character tropes were developed from the narrative data (Monrouxe & Rees, 2017; Van Langenhove & Harré, 1999) along with identifying themes from the data using a thematic analysis (Braun & Clarke, 2006). The interpretation of the data in this way has assisted in developing a greater understanding of how students who struggle on clinical placements, and the CEs and CECs make sense of and understand their experiences. This type of study was the first of its kind in speech pathology and provides a unique perspective of struggle and failure and adds to the wider research in health professions education. It adds to our understanding of clinical workplace learning. The findings from this research indicate that whilst struggle and failure to reach the required level of competency for a student means just that, the reasons contributing to that struggle or failure do not always relate to problems with skill development or skill execution. Multiple other factors contribute to the learning experiences of students as other studies have found, for example, Dornan et al. (2007) and J. van der Zwet et al. (2011).

The literature review in chapter 2 indicated that most of the research to date, examining struggle and failure in the health professions had executed this through a reductionist paradigm, often investigating risk factors or predictors of failure in isolation (Davenport et al., 2018), ignoring the complexity of learning or how struggle and/or failure might result from multiple interacting factors. The review identified a gap in the literature with regards to the student experience or voice. This study addressed this gap and situated it

in the context of the CE and CEC experiences, indicating whilst there are of course differences there are commonalities across experiences.

For the student participants in this study, the results indicated that the factors affecting performance were multiple and complex and they did not stand alone, as suggested from the review in chapter 2 (Davenport et al., 2018). Davis (2013), in his book on assessing doctors and health professionals, does indicate that there are many factors that affect performance, including physical state, emotional state, personality traits, the environment, attitudes etc, with the skills a student requires to demonstrate competence only being one ingredient in the recipe. Whilst the CEs' narratives touched on relating their student's experiences of struggle to the competency assessment tool, COMPASS® (S. McAllister et al., 2006), that is, skills and abilities, the broader narratives from all participants focused on a broader range of factors. These experiences were transformative, especially for the CEs and for some students. They led to a fundamental shift in their identity and or way of working. The findings related to feedback support the existing literature that feedback should be dynamic and not a linear process (Telio et al., 2015), the relationship between CE and student is fundamental to the learning that takes place in the workplace. The emotions experienced in the educational context impact learning (Pekrun & Perry, 2014). The learning from this is that CEs and universities need to be thinking beyond specific competency development, when supporting a student who is struggling.

This study therefore adds to the body of literature about the complexity of competency development, the multi-faceted human centred nature of learning in a clinical environment. To try to understand struggle and failure, the person at the centre of the experience (the student) cannot be excluded or reduced to a set of risk factors or predictors, divorced from the experience, the context and those in it need to be considered as a whole

The use of a narrative approach and positioning theory through the development of character tropes and plots provided a different lens to look at their experiences and stories. This method has been used to examine professionalism dilemmas in medicine (Monrouxe & Rees, 2017). Using this approach provides us with a sense of the centrality of the characters and how they interact with one another and how different stories can playout. If themes had been identified by using more common methods of qualitative analysis only, such as those also used in this study by Braun and Clarke (2006), the interactivity of the characters and the importance of this in the participants' experiences of struggle and failure would have been lost. The use of this approach has provided a unique insight into the lived experiences of the participants. This kind of approach can support in assisting CEs and universities to develop a broader understanding of the experience of struggle and failure rather than to label, pigeon hole or reduce students to a set of characteristics or stereotypes.

7.5 Strengths and Limitations

The present study, whilst unique in its capture of the student voice and lived experience of struggle and failure in speech pathology clinical placements, had some limitations, which are described in the following section.

As a whole it was important to be mindful and cautious when interpreting the findings from this narrative inquiry. The potential for my own biases and interpretation of the data as an experienced clinical education coordinator was considered carefully. It was also important to consider the safety of the participants, protecting them from harm, as far as possible (Gottlieb & Lasser, 2001). This was achieved by choosing not to interview dyads of students and CEs, nor triads of students, CEs and CECs, and by providing participants with access to information about relevant support services should participation in the study trigger anything for them. Whilst the richness of such data would have allowed full triangulation of

experience, truly enabling the researcher to look at different perspectives of the same experience, the safety and privacy of participants was paramount.

The study was limited to speech pathology students, CEs and CECs. Whilst carrying out a multi-disciplinary study would have been rich in data, this was beyond the scope of this doctoral study. The methods described and utilised in this study however may be transferable and be able to be utilised in future studies across other disciplines (see section 7.8), due to the replicability of the design and methods.

The study, conducted in two phases, to capture the retrospective experience in phase 1 compared to the lived "in the moment" experiences of phase 2, was not able to recruit any students who had struggled or failed and then decided to leave or not enter the profession. This was highlighted as a potential limitation at the beginning of the project and every effort was made to recruit to this group of potential participants. Unfortunately, despite accessing different networks within the profession, recruiting to this group was not possible.

The relatively small sample size of participants could be argued to be a limitation, however due to the qualitative nature of the study, the richness is in the data and narratives. Rich and thick description has been used when examining and reporting the results, strengthening the findings (Polkinghorne, 2007; Tracy, 2010). This study did not require a minimum number of participants.

The methods used for data analysis applied different approaches falling under the broad umbrella of a narrative approach. One of the most freeing aspects of a narrative approach is there is no one-way to carry out a narrative analysis, which is also one of the most difficult aspects to grapple with (Lyons, Glintborg, & McAllister, 2019). Knowing this indicates there is a different way to analyse or a different lens to view the data through. However, as the research student, I situated myself within the data and the study, as described

in chapter 1 and chapter 3-methodology, which adds to the richness of the research and was a part of the process. Acknowledging the potential alternative lenses is also part of the process. It is also acknowledged that narratives are rhetorical, and they do not necessarily represent an accurate account of what happened or how the participant made sense of the event in the moment (Rees, Monrouxe, & McDonald, 2013), however capturing narratives from different time periods partially mitigated that limitation.

Polkinghorne (2007) posits that narratives and the storied descriptions people provide about the meaning they attribute to their life events is the best available evidence to researchers *"...about the realm of people's experience"* (p.479). However, as researchers we need to recognise the limitations and threats to their validity, when making interpretations. It is important to note, claims of one absolute truth or causality are not being made in this research, by using quotes from the participants and rich description, as mentioned above, the claims made in the research become more trustworthy, credible and plausible (Polkinghorne, 2007). This research has aimed to investigate the told stories of the participants about their lived experience and in order to do that with as much rigour as possible various criteria were adhered to throughout, such as using rich description, participant quotes, triangulating the data with different groups of participants, member checking, adhering to ethical guidelines and self-reflexivity on my part (Tracy, 2010).

It could be argued an ethnographic[14] study of struggle or failure could have added a depth and richness to the data and provided more information about how participants felt and reacted in the moment (Shaw et al., 2018). However, one of the limitations of ethnography is the potential for the researcher to impact the research participants. In a study of struggle and

[14] Developing a cultural portrait of a group usually through observation and immersion over a period of time (Howe, Verdon, Easton, & Geiger, 2019).

failure, where the stakes are high for the student, it would not have been ethical to risk manipulation of or impact the situation in any way. This method was therefore rejected in the design phase, see chapter 3 methodology.

The students who did volunteer to participate in the study mostly shared stories that could be categorised as negative and the CEs who self-selected positioned themselves as engaged clinical educators This highlights that there may be students who had more positive experiences of struggle and failure or CEs who had less favourable opinions about clinical education, who chose not to participate in the study, and therefore the narratives in this research may be biased towards a more negative experience for the students and more positive towards the CEs. Every effort was made not to privilege these more negative "voices" over others (Gottlieb & Lasser, 2001) with the recruitment method of the study aimed to capture any student who had an experience to share and was not limited to a "type" of struggle or failure experience. Being mindful there is a potential for any number of stories is important, whilst this study does represent the student experience and voice, it does not claim to be exhaustive and finite.

Finally, the CEs who participated in the study all expressed an interest in clinical education and student education. As the student data suggested there are CEs who may not hold such a strong interest in clinical education, their experiences of struggle and failure are not captured here. As mentioned above with the first limitation, capturing student /CE dyads would have addressed this limitation, but it would give rise to ethical implications. As participation was voluntary, recruiting CEs who may have had less interest in clinical education, as part of their broader role, did not occur. It is therefore acknowledged that the stories and experiences of the CEs captured tended towards those more engaged in the clinical education process and therefore appeared more positive, which could have appeared as a bias towards the CEs on the researcher's part. .

The major strength of this study was the richness of the narratives and data of the participants, which had not been previously captured. This study added to the body of research surrounding struggle and failure in clinical workplace learning. Despite these several limitations, the study did capture the voice and experience of students, CEs and CECs and added previously lacking data to the body of research examining struggle and failure in speech pathology and health professions education.

7.6 Future Research Directions

This study has highlighted the complexity of placement learning, particularly for the struggling and failing student participants. Multiple factors can impact learning, which often have little to do with skill competence. This research emphasised the importance of the student/CE relationship in clinical workplace learning and situated this as an area that was problematic for the students. Future research directions may therefore address and examine how stronger, more open relationships can be built between students and CEs prior to placements beginning, looking at whether this impacts and influences the student and CE experience.

The students and CEs also highlighted the need for explicit feedback for struggling and failing students. However, this study did not explicitly address or explore what models of feedback CEs used. Examining how different types or models of feedback can be utilised with students who are struggling in the clinical workplace is something that would advance knowledge relating to supports for this group of students.

The data and findings from this study relate to one group of health professional students from one country only. Examining the experiences of other health professional students in countries other than Australia, using the same methodology would further develop our understanding about clinical workplace learning for struggling or failing students. It

would also be of interest to investigate whether students who had not been identified as struggling in their placement also experienced any of the issues the struggling students reported, for example, power misuse. As one of the limitations from this study was the majority of student experiences took place in a hospital, adult placement environment it would be useful to investigate further the experiences of students who have struggled in a paediatric setting and look for similarities and differences across those experiences. A larger scale study looking at students' experiences across all placement environments over a longer period of time would add depth to the understanding of this group of students.

7.7 Conclusions

The research examined the retrospective experiences of students, CEs and CECs in phase 1 of the research and the lived, contemporaneous, experiences of students, CEs and a CEC in phase 2 of the study. Narrative inquiry methods were utilised to examine the participants' experiences in both phases.

Findings from both phases suggest that struggle and failure is complex with the student/CE relationship being central to being able navigate the placement space successfully for both students and CEs. Having the foundation of a solid relationship, where there is mutual trust, respect and psychological safety is essential for both parties. The findings from this study support other research which also indicates the prominence of the student/CE relationship in placement or workplace learning, for example, (S. L. Attrill, 2016; J. van der Zwet et al., 2011)

Power abuse of students by CEs was reported by students and CEs making it more difficult for students to navigate the workplace learning space and impacted their learning. When the students stood up to the power, the findings from this study suggested the student was then more likely to fail than when they capitulated and *played the game*. These findings

suggested that struggle and failure on placement does not always concern the student's ability to demonstrate competence but may be related to multiple interacting factors.

The placement environment — including staff, pace and type of placement — played a significant role in how the student experienced the placement. This finding echoes existing research in medical education which identifies important elements in the placement environment as being essential for successful learning outcomes, for example, (J. van der Zwet et al., 2011).

The findings in this study also supported and echoed social learning theories and workplace learning models, which place emphasis on the social aspect of learning in a community. However, this study found there was a great emotional cost to struggle and failure for all involved; students, CEs, and CECs. Workplace learning models such as Lave and Wenger (1991) and workplace learning practices Billett (2001, 2004, 2016) have less of a focus on the impact of or the involvement emotional affect might have in the workplace learning situation.

Particular strategies or actions that CEs and universities can take have been identified from the research. The strategies and actions may assist in creating a learning environment which is conducive for all students' learning, and which may facilitate conversations about struggle and failure more readily and alleviate further issues from occurring during the placement.

Although complex and emotionally taxing, both students and CEs identified the positive learning opportunities to have come from their experiences. CEs identified supporting a struggling or failing student as being a transformative experience, and as something all CEs should experience. The skills they learned in these experiences were seen as essential. The specific skills that CEs use when supporting struggling students on

placement were not a focus of this study, nor evaluated in any way. Future research should examine these specific skills CEs acquired and use with struggling students on placement. The strategies suggested should also be evaluated following implementation to determine how they may influence the placement experience of students and CEs in the workplace.

This study provides an important contribution to the understanding of struggle and failure in clinical workplace learning. It has reinforced some existing knowledge, that is, the centrality of the student/CE relationship and has shone a light on the power imbalance and acts of power abuse occurring in speech pathology clinical education. It has highlighted how students, CEs and universities can target their resources when a student is struggling and has suggested directions for future research. Overall, it has brought to light how important the student voice is in attempting to further understand the complexity of struggle and failure.

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9. Appendices

9.1 Appendix A Advertisements

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Advertising through Twitter for PhD project: Development of Professional competency: Critical experiences of marginal or failing students.

Once ethics approval has been acquired the following tweets will be sent out through the student researcher's account on twitter: @rachyroo1972. People in the student researcher's immediate network will be able to access them plus people who also follow the hashtags #SLPeeps, #SLP2B and #PhD in the tweets. Tweets will be sent out twice, a week apart. Potential participants are asked to respond to the student researcher's email address in the tweet, rather than reply to the tweet as this will maintain confidentiality and no other persons other than the potential participant and the student researcher will be able to read the message.

Tweets

Ethics approved for #PhD research project- Critical characteristics of marginal #SLP2B. More tweets to follow #SLPeeps

Calling #SLPeeps who had problems on placement when #SLP2B for #PhD research project Pls email Rachel.Davenport@uon.edu.au.

Calling CE #SLPeeps who have supervised #SLP2B who had problems on placement. #PhD research project Pls email Rachel.Davenport@uon.edu.au .

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Research Project: Development of professional competency: Critical experiences of marginal or failing students.

Investigators: Rachel Davenport (PhD student)[1], Professor Alison Ferguson[1] Dr Sally Hewat[1], Professor Michelle Lincoln[2], and Associate Professor Sue McAllister[3] (Supervisors) – [1]University of Newcastle, [2]University of Sydney, [3]Flinders University

Ethics approval number: H-2013-3049

Study information and eligibility: In order to develop better ways to support students and clinical educators, this research aims to explore past experiences of problems or failure during a clinical placement. We are seeking three groups of participants: speech pathologists who graduated between 1 and 3 years ago who had problems on placement or who failed a placement when they were a student, speech pathologists who are clinical educators who supervised a student who had problems or failed a placement with them that occurred between 1 and 3 years ago and people who have practiced as speech pathologists but have left the profession or did not enter the profession possibly due to experiences of struggle or failure. Participation will involve being interviewed by Rachel either face to face, by phone or skype. Please pass the information on if you know of anyone who fits the above criteria.

For further detailed information please contact: Rachel Davenport (PhD Student Researcher) on 0415 053 392. Or Rachel.Davenport@uon.edu.au or Professor Alison Ferguson (Supervisor and Co-Investigator) on +61 (0)2 4921 5716 or Alison.Ferguson@newcastle.edu.au

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Research Project: Development of professional competency: Critical experiences of marginal or failing students.

Investigators: Rachel Davenport (PhD student)[1], Professor Alison Ferguson[1] Dr Sally Hewat[1], Professor Michelle Lincoln[2], and Associate Professor Sue McAllister[3] (Supervisors) – [1]University of Newcastle, [2]University of Sydney, [3]Flinders University

Ethics approval number: H-2013-3049

Study information and eligibility: In order to develop better ways to support students and clinical educators, this research aims to explore past experiences of problems or failure during a clinical placement. We are seeking two groups of participants: speech pathologists who graduated between 1 and 3 years ago who had problems on placement or who failed a placement when they were a student, and people who have practiced as speech pathologists but have left the profession or did not enter the profession possibly due to experiences of struggle or failure. Participation will involve being interviewed by Rachel either face to face, by phone or skype. Please pass the information on if you know of anyone who fits the above criteria.

For further detailed information please contact: Rachel Davenport (PhD Student Researcher) on 0415 053 392. Or Rachel.Davenport@uon.edu.au or Dr Sally Hewat (Supervisor and Co-Investigator) on +61 (0)2 4921 5159 Sally.Hewat@newcastle.edu.au

9.2 Appendix B Interview Protocols

Speech Pathologists- Graduated Students

Interview Guide for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students.
Document Version [1]; dated [30/09/13]

Preparation for the interview

- Confirm whether to be face to face, skype or phone interview with the participant
- If face to face- confirm location suited to the participant, if phone or skype confirm time of interview (taking into consideration time difference if applicable)
- Audio recorder
- Refreshments (e.g. juice, fruit, tea, biscuits etc) if face to face.

The following text provides an outline of the material covered during the interview
.

Welcome and Introduction
Thank you for coming along to the interview.
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look at the experiences of past student speech pathologists who either failed a clinical placement or had difficulties on placement. Previous research has focused on how others viewed the student e.g. the clinical educator or university coordinator. There is little research to date from the student perspective.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- Let me know if at any time during the interview or immediately following the recording there are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording.
- The digital recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- If any names or other identifying information of other people involved in your placement happened to be mentioned during the interview, I will replace them in the transcript with pseudonyms.

- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.
- I will send you a copy of the transcript for review after the interview for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the interview?

Ground Rules

- Please feel free to tell me about any aspect of your placement. The questions I will use are only a guide.
- Please turn off or switch your mobile phone to silent. Let me know if you need to respond to a call and I'll stop recording.
- If you become upset during the interview at any point or wish to stop then please let me know and we can stop the recording.

This interview will take approximately one hour. You are free to stop participating or withdraw at any time.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recorder?

Interview

The following questions are to be used as general prompts to encourage the participant to share their perceptions of their experiences during their placement in which they had difficulties and to maintain focus on the participant's story. The exact wording may shift in response to previous responses by the participant.

After the participants' response within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participant, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

Think about a placement you had problems in or failed and tell me about it.

Thinking back to this placement, what do you remember or recall?

If there was one main memory of the placement what would it be?

What do you remember as a particularly stressful period?

How would you say this placement has influenced you?

What role did others play in this placement (event)?

If there was one thing you could say about this placement what would it be?

How would you describe the effect it has had on you?

How has your thinking about this experience changed over the time since then?

How has this experience has shaped your approach to your own clinical work, or perhaps in your own supervision of clinical placements and dealings with students you supervise?

(Interview questions based on suggestions in Webster & Mertova, 2007)

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording?

I'll turn off the recording now. Thank you very much for your time.

Speech Pathologists- Clinical Educators

Interview Guide for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students.
Document Version [1]; dated [16/09/13]

Preparation for the interview

- Confirm whether to be face to face, skype or phone interview with the participant
- If face to face- confirm location suited to the participant, if phone or skype confirm time of interview (taking into consideration time difference if applicable)
- Audio recorder
- Refreshments (e.g. juice, fruit, tea, biscuits etc) if face to face.

The following text provides an outline of the material covered during the interview .

Welcome and Introduction
Thank you for coming along to the interview.
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look in depth at the experiences of speech pathology clinical educators (CEs) who either supervised a student on clinical placement who failed or supervised a student who had difficulties on placement. We want to explore what the experience was like for the CE including looking at the environment the placement took place in.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- Let me know if at any time during the interview or immediately following the recording there are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording.
- The digital recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- If any names or other identifying information of other people involved in your placement happened to be mentioned during the interview, I will replace them in the transcript with pseudonyms.

- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.
- I will send you a copy of the transcript for review after the interview for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the interview?

Ground Rules

- Please feel free to tell me about any aspect of your placement. The questions I will use are only a guide.
- Please turn off or switch your mobile phone to silent. Let me know if you need to respond to a call and I'll stop recording.
- If you become upset during the interview at any point or wish to stop then please let me know and we can stop the recording.

This interview will take approximately one hour. You are free to stop participating or withdraw at any time.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recorder?

Interview

The following questions are to be used as general prompts to encourage the participant to share their perceptions of their experiences during their placement in which they had difficulties and to maintain focus on the participant's story. The exact wording may shift in response to previous responses by the participant.

After the participants' response within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participant, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

Think about a placement where you supervised a student who struggled or failed the placement and tell me about it?

Thinking back to this placement, what do you remember or recall?

If there was one main memory of the placement what would it be?

What do you remember as a particularly stressful period for you?

How would you say being a supervisor for this placement has influenced you?

What role did others play in this placement (event)?

If there was one thing you could say about this placement what would it be?

How would you describe the effect it has had on you?

How has your thinking about this experience changed over the time since then?

How has this experience has shaped your approach to supervising clinical placements or in dealing with other students?

(Interview questions based on suggestions in Webster & Mertova, 2007)

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording?

I'll turn off the recording now. Thank you very much for your time.

Clinical Education Coordinators (CECs)- Australia and New Zealand

Focus Group Guide for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students.
Document Version [1]; dated [21/03/2014]

Preparation for the focus group

- Copies of participant information sheet for focus group
- Consent forms for focus group
- Audio recorder
- Video recorder

The following text provides an outline of the material covered during the interview
.

Welcome and Introduction
Welcome and thank you for volunteering to take part in this focus group and taking the time to discuss your experiences as CES working with marginal students and clinical educators (CEs).
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look at the experiences of the clinical education coordinators who supported marginal or failing students on placement and the clinical educators. We want to explore your experiences of student failure and supporting those involved.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- The digital audio recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- If any names or other identifying information of other people involved in your experiences happen to be mentioned during the focus group, I will replace them in the transcript with pseudonyms.
- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.

- I will send you a copy of the transcript for review after the focus group for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the focus group?

Ground Rules

- There are no right or wrong answers but rather differing points of view.
- Please feel free to share your point of view even if it differs from what others have said.
- Please turn off or switch your mobile phone to silent. If you need to respond to a call please do so as quietly as possible and re-join the group as quickly as possible.
- Please try to avoid text messaging during the group.
- Please try not to have conversations amongst yourselves once the group has started- this may deflect attention from the group discussion and make it difficult to hear the group discussion on the recording.
- I will provide a number of key questions to stimulate your responses regarding your experiences supporting marginal or failing students and CEs on placement.

This focus group will take approximately an hour, an hour and half at most. You are free to stop participating or withdraw at any time. If you do decide to withdraw any comments made up to that point in time on the audio recording will not be excluded from the summary of this discussion.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recording devices?

Interview

The following questions are to be used as general prompts to encourage the participants to share their perceptions of their experiences to maintain focus on the participants' stories. The exact wording may shift in response to previous responses by the participants.

After the participants' responses within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participants, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

Section 1

Firstly I'd like to discuss your experiences of supporting marginal or failing students and their CEs. By marginal I mean students who have been identified as struggling, problem, at risk or failing.

What's your experience of supporting marginal or failing students on and their CEs on placement?

- Are there differences between the reports of the CEs and students re: where the issues are?
- What are the main issues your come across?
- What supports do students need?
- What supports do CEs need?
- What are the most challenging situations to deal with?
- What constitutes a "successful" outcome?
- What factors contribute to making a "successful" outcome?
- What impact does supporting marginal or failing students and their CEs have on you?

Section 2

Now I'd like to talk about the role the workplace learning environment plays in the scenario of the marginal or failing student.

What role does the workplace learning environment play in the scenario of the marginal or failing student?

- In your opinion are there scenarios where you have been able to clearly identify that there was a problem with the learning environment?
- What issues have you observed with the learning environment?
- Have you been able to influence changes being made in the workplace-learning environment as a result of your role?

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Once the summary of this focus group session has been completed you will receive a copy of it so that you can make any clarifying amendments you wish to.

I'll turn off the recording now. Thank you very much for your time and energy.

Student speech pathologists

Interview Guide for the Research Project:
At risk of failure on clinical placement: students' and educators' lived experiences
Document Version [2]; dated [27/10/14]

Preparation for the interview

- Confirm whether skype or phone interview with the participant
- Confirm time of interview (taking into consideration time difference if applicable)
- Audio recorder

The following text provides an outline of the material covered during the interview
.

Welcome and Introduction
Thank you agreeing to participate in the interview and thank you for completing the audio/video/written diary during the placement.
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look at the experiences of student speech pathologists who were identified as being at risk on their clinical placement. Previous research has focused on how others viewed the student e.g. the clinical educator or university coordinator. There is little research to date from the student perspective.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- Let me know if at any time during the interview or immediately following the recording there are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording.
- The digital recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- Please try to avoid use of any names or other identifying information of other people involved in your placement, if they happened to be mentioned during the interview, I will replace them in the transcript with pseudonyms.
- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.

- I will send you a copy of the transcript for review after the interview for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the interview?

Ground Rules

- Please feel free to tell me about any aspect of your placement. The questions I will use are only a guide.
- Please turn off or switch your mobile phone to silent. Let me know if you need to respond to a call and I'll stop recording.
- If you become upset during the interview at any point or wish to stop then please let me know and we can stop the recording.

This interview will take approximately one hour. You are free to stop participating or withdraw at any time.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recorder?

Interview

The following questions are to be used as general prompts to encourage the participant to share their perceptions of their experiences during their placement in which they had difficulties and to maintain focus on the participant's story. The exact wording may shift in response to previous responses by the participant.

After the participants' response within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participant, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

We are doing this interview because you have just finished a placement where your clinical educator ticked the mid-placement box indicating concerns about your progress and you have shared your story via audio diary/video/written diary.

If there was one main memory about this placement what would it be?

What do you remember as a particularly stressful period?

What role did others play in this placement (event)?

How would you describe the effect it has had on you?

Can you talk about the context of the placement and how this affected your learning/performance on the placement?

Can you talk about the broader context of your life and what was happening for you at the time of the placement?

Has your thinking about this experience changed in the short time since the placement?

How do you think this experience will shape your approach to your next placement /own clinical work?

(Interview questions based on suggestions in Webster & Mertova, 2007)

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording?

I'll turn off the recording now. Thank you very much for your time.

Clinical Educators

Interview Guide for the Research Project:
At risk of failure on clinical placement: Students' and educators' lived experiences.
Document Version [2]; dated [27/10/14]

Preparation for the interview

- Confirm whether to be skype or phone interview with the participant
- Phone or skype confirm time of interview (taking into consideration time difference if applicable)
- Audio recorder

The following text provides an outline of the material covered during the interview
.

Welcome and Introduction
Thank you for coming along to the interview and for completing the audio/video/written diary whilst the placement was occurring.
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look in depth at the experiences of speech pathology clinical educators (CEs) who have supervised a student on clinical placement who was identified as being at risk on placement. We want to explore what the experience was like for the CE including looking at the environment the placement took place in.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- Let me know if at any time during the interview or immediately following the recording there are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording.
- The digital recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- Please try to avoid use of ~~I~~f any names or other identifying information of other people involved in your placement, if they happened to be mentioned during the interview, I will replace them in the transcript with pseudonyms.
- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.

- I will send you a copy of the transcript for review after the interview for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the interview?

Ground Rules

- Please feel free to tell me about any aspect of your placement. The questions I will use are only a guide.
- Please turn off or switch your mobile phone to silent. Let me know if you need to respond to a call and I'll stop recording.
- If you become upset during the interview at any point or wish to stop then please let me know and we can stop the recording.

This interview will take approximately one hour. You are free to stop participating or withdraw at any time.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recorder?

Interview

The following questions are to be used as general prompts to encourage the participant to share their perceptions of their experiences during their placement in which they had difficulties and to maintain focus on the participant's story. The exact wording may shift in response to previous responses by the participant.

After the participants' response within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participant, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

If there was one main memory of the placement what would it be?

What do you remember as a particularly stressful period for you?

How would you say being a supervisor for this placement has influenced you?

What role did others play in this placement (event)?

If there was one thing you could say about this placement what would it be?

How would you describe the effect it has had on you?

Has your thinking about this experience changed over the short time since the placement?

How do you think this experience will shape your approach to supervising clinical placements or in dealing with other students?

(Interview questions based on suggestions in Webster & Mertova, 2007)

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording?

I'll turn off the recording now. Thank you very much for your time.

Clinical Education Coordinators

Interview Guide for the Research Project:
At risk of failure on clinical placement: Students' and educators' lived experiences.
Document Version [2]; dated [27/10/14]

Preparation for the interview

- Confirm whether to be skype or phone interview with the participant
- Phone or skype confirm time of interview (taking into consideration time difference if applicable)
- Audio recorder

The following text provides an outline of the material covered during the interview
.

Welcome and Introduction
Thank you for coming along to the interview and for completing the audio/video/written diary whilst the placement was occurring.
Before we start the interview I will:

- Remind you briefly about the project
- Discuss the issues of confidentiality and privacy involved

Overview of research project

The purpose of the research is look in depth at the experiences of speech pathology clinical educators (CECs) who have supported a student on clinical placement who was identified as being at risk on placement and the CE. We want to explore what the experience was like for the CEC.

Confidentiality and privacy
I am audio recording the interview because I don't want to miss any of your comments. Participants often say very helpful things in interviews and sometimes it is hard to write quickly enough to get them all down.

- Let me know if at any time during the interview or immediately following the recording there are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording.
- The digital recordings will be stored securely for the duration of the project, and then erased and destroyed.
- Only members of the research team as approved by the ethics clearance process will have access to the recordings.
- Please try to avoid use of any names or other identifying information of other people involved in your placement, if they happened to be mentioned during the interview, I will replace them in the transcript with pseudonyms.
- I may use the non-identifiable transcripts in my thesis, in presentations and publications that arise from this research.

- I will send you a copy of the transcript for review after the interview for you to check.

Are there any questions regarding the overview of the research project and the issue of confidentiality and privacy regarding the interview?

Ground Rules

- Please feel free to tell me about any aspect of your placement. The questions I will use are only a guide.
- Please turn off or switch your mobile phone to silent. Let me know if you need to respond to a call and I'll stop recording.
- If you become upset during the interview at any point or wish to stop then please let me know and we can stop the recording.

This interview will take approximately one hour. You are free to stop participating or withdraw at any time.

Are there any further clarifying questions you need answered regarding this research project or the conduct of this interview before we begin?

May I turn on the recorder?

Interview

The following questions are to be used as general prompts to encourage the participant to share their perceptions of their experiences during their placement in which they had difficulties and to maintain focus on the participant's story. The exact wording may shift in response to previous responses by the participant.

After the participants' response within each area of questioning, the researcher will ask an open prompt question: for example, Is there anything more you'd like to tell me about that?

Where the researcher is unsure she has fully understood the participant, she will seek further clarification: for example, I'm not sure I fully understood you, can you explain that a bit further for me?

Can you tell me about the recent placement you supported a student and CE in where the student struggled to reach the required standard of competence?

If there was one main memory of the placement what would it be?

What do you remember as a particularly stressful period for you?

How would you say supporting a student and CE in this placement has influenced you?

What role did others play in this placement (event)?

How would you describe the effect it has had on you?

Has your thinking about this experience changed over the short time since the placement?

How do you think this experience will shape your approach to supporting other students and CEs on placement?

(Interview questions based on suggestions in Webster & Mertova, 2007)

Finishing up

We'll finish up now, but just before we do, is there anything else you wanted to add to what we've talked about?

Are any particular parts of the recording you wish to be erased or not to enter the transcription of the recording?

I'll turn off the recording now. Thank you very much for your time.

9.3 Appendix C Ethics Approval Letters

HUMAN RESEARCH ETHICS COMMITTEE

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Notification of Expedited Approval

To Chief Investigator or Project Supervisor:	**Professor Alison Ferguson**
Cc Co-investigators / Research Students:	**Doctor Sally Hewat** **Professor Michelle Lincoln** **Associate Professor Sue McAllister** **Ms Rachel Davenport**
Re Protocol:	**Development of professional competency: Critical experiences of marginal or failing students**
Date:	**31-Oct-2013**
Reference No:	**H-2013-0349**
Date of Initial Approval:	**31-Oct-2013**

Thank you for your **Response to Conditional Approval (minor amendments)** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **Expedited** review by the Chair/Deputy Chair.

I am pleased to advise that the decision on your submission is **Approved** effective **31-Oct-2013**.

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research, 2007, and the requirements within this University relating to human research.

Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. *If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.*

The full Committee will be asked to ratify this decision at its next scheduled meeting. A formal *Certificate of Approval* will be available upon request. Your approval number is **H-2013-0349**.

If the research requires the use of an Information Statement, ensure this number is inserted at the relevant point in the Complaints paragraph prior to distribution to potential participants You may then proceed with the research.

Conditions of Approval

This approval has been granted subject to you complying with the requirements for *Monitoring of Progress*, *Reporting of Adverse Events*, and *Variations to the Approved Protocol* as detailed below.

PLEASE NOTE:
In the case where the HREC has "noted" the approval of an External HREC, progress reports and reports of adverse events are to be submitted to the External HREC only. In the case of Variations to the approved protocol, or a Renewal of approval, you will apply to the External HREC for approval in the first instance and then Register that approval with the University's HREC.

- ***Monitoring of Progress***

Other than above, the University is obliged to monitor the progress of research projects involving human participants to ensure that they are conducted according to the protocol as approved by the HREC. A progress report is required on an annual basis. Continuation of your HREC approval for this project is conditional upon receipt, and satisfactory assessment, of annual progress reports. You will be advised when a report is due.

- ***Reporting of Adverse Events***

1. It is the responsibility of the person **first named on this Approval Advice** to report adverse events.
2. Adverse events, however minor, must be recorded by the investigator as observed by the investigator or as volunteered by a participant in the research. Full details are to be documented, whether or not the investigator, or his/her deputies, consider the event to be related to the research substance or procedure.
3. Serious or unforeseen adverse events that occur during the research or within six (6) months of completion of the research, must be reported by the person first named on the Approval Advice to the (HREC) by way of the Adverse Event Report form (via RIMS at https://rims.newcastle.edu.au/login.asp) within 72 hours of the occurrence of the event or the investigator receiving advice of the event.
4. Serious adverse events are defined as:
    - Causing death, life threatening or serious disability.
    - Causing or prolonging hospitalisation.
    - Overdoses, cancers, congenital abnormalities, tissue damage, whether or not they are judged to be caused by the investigational agent or procedure.
    - Causing psycho-social and/or financial harm. This covers everything from perceived invasion of privacy, breach of confidentiality, or the diminution of social reputation, to the creation of psychological fears and trauma.
    - Any other event which might affect the continued ethical acceptability of the project.

5. Reports of adverse events must include:
    - Participant's study identification number;
    - date of birth;
    - date of entry into the study;
    - treatment arm (if applicable);
    - date of event;
    - details of event;
    - the investigator's opinion as to whether the event is related to the research procedures; and
    - action taken in response to the event.

6. Adverse events which do not fall within the definition of serious or unexpected, including those reported from other sites involved in the research, are to be reported in detail at the time of the annual progress report to the HREC.

- ***Variations to approved protocol***

If you wish to change, or deviate from, the approved protocol, you will need to submit an *Application for Variation to Approved Human Research* (via RIMS at https://rims.newcastle.edu.au/login.asp). Variations may include, but are not limited to, changes or additions to investigators, study design, study population, number of participants, methods of recruitment, or participant information/consent documentation. **Variations must be approved by the (HREC) before they are implemented** except when Registering an approval of a variation from an external HREC which has been designated the lead HREC, in which case you may proceed as soon as you receive an acknowledgement of your Registration.

Linkage of ethics approval to a new Grant

HREC approvals cannot be assigned to a new grant or award (ie those that were not identified on the application for ethics approval) without confirmation of the approval from the Human Research Ethics Officer on behalf of the HREC.

Best wishes for a successful project.

Professor Allyson Holbrook
Chair, Human Research Ethics Committee

For communications and enquiries:
Human Research Ethics Administration

Research Services
Research Integrity Unit
The Chancellery
The University of Newcastle
Callaghan NSW 2308
T +61 2 492 17894
F +61 2 492 17164
Human-Ethics@newcastle.edu.au

RIMS website - https://RIMS.newcastle.edu.au/login.asp

Linked University of Newcastle administered funding:

Funding body	Funding project title	First named investigator	Grant Ref

HUMAN RESEARCH ETHICS COMMITTEE

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Notification of Expedited Approval

To Chief Investigator or Project Supervisor:	**Professor Alison Ferguson**
Cc Co-investigators / Research Students:	**Ms Rachel Davenport** **Associate Professor Sue McAllister** **Doctor Sally Hewat** **Professor Michelle Lincoln**
Re Protocol:	**At risk of failure on clinical placement: Students' and educators' lived experiences**
Date:	**27-Nov-2014**
Reference No:	**H-2014-0287**
Date of Initial Approval:	**26-Nov-2014**

Thank you for your **Response to Conditional Approval** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **Expedited** review by the Chair/Deputy Chair.

I am pleased to advise that the decision on your submission is **Approved** effective **26-Nov-2014**.

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research, 2007, and the requirements within this University relating to human research.

Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. *If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.*

The full Committee will be asked to ratify this decision at its next scheduled meeting. A formal *Certificate of Approval* will be available upon request. Your approval number is **H-2014-0287**.

If the research requires the use of an Information Statement, ensure this number is inserted at the relevant point in the Complaints paragraph prior to distribution to potential participants You may then proceed with the research.

*****Please note and action the following:**

1. Amendments to the Information Statements.
Your response to point 2a of our original letter indicated that amendments had been made to the Information Statements, Diary and Interview Guides to remind participants of the importance of not identifying 3rd parties. The only place this amendment could be found was in the Diary Guide. Please update the Information Statement as indicated.

2. Amendment to Initial Consent Form for Students.
Amend the 6th consent statement to "…I can choose not to…".

3. Amendment to the Diary Guide.
In the section for Confidentiality, please review and amend the 2nd sentence of the 2nd paragraph as it is currently unclear.

4. Data management – for noting.
Re your response to point 2b of our original letter, as all email is password protected, this does not provide any further layer of protection than standard. We encourage the proposed use of password protected Word file attachments to enhance the privacy of the diary communications.

Please ensure a copy of amended documents are submitted for our records via ruth.gibbins@newcastle.edu.au.

Conditions of Approval

This approval has been granted subject to you complying with the requirements for *Monitoring of Progress*, *Reporting of Adverse Events*, and *Variations to the Approved Protocol* as detailed below.

PLEASE NOTE:
In the case where the HREC has "noted" the approval of an External HREC, progress reports and reports of adverse events are to be submitted to the External HREC only. In the case of Variations to the approved protocol, or a Renewal of approval, you will apply to the External HREC for approval in the first instance and then Register that approval with the University's HREC.

- ***Monitoring of Progress***

Other than above, the University is obliged to monitor the progress of research projects involving human participants to ensure that they are conducted according to the protocol as approved by the HREC. A progress report is required on an annual basis. Continuation of your HREC approval for this project is conditional upon receipt, and satisfactory assessment, of annual progress reports. You will be advised when a report is due.

- ***Reporting of Adverse Events***

1. It is the responsibility of the person **first named on this Approval Advice** to report adverse events.
2. Adverse events, however minor, must be recorded by the investigator as observed by the investigator or as volunteered by a participant in the research. Full details are to be documented, whether or not the investigator, or his/her deputies, consider the event to be related to the research substance or procedure.
3. Serious or unforeseen adverse events that occur during the research or within six (6) months of completion of the research, must be reported by the person first named on the Approval Advice to the (HREC) by way of the Adverse Event Report form (via RIMS at https://rims.newcastle.edu.au/login.asp) within 72 hours of the occurrence of the event or the investigator receiving advice of the event.
4. Serious adverse events are defined as:
    - Causing death, life threatening or serious disability.
    - Causing or prolonging hospitalisation.
    - Overdoses, cancers, congenital abnormalities, tissue damage, whether or not they are judged to be caused by the investigational agent or procedure.
    - Causing psycho-social and/or financial harm. This covers everything from perceived invasion of privacy, breach of confidentiality, or the diminution of social reputation, to the creation of psychological fears and trauma.
    - Any other event which might affect the continued ethical acceptability of the project.

5. Reports of adverse events must include:
    - Participant's study identification number;
    - date of birth;
    - date of entry into the study;
    - treatment arm (if applicable);
    - date of event;
    - details of event;
    - the investigator's opinion as to whether the event is related to the research procedures; and

- action taken in response to the event.

6. Adverse events which do not fall within the definition of serious or unexpected, including those reported from other sites involved in the research, are to be reported in detail at the time of the annual progress report to the HREC.

- ***Variations to approved protocol***

If you wish to change, or deviate from, the approved protocol, you will need to submit an *Application for Variation to Approved Human Research* (via RIMS at https://rims.newcastle.edu.au/login.asp). Variations may include, but are not limited to, changes or additions to investigators, study design, study population, number of participants, methods of recruitment, or participant information/consent documentation. **Variations must be approved by the (HREC) before they are implemented** except when Registering an approval of a variation from an external HREC which has been designated the lead HREC, in which case you may proceed as soon as you receive an acknowledgement of your Registration.

Linkage of ethics approval to a new Grant

HREC approvals cannot be assigned to a new grant or award (ie those that were not identified on the application for ethics approval) without confirmation of the approval from the Human Research Ethics Officer on behalf of the HREC.

Best wishes for a successful project.

Professor Allyson Holbrook
Chair, Human Research Ethics Committee

For communications and enquiries:
Human Research Ethics Administration

Research Services
Research Integrity Unit
The Chancellery
The University of Newcastle
Callaghan NSW 2308
T +61 2 492 17894
F +61 2 492 17164
Human-Ethics@newcastle.edu.au

RIMS website - https://RIMS.newcastle.edu.au/login.asp

Linked University of Newcastle administered funding:

Funding body	Funding project title	First named investigator	Grant Ref

9.4 Appendix D Participant Information Statements

Information Statement

Professor Alison Ferguson
School of Humanities and Social Science/ Faculty of Education and Arts / The University of Newcastle
Callaghan NSW 2308
61 (0)2 4921 5716
Alison.Ferguson@newcastle.edu.au

Information Statement for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students

Document Version 2 dated 28/10/13

The Research Team

Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look in depth at the experiences of graduated speech pathology students who either failed a clinical placement or who had difficulties on placement. We want to explore what the experience was like for the graduated student including looking at the environment the placement took place in.

Who can participate in the research?

We are seeking speech pathologists who graduated between 1 and 3 years ago to share their stories about their clinical placements.

To participate you must have either failed a clinical placement or have been identified 'at risk' during your clinical placement.

If you did not have any problems on your clinical placements the unfortunately you will not be able to participate in this research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University, and we wish to note that she is currently on leave from that position while she is undertaking the present project, and you decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

If you agree to participate, you will be asked to take part in a semi-structured interview about your experiences of a clinical placement that you either failed or had difficulties on. Depending on where you live in relation to the student researcher you can chose to be interviewed in person, by phone or skype, whichever suits you best. The interview will be conducted in English

The interview will be audio recorded for transcription and later analysis.

How much time will it take?

You will be interviewed once and it should last approximately 1 hour.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of your clinical placement to an unbiased person.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have had in the past. If you wish the interview will be stopped immediately.

The student researcher, Rachel Davenport, has extensive experience in her role as clinical coordinator at La Trobe University in debriefing with students and clinical educators about their experiences of clinical placements and will able to assist you to identify the sources of counseling support that may be most appropriate for your situation if needed.

How will your privacy be protected?

Any information collected by the research team which may identify you, including the audio recording from your interview, will be stored securely on a password protected hard drive for at least 5 years. Following the storage period, all data will be disposed of via "Secure Records Disposal"

bins available at the University**.** The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview for presentation purposes or in the thesis you will be asked for your consent first.

The student researcher will transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be submitted for dissemination in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

Individual participants will not be identified in any way; only themes emerging from the interviews with the participants will be reported. If it would be useful to use a quote from your interview to illustrate a point or theme your consent will be sought first.

You will be able to review the audio recording to edit or erase your contribution. You will also be able to review the transcript of your interview if you wish.

You will be able to receive a summary of the results at the conclusion of the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please contact Rachel Davenport, the student researcher, by email Rachel.davenport@uon.edu.au or phone 0415053392 to arrange a time convenient for you for an interview. Please also complete the attached consent form and return by email to Rachel.Davenport@uon.edu.au

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Alison Ferguson
Project Supervisor and Chief Investigator

Rachel Davenport
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- [001173].

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Information Statement

Professor Alison Ferguson
School of Humanities and Social Science/ Faculty of Education and Arts / The University of Newcastle
Callaghan NSW 2308
61 (0)2 4921 5716
Alison.Ferguson@newcastle.edu.au

Information Statement for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students
Document Version 2 dated 28/10/13

The Research Team
Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look in depth at the experiences of speech pathology clinical educators (CEs) who either supervised a student on clinical placement who failed or supervised a student who had difficulties on placement. We want to explore what the experience was like for the CE including looking at the environment the placement took place in.

Who can participate in the research?

We are seeking speech pathologists who have supervised a student who has failed or struggled in a placement between 1 and 3 years ago to share their stories about their clinical placements.

To participate you must have been a CE of a student who has either failed a clinical placement or who was identified 'at risk' during your clinical placement.

If you have not supervised students before or not had a student who has had difficulties on placement unfortunately you will not be able to take part in this research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you

may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University, and we wish to note that she is currently on leave from that position while she is undertaking the present project, and you decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

If you agree to participate, you will be asked to take part in a semi-structured interview about your experiences of being a CE to a speech pathology student who either failed or had difficulties on placement with you. Depending on where you live in relation to the student researcher you can chose to be interviewed in person, by phone or skype, whichever suits you best. The interview will be conducted in English.

The interview will be audio recorded for transcription and later analysis.

How much time will it take?

You will be interviewed once and it should last approximately 1 hour.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of being a CE to a student who had difficulties on clinical placement with you to an unbiased person.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have had in the past. If you wish the interview will be stopped immediately.

The student researcher, Rachel Davenport, has extensive experience in her role as clinical coordinator at La Trobe University in debriefing with students and clinical educators about their experiences of clinical placements and will able to assist you to identify the sources of counseling support that may be most appropriate for your situation if needed.

How will your privacy be protected?

Any information collected by the research team which may identify you, including the audio recording from your interview, will be stored securely on a password protected hard drive for at least 5 years. After which time the data will be removed from the computer and destroyed. Following the storage period, all data will be disposed of via "Secure Records Disposal" bins available at the University. The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview for presentation purposes or in the thesis you will be asked for your consent first.

The student researcher will transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be disseminated in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

Individual participants will not be identified in any way; only themes emerging from the interviews with the participants will be reported. If it would be useful to use a quote from your interview to illustrate a point or theme your consent will be sought first.

You will be able to review the audio recording to edit or erase your contribution. You will also be able to review the transcript of your interview if you wish.

You will be able to receive a summary of the results at the conclusion of the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please contact Rachel Davenport, the student researcher, by email Rachel.davenport@uon.edu.au or phone 0415053392 to arrange a time convenient for you for an interview. Please also complete the attached consent form and return by email to Rachel.Davenport@uon.edu.au

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Alison Ferguson
Project Supervisor and Chief Investigator

Rachel Davenport
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-001173

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix B- Information statement for Clinical Educators (CEs) for the project: Development of professional competency: Critical experiences of marginal or failing students.

Information Statement

Professor Alison Ferguson
School of Humanities and Social Science/ Faculty of Education and Arts / The University of Newcastle
Callaghan NSW 2308
61 (0)2 4921 5716
Alison.Ferguson@newcastle.edu.au

Information Statement for the Research Project:
Development of professional competency: Critical experiences of marginal or failing students
Document Version1 dated 28/03/14

The Research Team
Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look at the experiences of speech pathology clinical education coordinators (CECs) in Australia and New Zealand who either supported a student who struggled on or failed a clinical placement and supported the clinical educators of struggling or failing students on clinical placements. We want to explore what the experience was like for the CEC including looking at the environment the placement took place in.

Who can participate in the research?

We are seeking clinical education coordinators (CECs) past and present from speech pathology training programs in Australia and New Zealand who have supported students who have failed or struggled on placements and supported the clinical educators of struggling or failing students to share their stories about their clinical placements.

To participate you must have been or currently be a CEC of an Australian or New Zealand speech pathology program and have supported struggling or failing students on placements and the clinical educators.

If you have not undertaken this role at your university then you will not be eligible to participate in the research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University, and we wish to note that she is currently on leave from that position while she is undertaking the present project, and your decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason. Your contribution to the focus group up to the point of your withdrawal may be used in the project due to nature of focus groups.

What would you be asked to do?

If you agree to participate, you will be asked to take part in focus group (conducted in English) about your experiences of being a CEC at your program supporting struggling or failing speech pathology students and the CEs of those students. The focus group will take place at the APEC-SLP (Asia Pacific Education Collaboration in Speech-Language Pathology) meeting in Melbourne on the weekend of May 17th and 18th, 2014 prior to the national Speech Pathology Australia conference. It will take place in a space that will ensure your privacy i.e. in a room with a closed door.

The interview will be audio recorded for transcription and later analysis.

How much time will it take?

You will be interviewed once and it should last approximately one hour but please allow up to an hour and half should you have any commitments following the focus group.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of being a CEC supporting students who had difficulties on clinical placement and their CEs.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have had in the past. If you wish you can leave the focus group immediately.

The student researcher, Rachel Davenport, will able to assist you to identify the sources of counseling support that may be most appropriate for your situation if needed.

How will your privacy be protected?

Any information collected by the research team which may identify you, including the audio recording from your interview, will be stored securely on a password protected hard drive for at least 5 years. After which time the data will be removed from the computer and destroyed. Following the storage period, all data will be disposed of via "Secure Records Disposal" bins available at the University. The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview for presentation purposes or in the thesis you will be asked for your consent first.

The student researcher will transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be disseminated in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

Individual participants will not be identified in any way; only themes emerging from the focus group with the participants will be reported. If it would be useful to use a quote from your focus group to illustrate a point or theme your consent will be sought first.

You will also be able to review the transcript of your interview if you wish.

You will be able to receive a summary of the results at the conclusion of the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please contact Rachel Davenport, the student researcher, by email Rachel.davenport@uon.edu.au or phone 0415053392 to arrange a time convenient for you for an interview. Please also complete the attached consent form and return by email to Rachel.Davenport@uon.edu.au

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Alison Ferguson
Project Supervisor and Chief Investigator

Rachel Davenport
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2013-3049

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au

Information Statement

Professor Alison Ferguson
School of Humanities and Social Science/ Faculty of Education and Arts / The University of Newcastle
Callaghan NSW 2308
61 (0)2 4921 5716
Alison.Ferguson@newcastle.edu.au

Information Statement for the Research Project:
At risk of failure on clinical placement: students' and educators' lived experiences
Document Version 3 dated 1/12/14

The Research Team
Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look in depth at the experiences of speech pathology students who have been identified as struggling to reach the required standard of competence on their clinical placement. This research will inform our understanding of how students experience struggle on placements and how we can develop more effective support practices and procedures.

Who can participate in the research?

You are reading this information statement before the placement and do not know at this stage if you will experience struggle or failure on your placement. You will only be contacted to participate fully in the research if you are identified as struggling to progress to reach the required standard of competence on your placement.

If you do not have any problems on your clinical placement then you will not be able to participate in this research and you will not be contacted further.

There are two other groups of participants in this research, clinical educators and clinical education coordinators. These participants will not be involved in your placement in any way and will be from different institutions to ensure your privacy and confidentiality are maintained.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University. Ms Davenport is currently on leave from that position while she is undertaking the present project, and your decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff. Should you choose to participate in this research all material will be confidential and not shared with La Trobe University staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

You will be asked to complete a confidential and secure audio diary, video diary or written diary ~~blog~~ each week whilst on placement if you have been identified as struggling to progress to reach the required standard of competence on your placement. You will be asked to email this to the student researcher, Rachel Davenport once a week. If you are already keeping a reflective diary as part of your placement, then you can send this to the student researcher instead. If you do not wish to send anything, this is ok too. Once the placement is completed and the final result confirmed you will be asked to take part in a semi-structured interview about your experience of the clinical placement. As the student researcher lives in a different state you can chose to be interviewed by phone or skype, whichever suits you best. The interview will be conducted in English and audio recorded. All normal support processes and procedures will be available to you from your home university whilst you are on placement. Your home university and CE will not know that you are participating in the research unless you tell them. The student researcher, Rachel Davenport will not be involved in normal support processes.

How much time will it take?

The audio diary, video diary or written diary can be as long as you want it to be, there is no minimum or maximum time required.

You will be interviewed once at the end of the placement and it should last approximately 1 hour.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of your clinical placement to an unbiased person.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have or had about the placement. If you wish you can chose to stop.

The student researcher, Rachel Davenport, has extensive experience in her role as clinical coordinator at La Trobe University in debriefing with students and clinical educators about their experiences of clinical placements and will able to assist you to identify the sources of counseling support that may be most appropriate for your situation if needed.

How will your privacy be protected?

Your university or CE will not know that you have chosen to participate in the research at any stage in the process. Only the student researcher will have access to identifiable data, the rest of the research team will only be able to access de-identified data. Any information collected by the research team, which may identify you, including the audio, video, or written diary and the audio recording from your interview, will be stored securely on a password protected hard drive for at least 5 years. Following the storage period, all data will be deleted. The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. When creating your diary please try not to identify others by name in it e.g. your CE, other professionals etc for confidentiality reasons. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview for presentation purposes or in the thesis you will be asked for your consent first.

Individual participants will not be identified in any way; only themes emerging from the interviews with the participants will be reported. If it would be useful to use a quote from your interview to illustrate a point or theme your consent will be sought first.

You will be able to review the audio recording of your interview to edit or erase your contribution. You will also be able to review the transcript of your interview if you wish.

You will be able to receive a summary of the results at the conclusion of the project.

The student researcher will look at the diaries and transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be analysed and used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be submitted for publication in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

***What do you need to do to participate*?**

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please read and sign the consent form on the following screen. Your contact details from COMPASS® will then be sent on to the student researcher, Rachel Davenport. If you are identified as struggling to progress to reach the required standard of competence on your placement Rachel will be notified through and email notification in COMPASS® online, which your CE normally activates by ticking a box in the system. This email normally goes to the clinical coordinator at your home university. If you consent to participate this email will also go to Rachel, however no one else will know she has received it. Rachel will then contact you to see if you still want to participate in the research if you are identified as struggling at mid placement.

Once you have been identified as being able to participate Rachel will send you another consent form to sign and send back to her.

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Alison Ferguson
Project Supervisor and Chief Investigator

Rachel Davenport
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. xxxx xxxx
Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Information Statement

Professor Alison Ferguson
School of Humanities and Social Science/ Faculty of Education and Arts / The University of Newcastle
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Information Statement for the Research Project:
At risk of failure on clinical placement: students' and educators' lived experiences
Document Version 3 dated 1/12/14

The Research Team
Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look in depth at the experiences of speech pathology clinical educators (CEs) who are supervising a student on clinical placement who is at risk of failure. We want to explore what the experience is like for the CE including looking at the environment the placement took place in.

Who can participate in the research?

We are seeking speech pathologists who are supervising a student who has been identified as being at risk on their placement to share their stories about supervising the student on clinical placement.

Students and clinical education coordinators will also be participating in this research, however they will from different institutions and will not be linked to your placement in any way.

To participate you must be the primary CE of a student who has been identified as being at risk of failure on their clinical placement.

You are reading this information statement prior to knowing whether you will have a student who will be at risk. You will only be contacted to participate fully in the research if you do have a student who is identified as being at risk on the placement.

If you do not have a student who is identified as being at risk on placement you will not be able to take part in this research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University, and we wish to note that she is currently on leave from that position while she is undertaking the present project, and your decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

If you agree to participate, you will be asked to complete an audio, video or written diary each week whilst you are supervising the at risk student on placement. If you are not able to do this you can still participate in the research and will not be disadvantaged in any way. You will be asked to email this to the student researcher, Rachel Davenport once a week. Once the placement is completed and the final result confirmed you will be asked to take part in a semi-structured interview about your experience of supervising the at risk student on the clinical placement. As the student researcher lives in a different state you can chose to be interviewed by phone or skype, whichever suits you best. The interview will be conducted in English

The interview will be audio recorded for transcription and later analysis.

How much time will it take?

The audio, video or written diary can be as long as you want it to be, there is no minimum or maximum time required. If you are not able to complete it, this is ok. You will not be disadvantaged in any way.

You will be interviewed once at the end of the placement and it should last approximately 1 hour.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of supervising an at risk student on clinical placement to an unbiased person.

By completing a diary whilst on placement this may aid your reflection about your experience as a supervisor and actually assist to facilitate change.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have or had about the placement. If you wish you can chose to stop.

The student researcher, Rachel Davenport, has extensive experience in her role as clinical coordinator at La Trobe University in debriefing with students and clinical educators about their experiences of clinical placements and will able to assist you to identify the sources of counseling support that may be most appropriate for your situation if needed.

How will your privacy be protected?

Any information collected by the research team that may identify you, including the audio, video or written diary and the audio recording from your interview, will be stored securely on a password protected hard

drive for at least 5 years. After which time the data will be removed from the computer and destroyed. Following the storage period, all data will be deleted and disposed of. The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. When creating your diary please try not to identify others by name in it e.g. the student, other professionals etc for confidentiality reasons. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview for presentation purposes or in the thesis you will be asked for your consent first.

The student researcher will transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be disseminated in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

Individual participants will not be identified in any way; only themes emerging from the interviews with the participants will be reported. If it would be useful to use a quote from your interview to illustrate a point or theme your consent will be sought first.

You will be able to review the audio recording to edit or erase your contribution. You will also be able to review the transcript of your interview if you wish.

You will be able to receive a summary of the results at the conclusion of the project.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please read the consent form, also attached in this email, sign it and send it back to Rachel, the student researcher, by email Rachel.Davenport@uon.edu.au . If your student is identified as being at risk on placement please contact Rachel by email. Rachel will also contact you at various intervals throughout the placement to check if your student has been identified as being at risk.

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Project Supervisor and Chief Investigator Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No H xxxx xxxx

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Information Statement

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Information Statement for the Research Project:
At risk of failure on clinical placement: students' and educators' lived experiences
Document Version 3 dated 1/12/14

The Research Team
Professor Alison Ferguson- Project Supervisor
Dr Sally Hewat- Project co-supervisor
Professor Michelle Lincoln- Project co-supervisor- The University of Sydney
Associate Professor Sue McAllister- Project co-supervisor, Flinders University
Ms Rachel Davenport- Student researcher

You are invited to participate in this research project being conducted by the Research Team (see above) from the School of Humanities and Social Science, Discipline of Speech Pathology at the University of Newcastle. The research is part of Ms Rachel Davenport's doctoral studies at the University of Newcastle.

Why is the research being done?

The purpose of the research is to look in depth at the experiences of Australian speech pathology clinical education coordinators (CECs) who are supporting a student on clinical placement who is struggling to reach the required standard of competence and their CE. We want to explore what the experience is like for the CEC, supporting the student and CE.

Who can participate in the research?

We are seeking clinical education coordinators of Australian speech pathology programs who are supporting a student who has been identified as struggling to reach the required standard of competence on their clinical placement and their CE, to share their stories about supporting the student and CE whilst on clinical placement.

Students and CEs are also being recruited to participate in the research. They are not associated with your University or speech pathology program in any way.

To participate you must be the clinical education coordinator of your program and provide support to students and CEs whilst during clinical placements.

You are reading this information statement prior to knowing whether you will have any students who will struggle to reach the required standard of competence. We will ask you to contact the student researcher if you do support a student and their CE who fit the above criteria.

If you do not have a student who is identified as struggling to reach the required standard of competence on placement you will not be able to take part in this research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you in any way or affect your relationship with the University of Newcastle or its staff. As you may be aware, the student researcher, Rachel Davenport, is the clinical education co-ordinator at La Trobe University, and we wish to note that she is currently on leave from that position while she is undertaking the present project and your decision whether or not to participate will not disadvantage you in any way or affect your relationship with La Trobe University or its staff.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data which identifies you.

What would you be asked to do?

If you agree to participate, you will be asked to complete an audio, video diary each week whilst you are supporting the student who is struggling and their CE on placement. You will be asked to email this to the student researcher, Rachel Davenport once a week. If you are not able to do this you can still participate in the research. We ask that if you do complete a diary you try not to identify any third parties to maintain privacy and confidentiality. Once the placement is completed and the final result confirmed you will be asked to take part in a semi-structured interview about your experience of supporting the student and the CE on the clinical placement. As the student researcher lives in a different state you can chose to be interviewed by phone or skype, whichever suits you best. The interview will be conducted in English

The interview will be audio recorded for transcription and later analysis.

The student researcher may ring you at various points in the placement if you consent to participate in the project.

How much time will it take?

The audio ~~diary~~, video or written diary can be as long as you want it to be, there is no minimum or maximum time required. If you are not able to send a diary each week you can still participate in the research and you will not be disadvantaged in any way.

You will be interviewed once at the end of the placement and it should last approximately 1 hour.

***What are the risks and benefits of participating*?**

By participating in this research you will have an opportunity to share your story about your experience of supporting a student who is struggling to reach the required standard of competence and their CE on clinical placement to an unbiased person.

You will contribute to professional knowledge, practice and education about clinical placements and improvement in assessment practices.

We acknowledge that sharing your story may bring up unpleasant experiences and feelings that you have or had about the placement. If you wish you can chose to stop.

How will your privacy be protected?

Any information collected by the research team that may identify you, including the audio, video or written diary and the audio recording from your interview, will be stored securely on a password protected hard drive for at least 5 years. After which time the data will be removed from the computer and destroyed. The computer and data will be stored in the office of the home of the student researcher. The researchers will only access it unless you consent otherwise except as required by law. for presentation purposes or in the thesis you will be asked for your consent first. When creating your diary please try not to identify others by name in it e.g. the CE, student or other professionals etc for confidentiality reasons. Identifiable information such as your name will be replaced by pseudonyms ensuring your confidentiality. Where excerpts or quotes might be used from your interview

The student researcher will analyse the diaries and will transcribe the interview; no other persons except the research team will have access to it.

How will the information collected be used?

The information and data collected will be used in a thesis to be submitted as part of Ms Rachel Davenport's PhD. This information will also be disseminated in scientific peer reviewed journals and also at conference presentations in Australia and overseas.

Individual participants will not be identified in any way; only themes emerging from the interviews with the participants will be reported. If it would be useful to use a quote from your diary, or interview to illustrate a point or theme your consent will be sought first.

You will be able to review the audio recording to edit or erase your contribution. You will also be able to review the transcript of your interview if you wish. You will be asked if quotes can be used from your transcript in research publications, the student researcher's thesis and conference presentations at the time of review.

You will be able to receive a summary of the results at the conclusion of the project.

***What do you need to do to participate*?**

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

If you would like to participate, please complete the consent form also attached in the email this information sheet came in and send it back to the student researcher, Rachel Davenport, by email Rachel.Davenport@uon.edu.au .

Once you have a student who is struggling to reach the required standard of competence please contact the student researcher by email.

Further information

If you would like further information please contact Rachel Davenport (Student researcher) by email Rachel.Davenport@uon.edu.au or phone 0415053392 or Professor Alison Ferguson (Supervisor and Chief Investigator) Alison.Ferguson@newcastle.edu.au

Thank you for considering this invitation.

Alison Ferguson
Project Supervisor and Chief Investigator

Rachel Davenport
Student Researcher

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No H xxxx xxxx

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

9.5 Appendix E Case Studies

This section presents four retold stories from the participants in phase 2 of the research, two students and two CEs. These four stories illustrate the different contemporaneous experiences of struggle and failure and highlight the immediate impact of the experience as opposed to the retrospective experience showcased in the case studies in chapter 4.

9.5.1 Stella — Playing the game.

Stella was 3rd year undergraduate student on placement in a paediatric setting. Stella was a student who appeared to take charge of her learning from the beginning. She was aware of her surroundings and situation. From early on in the placement she expressed feeling out of her depth in terms of prior experience but identified she needed to turn that around. To a certain extent although she had knowledge and awareness, she expressed feeling powerless. She felt in the middle of the clinical educator and the university. She was aware of the importance of the relationship with her clinical educator and worked out a way to deal with this. She navigated the placement by finding neutral ground where she could tread safely.

> *"I did find her a little bit difficult, to work with um…but I I feel like we got along so, when weren't talking about sort of treatment or uni whatever I felt like we got on fine and I feel like she liked me and you know she she she'd drop into my room and we'd chat but we wouldn't chat about, I I didn't feel like it was easy to chat about speech pathology stuff [both laugh] it was more she wanted to talk to me about yeah I think she was interested in me as a person" StellaP2 Student*

Stella felt the clinical educator had some "issues" with the university, which were indirectly aimed at her. When Stella wanted to try a treatment approach that she thought was appropriate and evidenced based, she felt blocked by the CE, as they disagreed with the lecturer at university.

> *"I don't think that we agreed about certain things um…you know when I wanted to do um minimal pairs with a client she was just so against it and she wasn't really willing to have a conversation about it and she started bagging our, cos she knows um the lecturer who teaches us articulation and phonology*

and she seems to have this real thing against her and she started bagging her out and she was saying 'look I just don't think it works and I think it um…'She… she just sort of she really just does articulation therapy and I'm not saying that I was right or wrong um…my approach but there was just one client that I had where this was my first instinct to do phonology intervention rather than um yeah I didn't think it was an articulation thing" StellaP2 Student

Stella managed this within the placement but noted that it did impact the service the client received and the therapy she carried out, and this was less than ideal. Stella had two CEs, she was grateful the other clinical educator was there to balance out the primary CE with whom there was friction in a work context.

"whereas my other CE she was a lot more open and she was a lot more encouraging and I think probably a bit more evidenced based as well [Rachel: yeah] and she wouldn't necessarily say whether she thought my approach was right or wrong but she'd say 'look see how it goes…um see how the client responds to it, you know you can go from there' but the the impact that had on my therapy it was just all over the placement you know like one week I was, depending on who was observing me, one week I was doing minimal pairs [both laugh] and the next week it was, I'd send in my session plan trying to build on from what I'd done and depending on who was observing me they'd she would just email me and say 'no that's completely wrong you're gonna have to do it all again'" StellaP2 Student

Again, Stella navigated this path carefully, with awareness and knowledge, noting it was not ideal for her or the clients.

"…so it was like, the continuity of the …management of the client was just terrible, there was no like continuity of, I felt like every week I was trying this new technique because of, we were so all over the place…" StellaP2 Student

Stella also expressed that the university inadvertently put the students in a difficult position by complaining openly to them about the lack of available placements. Competition for available placements was a factor that was common across the country at the time of the interview, not just in Stella's state. This situated Stella's story in time. She explained that she did not know where to go and access support from the university if she needed it. Stella was able to identify these hurdles and barriers within her placement, she was knowledgeable and self-aware but felt she had no power to change what was happening at a systemic level.

[Quote]

The mid-point of the placement was a turning point in her story. At the mid-placement feedback Stella recognised things needed to change, she needed to do things differently in her placement if she was going to pass. Things that she might have expected support with from her supervisor or university, she knew she had to act on herself. Stella reflected that if things were going to change, she was the one who was going to make the change happen, no-one else. She could not expect support from one of her supervisors or the university, so she had to do it herself.

"I had a CE who… her style was a bit , she was a bit abrupt with me and I think I lost my confidence and I think that really impacted on the way that I felt around that client…um…and then but then I feel like we had good conversations around that mid-COMPASS um but I'm quite, I'm quite a reflective kind of learner so I, you know I've wrote out the things I wanted to improve and I I feel like outlined the things that needed to change and then the

second half of the placement went a lot better you know I got really good feedback at the end and I felt, I sort of felt happy with myself about the second half of the placement" StellaP2 Student

Whilst the second half of the placement went well in terms of Stella's competency development, it was not without its hiccups. Stella became unwell during this time. She had to cancel a week of clinic. This created conflict for Stella, she knew she was missing out on experiences that were valuable for her learning. Stella expressed that she was aware she was the sort of person who could withstand quite high levels of stress before she felt the impact, the impact usually being on her immune system.

"Well I definitely…I'm the sort of person that I don't um, it can be underlying for quite a long time then I'll just get sick and then I'll kind of go 'oh yeah I'm stressed' so I think I deal with…a pretty high level of stress before I recognise that I'm stressed um… yeah and I just got sick and I just um… just felt like I… I guess it affected my immune system and I just ended up getting like a tummy bug and they they were fine with it, I mean it wasn't I um…I don't feel like me being sick added to their stress it was more I felt like 'oh gosh I have to cancel today because I'm that sick that I can't push through it and I'm losing out on experience' so yeah I think the stress um definitely affected my health, yeah… and like I cos I'm travelling from xxxx I had to be there at 8am so I was getting up at like 4.30am in the morning and so just all that lack of sleep and it was only two days a week but going in extra days to do observations and stuff cos I was really interested in…all of the other stuff yeah so I think the stress definitely affected me yeah…"StellaP2 student

Stella continued through to the end of the placement and received positive feedback. The twist to this story lies in the fact that Stella did not actually know she had been identified as being "at risk" at mid-placement until she was re-contacted to participate in this project. Whilst Stella herself had identified the mid-placement as a turning point, her CE had not let her know that she was formally at risk of failure for the placement. Stella went back to her CE after being contacted for the research project and discussed being identified as being at risk at this point with her. Again, Stella suggested that the CE had feelings of disgruntlement with the university that appeared to have played out in her placement.

> *"I spoke to my CE about it cos… so when I, when I got your email I just spoke to her and she was giving me a lot of feedback sort of about, they feel like the unis just don't communicate with them anymore and she was saying you know years ago… um you know if she'd ticked that box the uni would be calling her and offering support to her on how best to support that student and she, she made a lot of comments throughout the placement actually about, I I really feel like she was a bit disgruntled with the uni in general cos I think she used to feel a lot more supported in her role by the uni and especially if she was ticking that box flagging someone um… but they, she she said 'nobody even emailed me or called me, nobody even followed up' so yeah, I think she sort of had a bit of, I think her relationship might be a bit strained with the uni, I just, I constantly got this feeling like…she she would talk about academics at the uni and how she didn't like them, it was almost like she had this against the uni, I know it sounds silly and I'm sure she's more mature than this but it was almost like she was projecting it on to me sometimes" StellaP2 Student*

Stella was able to reflect on this experience as a learning opportunity but recognised the

high stakes nature of placements. Her self-awareness, self-efficacy appeared to act as a protective mechanism in this placement. These skills and attributes enabled her to turn the placement around at the mid-point and end the placement successfully with a pass. However, there were fears for Stella, she worried that as she had struggled in this placement, she would not be so well prepared for the next.

> *"well I think I think I'm more nervous about my next placement than because of this I I think um…yeah I'm definitely dealing with a lot of insecurity around…going into a next placement" StellaP2 Student*

That said Stella expressed that she now realised the importance of the mid-COMPASS® assessment and how to ask for what she needed if she felt she was not getting what she required to support her learning in future placements.

9.5.2 Sadie — If only things had been different.

Sadie is a student who has failed her final paediatric placement twice. She explained she had all the skills on paper but could not quite seem to execute them in the clinical setting. This had been the case in two placements. She experienced overwhelming anxiety but did not know why she felt that way.

Sadie's story started with her discussing the first placement she failed, discussing the reasons why she failed the placement, she started with explaining that on paper all her skills were there, she just could not seem to perform in the clinic. She alluded to there being other reasons for the failure, which she was trying to understand.

> *"I guess the er reason why I failed both placement was um they said that in um they know that I know what to do, it's all evident in my session plans in what I'm telling them but it's at the execution mode so when I'm going in and*

I'm actually doing it, that's where the problem lies so um and that was consistent in both placements and that was the main reason why I failed both of um both placements and and I I agreed with them, I I knew why they had placed me not at entry level and I um and I rated myself similarly actually on um COMPASSes as well but the thing that I um that I guess I'm trying to figure out as well is…all of the other factors that went into how I failed and how I could have been prevented or how my um learning could have or um I guess how, how could I have maximised the opportunities for me to learn…" SadieP2 Student

As she continued to narrate her story she started to unpack the other reasons for her failure. These reasons mainly seemed to be external to her. She discussed the models of clinical education utilised in her placements, which she felt impacted the outcome of her placement, her crippling anxiety, the caseload in the placements and the university expectations.

She had multiple CEs with different styles in the first placement, which she found difficult to adapt to. Whilst she could articulate this model had some benefits, the negatives outweighed these for her. She contrasted this model with what she called a *"normal"* placement where there was only one CE, indicating that perhaps she felt that she was provided with a placement that was out of the ordinary and was disadvantaged by not being given the standard.

"in a normal placement, I guess where you just have one CE and you're seeing one site um I guess your learning would be a lot more um consistent and a lot more I guess more balanced and even along the whole way rather than having to adjust for each CE, adjust for each um site, each setting it it could've yeah, I guess that that sort of um, yeah I'm I'm not sure that I I'm a fan of the multiple CE model…"SadieP2 Student

Sadie went to the university after failing the first placement and requested a one CE placement for the repeat. Unfortunately, she was given a placement with two CEs at two different sites, with very different caseloads. She thought she may have originally been allocated to a placement where she would have had a sole CE but this would have involved a lot of travel for her, which at the time was tricky because of family circumstances. The university therefore swapped her into a placement where she had two CEs at different sites. It was apparent Sadie was trying to balance life and commitments outside of the university with her placement commitments, although these outside commitments did not feature prominently elsewhere in her story.

Sadie went on to discuss her crippling anxiety that impacted her performance in placement and how she was trying to deal with that. Whilst she talked about how it affected her in placement, there was lack of agency in how she talked about it, as if it was out of her control.

> *"basically I I go in and you know, I was just, I was just I probably looked okay but inside I I just freeze and um and that that impacted on everything from my online flexibility with the clients to just normal and engaging with the parents and it I I would just, and I'm not sure, I'm I'm still trying to unpack that myself about you know, what caused, what caused me to be so nervous, even a week into the placement, even towards the end of the placement I would still feel so um so nervous…"SadieP2 Student*

Sadie also felt the caseload she had in the second placement impacted on her ability to do well and reach the pass criteria, as it was slightly different to the first placement. Sadie felt the university expected her to be at "entry level" at the time and when she went to them for help she was just told she should be at that level. She seemed to feel that they were not readily providing her with supports to develop her skills.

"and I, you know I don't know cos I keep being told by the uni that 'you know, you're expected to be able to do this' so if you can't well, you know what what can we do?' and I'm just going 'okay so I'm not there, what can we do to help me get there instead of just telling me that no you're supposed to be be there' if that makes sense?" SadieP2 Student

Sadie did explain she was accessing support services from the university but felt she was getting the same messages, she needed to be at a particular level, and she wasn't. Sadie expressed she felt the university could put more consideration into the planning of placements, this responsibility she felt, rested with the university.

"I think walking away from both of them, both placements I think there's definitely a lot more consideration I guess that can go into planning a placement, and um…um… really looking, really, really looking at a student's performance in the other placements and considering all of that and and sort of placing them um in a placement that woud be really good for them to consolidate their learning and you know, finish off um finish off nicely…yeah…um but in saying that I I know that the uni has been, has been trying and has you know, and has done everything that they could do for, to help us non-standard students out I guess, um…but yeah I I think that would be really, really great if…yeah that happened."SadieP2 Student

Whilst Sadie acknowledged the difficult job universities must do in finding and planning placements, the indication she gave was still that they could do something about it to assist students, with no mention of any actions students could take to assist in the planning of their placements, or to deal with different caseloads or models of clinical education.

She was still in the process of trying to find a someone who could assist her in getting to

the bottom of her anxiety issue on placement. In her narration, she appeared to be at a loss to explain why she was feeling so paralysed in clinic, yet acknowledged it was not normal to feel the way she did.

> *"So I'm trying to um get a referral basically to try and work out this anxiety that I've been having um yeah, I really want to, I really want to get on top of that and hopefully, you know I can find a service fairly close to home to sort of get on top of that um but yeah I definitely realised that in um after this placement that it wasn't normal that I was feeling this way so yeah, I've just I've just asked the counsellor here to see if they can refer me to I don't know either xxxx or we've got to work on something that could help me with that, yeah…" SadieP2 Student*

The feeling of powerlessness was a thread that weaved throughout Sadie's narrative. Sadie rarely talked about actions she herself could have taken to assist in overcoming her feelings of anxiety, she acknowledged the steps her CEs took to help her, as if the power to change things rested with them.

> *"I could see that my CE would be taking lots of really good measures to try and help me like she would um, um instead of, like I guess um, sitting really close to me and the client and really examining what I was doing, she'd take a step back and um um sit in the corner and sort of pretend to be doing work, um so I take, so I was really happy that they were, they were taking that on board and really helping me out with some of those strategies to deal with that" SadieP2 Student*

When asked about what other supports were there to assist her, Sadie explained that the university support person stepped in to help her come up with strategies such as revising

theoretical content. Again, the thread of powerlessness emerged as she explained the issue being with "execution of therapy" in her mind, not with the theoretical content and there was not a lot she could do about that when she was not in a placement.

> *"…because I guess my difficulties were more based upon er that execution period of actually doing the therapy then things like that, it was it was good to um get my knowledge up, especially about the speech clients I hadn't seen before but um I guess adjusting that um, that more online thing, yeah I guess that's hard to strategise around, if you're not currently on placement um, so yeah…" SadieP2 Student*

Sadie explained the emotional impact failing one placement and then another has had on her life, it took its toll on her, she didn't want to get out of bed or see people close to her.

> *"…I guess after after I I failed each placement um for the next maybe um few weeks or months I I would literally not, I I remember the first week I I wouldn't want to get out of bed, I wouldn't want to you know, I wouldn't want to go outside at all, um so the other thing I was, I tended to block everybody out, so um…yeah I I guess my, when I initially explained to people what was going on and everything you know, they sort of bombard me with all this advice I guess about, about what to do now, what you need to do to pass your next placement and sometimes that would just be too much for me at that time, um so I'd you know, it was it was really hard because I just started blocking out people that I was really close to…" SadieP2 Student*

It was hard for her to find people to relate to, as her friends on the course had passed their placements and were graduating, she seemed to experience a sense of shame. Yet, despite having felt the emotional pain and turmoil, she expressed feeling determined and did not want to give up.

This created an inner conflict for her.

> *"I just love this whole profession and you know when I do get it right and and I do feel confident with maybe more familiar clients or with clients of the caseload that I've seen before I just go in there and I love it so much and I you know, I can't imagine doing anything else, you know, so yeah, it's like a conflict or such so wanting to keep going and at the same time, you know, this sort of dampens that mood so, um yeah, the whole mixed emotions I guess…" SadieP2 student*

As Sadie discussed the next steps for her, she talked about it being a scary time. Again, the thread of powerlessness emerged as she mentioned that *"the university"* would decide whether she got to have another placement or whether she was excluded from the course. She felt it was in their hands. When asked if she knew what she needed to do to do things differently next time around, she responded:

> *"I definitely know what I need to do in terms of everything I can personally control um, um in terms of you know, how my next placement will be, um I I don't know how much control I have over that, I I don't think I have a lot to be honest, but um yeah, I I guess in terms of that unknown of about what my next placement will be like, I'm not sure, um but I guess I do know what I can personally do to um to help myself get there" SadieP2 Student*

Again, this theme of not really being in control of her own destiny emerged. There was a sense that whilst there were some things she could do, there were many things she did not have control over. The bigger powers, the institution of the university, really governed those things that Sadie felt made a difference on placement for her, like the CE model on placement and the caseload. Sadie did not consider at any stage in her narrative that she needed to be able to work in

any setting with any caseload that a new graduate would be employed in and therefore the placements she had been allocated to were "fair" placements.

When pressed to articulate what it really was she was going to do that was different, Sadie talked about getting practice in a non-assessable setting, that is, through volunteer experiences and continuing to access counselling services when needed. She expressed the importance of continuing to do that. She also talked about asking for more specific feedback from her CEs, especially if it was a multiple CE model. She felt the feedback in previous placements was not specific enough.

Sadie then moved on to discuss disclosure about her previous failed placements. In the last placement, she explained, she didn't explicitly tell her CEs that she had failed the first placement. She described how she told them about her difficulties and the specific goals she had for the placement, but she stopped short of telling them she had failed the placement. This eventually came out in discussion with the CEs part way through at mid-placement. The CEs wanted to know why Sadie had chosen not to disclose this information to them. They felt she had not been upfront with them. From Sadie's perspective she felt she told them everything they needed to know about her learning needs and goals, she just did not use the words "failed" with them. In her mind, and she explained this was also supported by the university, she wanted a *"clean slate"* going into the next placement. This view was not shared by the CEs as they suggested that she disclose to CEs in the next placement, if she could continue. This raised a common dilemma for students and CEs who sit on either side of the "disclosure fence". Sadie explained this dilemma below;

> *"I guess I was scared that if I, if I said that I had failed a placement before, I was scared that I guess they'd put me um, or they'd view me a little bit differently, sort of you know, I I guess when a CE first meets a student in a*

placement they don't know but I I guess the student's previous placement and everything and you're sort of coming in as a clean slate and where I guess…going into a placement but facing that yeah if I say yeah I failed my last placement and it was the same off campus um, off campus child subject, it's, I was sort of scared to do that because I, I didn't want any preconceived notions of what I could be I I just wanted to go in and and show them what I could do at this time, at this current time I guess um, but I but I felt that it was really important that told my CEs about about you know the difficulties I was having…" SadieP2 Student

At the end of Sadie's story, she found herself in limbo land, waiting for the university to make a decision about her future, this accentuated the thread of powerlessness that weaved itself throughout her narrative. At the same time, she expressed gratitude for the learning experiences she has had in the placements and this was what kept her going.

"…you know I really am despite all of that happening, I'm I'm really grateful for what I I, the placements I've gone on so far and the experience and just what I've been able to learn from, from them and yeah, I think that's what, despite all of this I think that's what keeps me, keeps me going to do it, you know, yeah, cos I think it will all be worth it in the end…" SadieP2 Student

So, whilst Sadie expressed this gratitude for the learning experiences she has had and the passion she felt for the profession, we saw a student whose future appeared to be at the mercy of the powerful institution (University) and any future CEs.

9.5.3 Celeste 1 — The story of inner turmoil.

Celeste was a CE working in a hospital, working with an adult caseload, she took students regularly on block placements for the same university, four students at a time. Celeste began her

narrative by giving a summary of how positive the placement was and what stood out for her in this story. The first thing Celeste recounted about this experience is how hard the student tried, her effort was remarkable to Celeste and this stood out as being unusual. She has experienced students who *"give in"* when they realise they are struggling or have been told they are not doing as well as they should be. From this introduction, there was a sense that Celeste felt warmly towards the student, their relationship was positive and did not cause Celeste any angst.

> *"I think for me… the thing that really stands out is that, that…I guess um thing the student try really hard, it was good to see, it wasn't a student who um, kind of capitulated when they found out they were having troubles, I've had students in the past who um when you tell them they're struggling or they know that they're struggling along the way they just sort of give up and that thing whereas, something that I have a really good memory of this student is that they tried really hard…" CelesteP2 CE*

Celeste went on to recount how the student had good insight about her difficulties and whilst this made things easier in many respects, it did not deter the student from putting in effort. From Celeste's perspective the placement was still constructive and ended on a positive note, for her and the student. This seemed to stand out for Celeste as not being the *"norm".* When looking at Celeste's narrative broadly, the surface story seemed to be one of positivity, but when burrowed into more deeply we see this was not necessarily the case for Celeste at a deeper level.

Celeste recounted that it transpired the student had had issues on other previous placements, that Celeste was not aware of before the placement commenced. Celeste picked up that the student was very nervous starting this placement because of her history. She appeared in tune with her students, acknowledging that it was normal for students to feel nervous at the start of the placement anyway, because of the nature of it being in a hospital.

"…when we started placement, I think the student was already a bit nervous about coming, and I mean most students are when they come here cos we're a big acute hospital um and so they're always a bit nervous when they first enter on that first day and you can always tell that…" CelesteP2 CE

As Celeste's narrative progressed, she discussed the inner turmoil and responsibility she felt when the student was having difficulties with her clients, whilst needing to give the student experience, she knew her patients may not be getting the best service the might have done. This thread of inner conflict or turmoil was one that appeared throughout Celeste's story. She felt torn between the needs of the student, the needs of the other students and the needs of her patients.

"I sometimes had a bit of inner turmoil cos sometimes when I knew the student was struggling so much and and really did have trouble or doing say an initial assessment or something like that… and because we are seeing you know real patients and that kind of thing I want to make sure the patients don't feel like they're getting a dodgy service cos they're getting a student that's not very good and so when we got a new one come in I always had that, I guess a little bit of inner turmoil or stress you'd call it going 'hmmm, I've got three really quite strong students here and one who's struggling" I always think aw the one who's struggling needs more practice but at the same time 'if I give this new referral to that student then I know it's gonna be a little bit awkward for the patient and it's gonna be a bit of a, you know the patient I'll still get the end result that they need cos I'm still there helping but it just makes it, it never ends smoothly and then I think well but I know if I, you know if we're gonna give the patient a really good, smooth service then I should give one of the other

stronger students that patient, so I would always have that dilemma…"

CelesteP2 CE

Whilst she felt this conflict and responsibility, this did not seem to weigh too heavily on her. Celeste came across as a CE who cared about all the characters in her story, she wanted to ensure they all got the best possible outcome. This seemed to be the focus of Celeste's narrative, rather than focusing on the deficits the student had. She touched only briefly on the specific difficulties the student presented with, this was a story of triumph for Celeste, despite the student not passing the placement.

Throughout the narrative, other characters were presented in Celeste's story as being on the periphery and they did not have a central role in this story of struggle, they were supporting characters or props, for example, one of the other students who gelled the group of four together. Celeste described the other student's role in the group and placement as being a bridge between the other two students and the struggling student, which facilitated a smoother placement.

"…she was one of those particularly lovely, you know I don't think she could ever say a bad word about anyone kind of person [both laugh] and so she was really good within the group because I think she helped bridge that gap, that they were all nice to each other and pleasant and you know they didn't have any major personality clashes or anything like that but I think two of the good ones were just feeling a little bit I think irritated by some of the things this other student was doing and how they were going and um having that 4th student who was just so lovely, she was really good at sort of bridging the gap between what was starting to form like two groups and um so that was really helpful I think um, to have her there…" CelesteP2 CE

Again, Celeste's warmth towards the students came through, she recognised the value of

the students as people.

Celeste talked about the university as an entity or character in itself, it was depersonalised, she did not talk about the people she liaised with or talked to at the university. The university as an entity made the decisions.

"…it's down to the uni in the end gets to make that final call…" CelesteP2 CE

As Celeste went on to discuss the placement in more depth, she focused less on the specifics of this particular student and placement but talked in general about how they were assessed by the university. The feeling of inner turmoil arose again, but this time for a different reason, as she described how the university got to make the final call of whether a student passed or failed a placement. Celeste characterised the university in the position of the powerful decision maker, whilst she recognised how the CE/student relationship might influence placement outcomes.

"…I totally understand the scope for if it ends up that you know a student just has a really bad time on a placement because of, you say there is a personality clash or something has gone horribly wrong on placement sort of beyond the control of the student or the clinical educator I get that. I sort of think though sometimes… yeah it doesn't quite always sit right with me that it it goes back to the uni and not, not um not the clinical educator…" CelesteP2 CE

This led to Celeste spending much of the remaining interview discussing the impact post failure, of when graduates apply for jobs. She appeared to feel strongly about the profession. This strength of feeling seemed to add to the feeling of inner turmoil and conflict for her. She felt responsible as a CE that students may be graduating who may not be strong clinicians. She

worried that if they could not get jobs in the public sector, they may go to work in private practice.

> *"And the problem is, what we're starting to see up here, and that that worries me is that I guess and it often is, and not always sometimes is it is a really strong student, but often it's the students who have struggled on placement and then are the ones struggling and don't have the good references [Rachel: yeah] and then they're the ones who aren't finding work and then of course if you've done a whole degree you wanna be able to use your skills and so then they're opening up sole private practices and then that means that it's already a weaker kind student who's doing it and then they're unsupervised in their own private practice but the public population doesn't know that and usually they, because they need the business they'll do it for cheaper and so people go to them and there's a few of them popped up around our area that, you know I recognise the name's of the students and I think 'oh no' I just aw…it just makes me cringe that you know, once again it's unfair to the student that puts them in that position that they need to do that that then in turn it then affects the public cos they'll not be getting a good service when they go to them so yeah, it it all sort of snowballs into other issues really…" CelesteP2 CE*

Celeste worried about the service the public were receiving as well as the student who had been put in *"that position".* In her narrative Celeste appeared to be assigning agency to the university, for putting the student in this position, by passing them in placements they should not have passed.

At the end of the day, Celeste viewed this placement as a learning experience, and a positive one at that. She felt that all of the students, especially the one who struggled and failed gained something useful from the experience.

> *"...for myself um I still found it a very useful experience to go through, you know all of those experiences right across the board so I think I was still overall view it as a positive thing, um and yeah and I think something that everyone will be able to learn from, um yeah it doesn't sort of, it's interesting, it doesn't actually throw any negatives up in my mind it's kind of a, you'd think on a on a such a placement where as a student who struggled and didn't pass that there would be a real negative vibe at the end of the placement..."*
> *CelesterP2 CE*

Celeste's experience showed how a potentially negative set of circumstances could be experienced in a positive way from all the characters in the narrative. Whilst there were trials and tribulations on the way, this was a narrative that had a positive ending for all.

Celeste compared this experience to others where students have struggled and failed, and it had been unpleasant for her, where the student had appeared not to listen or to be able to take feedback on board. She also explained she has had experiences that have been less pleasant where the student had not struggled per se or was not at risk of failing but their attitude was not as positive towards the learning situation. This left Celeste with a more negative feeling about the experience, she felt the student did not care.

> *"...yeah maybe it is because, those students they're not at risk of failing, it's just that you're trying to teach that one little thing into them that you want them to get better at and they sort of do a bit but not fully but it still makes you feel like mmm I wish that student really had done that a little bit more and so*

yeah it's a funny thing, um actually the blocks I've had this year that have finished you know, on the first block that had all the students pass, cos there was one student just a little area I really wanted them to fix that they didn't cos they didn't care enough about it that made me feel a bit more negative about that experience…" CelesteP2 CE

The relationship between student and CE appeared to be central to how the placement was ultimately experienced for Celeste, if she felt the student was engaged and wanted to learn, the outcome of the assessment of the placement was irrelevant. Celeste's focus appeared to be on the learning journey for the student, not whether they passed or failed.

"I think it just reinforced um that I do enjoy what I'm doing even though there can sometimes be tricky conversations to have and that kind of thing, I I do really enjoy helping and helping students, teaching and that kind of thing so I guess yeah even though it has been, what you would say, a bad outcome as far as the student not getting through it, it still shows that there's something that I um, that I enjoy doing, um helping students I do enjoy taking students and seeing them grow and flourish…" CelesteP2 CE

At the very end of Celeste's narrative, she talked about the things she had learned overall, not just from this experience but over time as a CE. The thread of inner turmoil arose again, this time in relation to having difficult conversations with students. At the beginning of her career as a CE she really struggled to raise the issue with students if they were struggling at the mid-placement point. She justified this in terms of the students only having had a short time before mid-placement to demonstrate their skills.

"…when I actually first started doing clinical education I actually really struggled with um putting, having that conversation of putting students at risk

in mid-placement cos I kind of, I would often get to mid-placement and think oh well I think 2 and half weeks, that's not very long and maybe I haven't just seen them shine enough and and you know there's still 2 and half weeks, they could probably pick up and so maybe I shouldn't put them at risk, that could be really disheartening and I would often really have a lot of inner turmoil about putting them at risk, that helped that always I'd always be hoping for the best, be hoping they would improve enough and then they wouldn't and then I would, like I would be, I'd find it really hard to put them at risk back then, but I sort of found it, um, I now know that even though that was a hard conversation to have initially, I now am a lot better at it anyway but it's actually a really good thing to make sure the student is really aware, you know, here's what to fix and I've had students that then I've put at risk and I've actually taken it on board really well and have ended up passing anyway, so I think it's good to have a couple of learning experiences where the student was at risk and then passed so I could really see, okay it doesn't mean it's gonna end in a fail at the end of it um, and I get this one which once again did reinforce that that it is a good thing even though it can sometimes be a bit unpleasant to have that conversation at mid-placement, or at any time really to let the student know that they're not going very well, but still a really useful learning experience for the student and the CE just to make sure you're on that same page and working towards a goal or that you know, you always know, so here's what you need to do. So I think it just reinforced that that um, that sort of yeah making sure you have those conversations with the student is is really useful." CelesteP2 CE

Celeste was able to see the benefits of having those difficult conversations earlier in the placement. She saw the positive experiences that can be had by both student and educator, even if

the student did not ultimately pass the placement. This was a journey of reaffirming her ability as an educator, cementing her belief in learning, and quieting the inner turmoil and voices of doubt within.

In the next story Celeste described a different experience with a different student. There were some similarities, but different characters appeared in the narrative and in the plot, whilst there were some commonalties there were many differences.

9.5.4 Celeste 2 — The story of frustration.

This experience of supporting a struggling student was quite different to the last one for Celeste. Celeste experienced a lot of turmoil again, for similar and different reasons. The turmoil initially arose around identifying the student as *"being at risk"* in the first place, and then how to manage this. Celeste was in turmoil about whether to give them fewer clients or more clients, to work on specific things and if so, which ones. Again, Celeste considered the experience of the patient in the scenario, knowing that the client may not have been receiving the best service, nor enjoying it. This appeared to play on her mind during placements when a student was struggling. She did not define it as stress per se, but identified this as something she struggled with as an educator, indicating the level of thought and consideration that Celeste put into her work.

> *"...sometimes it can be quite a, not stressful necessarily but yeah having that sort of, going on I guess in terms of struggle each day when you're thinking about what to do and, and that kind thing is something that often I really remember about, when I'm thinking back on that student in particular..." Celeste2P2 CE*

Celeste went on to describe the specific difficulties this student had in some detail, which she did not do with the previous student. Celeste identified this student's main difficulties as being with clinical reasoning and taking feedback on board. In her written diaries during the

placement, Celeste had mentioned that she felt the student was disinterested. This seemed to be frustrating and perplexing for her to deal with as a CE and was something she struggled to understand and get to the bottom of by the end of the placement.

> *"…it was sort of 'okay yeah so I'm doing bad' and just wouldn't really, like she didn't show any emotion towards it or interest in it, when were you know, we were giving her tasks to do sometimes she wouldn't sort of do them on time, and she often yeah she just had some odd things you know that she'd even get side-tracked at lunch and come back late not just a bit lax, she just didn't really seem to be aware, sometimes she just didn't seem to be interested in what was going on around her or anything like that so yeah I'm not sure…" Celeste2P2 CE*

Celeste struggled to find something to hook the student in with. It was evident she tried many things during the placement and the student's apparent lack of interest was frustrating.

> *"…she just didn't give you much to work with, which I found really difficult I guess as a um as a student to work with cos it was really hard to know what you were to do to improve, she didn't seem overly worried that she wasn't improving so um…so that was quite tricky…" Celeste2P2 CE*

The students seeming lack of awareness of her difficulties was also frustrating for Celeste. Celeste described how she had conversations with the student about her difficulties and progress and this would apparently be forgotten later in the day, when the student would ask questions about where to next or was she going to pass. This caused Celeste frustration, in our discussion we likened this to the twilight zone.

"…even we could have the whole conversation about how she wasn't going so well in the morning and then in the afternoon cos she was coordinating with the uni as she got closer to the end of the placement about where she was going to need to go next to make up some more hours and then there was one morning we'd had a big chat about how she was going and how she wasn't going so well and all this sort of thing and that afternoon she was like 'oh I've got a meeting with the uni cos they want to talk about where I need to go next, do you reckon I'm gonna have to do more hours?' I'm like 'yes, you're going to have to, remember that conversation we had this morning?' so… yeah often it was, in a lot of ways it was a lot like I was repeating myself a lot and not necessarily getting anywhere it was a frustrating sort of a placement…" Celeste2P2 CE

As an educator, the student's behaviour led Celeste to question herself, was there anything else she could be doing to assist her, was there something she was missing? She felt bad that the student was not progressing. This led Celeste to discuss the larger context of students graduating and applying for jobs. She was aware of the competition in the profession today and how graduates needed to stand out to get jobs. She therefore wanted the students to gain as much as they could from the placement when they were there. She took this responsibility seriously.

"I'm always trying to think how can I best improve to help her along um sometimes I think 'oh is it that I'm not doing something like, you know is there something I should be doing' or um anything I tried just didn't seem to work but that kind of, I guess a lot of that made me feel bad that she wasn't improving in any way…I want you to be good so that you can you know have a

chance getting a job and you're not left over, there are many students out there trying to get a job and and you know they're gonna need to present really, really well otherwise they're just not gonna get one, and I always just feel those sort of got to 4th year and still have those issues, cos I think well you know it's getting pretty, you know 11th hour to actually fix anything like this so um yeah it was quite a frustrating block…" Celeste2P2 CE

Celeste discussed the supports that were in place for the student from the university. She spoke with the university during the block, in this narrative Celeste mentioned talking to a person, not just "the university". She explained feeling encouraged but was not given any specific ideas to try with the student. The coordinator at the university mentioned to Celeste that they too found the student lacking in interest and mentioned they thought the student externalised the reasons for her struggle.

"…when she was talking to the uni it was very much a 'oh yeah, I'm I'm failing but it's it's not my fault it's cos of the setting' or… 'cos I had a not great experience in 3rd year adult placement' er that's why I'm not doing well now, I very much, it wasn't an internal focus that she had it was very much external and I don't know if that's why potentially even then with me or prac if she thought it was um someone else's reas…, like someone else's problem as to why she wasn't doing so well and so that's why maybe she didn't, like she didn't change as easily cos she didn't think it was her own internal sort of issue maybe? I kind of wondered if that was what it was, cos she seemed very much like it was everyone else's doing not hers um…" Celeste2P2 CE

Celeste reflected in the narrative that she did this with her too when giving the student feedback, the student dismissed the feedback with justifying each point or blaming the previous

placement for her lack of experience or exposure. She found the student to be almost *"stand off-ish".* This behaviour seemed to carry across to her relationships with the other students in the group.

Celeste described the group dynamics as being different to the groups she normally experienced. She felt this student was on the *"outer"* of the group, apparently not quite keeping up with the group in terms of their conversations. Celeste explained that the group was not mean in any way to the student. Celeste tried to facilitate the group dynamics, emphasising they were all a team. Celeste's sense of fairness and equity came through here, ensuring that all students felt like they belonged and felt supported.

> *"…we talked a lot about sort of as a group and one and one with the other students about sort of team work and being supportive and that sort of, you know that we were one, one big team and trying to, cos we do a lot together just cos of the nature of I've gotta be around for the dysphagia and that so much of their 4th year, we're always together so we talked about that…" Celeste2P2 CE*

Celeste actively reflected about the student's interaction and communication skills in the narrative. She wondered about some of the student's behaviours and provided examples of these. It was apparent that Celeste cared about each of the students she works with and when things did not "gel" and the students do not progress as expected, this caused turmoil for Celeste. Celeste was reluctant to call it stress but acknowledges it was hard.

> *"…nothing is as a stand out as a really stressful moment, sometimes there was um, I'd find a little bit sad, awkward when she was doing, watching someone for assessment and I'm standing there thinking going 'oh, it's just, a little bit heart wrenching watching this go so badly', um but yeah no, I mean*

nothing overly, I mean obviously I guess there's been times it's hard when it comes to giving feedback and that kind of thing…" Celeste2P2 CE

Overall Celeste expressed that this experience was a learning experience for her. It provided her with opportunities to practice giving feedback in different ways, to phrase things differently and to see what worked for the student. All throughout Celeste's narrative it came through that she was student centred, trying to find things that would work for the student's learning. She created resources to use with the student to try and facilitate her learning. She saw this in a positive frame, as she could then use these resources with other students in the future.

"I think it was a good learning curve to um, yeah I guess learn that kind of idea, you know it made me write an extra little um proforma to send her home with to complete on her own on the weekend kind of thing to try and increase that self-monitoring and I think, I mean they're good resources that I have…" Celeste2P2 CE

Celeste really saw the opportunities this placement had provided her. She saw that she had learnt from this experience, she viewed herself as a life-long learner with scope to become a better clinical educator. She positioned herself as someone who could learn from situations, whether good or bad.

"I guess you know whether you have a good block or a bad block or um or it all just, it's good I think to keep teaching me I guess how to be a better clinical educator I would hope that I get out of something like this…" Celeste2P2 CE

Celeste seemed proud that she maintained a good relationship with the students even when they were struggling. She mentioned that they often asked her to be a referee for them

when they applied for jobs post-graduation. This student had also asked Celeste to be a referee, which Celeste found strange.

> *"…the funny thing I find, even for students I put at risk and then even end up consequently failing at the end of their placement, they often still put me down as a referee and which I think is quite, I mean I'm happy to be a referee but I think it's funny they choose someone who had actually failed them to be it, like they don't sort of choose the next person that they go to that passes them um not always but sometimes they do and so I think you know, um I try to be as objective as I can about it all… at the end of it she said 'oh is it alright if I put you down?' I went 'okay' [laughs] so um yeah I've had a few now that have done that, I think 'oh okay' well…" Celeste2P2 CE*

Celeste mentioned she was very happy to take students who had failed placements previously to give them extra experience, so they could reach entry level. The way she talked about this was like everyone should be given an opportunity to reach their potential. When asked how she would feel if she were to get this student back at the end of the year, she considered this carefully. Her position of acknowledging each student had the right to the opportunity to another go did not shift, but she openly acknowledged that it would be a challenge for her.

> *"…if I get that email saying she's coming back I'd be thinking 'oh okay,' steel myself ready for it but um you know, I'd be prepared to do it cos I would hope that we would, she'd be, well hopefully she'd be able to take on feedback from before and use that to improve um if she's not showing any improvement at all if she comes back then, yeah, I'd find that difficult or just sort of thing, right what else can I do with you to try and get you, you know to get you there to be at entry level, I think I would find that…tricky um if she doesn't show any*

sort of improvement but, I'd be prepared to give her another shot basically…"

Celeste2P2 CE

The empathy she felt for the students from the start of the placement to the end was apparent in the way she discussed the placement she ran. Being a CE for Celeste did not seem to be just a part of her job or an "add on", this was something she cared about. She cared about the students who came to her. She took their and her own learning seriously.

"I felt for her a lot on the placement, I really felt like I just wanted to, you know help her along um and that was sort of a, you know I guess it was kind of odd, it was like having the students all the time I feel very um…nurturing, I don't know how else to describe it but you know cos I sort of get these new 4 little students every 5 weeks and you take them from when they come in all petrified cos they're coming to an acute hospital you know it's nice to sort of take them through that, you know they're really scared to begin with and to watch them grow and develop and you know I feel quite proud of them all at the end of their block and that kind of thing um you know, I like that part of, you know, watching them grow and teaching them and sort of sending them off into the world and or her it was really hard cos I really felt that sense of I just wanna help you to be better um but it was really I guess that's where it came down to that sort of turmoil sort of feeling of I wanna help you be better but it's just not working and is that my fault or that you're not taking it on or what can I do to fix this?... and I guess looking back I now I feel like it was a good learning experience and learning curve for me just to experience something like that cos she'd been the first student like that that I'd had that" Celeste2P2 CE

Celeste was able to strike a balance between feeling empathy for the student and not taking on too much responsibility herself. Whilst she questioned and reflected on what her role might be in the learning situation, asking herself if there was any more she could do, she did not dwell on what might have been or reproach herself for what she had not done. Celeste's feelings were really targeted towards the student and what might happen if she could not progress and get a job in the future. She was very aware of the current landscape in the profession, and this was at the forefront of her mind when she was working with students, as we saw in the previous experience she had.

> *"I still feel for her and hope she does improve just because I think, you know, [it's a] hard world out there if she doesn't improve she's probably not gonna get a job, I feel bad for her, she's studied for so long and won't get a job um,so I still feel bad for her from that point of view but um no, I I feel I'm okay now, like I don't hold any long term bad feelings or anything for what happened or anything like that…" Celeste2P2 CE*

Celeste discussed different, alternative ways she felt students could be assisted, not just this student she had had her most recent experience with but struggling students in general. This raised a few issues she talked through. She wondered if CEs from the students' different placements could talk to each other about students who were struggling, to support the student more consistently. She recognised there were issues with this if the student had an issue with one CEs personality, and recognised the need to maintain student confidentiality and the student's right to have a fresh start in a new placement. Celeste's motive for wanting this prior knowledge seemed altruistic in that her drive was wanting to assist the students to the best of her ability. She realised that often time was of the essence in placements and sometimes it could take up to mid-placement to uncover any issues a student might be experiencing. By sharing information about

past placements, she felt she could start to assist students who had struggled in previous placements earlier.

This also raised the question of how small the profession was, clinicians talked to each other and discussed students they may have had with them on placement. Celeste explained that in this small community of practice names of students who might have struggled did sometimes get discussed informally. She pondered whether this could be done in a more formal way for the benefit of the student's learning.

She posed whether conversations between CEs could happen or the university could share some information. The sense Celeste gave was that this was for the good of the student, so they could get the best out of the placement.

Celeste's narrative fell under the *voyage and return* (Booker, 2004) plot umbrella. With each group of students, she goes on a journey with them. When a student struggled or failed on the placement, she was taken to an unexpected place. Each journey or voyage being different, depending on the student's needs and presentation. By the end of the story Celeste was transformed in some way. In this story she had learned more about the different ways she could provide feedback to the students and also learned she may not always be able to help a student in her placement by the end. She took this learning with her into the next clinical placement journey.