Developing professional identity: The lived experience of speech and language therapy students becoming speech and language therapists

	Page
Contents	
Abstract	

Chapter 1 : Introduction
 	
    1.1 Motivation for the project
 	
    1.2 Introduction to the research
 	
    1.3 Speech and Language Therapy
 	
    1.4 Regulation
 	
    1.5 Becoming a speech and language therapist
 	
    1.6 Transformative Education
 	
    1.7 Knowledge, Skills and Identity Development
 	
    1.8 Teaching with Emotional Intelligence	

Chapter 2 : Review of the Literature
 	
    2.1 Introduction
 	
    2.2 Professional Identity development
 	
        2.2.1 What is professional identity and how does it develop in professional students?
 	
        2.2.2 Attributes of professional identity
 	
        2.2.3 Taking on group identity
 	
        2.2.4 Transformation over time
 	
        2.2.5 Transformational models of identity formation
 	
        2.2.6 Fluctuating identity
 	
        2.2.7 Multiple identities	

Chapter 5: Discussion

Chapter 7: Conclusion

    7.1 Conclusion

    7.2 Implications for pre-registration education

    7.3 Limitations

    7.4 Further research

References

Figures

12. Themes from placement reflections 2-5

13. The stages of professional development (needs 3 page entries in findings, discussion and conclusion)

14. Seven stages of learning

15. Comparison of the model of professional identity development with Mezirow's ten stage model

Appendices

1. Mezirow's stages of transformational learning

2. Invitation email

3. Background to the project

4. Detailed information

5. Consent form

6. Participants' profiles

7. Workshop brief

8. Workshop output

9. Topic guide

10. Interview duration

11. Blogs

12. Reflective notes following interviews

13. Chart: Brief findings

14. Narrative of analysis of interview 3

15. Model of professional identity

16. Nathan's story

Abstract

Professional identity development is important to taking on a professional role. While knowledge and skills of speech and language therapy students is monitored throughout their studies, little is known about their professional identity development. This phenomenological research aims to further understand the lived experience of the development of professional identity, including triggers which may enable, or make difficult, the identity change from new student to new graduate.

Eight students from the one cohort of the Master's in speech and language therapy at the University of Essex took part in semi structured interviews and offered their reflective writing for analysis. Interviews and reflective writing took place throughout the two years of the master's degree.

Following thematic analysis a model of the development of professional identity emerged, which has six stages. Forward moving stages of beginning, awakening, adjusting, and becoming are significantly influenced by stages of loss and doubt. Stages overlap, and while direction of development is generally positive, participants were seen to express aspects of several stages at the same time. The central role of doubt became apparent as it intersects with the three forward moving stages of awakening, adjusting and becoming. While doubt was uncomfortable for all participants, they often became creative through reflection and grew towards positive professional identity; others needed significant support to manage their doubt.

The findings are further understood through discussion of theories of transformation, namely Mezirow's (1978 onwards) model of transformative education and Van Gannep's (1960 [1908]) rites of passage. Dramaturgy (Goffman 1959) and attachment theory (Bowlby 1969) are used to explore reasons behind some of the observations of the participants regarding their journey.

Recommendations include the inclusion of professional identity development in pre-registration speech and language therapy curricula. This should include greater understanding and exploration of the significance of doubt by tutors, practice educators and students to develop joint practice.

Chapter 1

Introduction

1.1 Motivation for the project

Personal observation over a thirty year career as a speech and language therapy clinician, manager, and educator has taught me that those with high grades do not always make the best transition to becoming a clinician. Readiness for employment appears to be linked to clinical and academic achievement and emergent identity which, from my observations and discussions with peers, appear to develop differentially. Stories of students' growing awareness of self and observations of students in university and the practicum suggest that there is a depth of learning about oneself that is not considered in the grades awarded.

My own memories of personal change as a student focus on my fluctuating confidence rather than my growing knowledge. This also points to the importance of factors beyond the knowledge and skills of the academic and placement curriculum when becoming a speech and language therapist.

When starting out on this project it was my hope that I could come to understand some of the personal professional journeys of individuals as they work to become speech and language therapists, and through this understanding be able to influence the journeys of later groups of students. This research set out with the premise that we understand the knowledge and skills development of speech and language therapy students, but that little is known about how new students become new practitioners from a more personal perspective; how do students develop their professional identity?

1.2 Introduction to the research

Eight students from a single cohort of thirty became participants for this work. The participants met with me, as the researcher, for five semi-structured interviews spread evenly over the two years of their Masters' degree in speech and language therapy and allowed me access to their reflective writing. Thematic analysis of their stories revealed a developmental process which was followed by all participants. Development was largely in a positive direction but it fluctuated and regressed at times, and was influenced by significant aspects of loss and doubt as participants struggled with their change of status, the reality of the workload and the profession.

While, on the surface, loss and doubt may seem negative, and they certainly felt uncomfortable stages for participants, these stages also appear to have enabled reflection, creativity and personal change. Further interpretation suggests that some participants may have transformed their frame of reference (e.g. Mezirow, 1990), completing the degree with a new understanding of themselves, their values, and the profession. Others take on new knowledge and skills and develop as professionals, in a journey that is not always comfortable, but do not appear to change their frame of reference regarding themselves or their chosen profession. Participants become liminals (Van Gannep, 1960 [1908]) inhabiting a professional world between their old identity and their desired identity as a speech and language therapist. Students appear to need to act the part of therapist before they are ready; they need to interpret the expectations of tutors and practice educators without explicit instruction, and to do so while developing and consolidating their knowledge and skills. Those with anxious attachment styles appear to need more support than those with a more secure workplace attachment style.

1.3 Speech and Language Therapy

Speech and language therapists form part of a group of health professionals, collectively known as allied health professionals, they work across health, education and social care environments. The profession is small worldwide and in the United Kingdom there are approximately 16,000 speech and language therapists registered with the Health and Care Profession Council (HCPC, 2018). Speech and language therapists work with a wide range of people who have speech, language, communication, and eating drinking and swallowing differences. Services are provided from the cradle (e.g. support for those born with cleft palate) to the grave (e.g. work with progressive neurological disease, including dementia). Probably the largest part of the work of the speech and language therapist involves supporting speech language and communication development in preschool and early school years, however speech and language therapists also support those who lose communication skills, for example through stroke, or who find themselves in the justice system with significant communication difficulties. As a wide ranging profession it is a challenge to educators to prepare student speech and language therapists to become professional, qualified, speech and language therapists.

1.4 Regulation

Entry to the profession is guarded by the Health and Care Professions Council (HCPC), the registering body for all speech and language therapists working in the United Kingdom. HCPC acts as a regulator for a group of fifteen professions, ensuring public safety. All courses which enable successful graduates to use the protected title, 'speech and language therapist' must be approved by the HCPC and undergo annual audit of standards. Courses must therefore comply with the

Standards of Proficiency (HCPC, 2014b) and Standards of Education and Training (HCPC, 2014a) and students must agree to abide by the guidelines for professional conduct outlined by their registering body (HCPC, 2012).

In addition to the requirements of the HCPC the Royal College of Speech and Language Therapists (RCSLT) is the professional body, to whom students and registered practitioners are professionally responsible. RCSLT sets profession specific expectations for service delivery and continuing professional development and publishes curriculum guidelines (RCSLT, 2018) which pre-registration programmes in Universities are required to deliver. In addition RCSLT supports new practitioners to transfer their learning to first jobs through structured post registration learning, essential to join the full register of the professional organisation, and encourages sharing of knowledge across the profession throughout the lifetime of a clinician through its publications and clinical excellence networks.

The requirement from both organisations includes the teaching of a wide range of academic subject knowledge, development of lifelong learning skills and values, and significant clinical placement where students are able to integrate theory with practice, working with practice educators and service users in everyday speech and language therapy environments. Once they are qualified speech and language therapists must work within the guidelines of HCPC and RCSLT, which includes maintaining registration to practise.

1.5 Becoming a speech and language therapist

Routes to becoming a speech and language therapist include registering at one of a small number of universities offering either undergraduate or post graduate courses

(HEE, 2018), the University of Essex is one of the most recent universities to offer speech and language therapy programmes, with the first students graduating in 2008. Undergraduate courses typically last three academic years and post graduate courses compress the learning into two longer years, the course at the University of Essex, which the participants undertook, is a two year Master's degree. The challenge is to support students to gain the knowledge and skills required, whilst also supporting them to prepare for the professional roles they will hold, through supporting the development of their professional identity.

1.6 Transformative Education

Higher Education in the United Kingdom is considered to be a transformative experience and the University of Essex is proud of its success in offering students a transformative education.   Vice Chancellor, Professor Anthony Forster, recently reported on the top 40 ranking of the university in the Times Higher Education Europe teaching rankings, saying 'This is another endorsement for the transformative educational experience we deliver at the University of Essex' (University of Essex: 11.7.18). Whilst the living and learning environment encourages students to be bold and brave, it is less clear how this transformation occurs in the context of the curriculum. Examination of the learning outcomes for the master's course the students in this study has just one learning outcome which suggests transformation; it occurs in the final module undertaken by students and states that students should 'Be ready to become newly qualified practitioners'. Subject knowledge is well accounted for in academic modules and placement assessment ensures skills for the workplace and professional behaviour, however

the transformative education aspect is not overt in requirements, even in this fairly student centred, professional degree programme. This project set out to listen **to** students as they engaged with the degree, hoping that aspects of the hidden curriculum would become more overt, and help with the understanding of the development of professional identity.

1.7 Knowledge, Skills and Identity Development

While knowledge and skills of students on professional courses are monitored throughout their studies (Biggs, 2003; Khalili *et al.*, 2013) less is known about the development of professional identity in students undertaking professional education courses (Watts, 1987). Crossley and Vivekananda-Schmidt (2009), in their survey of medical students, discuss the significance of multiple factors in the development of measurable professional identity; importantly, they cite lack of time as hindering the development of professional identity. Well-developed professional identity is reported as important in the successful transition to practice of qualified new practitioners (Crossley & Vivekananda-Schmidt, 2009), suggesting that enhanced knowledge of identity formation should be essential to educators. If identity formation is difficult for medical students to achieve in five years, it can reasonably be assumed that there may be difficulties for speech and language therapy students, in just two years.

The primary objective of speech and language therapy education is to prepare students for professional practice (Brumfitt *et al.*, 2005). While professional identity appears so important to successful transition to newly qualified practitioner (Johnson *et al.*, 2012), we have not yet asked speech and language therapy students what this journey actually entails. The Rosenfield and Kocher (1998) paper prepared for the

American Speech and Hearing Association considering the process of becoming a speech and language pathologist in the United States of America includes educators, practitioners and supervisors, but does not interview student practitioners. More recent work, e.g. Read (2014), Jagoe and Roseingrave (2011) and Jagoe and Walsh (2016) tell of developmental experiences in the practicum, while Bending (2012) discusses the male student experience from a position of the male minority found in the profession. Despite this work we still need to understand how speech and language therapy students create their professional identity.

Identity is subjective and individual (Toit, 1995; Niemi, 1997; Adams *et al.*, 2006) and described by sociologists such as Goffman (2009) as being important in acceptance to, and claiming membership of, social groups. Identity is a central concern, often associated with major life change (Smith *et al.*, 2009) and students strive to enhance their identity in their own professional group (Khalili *et al.*, 2013).

1.8 Teaching with Emotional Intelligence

Understanding the journey to professional identity of speech and language therapy students is part of planning for an emotionally intelligent curriculum, enabling students to feel safe to experience personal professional change. The emotionally intelligent classroom requires that educators consider emotional intelligence equally with subject and pedagogic knowledge when planning the curriculum and learner activity (Mortiboys, 2005; 2013). In attempting this planning in an evidence based way the literature is sparse when related to speech and language therapists. This makes planning for this specific group of students reliant on information from associated professions, such as medicine, nursing, allied health and teaching. While there are likely to be similarities, there may also be significant differences, which

should be taken account of when planning academic and practice based learning. This work attempts to address this gap in the current knowledge by asking students about their development of professional identity as a speech and language therapist while it is ongoing.

Chapter 2

Review of the Literature

2.1 Introduction

Becoming a speech and language therapist brings personal, academic and professional challenges (Jagoe & Walsh, 2016), an important and often overlooked aspect is constructing an individual professional identity which fits within the profession because '[p]rofessional identities inform the actions we take in practice and in education' (Kathard, 2005:150). Literature on the process of becoming a speech and language therapist was found to be limited by Brumfitt *et al.* (2005) and remains limited over a decade later. Literature is available which considers pedagogy, especially related to clinical practice (e.g. Stengelhofen, 1993; McAllister & Lincoln, 2004; Read, 2014), and Stokes and McCormick (2015) challenge the professional identity of the speech and language therapy profession itself. However, it appears that currently few authors have asked the opinions of students regarding their journey to becoming a speech and language therapist.

The Brumfitt *et al.* (2005) questionnaire of 31 speech and language therapists was completed after they had qualified and worked as newly qualified practitioners. The speech and language therapists reflected on the importance of aspects of their training programme in readying themselves for working life, which included many aspects of clinical placement, small group working, tutorials and peer discussion (Brumfitt *et al.*, 2005). It is unclear why these aspects of the course were considered important to the students in their quest to identify themselves as speech and language therapists, and opinions were based on how the new practitioners remembered their training up to two years following the end of their courses. This

makes it difficult to be sure that the perceptions are those of developing professional identity as students, as opposed to identity developed and confirmed in first posts.

In her qualitative study examining the experiences of male speech and language therapy students Bending (2012) reported the importance of integrating personal and professional identity, which should include a helping and caring identity. Other registered professionals with whom speech and language therapists work, such as teachers, doctors, nurses and Allied Health professions have considered the development of their professional identity more actively, indeed Pillen *et al.* (2013) report the emphasis that has been placed on developing teacher identity. As an example, following their phenomenological analysis of the narrative writing of student teachers in America, Schultz and Ravitch (2012) state:

> 'New teachers do not simply enter teaching with a professional identity intact, nor do they acquire it on their own. Rather it is deeply connected to the communities in which they learn to teach and to their interactions with their colleagues' (p37) ...'each teacher's experience of constructing her own narrative as a phenomenological account, shaped her sense of self and emerging teacher professional identity' (p39).

This review will go on to consider what professional identity is, how it develops and facilitators and barriers to professional identity development.

2.2 Search Strategy

Initial scoping for literature was informal and carried out during the early planning stages of this research, this informal method uncovered speech and language therapy literature such as Brumfitt *et al.* (2005) and McAllister and Lincoln (2004) and a vast range of literature relating to other health professionals. From October to

December 2014 more systematic searches were conducted, in order to discover available knowledge from published literature, prior to beginning the research ethics application.

An initial literature review question was asked, 'What is known about the development of professional identity in speech and language therapy students?' Initial search for papers relating to speech and language therapy used commonly used synonyms for the profession in western, English speaking countries ("speech and language therapy" OR "Speech and Language Pathology" OR SLT OR SLP AND "professional identity" AND Student).

A range of databases where papers relating to the profession are commonly located was searched (CINAHL complete, Medline, Science direct, Wiley on line library and psycharticles). No suitable results were returned, therefore truncation was applied (lang*/ path*), and additional search terms (OR socialisation OR identity OR development) were added to attempt to locate suitable literature. Twenty five papers were located, abstracts were read for inclusion and exclusion purposes, papers included in the review included student attraction to the profession, student reports, curriculum issues, and assessment. Of the ten papers included just one, Attrill and Gunn (2010) was clearly attempting to understand professional identity development in speech and language therapy students.

With such a small evidence base located the search was widened to include other professions related to speech and language therapy. The search considered those professions where formal registration is required by a body similar to the Health and Care Professions Council, who register speech and language therapists. Initially physiotherapists and occupational therapists were added to the search terms, using

the same search databases, search terms were later further broadened to include a wider range of health students. Although it was difficult to reduce numbers of papers retrieved, this yielded a rich array of papers, covering nurses, psychologists, dieticians, doctors, physiotherapists and occupational therapists. Inclusion criteria for these searches were curriculum issues, practical activity, working with clients and student perceptions. Papers relating to health care assistants and those who had already qualified were excluded as these people either were not working towards a professional registration, or already held one.

A further search was conducted using the search terms "professional identity" AND development AND health AND "student perception" as the term student perception had become evident through reviewing papers in an earlier search, most of the papers found in this search were duplicates for earlier searches.

Considering the breadth of the speech and language therapy a further group of registered professionals were considered in a separate search as they are not health care professionals. The search terms teacher AND student AND "professional identity development" were used to find papers relating to the development of student teacher identity, six relevant papers were found in this search.

Throughout the period 2014-2018 informal searches were carried out, leading to inclusion of texts such as Read (2014) and Davenport *et al.* (2018). In July 2018 a further systematic search was conducted for literature relating to speech and language therapy. Databases and search terms were copied from the original search for speech and language therapy literature, these searches located work by Jagoe and Walsh (2016) and Bending (2012) relating to speech and language therapy students.

Using the Critical Appraisal Skills Programme (CASP) tools papers were systematically assessed for research type, strength of research reported and findings. Additional sources were located through bibliographies of the papers reviewed.

The review presented below represents literature from speech and language therapy and related registered professionals regarding important aspects of professional identity development from the perspective of the student practitioner.

2.2 Professional Identity development

2.2.1 What is professional identity and how does it develop in professional students?

Jagoe and Walsh (2016) discussed the importance of reflecting on developing professional identity as a key aspect of professional education. If professional identity is an important concept in the preparation of new speech and language therapists defining it as a concept becomes important, however, Finn *et al.* (2010) reported it to be subjective and not easily defined. Many authors writing about the development of professional practitioners in health and education have attempted definition which appears to involve a range of factors including personal, individual, social, knowledge, and skills.

Professional identity is:

1. A state of mind in which a person perceives themselves a professional person (Crossley & Vivekananda-Schmidt, 2009; Weaver *et al.*, 2011; Keeling & Templeman, 2013) and feels internal confidence and self-assurance (Brown *et al.*, 2003; Holland *et al.*, 2012).

2. An occupational identity, gained through socialisation (Finn *et al.*, 2010), augmented by societal recognition of one's profession (Johnson *et al.*, 2012) where the values, attitudes and rules of the profession are internalised (Broadhead, 1983; Barretti, 2004; Davis, 2008; Pillen *et al.*, 2013), which is fluid rather than fixed (Bending, 2012).

3. A process that happens over time which is shaped through action (Richards, 2006; McElhinney, 2008) to acquire appropriate knowledge and skills (Barretti, 2004).

Ronfeldt and Grossman (2008) discuss the range of potential selves student teachers have when they enter teacher training, which may be based on their beliefs about teaching from their own experiences as a pupil (Anspal *et al.*, 2012) and are likely to broaden as teacher training progresses (Ronfeldt & Grossman, 2008).

As educators of speech and language therapists we need to take account of the importance of enabling our students to develop strong identity with their chosen profession if they are to transition successfully into the complex world of employment in the UK and beyond, but we must also acknowledge that for our students this occurs 'in the face of the 'unknown' or the 'uncertain'' (Jagoe & Walsh, 2016:85). Few have had significant experience of what speech and language therapy actually is. Whilst there is considerable medical, nursing, teaching, and some allied health literature on developing professional identity from the student practitioner perspective, there remains limited research considering the development of professional identity in student speech and language therapists.

2.2.2 Attributes of professional identity

Professional identity is reflected in professional performance (Bending, 2012). In their survey of 250 medical students Byszewski *et al.* (2012) found that medical students had well established perceptions of attributes which they associated with professionalism. Through case based learning they felt able to identify features of: respect, integrity, honesty, responsibility, accountability, self-improvement, altruism, compassion, dedication and empathy. In addition Ellis *et al.* (2012) found in their small scale (n=7), web based, qualitative study of dietetic students that standards, identity, and values were core components of their final year students' understanding of professional identity. The students felt that understanding of professional codes of conduct, technical skills, and appearance were important standards to uphold, while also identifying that clear scope of practice, their title and specialism were important to their professional identity; they also concur with Byszewski *et al.* (2012) in identifying attitudes, behaviour, communication, and relationships as being important aspects of emerging professional identity . The importance of understanding the skills and values of one's chosen career path is further highlighted by Davies et al's (2011) questionnaire of physiotherapy students (n=85) where descriptive statistics were used to determine that, as students master the skills and values of being a physiotherapist, they develop professional identity.

2.2.3 Taking on group identity

The transition from individual to collective professional identity is not easy, but in identifying alongside a professional group, as student speech and language therapists do, they take on a professional identity (Bending, 2012). In their questionnaire regarding metaphors used by novice and experienced occupational

therapy students Davis (2008) suggested changes in internal beliefs regarding the profession of occupational therapy over time. They stated that students come to education programmes with strong beliefs about their own professional identity and that they need to come to understand the rules of the profession to gain transformation to the profession's identity.

Others extend the theme of the importance, process, and difficulty of taking on professional identity. For example Gazzola *et al.* (2011) interviewed 10 counselling psychology doctoral students about their perceptions of their own professional identity, analysing their data as a team the four authors found seven themes which students had reported as helping them to foster professional identity. Whilst some themes related to individual practice needs, one emergent theme from these semi structured interviews was that of induction into a professional community. They cite membership of professional associations, formal credentials (degree, licence to practice) a code of ethics and protected title as being important to the induction process (ibid).

Semi structured interviews with 10 medical students found a similar strong link between professional group inclusivity and the developing of a strong sense of professional identity, with individuals switching to group rather than individual identity (Weaver *et al.*, 2011). In addition, Finn et al's (2010) focus groups with medical students in two UK universities found that students regret the sacrifice of individual identity, as they negotiate the complicated multiple identities of academic, clinical student, and professional on their way to gaining group identity. Anspal et al's (2012) work with teachers, however, suggests that early concerns with personal identity gradually ease as student teachers become more able to look outward towards the wider profession.

2.2.4 Transformation over time

Pre-registration professionals, including student speech and language therapists, do not passively accept a professional identity from their tutors and practice educators, they develop and construct their own identity over time (Bending, 2012); identity development becomes important for speech and language therapy students at different points in their education (Jagoe & Walsh, 2016). In their work with medical students Johnson *et al.* (2012) suggested that the professional identity pathway is definable and begins before the beginning of formal education, this mirrors Broadhead (1983) who, following embedded ethnographic observation, stated that medical students have to position themselves as professionals when they apply for courses. Students' ways of knowing develop during their training from simple to sophisticated, and for the 15 medical students interviewed by Knight and Mattick (2006) personal epistemology developed differentially, however 'one apparent development within all of the students was an emerging sense of themselves as future practitioners' (Knight & Mattick, 2006 : 1094).

Building on the theme of developing sense of self as a practitioner the cross sectional design questionnaire study of 383 undergraduate and master's occupational therapy (OT) students carried out by Turpin *et al.* (2012) reported a growing sense of what OTs do, how they do it, why they do it, and who they work with. They reported a biomedical approach to understanding of the profession in the early days of the course and a gradually developing understanding of the social model approach which underpins occupational therapy identity. This is, perhaps, extended by the student nurses of Brown *et al.* (2003) and Van Eps *et al.* (2006) and the occupational therapy students interviewed by Holland *et al.* (2013) who all report a growing sense of being or becoming a nurse / occupational therapist which

emerged from 'doing' skills, through conscious reflection regarding their occupational abilities, to a professional sense of self as a nurse or occupational therapist by the end of their course.

Pitkala and Mantyranta (2003) discussed the transformative process which saw their participants start their first clinical year worried about their credibility as doctors, they used content analysis to understand the reflective diaries of 22 medical students; the journals revealed that medical students quickly started to feel more secure, to explore their role and, by the end of their first clinical year, they achieved some faith in their professional identity. This transformation to feeling like a doctor appeared to derive from an internal, conscious, reflective process (Pitkala & Mantyranta, 2003). This is also apparent in the work of Anspal *et al.* (2012) who reported their student teachers as gradually recognising what they had to learn and becoming more learner centred as they undertook more of the duties of their profession.

2.2.5 Transformational models of identity formation

There are many models which may cast some further light on the taking on of professional identity by speech and language therapy students over time. In several texts Mezirow's 10 stage transformational model is proposed for adult learning which enables growth towards a new perspective or frame of reference, such as professional identity (e.g. Mezirow, 1981; Mezirow, 2000; 2009). Mezirow's original 1978 work was based on research with female, adult, returners to study; his theory has been refined over time, and is represented as ten sequential steps through which learners travel when undergoing a truly transformational education (see appendix 1). It is possible that speech and language therapy students go through these stages to transform from student to professional.

Professional occupational models provide alternate perspectives to Mezirow's more general transformative model. For example Ripat *et al.* (2013), used focus groups of occupational therapy students, and constructivist grounded theory, to investigate student development of a core occupational therapy concept, client centeredness. The model suggests that the nature of growing professional identity is unidirectional, but it exposes the fragile nature of developing identity, especially where client identity and academic and practice discrepancy are concerned.

Fig 1 Client centred development in Occupational Therapy Students
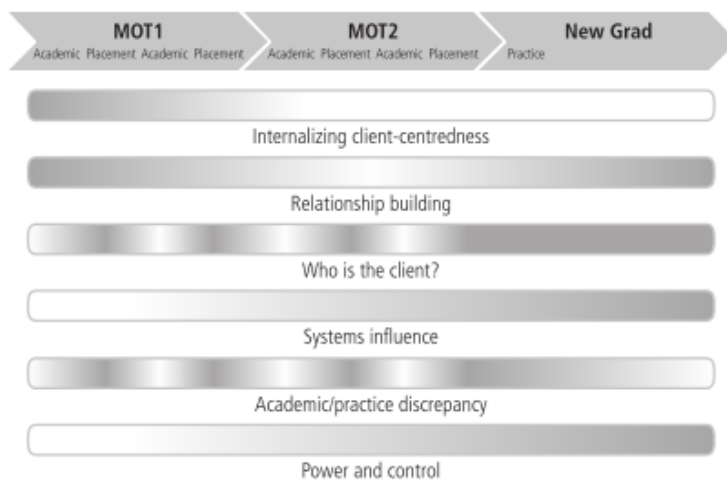
(Ripat *et al.*, 2013 : 223)

The Ripat *et al.* (2013) model shows gradually developing aspects of identity, based on client-centeredness, relationship building, understanding who the client is, discrepancies of academic and practice learning, influence of health systems alongside the student gradually being able to hand over power and control to service users as they become more able to identify themselves as occupational therapists.

Whilst this model from occupational therapy suggests that the acquisition of professional identity may be linear, with presenting fluctuations and difficulties, which

reduce confidence in aspects of identity, it does not explain why these difficulties may exist. McElhinney (2008), in her unpublished doctoral thesis, examined the development of professional identity in a small group of clinical psychology trainees, she used constructivist grounded theory to develop a complex model.

Fig 2 Development of professional identity in clinical Psychology
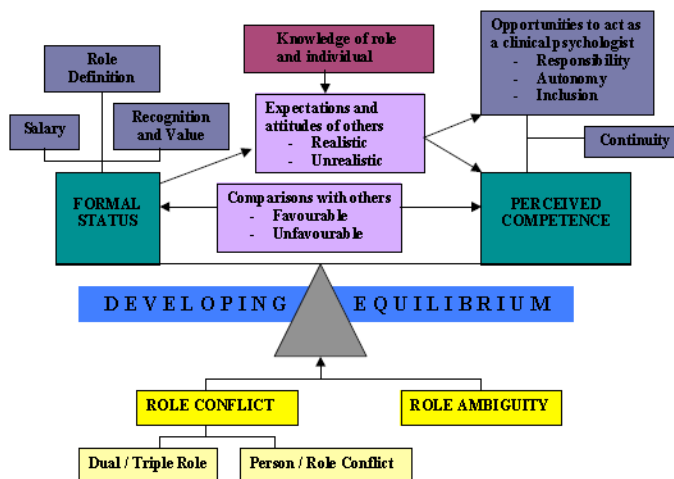
(McElhinney, 2008 : 91)

In developing this model McElhinney (2008) considered the complexity of developing identity with a profession during studentship as a clinical psychologist. The work is unique in that McElhinney conducted the research as her doctoral research with her own cohort of trainees as participants. Whilst this introduces potential for a good deal of researcher and participant bias (Bowling, 2009), it may also have enabled openness and trustworthiness which may not be possible to an outsider from the group. The visual balance on which professional identity is established is clearly represented by the factors balanced on the pivot point of the triangle, with the need for balance, between formal status of a profession and professional competence of individual trainees, being clearly apparent. Aspects which could easily unbalance the

scale such as role conflict and ambiguity are clearly represented. It is likely that these complex factors could also form aspects of feelings and events during speech and language therapy training which could enable, or unbalance, professional identity development.

A further model which could cast light on emerging professional identity of speech and language therapy students is that developed by Dearnley and Matthews (2007). In their longitudinal study of 18 mature student conversion nurses, they developed a model which demonstrates transitional learning styles from silence to constructed knowing and also developing professional identity from initiating development to becoming professional. Dearnley and Matthews (2007) interviewed their nursing students five times over a two year period, in addition to completion of study skills questionnaires. Although the study had 18 participants it is reported that an average of 11 students were interviewed at each stage; it is not known what impact this lack of consistent participants would have on the model developed and this is not discussed in the paper. The work does, however, listen to the student voice throughout their studies and therefore is likely to hear and report the emergent voice of professional identity development.

Fig 3 Becoming a professional nurse

Driving: Becoming reflective;   Doing my own thing;   Study skill development

| Initiating | Awakening | Changing Personal Perspectives | Becoming Professional |

S   RK   SK   CPK   SPK   CK

Ways of knowing

Sustaining: Social, academic and professional networks

S Silence
RK Received knowing
SK Subjective knowing
CPK Connected procedural knowing
SPK Separate Procedural knowing
CK Constructed knowing

Dearnley & Matthews 2007p381

In a further model McAllister and Lincoln (2004) present a model of speech and language therapy development in the practice environment. Six dimensions of being a student practitioner on placement are outlined:

Fig 4 Becoming a speech and language therapist

1	A sense of self
2	Relationship with others
3	Being a learner
4	Agency as a learner
5	Seeking dynamic self-congruence
6	Growth and development

Adapted from McAllister and Lincoln (2004)

Each dimension has a transformative quality which demonstrates movement from novice/ beginner level student, through intermediate, to competent student ready to enter the workforce as a newly qualified practitioner; further understanding of the internal changes which happen to students, and triggers for those changes, could help educators enable student speech and language therapists to progress through the stages. Jagoe and Walsh (2016) discuss the emergence of the 'considered self' , that which students feel is required by the profession, as occurring gradually, over time, this resonates with the transformations of McAllister and Lincoln (2004).

Clinical practicum would not be possible without working with those seeking the services of the professionals concerned. In their in depth interviews following clinical placement with 10 speech and language therapy students at Flanders University Attrill and Gunn (2010 : 147) found that 'students experienced their greatest learning from working directly with rehabilitation clients'. From their grounded theory study Attrill and Gunn (2010) developed a model of student learning which demonstrates how the students' development is centrally impacted by working with clients, using the support of their educator, the multi professional team, and academic learning. From working with service users these students developed understanding of the heterogeneity of clients which required them to be creative and flexible, the importance (and difficulty) of relinquishing the expert role, and the complexity of real service users compared to classic cases presented in the classroom; all important lessons in their developing professional identity as a speech and language therapist.

Fig 5 Speech and language therapy students' understanding of rehabilitation
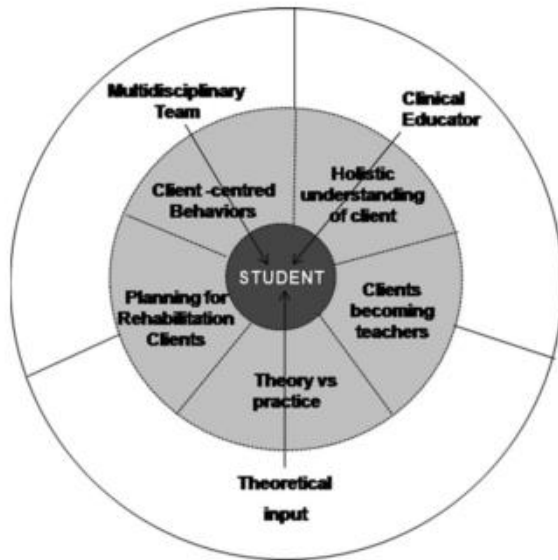
(Attrill & Gunn, 2010 : 149)

2.2.6 Fluctuating identity

While authors have reported the transformational nature of developing professional identity e.g. through the models above, several have also reported that this transformation is not completely linear. Authors have reported fluctuations in the feelings of confidence which lead to fluctuating identity with ones chosen profession, Bending (2012) described this as fluid and flexible. Barretti (2004: 227) reported on a review of the social work literature stating 'It is quite probable that changes in attitudes, orientations, or professional identity may arise unevenly at some point and perhaps recede at others'. Looking for reasons for transformation Johnson *et al.* (2012) reported that the formation of identity through periods of endurance probably lead to fluctuating professional identity, with the lack of a realistic image of nursing as a profession, and shock at some aspects of the work influencing identity formation. Fluctuating confidence at periods of transition e.g. to a new case group,

may require additional clinical educator support to prevent deterioration of fragile professional identity (McAllister & Lincoln, 2004; Holland *et al.*, 2012) as identity development issues become more apparent over time (Jagoe & Walsh, 2016).

2.2.7 Multiple identities

Broadhead (1983) and McElhinney (2008) discussed the complications of developing professional identity when student practitioners consistently need to present multiple identities. Student academic, student professional, and professional identities are all requirements of successful development to practitioner status. Broadhead (1983) cites the confusion between the requirement to be an adult professional while being held in adolescence as a student and McElhinney (2008) reported the difficulties posed by role conflict and role ambiguity as her trainees were both employees and students in the same environment.

The studies outlined above suggest that professional identity is a complex concept which is an internal state of mind, relating to a person's chosen occupation and the status of that occupation. The acquisition of professional identity has been found to be developmental, beginning prior to formal training and continuing to develop throughout training programs as students acquire the rules, values, knowledge and skills of their profession. In addition students also develop qualities of respect, integrity, honesty, responsibility, accountability, self-improvement, altruism, compassion, dedication, and empathy; which are all components of their developing professional identity. There appears to be consensus in the literature that this is a developmental and transformational process and several models have been shown to demonstrate the process that may lead to professional identity development in professional students. Some of these models take greater account of the fragile and

fluctuating nature of developing identity e.g. Ripat *et al.* (2013); however throughout the literature there is an understanding that the road to professional identity is individual. It is to be wondered whether there are known factors which may help or hinder individuals in their personal journeys to professional identity.

2.3 What aids the development of professional identity?

Professional identity appears to be enabled through interaction of individual students with a wide range of others. Societal recognition of individual professions can help or hinder students from feeling confident with their aspirant identity. Learning takes place in the context of the classroom and the practice environment, inevitably personalities, methods and experiences in these environments help to shape the developing professional identity of pre-registration professional students. This work goes on to explore aspects which aid and hinder professional identity development.

2.3.1 Social & Individual context

A sense of professional identity develops within individuals who actively construct their own identity within the social and academic contexts in which they live and learn (Pillen *et al.*, 2013). Reflecting on the Francis report, into failings in care at Mid Staffordshire NHS Foundation Trust (Francis, 2013), a group of student nurses identified factors, which they considered impacted their development of professional identity. In their student led focus groups Kaufman *et al.* (2014) explored representations of nursing in society, which could impede the development of professional identity. Kaufman et al's (2014) student group discussed the historical identity of nursing as a stereotypical angel of mercy or doctor's handmaiden. This stereotype, coupled with being expected to care in a society that values technical rationality over caring, made it difficult for these student nurses to understand the

complex identities they were taking on. Furthermore, Media portrayal of the poor standards of care in Mid Staffordshire highlighted aspects of nursing which these students felt did not reflect their own developing professional identity. Kaufman et al's (2014) students report the importance of engaging critically with society's view of nursing as part of developing individual professional identity as a nurse.

In contrast to Kaufmann's nurses, the medical students studied by Weaver *et al.* (2011) developed their professional identity from the relative strength of society's view of doctors. They reported social hierarchy, a privileged role in Society and superior career choice as aspects of their developing identity which helped give them social exclusivity from other health care students. They reported that 'feelings of exclusivity were not simply produced internally, but relied on, or were perhaps reinforced by, the way that other people treated the students' (Weaver *et al.*, 2011 : 1225).

Turner (2001) further considered the importance of social standing of professions in the development of professional identity. In a survey, of 258 physiotherapy students at La Trobe University, students rated a range of professions on six dimensions of education, income, social standing, responsibility, usefulness and proportion of women. Consensus regarding the moderately high social standing, responsibility, usefulness and education and lower income of physiotherapists compared to other professions (such as judge, architect, nurse, mechanic, cleaner) suggests that these physiotherapists had a clear sense of the social standing of their profession in Australia.

The studies above suggest that there are multiple societal factors which can facilitate, or act as barriers to, the development of professional identity. Kaufman's

(2014) nurses struggled to form identity with which they wished to identify, in the wake of the Francis Report (Francis, 2013), while Weaver *et al.* (2011) found their medical students were aided in developing a confident sense of self through society's view of doctors. Turner (2001) suggests that pre-registration professional students have a strong sense of how society values their profession early in their studies.

If societal norms regarding the stereotypical identity of a profession can impact professional identity development it would appear logical that the individual personal identity of people choosing to study these professions may also predispose (or otherwise) individuals towards identity with their chosen profession. Holland *et al.* (2012;2013) discussed occupational therapy students who reported the importance of antecedent personality to success: taking the initiative, leadership, and involvement in projects were seen as important personality traits. The nurses interviewed by Gillespie (2002) also reported the importance of continued understanding of individual personal traits throughout the education process if nurses are to acquire individual professional identity. This is further discussed by occupational therapy students who stressed the importance of the individual in the environment (Krusen, 2011) and the importance of family and friends (Pfeifer *et al.*, 2008) in enabling students to become practitioners.

Society and the individuals themselves are important in shaping the developing identity of professional students; however, other societal structures likely to influence the identity of professional students are the educational and workplace environments in which they study. Speech and language therapy students, as with other professional students, engage in both academic studies and practical workplace

experience in order to gain their degree and professional registration. It is likely that both of these environments impact students' developing identity.

2.3.2 The education context

One factor which students from several studies have cited as being important is the role of the educator. Mortiboys (2013) upholds the importance of planning for the emotionally intelligent classroom and Ibarra (1999) discussed the importance of role models in enabling students to compare themselves to a range of possible selves as they develop their own identity. Several researchers allude to the importance of this in their discussion of the importance of teachers as role models in the classroom (Byszewski *et al.*, 2012; Johnson *et al.*, 2012; Bennett *et al.*, 2013; Gordon, 2013), creating an emotionally intelligent environment for learning about and becoming a professional.

Brown *et al.* (2003) expanded on the important features of the role model in reporting their focus groups with nursing students at McMaster University; their students wanted interactions with their tutors to be challenging, protecting, encouraging, responding to questions, and accepting that mistakes are part of learning. Additionally, they felt that insufficient guidance, judgemental attitudes, and tutors not valuing students' opinions represented an education context which could impede the development of professional identity. Hanson (2013) further expanded on the importance of the humanistic educational context by discussing the importance of being able to share experiences in the classroom as part of a learning community, which, through a combination of cognition, imagination, intuition and emotion, enables learners to engage in self-reflection, questioning their previously held beliefs and assumptions in order to develop their new identity. If this is important, the

challenge is for educators to understand students' views of the classroom and implement emotionally intelligent pedagogy to help enable development of professional identity.

2.3.2.1 The role of pedagogy in the classroom

In their cross sectional research Ansari (2003) considered responses to 300 questionnaires, over 9 modules of a physiotherapy programme. The questionnaires, designed to investigate student satisfaction with a module, compared degree of expressed satisfaction with the students' grades which were obtained for the same modules; positive correlation was found. This suggests that if students are to do well on their courses pedagogy must be used which raises satisfaction levels.

Baeten *et al.* (2013), in their work with Belgian trainee teachers, cite the importance of the constructivist classroom, where student teachers make their own meaning. Their quasi experimental design employed the use of motivational and autonomy scales along with exam achievement. Descriptive statistics and bivariate correlations were used to conclude that teaching method was a significant predictor of student success and that providing suitable direction prior to student centred learning enhances success of the experience (Baeten *et al.*, 2013).

A common method of enabling students to construct their own learning in the classroom is small group teaching where students can be enabled to apply and theorise about their learning through active learning (Biggs, 2003). Medical students (Elcin *et al.*, 2006), nurses (Brown *et al.*, 2003) and occupational therapists (Holland *et al.*, 2013) all reported the importance of small group learning in their journey to professional identity. Students also discussed the importance of mentorship as part of their learning process (Van Eps *et al.*, 2006; Towns & Ashby, 2014), with the

Towns and Ashby (2014) small group (n=6) of occupational therapy students reporting the importance of tutor led micro level discussion of clients and Van Eps *et al.* (2006) students reporting the importance of mentorship in linking theory to practice. For small group working to be successful students have identified the importance of positive and timely feedback, given in an environment of trusting relationships which afford the honesty to enable development of knowledge, skills, and identity (Murdoch-Eaton & Sargeant, 2012; Bates *et al.*, 2013).

Reflective learning is a technique popular in professional education. Through critical reflection of premise students can develop the ability to understand their own abilities and identities, hence depending less on tutors and mentors for feedback as their own reflective skills develop. The physiotherapists in Roche's (2008) focus group study all supported the place of reflection in the curriculum, developing an ability over time to reflect at an increasingly advanced level and recognising the importance of reflection in, on, and for action (Schön, 1987), while Tsang's (2010) paper reported common findings from oral health students' reflective writing as critical thinking, clinical reasoning, problem solving and motivation to change after an experience.

Techniques used in the classroom have been demonstrated by students to be important in enabling them to develop understanding of their profession and to begin to construct their own knowledge about their chosen area. Authenticity in the emotionally intelligent classroom appears to enable professional development through the construction of suitable learning tasks, timely and supportive feedback and self-reflection, all of which combine to aid the development of professional identity.

2.3.2.2 Clinical practicum and developing identity

Formal learning for professional students also takes place outside the classroom, in the practicum. This is where students come face to face with their chosen profession and are provided with opportunities for identity development (Anspal *et al.*, 2012). Jagoe and Roseingrave (2011) report on a conversation partner placement and Jagoe and Walsh (2016) 'Dear me' reflective letters to self, written by speech and language therapy students pre and post placement, highlight the importance of placement education to developing professional identity. Additionally, the medical students interviewed by Howe *et al.* (2002) suggest that the students' most important goal during their training is to engage in clinical practice and Johnson's (2012) nursing students report that the development of professional identity is as important as the development of skills while on placement. While placements are crucial to the development of professional identity, specific aspects of placements such as service user involvement and practice educator skills and relationships have been highlighted as the most important aspects of placement for the development of knowledge, skills and identity.

2.3.2.3 Service Users

Teaching by service users is an expectation of health programmes in the UK education system, and is integral to any placement experience. Thompson and Hilton's (2012) grounded theory study of the perceptions of physiotherapy students regarding the importance of service users in their education found that students perceived service users to be important in helping them to become aware of some of their own prejudices towards service users, enhancing technical knowledge through practise, and aiding communication abilities.

The role of service users in enabling professional identity development is considered in a range of professional groups, for example Furze *et al.* (2011) used questionnaires and focus groups to gain the opinions of 47 year 1 and 106 year 2 physiotherapists following a community engagement project. With single exposure to the project students reported increased self-awareness and contemplation of personal change, which the authors link to Mezirow's transformational stage; 'critical examination of internalised role assumptions and alienation from social assumptions'. Repeated exposure to the same project enabled transformational change with students reporting professional transformation through a sense of community impact, which is linked to Mezirow's stage; 'building competence and confidence of new roles' (Mezirow, 1981; 2000; 2009; Furze *et al.*, 2011). These students have engaged with service users, without the support of practice educators, and found a positive influence on professional identity development.

The importance of service users in enabling professional development is further underlined by medical students on their first clinical placement. While the students started the year feeling that they lacked credibility, with shaky self-image as professionals this soon started to change as they noted that patients trusted them (Pitkala & Mantyranta, 2003), demonstrating the importance of feedback from service users in aiding the development of professional self-confidence and identity.

2.3.2.4 Practice Educators

Practice educators are the educators on whom students rely when in the practicum; here speech and language therapy students often get to know educators well, as they are at most taught in small groups, and often individually. Discussion by

students of the roles played by practice educators appear to fall into two sub themes; that of enabling through strength of relationship, and the important role in linking theory to practice.

Gordon (2013) interviewed three oral health students, following from a survey (n=29) of attitudes to a daily assessment form; themes from the open ended discussions which formed the qualitative arm of the small scale study stressed the importance of the supervisor as a role model and demonstrated that students felt that supervisor qualities had more impact on developing identity than the assessment schedule.

Gillespie (2002) and Rodger *et al.* (2014) both explore what students believe are important practice educator attributes: In Queensland, Australia, occupational therapy students are invited to nominate practitioners for a Practice Educator of the Year award, the nomination takes the form of a paper submitted by the students. Rodger *et al.* (2014) carried out thematic analysis of papers from these nominations to understand what students valued: themes of valuing reciprocity, facilitative learning and encouraging student autonomy were evident from the students' writing, with Rodger *et al.* (2014) concluding that students value trust and security which is balanced by challenge and support. The eight student nurses interviewed by Gillespie (2002) add the importance of the practice educator demonstrating competence, commitment and compassion to enable the student nurses to develop into nurses.

Practice educator competence, confidence and relationships are reported as important by multiple authors. In their survey of 250 recent midwifery graduates which had a 50% response rate, Jordan and Farley (2008) suggest that it is likely that students' perception of mentor behaviour is as important as their actual

behaviour in influencing professional socialisation of students, while Howells *et al.* (2016), in their work on the development of cultural awareness in speech and language therapy students, reported practice educators as being key to students' success working with clients. Similarly Andrews and Jones (1996) offer their expert opinion that real learning takes place in the practice environment where students are supported by mentors; they state the importance of positivity & good practice in this environment, which they say can have a long term impact on professional development.

These studies across differing professions all attest to the importance of the relationship between student and practice educator in developing professional identity, other authors, additionally, point to the practical experience offered by the practice educators as being of importance. In their book '*Clinical Education in Speech and Language Therapy*' McAllister and Lincoln (2004) suggest that practice educators promote the style, content and focus of learning, their précis of what makes an effective clinical teacher demands significant pedagogic skills of those delivering clinical services. These skills are usually developed over time, through experiences working with colleagues and students. In speech and language therapy there is no requirement for significant pedagogic training, such as that provided to nurse mentors so practice educators have to learn significant pedagogic techniques from colleagues and student experiences.

Fig 6 Effective Clinical Teachers

Style	Content	Focus
Active student participation	Problem solving	Promotes professionalism
Positive attitude to teaching	Critical appraisal	Support and encouragement
Range of teaching styles	Extend knowledge	Professional role model
Logical structure for learning	Promote skill	Optimise patient care
Intellectual challenge	Give feedback	
Humanistic orientation	Emphasise research	

Adapted from McAllister and Lincoln (2004)p 51

That practice educators are expected to promote identity, knowledge and skills through effective clinical teaching is further evidenced by the Bennett *et al.* (2013) analysis of 315 reflections from 107 medical students; it was found that students expect practice experience to prepare them to be medical experts, communicators, collaborators, managers, health advocates, scholars and professionals. Clinical teachers play an important role in the development of professionalism. Towns and Ashby (2014) also reinforce the importance of practice educators as important to the development of the whole professional in their analysis of in depth interviews with 6 occupational therapy students, they stress the importance of practice educators being able to use theoretical models in clinical reasoning, finding that in depth discussion of clients enabled students to integrate theory and practice.

It is clear that students gain a great deal from practice educators who have facilitative, inclusive style, are able to demonstrate high levels of knowledge, and discuss clients in detail with students, placing significant work burden on practice educators who, in speech and language therapy, have little formal preparation for the role and distant support of university tutors.

2.3.2.5 Perceptions of professionalism

Professional behaviour is expected of pre-registration students from the beginning, breaches of professionalism can lead to expulsion from the profession before students have even qualified. This can cause some tensions, as students navigate the complex expectations of their student hood, tutors, registering body, professional body, and colleagues in the field.

Grounded theory methodology, analysing the outcomes of 13 semi structured focus groups enabled Finn *et al.* (2010) to identify important themes which related to perceptions of professionalism by medical students. Emerging from this work was a strong sense of confusion and possibly some resentment of the professional role expected early in their clinical practise. The students observed differences between the collegiate back stage and the front stage (Goffman, 1959) inhabited by patients. They learned from role models, observed lapses in professional behaviour and related the importance of their professional behaviour to the environment in which it occurred. Professionalism is developmental, yet the students reported their professional behaviour being judged consistently on placement, with some feeling that this was a significant individual sacrifice (Finn *et al.*, 2010).

McAllister and Lincoln (2004) suggest that speech and language therapy students develop professional identity and ability through three developmental stages: novice student, intermediate student, and entry level student, ready to become a new practitioner. The novice student is inward focussed, with their professional identity focussed on whether they will be liked or do the right thing in the practice environment; as students progress through their course they become more independent and outward focussed as professional skills and identity develop.

This developing, and often overlapping, identity development can be further illustrated through analysis of semi structured interviews with 30 nursing students by Wilson (1994), who found that students wanted to look good as a student and as a nurse. While looking good as a student is linked to grades, looking good as a nurse is about good quality care and developing awareness of themselves as professional practitioners through their practical experience. Students alternated between the roles, but the nurse role has greater impact on developing student behaviour (Wilson, 1994), implying the importance of the practice environment for developing professionalism, which Anspal *et al.* (2012) describe as central to recognising professional identity.

Levels of independence on placements may be linked to developing professional identity. Baxter and Gray (2001) surveyed 26 speech and language therapy students following a peer placement in schools, supervised at a distance through tutorials and reflective logs. Student reports suggest that this model enables enhanced learning without the pressure of practice educator presence, enabling development of professional independence, beyond that which would be possible with a practice educator present. The importance of independence in professional identity formation is also considered by Gat and Ratzon (2014) who compared the impact of traditional and role emerging placements. A survey of 56 students concluded that the type of placement did not differentially impact student learning, however professional identity development was impacted by the presence or absence of a practice educator. Students whose settings did not have an active occupational therapist evaluated their personal responsibility, cultural competency, and personal skills higher than the students who had an occupational therapist educator on site throughout their placement (Gat & Ratzon, 2014).

2.4 Barriers to developing professional identity

2.4.1 Practice Education

While the practicum has been seen to be essential to the development of professional knowledge, skills and identity, researchers have also demonstrated that it can be an environment where developing identity is challenging for students, and that identity can be challenged by the experience. Recent review of the literature regarding students who struggle on placement found that relationship and communication breakdown is common when things go wrong in student learning environments (Davenport *et al.*, 2018), although the authors acknowledge the lack of evidence directly related to speech and language therapy in current literature.

In her work conducting semi structured interviews with speech and language therapy students Morris (1998) reports risk as an unexpected outcome. While much of the risk discussed related to potential risk to service users, risk to students is also discussed, for example risk of delayed learning from inexperienced practice educators who may either expect too much, or delay student experiences due to their own lack of confidence. The combination of student and educator anxiety can delay the development of knowledge, skills and identity (Morris, 1998). More recently Read (2014), following her interviews with speech and language therapy students in the UK, reports that students feel anxious about clinical placements and that the nerves never completely disappear. This could be due to the risk which is evident in the placement locations.

Pitkala and Mantyranta's (2003) medical students reported that fear and anxiety about being humiliated by those in senior positions was real and that anxiety regarding this was not helped by being made to feel like an outsider on the wards.

Whiteside *et al.* (2014) add further to the discussion regarding risk for students in their analysis of eight semi structured interviews conducted with physiotherapy students regarding experiences of bullying. Their participants reported feelings of isolation, feeling intimidated, crying, and feeling that the bullying was their own fault. Students reported that bullying negatively impacted their learning, making them feel a reduced desire to be a physiotherapist, but they felt unable to report the bullying. These findings were uncovered by Whiteside *et al.* (2014) working with their own cohort, enabling honesty and openness which may not be available to other researchers. This negative impact on developing identity takes on additional significance with Whiteside et al's (2014) observation that often highly performing students are the target of bullies.

Workload bullying perhaps underlines some of the findings of Krusen (2011) where multiple methods (policy analysis, focus groups, and observation) were used to understand how social and cultural environments shape occupational therapist behaviour. Krusen (2011) found that constant and unpredictable change are integral to healthcare provision and there is little time to induct students and new practitioners into local practices; leading to an inevitable steep, and possibly precarious, learning curve for students. If this is coupled with the social isolation experienced by transient students (Christiansen & Bell, 2010) and the potential for students to feel unwanted (Yardley *et al.*, 2013) then it is unsurprising that as well as being a time of fragile professional identity development (Baglin & Rugg, 2010) practice education placements can also be stressful and anxiety producing (Read, 2014) reducing the ability of students to develop positive professional identity, with practice educators finding it easier to blame the student for poor performance, rather than looking to their own responsibilities (Davenport *et al.*, 2018).

2.4.2 Professionalism

Andrew (2012 : 163) suggests that 'If students encounter negative feelings, ethical transgressions and poor practice at an early stage it can lead them to examine their motivation to remain'. While this statement is Andrew's own opinion rather than findings of research with student practitioners it is also backed up by others. Finn's (2010) medical students cited professional lapses through the virtual context of Facebook as confusing. Lapses in professional behaviour of qualified professionals, often visible through social media, are compared with high expectations of behaviour of student professionals and found to differ. In addition, Kaufman's (2014) student nurses discussed the 'moral distress' they felt when observing less than their ideal practice, which they attributed to understaffing of wards. The general theme of these papers is that aspects of practice observed while a student can impede the development of professional identity, leading some to question their original motivations.

2.4.3 Preparation for practice

Preparation for practice is cited by several studies as an aspect of student hood which can be a barrier to developing professional identity. Evidence Based Practice is essential to the provision of high standards of care, however findings in the Stronge and Cahill (2012) cross sectional survey of 86 final year OT students in four universities in Ireland suggest that students did not feel confident in knowing how to access the research aspect of the evidence base, even though they reported understanding its importance. As this study is across four institutions, and response rate is 77%, it seems likely that this problem could extend beyond the students in this study, leading to diminished professional identity.

Lack of preparation for some client groups encountered by students also leads to lack of confidence and interruption of the development of professional identity for some students. Dandridge *et al.* (2014) had a limited response to their survey of undergraduate physiotherapy students (3.3%), however of the 173 survey responses returned physiotherapy students reported little preparation for working with clients with mental health difficulties; teaching provided was less than four hours and tended to be lecture format. This led to the students reporting concerns about approaching these people, with expectations in the respondents of experiencing anger, aggression, violence and subsequent concerns for safety (Dandridge *et al.*, 2014). Enhanced preparation in order to take advantage of learning opportunities is also called for by Jones *et al.* (2005) whose cross sectional survey of OT students (n=340) throughout four years of study demonstrated that the students felt discontent and would prefer greater preparation in university for dealing with sexual issues in practice.

2.5 Conclusion

Defining and mapping the development of professional identity during student-hood is a complex business. During a period where significant subject based knowledge and skills must be developed in order to gain a degree which entitles HCPC and RCSLT registration speech and language therapy students must also take on the identity of their profession. If Byszewski *et al.* (2012) and Ellis *et al.* (2012) are right this identity includes elements of integrity, honesty, responsibility, accountability, dedication, empathy, appearance and technical skills in order to comply with the HCPC codes of conduct and proficiency (HCPC, 2012; 2014b). In Health and Education professionals this complex, multifaceted transformation appears to take place over a period of time, Johnson *et al.* (2012) stating that it begins on entry to the

programme, while others (e.g. Broadhead, 1983) report it beginning during preparation for entry to professional education programs; what is clear is that students strive for membership of their chosen professional organisation (Gazzola *et al.*, 2011) during the period in which they hold student practitioner status, witnessing an emerging sense of self as a qualified practitioner. While there are several models which seek to describe this complex emergence, there is no clear consensus of the journey undertaken; the literature demonstrates a multiplicity of factors which are personal (McElhinney, 2008), related to the academic teaching environment (Roche & Coote, 2008; Murdoch-Eaton & Sargeant, 2012; Towns & Ashby, 2014) and to the practicum (Gillespie, 2002; McAllister & Lincoln, 2004; Attrill & Gunn, 2010; Davenport *et al.*, 2018) are all significant in enabling and inhibiting the development of identity related to the profession of choice.

Much of the literature presented in this chapter is outside the profession of speech and language therapy, and relating to longer courses than the two year MSc in speech and language therapy at University of Essex. Personal observation over a decade teaching these students suggests that students experience fluctuating identity, a desire to be part of a community, are influenced by faculty and practice educators, as well as being influenced by the cohort group of which they are a part. It would seem, therefore that literature from research into related professional groups can be used to help understand the development of student speech and language therapists as they work towards professional registration. With so little literature relating specifically to speech and language therapists, who work across health, social care and education boundaries, and little research seeking student views throughout the whole period of their training the research in this thesis attempts to add to the current knowledge by using longitudinal methods to ask students about

their development of their professional identity. Phenomenological methodology using interpretive, thematic, analysis of interviews and reflective writing is used to understand the lived experience of a group of speech and language therapy students on the MSc Speech and Language Therapy at the University of Essex.

Chapter 3

Methods

3.1 Aims & Objectives

This research set out to understand the professional identity development of a group of pre-registration speech and language therapy students, who were undertaking an accelerated, two year, master's degree in speech and language therapy. The research aimed to understand the process of, and triggers to, professional identity formation for this group of students.

While the aim of the research was to understand the development of professional identity for the speech and language therapy participants, the objective is to be able to provide enhanced support to students and colleagues, and to add further understanding to the national and international discussion regarding curriculum development for the education of speech and language therapists and other related professions.

Although professional identity has been discussed for other related professionals, review of the literature found paucity of information regarding the development of identity in speech and language therapy students. It could be argued that the process of becoming a speech and language therapist is likely to be similar to other medical, allied health professional, social care, or teaching colleagues, making additional research unnecessary, however there are significant differences. Speech and language therapy pre-registration education prepares students for work across the three sectors of health, education and social care. New graduates and

completing students often work without on-site supervision, and choice of preferred work area is expected to be made by the time a degree is completed. This range of provision, requirement for early independent working, and requirement for early choice of specialism requires well established identity following the modest academic and practical experience required for registration with the Health and Care Professions Council. This suggests that there could be differences in the professional identity journey of those undertaking speech and language therapy training which are worthy of independent study.

3.2 Research questions

Based on the aims of the research, questions were asked which were interesting, relevant, feasible, ethical, concise and answerable, as the researcher wanted to understand what happened to the participants as they developed professional identity 'what' questions were asked (Green, 2008).

3.2.1   Principle research question

The work set out to understand what participants experienced in terms of their development of professional identity as they undertook their degree, hence the principal question is:

What is the lived experience of the development of professional identity of pre-registration master's speech and language therapy students?

3.2.2 Secondary research question

While discovering what the participants experienced in terms of their professional identity development it was also considered relevant to try to understand significant events or people that enabled, or suppressed, the development of that identity, therefore the secondary question is:

Are there triggers which lead to either positive or negative experience of professional identity development?

3.3 Theoretical Framework

Research methods are embedded in philosophy related to the researcher's ontological and epistemological standpoint (Danermark, 2002; Broom & Willis, 2007). This research aims to understand the lived experience of a group of speech and language therapy master's students as they developed professional identity during the two years of their studentship. Various ontological and epistemological positions were open to the researcher at the outset, however the final selection of methodology rested on the researcher's belief that professional identity is constructed at the interface of individuals with their social settings. A further position at the outset is that professional identity is not directly observable, although some aspects may be observed (such as registration on a course and accepting a job). The underlying reasons for observed behaviours are often hidden from empirical observation.

A materialist, or realist ontology with positivist epistemology (Snape & Spencer, 2003; Dyson & Brown, 2006; Fox *et al.*, 2007) could have been considered, whereby the research might have illuminated objective knowledge of the social world of professional identity development through use of rigorous measurement (Hammersley, 2013). This would require, for instance, a survey of large numbers of participants and could lead to generalisation beyond the participants in the study (Broom & Willis, 2007). At issue with this materialist, positivist position is the lack of knowledge uncovered in the review of the literature regarding speech and language therapy students' professional identity development, meaning that hypothesis testing would be based on knowledge of other professional groups. In addition the difficulty of empirical observation of professional identity through the senses (as is possible for knowledge and skills development) and the desire of the researcher to understand, at a deep level, how students construct their professional identity over time led to rejection of materialist ontology and positivist epistemology. Critical Realist ontology (Snape & Spencer, 2003) would have enabled analysis of the development of professional identity of the participants through political narratives, such as feminism, racism, gender, or social class; especially as the profession is often viewed as a largely Caucasian, middle class, female profession. This was rejected as selection of one of more of these narratives by the researcher could have negatively impacted her ability to hear and understand the stories the participants chose to share.

Taking the opposite end of the ontological dichotomy to positivism, a subjectivist or idealist ontology suggests that social reality is not observable through the senses, is individual, and only known through socially constructed meanings, which in the case

of subtle idealism can lead to understanding of shared meaning in social groups (Snape & Spencer, 2003). Dyson and Brown (2006) discuss subjectivist ontology as being impossible to observe, except through accessing what is in the mind of social actors; they suggest that reality is individual and can be created and re-created and that multiple realities are likely. As the researcher believes that professional identity is not directly observable this subjectivist, idealist ontology provides a philosophical background for the development of the research study.

Gergen (2001) reports the importance of the social construction of reality, where individuals construct their own reality through their experience of the context in which it occurs, enabling the uncovering of differences and similarities for those undertaking similar surface experiences, such as degrees in higher education. Fox *et al.* (2007) discuss the socially constructed world, where reality is constructed according to time and place by groups of social actors. While this is possible for a group of students studying in a small group over a two year period the researcher subscribes to the view that, while there may be commonality, each individual will have a unique journey, which should be understood in order to understand the range of experiences. This view charges the researcher with the responsibility to gain a deep understanding of similarities and differences in the experiences of participants, while establishing their professional identity as speech and language therapists.

The focus on the lived experience of individuals as they develop professional identity as speech and language therapists leads to phenomenology (Snape & Spencer, 2003; Fox *et al.*, 2007), which was initially proposed as a philosophy of transcendental phenomenology, as Husserl rejected quantitative positivism (Sadala

& Adorno, 2002), and sought to understand human experiences at a deeper level through becoming intentionally conscious (Laverty, 2008). Husserl's phenomenology described a world which was separated from the observer, divorcing the researcher and researched from each other through bracketing of existing knowledge; eidetic reduction enabled description of the core, or essence, of the phenomena (Trotman, 2006; Cooney, 2012). While Husserl's phenomenology offers an improvement on quantitative positivism, its continuing positivist nature and requirement for bracketing prior experience made it unsuitable for this research, where the researcher is embedded in both the profession and in teaching the student speech and language therapist participants.

Heidegger's existential hermeneutic phenomenology provides a suitable ontological position, '*dassein'* (being in the world) (Schmidt, 2006; Freeman, 2011) as Heidegger's primary intent was to understand the meaning of life in its context (Porter & Robinson, 2011). While Heidegger stresses the importance of not allowing old knowledge to prevent the taking on of new ideas he suggests that bracketing is not possible as the researcher inevitably brings both conscious and unconscious preconceptions to their research (Smith *et al.*, 2009). Dyson and Brown (2006) suggest that phenomenology, although considered ontological by Heidegger, has been interpreted as research philosophy, strategy, methods, and analysis by others. Heidegger posits the relative importance of the researcher as an integral part of the research and suggests that reflexivity, where the researcher consistently examines their own prior and changing knowing, is used in place of Husserl's bracketing (Laverty, 2008).

Heidegger's phenomenology is interpretive and he used hermeneutics, initially developed to interpret text, to interpret the individual participant's position in the world through rigorous analysis and continuous interpretation. Discovery is not easy as the phenomena being studied are often not directly observable even in the narrative of the interview, and can, indeed, be hidden from consciousness of the participants (Freeman, 2011). The often opaque nature of participants narrative requires that the rigorous analysis which enables understanding through interpretation, rather than Husserl's description (McConnell-Henry *et al.*, 2009). To enable this interpretive perspective Heidegger further developed Schleiermacher's Hermeneutic circle to add rigour to the interpretive process, by providing circular interpretation (Carman, 2003; Earle, 2010). At each stage of interpretation prior knowledge and new knowledge combine to enable the development of new understanding through deliberate, conscious interpretation (Carman, 2003; McConnell-Henry *et al.*, 2009). Heidegger's existential hermeneutic phenomenology provides a world view through which the experiences of the participants, as told in this research, are able to be interpreted through the experiences of the participants themselves and the researcher; a speech and language therapist and educator of thirty years' experience.

Gadamer also suggests the importance of multiple realities, suggesting that there may be multiple pre suppositions and current interpretations of events (Kincheloe & McLaren, 2008). This may enable participants in this study to interpret, and reinterpret, their own professional identity development in different ways, dependent on their current construction of their own reality, including past and present experiences. Likewise interpretation of stories told by participants may be

understood differently by the researcher, dependent on the existing frameworks through which the narratives are interpreted.

This research aims to understand aspects of the lived world of the participants, focusing on their depth of understanding revealed through interviews and reflective writing; it aims to develop empathetic understanding of their experiences, through interpretation of students' opportunities to share their experiences with the researcher (Holloway & Todres, 2003; Schmidt, 2006). While the ontological position discussed here does not offer method, it does point to the need for real opportunities for students to tell their own stories in a safe, protected environment, and for authentic, ethical analysis and interpretation of those stories. This is essential in order to create new understanding of the development of professional identity of speech and language therapy students on a two year accelerated master's programme leading to registration as speech and language therapists. The methods employed to achieve understanding of change and development over time involved interpreting in-depth interviews and reflective writing collected throughout the two year period of the participants' studentship.

3.4 Research Design

Studies in the literature regarding related professions were mostly cross sectional (e.g.Turpin *et al.*, 2012), while Dearnley and Matthews (2007) provided longitudinal data collected from nursing students their data was not collected from the same participants at each data collection stage. Bryman (2008) suggests that reliability in cross sectional design is good, and Lewis (2003) points to the usefulness of cross

sectional design in understanding the wider context in which change occurs. Bryman (2008) acknowledges the additional micro level insights of using longitudinal research which is considered useful for small group studies, especially for exploring individual change and understanding developments which take place over time (Lewis, 2003; Gilbert, 2008a). With the lack of research regarding professional identity formation for pre-registration speech and language therapists this research set out to collect longitudinal data from a small group of participants, who would remain constant over the two year period of their master's degree, enabling understanding of change over time.

3.5 Participant selection

3.5.1 Population

The relevant population for this research was speech and language therapy students undertaking post graduate pre-registration courses in speech and language therapy in UK Universities, as these students would be able to provide 'comprehensive and rich' data (Lewis, 2003:49). As the researcher is a lecturer on the MSc speech and language therapy programme at the University of Essex the research was conducted with students at that university, access was assured via the Head of School and Subject Lead as principal gatekeepers. The early support of these senior figures in the organisation is essential to the success of research (Legard *et al.*, 2003b), this access motivated undertaking the research in the researchers employing organisation.

3.5.2 Sample type

Qualitative research uses non probability sampling to ensure that the sample represents the features the researcher wishes to study (Ritchie *et al.*, 2003a). Purposive sampling is a non-random approach to selecting a sample from a population, designed to bring together participants who have similar characteristics which are relevant to the research question (Bowling, 2009). Generalisation of findings is not anticipated and features are considered which allow deep understanding of the phenomena being studied (Ritchie *et al.*, 2003a). This research intended to uncover aspects of the lived experience of becoming a speech and language therapist; hence it was essential that participants were actively engaged in that process. The sample for this research was, therefore, a purposive sample of students who accepted places in one MSc Speech and Language Therapy cohort.

3.5.3 Sample size

Phenomenological studies require small sample sizes so that the integrity of individuals can be maintained while similarities and differences may be made apparent through analysis across cases (Bowling, 2009; Smith *et al.*, 2009). In addition qualitative data is rich and detailed (Ritchie *et al.*, 2003a). Sample size for this research reflected this requirement, but also took account of potential for attrition from the study, considering its longitudinal nature (Menard, 2002; Lewis, 2003). The cohort intake was 30 students, from the UK, wider EU and International locations; from this a sample of eight students became the participants for this study. Considering the longitudinal nature of the research it was important to allow sufficient

scope for attrition in the original sample selection (Lewis, 2003). Attrition from the degree is traditionally low in this group of students, so it was anticipated that at least six of the eight participants would complete the speech and language therapy programme. Significant effort was planned into the study to reduce participant attrition from the research as without effort to maintain contact with participants attrition from the research was likely (Menard, 2002).

3.5.4 Inclusion and exclusion criteria

It is essential to set suitable criteria for purposive selection of participants (Ritchie *et al.*, 2003a). All students registering for the MSc in Speech and Language Therapy in one cohort were eligible for inclusion in the research. Those excluded from the study were applicants for the cohort who were unsuccessful at interview, any students joining the cohort after the initial welcome and information meeting had taken place and students who were unable to attend the initial welcome and information meeting, or a similar 1.1 meeting with the researcher in the first week of the programme.

Students who left the masters programme, or the research project, before its end would be excluded from subsequent data collection, however previously collected material would, ideally, be included following negotiation with the participant. A semi-structured exit interview was to be conducted where possible, to understand the reasons for non-completion, it was felt that this was most likely if participants were withdrawing from the speech and language therapy degree. No students left the programme or the research; therefore these contingencies were not required.

3.5.5 Recruitment

Recruitment of target number of participants is considered difficult (Newington & Metcalfe, 2014), therefore recruitment started early and continued until all participants were recruited. Initial contact was made by email to all students registering for the speech and language therapy programme. A letter of invitation, background to the project, and detailed information regarding the requirements of participation in the study was sent to participants four weeks before they registered (appendix 2, 3, and 4). In this way potential participants were able to begin considering whether they wanted to take part in the study prior to arrival, this was the first step in attempting to reduce researcher expert and position power (Fox *et al.*, 2007) by giving participants plenty of time to consider their decision.

During the students first week in university the researcher met with the whole cohort, to briefly outline the nature of the research and allow students to ask any questions they had regarding their potential involvement, the research methods to be used, and expected outcomes of the research.

Thirteen students attended a further meeting designed to enable potential participants to gain further information about the research. Students asked questions about their role, why the research was considered important, how their confidentiality would be maintained and what might happen if they chose not to take part, or withdrew later in the study. At the end of the meeting students were invited to take a consent form (appendix 5) if they wished, and asked to return it to the researcher during the next week. All thirteen attendees completed consent forms and handed them to the researcher before leaving the room.

With thirteen volunteers for the study, a method of reducing participants to eight was sought. In a further meeting of the volunteers the potential participants were asked to consider who they thought should take part. While acknowledging that this was difficult for them to do, this process represented an opportunity to reduce researcher selection bias (Bowling, 2009). Participant selection criteria allowed selection of some diversity in the final participant population, important in considering the breadth of experiences (Ritchie *et al.*, 2003a). Selection was based on the criteria of gender, age, experience and perceived learning differences.

Fig 7 Characteristics determined important for selection of participants

Gender	There were 2 male volunteers and 11 female volunteers, typical demographics for the SLT profession The two male volunteers were selected
Age	The volunteers were mostly in their 20's however, two volunteers were in their 30s and one in their 40s. The three 'older' volunteers were selected
Additional factors for female volunteers in their 20s	Work experience, distance from home, Specific learning needs, first degree

This selection process led to a group of participants where potential differences in perspective could be examined, as recommended by Ritchie *et al.* (2003a). All volunteers were UK students; all participants' first language was English, no international or EU students volunteered for the study. These homogeneous characteristics were offset by the range of age, gender and work experience of the participants (see participant profiles for details, appendix 6)

3.6 Data Collection

Participants engaged in the research throughout the time of their study on the MSc programme. Interviews and reflective writing were used for data collection to enable participant led interviews and data triangulation (Gilbert, 2008b; Silverman, 2010). Methods of data collection are represented in figure 8.

Fig 8 Data collection methods

Method	process	Further explanation
Topic guide creation	Through workshops with students from earlier cohorts	3.6.1
Pilot Interviews	With 2 participants in topic guide workshops, to enable editing of topic guide	3.6.1
Semi Structured Interviews	5 Interviews per participant at approximately 6 monthly intervals Interviews carried out face to face Informal, participant led where possible, supported by topic guide, detailed field notes from prior meetings, and participant blogs	3.6.2 3.7
Reflective writing	Additional information relating to placement experience was gained from reflective logs from 5 placement experiences	3.6.3

3.6.1 Topic Guide

In order that semi structured interviews were as student led as possible the initial topic guide was compiled following workshops with students from the two prior cohorts of speech and language therapy students, who were not eligible to take part in the study, reducing knowledge and position power of the researcher (Foucault, 1983; Fox *et al.*, 2007), and therefore researcher bias (Bowling, 2009) whilst ensuring breadth in the interview guide (Legard *et al.*, 2003b).

Four topic guide workshops were held, 28 of a possible 57 speech and language therapy students volunteered to take part in the workshops (appendix 7 workshop brief). Students were provided with the participant information for the project and asked to suggest what they felt were important areas to cover in interviews and to draft some questions; output from these workshops is available at appendix 8; six themes appeared during the reading, which were

- Most important factors re being an SLT
- What made you want to be an SLT / Professional
- Application process
- Main concerns at the moment
- Current ambitions
- Describe your professional self

Through an iterative process of becoming familiar with the workshop outputs, considering literature from other professions, and discussion in supervision, a topic guide was developed.

The draft topic guide was then trialled by undertaking two pilot interviews with students who had been part of the workshops, following each pilot interview student

volunteers were encouraged to look through the questions and reword some of the content, where they had found meaning difficult to interpret. These student volunteers confirmed that the topic guide appeared to reflect material discussed in their workshops (appendix 9: topic guide). Material from pilot interviews was not transcribed and did not form part of later analysis.

3.6.2 Semi structured interviews

In depth, individual, semi structured interviews were used in preference to focus groups, where information is shared between participants during the interview (Finch & Lewis, 2003). The researcher felt that these in-depth interviews would allow individuals to state their own opinions and share their own journey openly, in a way they may not have done if all participants were interviewed together. Legard *et al.* (2003b:138) describe the in-depth interview as a 'form of conversation'. The interviews carried out were conversational in tone, and followed Grice's maxims (Wilson & Sperber, 1981) of truthfulness, relevance and informativeness however, equality of speaker turn taking expected in Grice's Maxims was substituted by participant led, and participant heavy, speaking turns. During the interviews participants shared knowledge they already knew, but also constructed new knowledge as they spoke, the researcher was active in constructing this new knowledge through active listening (Robertson, 2005), whilst trying to remain neutral and affirmative. Detail of the data collection process is provided below:

3.6.2.1 Timing

Interviews took place with the researcher at 6 monthly intervals; interviews were linked to periods perceived by the researcher to be points of transition such as prior to and following practice placement, and on entry to the second year. This *a-priori* perception was based on informal observation, by the researcher and her colleagues, of students over a ten year period before the commencement of the research. Interviews were scheduled through the use of a doodle poll, taking account of teaching commitments and allowing participants to schedule meetings at a time to suit them. These interviews lasted for a mean of one hour five minutes, actual duration was between 43 minutes 30 seconds and 1 hour 37 minutes and 23 seconds, timing was led by the participant, (Legard *et al.*, 2003b), details are available in appendix 10. The final interviews, which were slightly shorter in length, took place at the end of the programme, immediately following the final week of teaching.

3.6.2.2 Venue

Interviews were all conducted face to face in order to provide a physical context which was flexible, interactive and where information could be shared in depth, as recommended by Legard *et al.* (2003b). Skype interviews were offered as a compromise, especially for interview two where participants were not all living locally; however participants opted for face to face interviews throughout. Participants were given a choice of venue for their interviews, while it was easy for the researcher to book rooms in the university department she recognised the potential power bias which was likely to exist in those rooms. Coffee shops, student study centre, and other places of participants' choice were all suggested, however, throughout the

interviews participants elected that the researcher would book rooms for the interviews. The rooms were a mixture of meeting rooms, offices and student laboratory space.

3.6.2.3 Conduct of interviews

Interviews were constructed to be as informal as possible, most took place over a cup of tea, allowing the interviewee to leave behind their previous activity and to become relaxed, informal discussion regarding non study related activity added to the settling in period of each interview. Legard *et al.* (2003b) stresses the importance of the interactive nature of the interview, which can be gained through informality. On each occasion an individual was interviewed the researcher verbally confirmed consent, both to take part and to audio record. All interviews were audio recorded, and listening back to recordings suggests a relaxed conversational style was usually achieved; for instance there is a good deal of laughter, the pace of the participant is echoed by the researcher, the researcher makes affirming noises throughout, and there is just a little overlap where participant and researcher speak together which suggests joint engagement. It was hoped that this relaxed environment would enable the 'traveller metaphor' (Legard *et al.*, 2003b:139), where participants and researcher create knowledge. Participants' sensitivities were also considered throughout, for instance offering to pause a recording during tears, and rescheduling Sarah's interview five, as soon as it became clear she needed to be elsewhere.

Interview one followed the topic guide mostly in the prescribed order, the researcher asked questions and supplementary questions, which varied depending on the information given in the initial response. In this way the participants were guided

through the key areas in an interactive style as recommended by Legard *et al.* (2003b). Respondents were fairly open in their responses, however, for each interviewee field notes suggest that there was a gradual easing of the formality and increase in the amount of information shared as the interview progressed. Review of the recordings and verbatim transcripts demonstrates that the researcher said very little, other than asking questions and making affirming comments, such as 'yes', 'mmm' and 'go on…'.

Interviews two to five were more participant led, although all areas of the topic guide were covered, maintaining the semi structured nature of the interviews. Participants were asked to begin each interview by talking about anything from the past six months that they felt was important regarding the development of their professional identity, allowing them to take the lead in the discussion, and the researcher to hear what was most important for each person. In addition a range of probes were used (Legard *et al.*, 2003b), including participants' blogs, to guide and deepen the interview, enabling individualisation of the interviews. In this way it was possible to gain additional insights into aspects of development, which may not have been considered prior to the interviews. Field notes suggest increased informality in the interviews, such as lengthy talking time for participants and requests to go back to some questions later.

3.6.3 Reflective writing

Participants' reflective writing for their placements and academic modules was considered, to add to data found in the interviews (Bowling, 2009; Silverman, 2010).

While it was recognised that this writing can be stylised, to meet the learning outcomes (Biggs, 2003) it was also felt likely that it would give additional insights into the development of professional identity. These reflections were read by the researcher, and the placement reflections were found to contain information regarding the participants' professional identity development, they became a significant data set, analysed alongside the interviews. Academic module 'reflections' were read and found to contain information about knowledge and skills gained, but not developing professional identity, they did not, therefore, form part of later analysis.

3.7 Reducing attrition

Menard (2002) discussed the importance of maintaining a good level of contact with participants in order to reduce the likelihood of attrition. Although the researcher was a staff member teaching on the speech and language therapy degree she had little contact with the participants as students during year one of their studies. Alternate routes were used to attempt to ensure that participants remained part of the study. These informal meetings and the use of blogs discussed below were included to maintain interest in the study and prevent attrition, as the length of the project made this likely (Ritchie *et al.*, 2003a).

3.7.1 Informal meetings

Participants were invited to informal meetings at regular intervals throughout the research; meetings took place at approximately the half way point between

interviews. These meetings presented an opportunity for the researcher and participants to get to know each other informally, hence enhancing the openness likely in interviews by establishing researcher credibility (Legard *et al.*, 2003b). It was made clear to the participants that these meetings would not be recorded, however the researcher would complete detailed field notes following each informal meeting. These field notes were used to help inform the structure of the next set of interviews and to enhance understanding of data collected at other times. Meetings were in gardens, coffee shops and bars on the university campus, discussions were participant led, with the researcher providing drinks and joining the conversation just enough to maintain easy group dynamics. Participants stayed to talk for approximately 90 minutes on each occasion, leaving one at a time as other commitments called, suggesting that a naturalistic environment was created. All participants attended each informal meeting, and all remained part of the research throughout the two years.

3.7.2 Blogs

An individual 'dropbox' (https://www.dropbox.com) was established to share information between the researcher and each individual participant. Participants were encouraged to leave blogged information which they felt was pertinent to the research at any time during the two years. The style of this information was at the discression of the participant, for example: typed reflections, video or audio recordings, and pictures which they felt were representative of their current feelings of professional identity. Five out of eight participants chose to influence their interviews in this way, leaving both pictures and typed thoughts, examples are

provided in appendix 11. The blogged material was examined by the researcher prior to the next interview, made available to the participant during the interview, and formed a discussion point for part of the interview. The blogs encouraged ongoing involvement in the research between interviews, and enabled some individualisation of interviews two to five. Blogs also acted as a memory jogger during interviews, with participants reflecting back on how they felt when they submitted pictures or written blogs, adding to the richness of the data collected in interviews.

3.8   Ethical Issues

3.8.1 Practitioner / Researcher dilemmas

An important consideration in this research is the potential for role convergence (Thomson, 2011) of the researcher's role as lecturer and researcher. Above we have seen that significant steps were taken to ensure that participants took lead roles in constructing the topic guide, and in the conduct of their own interviews. The following steps were taken to try to ensure that participants' academic and practical learning was not adversely influenced through taking part in the research.

Action	Aims
All participants were allocated a personal tutor other than the researcher	To ensure participant safety by having a member of the academic team from whom they could seek support about any issues, including participation in the research. To reduce the practitioner aspect of the researcher's interactions with participants.
The researcher did not examine any named academic work	Participants would not gain or lose marks due to the more intimate nature of the researcher's knowledge of the participants Reflective writing could also form data for the research
The researcher did not identify the participants to their peers or to the teaching	To maintain short and long term confidentiality of participants

team	
Referral to student support	Students were directed to their personal tutor and university central services when the researcher was concerned about student wellbeing

3.8.2 Consent

Informed consent is essential to take part in the study (Bryman, 2008). Signing of consent forms took place following thorough description of the study, its aims, potential outcomes and requirements and time to consider whether or not to take part. As the participants were also students of the researcher great care was taken to ensure that students were aware that participation / non participation would not impact other aspects of their study. It was made clear to participants that they could withdraw their consent to further participation at any time during the study. Consent was re-requested at the beginning of each interview, and further sought to use the interview data when transcripts were sent to participants for member checking.

3.8.3 Confidentiality

Confidentiality of students and staff is essential (Flick, 2006). All names were anonymised at the point of transcription by the use of a pseudonym chosen by the participant, meaning that real names only exist on the audio recordings. Real names have not been used at any point during the writing up of this work; Identity of any academic staff or practice educators is also anonymised in the transcripts. Participants were encouraged not to identify people and locations by name during interviews, written work already employed this aspect of confidentiality.

3.8.4 Data security

Paper data was stored in a locked filing cabinet, electronic files were stored on a personal computer which is password protected and backup is in a password protected file on an external hard drive. Transcripts were shared with participants via their individual, password protected drop boxes for participant checking and blogs were also uploaded to these drop boxes. As participants have given consent for their data to be used for secondary analysis, raw data will not, therefore, be destroyed at the end of this research, but kept securely for later analysis.

3.8.5 Access to information

Participants were sent a copy of their own transcripts, which they were encouraged to annotate soon after transcription of the interviews to ensure respondent validation of transcripts (Birt *et al.*, 2016). Only the individual participant and the researcher have access to the un-anonymised tapes and the transcripts.

The researcher had access to participants' reflective writing which formed part of their degree; she did not have access to personal or academic tutorial materials, which stay confidential to the participant in their student role.

Information shared with the researcher by individual participants was not made available to other tutors in a form which could identify the student.

3.8.6 Right to withdraw

Participants were informed of their right to withdraw at any point, including their right to delete any aspects of their transcripts which they did not wish to become part of the study. It was planned that should a participant choose to withdraw their input to the research data collected up to the point of withdrawal would be used in the analysis. As no participants withdrew from the study this facility was not required.

3.8.7 Safety

The individual interviews took place on a one to one basis in a private office, often in the early evening, or a Saturday, when the department was quiet. The lone working book was signed by the researcher for out of hours meetings and she made the university security office aware of her presence on Saturdays, when the department was usually empty. The meetings were considered low risk as the participants were all known to the researcher and all participants and the researcher had enhanced DBS clearance as part of their student and lecturer roles in the university. Informal meetings were held in a group, in a public place in the university ensuring safety through group dynamic.

3.9 Analysis of Data

The analysis of the data in this research followed an adapted version of Ritchie and Spencer's (1994) Framework analysis, in order to ensure systematic management of the data and clear interpretive process. Originally designed for policy research Framework analysis is appropriate for thematic analysis of interview scripts and textual data (Gale *et al.*, 2013). It uses five key stages: Familiarisation, Creation of a thematic framework, Indexing, Charting, and Mapping and Interpretation (Ritchie & Spencer, 1994; 2002; Ritchie *et al.*, 2003b; Srivastava & Thompson, 2009). Although originally designed for policy research Framework is often used in health and social research (Gale *et al.*, 2013), and can be applied flexibly (Ritchie *et al.*, 2003b) such as in this research into professional identity formation of pre-registration speech and language therapists. The analysis of the data for this project is discussed according to the five key stages of the Framework model (Ritchie & Spencer, 1994).

3.9.1 Familiarisation

Interviews were audio recorded using a Sony digital voice recorder; following each interview brief notes were written which contained some key thoughts including emerging information and the emotional feel of the interview (appendix 12 for example), this allowed for some later contextualisation of information shared in the interviews, when viewed from a distance of time, when transcribed and analysed. Each set of interviews was transcribed within two weeks of the interviews taking place and sent to the individual participant for comment and amendment. Pseudonyms were applied at transcription stage, so that the only place participants

could be identified was in the original audio recording. Interviews were transcribed by the researcher verbatim using Nuance® Dragon ® NaturallySpeaking version 13 speech to text software, this allowed for speedy and accurate transcription of each interview and immersion in the data as recommended by Gale *et al.* (2013). By listening to the audio recordings, dictating the interviews to form the transcript, and then listening to each recording again while editing initial transcripts to ensure accuracy, the material became very familiar. Two transcripts from each set of interviews were given to a second reader[1], who read the transcripts and took her own notes on emerging themes. The researcher and second reader then had a discussion about the transcripts, which added to the depth of understanding of the researcher and helped to refine themes. The researcher undertook further familiarisation by considering what was important enough for participants to begin their interviews with, as she felt that this would give clues to important factors which facilitated, or prevented, professional identity development. Nineteen of the thirty-two interviews, in interviews two to five where participants chose how to begin the interview, began with discussion of placement. Placement reflections were provided by the participants in written form, hence they did not require transcription, and reflections from each placement were read and re-read to enable immersion in the data, once again initial familiarisation took place soon after submission, and each set of placement reflections was read and analysed independently of later sets of reflections.

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[1] A recent Masters' graduate and high academic achiever, close in academic experience to the participants.

3.9.2 Identify the thematic framework

The initial data sets were lengthy and unwieldy, as would be expected (Ritchie *et al.*, 2003c), through listening to the recordings and reading and re-reading the first set of interview data, taking notes on key information, and discussing a sample of the transcripts with a second reader some initial themes were identified. Initially 76 themes were identified, these early themes were examined by the researcher and discussed with the second reader and gradually they were arranged into groups, with main themes and subthemes. Some groups of early themes were collated into more overarching themes until eventually there appeared to be five main themes:

Fig 9 Main themes for analysis

Theme 1	What is speech and language therapy
Theme 2	The Highs and Lows of being an SLT student
Theme 3	Aspirations
Theme 4	Motivations
Theme 5	Expressed identity

Sub themes were apparent in the notes, for example 'Expressed Identity' was subdivided into the six subthemes seen in figure 10 below

Fig 10 Subthemes

Main theme	Subthemes
Expressed Identity	I am not / do not want to be
	I will be
	I was
	I am
	Confused identity

Thematic Frameworks for interviews two through five always included the main themes and sub themes established in interview one. Main themes remained consistent over time, however, as indexing progressed and participants progressed through the course, additional subthemes were added, and some subthemes were not used.

Thematic framework was established separately for the placement reflections as the data contained in these was limited to the placement experience and informed by requirements of the placement submissions, placement 1 requirements were for pre and post placement reflections, themes which emerged were:

Fig 11 Placement themes, placement 1

Pre Placement	Post placement
Positive feelings	Achievements
Concerns	Difficulties
Hope and intent	Looking forward
Preparation	

Placement reflections two to five were submitted in a different format; hence the framework used above was not useful. Reading and re reading of the placement two reflections led to the following main themes, which proved relevant to other sets of reflective statements. Themes established for these data sets were:

Fig 12 Themes from placement reflections 2-5

Theme 1	Becoming
Theme 2	Decision Making
Theme 3	Doing
Theme 4	Emotions
Theme 5	Enhancing
Theme 6	Preparing
Theme 7	Support and Feedback

3.9.3 Indexing

The third stage of Framework analysis is indexing (Ritchie & Spencer, 1994), where the thematic frame is applied to the data (Ritchie *et al.*, 2003c; Lacey & Luff, 2009).

Transcriptions were imported into NVivo 11 and initial nodes represented the themes and subthemes identified in the thematic framework outlined above. Ritchie *et al.* (2003b) suggest that although data can be managed manually with high volume of data, as generated in this research, rigour can be improved by using a CAQDAS package, such as NVivo 1. This allows more systematic analysis of the data, permits the addition and amendment of themes as analysis progresses, and permits easy location of data in both the original data and each theme. Each set of interviews and placement reflections was imported into a separate NVivo project, and indexing took place independently before the next set of data was available to the researcher, this was considered important in order to preserve each data set as a point in time, allowing for later analysis across time. Each transcript was analysed line by line, and indexed according to the thematic framework, participant responses were often lengthy, meaning that each response was often indexed to several different themes. During the analysis of interview one additional subthemes were identified during initial indexing, following indexing of three of the eight participants' transcripts it was felt that some significant additions and conflations of subthemes had been made, nodes were therefore re-written and data re-analysed. Each project was indexed separately, leading to analysis of ten datasets (five sets of interview data and five sets of placement reflections). For interview two to five datasets the original thematic framework was used, with additional subthemes added following familiarisation and during indexing, this was done to facilitate later analysis across time. Placement reflection one was indexed separately, however the thematic framework for placement reflection two was repeated for placements three to five, enabling later comparison across time.

3.9.4 Charting

Each subtheme was examined in NVivo by examining the subtheme nodes; here it was possible to identify each participant's data in the context of other participants for each subtheme. Ritchie and Spencer (1994) state that charting builds a picture for each theme, whereby information and experiences can be understood, that these can be by theme or by case, the aim is to distil respondents' views and reference back to the original text. The charts for all five interview data sets can be found at appendix 13. These charts represent the themes which are apparent at each point of analysis, enabling comparison over time.

3.9.5 Creation of descriptive accounts

The charts for each data set, along with the information contained in each subtheme, were used to create a detailed descriptive account of all participants' responses. Each account was structured by theme and subtheme and included the significant information indexed to the subtheme by individual respondents. The rationale for the creation of ten separate accounts was that later interpretation of the themes relevant to the development of professional identity would be aided by the analysis of these detailed descriptive accounts (see appendix 14 for an example).

3.9.6 Mapping and interpretation

'This part of the analytic process is the most difficult to describe [it requires]…leaps of intuition and imagination' (Ritchie & Spencer, 1994:186). In order to begin

interpreting data over time the interview charts were used, as the interviews contained richer, more varied data than the placement reflections. The chart of themes and subthemes over time (appendix 13) was reviewed on multiple occasions, alongside discussion with the second reader and supervision, the aim was to interpret the data by looking for patterns which allowed the uncovering of developmental stages over time.

Immersion in the data over the two year period allowed the researcher to understand significant meaning contained within the brief headings in the charts. Initially one developmental stage per interview was sought, but this proved unsatisfactory as it became clear that different participants were experiencing different aspects of development at the same point in time. Each participant also appeared to be experiencing differing aspects of development at the same time. Freed of temporal constraints of the data sets, six stages of development appeared to represent stages through which all participants travelled on their way to identifying themselves as speech and language therapists. Initial descriptive words were considered and, with consultation of a thesaurus to refine the language used; descriptive headings of the stages were established, along with notes of the characteristics which defined each developmental stage. The stages developed were: Beginning, Awakening, Adjustment and Becoming, these forward moving stages were significantly impacted by the stages of Loss and Doubt (Appendix 15 for further detail). These stages, along with their characteristics, formed a new thematic framework, used for interpretive analysis.

The ten descriptive accounts, which had been created during the two years of data collection and management, were uploaded into NVivo 11 and nodes were established according to the developmental stages identified above, along with

subthemes representing the characteristics of the stage. Detail from the descriptive accounts was mapped onto the interpretive themes, ensuring that each respondent's information remained retrievable, in terms of both the person themselves and the dataset in which it appeared. The systematic indexing of the 10 descriptive accounts ensured that each respondent was included and their opinions were considered at each stage of development and each point in time. In this way it became clear that participants often experienced two or more developmental stages concurrently, and that participants moved through the developmental stages at differing rates. Detail of the analysis of these ten datasets can be found in chapter 4, 'Findings'.

3.10 Reflexivity

An important aspect of qualitative research, such as this attempt to understand professional identity development of pre-registration speech and language therapy students, is reflexivity (Finlay, 2003a). Reflexivity provides opportunities to focus on researcher, social, and cultural impacts on participants' responses and the researcher's analysis and interpretation of stories (Conklin, 2007). This research is grounded in Heidegger's hermeneutic phenomenology, as such the researcher rejects Husserl's bracketing (McConnell-Henry *et al.*, 2009), especially considering the longitudinal nature of data collection (Finlay, 2003b; Snelgrove, 2014). Heidegger's concept of Dassein, or Being In The World (Carman, 2003), is relevant. I have become embedded in some aspects of the participants' journeys, as such reflexivity has been used to awaken me to my presuppositions (Shaw, 2010). Reflexivity can be seen as a 'self-confessional', where researcher motivations and bias are uncovered (Finlay, 2003a); I hope to uncover some of my own motivation and bias in this section.

In order to illustrate aspects of my reflexivity some participants are introduced to the reader, prior to detailed interpretation and understanding of their journeys to professional identity as speech and language therapists to be found in later chapters.

4.2 Personal reflexivity

It is likely that I have impacted the participants as both researcher and practitioner throughout their study and this project. Indeed, being part of the research may have impacted the participants' journeys as my entry in my reflexive diary suggests (1.7.15) *'I will never be sure of the impact of the research itself'* and is backed up by Meeko, in discussion after the fourth interview, when she discusses the importance of the interviews on understanding her own development. During the period of data collection I gradually became embedded in the learning lives of the participants as a researcher practitioner. Fox *et al.* (2007) discuss difficulties and importance of role blurring in practitioner research, I believe that building and maintaining collaborative relationships was essential to discovering 'truth' (McKay *et al.*, 2003; Fox *et al.*, 2007) and I could not rid myself of my practitioner status.

As with Fleet *et al.* (2016) I have had a unique, dual, role throughout this work, which presented the potential for conflict, blurring of boundaries, and discovery of 'truth'. It is, therefore, important to question my own investment in this research (Finlay, 2003b); as a registered speech and language therapist and senior lecturer I brought three decades of my own experiences and expectations. Maso (2003) informs of the importance of the researcher's own emotions, experiences and agendas, I clearly had significant personal investment in this project from its inception. I had *a priori* expectations of my findings; review of my reflexive diary,

prior to beginning data collection, reveals that I believed participants would '*already possess a significant identity with what they think the profession is [influenced by] …previous work experience*' and that '*some will have a firm idea of where they want to end up 2 years later*' (diary 1.7.15). As suggested by Edwards (2012) understanding this personal bias has been important to my consistently attempting to truly listen to participants' stories throughout this project.

4.3 Knowledge/Power

A significant consideration throughout was the potential impact of my real and perceived power, as participants' stories are embedded in the social environment (Smith, 2003) where I am a senior lecturer. In his essay '*The Subject and Power*' Foucault (1983) discusses secularised pastoral power and knowledge/power where officials (e.g. university tutors) and official environments (e.g. the university, registering, and professional bodies) have power because they are the bodies who have knowledge and can enable (and prevent) participants' success. McHoul and Grace (2002) report that one person has the power to judge another based on knowledge; this is clearly so in a university. Power relations exist within the social body (Morris & Patton, 1979) of the university and power may have the impact of individuals becoming obedient (Foucault, 1983). Barth (2005) highlights the importance of considering the social and historical context in which power becomes significant; for participants in this research power relationships extended to their funding body, family, friends, peers, tutors and the wider environment of the speech and language therapy profession. In addition there is an expectation that pre-

registration speech and language therapists will be obedient to their registering (HCPC) and professional (RCSLT) bodies and the university.

While it is impossible to completely negate either real or perceived power, and I recognise the laden and changing relationships I have had with my participants throughout this research, it has been important that I attempt to reduce the impact at every stage of the research. It was important to stay open to my own presuppositions and to be ready to be surprised[2], in order for participants to share their stories openly and for me to understand and interpret participants' stories authentically. To enable this I have continually revisited my evolving role and impact through supervision and the keeping of a reflexive diary, believing that awareness provided a context whereby I could attempt to reduce my impact.

4.4 Preparing for Research

From the outset I was aware of the importance of establishing a safe environment and mitigating potential power relationships. In depth interviews are never neutral (Nicholson, 2003), however, they represent a powerful method by which participants can tell their stories (Opdenakker, 2006). Relying on written work alone would rely on potentially non-reflective writing to 'pass' tests (Buckley, 2014), as was found in the module reflections, which did not add the expected depth of knowing. My planning attempted to reduce my non-research roles with participants, for example, by planning for lack of personal involvement as personal tutor or research tutor; however, I recognised from the outset that I would have an evolving relationship with the participants as students, especially when I began teaching the cohort in year two.

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[2] an example of surprise was Ellenor's disengagement at SSI 4, which had not been apparent to me in the classroom, where I had spent a good deal of time with her

Handing some planning to students from prior cohorts with regard to topic guide planning, and to the initial volunteers regarding final participant choice were attempts to send clear signals that I wanted participants to direct aspects of the research. Indeed, from my own perspective, participants held the balance of power as '*they hold the knowledge about what is going on for them throughout the time of their study*' and '*it is quite probable that they may tell me things at the end of the project that they could never say at the beginning'* (diary 3.8.15); I attempted to encourage participant led disclosure through the use of blogs and participants leading on the beginning of each interview.

4.5 Reflection in Action

4.5.1 Interviews

Interviews were structured through the topic guide; however interviewer reflection was ongoing throughout to maintain cohesion and a relaxed conversational style intended to enable story telling. Techniques included referring back to responses in the ongoing interview and referring back to prior interviews. Finlay (2003b) reports the importance of attending to the developing story as this may impact stories told. This proved important over time, for instance in enabling Nathan to use an unfolding analogy of a jacket, which was initially ill fitting, and gradually came to fit, be comfortable and owned by him; it also allowed Velma to share her significant change of professional focus.

Following interview 1, I asked participants to begin their story wherever they wished. This was in response to my reflection that '*I wanted to hand over as much decision*

making as possible to participants' (diary 22.10.15). I believed that in addition to participants having some control in the interviews this also enabled me to understand what participants felt was important to talk about first and I believe it helped reduce my power over their story telling. While most participants appeared to begin spontaneously Max's approach was to come to the interviews with written notes of areas he wanted to cover; I interpreted this as him taking control of the interview.

'*I found myself thinking hard in interviews about how I was asking questions and the impact it might have'* (diary 22.10.15). I was keen not to lead, collude with, or negate the experiences and opinions of my participants; this was all about their journey and I wanted to be open to surprises. An example of this is from reflections on interview three where '*I struggled a little with Nathan's thought that he is now a qualified paediatric therapist, I hope this was not evident to him'* (diary 30.10.16). I believed that affirming participants while maintaining neutrality would help me to get further to the truth of their experience, reducing the impact of my own values and beliefs.

Feelings expressed in interviews provide nuanced meaning (Boden *et al.*, 2016), indeed Finlay (2006) suggests that if we do not pay attention beyond the words in interviews then we may miss important information. As an experienced professional interviewer I have long been aware of the importance of emotional responses, some of which can be fleeting. I took different approaches, sometimes asking for extension e.g. 'how did that make you feel' or 'do you want to say more about that' in order to understand more about the experiences. When participants became tearful I offered to turn off the recorder, hoping that this would offer respite, however I recognised

that tears allowed me insight into depth of feeling, for instance Sarah's initial difficulty at leaving her toddler son in nursery. Some situations required careful 'In action' (Schön, 1983) consideration, as with my concerns regarding Ann during interview one. It did not feel appropriate to ask Ann about her behaviour, as this felt to me like an abuse of power; I was also aware that I wanted to maintain Ann as a participant. My diary reveals my dilemma (28.10.15):

> 'What was really interesting about Ann … is the fact that she made very little eye contact throughout the interview … she spent quite a lot of time turned just very slightly towards the back wall of the room, making typical eye contact difficult to achieve throughout the interview. I don't know whether this is a facet of being nervous in the interview, of wanting but not wanting to be in the room, or if this is an aspect of this participant's usual communication, but it was disconcerting.'

In a later interview Ann chose to return to a topic she had found difficult to talk about and gradually became more relaxed. She shared information about previous difficulties with people in power; I believe that had I queried her behaviour in interview one I would have damaged the trust which later allowed her to share these insights.

4.5.2 Changing Relationships

Snelgrove (2014) discusses significant aspects of longitudinal phenomenological research, including repeated contact enabling access to sensitive issues and identifying personally with participants; however the researcher needs to be open to being with the participant in a relationship to develop trust (Finlay, 2005; Boden *et al.*, 2016). I regularly considered changing relationships, for instance, following the first informal meeting it became apparent that Velma, Ann, and I had mutual professional colleagues, I comment that '*V and A have both held significant professional roles… [there is] common ground in terms of the people we know*'

(meeting notes 29.1.16). By implication I considered the potential impact this could have on relationships in the research, these external relationships may even have influenced Velma's and Ann's decisions to take part in the research.

Over the period of data collection I worked increasingly closely with participants outside of the context of the research, examples of this are recorded in my reflexive diary (10.2.17):

- Nathan failed a placement and needed my support

- Sarah discussed significant difficulties with her diverse roles

- Maud shared difficulties regarding family and her own illness

- Meeko was in significant pain & we discussed adjustments to her learning

In addition to the fact that I spent a significant amount of time in the classroom with the whole cohort I believe that being involved with the study made it more likely that participants would seek me out and that I had emotional investment in these people as participants. My question to myself in my diary (10.2.17) was whether I was interacting differently with these participants than any other students; I asked '*Am I embedded with the group? How might this impact sharing / data gathering / power balance?*' I reflected at this stage that '*going back and ordering my reflections will possibly help keep me 'honest' at the next [interviews]*'. I was aware of the potential to lead interviews with information I believed I held from classroom interactions. While growing closeness to participants was something I was aware of I believed that this was leading to more relaxed interviews and likelihood that I could learn more of the participants' journeys. This is especially apparent for Ann, who gradually relaxed in her interactions with me; demonstrating trust which I felt was difficult for

her in early interviews. These 'messy' relationships were a recurring theme of supervision.

4.5.3 Participation or Therapy

In interview three Nathan reported that the interviews represented 'therapy'; I also became aware of this terminology through informal meeting three. Fleet *et al.* (2016), in their reflexive account of interpretation of psychological therapy, report the importance of attempting to maintain distance between their research and the therapy their participants were receiving. If I was providing therapy I felt that I would be impacting the journeys in an unintended way and I needed to consider the significance of this. My reflexive diary (9.11.16) has an entry where I consider this dilemma. Around my questioning I report '*I am following the topic guide, I'm asking open questions...and not inserting my own opinions overtly*' however '*my communication style changes to mirror the participant's style, which could be leading to a perception of therapy*'. I state my own belief about a therapeutic relationship as:

> '[E]nabling people to achieve in times of difficulty and I do not believe that I am entering into an enabling relationship with the participants in the interviews' (reflexive diary 9.11.16).

With this dilemma in mind, I tried to ensure that my questioning continued to maintain the integrity of discovery, rather than enabling, during subsequent interviews. I also overtly considered the difference between my style with the participants and one of their colleagues who asked to meet me to discuss her professional development, my style was very different, with her there was a shared discussion rather than the narrative story telling of the participants. Reflection on this dilemma was timely as my greatest change of relationship with participants

happened between interview three and interview four, as this was where I spent most classroom time with the participants' cohort.

4.5.4 Analysis

Flowers (2008) discusses the importance to the integrity of longitudinal research of resisting analyst led focus, stating that one of the difficulties of longitudinal phenomenological research is that the researcher comes to know too much and that this can predispose too early interpretive analysis. Throughout the early stages of analysis of this work I attempted minimal interpretation, relying on organisation of each data set into a descriptive narrative. Resisting the temptation to begin interpreting early was difficult, as I lived with the participants' stories over the two years of data collection, however, as with Snelgrove (2014) I hope that becoming grounded in these original narratives has enabled greater honesty and authenticity of interpretation at the final analysis. The supervision process was important to the interpretive analysis of the vast amount of data collected; this helped provide a three way discussion of findings, leading to the model of professional identity development found in Chapter 4, Findings, and further understanding of potential reasons for the development, mitigating some of my own influence on the model through shared discussion.

4.6 Reflection on Action

4.6.1 Supervision

Snelgrove (2014) asserts the importance of supervision, especially in longitudinal research, helping to ensure that methods, feelings and interpretation stay close to the data. Supervision enabled both reflection and reflexivity throughout this work.

From the beginning supervision often returned to my concerns regarding my power position with the participants, the growing embeddedness of my relationships with the participants, the 'messy' relationships which were part of this research and my belief that through creating partnership with participants I was more likely to gain deeper insights into participants' evolving professional identity. An example of supervision discussion (25.5.16) was a discussion of the multiple roles held by all of the participants in this research, myself included, and is represented in the diagram below, produced after the supervision session.
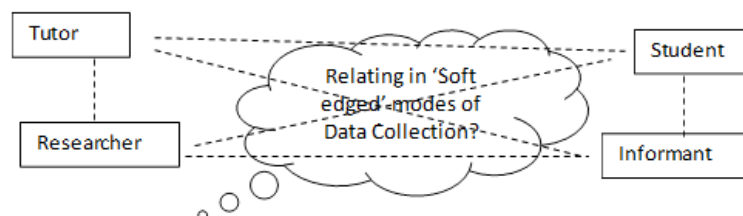
We discussed consequences of the complexity of relationships, including the impact on me as both researcher and teacher. It was very clear that I was a 'practitioner-researcher'; missing from the model created in supervision is my additional role as a student, which I later reflected on, writing '*I wonder how my student role impacts the relationships in this work?'* (reflective diary June 2016). Presenting my methods at staff student conference in June 2016 I commented '*Giving participants as much ability to lead discussions creates a messy, but interesting relationship...hopefully leading to truth & authenticity'.*

In supervision I was challenged to consider my relationship with the participants, compared to other students. Was I engaging in different relationships with my participants compared to other students? I reflected in my diary (for example

9.11.16) on these factors. On messy relationships I reflected on my multiple messy relationships with students over time, providing examples of co-authorship of a book chapter, supporting a cohort through trauma, and facilitating a student to seek counselling regarding historical abuse. My relationships with students have often been messy, I have, I believe, always been able to maintain the distance required to work on professional issues. My ability to separate researcher and practitioner was tested on several occasions, an example is when colleagues were discussing difficulties being experienced by Nathan; I reflect on this and report:

> 'My dilemma was whether to rescue Nathan…or whether to sit out of the conversation and allow my colleagues to plan a meeting with him…I think if I were treating this as an enabling project then I would probably have attempted rescue' (diary 9.11.16).

The question of whether I was offering therapy or conducting research was significant in supervision. Having listened to participants discussing the interviews in this way I was concerned to discuss the implications. Notes from supervision (8.11.16) demonstrate this discussion:

> 'We spent some time discussing the role of 'therapy' in relation to engagement with [the] informant group; this was a word that some had used to describe data collection'… 'there was no 'risk' perceived on a practical level; but the more unconscious mechanisms were more difficult to assess… reflection-on-action in relation to the review of transcripts after the event seemed to provide a useful tool to monitor the on-going relationship'.

4.6.2 Second Reader Insights

Discussions with a second reader provided further opportunity to check out my influence regarding the participants. My second reader was closer to the participants in life stage; she had just completed her Masters' and was embarking on her professional career. The second reader prompted me to look beneath the surface of

my findings from interviews, for instance she queried the participants' early statements about the relative (un)importance of grade of degree, saying '*this is very different to most university students*'; she suggested that this was probably tutored rhetoric and cautioned that this would happen in other places too. Following interview three she also discussed how participants appeared to be trying to '*second guess*' what practice educators were looking for and to deliver that in the clinic; she wondered if participants are also doing this in interviews. These insights further enabled me to keep examining my own motivations and behaviour and keep returning to the data in search of truth and authenticity.

4.7 Summary

This research has aimed to get as close to truth and authenticity as possible. In order to attempt to achieve this I have taken considerable steps to blur the boundaries between researcher and participants, while accepting that my practitioner-researcher roles add complexity to the relationships. From the outset I considered the potential impact of knowledge/power (Foucault, 1983), recognising my secular pastoral role in enabling my participants to achieve their goals as students; I countered this with the power I felt they possessed, as holders of the knowledge I wanted to learn. Throughout the work I took practical decisions to attempt to equalise the power held by all participants, consistent reflection using my diary, supervision and discussion with my second reader has helped keep me 'honest'. I fully recognise that the accounts I have been given represent that which participants have chosen to share, however, knowing the remit of the research, and staying as participants over a two year period, I believe that they have shared important aspects of their developing professional identity. I have attempted to

interpret their stories as honestly as possible, but accept my own values and interpretations are infused throughout the work.

Chapter 4

Findings

4.1 Introduction to findings

Through analysis of the interviews and placement logs, themes were identified which demonstrate the development of professional identity of student speech and language therapists as they become professionals. The developing themes are: Beginning, Awakening, Adjusting and Becoming; they are significantly impacted by early Loss and ongoing Doubt.

Fig 13: The stages of professional identity development
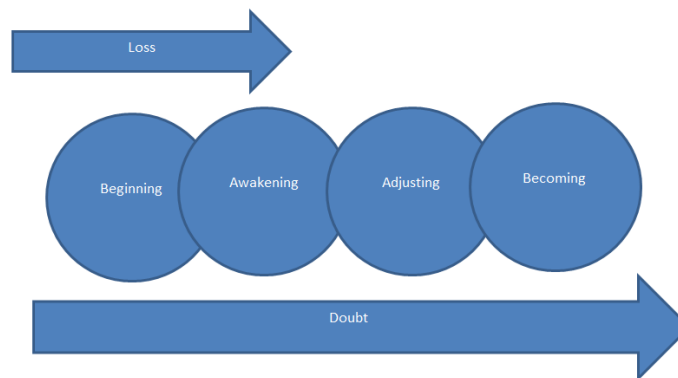
Loss was experienced as dilemmas regarding loss of autonomy experienced in prior roles, loss of confidence in previous high academic ability and how to be a therapist, and uncertainty regarding the profession as participants began to experience its realities. For Ann the feelings of Loss began before she began the Masters' programme, as she prepared to leave trusted colleagues and a post which she

clearly enjoyed. Velma, too, expressed significant loss regarding her place and autonomy in the workplace.

At the first interview, two to three weeks after beginning the course, participants were Beginning their journey to becoming speech and language therapists, they arrived in University with their own reasons for wishing to become a speech and language therapist, and some pre formed expectations of the course and the profession. A period of Awakening was already beginning as participants gradually became aware of the reality and complexity of the profession, and found ways of managing their expectation, of both the profession and themselves, through strategies such as pretending to be confident, and through the use of profession specific jargon.

Gradually, towards the end of year one and throughout year two of the course, participants entered a further stage of identity development, Adjusting towards becoming a speech and language therapist. Participants gradually recognised growing confidence in their own knowledge, which also translated into growing independence in both academic and practical learning and recognition that becoming a speech and language therapist was feeling more tangible.

A final stage of professional identity development for the speech and language therapy student participants was Becoming a speech and language therapist. Here participants discussed the importance of working independently, they also began to discuss their work in the context of the wider multi-professional teams in which speech and language therapists work. Participants also linked their well-formed identity as speech and language therapists with getting a job and internal feelings of

identifying as speech and language therapists.

Significantly influencing the developmental stages of Beginning, Awakening, Adjusting and Becoming is Doubt, which appeared to both inhibit and enable growth of professional identity. Doubts regarding the scope and identity of the profession, including such aspects as the consultative model of intervention, participants' ability to succeed academically and in the practicum, and whether speech and language therapy was the right profession for some individuals to enter had significant influence on participants' journeys. Doubt continued to have influence, even for those with most strongly formed professional identity at the end of the study.

These four stages of development and the important roles of loss and doubt are discussed below, along with emergent subthemes. Participants generally passed through the stages of Beginning, Awakening, Adjusting and Becoming sequentially, although at significantly different paces, and with unique overlap of stages, as evidenced by the inclusion of evidence from several different interviews and placement reflections in the same identity development stage. Participants experienced aspects of several different identity stages at the same time; for instance while participants were Adjusting to the profession they were also likely to be Awakening to new aspects of the profession, and were beginning to Become speech and language therapists, this is represented in the model by the overlaps between the main stages.

The impact of Loss and Doubt varied between participants. Loss was keenly expressed in the early stages especially by participants who had left behind highly valued jobs and colleagues, or who felt a loss of identity as a high academic

achiever. Doubt led to both difficulty and creativity, for instance doubts regarding ability on placement led to placement failure, but also to positive re-evaluation of participants' professional knowledge and skills and their place in the profession.

4.2 Loss

Influencing the early stages of Beginning and Awakening was Loss. Loss influenced the way in which participants began to awaken to the reality of the profession. There were a range of reasons for feelings of loss which included: becoming students, academic achievement, and the reality of the profession. All participants, except Maud, had worked for in excess of a year; Velma, Ann and Sarah had worked for several years in professional roles, the loss of their prior role identity and autonomy, along with the low status with which participants viewed student hood, led to some feelings of loss of their prior selves. Speech and language therapy students are traditionally high academic achievers in 'A' level and undergraduate studies, participants feared that they would not perform as well on this professional degree. As the workload mounted uncertainty regarding completion of the course grew; certainty that speech and language therapy was the profession they had expected is also an aspect of the loss felt by participants.

4.2.1 Loss of self-identity

Becoming students led to a significant feeling of loss of self-identity for several participants, this was an especially strong feeling for those who had left behind professional roles, for instance Sarah and Ann identified with prior professional roles of Carer and Librarian respectively, they were conscious that they had left these

identities behind them and were keen to discuss their prior roles in the first interview, even though, for Ann, being a librarian had not been a happy time. There appeared to be loss of prior professional identity and a need to hold on to the old identity, whilst forming a new one, expressed as *'that need again to feel like a professional'* (Velma, Interview 1).

The student label also led to loss of preferred self-identity; this was demonstrated by the difficulties expressed as participants searched for ways of introducing themselves. In general participants expressed dis-ease with being labelled as students; this difficulty appeared to relate to consideration of the public's perception of student hood as being a time of frivolous inactivity, and hence their own loss of professional identity. Participants described themselves as *'studying speech and language therapy'* (Max Interview 1) or a *'trainee speech and language therapist'* (Maud Interview 1). Casting further light on this loss of professional self-identity which emanates from the student label Ellenor (Interview 2) said *'I wouldn't be just like I'm doing speech and language therapy, because I'm more than just like an undergrad'*.

4.2.2 Loss of confidence

Having been high achievers in their previous academic studies participants struggled with loss of confidence related to academic work. In the first two interviews the trend of reporting happiness with lower than desired grades, but countering the statement with an ambition to get a distinction is apparent in several interviews, suggesting loss of confidence, but not lack of desire for the high grades participants had been used to in their prior degrees. Participants demonstrated the confusion that this loss of

confidence in academic ability caused as they battled with anticipating lower than desired marks; for instance some reported that their ambition was *'to pass'* (e.g. Nathan Interview 1) however he later said *'I'm still gunning for the distinction'* (Nathan Interview 1). Loss of confidence was also reported as disappointment with academic grades compared to expectations; an example of this was Maud (Interview 1) who reported *'I'll admit I'm a bit crazy about doing well academically'*. Six months later, having achieved at merit level, she reflected *'I'm quite disappointed in my academic achievement… I haven't done as well as I would like to'* (Maud Interview 2), her tone suggested lack of confidence going forwards.

Loss of confidence was also evident in the classroom, where participants demonstrated differing personal impact of their low confidence levels. Some presented a thoughtful reflection on their ability in the classroom expressed as *'I find the lectures quite difficult, I think my brain doesn't work as fast… and I'm sitting there trying to process it all'* (Velma Interview 2). Others demonstrated the emotional and personal impact on feelings of self, caused by loss of confidence, describing themselves as rubbish: *'I remember being in one lecture and just being like I can't do this, I'm rubbish, I can't do this'* (Ellenor Interview 2).

Loss of confidence was also evident as participants undertook their first placements, where they described themselves as *'really nervous'* (Nathan Interview 1). In her placement preparation reflection Meeko, an experienced teaching assistant and volunteer speech and language therapy assistant, demonstrated her loss of confidence when she said in her preparation for a placement in a school *'I need to have more confidence in myself and my current knowledge and experiences'* (Meeko Placement 1). The reality of the practicum also led to loss of confidence in ability,

expressed as uncertainty regarding knowledge transfer and readiness for professionalism, examples of this are:

> *I think for me it's the transferring it into real-life, I think that's where I kind of feel a bit like… just not confident* (Sarah Interview 2)

> *I'm very scared about going out on placement…I'm scared of the fact that these are real people…I think I know how to be professional but I don't necessarily know how my personality fits into a professional body* (Maud Interview 1).

4.2.3 Loss of certainty

Students begin a degree expecting to complete it successfully. Certainty about completing the degree quickly became uncertain for some participants as the workload, and consequent stress, built. After just three weeks participants reported *'The intensity of the course is definitely a slap in the face'* (Nathan Interview 1) and used identical language when they reported feeling they were on a *'rollercoaster, out of control'* (Velma and Meeko Interview 1). The use of analogy continued as participants reported struggling with workload in the first six months, for example *'I feel like I've been walking up a bit of a hill… and it's overwhelming to be honest'* (Sarah Interview 2). One participant took was even more explicit regarding her lack of certainty; she expressed the personal impact when she complained:

> *Some weeks I felt that I just don't want to get out of bed, I'm like, I'm so stressed I want to stay at home and wallow…I just felt like I had nothing left to give you* Maud Interview 2).

Six months into the course, having experienced university and some practice placements, participants were also less confident about identifying with the profession they had chosen, some questioned some practice they had seen on early

placements, for example:

> *The reason that we're here is to make a difference… how can I do that if I literally walk into school once every term … I'm not even going to apply for a job like that* (Ellenor Interview 2).

Both male participants had initially expressed an expectation that SLT was similar to being a doctor, in the first six months, where teaching had focussed on the social model of disability and developing language and communication skills in children, they had to adjust their thinking, for instance:

> *I was anticipating perhaps a bit more of a medical thing… It shocked me a little bit to see SLT is all very nebulous* (Max Interview 2).

While several participants suggested their early shock and loss of confidence and certainty regarding their ability one participant had been significantly disillusioned about the profession she has chosen, after six months she admitted:

> *I've had points when I've been online looking for jobs…it was kind of, 'why have I done this? Is it better than what I was doing? Is this really what I want?' So it's just a whole process of questioning it'* (Velma Interview 2).

The early losses experienced by the participants in this study form a backdrop from which to examine their forward moving stages of development. Participants gave up their prior identity, as professionals and high achievers; they struggled with labelling themselves, prevented from using the professional registered title of speech and language therapist, they eschewed the student label as representing the public perception of lack of application to work. They lost confidence in their academic and practical ability as they realised the extent of the workload and standards expected. This led to loss of certainty that they would be able to complete the degree and for some that they had chosen a professional degree that led to a job they wanted to do at the end.

4.3 Beginning

The participants in this study arrived at university following a lengthy and competitive admissions process, where, to gain a place, they had to demonstrate significant knowledge of the profession. They, therefore, arrived with some pre-conceived ideas of what the profession was, how they might benefit from being a speech and language therapist, how they might benefit others, and how they fitted into their view of their chosen career. Past life experience and early careers had influenced participants to return to study to become a speech and language therapist. Some were looking to extend the experiences they have had in previous careers and jobs, others were looking to extend their undergraduate learning, or to understand their own past or present disability from a professional context. It is clear that participants were looking for personal challenge and the reward of a satisfying career as a speech and language therapist.

4.3.1 Influences

Participants discussed aspects of their past lives which helped lead them to want to become speech and language therapists; motivations varied, but often related to personal growth and past experiences. For example, Ann had experienced an unhappy career as a librarian as a new graduate; having left librarianship she had finally felt comfortable as an assistant speech and language therapist. Ann reflected:

> *Do I want to do the course, or am I happy where I am? And I thought, no you need to, for your own personal growth* (Ann Interview 1).

Lack of satisfaction in prior roles, and the need for self-fulfilment, was a theme continued by others; for example:

> *EFL [English as a foreign or additional language] teaching, good fun but definitely not a career... speech and language therapy was a really nice extension of what I was good at* (Max Interview 1).

Continuing the theme of self-fulfilment it is clear that participants were looking to develop their professional selves, for instance:

> *I knew that I was working with people who I supported in lots of ways … I felt I just want to take myself to a different level* (Sarah Interview 2).

Personal experiences of disability, such as personal experience of speech, language and communication difficulties as a child were also discussed as motivators; for instance *'I've been there... I had speech delay'* (Nathan Interview 1), while Meeko, who has dyslexia and physical difficulties reflected that her decision was *'because of my own difficulties and learning disabilities'* (Interview 1).

4.3.2 Expectations

Both academic and practical expectations were apparent in participants' early discussion of what they expected from the course and profession. Having graduated with a linguistics degree, at least one participant believed *'SLT and linguistics is (sic) two sides of the same coin'* (Nathan Interview 1), however he also recognised that the *'course asks me to challenge myself'* (Nathan Interview 1).Here he appears to be discussing the challenge of the practicum, and his consequent development of a professional self, to complement his already significant academic ability.

As a very successful undergraduate student, who had exhibited a poster presentation of her undergraduate research at national conference, Maud was the only participant without significant work experience. At the beginning of the course she, too, was aware that there were significant personal challenges facing her she reflected:

> *I think personally I feel challenged doing this degree, yeah I just feel like [I'll be] going into different settings and having to adapt my behaviour* (Maud Interview 1).

There were also strong relationship building and helper themes apparent in participants' early motivations. The importance of relationship building was clearly part of the reason participants chose speech and language therapy as their career. For example, Max (Interview 1) said *'in SLT you build stronger relationships with service users'* while others were just as clear about their motivations, for example, saying *'I do want to create relationships with people in my job'* (Maud Interview 1). Ann demonstrated insight into the challenges of creating these relationships with service users when she discussed *'breaking down of barriers...to develop and maintain relationships'* (Ann Interview 1).

Turning to participants' views of themselves as helpers Nathan (Interview 1), referred to *'the allure of one just helping people'* while Sarah (Interview 1) wanted to *'care for people"*, Ellenor (Interview 2). Maud??? said *'I just want to give back [I] want to help'* (Interview 1) and Meeko *'wanted to do something… helping people'*.

Whilst the nurturing aspect of the profession was important to most participants, some also discussed the importance of the profession's status, and hence their own perceived identity on graduation. For example, Nathan (Interview 1); believed that speech and language therapy *'holds a lot of prestige'* Max (Interview 1) concurred, saying it is *'a fairly high status career … like a doctor or a lawyer.* Sarah (Interview 2). found a different comparator, reflecting the role of speech and language therapists working with children, often in schools, she reported *'there's responsibility in what we're going to do, the same as there would be with a teacher'*.

Some participants had clear ideas of how they would be a speech and language therapist in the future, some discussed the importance of person facing work when they said *'I'd always want to be with patients'* (Ann Interview 1). Others demonstrated different perspective, influenced by feelings of loss. Velma was missing the control she had experienced in the work environment as a peripatetic teaching assistant; she said she wanted *'control over what I was delivering'* (Velma Interview 1),

Decisions regarding the client group participants saw themselves working with were also quite firm for some participants, both Velma and Ellenor declared they would like to work *'in a school'* (Interview 1) and Max said *'adults [are] more likely'* (Interview 1) however, demonstrating less fixed identity he went on to say *'Hopefully by then [end of the degree] I'll know vaguely where I want to go into'* (Max Interview 1), while Nathan reported that he would work in *'whatever I find passion in'* (Interview 1).

4.4 Awakening

The gradual Awakening of the reality of speech and language therapy took place for the participants throughout the degree, but was most apparent in the first year. Placement logs and semi structured interviews in the first year demonstrated participants coming to understand the profession, and beginning to form some early identity as speech and language therapists. Early placements provided an opportunity to contextualise the learning they had undertaken in University, participants demonstrated growing awareness of the complexity of the difficulties experienced by those with speech language and communication difficulties, and understanding of the contexts in which speech and language therapists work. This led participants to understand the significant journey they were on, and the

114

requirements of them as students, which were often to engage in activity they did not feel ready for. As participants became aware of some of the complexities of their chosen profession they also began to use profession specific jargon, perhaps demonstrating desire to belong, even if they felt that the belonging was currently ambiguous.

4.4.1 Growing awareness

Soon after beginning the course participants expressed anticipation at what was to come, reflecting, for instance *'I now have the status … [it's] like growing up... It's only now that I'm really realising that'* (Nathan Interview 1). Meeko reflected the thoughts of several participants when she reported:

> *I'm on the route to being that professional … I'm feeling that I will feel more professional as it goes on... at the end of the course I will have become a speech therapist* (Meeko Interview 1).

The early placements provided an opportunity to begin contextualising knowledge and challenges, and developing an early awareness of themselves as speech and language therapists. For example, Max, (Placement 1) reported awareness of challenges such as *'Behaviour management'*. Observation of practice educators at work with children provided some opportunities to enhance awareness of how the theory translates into practice, for example understanding of the interaction between knowledge and skills development:

> *You need the knowledge to be able to do the practical bit, a specialist level of knowledge'* (Ann Placement 2).

Six months after beginning the course participants were beginning to understand how they could use the knowledge developed in university in the more unpredictable

environment of the practicum, although some reflected the early frustrations of learning in this saying they wished that practice educators would *'tell me what the answer is'* (Sarah Interview 2). The importance of practice educators as facilitators of the participants' growing awareness of the profession formed a significant part of their reflective writing and interview discussion, for instance demonstrating support *'the SLTs there were really supportive, there was always constructive feedback'* (Meeko Interview 2). Continuing the theme of Practice Educators supporting growing awareness Ellenor reflected:

> *My practice educator was the best one that ever graced this earth…it just happened so easily, because I'm (sic) surrounded by a practice educator who did it'* (Ellenor Interview 2)

Here she demonstrated the importance of the student and practice educator relationship to early awareness of developing identity. This was further identified when the relationship was not established early on, for example:

> *I feel that my first few days of placement were quite rushed and full on…I especially did not get time to discuss what we expected from each other during the placement'* (Maud Interview 2)

> *she [practice educator] was wary of letting go* (Velma Interview 2).

Contrastingly positive practicum experience led to an unexpectedly positive growth in awakening identity:

> *The opportunities that I received on this placement have allowed me a glimpse of myself as a clinical practitioner…I feel it has allowed me to begin to develop my own practitioner identity…Interestingly, I did not expect to develop this identity so early on in my placement journey* (Ellenor Interview 2).

4.4.2 Pretending

As participants became aware of the scope of the profession, and their need for in-depth knowledge, this led to some need to pretend ability, especially in the more

exposed placement environment. Participants felt varied readiness for placement experience, demonstrating awareness of their knowledge and lack of it, for example

> *despite some of the excellent growth I've felt, and been excited about, I still feel very much in an input passivity kind of stage…I'm going to become a professional and know what to do* (Max <mark>Interview 2</mark>)

This suggested that Max was not feeling confident in using his new knowledge as yet, even though he had to try to use it on placement. Others discussed *'trying to be confident when you don't feel confident'* (Maud <mark>Interview 1</mark>), while <mark>Nathan</mark> began an ongoing school blazer analogy when he described feeling out of place, he reported:

> *I feel like I'm wearing big boys' clothes, I've got the blazer that hangs off the sleeves, and wearing the suit but it's too big for me… I've got, going to that placement, almost assume a new persona...... I've got to be Nathan the SLT, the future me'* (Nathan <mark>Interview 1</mark>)

The blazer analogy clearly demonstrates that Nathan believes that the expectation of early placements is that he has to pretend to be competent, as he will be as a registered practitioner in the future. Another solution for this same problem was voiced six months into the course *'fake it till you make it!'* (Ellenor <mark>Interview 2</mark>).

4.4.3 Jargon

One way in which participants began to demonstrate awakening of their professional identity was through the use of jargon. This was specifically noticeable in interview two, six months after the beginning of their studies. Participants used a significant number of acronyms, which were profession specific paediatric terms, without feeling the need to translate them for me, an adult acquired practitioner, who is unfamiliar with paediatric assessment tools. Many of the acronyms related to the names of

assessments, such as CLEAR[3], CELF[4], TALC2[5], others related to methods of understanding sentence complexity (ICW)[6] and others to roles of multi-professional colleagues (LSA)[7]. As an example, Ellenor provided some detail of a child's assessment while on placement 2, she said:

> *I did a RAPT[8] with him and I did it qualitatively and I thought I'll STASS[9] it, and she [practice educator] didn't say STASS it, she said go away and analyse that, so I thought I know a STASS so I'm going to take that and I'm going to apply it here, and then I will be able to say grammatically he's doing these sorts of things, and then I did a TALC 2 with him and he was making the same errors in speech as I had like analysed in the spontaneous speech sample and the RAPT assessment* (Ellenor Interview 2)

Another way in which participants began to take on the profession's jargon was that they began to discuss quite specific differences between speech, language, and communication, for instance *'I suppose in our role, it's the bigger picture of communication rather than the more narrowing language and speech'* (Nathan Interview 2). Others acknowledged their awakening to the profession through recognition that they had begun to understand some of the jargon in the RCSLT[10] monthly magazine, *Bulletin*:

> *I know when I get the Bulletin I read it properly in a way that, when I started, when I first subscribed to it as a student, I didn't really understand a lot of the articles, so I think I'm realising now that they actually have some meaning'* (Velma Interview 2)

5.4 Adjusting

Participants gradually began to Adjust to their new reality of themselves as

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[3] CLEAR : Clear Phonology Screening Assessment
[4] CELF: Clinical Evaluation of Language Essentials
[5] TALC2: Test of Abstract Language comprehension 2 (Elklan)
[6] ICW: Information Carrying Words
[7] LSA: Learning Support Assistant
[8] RAPT: Renfrew Action Picture Test (Taylor & Francis)
[9] STASS: South Tyneside Assessment of Syntactic Structures (Winslow)
[10] RCSLT: Royal College of Speech and Language Therapists

professionals and to their chosen profession, this was demonstrated by increasingly confident statements, growing independence, and decision making regarding their future roles. Nathan's blazer analogy highlighted this period of adjusting well, suggesting that he had worked out what the profession was, and he was becoming a member of it, however there were aspects of the profession he remained uncertain of, he said:

> *This time I'd say we've got the general fit and it's looking quite nice now, it's more just the seams need to be taken in and things like that … The pockets aren't exactly, you know, useful at this point, but it's still functional, and it's mine'* (Nathan Interview 4)

4.5.1 Confidence

Participants discussed increasing confidence in their knowledge, for example *'I've got stronger knowledge base than I thought I had'* (Sarah Interview 3). Others linked their confidence to knowledge based on ability to use the knowledge on placement *'I was using knowledge which has now become second nature'* (Max Interview 3). As confidence in knowledge learned in university began to grow and be useful in the practicum, participants were able to begin Adjusting to their growing confidence in their identity as speech and language therapists.

> *from my interim [placement assessment] I saw that actually I was setting my standards too high, … that I wasn't allowing myself the chance to build confidence … I finished placement feeling very confident about my skill set and that I had a great basis for building my professional identity* (Ellenor Placement 3)

Confidence builds at differing rates for the participants, it was six months later when Meeko reported her growing confidence, she said:

> *I knew what I was talking about, I wasn't afraid to answer any questions … I felt really comfortable doing [it], that was really good* (Meeko Interview 4)

It took Maud even longer to experience this confidence growth, however by the end of the course she reflected:

> *I feel like the long arm supervision I received on this placement has really increased my confidence in my clinical skills* (Maud Interview 5)

4.5.2 Independence

In order to become speech and language therapists, who often work independently in a location from the beginning of their careers, the course requires more independence throughout the second year, both in academic learning and in the practicum. To promote independence year two of the course relies much more heavily on independent learning, both Meeko and Velma report the enabling aspect of this. *'The fact that we are only in two days a week is nice for me, I'm happy with that element of needing to manage my own time'* (Velma Interview 3) while Meeko (Interview 3) said *'I do feel more independent, that I can do things on my own'.* Both Meeko and Velma reflect the discussions of the other participants, who discussed enjoying their growing independence and the opportunity to plan their own learning to a greater extent.

Towards the end of year one, participants began to gain some independence in the practicum, they recognised the importance of this to their Adjustment to becoming speech and language therapists: for example

> *In my final week of placement one of my PEs[11] asked me to carry out a review appointment on my own'* (Velma Placement 3)

Even earlier in the placement we saw Ann's growth of independence when she reflected

> *The autonomy granted to me within the SLU[12] needs to be effectively managed. I need to make sure that I manage my time effectively, and have a*

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[11] PE: Practice Educator
[12] SLU: Speech and Language Unit , attached to a mainstream school

> *clear idea of the speech and language needs of the children'* (Ann Placement 3)

Six months later she maintained this growth of independence, demonstrated when she reflected on her first adult placement:

> *It's nice to know someone is there, but if you rely on them [practice educators] too much you never think for yourself and reflect for yourself, you've got to be able to do those things for yourself'* (Ann Interview 4)

This growing independence is also recognised by others as being essential to developing their own ways of being a speech and language therapist and to gaining confidence in their own ability and professional identity.

4.5.3 Self

Throughout the course participants had expressed difficulty finding an appropriate label with which to describe themselves, as time progressed they began to Adjust to their developing professional selves, working towards being speech and language therapists. Sarah described herself as a '*speech and language therapy student… I've moved quite a long way'* (Sarah Interview 4). Others were in a similar place making comments such as '*I feel like it's a lot closer to happening now'* (Sarah Interview 4), while Maud (Interview 4), said '*I'm so almost there, I can almost touch it'* The developmental aspect of this adjustment was evident in the participants accounts: '*I feel closer to it, at the beginning of the year I didn't* (Meeko Interview 4). Velma, the reluctant student, reported her Adjustment as a feeling of finding herself:

> *I feel like a speech and language therapist now; it feels like a bit of a weight is being lifted… I just feel like I'm getting back to being me a little bit now'* (Interview 4).

This development of an internal feeling of Adjusting to becoming a speech and language therapist appeared to be essential to being ready to enter the final stage of

student hood, Becoming a speech and language therapist. Max's early Adjustment enabled him to enter year two ready to become his own therapist, Velma's Adjustment comes following placement experience where she completely changed her expectations of herself as a therapist, when she found an area of the profession that she unexpectedly enjoyed.

4.6 Becoming

While all participants feature in the section on Adjusting to becoming professionals, this is not the case in this more advanced stage of the development of professional identity, Becoming a speech and language therapist. While all participants successfully completed the course, completely identifying as speech and language therapists was something which was to take a little longer for some. Max, Ellenor, and Ann feature most strongly as internally identifying as speech and language therapists. Whilst Velma and Sarah appear to have well developed, but less certain internal identity, Maud, Meeko and Nathan do not appear to have reached this stage. Becoming a speech and language therapist was characterised by independent client management, working with the multi professional team, an internal feeling of readiness, and getting a job.

4.6.1 Independent working

In Placements 4 and 5 participants discussed leading the care of their clients, with competence and confidence increasing over time. Examples of this are:

I volunteered to run the session' (Ann placement 4)

I led the whole session, I felt a little trepidation, but, realistically thought I should be able to manage given my increasing confidence with independent dysphagia assessment (Ann Placement 5)

Confidence to trust my own clinical decision-making skills in dysphagia [and that he] took the lead in many of the assessments' (Max Placement 4).

I became Mildred's (pseudonym) sole source of SLT input ... I found the relative autonomy refreshing … my performance and clinical reasoning was more confident as a result. (Max Placement 5)

Definitely the most exciting aspect has been starting to go out on my own and deliver therapy … (Velma Placement 5)

These examples demonstrate that as the participants were trusted more to plan and deliver interventions their confidence in themselves increased, and with it they were able to begin enjoying Becoming speech and language therapists.

4.6.2 Working with the multi professional team

As participants became speech and language therapists they began to be able to look outward from their own performance, and consider how they fitted in the wider workplace. It appeared that participants could only now begin to discuss how they work with, and influence, the multi professional team. Examples of this are provided by Ann and Ellenor. Ann attended a Royal College of Speech and Language Therapists clinical excellence network meeting, she reflected:

It was very multidisciplinary, so in terms of seeing the profession, I saw where the profession sat within an aspect of care, within palliative care (Ann Interview 4)

Discussing the multiprofessional nature of everyday working Ellenor reported:

So many of our clients have so much that is negative, and a lot of the other professions don't have the tools to tap into that …we can work so well with other professions to give them a new way to communicate' (Ellenor Interview 4)

This beginning to be able to look beyond the self, to consider a role in the wider workforce suggests a comfort with Becoming a speech and language therapist, this development six months before the course ended enabled Ann and Ellenor to enter

final placements, ready to learn to be a therapist in a wider workplace context, as part of the multi professional team.

4.6.3 Internal feelings

In later interviews participants began to express their internal readiness to be speech and language therapists; an example of this growing readiness is provided by Max:

> *My development should … work towards finding how I can best be an SLT… I would definitely now call myself a speech and language therapist. I've got a profession, I've got a field of knowledge, I've got friends in that field, and I see a career for myself in that field* (Max Interview 4)

Six months later, at the final interview, he further demonstrated ongoing strong professional identity when he reported:

> *I think it's sort of an achievement to feel really happy and to feel really comfortable… it says a lot about how I relate to the professional world* (Max Interview 5)

In a further example of how participants have developed professional identity to Become speech and language therapists Ann discussed her becoming gradually more relaxed throughout the two years; she discussed her developing feelings of belonging and safety, just before her final placement she reported:

> *I think it's because I feel safe… I feel like here I have a place, whereas I don't feel I really had one before'* (Ann Interview 4).

By the final interview she was feeling even more confident in herself, she said:

> *Come the end of the five weeks I felt part of the team… I feel ready to go …I'm pretty professional... I do feel like my sense of professional identity is becoming more defined, there's more of a foundation to it now'* (Ann Interview 5)

These internal feelings of Becoming a speech and language therapist, ready to go out and become part of teams, which is described above by Ann and Max, is

expanded on by Ellenor, as she reflects on her growing identity over the two years, she exclaimed:

> *I am one, an SLT! … At the start I felt like a baby and then there was the teenager, and then there's the adult and I feel like I'm like very close to the adult bit…I just felt really confident and I felt like I knew what I was doing and that I had worth, in terms of value and adding to conversations with other professionals … that was like yeah, I'm doing this. I am a speech and language therapist!* (Ellenor Interview 5)

4.6.4 Getting a job

At the end point of a professional degree getting a job in the field is an expression of continuing to identify with the chosen profession. Participants in this study began to get jobs six months before the end of the course. Those identifying most closely with the profession got jobs early; at the course completion those who had struggled, for example, Nathan, Meeko and Maud did not have jobs. The first participant to find employment said getting a job was a *'massive achievement, very massive, but it felt like it was very natural, it just sort of felt natural and unforced'* (Ellenor Interview 4). Ann had begun the course with a protected job to return to, however, she had chosen to apply for posts elsewhere, perhaps demonstrating her enhanced confidence, she said:

> *I felt that I got the [local town] job more on my own merit, but I know I would have got the [Trust name] job on the basis that I had been displaying something that they wanted to have back* (Ann Interview 5)

Growing independence in the profession was evident when contrasting two different interviews, clearly feeling confident to refuse a job offer when he did not feel comfortable Max reported:

> *I had a really bruising interview and it was all very confrontational, this one looks really friendly, they smiled and joked with me and were not formal. I think being able to work with people like that means you can develop in the way that you want to develop* (Max Interview 5)

All participants finished the course stating their identity as speech and language therapists through their intention to work in the profession; they had all passed through most of the stages to professional identity as speech and language therapists and either had jobs, or they were actively applying for jobs in the weeks following completion of the course. Nathan's story (appendix 16) demonstrates how the developmental stages still applied to an individual, when he appeared to get stuck in a cycle of adjustment and doubt.

4.7 Doubt

Throughout the interviews and placement reflections a good deal of doubt was expressed by the participants. Doubt overlaps with Loss, but also with Beginning, Awakening, Adjusting and Becoming; it both inhibits and enables professional identity growth.

As they became aware of some of the realities of both the profession and the course participants began to express doubts about aspects of the profession itself, including decisions made by practice educators. The transition between year one and year two requires participants to understand a different area of the profession and to take on more individual responsibility for their own learning; this transition happens at a point where some participants described themselves as exhausted. Doubt regarding suitability for the practical environment and ability in the academic context was expressed by several participants across the two years of the degree. Participants reported the need to pretend confidence throughout their studies, the 'fake it till you make it' expressed by Ellenor is an example of her attempting to cover up doubt, especially in the practicum and Nathan's Jacket analogy provides insights into ongoing doubt, even as identity grows.

4.7.1 The profession

Some participants expressed doubt about the profession itself; demonstrating a growing awareness of commissioning of services, they reflected their doubts about whether they felt they wanted to work in the context in which the profession is funded, an example of this doubt, based on a consultative, expert, model of care, is provided by Ellenor:

> *We're everywhere, but then we're not everywhere because the workforce is not able to cope with the demands of what society needs… the remit that we have, it's largely unachievable* (Ellenor Interview 3)

Nathan, who in his first interview reported that he felt speech and language therapy was similar to the academic field of linguistics, demonstrated his doubts regarding his initial expectations of the profession when he said *'I respect anyone who works in this profession, because it's more than what I was bargaining for the beginning'* (Nathan Interview 4). Nathan's blazer analogy is a good place to understand some of the doubts participants may have been feeling throughout their studies; there appeared to be some developing clarity over the profession as a whole, even where participants were not entirely happy with what they saw. Lack of comfort in fitting with it, and knowing what it is, meant some that significant choices to be made, even during periods of significant doubt. We saw above that Max had anticipated a medical model career and had found the early part of the course 'nebulous', Nathan's analogy also points to the doubt regarding what the profession actually is.

> *This jacket, it's starting to fit, there's obviously some sewing issues and it needs some patches… and eventually maybe I'll have to choose a colour scheme, I've got the size right now … I'm more positive that I can survive in the profession, but I don't know what the profession is* (Nathan Interview 3)

4.7.2 Placement experiences

Earlier we saw Sarah wishing that Practice Educators would tell her the answers, by the mid stage of the Interviews others were ready to express doubts regarding the practicum. Both Max and Meeko expressed doubt over their readiness for professional decision making for clients, for example in the question *'how do I know that what I'm doing is right, when the progress is so slow that it's hard to see?'* (Meeko Interview 3).Others provided a little more detail of their doubt regarding quality decision-making for clients; for example *'what are interventions for? … if you pop cochlears[13] on that child and nobody else has cochlears … the kid's not going to feel part of the hearing world … and are not really going to feel part of this other world'* (Max Interview 3).

In year two participants began their work with adult clients, for several this led to enhanced self-doubt, for example *'I'm nervous about going into therapy that I'm not going to love as much as I love kids'* (Ellenor Interview 3), a feeling echoed by Velma who says she is *'a little nervous that if the placements don't go as well as they have in the first year that I'm going to feel bereft'* (Velma Interview 3). Others echoed this enhanced self-doubt, saying things such as *'I wasn't sure how I would overcome the overemotional reactions…am I going to be professionally embarrassed here?'* (Max Interview 3).

While we have seen above the positive impact practice educators can have on developing professional identity, these interactions can also lead to doubt. It was only with growing confidence that Velma was able to discuss more openly how her

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[13] Cochlear implants, to correct sensori-neural hearing loss

placement experiences in year one had made her truly doubt her place in the profession. Others experienced practice educators who made them doubt themselves, saying for instance *'She was quite young, she was band seven, maybe she was just really proud of that and that came across in a negative way to me'* (Maud Interview 3). The doubts Maud experienced in this placement experience led to her personal growth, she reported later in the interview *'I think having those problems made me step up and say hi, this is me, and I need to do this for me…I had to decide how I would do that in the workplace'* (Maud Interview 3) demonstrating both doubts led by placement experience and positive identity growth that can come from that very Doubt.

4.7.3 University experiences

As seen above, throughout through their studies participants had expressed doubts about academic ability and their personal stamina.

A common theme was that of doubt about the ability to manage the workload expected, this was expressed strongly at the midpoint of the course, for example a significant challenge had been *'…the workload, that would stand out in terms of it being really tough'* (Sarah Interview 3). Sarah had struggled throughout year one with managing the workload and childcare, significantly doubting her ability to complete the course, these doubts continued.

Others introduced the concept of burnout, reporting that at times they had attended class, but been unable to take part, or learn, in the environment, leading to doubt regarding ability to learn, this was expressed by Ellenor

> *I think I was just rough because I was really burned out … it was like it's August and we're still here…we're like in lectures, oh my goodness why does it never end?* (Ellenor Interview 3)

129

4.7.4 Personal doubt

Self-doubt was expressed by several participants in different ways; it was discussed most strongly by Maud, who had experienced significant doubt about returning to university for the second year. At the beginning of year two, having been persuaded to return by her family, she said:

> *I feel that I don't know where the energy to do this year is going to come from… I don't know where I'm going to get the mental and emotional energy from. I think at the end of last year, I kind of lost my passion; I didn't feel like a therapist… I think it's tougher than I ever thought it could be* (Interview 3)

Maud continued this story at her next interview, six months later, three quarters of the way through the course. While she still remained as a student speech and language therapist she had experienced a difficult personal and professional six months, she reported:

> *I have felt so disengaged from everything, I feel like I've forgotten why I even wanted to be a speech and language therapist…do I want to do this? I'm in a hamster wheel and I'm just doing it …I feel like this year I haven't really tried to find a professional identity…I kind of feel like I'm in a bit of limbo … just rolling around not really knowing what I'm doing* (Maud Interview 4).

The doubts expressed by Maud and the other participants throughout their degree were significant, they appeared to lead to significant consideration of their own ability, their place in the profession and the place of professional decision making. While some of these doubts were inward looking, many led to participants re-evaluating their early expectations of the degree and profession, enabling them to Become their own version of a speech and language therapist. In many ways Doubts enabled participants to Become speech and language therapists, with confidence increasing over time and a gradual feeling of being close to being a speech and language therapist growing from the doubts expressed. Doubts continued, however,

even from those strongly identifying as speech and language therapists, as we saw above Ellenor only feels 'very close to the adult' in her child to adult analogy of becoming a professional even at the end of the programme when she is about to begin her first job. Others, notably Nathan, Meeko and Maud have significant doubts regarding ability and their place in the profession, despite completing the course successfully and applying for jobs in the profession.

Doubt is present throughout the journeys of all eight of the participants, while this is a clearly uncomfortable position for them there also appears to be growth in professional identity which emanates from the expressed doubts.

Chapter 5

Discussion

6.1   Introduction

Analysis of interviews and reflective writing from eight participants over the two year period of their master's degree in speech and language therapy has led to a six stage model of professional identity development for pre-registration speech and language therapists (fig 13). This journey was followed by all eight of the participants in this study.

Fig 13 The stages of professional identity development

The Stages of Professional Identity Development
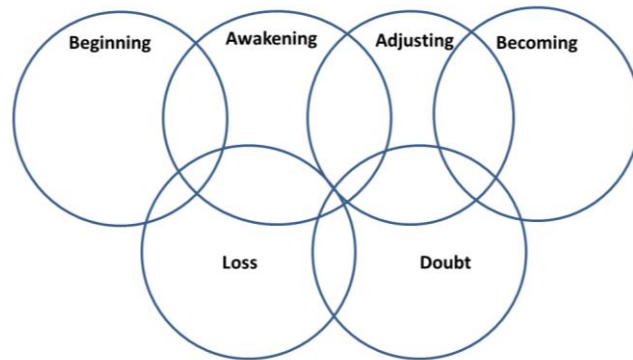
6.2 Links to earlier professional literature

The model utliises participants' stories to understand the process of professional identity formation, this adds to our prior understanding from the literature for speech and language therapists and related professions. Participants in this study have confirmed a great deal of the literature presented in chapter two regarding the development of Professional Identity; for instance in early interviews participants clearly demonstrated that they had their own ideas of what the profession is, as suggested by Davis (2008). Through further consideration of the participants' journeys the important roles of loss and doubt have have been established in this work, as participants often constructed their identity through periods of difficulty. As interviews and reflective writing developed over the two years of the data collection it was possible to see aspects of the, sometimes painful, process of active reconstruction of professional identity over time, as discussed by Bending (2012) in her work with male speech and language therapy students.

Dearnley and Matthews' (2007) four stages of developemnt: Initiating, awakening, changing perspective, and becoming a professional resonates with the four stages of

beginning, awakening, adjusting and becoming, which are suggested in this work. Dearnley and Matthews (2007) do not include the difficulties of loss and doubt which form an important aspect of this model, intersecting with the more positive journey towards professional identity as a speech and language therapist. Dearnley and Matthews (2007) provide insight into a linear process of development, suggesting that progress towards professional identity is always in a positive direction, whereas the participants in this study appear to agree with those of Baretti's (2004) social work students who found that professional identity arises unevenly, and may regress at times.

Ronfeldt and Grossman (2008) discuss the fact that student teachers choose from a range of professional selves, this choosing how to be a speech and language therapist is clearly evident when listening to the stories of the participants in this study, where most 'try on' different versions of self, especially on clinical placement. This is seen most visibly in Velma's transformation from paediatric therapist, planning to work in schools, to her new identity of a therapist enjoying, and accepting a job, working in acute hospitals.

As with most of the literature presented, clinical placement is where participants most overtly identify their own professional growth, perhaps, as Anspal *et al.* (2012) say, because they see the reality of the profession. For most this is a positive experience, but not exclusively so. For instance Maud commented that her placement difficulties helped her to understand how she would conduct herself in the workplace in the future. Nathan, on the other hand, was presented with challenges of

shock and confusion on his placements which he had not overcome at the end of the study.

Read (2014) acknowledges that placements can be stressful and anxiety producing, while Baxter and Gray (2001) discuss the importance of independence in the practice environment to promote professional identity. Participants in this study reported doubt and anxiety at various stages of their learning; they also clearly suggested the importance of growing independent practice especially in their later practice placements.

The importance of the practice educator to enabling indepedence and professional identity development is key to positive professional identity development. Ellenor, for example, reports one practice educator as '*the best that ever graced this earth*' and acknowledged that she had been helped to see a glimpse of herself as a future therapist. On a later placement a poor relationship between herself and her educator appears to stall her identity development. This resonates with McAllister and Lincoln (2004) who suggest that practice educators promote the style, content, and focus of clinical learning and the observations of Bennett *et al.* (2013) that practice educators promote identity, knowledge and skills. It is unsurprising, therefore, that the participants in this study spent a significant proportion of interviews and reflective writing discussing practice educator strengths and weaknesses suggesting, as did Gordon (2013), that practice educators are very strong facilitators, and possible barriers, to the development of professional identity.

The six stages of professional identity suggested by this work: ==Beginning, Awakening, Adjusting, Becoming, Loss, and Doubt== indicate that the journey to identifying as a speech and language therapist is complex, not always positive, can be uncomfortable and requires students to step outside their comfort zones to take on roles for which they are not yet completely prepared. While all of the participants passed through most stages of this model, not all of the participants confidently reached the 'Becoming' stage, possibly due to the complexity of professional identity change in a relatively short time frame of two years. Nathan's story (appendix 16) is provided to demonstrate that, even when professional identity development appears to stall, the model provides a way of understanding what is happening as Nathan appears to continue to experience significant doubt, however hard he works on adjusting to the profession. In this way the model can also be used to help understand what happens when strudents are struggling to adjust to the profession.

6.3 The wider context

The model tells us about experiences the participants went through when developing their professional identity as speech and langugae therapists, however, further interpretation is needed to cast further light on why these developmental stages occur. We need to try to understand why participants experienced the journey in the way that they did. In this chapter the findings of this research are further interpreted through four theoretical lenses in order to attempt deeper understanding of the development of professional identity. ==State what these models offer & that there are other ways of interpreting but these lenses helped me to understand what I had been told by participants==.

The first lens used, Transformative Education, is educational in focus, taking Mezirow's model of learning as the basis of discussion (e.g. Mezirow, 1998; 2000; Taylor, 2000; Mezirow, 2009). This linear model is explored to understand whether participants' journeys have similarity to the adult learners who formed the basis of Mezirow's theory of Transformative Education model. Simiarities and differences are uncovered in the journeys of participants in this research. ==WHY this model from my perspective?==

The discussion goes on to discuss Van Gannep's sociological concept of rites of passage (Van Gannep, 1960 [1908]; Turner, 1967; Ybema *et al.*, 2011). This concept helps to explain the importance of loss and doubt to the preliminal, liminal and post liminal development from early identity, through loss of identity as a liminal student, to post liminal acceptance as a speech and language therapist. ==WHY this model…tell em what youre going to tell em!?==

It is clear that participants employed strategies, some more successfully than others, in order to navigate the expectations and experiences of their academic and placement learning. Insipred by Ellenor's *'Fake it till you make it'* approach to the practicum this work examines participant behaviours through Goffman's Dramaturgy (e.g. Goffman, 1959; Anderson, 2005). ==WHY this model, be explicit about acting involved in faking it?==

Considering the differing responses to the stressful environments in which participants found themselves, the discussion goes on to consider a more person

centered appraoch to understanding professional identity development, through the psychodynamic lens of attachment theory (e.g. Bowlby, 1969; Harms *et al.*, 2016). <mark>WHY this model….waht led to it's choice as its not mainstream really?</mark>

Transformative learning and liminality provide perspectives on the staged developmental nature of professional identity development, dramaturgy and attachment theory provide insights in to how and why there are significant differences in the experiences of a journey, which on the surface appears to be homogeneous.

<mark>What are the philosophical approaches of the 4 lenses</mark>

6.4 Transformative Learning

Transformative Learning theory was initially developed by Mezirow (1978), it recognises the agency of adult learners to investigate and understand their own ways of being, in order to enable their own transformation. Mezirow (2009) describes his model as an idealised way of explaining the active processes adults engage in when learning.

Transformation of frame of reference is an essential component of transformative adult learning (Mezirow, 1989; Tennant, 1993; Mälkki, 2012) which requires critical reflection of self (Mezirow, 1989; 1994; 1998; 2004) in order to become aware of, and assess, taken for granted assumptions (Mälkki, 2012). It begins with a disorienting dilemma (Mezirow, 2000), which Hodge (2014) reports as being triggered by the incompatibility of previously unconsidered developmental frames of

reference and the learning situation in which the adult learner finds themselves. These incongruities cannot be resolved by taking on new knowledge alone; they require learning of a different type.

In order to consider transformative learning theory in the context of this research it is relevant to first consider the participants in this research in the context of being adult learners, working towards a stated goal of becoming speech and language therapists. Mezirow (1998) utilises the work of King and Kitchener (1994) in understanding readiness for adult learning, suggesting seven stages of learning, only the final two are considered adult learning (fig 14).

Fig 14 Seven stages of learning

Stage 1	Certain knowledge through observation
Stage 2	Knowledge accrued through observation or authority figures
Stage 3	Interrelated knowledge based on authority figures and personal judgement
Stage 4	Knowledge is certain and idiosyncratic to a person
Stage 5	Knowledge is contextual and subjective
Stage 6	Knowledge is actively constructed by comparing evidence and opinion on different sides of an issue
Stage 7	Knowledge is the outcome of the process of reasonable enquiry for constructing a well-informed understanding

(Adapted from King and Kitchener 1994 p 208)

As mature students, on the speech and language therapy master's degree, participants are working to construct their own knowledge of their profession, and the tools required to practise it. They do this through comparing differing opinions from

the literature, experts in the profession, university tutors, practice educators, and their peers. Over the two years they use a wide range of learning methods to construct a well-informed understanding of what it is to be a speech and language therapist; as such we can posit the participants as adult learners, ready to undertake transformational learning experiences.

Mezirow's transformative learning theory suggests that learning for transformation is linear and takes place over ten stages (appendix 1) beginning with disorienting dilemma ending with reintegration into society on the basis of a changed frame of reference. Nohl (2015) reports the flexibility of the model in that it can be adapted to all situations, while Brock (2010) suggests that not all stages need to be passed through in order for transformation to occur.

Examining Mezirow's transformational stages alongside the model of development of professional identity in this study provides a potential interpretation of the journeys of some of the participants. Fig 15 demonstrates how Mezirow's ten stages could be linked to the six stages of the developmental model proposed in this research:

Fig 15 Comparison of the model of professional identity development with Mezirow's ten stage model

Stages of professional identity development	Beginning	Awakening	Adjusting	Becoming	Loss	Doubt
Links to Mezirow's theory	Presuppositions and initial Frame of Reference	Self-examination with feelings	Plan a new course of action Acquire knowledge and skills and Try out new roles	Build competence and confidence Reintegration	Dilemma	Critical evaluation of role assumptions & alienation from social assumptions Dilemma
Professional Identity Stage characterised by:-	Idealised SLT / Profession Pre course / early course expectations Acknowledge useful past life	De-contextualised awareness Jargon Copying PE Pretending	Recognise multiple ways of being Develop self-evaluation skills Try out new ways of being a therapist Adjust expectations of therapist I want to be	Internalising new sense of self Personal fit (+ve) Build competence & confidence Becoming an SLT	Finding out and letting go Ideal SLT vs growing realities Being a student vs prior autonomy and identity Distinction student vs actual achievement Confidence	Crises of confidence re: Self Others Ability Identity Control Personal fit (-ve)

6.4.1 Transformative Development

The six stages of the model of professional identity development in this study clearly demonstrate transformation, from early entrant to the profession as a new student to graduate, qualified to register and work as a speech and language therapist. At the beginning past lives had shaped the differing expectations of self, course, and profession. New students bought their own frame of reference (Mezirow, 2009), shaped through their own research into the profession, work experience, personal life experiences, and values and beliefs. These are all aspects of the development of personal value systems considered important in shaping an individual's frame of

reference (Clark & Wilson, 1991; Mezirow, 2000). Initial expectations of the career of speech and language therapy were of self-advancement through continued academic achievement in an environment of being a helper and enabler. Sarah, for instance, recognised that her role as a carer was not in line with her high achiever status as an undergraduate ten years earlier, she wanted to strive to achieve a professional status, whilst continuing to enhance lives through enabling communication.

It is likely that some participants began the journey to transformative learning, through critical reflection of their prior frame of reference (Mezirow, 1989; 1994; 1998; Merriam, 2004) as they began to awaken to the reality of both degree course and profession. While Mezirow, in his multiple writings, sees critical reflection of assumptions as a cognitive process, others point to the importance of the emotional dimension, suggesting that Mezirow's Socratic reasoning is not enough to explain the transformations of transformative learning (Taylor, 2000; Merriam, 2004; Illeris, 2014; Dix, 2016). The participants in this research demonstrated both cognitive and emotional reflection as they began to understand the realities of their chosen profession. They demonstrated feelings of uncertainty and lack of belonging, requiring reassurance from the social context of university and practice educators. This led to taking on the profession specific jargon and copying the behaviour of others, as they worked out how and whether they belonged in the profession. An example of these feelings is suggested in Nathan's metaphor of the school blazer being too big, but needing to wear it to be the future Nathan.

As participants began adjusting to the expectations of themselves as speech and language therapists they began to plan for the future, gradually becoming less dependent on use of jargon and copying others, and more able to negotiate to ensure their own learning needs were met, for example with practice educators and university tutors. This links to Mezirow's transformational model of learning, through planning and executing a plan of action, which allows a learner to move forward and become ready to reintegrate into society with transformed understanding (Clark & Wilson, 1991).

Mezirow's final stage, reintegration into society on the basis of the new perspective (Mezirow, 1989; 1994; 2000; 2009), says that adult learners re-integrate into society on the basis of their changed frame of reference. While all participants in this study graduated as speech and language therapists, for many of them their frame of reference remained that with which they started the course, that of professional helper and enabler with a strong belief in the importance of communication. Some, for example, Nathan and Velma, experienced significant changes to initial expectations. Others, possibly most strongly Ann, had gathered the knowledge and skills needed to do the job they had anticipated on arrival to the course.

Despite completing the degree successfully, some participants appeared more ready to become speech and language therapists (reintegrate into society) than others, suggesting that the development of professional identity goes on beyond the confines of the two years of the master's degree, all exhibited a degree of doubt regarding their readiness, even Ellenor, the winner of the clinical excellence award for her cohort.

While participants clearly underwent a transformative experience, which could be explained by transformational models of education, such as Mezirow's, aspects of Mezirow's (1989; 1994; 2000; 2009) model, such as disorienting dilemma leading to changed frame of reference, appeared les central for some participants than others.

6.4.2 Disorienting Dilemma and Frame of Reference

Mezirow's disorienting dilemma occurs when experiences challenge previous frames of reference, and cannot be resolved by simply accruing new information (Calleja, 2014). Uncomfortable feelings are aroused because understanding the current situation through a preconceived frame of reference is not possible (Mälkki, 2010). This disorienting dilemma is an essential trigger to the process of transformation, it occurs as learners reflect on their previously unexamined values and beliefs (Mezirow, 1990; 1994; 2000; Hodge, 2014) and find that they cannot resolve their significant difficulties through learning of information over time, but need a different type of learning to overcome the dilemma of difference between expectation and the new, emergent, reality.

Some of the participants, most significantly Velma and Nathan, experienced disorienting dilemma through loss of the idealised profession which they believed speech and language therapy to be. These participants needed to undertake a deeper learning, beyond the knowledge and skills based curriculum. They needed to engage in communicative learning, which involved understanding of their values, beliefs and intensions in order to enable them to transform their original frame of

reference (Mezirow, 1990; 1994; 2000; 2009). As examples, Velma did not find satisfaction in her anticipated role working with children; she examined her reasons and feelings for her dissatisfaction with an aspect of the profession which she had expected to enjoy. Through this deep reflection Velma was able to admit her dissatisfaction and begin to adjust to become a therapist working adult clients. In addition Nathan's significant dilemma was the disparity between his expectations of being the 'all knowing' therapist, to that of becoming a problem solver who may only ever have partial information. Both found this a difficult process and both were disoriented by the dilemma which faced them. While Velma was helped to examine her presuppositions by a practice educator, Nathan was still grappling with his dilemma when he completed the course.

For all the participants loss was found to be an important stage of professional identity development, however, losses experienced did not always have the quality of a disorientating dilemma, but were often rather more usual experiences of beginning a new venture. For example participants, such as Maud and Sarah, discussed loss of certainty regarding their still being high academic achievers. Loss of Identity from prior employment and loss of autonomy for those who had experienced autonomous work prior to the beginning of the course was a significant factor. As time went on Meeko questioned her expectation that she would work with adult clients. These kind of difficulties did not require the depth of cognitive and conative reflection needed to resolve a disorienting dilemma, they required instrumental learning (Mezirow, 1990; 1994; 2000; 2009) represented through gaining the knowledge and skills to become speech and language therapists, which in turn leads to the confidence and ability to adjust to the profession and become a speech and language therapist.

Disorienting dilemma, leading to transformation of frame of reference, has been described as essential to transformative learning (Mezirow, 1990; 1994; 2000; Hodge, 2014). Many of the transformative changes demonstrated by participants in this study did not require disorienting dilemma and did not represent change in frame of reference. We have seen above that disorienting dilemma was experienced by some, but not all, of the participants; this theme continues to consideration of frame of reference. Initial expectations of participants were that they would be helpers, enablers, and relationship builders who would make a positive contribution to society through the professional roles which they would develop. These values were apparent as aspirations at the beginning of the study, and as observations of working as practitioners at the end, for instance Max celebrated being sole provider enabling Mildred's communication with her husband, and Maud enjoyed finding her passion for supporting adults following Stroke.

Transformation of expectations did appear to occur for the participants, both with and without disorienting dilemma. For instance, both Max and Nathan expected a high prestige profession, with a medical model, expert led philosophy. As they adjusted to a social model, client led profession, with emergent evidence base their response differed. For Nathan this led to significant disorienting dilemma, Max, however, observed the profession, considered his discomfort, and adapted to the profession as it presented itself, whilst being clear that he was developing as an individual professional who did not agree with all that he saw. Others changed their expected client orientation in the profession; we have seen that for Velma this was preceded by significant disorienting dilemma, whereas for others such as Meeko and Maud, while change was often based on significant doubt the disorientation was less evident. The participants in this research suggest that there is no requirement of

disorienting dilemma or change in frame of reference needed in order to become a speech and language therapist, although some may undergo these experiences.

6.4.3 The importance of Doubt

Doubt is a factor of Mezirow's model of transformative learning, it is represented by stage three critical examination of internalised role assumptions and alienation from social assumptions (Mezirow, 1989; 1994; 2000; 2009), Mezirow's model suggests that this stage is important, however the suggestion is that once this is achieved individuals move on to build the positive stages of transition, leaving this doubt behind. The experience of doubt for the student speech and language therapists in this study appeared to be a more central part of their learning, with doubt remaining for even those who had demonstrated advanced knowledge and skills, and reported themselves as feeling ready to be a speech and language therapist at the end of the study.

As participants settled into the degree and began to understand their new role as student speech and language therapists the workload of the degree became apparent, and participants began to experience doubt about their own ability to complete the degree. Maud's disengagement provides an example of her doubt; it is possible that Maud had enough accurate information about the profession but that she had not been able to validate her new information, leading to her feeling '*disengaged from everything*'. As she later validated her ability through academic learning and placement experience her doubts abated, enabling her to feel ready to be a therapist, albeit in a different field to her initial expectations

Others, for example Max, began to reflect critically on the profession leading to doubts regarding the efficacy of some client interventions. Despite his doubts, with

Max we witnessed the growth of professional enquiry and creative problem solving. He demonstrated emerging ability to enter into informed discourse, for example regarding the insertion of cochlear implants. He had the ability to seek out suitable information with which to express his doubts, recognised an alternate viewpoint, and weighed the evidence to seek deeper understanding of the decision making process. These are all components which Mezirow (2009) considers essential to transformative learning, demonstrating a significant theme of creative thinking growing from doubts

Doubt expressed by most participants also appeared to link to instrumental learning, or task oriented problem solving (Mezirow, 1989; 2009; Illeris, 2014). Examples include managing workload, working with new client groups and the ability to take on new knowledge or, in the case of Ann, to validate and extend prior knowledge. Ann was concerned with extending and validating her knowledge, skills and values, demonstrating doubt at the extent of her knowledge, but not the values and assumptions she had regarding being a speech and language therapist.

The difficulties of engaging in transformative learning can be clearly seen in Nathan's story; while he struggled to come to terms with the reality of the profession he experienced placements in several locations where the difficulties faced by clients were all too apparent. His doubts kept returning and were underscored by his lack of success in the clinical environment. Nathan did not appear to have Max's security of position to enable him to openly engage in the dialogue needed to help him understand his doubts and difficulties. Lack of security, underscored by doubt, appeared to prevent Nathan moving forward to confidently become a speech and language therapist.

A significant difference in the model of professional identity development presented in this work and Mezirow's more general model of transformational learning is the early emergence of doubts, which were maintained throughout the transformational process. Examining the transcripts and reflective writing of the participants has shown that, however much participants awakened to the profession, adjusted to its realities and became speech and language therapists, doubts remained, which were more significant for some than others. Indeed, reflecting on stories told it does appear that for many the doubts they experienced were significant triggers to growth of identity, suggesting that while disorienting dilemma and transformation of frame of reference may not be essential to the development of professional identity, doubt leads to reflection, which leads to professional identity growth.

The discussion above suggests that Mezirow's theory of transformative learning is relevant to understanding the development of professional identity for some of the participants; the stages of Mezirow's model can be matched to the six stages of the developmental model of professional identity. Development of professional identity may not all be explained through Mezirow's theory of transformative education, especially as the centrality of disorienting dilemma and changed frame of reference is questioned, while doubt is seen to take a central role in enabling reflection, change and growth. Consideration of alternate theories may help to further understand the development of professional identity in these speech and language therapy student participants for instance their entry to a new environment requires reconstruction of self, which requires liminality (Beech, 2011).

6.5 Rites of Passage

Van Gannep (1960 [1908]) discussed the dichotomy of the profane and the sacred states. Profane states are ordinary states of being, while sacred states represent the desired aspirations which those in ordinary, profane, states wish to achieve. In order to pass from profane to sacred states individuals have to go through rites of passage, which divide space and time between pre-liminal and post liminal states, and enable safe movement and protecting the sacred from undesirables (Hendry, 2016). The rites of passage which relate to any movement from profane to sacred include pre-liminal (separation), liminal (transitional) and post-liminal (incorporation) stages (Van Gannep, 1960 [1908]; Beech, 2011; Evans & Kevern, 2015; Ibarra & Obodaru, 2016). Van Gannep (1960 [1908]) suggests that it is not possible to achieve membership of the sacred state, without first passing through the liminal phase.

Considering the speech and language therapy students in this research they could be seen as desiring of leaving the profane, where they reported being unhappy or unchallenged in prior roles, and their wanting to offer and receive more reward for their labour, such as helping people, forming relationships and caring for people, whilst also aspiring to the prestige of the profession. The participants had registered on a Master's degree in speech and language therapy, so it is reasonable to assume that their sacred aspiration was membership of the speech and language therapy profession, which is enabled through successful completion of the degree.

Turner (1967) built on the work of Van Gannep, considering liminality to be the position between two well defined points, he asserts that this position leads to doubt, uncertainty, confusion and anxiety as a former role is lost, but it also enables

creativity; it is an ambiguous position incorporating both risk and opportunity (Ibarra & Obodaru, 2016). Winstone and Moore (2017), in their work with general teaching assistants at a university, consider the in between status of not being lecturer nor student, this appears to mirror the in between status of the participants when they are unable to find a title for themselves, neither past identity, traditional student, nor speech and language therapist, they were truly between identities.

Traditionally liminality is considered a transitional phase, a temporary position from where individual identity is recast in a social context (Ybema *et al.*, 2011). The focus of the liminal period is on change from the original identity to the aspirant identity (Beech, 2011), this change is often guided by a master of ceremonies, who guides the liminal person through the 'rites and ceremonies' required to be incorporated into the desired identity (Ibarra & Obodaru, 2016:67). This period is not comfortable as prior identities and values are challenged, it can prove disruptive, frustrating, and ambiguous and is often undesired (Bamber *et al.*, 2017). In order to move into, and eventually through, the liminal phase prior identity must be relinquished through separation (Van Gannep, 1960 [1908]). This work goes on to consider the importance of liminal loss and doubt in enabling post liminal access to the sacred state; becoming a speech and language therapist.

6.5.1 Liminal Loss and Doubt

On registering as speech and language therapy students the participants entered a liminal state. Participants quickly began to experience loss and ambiguity, possibly expressed most strongly by Velma who mourned the loss of independent work, saying '*I'm a student, which is just ridiculous'.* Velma had clearly lost her workplace identity, which, according to Conroy and O'Leary-Kelly (2014) suggests that she had

to leave behind her prior meaning of self, something she struggled with until she was able to begin to see herself as a speech and language therapist. Van Gannep (1960 [1908]) suggests that liminals remain ambiguous regarding their identity until they move towards the post liminal state.

In addition to loss of prior identity participants also struggled to be visible, eschewing the 'student' label, but not knowing what to call themselves. As they practised labels such as trainee and candidate, they never really settled on a preferred title as they struggled to identify with their social position. In the early interviews it was important that participants could align themselves to their past, whilst beginning to recognise that it was in the past. This loss of sense of self was accompanied by an emotional response of dis-ease, anxiety and feeling out of control, *'on a rollercoaster'*, as they struggled to find new identity, as anticipated by Conroy and O'Leary-Kelly (2014).

The discrepancy between aspirational professional identity and current situation can often lead to negative emotions (Conroy & O'Leary-Kelly, 2014) and support is needed to alleviate these negative emotions. Evans and Kevern (2015) suggest that continuous exposure to threatening or threshold environments can lead to liminals taking on an identity which is not yet theirs. It is important that the educational experience is designed to enable development of role identity, as well as task ability, to reduce the negative emotions of ambiguity and doubt (ibid). Participants clearly felt the expectation to take on speech and language therapist identity early in their liminal journey; they doubted their ability, copied practice educators, and used profession specific jargon to cover up their doubts and insecurities.

Doubt regarding confidence in professional identity development was clearly articulated by the participants, for instance Max provided insight when he discussed

his concerns at being '*professionally embarrassed*' should he feel emotional about the difficulties his clients might face. The negative emotions of liminality continued when professional doubts led to more personal doubts, for instance Maud reported that she had forgotten '*why [she] even wanted to be a speech and language therapist'.* However, the importance of doubt and difficulty is also illustrated by Maud, who reported that her difficulties on placement eventually led to her working out what kind of speech and language therapist she wanted to be.

With suitable support doubt can be a time of creativity, as reported by Turner (1967). The importance of periods of doubt became apparent throughout this study. Support to manage the anxieties felt in these uncomfortable periods was essential to the creative growth towards professional identity; for instance Sarah was supported by her practice educator to work through her doubts regarding her ability in the practicum, she was able to extend her skills and confidence, which led to enhancement of her professional identity. Additionally, when Velma was able to express her doubt regarding a placement location to her practice educator, she was helped to work through her doubts, engaged meaningfully with the environment and clients, and found an unexpected affinity with the work.

Doubt is clearly an uncomfortable and anxious stage of professional identity development, however, as Turner (1967) suggested, it is also a time of reflection which can lead to creativity and personal professional change.

6.5.2 Towards the Sacred

Evans and Kevern (2015) report that professional education is transformational, but not a continuous, linear, process and that it is essential for pre-registration professional students to negotiate their way through the liminal state in order to take

on their new professional identity; without this progress it is not possible to enter the post liminal state (Bamber *et al.*, 2017). The model proposed in this work highlights both linear and overlapping components of the development of identity through the liminal phase towards the sacred desire to identify as a speech and language therapist. Daskalaki *et al.* (2016) report that liminality occurs at the intersection of agency and structure; in this case represented by individuals interacting with the university and their practice placements. As participants had to leave behind their prior roles and identities to become speech and language therapy students they needed to enter a period of identity reconstruction (Beech, 2011) which takes place in university and the practicum.

As participants began to work towards their chosen profession they had to work in several different university and placement locations. This meant learning the rules and expectations of each location, tutor, and practice educator; in essence they were temporary workers in each location. Beech (2011) suggests that temporary workers can often enter elongated liminality, which Irving and Young (2004) relate to the social work student experience, where students constantly need to renegotiate their personal, political and professional identities. Daskalaki *et al.* (2016) and Winstone and Moore (2017) discuss the additional demands of this constant renegotiation, over and above the difficulties of transitional liminality. This constant need to work out the rules of each location and work within them formed a part of the doubts and anxieties of participants as they entered each new location, but also enabled growth towards a greater understanding of themselves in the profession.

Participants began to awaken to the significant identity work (Winstone & Moore, 2017) which needed to occur in order to become the professional person they aspired to be. Irving and Young (2004) suggest that the classroom (and therefore,

perhaps, the practicum) is an in-between, transitional, space where students can begin to adjust to their fledgling identity. Winstone and Moore (2017) discuss the importance of freedom and responsibility to begin experimenting with early professional identity and adjusting towards the post liminal sacred state. As suggested by Ibarra and Obodaru (2016) participants in this study reported the importance of being trusted, supported, and able to begin becoming their own therapist through independent working, as they moved towards understanding and developing their own professional goals and values. Where this trust was not forthcoming participants felt enhanced doubt regarding their development, for instance Ellenor doubted her abilities on her final placement and Maud reported lack of trust which delayed her development of professional identity until the very last placement.

As participants began to feel more confident, with a lessening impact of doubt, they returned to what Conroy and O'Leary-Kelly (2014) describe as a return to stable state, with emotions calmed, where the professional identity narrative can be more forward looking than the backward looking earlier liminality. This suggests that, although doubt is still evident, liminals are more ready to embrace their post liminal identity as they develop the confidence to try out new versions of themselves as they work towards their stated goal (Beech, 2011). Conroy and O'Leary-Kelly (2014) suggest that following the calming of liminal emotions it is possible to construct new identity as the post liminal self, If emotions are not calmed the construction of this new self is more difficult, suggesting it may take longer or need additional support. We see this extended doubt, with raised emotions in Nathan's story, as he struggles to find a way to be a speech and language therapist. When emotions were calmed others became ready to enter the post liminal state, for instance Ann said *'come the*

end of the five weeks I felt part of the team' while Ellenor reported '*I am one, an SLT…I am a speech and language therapist'.* Nathan was still wondering if he could be a speech and language therapist.

While transformative education theory and liminality offer significant insights into the professional identity development of the participants as they worked towards becoming speech and language therapists, the above discussion does not really uncover reasons for some of the significant differences experienced by participants. For instance, Ann barely featured in the section on doubt, whereas Nathan experienced continuing doubt, not quite adjusting to the reality of the professional roles in which he found himself on placement, but thriving in the academic setting. The significantly different reactions of Meeko, Maud, Nathan and Ellenor to their placement difficulties require additional explanation too. Clearly as student speech and language therapists are negotiating their transition from new student to new speech and language therapist they are engaging in some significant identity work Daskalaki *et al.* (2016) in order to construct a professional identity. This work will go on to consider the potential roles of dramaturgy (Goffman, 1959) and attachment theory (Bowlby, 1969) in the different pathways to professional identity experienced by the participants in this research.

6.6 Dramaturgy

Perhaps one of the best known references to dramaturgy comes in this well-known quote from Shakespeare's *As You Like It:*

All the world's a stage
And all the men and women merely players
They have their exits and their entrances
And one man in his time plays many parts

(Shakespeare, 1993 Act II Scene vii)

Here, Shakespeare appeared to suggest that life is made up of a series of performances, a series of exchanges between actors and audiences, which enable people to play out their many and varied roles in life.

In more recent, prosaic, times Goffman (1959) introduced the concept of dramaturgy to explain the signals given and received by actors in a social or professional interaction. Actors give signs or clues regarding how they wish to be perceived in an interaction, signs can be both intentional and unplanned actions which are interpreted by others. Others judge an actor on the congruity between intended (given) and unintended (given off) signs. Actors can be discredited if there is lack of congruity between these signs, so they continually work hard to reduce the chances of being uncovered as a fraud (Goffman, 1959). It takes significant preparation, time, and energy to enable the performance to remain congruent, this preparation goes on in the private back stage and it is not intended that the audience in the front stage should see this preparatory work (Goffman, 1959). The performance itself takes place under the continuous observation of the audience; there are often social and setting expectations of the front stage performance (ibid).

Bringing Goffman's concept of dramaturgy into the modern workplace Ellis (2007), in her research considering professionalism in Podiatry, discusses the importance of the stage (e.g. hospital or home) on the performance which health care professionals give, with expectation of formality, for instance, changing depending on location. Ellis (2011) also discusses the importance of the significant back stage preparation such as education, training, experience and professional approach, on the enactment of everyday front stage performance of these health care practitioners.

In work from another profession related to speech and language therapy Ronfeldt and Grossman (2008) discuss the expectation that novice teachers, during their teacher training, have to learn to act a part before they have fully understood the concepts of teaching, or learned to identify with their new roles. While the requirement to act out these developing roles may prove difficult Ronfeldt and Grossman (2008) discuss the importance of pre-registration education for providing opportunities for students to experiment, by acting various versions of their possible professional selves, alongside the importance of feedback to help them understand how their acting out of roles appears to others, enabling reflection towards congruous performance.

Demonstrating the portability of Goffman's (1959) concept further Anderson (2005) discusses entrepreneurs as continually acting the process of becoming, working at the edge of what they know. Anderson (2005) suggests that when an entrepreneur has no track record with which to substantiate their ability they have to present their selves in a way that they believe they will be in the future; they, therefore, use dramaturgy to close the perceivable gap between their current and future selves. The more they can act their part with apparent confidence, the more they increase their chances of success.

6.6.1 Dramaturgy related to the participants

The discussion above provides examples of how dramaturgy is important to the professional workplace. The participants in this research can be related to all three examples: they are expected to work in multiple locations, as are Ellis's (2007) podiatrists. In addition they are often expected to work in areas where they have had little university preparation prior to the placement, they therefore try out new ways of working by copying their practice educators, as with Ronfeldt and Grossman's (2008) teachers. Throughout their training the participants were working at the edge of their learning and will, therefore, have no track record of success to back up their preferred way of being. Like Anderson's (2005) entrepreneurs, they need to employ dramaturgy, to '*fake it till they make it*' (Ellenor), on the stage of speech and language therapy.

Applying Goffman's (1959) concept of dramaturgy to the model of professional identity development in this work may therefore provide some additional insights into the workload and stresses which the speech and language therapy student participants undertook in university and the practicum. University is a setting which is familiar to the participants, only Velma had not attended university full time in order to gain her degree, so the back stage / front stage roles of students were mostly well practised, however significant incongruity is apparent in the university.

In the early stages of the degree participants discovered disparity in the rules. For instance, they were expected to demonstrate a professional approach to interactions with staff from the beginning, yet they were registered as students and referred to as students by tutors and professional services staff and had to sign into all classes. Here the incongruity is perceived by the student audience of the tutor actors, the

given signal is to be professional colleagues in the classroom, yet the given off signs of the classroom, where compliance of attendance, timekeeping, and engagement in activity without choice is required is incongruous with equality of colleague relationships. Perhaps this is a reason why participants were so uncomfortable with the 'student' label.

This incongruity is extended as students enter the practicum, where practice educators' relationships with their students are likely to vary significantly, influenced by their own experiences, education, training, and beliefs regarding the role of students in the practice environment. Before they are able to begin work with clients students must learn to read the expectations of individual practice educators and learn to perform in a way that enables them to gain the most from individual educators. Students must interrogate the social rules (Goffman, 1959) of each setting they enter, and of each practice educator they encounter in order to have a successful placement experience.

This is brought into focus when we consider an early placement for Maud, and Meeko's final placement. Maud reported not having time to discuss what she and the practice educator wanted from each other, she therefore had to rely completely on the given and given off signs of the practice educator to settle into the placement and begin working with clients. This led to Maud feeling a lack of trust from the practice educator, especially when she was not able to complete work planned with children in the clinic. She had to rely on given and given off signals to interpret the practice educator's reasoning, leading to significant doubt. On her final, multi therapist, placement Meeko reported not knowing if she was doing anything '*even remotely good*'. For Meeko the constant reading of the given and given off signs of five different ways of working, from five practice educators with different expectations

and in multiple locations within a hospital, with varied levels of formality, asked too much of her backstage planning and interpretation skills. The doubt she experienced on this placement was significant, she was unable to manage the required dramaturgy, and this led to stress, anxiety and disengagement from the client group.

Demonstrating the difficulties of maintaining frontstage, given, signs Nathan reported that he needed to be the person that he would be on completion of the course in his placement locations. This required significant back stage planning and careful presentation of self on the front stage. This was especially clear on his first day in a hospital where an experience of a gentleman with Dementia was unexpected and left him feeling unprepared and vulnerable. The frontstage expectation of this encounter was one of easy acceptance of client behaviours, which in other circumstances would challenge expectation of appropriate social behaviour. It is likely that Nathan attempted to act out this acceptance with given signs, however, his given off signs may have revealed his strong negative emotions, leading to lack of congruence, which would be easily observed by his practice educator. Nathan felt that it was in his best interests to ensure that others thought highly of him, trying to create harmony by controlling the responses of others (Goffman, 1959), in this case his practice educator, by trying to act the part of the already competent clinician. The disparity between Nathan's given signs of competence and ability and the given off signs of shock, discomfort, and dilemma were difficult to support in the practice environment until he reached crisis and stopped acting, by which time he was burnt out from all the effort required to maintain an uncomfortable front stage.

Others, too, point to this need to act a role, especially in the practicum, for instance Ellenor reported the need to '*fake it till you make it'*. She later acknowledged that this requirement to act the role of qualified clinician put too great an expectation on her to

make every interaction congruous with her aspirant self. This recognition, at a discussion half way through a placement, allowed Ellenor to act less, be herself more, and see a glimpse of her future self.

Goffman (1959) and Anderson (2005) point to the significant workload, both back stage preparation and frontstage acting, which is required to project the desired images. It clearly felt essential to the student participants that they projected successful images in order to move towards their post liminal goals, as discrepancy between their performance and the performance expected from each practice educator influenced their success on the placement. While participants felt this requirement and acted it out it is likely that the stress, anxiety and doubt regarding their abilities were immense. For some these negative emotions led to creative ways of being, for instance Maud reported having to step up and negotiate her role in the clinic, others did not fare as well.

The acting required to project these images is immense and Maud, Ellenor and Nathan all reported burn out at different points in their journeys. Dramaturgy did not serve Nathan well in his development towards being a speech and language therapist, as he kept acting until he was no longer able to manage the significant backstage planning required, leading to failed placements. In contrast Ellenor was supported by her practice educator to recognise that she could not maintain this level of acting as the pressure was not allowing her to be herself in the clinic. This enabled her to relax, act less, and begin to find her professional self.

While dramaturgy appears to be an intrinsic aspect of professional education, for both tutors and students, it did not always serve participants in this study well. It is probable that tutors and practice educators are acting a role which is so long lived

that they do not recognise it. There is no overt (given) message to students that they should act as if they are more competent than their current ability, participants, however, read this as a given off sign. The feeling of being continually assessed in a learning environment on placement perhaps provides its own given off signal of the need for constant competence. While dramaturgy allows students to experiment with different ways of being, as suggested by Ronfeldt and Grossman (2008) it also brings significant stress regarding individuals' ability and huge backstage planning, on courses that are already intensive in nature. This significant workload, and consistent acting of a role in which participants did not feel confident is likely to be a significant contributor to the central role of doubt in the development of professional identity. The doubt was maintained even when participants were ready to declare themselves as feeling like speech and language therapists and had secured first posts, which they were imminently due to start following interview five.

All students are put into similar positions in university and the practicum, some are more successful than others at performing in such a way that their fears and insecurities are not read by their tutors and practice educators. For instance, Ellenor's experience of her difficult placement five did not lead to failure, she re-evaluated her expectations, completed the placement, and received excellent post placement feedback from her practice educator. It may be that success and failure, and all points of ability between, is down to knowledge and performance, but this does not appear to explain some of the differences in the way students react to the difficulties they face. For instance, Nathan and Ellenor were both strong academic students, they had the knowledge, both were able to act the professional role in the supportive environment of the classroom, yet their response to difficulties in the practicum was surprisingly different. This suggests that there are other factors which

may be responsible for enabling and impeding the development of professional identity, this work will go on to consider recent adoption of Bowlby's (1969) developmental attachment theory by researchers considering the application of Bowlby's work to workplace attachment and success in adults.

6.7 Attachment theory

Bowlby (1969) introduced the concept of attachment theory, where infants developed anxious, ambivalent or secure attachments, based on the availability of their caregivers at times of stress. He hypothesised that early attachment experiences could influence relationships in later life (Harms *et al.*, 2016), however Scrima *et al.* (2015) report that it is only recently that attachment theory has been considered to influence workplace behaviour.

This concept was first introduced to workforce planning by Hazan and Shaver (1990), who related the three forms of attachment to employees' ability to manage workplace stress. In more recent times multiple authors (e.g. Littman-Ovadia *et al.*, 2013; Towler & Stuhlmacher, 2013; Tziner *et al.*, 2014; Scrima *et al.*, 2017) investigating workplace attachment have used Bowlby's theory to interpret workplace behaviours. For example secure workplace attachment is said to increase leadership and trust behaviours (Harms *et al.*, 2016), workplace engagement (Lin, 2010), and feeling respected and valued in the workplace (Richards & Schat, 2011). Less secure attachment reduces these positive workplace behaviours and feelings. Littman-Ovadia *et al.* (2013) report the importance of understanding attachment behaviours as they play an important part of understanding success in the workplace, while Leiter *et al.* (2015) discuss the ability to understand differing workplace coping methods through attachment theory. Richards and Schat (2011:

163

170) report the importance of individual attachment in explaining how people view themselves and others in the workplace, which 'influences how they think and behave towards others at work'.

6.7.1 Attachment styles in the workplace

Those exhibiting anxious attachment in the workplace require close proximity and availability of co-workers and leaders (Harms *et al.*, 2016; Scrima *et al.*, 2017). Anxious workers often have a negative self-image (Mikulincer & Shaver, 2005), can view themselves as unworthy, and need significant reassurance (Scrima *et al.*, 2015). This requirement leads anxiously attached workers to seek out affirmative relationships, but they often perceive others to be uncivil (Leiter *et al.*, 2015), possibly because their overdependence negatively impacts their workplace colleagues (Joplin *et al.*, 1999). This is likely to reinforce their insecurity and fear of rejection (Littman-Ovadia *et al.*, 2013).

In contrast those with ambivalent, or avoidant, attachment styles do not invest in workplace relationships, they avoid interactions (Scrima *et al.*, 2017) because they are uncomfortable with relying on others (Towler & Stuhlmacher, 2013) or view co-workers as being unavailable (Mikulincer & Shaver, 2005). Littman-Ovadia *et al.* (2013) and Harms *et al.* (2016) relate this self-reliance on lack of trust, but it can lead to conflict, and avoidant co-workers may be considered aloof (Tziner *et al.*, 2014). Leiter *et al.* (2015) reports avoidant workers as more likely to burnout, possibly due to their overworking in the belief that nobody else can help (Joplin *et al.*, 1999).

Those with secure attachment styles are more willing and able to take risks in the workplace and are likely to recover quickly from difficult experiences (Harms *et al.*, 2016). This may be because they are able to form interdependent relationships with

co-workers (Joplin *et al.*, 1999) which are more satisfying (Towler & Stuhlmacher, 2013), and support the management of anxiety and stress in the workplace (Littman-Ovadia *et al.*, 2013). Those with secure attachment styles are, therefore, likely to have a positive attitude to their work (Tziner *et al.*, 2014), they are more likely to view themselves as valid and others as trustworthy (Richards & Schat, 2011) due to their self-regulatory and interpersonal skills (Scrima *et al.*, 2015). Simmons *et al.* (2009) found reduced feelings of burnout and significant increases in trust, hope and autonomy of those with secure attachment leading to flexible, reciprocal relationships, the ability to seek help from others, and the ability to acknowledge negative aspects of work without becoming overwhelmed.

6.7.2 Attachment theory in this research

Relating attachment theory to the participants in this research it is possible to consider how participants reacted to the university and placement stresses through the lens of attachment, which provides some further understanding of their differing routes to developing professional identity.

Velma was ambivalent regarding her student status from the outset, reported as *'I'm a student, which is just ridiculous',* later she reported finding classroom activity difficult, and in year two she reported enjoying the enhanced autonomy of independent learning, her placements in year one did not live up to her expectations. Her response was to look for work, seriously considering leaving the course, rather than to seek out tutorial support to consider why she was feeling that way. Indeed she reported year one placement experiences very favourably in interviews two and three. It was only when she found inspirational leadership, in an unexpected place,

that she was able to reconsider herself as a professional and adopt a more secure attachment style, leading her to be able to take more risks and explore the possibilities of a workplace which she had previously feared.

Wu and Parker (2017) discus the importance of good leadership in enabling workers to develop positive workplace activities, while Harms *et al.* (2016) report the need to feel a secure attachment to somebody they can rely upon to be ready to explore new behaviours. Perhaps it was this practice educator leadership, which, in the most unexpected of placement situations, enabled Velma to feel that she was developing her professional identity as a speech and language therapist, rather than losing her original identity.

Anxious attachment style requires a more established social support system (Joplin *et al.*, 1999) in order to overcome insecurity and fear of rejection (Littman-Ovadia *et al.*, 2013). In the case of the participants in this study this appeared to be experienced as fear of academic and placement failure, preventing post liminal access to the profession. At different stages in their development Sarah, Meeko, Maud and Nathan all sought significant support, or found that they were not succeeding when that support was not available in a way that worked for their needs:

Sarah was overwhelmed by the workload, demonstrated by to two episodes of tears during interviews when discussing workload management and she had significant worries regarding linking theory to practice. Maud struggled with her perceived lack of academic success and needed significant support from family, friends and tutors to complete the course, she experienced lack of '*mental and emotional*' energy and feeling '*disengaged from everything*' these are features of burnout, which Leiter *et al.* (2015) and Simmons *et al.* (2009) suggest is strongly linked to high anxiety

attachment state. Additional support to manage her anxious state led to enhanced wellness and success, demonstrating the impact of supervisory relationships on reducing internal conflict as discussed by Towler and Stuhlmacher (2013). Meeko and Nathan both experienced significant anxiety in the practicum. Meeko's anxiety was quelled in early placements, where she felt supported and enabled by her practice educator, however lack of the required support to quell her anxiety was not available in later placements, leading to doubt, further anxiety and reduced placement success.

Nathan's story (appendix 16) demonstrates just how important the reassuring, supportive practice educator is to the student with anxious attachment. Nathan had put the profession on a pedestal, early in interview one his anxiety was clear when he said '*I worry too much about being an SLT*' , he was shocked by the difficulties faced by clients at the start of each placement, felt unable to take decisions regarding clients without support despite good knowledge and skills. Lack of support required to support his anxious workplace attachment led to him saying '*I can't do speech and language therapy*' or at least, to develop identity as a speech and language therapist he would need to re-evaluate, to '*get the measure out again to double check the fitting*' of his blazer.

Ellenor, Ann and Max all exhibited more secure attachment styles; perhaps Ann had been aided in this secure attachment by her speech and language therapy colleagues in practice. While Ellenor and Max appeared nervous going into placements, and both complained at the workload, they both demonstrated secure attachment. While Max was uncertain how he would overcome potential '*overemotional reactions*' he also stated that he was confident in his knowledge and skills. During the same interview his secure attachment was demonstrated when he

said that it is '*ok to want to be your own speech therapist*', an early recognition that his own identity as a speech and language therapist may be different to that of others.

Through considering the three attachment styles and the characteristics displayed by the participants during the interviews and placement reflections it is clear that some participants (ambivalent and anxious attachment) needed greater support than those with more secure attachment styles. Attachment theory may also help to explain the differing reactions to difficulty, for instance Ellenor was able to bounce back from placement difficulties on placement five, while Nathan's difficulties led to failure. It is possible that on a placement which supported his attachment needs Nathan could have experienced the growth in professional identity which was demonstrated by Velma when she met a practice educator who supported her in the way she needed. The availability of support to enable success for those with anxious attachment is illustrated by Meeko who, while anxious and experiencing difficulty on placement five, sought out support from university tutors to reduce her anxiety and work out coping strategies, and hence she did not experience Nathan's failure.

These attachment styles are likely to impact the development of professional identity significantly. Doubt has been identified as an important factor in the development of professional identity. It intersects with the more forward moving stages of professional identity development, awakening, adjusting and becoming. From consideration of attachment styles, it appears that those with anxious attachment need significantly more support to manage their doubts and move towards positive professional identity. Those with more secure attachment styles still experience doubt, but are more able to manage that doubt either individually, or through seeking support. They can, therefore, move towards becoming a speech and language

therapists by relying on their own secure attachment style. They needed reduced support from others to cope with the inevitable difficulties of becoming a professional.

6.8 Summary

Consideration of the professional literature and the four theoretical lenses discussed above all help to further understand the development of professional identity of these speech and language therapy students. While it is apparent that participants pass through the ==six or is it really 4== stages of professional identity development, the reasons for their individual journeys become clearer. Some, such as Velma, and Nathan on completion of his journey, could be said to have had a transformative experience, based on Mezirow's transformative education model. Velma and Nathan have encountered considerable dilemma, assessed the incongruity of their frame of reference with what they saw in the profession of speech and language therapy, and entered the profession with a changed frame of reference.

All participants had to go through Van Gannep's (1960 [1908]) rites of passage to achieve the sacred registration as a speech and language therapist. They became liminals leaving behind their pre-liminal professional identity and entering a period of time when they could no longer identify with their prior roles, but could not be speech and language therapists. This period is a time of heightened anxiety, it proved difficult in multiple ways, and caused the participants to significantly doubt both themselves and the profession. Importantly, it also enabled creativity, change and the development of professional identity.

Participants navigated this liminal phase to some extent through the use of dramaturgy. The reading of signals from others and the acting out of a role which

gradually became their own took significant planning work and expert skills of reading the voiced and unvoiced expectations of practice educators and tutors as well as acting out their own role as future speech and language therapists. Those with secure attachment styles found it much easier to take the risks of acting as their future selves leading to a quicker, more confident, transition to the post liminal state; those with ambiguous or anxious attachment needed more support from tutors and practice educators, to make a less confident transition.

Chapter 7

Conclusion

7.1 Background

This research set out to deepen understanding of the journeys of eight speech and language therapy master's students as they undertook the degree which entitled them to become speech and language therapists registered with the Health and Care Professions Council. The knowledge and skills development of these students was understood as their degree progressed, through academic assignments and practice placement feedback. From data routinely collected regarding student progress there was a significant lack of understanding of the development of professional identity.

The literature provided some limited evidence of the development of professional identity in speech and language therapy pre-registration students, this began with Brumfitt *et al.* (2005) who interviewed newly qualified practitioners regarding the relative impact of aspects of their training on readiness for work. Others, such as Brumfitt and Freeman (2007) considered aspects of learning in the placement setting and Bending's (2012) doctoral thesis shed light on the differences for male speech and language therapy students in a largely female profession. McAllister and Lincoln (2004) proposed a developmental sequence from novice student to newly qualified practitioner, with six aspects of development considered important: A sense of self, relationship with others, being a learner, agency as a learner, seeking dynamic self-congruence and growth and development.

Looking to other professions with whom speech and language therapists work there appears to be a stronger sense of recognising the importance trying to understand the process of developing professional identity. McElhinney (2008), for instance demonstrated the multiple aspects of the environment and developing self which can balance, or unbalance, the development of professional identity, while Dearnley and Matthews (2007) show this to be a developmental process over time.

7.2 Research Questions

This research asked two questions:

1. What is the lived experience of the development of professional identity of pre-registration master's speech and language therapy students?

2. Are there triggers which lead to either positive or negative experience of professional identity development?

The work has identified a model of professional identity, which was followed by all eight participants. Practice educators were identified by participants as being central to their developing sense of becoming speech and language therapists. While practice educator influence was usually positive, barriers to the development of professional identity were also apparent. DOUBT…..

7.3 The contribution to prior knowledge

Analysis of in depth interviews and reflective writing has led to a model of professional identity development which is original and adds to previous

understanding of the professional identity development of these professional students, the most significant addition is the important role played by loss and doubt in the journey to professional identity.

Fig 13 The stages of professional identity development

The Stages of Professional Identity Development
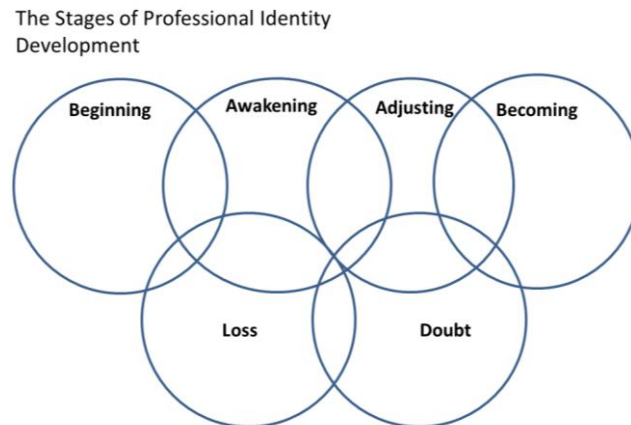
While Dearnley and Matthews (2007) present four stages: initiating, awakening, changing personal perspective, and becoming professional, this work adds the important concept of difficulty to the development of professional identity. The significant stages of loss and doubt, which intersect with beginning, awakening, adjusting and becoming suggest that professional identity development is not an easy unidirectional transformation, but that it necessarily takes place in an environment of uncertainty.

While this uncertainty can be harmful for some, most reflected on their difficult experiences and decided how they should be managed, this was an important aspect of development for the participants in this study. Through reflection on loss and doubt participants were gradually able to construct their own understanding of how to be a speech and language therapist. Even Nathan, who struggled to develop identity as a speech and language therapist throughout the two years of the study,

reflected heavily on his difficulties as part of his development, enabling him to have greater understanding of the reasons for his difficulties.

Participants discussed their membership of a supportive cohort and tutor support, however, this tended to be linked to achieving the workload and academic and practical success. Triggers to developing professional identity were reported much more strongly in the practice environment. In their interviews and reflective writing participants in this work indicated strongly that, as with Jagoe and Roseingrave (2011) and Jagoe and Walsh (2016), the practice environment was key to their developing their professional identity. Features of trust, independence, support, tailored learning, and feedback were important aspects of practice educator support which enabled the development of professional identity.

The relationship of a student with their practice educator also had a very significant impact on identity development. This is evidenced through Velma's complete change of identity within the profession, supported by her practice educator, in an environment she did not expect to enjoy. In contrast, Velma's early dilemmas regarding the profession were influenced by a practice educator less skilled in enabling students, leading to her feeling disengaged from the profession. Others, such as Maud, Meeko and Ellenor report negative feelings towards their professional development when relationships between themselves and practice educators were less positive, with positive relationships came the ability to identify more strongly with their aspirant professional self.

Examining the findings of this research further, through a model of transformative learning (e.g. buliding from Mezirow, 1978) and work on rites of passage, especially liminality (Van Gannep, 1960 [1908]; Turner, 1967) casts further light on the findings. These difficulties, experienced by the participants in this work, are an essential part of developing from new student to newly qualified practitioner.

Without disorienting dilemma it is not possible to change one's frame of reference, which was experienced in this work by Velma and Nathan. Additionally, to move from the profane of earlier work and study to the sacred, registration as a speech and language therapist, student participants had to move through pre-liminal, liminal and post liminal states (Van Gannep, 1960 [1908]). Leaving behind pre-liminal identity and becoming a student, without professional identity, was a difficult process, marked by loss.

The strong themes of loss and doubt uncovered in this work, alongside the forward moving stages of beginning, awakening, adjusting and becoming give insights into the struggles and successes as the participants worked towards their goal to become a speech and language therapist. Further interpretation through the dramaturgy of Goffman (1959) and attachment theory of Bowlby (1969) provides additional insights into the significant back stage preparation required for successful transition, and the help that is likely to be required by anxious individuals to support their ongoing development.

7.4 Recommendations

The six stage model of development highlights both the positive direction of the development of professional identity and the difficulties which are likely to be encountered by student speech and language therapists. The difficulties of loss and doubt which were encountered led to uncertainty, confusion and anxiety as a former role was lost, but they also enabled creativity as suggested by Turner (1967). This creativity enabled the participants to move further towards their goal of being a speech and language therapist. Planning for professional identity development should include aspects of the forward moving expectations, the expectations of loss and the role of doubt as a barrier and facilitator of professional identity.

7.4.1 Include professional identity development

The development of professional identity is important in the development of speech and language therapists. The development of knowledge and skills are accounted for in the curricula of the academic and practical expectations and assessments of speech and language therapy pre-registration programmes. There needs to be significant work to develop a curriculum which overtly incorporates and supports the development of professional identity, alongside and equally with the knowledge and skills curriculum.

7.4.2 Consider political climate change

The central role of pre-registration education is to enable as many as possible of those students registering on pre-registration speech and language therapy degrees to complete the course successfully. Attrition has been low on the master's course at the University of Essex, however, the funding and application arena is currently changing. With the removal of NHS bursaries application numbers have fallen, leading to a need to recruit to entry targets, rather than the earlier selection of the best candidates from a very large application pool. With the changes come possible changes in the prior attainment of students beginning the course. It is, therefore, very relevant to look proactively at how to enable students to achieve in order to maintain the low attrition figures which the programme team are used to. Considering activity and technique to support the development of professional identity, while maintaining student, tutor, and practice educator wellbeing is an important part of this planning.

7.4.3 Plan for Loss and Doubt

That loss and doubt are centrally important to the transformative development of professional identity is clear in this work. While Nathan struggled, the other participants' experience of loss of prior self, and doubts about emerging ability and identity led to uncomfortable reflection and growth in professional identity. While difficulties in developing a professional self and fluctuating identity are apparent in the professional literature reviewed, the central importance of loss and doubt found in this research is not apparent.

As important features of professional identity development loss and doubt need to be planned for in the curriculum of the classroom and the practicum. Importantly, academic tutors and practice educators need to understand what is happening when students express, or attempt to hide, doubts. From personal experience and observation of my peers, expressed doubt is met with tutor support, often attempting to 'save' the student from the discomfort they are expressing, by offering direction. Unexpressed doubt is rarely addressed.

Understanding the importance of loss and doubt should lead to the development of learning experiences for students where doubts are expressed as openly as aspirations: for example asking students about both their aspirations and their fears of a module or practice learning experience. This could open up the discussion regarding learning that comes from difficulty, making doubt and difficulty as integral to the acceptable student experience as high grades and excellent feedback.

7.4.4 Plan to change

To begin to implement changes requires understanding of the importance of loss and doubt to the development of professional identity, which has become evident in this work. From this work it is clear that learning happens when students are experiencing both loss and doubt. It is likely that, until tutors and practice educators understand that expressed doubts can be alleviated by supportive questioning, rather than directly answering the questions asked, they will continue to attempt to reduce doubts through answering questions, rather than enable reflective learning, which may be uncomfortable. Change of style, to direct students in difficulty by

enabling reflective learning, will take understanding of the importance of this learning and planning for the pedagogic skills required to work in a different way. Participants in this research have clearly demonstrated their learning through periods of difficulty. With this greater understanding of the importance of loss and doubt this learning should take greater precedence in the planning in both the academic and placement environments.

7.4.5 Discuss doubt

Change requires team working by programme teams and practice educators. The students in this research clearly believed that hiding their early losses and ongoing doubts from tutors and practice educators, as well as service users, was expected. Ellenor's *'fake it till you make it'* is a clear example of her early beliefs about of her student role. If students are to be encouraged to express their doubts they need to be sure that this will not negatively impact assessment of their performance. While discussing what went 'wrong' and 'right' following an interaction with a service user is common practice, less common is backstage (Goffman, 1959) support from tutors and practice educators to discuss doubt, as an inevitable and integral part of preparing to work with service users. Where this doubt was supported proactively during this research (e.g. Sarah and Velma through a practice educator and Meeko through a university tutor) greater success was enabled and participants made significant strides in knowledge, skills, and professional identity development.

Planning for discussion of doubts needs to become a central part of student supervision. If discussion of prior achievements and experiences becomes an

expectation, alongside discussion of current and developing doubts students, tutors and practice educators will all have greater understanding of how to support students' development.

7.4.6 Utilising attachment theory

If we are to enable learning through discussion of doubts and supportive questioning, rather than offering direction, students need to be integral to the planning and understand the rationale. By enabling through questioning as a support technique, it is possible that students may feel unsupported. This lack of perceived support could lead to disaffection, poor relationships and the potential for attrition. If students are aware of the style of learning they are likely to encounter they are more likely to respond positively; if they have been able to plan towards their own personal style of learning their proactive involvement should aid their understanding of how they approach personal professional development.

Attachment style has been discussed in this work, as being a significant potential influence on professional identity development. In order to achieve student understanding of their own learning support needs they should be helped to understand their own attachment styles, and how this might impact on their learning. Knowledge of attachment styles and how they may impact support seeking may help enable positive discussion with the 'worried well' student. This student is likely to be doing well with knowledge and skills development, but anxious attachment may be holding back professional identity development. Tutors may also encourage those who have identified ambivalent attachment to seek additional support, which

otherwise might be discounted by the student as unlikely to be useful. If tutor and student hold information regarding student attachment style, this discussion can be had openly, in just the way discussion can be open regarding other learning needs, such as dyslexia. Students should be encouraged to share their learning styles in the practicum as well as the university and practice educators need to be helped to understand the importance of attachment style to the support style needed for individual students. Doubt should not disappear, but it should become more visible, and be easier to support if it is significantly influenced by known about attachment styles.

7.4.7 Plan as a team

The recommendations above require a good deal of time, energy and work on the part of university tutors and practice educators. Understanding of the central importance of loss and doubt to developing professional identity is a first step. In the University tutors need to plan an emotionally intelligent curricula and safe spaces which reflect the importance of discussing doubt. This information needs to be shared with practice educators, some may require considerable support to understand how students may be feeling in their clinic, and others may be ready to join the planning process, working with university staff to develop curricula. Knowledge about the importance of loss and doubt to becoming a speech and language therapist has come from listening to students stories; it is equally important that students understand the reasons for and are integral to planning changes in their learning environment.

7.5 Limitations

This work set out to understand the deep, lived experience of a small group of pre-registration Master's degree speech and language therapy students. In depth work with these students over a two year period has led to greater insights into the development of their professional identity. Qualitative research of this type does not set out to be generaliseable, but trustworthy (Fox *et al.*, 2007; Silverman, 2010). Trustworthiness was established through genuine research partnerships forged over the two year period of the research. Generalisation to other students and environments feels likely to the researcher, but is for the reader to consider and interpret further.

The participants in this work were all UK nationals, with English as their first language; there was no representation from wider European or International students, or those where English is an additional language. Inclusion of these students may have provided insights into differing aspects of developing professional identity in a language and culture that is not native to the individual.

The gender balance of two males and six females is appropriate for the profession and Bending's (2012) work with male speech and language therapy students casts further light on the possible journey of male speech and language therapy students. This work did not uncover differences in the journey to professional identity based on gender; however, with equal gender representation in the sample this may have been different.

Inclusion of a more heterogeneous participant group may have uncovered different aspects of the journey to professional identity, for instance inclusion of a younger, undergraduate cohort may provide different insights.

Although significant steps were taken to reduce the impact of the researcher's position as a lecturer on the program on which the participants were registered, it was impossible to eradicate this position. It may well have influenced the stories participants chose to discuss, it is also likely that researcher expectations have influenced those aspects of the stories which have led to the findings in this research.

7.4 Further research

In order to understand the similarities and differences of other groups of pre-registration speech and language therapists further study would be needed. This research could be repeated with different groups, such as overseas students, or undergraduate students to gain further insights and add to the rigour of the knowledge created in this work.

In addition a survey based on the findings of this research could be carried out with a wide group of pre-registration students, gathering insights from a large number of speech and language therapists in UK or worldwide locations. This would enable comparison between findings in varied learning cultures, and further sharing of student perceived best practice and development needs.

If the research is to be used with confidence in wider professional groups, such as those explored in the literature review in this work, then repeating the work with other professions, or carrying out surveys based on the findings with other professional groups would be appropriate.

This research ends with the end of student-hood, which is the beginning of the careers of the participants. A useful extension, beyond the scope of this work, would be to follow up on the development of professional identity as students make the transition to being qualified practitioners.

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Appendix 1

Mezirow's stages of Transformational Learning

Stage 1	Disorientating dilemma
Stage 2	Self-examination with feelings
Stage 3	Critical examination of internalised role assumptions and alienation from social assumptions
Stage 4	Relating discontent to similar experiences of others and recognition of the connection between discontent and transformation
Stage 5	Explore new ways of acting
Stage 6	Plan a course of action
Stage 7	Acquire knowledge and skills to implement the plan
Stage 8	Try out new roles
Stage 9	Build competence and confidence
Stage 10	Reintegrate into society on the basis of the new perspective

Adapted from Mezirow (1981, 2000, 2009)

Appendix 2

Email to potential participants

To the class of xxxx to xxxx

You will know, from your interview, that I'm a staff member on the SLT course on which you are about to embark. I am also a professional doctoral student with an interest in the development of professional identity of SLT students during their time as students in the School of health and human sciences. I am hoping to carry out some research while you are students and looking for volunteers to take part in the research; I hope that you will consider whether you are willing to take part.

Attached is a participant information sheet detailing the background to the study and information to help you decide whether you should become a participant. I should stress that there is no requirement for your participation and your studies will not be affected whatever decision you make. I will ensure that I do not divulge to the staff team which students are taking part, that you have a different personal tutor and that I do not mark work which contains your name.

Please take a few minutes to read the attached information sheets, feel free to email me on teade@essex.ac.uk with any further questions you may have. There will also be an opportunity to hear more about the research and ask more questions soon after the beginning of the course; at which point participants will be asked to formally consent to take part.

I look forward to meeting all of you in September, some of you as participants.

Best regards

Teresa Eade

Professional Doctoral student

Appendix 3 Background to the project

Title of Project

Understanding the lived experience of Professional Identity Transformation in a group of Speech and Language Therapy Masters' students

Aims & Objectives

To understand the process of, and triggers to, professional identity formation in pre-registration master's speech and language therapy students at University of Essex

Research questions:

Principal question

What is the lived experience of development of professional identity of pre-registration master's speech and language therapy students?

Secondary question

Is it possible to identify triggers which lead to either positive or negative experience of professional identity development?

Background Information

While knowledge and skills of students on professional courses are monitored throughout their studies (Biggs, 2003; Khalili *et al.*, 2013) less is known about the development of professional identity in students undertaking professional education (Watts, 1987) especially speech and language therapists. Since moving from a clinical post to higher education in 2006 I have recognised that readiness for employment appears to be linked to both academic achievement and emergent professional identity; these appear to develop differentially.

Literature on the process of becoming a speech and language therapist was found to be limited by Brumfitt *et al.* (2005) and remains limited in 2015. The situation found by Brumfitt 10 years ago does not appear to have changed. Papers and books are available which consider student learning, especially related to clinical practice (e.g. Stengelhofen, 1993; McAllister & Lincoln, 2004; Read, 2014); while literature relating opinions of educators on professional identity in SLT profession is recently published and reports opinions of some students (Stokes 2015). It appears that authors have not courted the opinions of students regarding their journey to becoming a speech and language therapist. There are many professional groups with whom speech and language therapists work, both during their courses and as practitioners, one such group is teachers. Following their phenomenological analysis of the narrative writing of student teachers in America Schultz and Ravitch (2012) state:

'New teachers do not simply enter teaching with a professional identity intact, nor do they acquire it on their own. Rather it is deeply connected to the communities in which they learn to teach and to their interactions with their colleagues' (p37)

Work to understand the development of professional identity with student doctors (Byszewski *et al.*, 2012; Johnson *et al.*, 2012), student nurses (Brown *et al.*, 2003; Van Eps *et al.*, 2006; Dearnley & Matthews, 2007) and student occupational therapists (Turpin *et al.*, 2012), with whom SLTs work in the health environment, uncovers the complexity and importance of understanding the journeys of students as they become health professionals.

An example of this is found in the work of Crossley and Vivekananda-Schmidt (2009). In their survey of medical students the authors discuss the significance of multiple factors in the development of measurable professional identity; importantly, they cite lack of time as hindering the development of professional identity. Well-developed professional identity is reported as important in the successful transition to practice of qualified new practitioners (Crossley & Vivekananda-Schmidt, 2009), making enhanced knowledge of identity formation essential to educators. If identity formation is difficult for medical students to achieve in five years, it can reasonably be assumed that there may be difficulties for Speech and Language Therapy students, in just two years.

The proposed research aims to understand individual journeys of Speech and Language Therapy students, at the University of Essex, towards professional identity; it is hoped that triggers to developing identity may also become apparent, enabling enhanced programme planning and wider discussion in the profession.

Researcher / Practitioner roles

An important consideration in this research is the potential for role convergence of the researcher's role as lecturer and researcher. The researcher wishes to take as many steps as are possible to ensure that participants are not adversely impacted by this work.

- Informal meetings from which field notes are made after the event will enable the students to know the researcher in a more informal context, developing an environment of trust and directing further semi structured interviews
- The researcher will not act as personal tutor for any of the year group, giving participants a confidential person besides the researcher with whom they can seek guidance and support
- The researcher will have available information regarding student support facilities, to enable signposting to appropriate services, should this need become apparent
- The researcher will not mark any of the participants reflective writing (usually marked by personal tutors)
- Academic work will be marked 'blind' in line with School policy

Appendix 4 Detailed Information

Title of Project

Understanding the lived experience of Professional Identity Transformation in a group of Speech and Language Therapy Masters' students

Proposed location of research
School of Health & Human Sciences at University of Essex

Sample size
Working with a cohort of 30 students a sample of 6-8 students will form the participants for this study. Attrition through leaving the course is traditionally low in this group of students, so it is anticipated that at least 6 students will complete the research programme

Recruitment

On arrival at the university all students would be asked to attend voluntary informal session with the researcher at a time which does not conflict with planned academic or Student Union welcome activity. The project would be presented by the researcher and students would be able to ask questions about the research. Following this session students would be asked to affirm their desire to take part in the study by email to the researchers university account, within 1 week of the meeting. It would be made clear that any student deciding to withdraw would not be disadvantaged. In the event of excess students wishing to take part the group will be asked to self-select participants that they feel represents as diverse a range of backgrounds as possible.

Those selected would be asked to sign formal consent forms, whilst being assured that they could withdraw at any time with no prejudice to their degree studies. The researcher would then collect biographical information from participating students

Inclusion criteria

All students registering for MSc Speech and Language Therapy in September 2015 will be invited to take part in this research

Note
Students who leave the programme before its end will be excluded from subsequent data collection, however previously collected material would ideally be included following negotiation with the student and a semi-structured exit interview conducted where possible.

Data Collection

Participants will engage in the research throughout the time of their study on the MSc programme. Varied data collection methods will be used to enable participant led topic selection in interviews and data triangulation.

Demographic details of participants will be gathered following consent being given by participants

Semi structured interviews

In depth Semi structured interviews will take place with the researcher at 6 monthly intervals following commencement of the programme. These interviews will last approximately 1 hour, actual duration will be led by the participant (Legard *et al.*, 2003a). The interviews will be timed to take account of natural transition times in the programme (Course start, Prior to yr 1 block placement, Yr 2 start, Prior to yr 2 block placements, course end), making interviews at approximately 6 monthly intervals. Final interview will be at 2 years, even if students have not completed their studies, enabling understanding of reasons for late completion if appropriate.

Interviews will be audio recorded and transcribed verbatim, to include notes regarding significant prosodic features which demonstrate emotion or depth of feeling. This will provide opportunity for interpretation of additional depth of meaning than if prosodic features are lost from the transcript (Wetherell, 2009). Participants will be given a transcript and recording of their interviews, enabling them to check accuracy, correct the transcript and make further comments, enabling greater depth of understanding than is always possible from initial interviews. The researcher may specifically ask for clarification of meaning from participants at this stage if she is uncertain of meaning.

Informal meetings

Participants will be invited to informal meetings at regular intervals throughout the research. This will be an opportunity for the researcher and participants to get to know each other informally, hence enhancing the openness likely in other data collection situations. These meetings will not be recorded, however the researcher will complete detailed field notes following each informal meeting. These field notes will be used to help inform structure of later semi structured interviews and interpretation of data collected at other times.

Blogs

Participants will be invited to leave blogged information which they feel is pertinent to the research in a drop box at any time during the research. The style of this information will be at the discression of the participant, for example, they may include typed reflections, video or audio recordings, pictures which they feel are representative of their current feelings of professional identity. Any blogs left by individual participants will be used to inform their next interview and also in the analysis of their journey to professional identity. Analysis of these blogs will be dependent on the material blogged, interpretation by participants will form part of the next semi structured interview. Participants will be expected to leave at least 3 blogs between interviews, but may leave more if they wish. If students are uncertain regarding use of the blog site individual tuition will be provided by the researcher.

Reflective writing

Following each academic module and practice placement students are required to complete reflective accounts of their learning. This writing will be included in the analysis and interpretation, but should not require additional time commitment from the participants

Participant Commitment

Throughout the two year period each participant would be asked

1. To attend:
   - 1 introductory meeting
   - 5 semi structured interviews
   - 5 informal meetings
2. To review and comment on:
   - 5 transcripts
3. To deposit blogs of any style approximately bi monthly or more if desired
4. To offer access to their placement and portfolio reflections
5. To make their demographic details known to the researcher

Method of data analysis

Transcripts of interviews, reflective writing and field notes will be assembled chronologically. Emergent themes will be assessed for individual participants in time chunks which represent any information provided between interviews and the interview itself. Whilst the integrity of individual participants will be maintained comparison of the differing journeys to professional identity will also be made.

Data analysis will use a format such as that provided by Framework (Ritchie & Spencer, 1994), following thorough reflection on the content of the transcripts themes will be identified and indexed and analysis of relationships between themes both within participant journeys and between participants will enable interpretive understanding of data. Computer assisted analysis will be performed using a CAQDAS programme such as MAXQDA or NVivo, to enable thorough analysis and organised storage of the datasets.

Appendix 5

Consent form

Title of Project: Understanding the lived experience of Professional Identity Transformation in a group of Speech and Language Therapy Masters' students

Researcher: Teresa Eade

Supervisors: Dr Peter Martin & Dr Joanne Andrews

I, ...have read the participant information for this project, attended the participant briefing and had any questions regarding the research answered by Teresa Eade.

I would like to take part in this research. In agreeing to take part I understand that Teresa will have access to agreed demographic information, I will meet for both informal discussions with the project group and 1.1 interviews with Teresa Eade and comment on the transcripts, I will provide interim blogs through the dropbox and allow Teresa Eade to use my reflective writing for modules and placement. I understand that all data will be stored securely on password protected computer and that my anonymity will be protected through use of a pseudonym.

Teresa Eade has explained to me that I can withdraw from this study at any time without prejudice to my studies on the MSc Speech and Language Therapy.

Signed

....

Name in Block Capitals

....

Date

....

Appendix 6 Participant profiles

Pseudonym	Ann
Age at beginning of study	30
Gender	Female
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	French BA (Hons), University of Exeter, 2008, 2:1
Master level degree (s)/ Institution (s)/year(s) gained	Library and Information Management MSc, University of the West of England, 2012, Merit
Additional post school qualifications / institution / year gained	
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	French (fluent), Spanish (A-Level),
Nationality	British
Country of residence	England
Work experience	- SLTa - Community Adult Acquired SLT (2013-2015) 3x temp admin roles within the NHS (2012-2013) - University Academic Librarian (2011-2012) - Trainee Librarian (HE/FE College) (2008-2011) - English Assistant in French secondary school (2006-2007) - Various Classroom Assistant roles in primary and special schools as part of Students' Associate Scheme (2005-2006) - Various retail jobs before and during undergraduate studies
Family circumstance	Living with partner, all immediate family live in West of England
Living in Colchester / Elsewhere as a student	Living in [local town approximately 20 miles from campus]

Chosen Pseudonym	Ellenor
Age at beginning of study	23
Gender	Female
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	BSc Developmental & Educational Psychology; University of Northampton; July 2013
Master level degree (s)/ Institution (s)/year(s) gained	n/a
Additional post school qualifications / institution / year gained	n/a
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	Spanish – GCSE
Country of residence	Current - England Home - Northern Ireland
Work experience	- LSA and SEN classroom assistant in primary schools; - Play worker in afterschool club - Support worker with adults with LD (particularly ASD)
Family circumstance	- Single 2 elder brothers (1 with a diagnosis of Aspergers Syndrome).
Living in Colchester / Elsewhere as a student	Living locally with a group of students from the same student group

Chosen Pseudonym	Maud
Age at beginning of study	21
Gender	Female
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	Linguistics, Bangor University North Wales, 2015
Master level degree (s)/ Institution (s)/year(s) gained	No
Additional post school qualifications / institution / year gained	No
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	French A level
Nationality	British
Country of residence	England
Work experience	- Volunteer at Stroke Group - Various experiences shadowing a paediatric SLT - Kitchen Assistant in a care home - Placement in a Year 1 class for 5 days - Child contact centre volunteer
Family circumstance	Single
Living in Colchester / Elsewhere as a student	Living in Colchester in University halls

Chosen Pseudonym	Max
Age	23
Gender	Male
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	English Language BA (Hons) / 2:1 / Lancaster University / graduated 2013
Master level degree (s)/ Institution (s)/year(s) gained	N/A
Additional post school qualifications / institution / year gained	CELTA (Certificate in Teaching English to Speakers of Other Languages gained 2014
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	French at GCSE level
Country of residence	United Kingdom
Work experience	• Teaching assistant in secondary school • Classroom teacher in English language school
Family circumstance	No children
Living in Colchester / Elsewhere as a student	Living in Colchester

Chosen Pseudonym	Meeko
Age	22
Gender	Female
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	BA (hons) English Language
Master level degree (s)/ Institution (s)/year(s) gained	
Additional post school qualifications / institution / year gained	
Native language	British English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	Spanish GCSE
Nationality	British
Country of residence	England
Work experience	Stroke ward volunteer Classroom assistant in 2 schools including a special school

Chosen Pseudonym	Nathan
Age	22
Gender	Male
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	BA English Language & Linguistics / University of Essex
Master level degree (s)/ Institution (s)/year(s) gained	NA
Additional post school qualifications / institution / year gained	NA
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	French GCSE
Nationality	British
Country of residence	England
Work experience	Secondary School Teaching Assistant / Speech Intervention Lead
Family circumstance	Single
Living in Colchester / Elsewhere as a student	Living in Colchester - Off campus

Chosen Pseudonym	Sarah
Age	34
Gender	F
Bachelor level degree / Institution/ year gained/ grade	BSc Psychology Graduated in 2003
Master level degree / Institution /year gained	
Additional post school qualifications / institution / year gained	Professional Certification in in Reflexology (Level 4 Qualification) gained in 2010 from Nature Care College Sydney Australia
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level / holiday	A-level French
Nationality	British
Country of residence	UK
Work experience	11 years' work experience in various roles; mostly working with adults with learning disabilities in a variety of settings. Some work with children and the elderly, and some with teens.
Family circumstance	Living with long term partner. We have a young son who is currently 22 months old.
Living in Colchester / Elsewhere as a student	We moved to Colchester for me to study at the University

Chosen Pseudonym	Velma
Age	47
Gender	female
Bachelor level degree(s) / Institution(s)/ year (s)gained/ grade	MSc Open Degree/Open University/2014
Master level degree (s)/ Institution (s)/year(s) gained	NA
Additional post school qualifications / institution / year gained	HND Publishing Management/London College of Printing/1994
Native language	English
Other languages with competence level e.g. fluent / competent / 'A' level /GCSE/ holiday	French/GCSE
Nationality	British
Country of residence	UK
Work experience	- Publishing Assistant - LSA (adults with learning difficulties) - Specialist Support Assistant (EMTAS) - LSA(mainstream secondary school)
Family circumstance	Living with partner, two children aged 17 and 14
Living in Colchester / Elsewhere as a student	Local town

Appendix 7 Workshop brief

Existing students' workshop brief

Consider what was important to you in the stages where you began considering speech and language therapy as a profession up to your arrival at University of Essex

Brainstorm the things that were important to you at these stages; ask a scribe to keep notes of your discussion so that you can revisit the information

Write up to 6 questions which could be asked which would enable participants in the research to tell the researcher about the early stages of their journey towards becoming an SLT

When you have written the main questions brainstorm any supplementary questions that you think may be useful if participants need help to tell their story

This can be typed up, hand written, list form, concept maps, presentation is however you choose as a group.

Resources

Flip chart paper and pens

Computer

Teaching room

Appendix 8 Workshop output

Topic Guide workshops – output

Group 1

1. What made you want to do SLT?
    a. This MSc vs Undergrad
    b. Other courses e.g. Pt / OT
    c. How are they different?
    d. What made you choose SLT over other professions?
2. How are your feelings towards the profession now that you have started the course?
    a. Compared to before starting the course
3. How are your feelings about yourself now that you have started the course?
    a. Self confidence / worries/ insecurities (financial / emotional)
4. Do you have a concept about what you want to be after this course / at end of year 2?
    a. Kids / adults
    b. dysphagia competencies
    c. Specialism / passion / interest
5. Do you identify as an SLT at the moment?
    a. Leading question, but needing a way to get at identity
6. What are your main concerns at the moment?
    a. Finance
    b. Making friends
    c. Placements
    d. Knowledge / skill set
    e. Anything.....
7. Do you feel you have given anything up to be here?
    a. Looking to tap into commitment

Consider also:

Self worth

Wanting to help

Others perspectives

Employment / Money

Status / wanting professional identity

Security – Knowing what you'll do in the future

Group 2

1. What aspects of your personality would suit speech and language therapy
2. What has equipped you to prepare you to choose SLT as a career
3. What makes a good Speech and Language Therapist
4. Are there any practical issues that have influenced your decision to become an SLT
5. What other professions did you consider e.g. teaching / nursing
6. Has there been a specific person / experience that has shaped your decision to choose SLT e.g. family member

Group 3

1. Who are you doing the course for?
2. What drove you to choose SLT as a career?
3. How do you think your [prior] experiences will support you on the course?
4. What do you hope to achieve as well as the qualification?
5. Apart from the academic side, what else do you hope to get from the course?
6. What do you want to get out of the job?
7. Why do you want to be a professional?
8. Are there any experiences that made you identify as an SLT
9. What does the title 'Speech and Language Therapist' mean to you?
10. How did the application process shape your attitude on starting the course?

Group 4

1. What are you most motivated by in relation to work?
   a. What keeps you satisfied / enthused about your work
   b. What gets you out of bed in the morning
2. What do you think are the similarities and differences between speech and language therapists and other AHPs? (e.g. physio / nursing)
   a. Core values / motivations
   b. Skill sets
3. What do you think are the similarities and differences between SLTs and educators e.g. teachers, TAs)
   a. Core values / motivations
   b. Skill sets
4. Why did you choose to study SLT?
   a. Any experiences that have led you to this decision
5. What qualities do you think you have that will help you in speech and language therapy?
6. How important is career development to you?
   a. How well do you think working within speech and language therapy facilitates career development

7. Do you have a preference for the type of Speech and language therapy role you work in at the end of the course? Why is that appealing to you?
    a. Paediatrics vs adults
    b. Medical, community, school environments etc

Appendix 9 Topic guide

Key

Black – Topic Guide / Relevance proposed by students / in literature from review

Red – Proposed by students but not in literature

Blue – In literature but not student workshops

Green – Teresa's additions / probes

Brown – additions / changes after pilot interviews

Topic guide	Relevance to literature from review	Hoping to gain info on.........
Three most important things about being a speech and language therapist Why? What has shaped these opinions? Has this changed since interview? How do these values / activities link? Have they changed since interview?	Society view of the profession	Warm up – orientation to person & what is important in a wider sense & informed lay perspective Individuals interpretation of the profession & it's early formation / development
What made you want to be a Speech and language therapist / professional? ➤ Other professions considered / already been part of Why they were not followed through What aspects attracted & why	Occupational identity through socialisation Comparisons with others / opportunities to be an SLT Importance of individuals perception of their profession Core values of SLT	Insights into what a SLT is thought to be by comparison with other professionals, comparing aspects of the work, values, autonomy etc of other related & not related professions which may have been considered Understanding of t he semi lay perspectives of an SLT brought to the profession by new

➢ Similarities & differences between SLT & other professions
    Why these core values matter to you
    What makes you a good fit for SLT?
    What other professions would be good for you & why?
 	
➢ Prior influences / experiences which have led to SLT
 	
➢ Formal status of SLT as a profession
    Why is this important to you
    What will being an SLT mean to you
 	
➢ Aspects of personality
    What personal traits make a good SLT?
    How does your personality match / differ from these
➢ Who are you doing the course for
    Most important person / people
    Why?
	Society view of the profession
	Socialisation process before course begins
	
	Importance of membership of a profession
	Enhanced PI with gaining title
	
	Personal features – respect, integrity, honesty, responsibility
	
	Individual / collective
	Internal needs
	Service Users
		students...these will be heavily influenced by society's view of SLT & the experiences students have had prior to registration
		
		Some insight into how important a professional registration is to personal professional identity & insights into how new students view the profession they are electing to join
		
		Aspects of personality which new students consider to be important for SLT & how they relate themselves to these values atm
		
		Insigths into motivators for professional / SLT qualification e.g. for self/ to serve/ to be a member of a community

Can you talk about the path you took applying to be a Speech and Language Therapist and the reasons for the path?
➢ Masters vs Undergrad route
➢ Location
➢ Practical considerations (e.g. £)
    How much was money a factor in your decision making?
    What was most important
    How did you decide
    Why were these factors important
➢ Prior work / education
		Varied routes to the profession and how / why these routes have led to SLT e.g. A level grades vs maturity; through another profession; by luck
		
		Importance of the application process; what was important in fostering a relationship with an institution & why
		
		Insights into what Students think will be important about their previous experiences, transferable values & skills, similarities & differences

experience influence on successful application		Socialisation process ...when did it begin & why
How do these prepare you		
Why are they important		Securities & insecurities that arise following offer of place & changing perceptions over the first 2-3 weeks of t he course
How will they help on the course		
Do you currently have competing		
identities?		
➢ Person(s) or experience(s) that motivated decision		
How did they / it influence you		
Why was this important		
➢ Application process shape your Course choice		
What aspects influenced choice		
Do you identify with a subgroup of SLT		
How did this influence application		
➢ Have your feelings towards the course / profession changed since you accepted your place?		
In what ways		
How does that make you feel		
What are your main concerns at the moment?		Concerns are likely to bring out aspects that students think are important at this stage (student report)
➢ probes - finance / failure / friends/ placement / knowledge / workload / autonomy .... anything else	Internal / Social / Knowledge & Skills Relationships Internal confidence Mezirow's disorientation	
➢ What is important that you feel you are giving up		Barriers to developing professional identity may well be perceived through regret & this could (hopefully) be tapped through things being given up.
How do you feel about this	Resentment of professional expectations / independence Relationships	
Why is it important to you		
How much of a compromise is it		
Why is it worth it		
➢ If nothing: how important is it to maintain old self &		

how are you achieving this? ➢		
What are your current ambitions? ➢ Become an SLT What will this mean to you How will you know you are an SLT	Individual vs collective, membership, emerging professional self	Understanding of t he current belief of what makes an SLT & the type of SLT the participant wants to be
➢ Different aspects of the qualification -degree grade masters vs professional registration how important is the pass merit distinction aspect Competitive nature Want to do well Want to be a therapist	Grades vs practical skills	Value of academic masters and professional qualification, leading to insights into individual core values and understanding of the individuals perceptions of the profession
➢ What is important to you regarding placements What do you think will make a good practice educator & why? ➢ What do **you** want from your job / career -	reciprocity/ faciltative / autonomy / trust & security / Challenge & support/ case areas

Internal / Social / knowledge & skills | Uncovering some important aspects of professional development \t the beginning of the course

Knowing how the participant related to the profession at the moment through understanding of their career goals |

Importance of career development Motivators Ambition at qualification		
Can you talk about your professional self at the beginning of the course ➢ How are you a professional person right now ➢ How much of a SLT do you feel atm, has this changed in past few weeks ➢ What professional values do you hold ➢ What do you currently bring to the SLT profession ➢ How do you feel about being an SLT **student** (excited / anxious......label / alternatives.... ➢ How do you regard yourself atm re **Being an SLT?** Values about profession Strengths & weaknesses Fears Being a learner Adult vs Student identity Internal state of mind Status of occupational development Development of PI up to now Novice, Intermediate, entry level	Sense of self Relationships with others Being a learner Seeking self congruence Adult vs Student identity Internal state of mind Status of occupational (professional) development Development of PI up to now Novice, Intermediate, [professional] entry level	Understanding of how participants view themselves at the beginning of the course...their internal personality, fears, confidence, how their personality fits the profession

	228	
Is there anything else relevant to the way you currently feel about your SLT self you want to tell me that I haven't given you a chance to talk about?		

Appendix 10 Interview duration

Table X interview duration					
	Time Interview 1 hr:min:sec	Time Interview 2 hr:min:sec	Time Interview 3 hr:min:sec	Time Interview 4 hr:min:sec	Time Interview 5 hr:min:sec
Ann	00:59:18	00:58:23	01:06:12	01:01:15	01:04:03
Ellenor	01:20:16	01:12:39	01:06:45	01:40:57	00:54:34
Maud	01:14:00	00:56:04	01:04:34	00:51:41	00:57:16
Max	01:06:20	01:00:46	01:20:24	01:03:40	00:52:41
Meeko	01:16:19	01:33:28	01:26:05	01:13:47	01:11:43
Nathan	01:37:23	01:13:08	01:07:03	01:36:19	01:08:56
Sarah	00:46:26	01:00:34	00:46:49	00:56:08	00:45:50
Velma	00:48:28	00:58:23	00:44:21	00:50:37	00:43:30
Total time	09:08:30	08:53:25	08:42:33	09:14:24	07:38:33

Total time overall 43:37:25

Mean length of interview 01:05:43

Shortest interview 00:43:30 (Velma interview 5)

Longest Interview 01:37:23 (Nathan Interview 1)

Appendix 11 Blogs

Ann between interview 1 & 2

I don't think 'normal' people would get as excited as I did this morning about the rediscovery of bibliographic management software. I think it's the librarian in me...

Ann between Interview 3 and 4

Ann

This course (esp 2nd year) is first time in my life that I have felt comfortable sticking my head above the parapet. Normally I have been more than happy to fade into the background and not really be noticed. Because I am on the committee/a course rep/always seem to have something to say in lectures(!), I feel like I am quite a prominent, recognised and valued member of the course (though no more important or clever!)

This is a nice feeling - however it is sometimes contradicted by feeling conflicted about others perceptions of me on the course i.e. whether people think I talk sense or crap in class, committee meetings, supervision meetings etc! Though I think this says more about the kind of person I am generally, rather than being context specific!

Ann between interview 4 & 5

Blog post 09/05/2016

I wrote a really sad blog about my interview on the evening it took place. I thought I had done awfully, forgetting which cranial nerve was which and feeling like I'd missed so much obvious detail out of my answers. Afterwards, I truly doubted my ability and competence and was generally pretty miserable about the whole affair, which was not so fun for people around me at the time! I'm quite rational though, even when a bit emotional, and thought I'd hold off on sending the blog until I'd slept on it, and I'm glad I did!

 I was stunned when they phoned me to offer me the post and had my hand over my mouth for the whole call – it was crazy to think how their perception of my performance in the interview varied so wildly from my own! I felt like asking them 'Are you sure?'

On reflection, I have a clearer picture now of where it went right for me rather than wrong, and that in the grand scheme of things, a forgotten CN is easy to relearn, whereas being able to discuss assessment and management strategies for an MND patient, as well as pre-empting a management strategy in a scenario-based question (oh yes!) is a whole different kettle of fish.

Very happy to have been offered the job and really keen to get started – I feel like it's so much more on my own merit than a job back at ACE would have been, though I'll be sad not to work with the ACE team as they have always been very supportive and encouraging.

P.S. CN X is the vagus nerve – I will *never* forget this now!

Ellenor between interview 1 and 2

Pics uploaded 14.1.16

Hide It
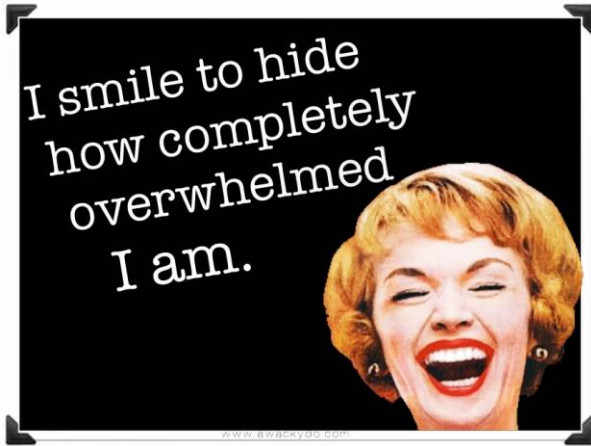
Housemates= lifesavers

My faith helps me persevere
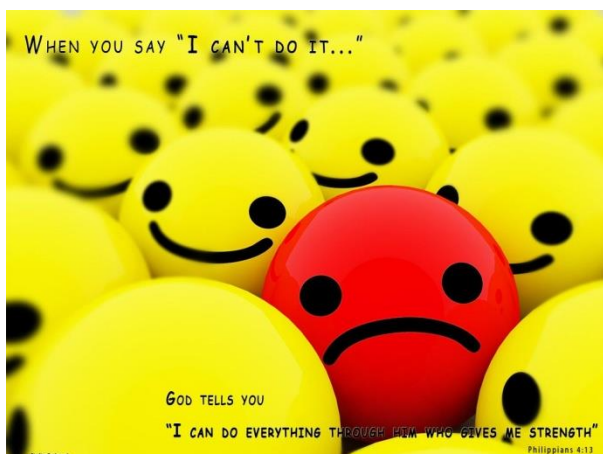
Need to focus on this it will be worth it

Writing my first assignment

To my support network
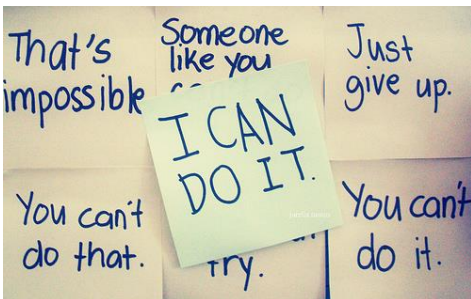
Some days I'm the bottom other days I'm the top

Ellenor between interview 2 and 3

Reflection on Difference between placement and university:

I didn't realise the difference in my identity when I moved between placement and university. At university, I feel inexperienced and lacking knowledge in the area. I understand that I am there to learn so I think this makes me feel like a student rather than a professional. When I am on placement I still feel inexperienced but as the placement progresses I develop more of a professional identity. This is because I feel like I am actively participating with the profession. As placement progressed I was given more clinical freedom and that helped to develop my confidence in my professional ability. My professional identity was really helped by my practice educators referring me to as their colleague when introducing me to parents and other professionals as I felt like an actual SLT. Having this identity made me feel more confident and really excited about speech and language therapy as a career and a profession. With placements I can feel myself identify more with the profession and see myself as more of an SLT than I was at the beginning of the course.

When I finished placement I was buzzing but when I returned to university I struggled to hold on to this and felt a bit flat and unmotivated. Because I wasn't engaging hands on with the profession I felt less like a professional. However, I do feel like I have a greater understanding of the working of an SLT and when carrying out case studies I can see my clinical judgement coming into play. This clinical judgement is a characteristic of my professional identity and when using it at university I can feel my confidence build and with this making me feel like more of a professional.

Some thoughts on my professional identity:

-

I'd love to have more freedom on placement, and look forward to this on 2nd year placements, as I think I now have the confidence in my abilities. I'd like to go from here & see how I actually work as a practitioner with clients.

-

Excited about 834 assignment as it requires me to make a clinical decision on a case study & then evaluate. I feel like this assignment is allowing me to test out my clinical decision making & also my ability to make a decision and justify it already makes me feel like a professional. It makes me feel like I am getting a snippet of myself as an SLT.
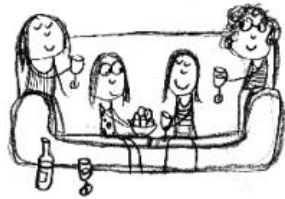
-

I still don't feel 100% like a grown-up SLT but I feel less like a lost lamb/baby SLT just keeping my head above all the information. I can feel my confidence and decision making abilities grow – this stems from my interim with my PE on 5 week block as she told me that I need to be more confident in my abilities and decisions. This forced me to do this during my placement. The reinforcement of my abilities from a very qualified head of service also really boosted my confidence and I really respected her opinion and knowledge.

Max between interview 3 & 4

Coming back for seconds

Hi Teresa, sorry I haven't been updating! Just some thoughts that we could use as talking points for the interview next week, see if you think any are relevant!

First impressions of hospital - scary! felt out of place and in the way, this lessened as I was able to lead my own assessment etc. The whole thing felt very busy and conveyor-beltesque. Comforting skills and the ability to chat about nothing with patients is important, not something I had thought much about, and something which I need to get better at.

medical model is exciting! (ie VF clinic) Ego boost and makes me feel more professional/qualified than school-based work. Could this simply be ability?

Voice is wafty and vague and it was a bit uncomfortable to find so many people with voice problems who were just under the weather or stressed (but without mtd). Getting my head around these people being aphonic with no physical symptoms was a bit difficult and to an extent unsatisfying (investigating the cause, finding and solving it gives closure and I then receive validation my skills).

gender and role models - it'll be nice to have a male educator (block). Does female dominance of the profession influence medical/social model weighting? or other factors of SLThood?

coming out in a professional environment - conscious of the inclusivity/diversity of modern health workplace etc but wary that different workplace cultures draw the personal/professional relationship lines in different places. It often won't come up or matter in professional life I'm sure, but the actual act of coming out has to be consciously decided every time I move to a new environment (ie placement, future job location). On the course, although I feel like a minority as a man, I interestingly don't really notice my sexuality in the same way.

communication partner was a bit grinding, didn't really ever feel like I figured him out and didn't really bond. It was good experience of feeling what it's like to use someone's home as the workspace, the (un)reliability of staff, and my own broader management strategies.

counselling skills - ranting and crying lady on placement. Another thing I had never really thought about before I was starkly confronted with it. Another area I need a bit of practice in. Also quite

aware of demographic stuff here - are people as likely to open up to me as they are to my practice educator, a middle-aged mother? perhaps this is just skill insecurity

less concerned with whether I'm right/doing it right - more mindful that there are different ways of doing things and that an approach may not work for me. even to extent that i would disagree with coursemates approach or priorities sometimes. (ie medical model Mike, EBL directions, Roz ASD lady at ICE day). Seeing more personalities of educators (with varying levels of competence) has helped me come to this comfort.

Less worried about written elements/essays - the theory is cool and interesting and obviously important, however I can see that practical learning is equipping me equally well. I now have more perspective of how much I will realistically remember/relearn/learn for first time whilst I am on-the-job

practical elements of getting a job - may force into area rather than free choice. I'm feeling the pressure and clamour to secure a job probably much more than other time-limited things on the course (ie essays).

I voiced thoughts about immaturity (emotional/occupational) at the BSc focus group. On reflection perhaps had in mind my own professioanl competence/maturity level at 18 - I've done a lot of growing up since then!

Sarah Between interview 3& 4

Sarah

Just some thoughts…

Throughout the course of the year so far, I'm getting more of a sense of how my interests and feelings towards my (fast approaching!!!) career are changing. Because my career has been in LD services, I think coming into year two I had a feeling of wanting to stay working within that area. I think a few things have altered my thinking. Firstly, it's a sense of wanting to expand out and relish new and fresh opportunities – in a way, make a fresh career start when going back out into the work force – in some ways, I feel that despite going into work with a new hat on – as an SLT; going back to work in LD services feels less exciting and enticing than taking on a fresh challenge of working with different client groups.

I really love the prospect of working with people who have acquired speech language and swallowing difficulties. There's many aspects of this that I like; the focussed, applied approaches,… the nitty gritty speechy languagey apraxia and aphasia work appeals to me (notice my technical terminology haha). I do find it challenging, learning about all the considerations of working with people with acquired difficulties – all the neurology etc – but I do like the challenge!! I've also enjoyed the dysphagia aspect so far too – although I feel quite clear I would want this as the smaller rather than the bigger component of my work with people. When on placement, I do find myself doing a lot of thinking, and trying to map onto the palpa, and trying to get to the bottom of why particular therapy methods are being used – and despite feeling like I have a way to go in getting much of a handle on it all – I like it!

I am very aware that I need to think quite broadly in terms of applying for work – I think I'll need to be willing to apply for roles with various client groups and focusses, because the locations I'll want to apply to will be limited, and I'll need to be in employment quite quickly.

6 months to go!!!! I'm finding my research project very challenging, and in many ways am much more excited about getting into placements, and the other module learning!!

Velma – between interview 3 & 4

It was really interesting to read through the transcript of my last interview and realise how terrified I was of starting my placement. I think my fear of working in a hospital *and* working with adults was really overwhelming at the time and I had convinced myself that I was going to hate it. It felt as though I was just treading water to get through the adult year so that I could reach my goal of working in paeds.

I can't believe how quickly I have changed my mind. After the first day of placement I felt really confused because I had enjoyed the day so much more than I had expected to. But I told myself that this was just because it was a team meeting and an outpatient's clinic – when I got to the wards I was definitely going to hate it! Wrong again! I loved it – the fast pace, the adrenalin rush of dashing around the hospital from one ward to the next, the interaction with the patients and the other hospital staff, the discussions with my practice educator. I have learned so much about different neurological conditions – I can't wait for the lectures to build on what I have picked up so far.

I am really looking forward to block placement now. I would be interested to see more communication, this placement is pretty much only dysphagia. I think after block I will feel more certain about where I want to go within the profession. This has thrown me off track a bit – I felt so certain about which area I wanted to work in and now I'm not so sure, which I have found a bit unsettling.

Appendix 11: Example of reflective notes following interviews

The interesting thing from the first four interviews I've conducted for my research is that although four people have just started exactly the same course, they're currently in very different places in terms of how they identify with the course and their colleagues. Unsurprisingly, the oldest of the participants already identifies herself as a professional, although not a speech and language therapy professional. The person concerned, Velma, has had a long career in another area and has held responsible jobs within that area. It's clear from discussion with her that she sees the course as a means to a new career and she doesn't really identify with the student role in any way. She dislikes the term student and prefers to think of herself as a trainee. It's clear from her way of conversing with me that she is comfortable with an equal relationship and doesn't appear to be unduly influenced by any kind of power dynamic. She was very open, honest, shared some of her fears and anxieties alongside and some of the things that she feels are her strengths. One of her big concerns which she mentioned several times during the interview was her age although she didn't state her, she did discuss her two teenage sons and who are I think 15 and 17, and the fact that while she's doing her work they also have their needs and for her one of the big difficulties appears to be combining the role of parent to teenagers with that of trainee speech and language therapist. She is also quite concerned about her role in the group, making it clear that she doesn't want to become the mother of the group. She discussed the fact that there are others in the group who are much younger than her who she feels are more likely to take on that parenting role, however I just wonder whether she's trying to kid herself and whether actually her primary identity is as a mother and that she is the oldest person in the group is bringing this this role to her current studies. I also wonder whether the potential for this role gives her an identity within the group and that she may be needing having lost her own identity. This however is only my wonderings it's not something that I think will come out of analysis of the interview. It was however a really interesting interview and I wonder whether it is significant that this participant chose to take the first interview slot that was available and so that her interview was first person I had interviewed as part of this research. It is quite possible I am completely wrong and I'm reading things into this that just aren't there but I think it

might be interesting to see how her relationship with her peer group pans out over the couple of years and I wonder whether she will end up and parenting some of the younger group members even if that's not what they want.

The second participant was a young mum in her 30s, Sarah. This participant has travelled widely having spent quite a few years living in Australia. She did a psychology degree in the UK before she travelled to Australia, since this time she's done several jobs in the caring industry. It would appear that the work this lady has been doing has not been fulfilling her own needs both to care and to be stimulated. On returning from Australia two years ago she knew that she needed to do something to put her career on track. However, on returning from Australia she was also pregnant with her son so initially her return activity was to have her son and spend time with him in his early months. During this time she confirmed her desire to take part in speech and language therapy course and become a speech and language therapist. The really interesting about this interview is that this participant appears to be completely torn between her two new identities that of being a new mum and also a new speech and language therapist/speech-language therapy student. There was one significant part in the interview when asked what she was giving up in order to be here when she replies saying something to the effect of giving up time with her son. What was particularly significant about this response was the tears that it brought, this was completely surprising to me as up till that point there had been no indication that she had any kind of regret or split identity. At that point she'd been excited to be on the course really excited that when she applied she got a place and had done lots of work over the summer towards coming to be a speech-language therapy student. This included settling her son into the on-campus nursery and she was very aware that he is very happy while he's at the nursery and that she is very happy when he's there. It felt as if the tears were a surprise to the participant too and she did say that she had not really expected to feel quite so much loss at not being able to have so many mornings playing with toys in her pyjamas. She also said that she is very happy to be here are and that she has no regrets and feels that this is just the early stages of spending less time with her son and he is very happy, it's just her problem.

Interview number three was an interesting interview in that this interview was with the youngest member of the participants, Maud. This participant has spent all of her life so far in education. She completed A levels and her first degree and has come straight from her first degree to the speech and language therapy Masters Degree. In direct opposition to participant one participant three is concerned about her relative youth, she is also driven by academic success, and keen to pursue studies beyond Masters Level. She was keen to talk about the influences in her life and the people who motivate her to work hard and study hard. Her biggest concern was the fact that she is now six hours from both her mother and her boyfriend, and those six hours both go in different directions. For this young student, the relative lack of support from those who she can easily trust appeared to have some effect on her settling in time when she first came to the course. She reports having made good friends in the course, and also the structure of the course where students are encouraged to get to know each other and to know tutors being important in that process. She spoke at some length at the importance of having come for a tour of the campus with her father and having met the program lead for speech and language therapy. She reported that the program lead almost sold her the course however; she also stated that all he was doing was demonstrating that he was enthusiastic and that the course was the type of course she would want to come on because of the support from peers and tutors. She also said she came on a really nice sunny day and that the campus was beautiful!

Participant four is one of THREE male members of the cohort and two male members of the participant group, Max. This man graduated a couple of years ago and has been working both as a teaching assistant and as an English as a foreign language teacher. This participant was very clear that he sees himself as being very young and also that he doesn't see himself as being a professional at all. He describes being able to act the part of the professional but not feeling it inside. When asked what is giving up he says nothing, however at least two points in the conversation he started to talk about the fact that he would like to travel and he made comments such as you can't go and bum around in Thailand when you're a professional. He also talked about a male speech-language therapist that he'd spent time with while he was deciding whether speech-language therapy was the job for

him. This therapist is obviously quite influential, and is now travelling in Africa working in the voluntary sector; I wonder whether this role model will be the person who manages to help this participant to square the circle of wanting to travel and also wanting a career that makes him a professional. I felt that this participant was the least comfortable in having the conversation with

me. I'm not quite sure why I feel this and I don't think it will come out in the transcripts but I felt that although I was working quite hard to have a relaxed pose and to draw him in and took to use lots of encouraging verbal and non-verbal communication I was having to work harder than I had to with the first three participants. Although I've offered all four participants so far the opportunity to not answer any of the questions that I ask this participant was the first one to say let's move on to another question and then when we came back to the question later on still felt uncomfortable answering it. The question he had difficulty with was one around personality and self and identifying aspects of his personality that fit the personality brief that he'd given of a speech and language therapist. This might just be that he doesn't know me, it might be that having arrived at the University and started the course he is having some doubts about whether he does fit the profile, or it might just be that he finds it difficult to access words to describe his own personality. It is interesting that he also described his route to starting the course as being the quickest of anybody and that I've interviewed so far and much quicker than is probably usual for people on the course. He hadn't started to research the profession, universities where he could study, or whether this was truly the profession for him until November 2014.

The fifth participant was Nathan, he was the complete opposite of participant four he was very keen to share information throughout the discussion in fact the interview went on for about an hour and a half. Nathan was keen to share his differences in that he has come from a fairly poor background and his family have put a lot of work and money into his continuing education. This he feels makes him different to the rest of the people in the cohort at the moment it will be interesting to see if this is actually the case and whether he feels later in the discussions that it continues to be a difficulty. Maybe difficulty is the wrong word perhaps it continues to be a differences a better way of describing that. Nathan described himself as being a clown a joker and spent a lot of time saying that he was going to have to put Nathan

away and become a different Nathan almost having to take on a new persona in order to join a professional group. This is really interesting and I do wonder how much of it is wrapped up in Nathan knowing about my project, I think if there's one person who may be swayed and what he says to me about his identity based on what he thinks he knows about the project it could be Nathan however, he made one really interesting comment that I want to look out when I look at the transcripts. He said something to the effect of when I graduated from my undergraduate degree I said look what I can do and when I graduate from my postgraduate degree from this degree I'll be saying look at who I am. I really need to look carefully at how I asked the questions and what I said surrounding this. It would be very easy to use this without thinking it through as an exciting development in the research.

The sixth participant Ann, was a very interesting lady. She's worked locally for a local trust, as a speech-language therapy assistant and has evidently been very good at her job in that she has been given a two-year career break in order to complete this Masters degree. This suggests that she is the first person in the cohort have a job to go to when she finishes although of course there's a lot of time between now and then a lot can change. What was really interesting about Kimberley and what won't come through in the transcriptions is the fact that she made very little eye contact throughout the interview. Her hair was covering one of her eyes and it's cut in an asymmetric shape which does tend to lead to this and she spent quite a lot of time turned just very slightly towards the back wall of the room, making typical eye contact that one would expect of a speech-language therapy student difficult to achieve throughout the interview. I don't know whether this is a facet of being nervous in the interview, of wanting but not wanting to be in the room, or if this is an aspect of this participant's communication which is forming part of her more usual communication style. I would have expected to hear from my colleagues by now if a member of the cohort had really poor non-verbal communication, I've heard nothing of this sort so I have to assume that her poor eye contact was a facet of this interview, suggesting that she was uncomfortable, and I'll need to take this into account when I'm interpreting any of her information.

Ellenor was participant number seven, Ellenor is the only participant who is not from mainland Britain, although she has spent the last few years in England to do her undergraduate degree so I'm not sure how much difference it will make. Lauren did

talk about the sense of family in her home country being a more important factor than it tends to be in England and I did get the sense that she might be missing family. Ellenor talked a great deal and this was a long interview with lots of information and she appeared to be at her ease. Having said that, a few days after the interview and before transcribing the data I have very few memories of was said. I don't know if this information overload on my part, or if the story I was hearing was very similar to those stories I'd already heard and the beginning of some kind of saturation, not the saturation is what I'm really looking for of course.

The final participant was Meeko, just as interesting in that she is the only one of the participants I have had had a prior conversation with. As Jess has SpLD I'd met with her as the school disability liaison officer as she's been having difficulties with arranging finance for the additional support that she requires through student support. I had this meeting before I knew that Meeko was going to be a participant and it does demonstrate that I will have to have additional roles with the participants at times. This is the first time Meeko has lived way from home and this appears to be a big deal for her possibly more so than becoming a speech-language therapist at the moment. Meeko has some significant physical disabilities alongside her dyslexia and ensuring that her physical health enables her to complete and undertake her studies is her focus at the moment. Distance from home and family partner and sister are important factors, although Meeko realises that she is building a support network in Colchester already and feels comfortable with this process. At least she reports feeling comfortable with this process. And I think this might have been helped by the fact that we'd met before and that the meeting that we'd had had been a positive helpful meeting.

Having all eight interviews done by the end of week four it will be interesting to transcribe and start to see what information the participants have given me about their first few weeks in University. One of the things that is in my head at the moment is that the time it's taken me to recruit and then do this first set of interviews has already begun to see changes in how the participants view themselves. It was very clear the selection session that the students have come to know a lot about each other and that they felt safe to have discussions about who should and should not be part of the study and why that should be. It became clear during the interviews that participants had started to see changes in the way they view themselves and the

profession that they are entering by the end of week five of the program, aspects that I can remember being discussed were understanding a broader range of what the profession was about through early weeks of being in Colchester, even for those who had been embedded in the profession as speech-language therapy assistants this process was already beginning to happen. It would appear that the informal curriculum is far more important to this process in the early stages of the course than the formal curriculum. I heard lots of comment regarding the importance of having talked to each other and shared the experiences that the participants and their cohort had had on their journey to becoming SLT students and how this was already shaping their understanding of the profession into a wider context. This is really interesting, especially as the early part of the SLT program does anything about focus on what speech-language therapy is like as a career, the range of people we work with, the range of opportunities for employment,-in fact, my perception of the first five weeks is that the SLT components are quite nuts and bolts based, phonetics linguistics background psychology background sociology, the closest students get to professionalism in this time is the input into professional practice module and many students report disliking this module. Is to start transcribing and then see if my perceptions of what's been said bear any relevance to what was actually said.

Appendix 13 brief findings

Main Theme	subtheme	SSI 1	SSI 2	SSI 3	SSI4	SSI 5
What is speech and language therapy?	What SLT's do	Person Centred work Problem solving with knowledge	Knowledge/synthesis locations scope of practice skills teams assistant versus therapist differences others' perceptions	Range of work becoming specific Locations	Professional Reasoning Range of Work Outcomes Responsibility	Enabling Uncertainty Range Change
	Attributes and values	Consistent Team worker Leadership Patience Autonomous Passionate Client centered Communicator Flexible Commitment Open minded Self aware	All-encompassing skilled and tough compassionate	? valued as a profession Partnership working		
	Perceived Status	(teachers perceive) Giver / leaver of work (teachers perceive) Soft option / unnecessary Prestige / professionalism Essential Status by salary	Responsible and skilled devalued	Important Not highly regarded Not personally important atm	Discomfort Important	Awareness
	RCSLT		Little interaction website guidelines bulletin			CPD Policy and Promotion Creating community Growing knowledge

	Wider Profession		Commissioning Independent practice research and evidence base others knowledge and perception education funding person centred care breadth	RCSLT Social Media Changing Demographics Low public awareness	CENs & SIGs Social Media RCSLT Gender Funding Reduced wider engagement	Tribalism Wider society pre-registration provision
Highs and Lows of being an SLT student.	Achievements				Academic grades Placement Overcoming adversity Getting a job Being in the right place Extra-Curricular achievement	Dissertation Placement Being well Getting a job Survival
	Changing relationships		Personal professional merging	Personal Mother Wider family Self Professional Tutors Pes Ex colleagues Service Users online	Professional Personal	Personal Family Professional
	Positives		being a student academic work practical work feedback self-development			

247

	Emotions	Negative emotions Fear / scared Uncomfortable Intimidated Panic Worried Nervous Positive emotions Excited Delighted Privileged Ecstatic Happy Mixed emotions	negative: pressure, worry, scared, nervous, struggle mixed: rollercoaster positive : excited enjoyment confident	Negative Positive	Negative Positive	
	Concerns / dissapointmen ts	Workload Self-doubt Finding a church Relationship to the group Additional needs Loss of self / control Right time for family Placement Becoming a professional	lack of evidence academic workload joining theory and practice Is SLT for me stress and motivation personal concerns will I get a job	Concerns Nervous re yr 2 Workload Placements Post course concerns Disappointments Placement Academic grades	Concerns How I'm perceived University Structuring time Practical skills Personal struggles Coming Out Jobs Disappointments Academic work Keeping to goals Placement Wider Engagement Client group	Moving on Getting a Job Doing a job
	Coping Strategies		physical distance group support prioritisation breaks and balance family looking forward practice get on with it	Peers, PEs & Tutors important Quiet self study Planning and Prioritisation Looking after your self	Work style Cohort support Inner determination Family / Me time Avoiding Extras The end is in sight	Planning Support Emotions Interviews
	Developing Self at Uni				Extra-curricular activity Learning	Support Supervision Tension Extended learning Adjusting Expectations

						Personal Dev Professional Dev The project
	Sacrifices and Compromises	Missing previous occupation Family Partner Potential for other things Financial independence	Work/life balance money friends and relationships family and home missing work	Travel Family & University	Compromise and Sacrifice	Family
	Surprises				Surprise	
	Wider roles		SLT society roles SLT society activity SSLC rep	SLT society roles	Wider roles	SLT Society extracurricular stuff
	Placement		enjoyment learning environment structure activity preparation anxiety reflective learning logistics observing regrets		Developing Self Putting self in clients shoes Growth through experience Shock Comfort zones Striving to impress Recovery	Developing Self Finding a personal fit Joining a team Gaining confidence Gaining Independence Facing Difficulty Knowledge of self
			Developing Skills Learning professional reasoning growing confident overcoming fear understanding	Developing Skills Anxiety Successful learning opportunities Developing confidence Negotiation Linking theory	Developing Skills Case Groups Methods Dealing with distress Increased confidence Changing opinions	Developing Skills Working with clients Specific skills TAP

			service users sharing knowledge questioning changing opinions	Reflective learning Specific skills MDT		
					Difficulty Failing competing priority	Difficulty negative experiences significant difficulties multiple PEs reasonable adjustment
				Expectations Not enjoy location High expectations Looking forward to next one	Expectations Readiness for work Environment Confirming preference	Expectations Active involvement (In)dependence Self
				Preferences Importance of block placement Learning styles	Preferences Client Groups Peers Timing	Preferences Staying on placement TAP Specific practice areas
			Practice Educators Style of teaching praise impact on growth relationships job roles education placement partnership experience	Practice Educators Experience of PE Supervision style Degree of freedom Structure & Support Resistance to let go Feedback	Practice Educators Support Independence Feedback Expectation Personal(ity)	Practice Educators Positives Negatives Affirmation Pedagogy Trust Impact
				Timing Between groups		Timing Of placement Of Feedback

	Working with others				Peers Others	multi professional team carer staff
Motivations	Internal motivations	Work / salary Building relationships Building on achievements / challenge self/ Build career Learning Care for / help people Personal happiness/fulfilment/fit	work feeling at home self-fulfilment/stimulation success helping	Parent status Independence	Internal Motivations	Internal Motivations
	External Motivations	Family Service Users Professionals Essex Knowledge Multiple factors Family / friends/self SLT difficulties Peers Faith	service users others faith in me tutor relationships Student and graduate support subject areas	Family Academic support Colleagues Close to end	Employment Service Users	The people you meet external acclamation careers of role models family pressure
Aspirations	Internal needs	Work Stability Becoming a professional person Happiness Being successful at the job	work is an SLT personal interest getting through the course having a positive impact spreading the word	To be an SLT To be settled Feel competent	Fresh start Get a job For the course to end	To be happy in work work life balance do your best Developing career
	Client Group	Children Best fit / undecided Not LD Adults Special Needs	special schools groups adults versus paeds dysphagia wide breadth	Preference is preference	Paeds vs Adults	
	Working	School / clinic	schools	Locations	Return to previous	

	Environment	Best fit NHS Private Overseas Move around Humanitarian / charity	hospitals community clinic emerging roles		workplace Location Setting	
	Long Term	PhD / Academic Clinical career? Be good SLT	developing the profession research enjoying the complexity	Case groups Research Management	Long Term	Case area Research Teaching Management
	Grade vs Registration	Registration & be good Therapist Duty to succeed Distinction Pass	high achiever degrees of success stress quality	Grades Visualising a shift	Grade versus Registration	
Expressed Identity	I am not / do not want to be	Mum to the group Psychologist Teacher Professional SLT Therapist Old self	In-N-Out therapist just a therapist undergraduate student just follow plans medical therapist	Not an SLT yet Certain types of therapist		areas in which they would not work thoughtless PE
	I want to be	Caring Professional Grown up Speech Therapist Fully done	therapist certain type of therapist experienced therapist balanced person	Adult / Paed therapist Locations of work	An SLT Certain type of therapist Member Balanced	Balanced Researcher
	I will be					An SLT for life
	I was	Responsible person Volunteer / assistant Built for the job	professional worker student	Semi-professional Non-professional jobs Academic Family roles		support worker
	I am	Student / SLT student / Trainee	passionate Masters learner	Student Adult	Almost there An SLT	new professional becoming more defined

		Mum Professional Reflexologist / Librarian On route to SLT Reflector Immature Career person Working class	becoming an SLT an individual adult	Nearly an SLT	Aids to current identity Changed Identity	more ready part of a team more confident
	Confused Identity	Who am I? Multiple roles Loss (autonomy) Personality Professional vs personal Self Acting a role Need to change Role boundaries Self doubt Old roles	assistant versus therapist self-doubt student versus professional (un) realistic expectations changing expectations loss of self	Uni vs Placement person Student / Qualified Returning 'home' Complete course Unqualified with knowledge	Crisis Ellenor's story Maud's story student identity	Impact of difficult placements Jobs Personal Difficulty Not the person I expected to be
Sharing for the project			Whether to share difficulty sharing benefits planning	Discussed outside of interviews and reported in reflection after the interviews….taking part is like therapy		

Appendix 14 Narrative from Interview 3

Narrative, interview 3

This set of semi structured interviews was conducted at transition between year one and year two. In reality most of the interviews took place during the first week of term, which is generally an induction week. Due to placement offers, this week was not quite so light on beginning of year to work as would be usual, as at least Velma and Nathan had begun their adult placement prior to their interviews. In addition to this, Meeko's start to term was slightly difficult accommodation -wise, as she was awaiting a move from her first year accommodation to her new accommodation, which was not ready for start of term. This meant that Meeko requested a delay in her interview until she felt settled in her new flat, Meeko's interview took place approximately two weeks into the start of term.

Brief outline of each interview was recorded immediately after transcription of each interview, this is on a separate Word document. Of importance when looking back at the interviews is the fact that almost all participants chose to begin their interviews with a discussion of their placement experience, whether this was a positive or a negative experience. As researcher my interpretation of this is that placement is considered by the participants to be the most important factor in the development of these new speech and language therapists. Themes selected are those themes as recorded in the second set of semi structured interviews, in order to have some element of consistency to analysis and therefore to hopefully give the ability to consider themes across time on meta-synthesis at the end of the interviews.

What is speech and language therapy?

As participants learn more about speech and language therapy this appears to be a more difficult question to answer this is exemplified by Max when he says When I meet someone new and I say I do speech and language therapy they say oh what's that then I say well it's kind of like a medical educational communication therapy, just throwing all the terms out and hoping it sticks, but I get… The more I say that the more uneasy I get about medical.

Status

I think as a whole my opinion has changed massively in this year, I just see us as being **so much more important than I ever thought we were** and the remit that we have, and it's also largely unachievable at the minute with the workforce that is out there and the resources that are out there (Ell). Ellenor says We're everywhere, but then we're not everywhere because the workforce is not able to cope with the demands of what society needs, but we are getting a lot better and there's a lot of things coming in that incredible. She goes on to say Somebody always knows someone who's had speech and language therapy, or they know someone who is a speech and language therapist, or they know someone who needs to see a speech and language therapist and is waiting on speech and language therapy. Literally everyone…suggesting that while there is widespread experience by individuals of SLT work, this is not yet translated into provision of services, or indeed widespread

understanding of the potential of the profession to support others Not even just people, we can help so many professions and nobody knows what we do, and nobody knows how special it would be to work together on things (Ell). This opinion is backed up by Maud who says I still think we're not as highly regarded as we should be……. I meet someone in a bar and I say I do speech and language therapy they think elocution or… They say oh you help people to talk properly (a popular stereotype of the profession, even when I trained 30 plus years ago) and Velma, who says I think it's an underrated profession…… quite a hidden profession that is tucked away in little cupboards right at the back of some health clinic somewhere…….. It still feels as though most people I speak to when I tell them what I'm doing, they just haven't got a clue; so there's no more awareness than there probably was a good few years ago.

Others reported resistance from other colleagues to work with advice from SLTs giving insight into their perceived poor status of SLT as a profession Max says I saw lots of examples of difficulty integrating SLT into the daily classroom life, resistance from front-line staff, TA's and some teachers and that was interesting to think about…… they [classroom staff] turned to the SLT and asked for advice, they gave advice, you know, shorter sentences, sensory diets blah blah blah, the steps never really happened in class but there was still lots of complaining and ill feeling. Meeko also reports difficulty of encouraging classroom staff to utilise SLT advice, she says Thinking about it towards the end (of the placement) was quite hard, because the nursery wasn't taking on anything I was suggesting, that was hard as well because I said this could make massive changes.

Sarah reported stepping back from her consideration of status of the profession as she has become more involved in managing the day to day demands of the course, she says I do feel like in a lot of ways I have moved away from thinking about it [formal status and how the profession is viewed], I think that I've just, I dunno I think I've taken my attention away from it a bit…however, on reflection of the changes happening in provision she says I guess in some ways I feel a bit more positive actually, I guess in some ways I'm more positive because I think it's fine that change happens and change is happening but I think it will be okay, and maybe it came from that lady, you know seeing the independent therapist. I think maybe in some ways that helped me because it gave me a different perspective from this looks awful, it's not valued in the NHS, I think maybe just seeing her and having that time made me think it's just fine, it's just changing, that's happening and that's fine because change is always a bad thing. Max, who has spent time with the same independent therapist and in the NHS says it's just interesting to think that SLT can fall down through no fault of our own, however hard we try.

Value(s)

Sarah questions whether SLTs are **valued as a profession** I think I've questioned before like, value, are speech and language therapy valued as a profession? Max also alludes to this when he says how do you quantify SLI improvement really, what we're doing is real long-term stuff, so it's difficult to link back to speech therapy and say that is because of speech therapy. This Suggests, perhaps, that if SLTs cannot evidence their own impact, then they are unlikely to be valued.

Ellenor had recognised the value of partnership working, demonstrating how she had learned the

power of AAC, and the human qualities of her child client when she says he [student] let me use his eye gaze and it was really hard and he was laughing, and it hit home to me he's just a little boy! Ellenor also considers the value SLTs place on sharing with others, she says we just want to share….. the ones [SLTs] I've come across it's very much about like working together like even when not in the same service you work together she also discusses the difference between SLTs and colleagues in larger professions who she perceives do not need to work beyond professional boundaries I think in some ways they're forced to work with each other, whereas we are 'please pick us please pick us!' 'I'll help you let me help you!' 'Please help us please help us!'.

Just Nathan returned to core values when asked about SLT values, he reported core SLT values as assuredness and empathy.

What SLTs Do

Here, participants talked about some of the specific areas they have experienced of SLT interventions, alongside the environments and case groups in which they work and some changes to the profession. Sarah reported the scope of the role itself, it's such a big profession it's so…This is reflected in the **range of work participants have now become aware of**.

Ann reports both difficulty with auditory discrimination of voiced and voiceless and communication passports these are two very different aspects of SLT work designed to remediate difficulties and enable communication respectively; she says There's a way in with the communication passport, they might not be able to talk about it anymore than what's on the page but they can share. Demonstrating another specialist area of SLT work Ellenor, discussing work with AAC and a child with cerebral palsy, says I saw a child using an eye gaze, I've never seen that before in my life, he had cerebral palsy and, it was absolutely mind blowing. On the theme of AAC Ellenor also says they use PECs in the service and Max, discussing sign as AAC considers the limitations imposed on communication through choice of AAC systems You know it's a kind of sobering thought that that is some people's first language, their first and only language, and they may only have a few signs and then, you know you think about people whose first language is BSL, or somebody whose first language is really quite wacky like those bliss symbols and less so if it is BSL but even so Makaton or bliss symbols, you know that limits the people you've got to interact with so I think as therapists we've got to be conscious that if we're teaching people Makaton sign, how useful is that.

Participants also reported working with clients with (Ellenor) Down syndrome and autism and challenging behaviour and learning disabilities (Meeko) attention (Velma) paediatric feeding and swallowing clinic, hearing impairment, teaching vocabulary, video fluoroscopy clinics and MND clinic. Meeko also alludes to the SLT role in diagnostics when she says the work that I did with him suggested that he wasn't autistic.

Discussing locations Velma reports secondary schools…..and hearing impairment unit and language unit in a primary school, Ellenor reports clinic …. for the bread and butter of everything…..although there were so many DNAs. With prior experience of adult work Meeko reports

wards and Velma, who has started her adult placement discusses video fluoroscopy clinics and MND clinic.

Participants also discussed the training role of SLTs, describing the nursery in which she was placed Meeko says a few of her staff had taken Elklan courses and Ellenor discusses importance of giving the knowledge to the people that are there all the time because they support workers, Sarah links the training role of SLTs to their changing role in provision of services, she says In a positive way changes what traditional roles are like speech and language therapy as a role, I guess would have been thinking more about is like the wider role, and more of the indirect role, of SLTs as educators she says that's the challenge isn't it, being able to filter all that knowledge down but maintain the quality so that more people can get a better service but it's got to, the qualities got to stay good. Widening the perspective on what SLTs do Velma discusses models of intervention as being introduced to her on placement, she had enjoyed a deepening understanding of intervention, beyond the activity to models of intervention at caseload level she [practice educator] had introduced me to the Kate Malcolmess model, and talked me through management of a caseload and how important that would be as a first, as a newly qualified therapist, how important it was for me to be able to manage a caseload rather than just taking more and more people on and not discharging anybody.

Wider profession

Participants also demonstrated an enhanced insight into aspects of the wider profession during this interview than I believe had been previously discussed. Accessing the **Royal College of speech and language therapists t**hrough its websites and publications appears to have been increasing as participants gain greater knowledge. There is the beginning of some evidence of wider participation in RCSLT events, such as SIG/CEN attendance. Velma, the keenest of the participants to be in the workplace is also the 1st to have booked a place at a clinical excellence network event, she says yes I've booked on to one [CEN], while Ann has recognised the importance of CENs, she says the bulletins I've been keeping an eye out on SIGs they have been coming up, I haven't booked on any…. I'm quite keen to possibly go to an SIG or CEN, just to see what they like, because I've never been one to one before. Discussing bulletin Ann also reports a change in the way she views this monthly journal, she says Some of the articles are really interesting, I think they mean a bit, because I got the bulletin when I was an assistant and the articles seem to mean more now, in terms of, because they're always talking about evidence-based practice in the articles that they write, and I'm okay then, I now know why that's so important and why they're talking about it so much. So it's good to read the bulletin, without the blurry glasses, it's more focused you know kind of what they're writing about, why they're writing about it. Ellenor has a different approach to using RCSLT for additional knowledge, she says I've kind of engaged with it [RCSLT] in the sense that I've used it quite a lot in assignments, to look up what's expected of me as a professional and the guidelines and stuff, it's something for me this year, but I don't feel I'm really engaged with it as a therapist yet, I think it's like time, and in my spare time I really didn't want to read the Bulletin, like one of my housemates loves it read to all the time, here Ellenor is demonstrating her awareness that others may be engaging with the profession in a way that she is not, she recognises the importance, but it hasn't been at the top of her agenda so

far although she does demonstrate her understanding that her relationship with RCSLT and the bulletin is changing when she says I remember the first time you asked me this I was like it's kind of like a website, and they let me access journals that I can't read. Meeko has a distant relationship with RCSLT stating that I'll go on the website every now and again and I did the roadshow. The roadshow refers to RCSLT visit to the University in the week prior to Meeko's interview, it would appear that Meeko's view of RCSLT was not enhanced by this visit, possibly due to the unfortunate significant lateness of the speakers and the twilight session in which the roadshow was offered (between 5 PM and 7 PM) Meeko says I was quite disappointed with the roadshow, but I think that was a frustration with them not turning up on time, I was quite worried about the impression it gave the first years…… it wasn't a good first impression of RCSLT

Social media has offered the participants the beginnings of a widening relationship with their national body through the SLT society having made links through Twitter. Ann reports her excitement at resurrecting the Twitter account, because the society wasn't followed by the RCSLT, it wasn't followed by giving voice. Then because I retweeted something they were like….oh! you exist! They sent as email, and they contacted us about possible campaigns, getting resources we could use, that was like a massive connection. It's given us lots of ideas of who we might want to come and speak, just like a connection and then a message to someone and then… How would you like me to come and talk to about this…. While Ann has discovered this more forward-looking aspect of RCSLT activity, Velma points to a somewhat more dated presence of the profession online. Velma says I think there are elements of it that I find quite… I don't know how to put this… That I find quite dated, I mean the RCSLT, just the website and everything and finding information and taking away the CQ 3 and not replacing it with CQ live for the whole year, pretty much our first year, none of those guidelines, and the fact that everything… You can't even register unless you send in a bit of paper, you can't do it online, it feels a bit old-fashioned and dated and I sometimes think that as a professional body it drags the profession down, it needs to get up-to-date with the real world. In contrast to Velma's perspective of the RCSLT website as being dated Ellenor prefers to access information in this way rather than through bulletins and paper published materials she says I do find it really interesting and I think there's a lot out there and I do like to go to the website in terms of learning what they're providing for is like how they have that drop-down with all the different areas of need and you can go on that you can get signposted to different things, I found that really good. I found the guidelines great, I find the guideline so clear, so on the whole I totally understand what the RCSLT expects of me. But, I'm not overly engaging with it in terms of being a therapist, demonstrating further her early engagement with the professional body, she says I'd like to be more involved in RCSLT things, but I'm not really. It's just kind of something we signed up to at the beginning of the year and just kind of get the bulletin and maybe reading or maybe not, just put in a pile and come back to that another day. Early engagement and future engagement with the wider profession is a theme of the participants including Ellenor's comments above. Maud says…. It would be really good to get into maybe, maybe when I'm qualified, probably not before I'm qualified, but raising awareness of things, fundraising kind of thing. I guess it's hard isn't it, to create a platform, and even if you have

that platform it's whether people want to listen, and people only want to listen if they understand the importance of something.

Looking forward to changes in funding for professional education Meeko demonstrates that she is aware of **potential implications for change in the demographic** of speech and language therapists, she relates this to how the profession itself may change. This demonstrates consideration of the profession from a wider context, she says I'm sort of worried about where the profession is going to go in a couple of years' time with the new rules on paying tuition fees, and the sort of people… People who can't do the course versus people who can pay and afford to do it, that's something I'm a little worried about. Meeko links this to the current small number of registrants with RCSLT when she says I hear how small numbers are registered with RCSLT, there aren't many of us in the profession anyway…… that worries me that there isn't enough of us….. I think with this whole having to pay your tuition fees, it will make it lower in the number that are coming through.

Max refers to the lack of public information regarding SLT when he discusses lack of public awareness, he says I don't really know enough about the efforts of things like college or non-college organised things … but, we are not on the radar. The concept that your voice can be bad, and that there is somebody whose job it is to fix that is probably not on the public radar. Max questions the breadth of scope of the profession, possibly questioning its identity when he says You know, how can one professional do voice and stopping in six-year-olds in primary school, how can one professional group to both of those same things? That's the question I think a lot of people would ask that's a fair question, are we as a profession narrow enough? Of public understanding of the profession he says I think sometimes it's this thing about being visible again …..[a] wheelchair is very visible so people probably think about that, think they're in a wheelchair, let's adapt this for them... communication isn't visible, so almost why would people think about it ….why would you ever think about it unless you had to.

Highs and lows of being speech and language therapy student

Concerns and disappointments.

Ann begins by talking about her nervousness with regard to entering the **second year** of the programme, a little surprising as this had been her professed preference throughout the first year however, she does go on to explain why she believes she was feeling nervous. Ann reports I was a bit nervous about being in the second year, explaining that she has spoken to people about what I used to do before I started the course, people are like oh!, you'll be really good at adults….you're going to know everything,…… I feel probably wrongly that there is an expectation that I might know more than I do … But I've never been an adult therapist before, I've been in the domain as an assistant, but I've never done that job. It's true I am really looking forward to the adult year… But people say [I] will know everything and I say no! I really won't! Because I might encounter things throughout the year that a very new to other people on the course, but similarly there are areas that I

259

know nothing about. So it's not going to be some genius whiz kid on the second year, just the very thought of it.

Ellenor, Maud, Meeko and Sarah all discuss **workload** as a concern experienced during the first year of the programme, impacting on their ability to enjoy the process of learning. Maud comments that it's been busy! Busier than I can ever imagine it to be she is trying to develop an internal strategy for coping with her stress levels over the workload for the upcoming year, she says My attitude for this year that I am actually trying to convince myself into, is that there's no reason to be concerned, it will all be done because it was all done last year and it has to be done so it will be. Ellenor refers to a period of time in University, where workload is based on skills learning rather than academic learning, she says: home team was nice, but it was impacted by the fact that we had so much work on….: I didn't have the time to dedicate 833 so I was just a wee bit like… All we do is write assignments! Sarah adds to Ellenor's discussion of academic workload when she says I think probably, I think I mean, I think I think of the workload. What stands out in terms of difficulty was doing the research, and doing the research plus other essays at the same time, that would stand out in terms of it being really tough. Sarah's linguistics here, her inability to begin her sentence, along with her general reflective personality suggests how difficult this had been for her. At another point in the interview Sarah does take a slightly more measured approach to discussing workload and how it had impacted her, she says I feel like the course for me went …up to Christmas it was fine and then it went into a steep uphill and I was going up and up and up and up and I did have moments of feeling like it was really tough and then it kind of calmed again, and those last two assignments were okay, it was just that little bit, I guess it was a combination of all of the workload plus being stressed with family and money and stuff, so I think it was a combination of things really. I believe Meeko refers to academic workload in the first year, when she suggests her concerns about her delayed year to placement, she says I think the only thing I'm a little worried about is the fact that I was supposed to be on placement now and my practice educator left, which is okay she's going on to better things, a bit worried that it will be after Christmas, because last year everything picked up after Christmas.
Ellenor and Maud both discuss feeling significantly burnt out as a result of the workload, this had led to feelings of de-motivation, especially on the part of Maud who had seriously considered whether it was the right thing for her to re-join the course for the second year. Ellenor discusses her feelings of being on-campus and in lectures following the end of term for most students, she says I think I was just rough because I was really burned out, I think because at that stage we'd gone past the bit where everyone else is finished and done here, and it was like it's August and we are still here and there were quite a few things happening that were end of year, so you kept thinking you were getting there, …. Pimms by the lake….. and then we're like in lectures, and we had a summer ball, and then portfolio was still due and it was like oh my goodness why does it never end? You were like oh… I'm so close, but I've been so close for so long! Maud describes the impact of this heavy workload on her emotionally, it is clear that by the end of year one she was so burnt out that she really was not sure whether she would return and become a speech and language therapist. Maud says I feel that I don't know where the energy to do this year is going to come from… Not even just the physical energy, I

don't know where I'm going to get the mental and emotional energy from. I feel like I've given everything that I've got and I've got to find what's left of me from somewhere. I think at the end of last year, if I'm honest, this is going to sound awful, I kind of lost, not my passion, not completely, but would have that passion for SLT, because I've just been writing essays and I had been doing portfolio and just trying to get things done and I didn't have, I didn't feel like a therapist, because I was just doing things because I had to do them ……: I think it's tougher than I ever thought it could be, this course is the hardest thing I've ever done I hope it's the hardest thing I ever will do, its good to challenge yourself but… Having made the decision to return the year two Maud is still considering how she is going to achieve the workload. Like coming back for this 12 months for me have felt like the biggest challenge, I was… I can't go back, I can't do it. I still feel a bit like that, I feel like how am I going to find the energy?... because I'm really looking forward to it, so it's like a really interesting thing.

Maud, Nathan and Velma all discussed their concerns about upcoming **placements,** mostly around the transition from placements with children to placements with adults with acquired difficulties. And exchange between Maud and Teresa reveals Maud's concerns Obviously I'm, I guess I'm concerned about placement…(Teresa what sort of concerns)…Maud: (whispering) about adults!...Teresa: why are adults scary? Maud: I don't know, they're real people. Teresa: you mean like you and your friends? Maud: I guess children are real people too but……..I'm not scared of them, I'm scared of feeling uncomfortable and I know for a fact that I'm going to feel uncomfortable and I don't yet know how they to overcome that feeling, that's what I'm concerned about…… I'm kind of like thinking how I'm going to gauge my personality. Nathan continues the theme of concerns about the change of caseload when he says it's the trauma aspect; this is something that I definitely haven't… I've been blessed in the last few years to not have experienced very much personal trauma I suppose… But now I suppose that persona of empathy and assuredness really has to come into play in a traumatic case. Nathan's experience of the first day of his adult placement, the day before our interview had underlined his concerns about adult work, he says a moment like yesterday when I was in shock, I wasn't expecting that at 9 o'clock in the morning I suppose it's just having to get over this next emotional hurdle, but this could be a bigger one than seeing the children, because obviously it's an adult now, maybe they're close to the end of their life anyway. Velma defines positive aspects of course through the practical placements, consistently struggling with viewing herself as a learner in the academic environment, she also views herself as a paediatric therapist, hence her nervousness about moving into the adult field, she says she is a little nervous that if the placements don't go as well as they have in the first year that I'm going to feel quite disappointed. I'm going to feel bereft that that's the thing that kept me going, and it's been my thing and… I'm really worried about this year is, obviously this year placement has been strength for me, and it's where I feel comfortable and it's where I shine, and it's my thing, so I suppose am really worried that if that goes, then what is left? Sarah's concerns are different, she is looking forward to the experiences of the adult year, however placements with a small child, and her need to make links in a town approximately 50 miles away present logistical difficulties

It's just logistical things I guess, to do with like, can I do placement in Cambridge because that gives me the opportunity to maybe forge some links.

Some of the participants are turning their thoughts towards **concerns following the ending of the course** a year from this interview. Sarah's concerns are around how ready she will feel to be a speech and language therapist in a year's time, with the she will have to skills, but also around her feelings of readiness to be responsible for decision-making, Sarah reports conversations with her husband about her perceived lack of readiness, she says I do still have the conversations with [husband] though when I say, I'm not going to know what I'm gonna do always, like panic moments. ……Because I was saying to him that that's how I feel I'm going to be, but I did say that [to]the practice educators and they were like yeah it's fine, you don't have to know. I think I need to hold onto that! And discussing her responsibilities Sarah says I think because you got a responsibility, it's knowing that I'd have a responsibility to apply the knowledge and actually make the right decisions and I think it's just, it's kind of like I feel I had want have somebody there to say what you think…. I kind of feel like it will come and I think it's just that initial bit, like the newly qualified bit…..I Wanna skip that bit, that new bit and kind of go to somewhere more comfortable. Max echoes Sarah's concern about readiness for professional life in a year's time when he says there is a concern about being able to deal with it in the real world. Ellenor is beginning to feel a pressure from home to begin making decisions about where she will apply for jobs when she finishes the course, she says concern wise for me is where I'm going to be next year, because there are so many options and part of me feels really pressured….. stuff that this year has become a reality whereas last year it was like well and two years away so, whereas now it's like at some stage in I'll have to apply for a job, at some stage and I'd have to be a grown up. Meeko is also considering job applications, but from the concern of ensuring that she doesn't reach burnout during year two and is in a personal position to work at the end of the year; linked to her considerable physical difficulties this is a real concern Meeko I think that's [applying for jobs] my only concern, because I also don't come to the end of this year and have nothing left, not having any energy and then waiting for my licence to come through and not having enough to go …..right it's time for work now.

Talking about **disappointments** Maud alludes to some disappointments felt placement, in other places Maud is clear that her placement experience was not ideal, and that she had to work hard in order to achieve a suitable placement, here however she shares her expectations of an excellent placement with her growing understanding of the reality, she says I'd say I was almost a bit disappointed on block, I think what comes from going on block two is that you hear all of these wonderful stories from block one, which is great ….. but it makes it this big thing… I'm going on block and it's going to be really great, but everybody has such different experiences and I'm not saying that my block wasn't great because it was, but it just wasn't the same as some of the other people close to me, it just wasn't the same and I know I wasn't the only person who felt like that so I think… I was almost disappointed because I expected to go in and well, to run clinic basically and obviously that didn't happen! Max discussed a disappointment with regard to placement, however rather than the wholeness of placement disappointment discussed by Maud, Max discusses a specific incident which

262

left him feeling disappointed with himself, he says I was in a session, a behaviour thing very suddenly happened and I wasn't able to deal with it so the other professional dealt with it and I felt bad, I felt disappointed, professionally pretty impotent, to deal with that….., I just want to be the polished finished package and it's disappointing when I fall short, but I know it's fine, I know it's fine, he also relates his disappointments to comparison of himself with his colleagues when he says it's a bit disappointing when I can't do things I can see other people on the course doing. Sarah also discusses disappointments with her placement when she says the morale in the team was bit low she had been placed in a team which was undergoing considerable change, limiting the availability of therapy in some significant areas , Sarah has previously been clear about her need to ensure that services provided actually deliver what is promised, her disappointment with the team she was placed in perhaps mirrors these thoughts expressed earlier, she says the constraints of the service… is an issue, we can only do this much with these children, we can't see them again until this far, got to rely on this report and hope… So it wasn't a disappointment, it was just an observation I guess, this is what's happening in terms of what the speech and language therapist might want to do and the constraints of the service and that's the constraints of where they're working. Ellenor's placement disappointment was around clients who did not attend appointments, she says I think that's the only disappointment, and DNAs, they're just a nuisance, people who don't value the services.
Ellenor expressed her disappointment with the transition back from placement, which she had enjoyed, into the University environment with the need to learn over the traditional university summer holiday, she says it [coming back to uni] was all just a wee bit flat…you come off placement and you're buzzing and you felt like a therapist and then I got back and I was sitting in lectures, with not real children in front of you and not real cases…. making that transition was really hard this time because we'd been out for longer, and I really felt, it's a really good team and I really felt part of the team and I really wanted to stay longer.

Ann and Ellenor reports disappointments with **academic work**, Ann's disappointment was around a presentation assignment, on which she had overrun significantly on time and therefore scored a low mark she says[HS832 presentation]was probably my biggest disappointment, while Ellenor reports disappointment with foundations research work, putting this down to the level of workload and her disengagement I think I was disappointed in my research in the sense that I really wanted to learn a lot from it and I felt like I didn't, like I was a wee bit half arsed by that stage. Max two suggests that may be he could have enhanced his success during the year, and is disappointed that he didn't when he says maybe like I say maybe kind of being more professional, maybe I could have started earlier. Nathan reports that he has not one [disappointment] springs to mind just at this moment.

Coping strategies

Despite the concerns disappointments felt by the participants during the first year of their study towards becoming speech and language therapists they had also developed some significant coping strategies. Apart from Meeko all of the female participants discussed the **importance of peers practice educators and tutors** in enabling coping through the difficult times. During difficulties on

placement in her non-preferred arena of paediatrics Ann reported the importance of support from the practice educator and also from peers who were on placement doing similar things. Sarah discussed the importance of support she had received from the tutor team at the University when she says over the last six months I came to really appreciate the support that I feel that we get from the team here, I do feel really supported, I do feel like I could literally come and say right this is what's going on and I think that's been really helpful. Ellenor Maud Sarah and Velma all discussed the importance of peer support; Ellenor says that support is important when there's a tired and stressed time and you got your group, while Sarah reports I think what really helped was having the support of the guys on the course and Velma, despite finding being a student difficult says this whole experience has been incredibly supportive, all the other students, it is very supportive and nurturing, you know. There's never a time when I think I've got a problem and I can't ask anyone, I can't sound off to somebody because I can't do this or… So it is very supportive. We learned above that Maud had some significant difficulties on placement, it was support from her peers that she turned to in order to help find the strategies with which to turn difficult placement into a successful placement, without needing support from tutors. She says: I had a lot of chats with people on the cohort, like how do you think I should manage it [difficult PE relationship] because I felt like it was something I could manage, that I didn't need to bring into uni, I felt like it was a stepping stone to being a professional. Maud goes on to highlight the personal and professional development that she gained from finding coping strategies through discussion with her peers, she says I think having those problems, those challenges, I think that that made me step up and say hi, this is me, and I need to do this for me. And I need you to do it because I need to pass this placement, and if you don't give me what I need I'm going to fail, and so I kind of had to decide how I was going to do that. So I had to decide just generally in life how I was going to do that, how in the workplace I would do that. Whether I'd be that person that just says it as it is, annoy everybody probably, or not. Whether I was can go about it in professional way, which is what I decided to do. That made me realise as well that is not always going to be straightforward, and I'm not always going to get what I want, and that's okay. It's okay to say I've trained to do this or am training to do this, and I'm going to be your colleague in a year's time and we need to figure something out.

Despite the importance of peer and tutor support, Velma and Ann, both living off-campus with partners, described **the importance of quiet self-study**. Ann reports that whilst the peer support is useful it can also be detrimental to her study she says I do talk to peers quite a lot about how they're getting on with things and if I found a good article and this that the other, but this sometimes reaches a point where I know that well wind up can start, and I know I have to remove myself and just not get involved, it might look like I'm being a bit aloof almost, I was a little antisocial I think, but it's just for my head. Velma says that people said to me how are you doing not coming in and having the support of everybody else, I feel the support of everybody else but if I came in I'd just be distracted. It doesn't work for me, I need to be on my own. Looking forward to year two Velma says The fact that we are only in two days a week is nice for me, you know, I'm happy with that element of needing to manage my own time and keep on top of all the work, and really there is a lot of work.

Following on from peer support was a theme of **growing personal planning and prioritisation** in order to achieve the workload, or at least plans to plan in order to achieve year two of the programme. In order to achieve a high mark on her research assignment Ann reports 858 I did so much preparation, I kind of approached it as practice 859 (year to research proposal) discussing the same piece of work Ellenor says I did my research first because I needed to get it out of the way, although we have heard above that she was feeling somewhat 'half arsed' about it. HS 858, foundations of research appeared to give several of the participants cause for concern, both Sarah and Velma broke down the task into manageable pieces, Sarah says she succeeded by breaking it down and going this one needs doing now this one needs doing now, while Velma says I literally had to sit there and pull it to pieces and give myself stage by stage, just go through the process and… Because I was panicking…. and it was okay!

Thinking forwards, Sarah reports that have workload difficulties have made her think about how to approach work professionally for the future, she says : It's really given me quite a big push to change, not that I left things to the last minute, but that's how I ended up, but in terms of how I want to approach things for the rest of, for the next bit, is to do it quite differently and have a really good plan in place. And continues the theme of planning for the second year, taking advantage of periods when there is less work to get ahead when she says What I really want to do is kind of harness it when I feel this [buoyed up] because I know, having heard all the things we're going to be doing this year I know there will be times when I'm just tearing my hair out, thinking 'oh this is impossible'. Maud, who has struggled to return for a second year programme, is planning the year ahead in sections to enable her to break down her workload, she says I think I just started to think about it. Well it's only about 15 weeks to Christmas, and then after Christmas is about the same to block, and then it's block, and I love placement and then, and then I can do whatever I want to.

A further coping strategy discussed by some of the participants was the importance of **looking after yourself,** Maud initially discusses this from the concept of failing to do so, she says basically, it was just going on placement, and then going to the library till like 11 o'clock at night and then going home, and getting up and going to placement and back to the library, I spent the weekend in the library… It wasn't a great time for me… Later she says that in order to recover and refind herself she just did normal things, I started to run again and I started to eat healthier because everything had kind of stopped, everything was on like a routine the end of the year, it had come to a halt because I was just a big mess of a person and I kind of got back to a routine and got back to doing things I like. Meeko who has physical difficulties, which often lead to significant pain, reports her need to look after herself in order to succeed, she says I've got to always make sure that I've got the ability to take a morning off if I wake up and in a lot of pain, I need to take that time, is making sure that I feel like I can take that time. Sarah reports that her treat is food, having completed all of her deadlines she says I went and sat in Costa and had a massive piece of cake on my own, for me it's cake or chocolate, that's my treat! However, Sarah also reports the importance of time out, in other places she is reported the importance of spending time with her son here she says having the break, the break that we've just had, I think it gave me a chance to just go (output of breath suggesting relaxation) it's okay, have a bit

of time. Then come back and feel everything kind of, it feels like it all kind of seeps in if you remain….. the summer break was important, it was so important.

Developing self in the University

Participants discussed the importance of **academic success** as part of their developing of their professional selves as speech and language therapists. Of particular note here is Nathan, at the beginning of the course (semistructured interview one) I think that I remember Nathan saying that he had most of the knowledge with which to be a speech and language therapist from his linguistics degree. I remember being very careful not to raise an eyebrow during that discussion. Nathan reports his surprise, and his difficulty with the very applied nature of the assignments which are used to assess the speech and language therapy master's program. Talking about the applied nature of the assignments Nathan says: I've always been very theory heavy and I think I say over and over again to a lot of people that the assignments, after the first one, they threw me a little bit because is not the same….. There is no theoretical answer that I can postulate or gather; it's more considering a holistic view of a human being. There's too many angles for me to think about, it's not just this narrow corridor or view any more, it's this big open field and I suppose, it's like optical illusions where you have to take many shots around it to see the big picture rather than just this narrow thing that I think looks like this. Send that in, get a mark. I think it's been a nice challenge, and I think it's been one for me personally… I suppose because obviously SLT, which is something I'm coming to learn, theory isn't everything and it's been quite a tough journey in order to dispel that from myself.

Discussing style of the assignments from differing perspectives Ellenor reports the applicability of an assignment to her recent placement, she says: the 833 assignment, I was interested in, and it was actually really relevant to the placement had been on so I was really wanting to focus on that, so it was like the role of the SLT in the identification and management, and I chose the ASD one because I'd actually seen the ASD one so I'd be really interested in finding out the policies and stuff. Max also commented that [834 assignment] was just quite tricky because it's good to think about service delivery, service model… Max goes on to say I suppose I've been happy with my ability to take unfamiliar things and get my head around them. Discussing a different aspect of assessment, Ann refers to the reflective writing required of the portfolio, she says I found it [portfolio] useful, I think I would have found it more useful if, as has been suggested, you do it as you go along. Because you can never fully put yourself back where you were, actually I was good at the start of the year I did the first one we were encouraged to do, I did the second one, and then the others that took place over a fortnight, but it was still valuable.

Participants report success in a variety of assessments for example Ann says she got a distinction in research, I nearly fainted! Whereas Velma who had returned to study after a couple of decades and had been cautious about her academic ability interview one says I think I've surprised myself, pleasantly surprised myself with the academic side of things. I'm quite pleased with the grades that I've got. I think probably my biggest achievement is a very respectable grade for my 858, the lit review which… I've never done anything like that before.

266

Ann reports the importance of feedback on her assignments, she says whenever I get feedback I always read back through my assignment and see why the tutor said what they said, and sometimes I read it back and I think oh! That's a really good point, almost as I'm reading someone else's work, that's great! It's like a fresh pair of eyes….I'm finding it a really useful tool when they say maybe you should have focused on that maybe expanded a bit on this point go back and I read through it and I think oh yes of course you should, and some things will be identified that I wouldn't even really thought of.

Talking more generally about the acquisition of knowledge Sarah says I feel like I've got stronger knowledge base than I thought I had, so that's good, I feel like I actually realise that I've understood more than I thought, there was a time there when I was panicking and I thought that nothing had gone in and I worried about the fact that I couldn't keep up with the workload and do the reading or anything extra, but always doing the bare minimum things and I think I thought by then had to go back and try and reread things to pick things up……I feel like it's just being a little bit more confident with the knowledge that I've gained so far.

In addition to academic skills participants also discussed **some practical skills**, several participants, for example Max described the enjoyment derived from learning to sign, he says Makaton was really nice, Makaton was great. Nathan, developing a visualisation of his current understanding of the clinical decision making process in partnership with parents says I feel that's [development of the decision-making process] the mountaintop peak, the SLT learning at this point and I don't see that being changed. Obviously there are many things that can go with it, but if I can see my feelings about how the SLT thing works it's like climbing up a mini mountain, obviously there might be an avalanche one side, the parents don't want this, so I'll have to trek this way, or don't like the conditions so I'll have to make my way up another way but at the end of it I as well as everyone else has to make a decision and definitely, you can't prepare for that one. I've had to develop the analogy in order to ground it in a way. Ann discusses the importance for her of providing theoretical background to some of the activity which she has undertaken as an SLTA, she says this year I feel like I'll find out a bit more about that is that, and why this may be used that approach instead of the other approach and so… I feel like I've got a level of foundation and I need to build… I've kind of got experience and I need theory and evidence.

Maud and Meeko both refer to **determination and prioritisation** skills which they are developing due to the heavy workload they have experienced during the first half of the programme. Referring to home team block Maud says it almost felt like a holiday because we had all this time to kind of relax… But looking back on that… in reflection I almost wish that I'd done more work during home team, because on block I probably regretted that I had not done as much as I could have done….. looking back I probably could have used that time better…… That was really important for me as I realised that you can have a break but you still have to keep going because otherwise it just becomes… Well it became undoable, almost, however her prioritisation and worth work ethic meant that she cited my biggest achievement (five second silence) I would say, I don't know, I would probably say finishing the essays, finishing 833 and 858 and finishing block in the same week and still being kind of okay, because there was a point when I honestly felt I wasn't going to do it. Meeko, too, had reached a

267

point where she had multiple deadlines and little time, she says that from this: At least I know that in a short period of time I can still get two assignments done, it might be not ideal to work through the night, but I can still get decent marks, so I feel like nothing is impossible any more. The important thing she's learned from this is to have a plan constantly and try and be flexible with it.

Participants discussed the **development of their professional selves** from a university context, Max, becoming a significantly reflective thinker says of his own professional development I think maybe it felt distant because it was two years, with one year left I've sort of realised I need to up my game and be more professional about all this, because in one year I'll be doing something with real people and I have professional, legal responsibility. Which is a horrible, horrible thought, it can be intimidating, but that's what we're here for, that's the game. An example of the development of Max's reflective thinking is provided through his reflection on part of a study day on hearing impairment, Max says: it was just one quick session at the end of last year, but it did make me think hard about what are interventions for?, Really getting the grip of what's important and what's important to different people because that, if you pop cochlears on that child and nobody else has cochlears and they stop signing as they walk into a room, the kids not going to feel part of the hearing world because they got cochlear implants on the side of their head and no one else in their family has cochlear implants and are not really going to feel part of this other world, so it's really just. Sarah, a reflective thinker from the outset of these interviews discusses her feelings about her current stage of becoming a speech and language therapist, she says I think,like, before I came on the course, I felt like I wanted to do something where I could be a professional and use my knowledge and use my skills and move myself forwards I kind of feel like I'm moving more that way and I feel like pride more, I think that's because I know that's where I'm going to go now I'm halfway there, over halfway there and it's one more year and then I'm into work and that will be my profession. I think I feel more like the profession already I guess, and I think that's to do with working with all of the tutors and working on the course, being on placement, I guess you get a sense of who you are relative to all those people don't you. It's relative to everyone I've been around I suppose; so I kind of feel like I have moved forward in a sense. Another of the participants who reflects on her growing professional development is Velma, while she is and always has been keen to get back into the workplace, she reflects on the amount that she has learnt and how this has widened her perspective of her chosen profession, she says I suppose I only really knew about it from an education point of view, haven't seen any other aspects of it so yeah, I think I feel very differently about it. I didn't realise there were so many guidelines, I didn't think about things like the Care Aims that we were talking about yesterday… policies and procedures, to be honest I haven't given that a huge amount of thought. When I started the course all I thought about was going to a room and working with lovely children and it will be fun and there'd be toys and some things have come as a big surprise and really changed, I've learnt so much, I really have learnt a huge amount and a lot of it's been quite unexpected, really positive, unexpected. Other ways in which participants reflect their growing professionalism are: Ann through her role as secretary of the SLT society who says it's [SLT Society role] kind of made me think about how I would use it [twitter] myself as a professional possibly, Meeko, in her role as a year two students and

mentor, who says The first years coming up and asking questions and actually knowing that I do know the answers to them, I think that feels different because I remember looking to the second years, well the graduates now, as already or nearly the speech therapists and I never thought that that day would come. Lastly, Ellenor gives an interesting reflective insight into her feelings about her own professional development when she identifies **as a professional, I feel like I have knowledge to use, this is impacting me at the minute I think …..on the way to moving to impacting others.**

Over the first year of the course Maud, and particularly Nathan discuss the **personal journey** which they have been on. Maud, the only participant to come straight from her undergraduate degree, which she started straight after A-levels, discusses the emotional and mental resolve which it's taken for her to complete the first year of the course, she says It's not the actual physical finishing, it's the mental 'you can do this' you can do it and it doesn't matter if we're here till 9 o'clock tomorrow morning because you will do it. It's having that attitude of telling yourself you can do it, because I think so often in the past I've just been negative, I've always been negative and always said I can't do this. In that time I had to tell myself I could do it because… So it's not like the actual doing … Its not just sitting in the corner and crying, which is what I wanted to do 95% of the time I was doing it. Maud reports I think it [summer break] gave me time to realise that this had happened so I'd… I'd felt like that… Because yeah I was just a big tired blob of a person, and I think I had time to think about the year and think about it and talk to my family about what I'd done. Nathan spends a significant amount of time during interview three discussing the unexpected personal development which has been part of his experience of the first half of the speech and language therapy program, he says one achievement is just being able to change how I feel about identity and about how I want to be…
I feel I've entered a new stage that was triggered by being on my own on placement…… I think it's possibly something you can't teach in the same way as theory, it's like trying to teach someone a cube in 2D. It's been an excellent journey because I feel like if I'd just done a Masters in linguistics there wouldn't be this development of person, rather than just my knowledge…..There is so much more to me and to my development than just my theory... Which is quite a shock, because I didn't expect to come away with thoughts like this right now. I was like you go to university to learn this, but it's a different kind of learning. It's very fresh for me, which is very good actually…. That's been quite shocking, to see me emulating that….. that I want to be, not the pinnacle of knowledge guru… I still enjoy learning, I still enjoy the theory but it's just another string to my bow rather than the whole thing I suppose….It will be really interesting to see when I do qualify, where this image of SLT comes in next. The next big thing is having all the titles and things like that, where that changes, when I become an SLT where do I visualise then… Have I become what I saw myself as two years ago, or is there more to develop, I suspect it's the latter, it doesn't quite finish. It's a combination of many things are coming into play there, but it's interesting to see that I think I've matured in no other aspect I suppose ….except emotionally and like seeing forward… I'm not going to be this perfect being, it's more grounded in reality but it's tangible. That makes me more excited than this infinite dream thing could be. Yeah, it's more real, so that excites me……. You've (the program) come out, completely different from what I was ever expecting… Developing a new me, which is quite, lovely really, I'd happily pay

for this service anywhere really, thanks NHS! For paying the bill for me… Is great, because it's more of knowledge, it's a soul searcher it's, it's got more colour than what I thought it would have**. I was expecting black-and-white on the page rather than rainbows.**

Placement

Alongside the fact that most of the participants began the narratives for the semi structured interviews by discussing their placements many of the participants related to placement as a high during the year. Ann, on a paediatric placement as an adult identifying student therapist says I'm surprised by how much I enjoyed block, while Max in reflective mode, says block was really important I think… placement has to stand out because it's the culmination of everything really. Unsurprisingly Velma relates to her block placement as an absolute high of the year and important learning she says, block placement happened, it was brilliant! I loved it and if it'd been twice as long I'd been even happier, it was amazing, I felt really inspired, excited, I came back feeling all buzzy. Meeko reports block placement as being probably it [most important thing] would be block more than anything else, while Nathan, whose personal development we have seen above relates to placement as block placement was a massive change I think

Ann and Ellenor discuss the importance of learning styles, and reports enjoying structure but also autonomy her placement. Ellenor reports her initial nervousness, which dissipates as she begins to feel secure in an environment, she says I'm nervous about placement because I am that kind of person, until I see and know where I'm going and who I'm meeting, then I'm the kind of person who, it doesn't consume me but that makes me a little bit uneasy. I like to know what's going to happen, I like to know the faces I'm going to see, and I like to know what the personality is. That's what I like to know, so those are the things, but I wouldn't really call them concerns at all, they just things that I… Like that's can come and meet that person and know what the hospital looks like and what is expected of me and that kind of thing. Ann reports personal growth, enabled through the learning styles which she encountered on her placement; she says I think I felt like a whole different person when I finished after five weeks. I felt like a child when I went in and I felt when I came out I was like an adult, when I went in I was like this is terrifying and when I came out I was like I can do this. Max, too, reports personal growth which is beginning through being able to explore difficult environments on placement, he says you know it was really good for that sense, for exploring stuff which was a bit scary, at least at first, but I didn't have experience of. Maybe this conversation partner stuff will do the same.

Developing Skills

The first block placement saw a good deal of **anxiety** especially in the early days of the placement however, initial fears often and turned to feelings of ability and confidence appeared to grow. Meeko and Velma summed this up very concisely, Meeko says To go from I've got no idea what I'm going to do with you, to at the end of five weeks having quite big progress, it was nice to know that I actually can do that. While Velma, considering her own placement tactics said some of it was very very uncomfortable and I really pushed myself, because I know I can stand back and go… I'm just going to avoid it, so I didn't I threw myself in a little bit. So that felt really good.

In understated style Ellenor demonstrates her initial fears when she says that the first day was just a wee bit intimidating, going on to say the first week was like absolutely like mind blowing. I have no

idea what I'm doing.I was in a special school, and she (practice educator) just took me in and met these two kids and she was sort of reading a book and I was sort of interacting and she said do whatever you feel comfortable with… I thought I'm going to be sick, I have no idea what you want me to do. And then these two kids left and she said so what speech processes could you hear. I knew what I was meant to be looking for, but like you know what it's like when you're in a new situation, I was trying to read the kids, I was trying to read what she wanted and why she was doing it and I was trying to read her, I was trying to be how much do I interact how much do I not interact. And then she was like what speech processes did you hear? I was like, did they speak?! Max too had initial difficulties in understanding the environment in which he had been placed, he says it was hard and uncomfortable for week one, so week one I saw a lot of people who, you know whose lives were just very very different to able-bodied, able minded (if that's the right way to say it) people. That was really difficult; you know I felt sorry for some of these people. Initial fears tended to turn into **successful learning opportunities** as the placement developed Anne says I also felt like 4 ½ weeks in I'd got it. ….I've found my feet now, and I know where I would go with this, well tentatively where I would go with this, it [placement learning]felt good, but it also felt quite frustrating because I'd finished. While Ellenor, who we saw above on her first day of placement reports that my last two weeks were amazing because I was being a lot more assertive and confident in my decisions, and saying this is what I think, this is what I see, this is where I think we should go next. Max also overcame his initial fears of his environment, he comments I think I just, after week one, I stopped seeing that kind of …oh dear! Blimey! Kind of thing and was really able to see the cool stuff, you know the cool interactions you can have as I began to learn how to properly interact and get good communication and read through the notes, see the diagnoses and see what was going on to impede straightforward communication…it's seeing through the disability.

Developing confidence was a significant factor in participants' abilities to develop their professional abilities during the placement. Several of the participants discussed times when their confidence was at a lower ebb. Ann says One thing I really did struggle with on placement is confidence in discussing why I chose a particular approach, feeling like I was terrified about feeding back to a parent…… there were areas when I thought, God, I wouldn't have a clue what to do here, I'm glad the therapist has got that kid and I don't have to deal with the…. you know what …to talk to the parent about that one because, I wouldn't have had a clue. Discussing a triage appointment, Nathan refers to his lack of confidence when it came to the need to make a discharge decision, he says then it just dawned on me, it almost felt like a real pressure, I just sat there and I realised I actually had to make this decision, I had to then take this next step. Everything in the theory and the placement thus far, this is the peak of it, the moment… And I bottled it! I knew the discharge, the supervisor knew I knew it was discharge and it was just one of those moments where I just couldn't get the words out, and I couldn't just like take that final step, almost like the full jacket on, in there doing what I wanted to do. It [being unable to take a decision] shocked me, it really threw me actually.

In order to gain the placement experience she required, Maud had to develop some **negotiation skills**, this initial difficulty in relationships with her practice educator led to professional growth. She says

I felt It was really good because it kind of gave me those skills to negotiate things a bit. And say if you give me this then I can do this, if I sit back in this session, then maybe in that session I can do this, negotiating that is a really good skill to develop, at the time for me it felt like the worst thing ever because on top of everything else that happens on placement, all the stresses I also had that to deal with, but now I'm back I think that was actually quite good experience. I think having those problems, those challenges, I think that that made me step up and say hi, this is me, and I need to do this for me……. Whether I was… can go about it in professional way, which is what I decided to do. That made me realise as well that is not always going to be straightforward, and I'm not always going to get what I want.

Placement presents an opportunity for participants to **link the theory that** they have learned in university to the practice environment. Sarah says I just think that the placement gave me the opportunity to realise that I did have more there than I realised. And, relating back to her earlier placement and the change she felt on the block placement says at the start of block and then the synthesis smoothened. Going on to say that by the end of placement I kind of felt I'd just started to get my teeth into things and things were coming back to me from lecturers.. Sally mentioned that in that lecture, so maybe I'll try that with that child as well. Max reflects on the different styles of learning when he says I know that we are taught to high exacting standards and that's what we'll rise into as professionals, you've got to teach that I think, but I think actual therapy is so messy that it's foolish to think that every session will be pristine recognising the large amount he's learnt and the synthesis that takes place in a conversation with his father and boyfriend he says I was using knowledge which has now become second nature, but when I try to explain to my dad and my boyfriend on the phone, well this thing, but actually that's really quite complicated isn't it? So harnessing everything that I've learned, pulling into 20 minutes of teaching farmyard signs, in principle it doesn't seem very complicated but the skills I'm using there, in pulling my language down, managing a group, dealing with unexpected stuff like behaviour, I'm happy with that, it was tricky at the start but I did it and am happy with that.

Ann and Meeko, in different ways discuss **the reflective nature of their learning**, and is overt when she says I reflected so much, like as soon as I did an activity I was like… that went okay, that went okay, I should have thought about this and then I could… While Meeko, a narrative storyteller in communication style, relates a conversation with her father, demonstrating her reflective thinking. She says my dad threw in a lovely question halfway through placement… I said sometimes children don't make progress for weeks on end and he said so how do you know that what you're actually doing is working? So I went to my practice educator and said my dad asked this, and I'm not sure so can you just look at what I'm doing. It was fine, but it was that okay, how do I know that what I'm doing is right, when the progress is so slow that it's hard to see. Meeko reports that her reflective thinking started off with panic, and I did loads of reading, went through everything I was doing, checking with the evidence base, a lot of it I didn't agree with, I just toyed around with ideas for a bit and tried a few out, and eventually said this is what the evidence is saying, so let's have a bit more confidence in what I'm doing.

While participants discussed general learning styles and difficulties they all say **discussed specific skills and information** which they learnt on placement, examples of this come from Ellenor, Max and Velma. While Ellenor and Max discuss specific strategies for working with children with learning difficulties, Velma discusses a much used management model. Ellenor says I saw a child using an eye gaze, I've never seen that before in my life, he had cerebral palsy and, it was absolutely mind blowing, he [student] let me use his eye gaze and it was really hard and he was laughing, and it hit home to me he's just a little boy! Max did some intensive interaction and you know I certainly wasn't looking forward to that, rolling around on the floor and… You know I'm way out of my comfort zone, especially when you know they're not toddlers they're big eight-year-olds in nappies, but yet it was fun, I had fun just playing and just trying to focus in on what they were doing and their capabilities and their level. A further skills example from Max comes from the use of AAC in a cafe, he says we set a few of them off on an iPad and got them requesting drinks and biscuits and chocolate biscuits and took them to a little cafe and had them talk to a stranger on the iPad, that was nice. That was my first flavour of HiTec AAC in action; that was nice.

Velma found herself looking beyond the client when she says her practice educator had introduced me to the Kate Malcolmess model, and talked me through management of a caseload and how important that would be as a first, as a newly qualified therapist, how important it was for me to be able to manage a caseload rather than just taking more and more people on and not discharging anybody, it felt I was getting more than just this is what you do in a therapy session, it was more the whole management of the whole job, that was really good.

Max and Meeko both discuss their growing insights into the difficulties and importance of working with the **multi-professional team.** Meeko says it was hard because the nursery manager was hoping for big things to happen just like that and it wasn't going to be like that it was little steps. Max had a mixed experience of multi-professional working, he reflects I worked with the OT and the therapies assistant, but obviously the OT's got specialist knowledge which was good to know about, sensory diets and stuff I'd no idea about that, and it was great to see it. She had a great attitude of, well, we don't know this so will just ask the OT. That's the perfect approach, it was great. However he goes on to say I think there's something more there than just convincing people rationally and professionally, you've got a really schmooze them, it's like a head /heart thing isn't it people don't like being told they're wrong it's got to be their idea. In the school for example, learning disabilities, ASD, some stuff isn't going to change in that person, so you change the environment and that's what we were doing, we were changing the school environment and the interactions they going to have with their parents and communication so we're not changing the stuff that is actually not working with them, and that's a social model.

Expectations

Discussing placement allocation Max reports his expectation that he would **not enjoy the placement** he had been given. He says I was given a special school, I was given learning disabilities and that's not something I'd ever worked with at all, not at all something I was looking forward to ….I'd not encountered that kind of lifestyle, that way of being that kind of person very much in my life and I

wasn't sure how I would overcome the, probably unhelpful, but overemotional reactions….. am I going to be professionally embarrassed here.

Expectations of performance on **placements is high** amongst the participants, Maud discusses her first you placement experience in the light of the high expectations which she had gained from discussion with peers were on placement before her she says I don't ever say there was this really crap day when I didn't do anything, I just had to watch my practice educator all day, they don't tell you about those days, they don't talk about the days when the kids DNAd, they only tell you about the wonderful things, which is great, but that gives you really high expectations, my expectations for block were well out of proportion if I'm honest, for future placements I think, I need to rein in expectations. Looking forwards, Meeko recognises that there may be a higher expectation on her year two placements, she says I think knowing that my practice educators know that I have a good knowledge base at least with children anyway, this transferable skills over, so I feel the pressure, I feel like I can't make as many mistakes as I did.

Ann and Sarah also **look forward to the next placements**, Ann is looking forward to building on my existing knowledge and seeing a therapy service that I'm used to in a different role, be in a different place, what did they do the same what they do differently. She anticipates seeing things I haven't seen before, because I'm hoping that my second placement is going to be hospital-based and from the communication partner placement she expects to be out of my comfort zone in that respect, but I think I can do a certain amount of transferring skills, working at a local charity for people with autism. It'll be a good challenge, and I have ideas up my sleeve. Sarah is keen to develop her independence during the second year placement, she says I think the things that I took away from block placement was like I just Wanna go that next step now, so if I was on my own making decisions, what would I do? I think that's what I wanted to go towards next.

Preferences

Meeko and Velma, discussed preferences around **timing of placement**, Meeko, with significant physical difficulties has asked to separate her year to block placement from the bulk of the academic work, she says I've asked for the July placement this time just because of the dissertation so, I've some said ideally I'd go for July. With different reasons for considering time placement Velma reports being happy that her first year two placement is happening quickly, so that she doesn't have too much time to build up fear, she says I think built up in my head and now that it's here I feel a little bit better because I can just get stuck in. And I think I needed to do that, and I'm glad I'm on this block placement and not having to wait till after Christmas, though it feels is a lot of work to do, I'm a bit panicky at the amount of work to fit in I'm actually quite relieved because for me the best thing is to get on with it and stop making something in my head that isn't.

Discussing preferences on the **paediatric placement** participants discussed both case groups and styles of working which they preferred. Ellenor enjoyed the buzz of going into special schools I never felt hundred percent buzzing about going into clinic, but whenever we were going into the schools I was like yes! I was so excited, while Max really didn't enjoy the noise of the classroom ASD kids, it

was a really energetic class, loud at times and hard work, literally climbing up walls and this kind of thing, I didn't really enjoy that environment because it was so loud. Velma reflected on the different styles of service delivery between her block and first eight day placement, she says I think I came away from there thinking I'd like to work here. I would like to work with this team of people, I'd like to work under this service manager because I like her style, they all work together, and I liked the supportiveness but also the autonomy…The other service I'd been in had been a lot more rigid than that, … that person doesn't fit the criteria so they won't be seen. Sarah two had enjoyed the freedoms that she had experienced in independent practice compared to the very structured approach to decision-making in her NHS trust she'd been in private practice for about five years and she… And it was really good to do that and kind of see what she was doing, and it was nice to hear that she has the ability to… to choose… Like she has a lot more freedom to say I'm going to screen all these children, and these are the people I want to see she had a lot more ability to apply her clinical reasoning, to be able to actually apply it and say this is what this child needs…

Looking forward to placements in year two Ellenor says I'm nervous about going into therapy that I'm not going to love as much as I love kids in direct contrast Ann expresses a preference for adult acquired. Maud discusses her reticence for working with adults based upon the fact that they have experienced a loss I feel adults, it's not always negative but generally what happened to these people is not okay, they're not all right, they're not happy about it. Velma has consistently expressed her reticence for working with adult clients, and now has to do just that. She's uncertain why she feels so strongly about not working with adults, and elsewhere has commented that maybe this was way she will find her professional self as she doesn't bring prior experience. Here she says People keep saying to me have you had a bad experience in the past and I say no, I just hate them [hospitals]… It's the fear of something unknown that I haven't had any experience of, I think that might be a bit of worry. You might speak to me at the end of this year and I'm I say I'm going to get a job with adults…. miracles might happen. I might say 'eat my hat' or something like that but never say never. I'm trying to go into it as open-minded as possible so that I don't have negative experience because I don't like adults, because I might just love it. Nathan had begun his adult placement the day before our interview, he reports I had some really strong feelings on this patient, he was an elderly gentleman with dementia and it was his appearance that shocked me.

Practice Educators.

The **experience t**hat significant members of the practice education team had had impacted on several of the participants. Ann comments on the style of a relatively new practice educator, she says one was a new practice educator, I think she was learning her craft and trying to make sure she was doing everything right and was guiding me quite closely. Both Ellenor and Maud had experience of senior clinicians has significant practice educators, Ellenor comments on her nerves around the head of service, she says that she was the lead of the service made me so much more nervous around her, so much more like wanting to impress her. While Ellenor quickly got to know practice educator and worked well with her Maud had a different experience, she says she was a band seven therapist, I don't know if that had anything to do with it… That highly highly specialist? She was also quite young,

so she was band seven, but she was only three or four years older than me. I think like, maybe she was just really proud of that and the way that she portrayed that came across in a negative way to me. Both Max and Meeko discuss non-SLT educators, Meeko feeling undermined by a teacher in the nursery classroom which she was working says But then in that situation I did feel more like oh okay, I'm the student, you're at least 20 years older than me. So I don't know really, if she felt threatened. In contrast Max recognised the huge amounts that he was able to learn from a non-qualified but experienced multi-professional colleague, he says The therapies assistant had no formal SLT or OT training but she had 30 years of working with kids, she could do things with the kids that other people certainly couldn't and everybody's got skills ripe for the pilfering, it was great to work with her and just pick up stuff that in which also was what I needed, is not all about the profession specific stuff. Following up on the discussion that Maud had about the experience of one of the practice educators Maud says of their relationship I had two different practice educators on block, one of which… I didn't not get on with her… but I felt different professional ways. That was a bit… Not awkward, but it was a bit hard to manage at times. Max, Maud's housemate comments on potential placement difficulties If they had a personality of a practice educator they didn't get on with, or had a boring time or rubbish time, and that coloured their experience, so I suppose ultimately it's just a bit lucky what you get. Velma also comments on the importance of relationships, her comments are around the importance of positive relationships she says this time there were just a couple of people who made it a really good experience, they really went above and beyond…I think lots of it was really good relationships with practice educators.

Supervision style varied amongst the practice educators experienced by the participants during their block placement, participants witnessed significant freedoms, structure and support and a degree of resistance. Velma comments I had five different practice educators, so lots of different ways of doing things.

Meeko experienced freedom to plan her placement from the moment she arrived, she says the first thing she said to me as we sat down was one thing I hated when I was a student was that I'd go to a placement it will be planned out for me and I never had a say in what was happening. This degree **of freedom continued** as the placement went forward Meeko says not having someone in the corner, although they're not being horrible about watching what I'm doing, even if they're just in the corner doing paperwork I feel this huge pressure. Ann commented that it was the more experienced of her practice educators who gave her most freedom when she says the other was more seasoned, I don't know! So she was kind of like, right! Were in a speech and language unit, I'm here the kids are over there, there's the files, let's go. Ellenor also comments on the amount of freedom she was given, she says she gave me like what I thought was quite a lot of freedom in the sense that I was always telling her what I decided and then she was saying like yes or no here we see a degree of **structure, support and joint reflective decision-making**, Ellenor does go on to comment I also think she was gauging whether that worked for me or not comment which was quite good and we did have a bit of a discussion about that at interim. Max comments on structure of his placement describing his first week of placement he describes scaffolded learning, I suppose I did… I was very straightforward and said really I want to do just observations this first week, I'll just help in class and observe you do

sessions and doing that, a bit of me felt a bit lame. A further example or structured learning comes from Nathan who describes a drop in or triage session. Earlier we've learnt that he struggled with final decision-making however of the structure of the session he says there's a particular moment when I was doing triage with my supervisor, it was a series of five sessions of 20 minutes and it was a gradual letting me off the leash, it was really well structured. Maud struggles with what she perceives to be the **resistance** of her practice educator to allow her to take part in therapy interventions she says she'd say that I could do things before a session, and then in the session when everybody was there, all the parents, she wouldn't let me do it…I felt like whenever I asked a question the answer was always very defensive…. my other practice educator, she was also quite resistant to letting me do things, but when I said to her this is okay I can do this, I want to do this, she let me do it.

Ann and Ellenor gave specific examples of reflective learning, as a style of supervision used by their practice educators Ann, who elsewhere has talked about her use of reflective learning here comments on the importance of a practice educator in that process, she says we talked together about how next time to think a bit more carefully about where you want to go with the activity and if that doesn't happen where you can again next. Are you going to go up or down, or change the activity? ……being able to talk through things with you, able to support and guide you, but at the same time giving you that space to make that mistake or try something out, come back to them talk about how it went. As a less mature reflective learner Ellenor found the questioning from her practice educator difficult, she says she was like anything else and I was like, I might cry! I didn't know that's what I was meant to be looking at whilst she recognises the value of this style of learning commenting she was actually like really great, she would never of surprised questioned you but she would have questioned quite a lot which I found really helpful for my learning. Ellenor found that **feedback** from her practice educator was important for her growing confidence, she comments onto practice educator saying you're not confident enough in your own ability and I was like, well I'm pretty confident in the most non-confident way ever. She was like, I kind of let you off with it up till now, but 98/99% of the time what you're saying is exactly what I'm thinking, you know what you're talking about so just be confident and come out and say it and make clinical decisions ….that was such a good experience and it was so good of her to say that to me as well because it really helped me to know that I was along the right tracks.

An important aspect of practice educator involvement with students is their own morale, Sarah had been on placement in a trust which was undergoing significant changes and morale was low, this had impacted her own feelings about the profession she says I did speak to [university tutor] after placement to say that I felt a little bit affected by the…. because the morale in the team was bit low and I said to her like when I went to my first placement the SLT, she was having quite a tough time and she disappeared, and obviously we managed and it was fine and then I went to my block placement and there was quite a lot of, particularly one of my placement educators was quite unhappy, I think, so when I finished block placement I kind of had a little bit of flat feeling of like, is this okay, what's happening?

Changing relationships

      Changing personal relationships

Ellenor and Meeko both discussed changing **relationships with their mother**, Meeko discusses her growing independence having attended undergraduate university near to her home in order to receive support for her physical difficulties. A year ago was the first time she'd lived any significant distance from her parents, and this had initially proved difficult Meeko says I thought about that when I came back this weekend actually, because whenever I've been at home for a little while anyway the first few weeks I'll ring mum maybe twice within that week rather than once, or mum will ring me twice. So was more, are you settling in okay. But I don't seem to be getting as homesick, when I do leave home I'm not getting as upset that… I think it was hard on the first year, especially between Christmas and Easter, I didn't see them for four whole months. But I do feel more independent, that I can do things on my own. She goes on to describe a physical incident which she had managed herself, which has been important in her growing independence from her mother, she says I did unfortunately dislocate my knee, the main thing was that nobody could help me and I couldn't reach my phone, my mum and dad found that really difficult because there was nobody…knowing that something big like that can happen and I can sort it out myself is quite a big independence thing for me. Ellenor's changing relationship with her mother is somewhat different, it reflects her maturing in a different way. She says I think one thing has been quite eye-opening is I've seen how rough it is, like my mum because of my brother having Asperger's and I sort of understand his aspergers a lot more, that doesn't mean I'm not a sister …I'm not a therapist with him it's just a nightmare, I sort of see how rough my mum has it. She asks how did you do that and raise two other kids and do everything that you've been through and generally be a functioning human being. Commenting on the impact on her professional development she says that's made me a lot more empathetic towards parents coming in.

Commenting on relationships **with wider family** Meeko also reports a change in her relationship with her older sister, she says At the beginning of the course, last year, my sister turned round and said I do not want you analysing my children. Especially as one of does have communication difficulties, whereas I went home for the summer and I didn't even have to ask the question, just generally how are the appointments going? She was just asking, she said my SLT said this and she's explained it to me but I'm not sure, what does this mean? Sarah, on the other hand relates to wider family saying I feel like even over the summer when I've been chatting to family, I've been saying I'm training to be speech and language therapist and able to be a bit more…..I met up with my cousin whose son has autism and it's being able to have some knowledge that does come to mind, the 'oh yes this makes sense and that makes sense' and just be able to draw on knowledge that I didn't think I'd picked up.

Interestingly, Maud's changing personal relationship appears to **be with herself**, and has been ongoing since she took the decision to come to Essex to study. Maud says I think just deciding, deciding I was going to do SLT and deciding I was going to move to a completely new place where I didn't know anybody and I visited once, and I was going to do that for me, because I wanted to. It was gonna be great and I was doing a great course that I wanted to do, I think it started then. I think then I took control of my life. Because at that time I had a boyfriend, I had been with him for about three

years and so there were a lot of reasons I could have said to myself I'm not gonna go, I'm going to wait until we can move together or, I can move with friends or… I said actually there are all these reasons why I could not go but… But I think that was really empowering and it made me realise actually you can do anything you want. I got on, and that was just the best thing, as I made that decision and I actually got to come, which was great, so I think maybe that was the turning point and I think from then on I kind of just, just sort of have become a bit different, in a great way.

Changing professional relationships

Participants described their developing relationships with a range of people; Ann and Ellenor discussed relationships with **university tutors**, Ellenor quite generally I do feel that when I'm at uni I feel like a colleague of all the lecturers, I don't feel like you're played down because you're a student and Ann related to a specific discussion Ann I did say to Katie, can I just scrap home team and have another block! She was like, sorry I'd love to but needs must! Although practice educators are discussed elsewhere, here participants discuss some changes in the relationships, especially around balance of power, which they experienced with their **practice educators**. Velma says I think for me it went a little bit beyond teacher / pupil, a bit more like a sharing professional relationship which I think was good, while Ellenor discusses negotiating the administrative workload when she says I'd rather just sit and type up, I'd rather we discussed it and you type it up, or whatever works for you but for me to spend like half an hour writing up in the first place, that's like an hour of writing, what a waste of another half an hour that could be used… And I'm like let's just be efficient, and because I was doing quite regularly. Ellenor comments on the growing understanding between peers in other professional cohorts about their professional interdependence, she says actually this is funny that this is come up, but yesterday I saw one of the physios we were having a chat about uni and things and he was saying how he'd been on a stroke ward and he didn't realise that he couldn't communicate with somebody when they've had a stroke without the help of us guys, so I guess I have come across it in a professional environment…

Meetings **with ex-colleagues** is another way where participants demonstrated their changing professional relationships, Ann says when I meet up with therapists I used to work with, like I didn't even consider things like evidence bases. And they said well actually if you look at the evidence base, that's what works. And I was like, okay, I get that. If someone had explained that to me a year ago I'd have been well , Ok I'll just do it, I don't really know why it's changed but it's changed, I'm just going to do it differently, whereas now I kind of want to know why they're doing it. Through her difficult situation on returning to her carer role Ellenor also found a way of discussing her concerns in a constructive way with the care home manager, she reports I did chat to the managers in the sense that sort of said I really, from what I've now learned, think his understanding is a lot lower than we think and using Makaton to back it up would really be helpful, but like obviously, as I say, I'm not there that much. In a slightly different scenario Velma reports some networking with ex-colleagues who run a CEN which she wanted to attend it then worked out that the person who runs it is the speech and language therapist where I used to work, so we had a little bit of an email conversation and, she said that they don't often have students but she's really keen for me to go and she said hopes there will be other

staff I know, she's hoping come from school so, a good bit of networking there will be really good, so yeah I'm really looking forward to that.

A significant aspect of the dialogue of some of the participants was that of the recognition that they would learn from **service users**. Meeko and Nathan have both had emotional responses to service users, Meeko says There was this one particular child, I came away quite upset after that, it was good experience, it was fine, and Nathan reports learning you got to put aside your own personal feelings for the client's sake. Ellenor on the and put aside her fears of working with the child with cerebral palsy when she says he [student] let me use his eye gaze and it was really hard and he was laughing, and it hit home to me he's just a little boy! However, all the participants Max has demonstrated a high level of reflective learning based on his interactions with service users, demonstrating some significant changes in his professional relationships with them, he says I remember one girl particularly she was in a wheelchair, all she really did, it seemed to me in week one, was sit there and dribble. She was a really pretty little girl and her mother had obviously dressed her up and put the lovely bracelet on and it looked just like she was going to school like any six-year-old and it really struck me that those parents have had a life changing… You know their lives will not be what they thought it was. This girl is not going to have the life that most people have, it was just hard, it was just shocking and hard. Considering other client groups Max has been reflecting on communities within which people with communication difficulties live. He says one of the things that struck me was the deaf community, deaf community. I watched a documentary and I did some reading and stuff and it was really interesting to think about a sense of being an identity around being deaf, and in a way I suppose it's not that different to feeling very passionately about your Scouse accent or your nationality or something, it's not that different. Of his interactions using intensive interaction Max comments I was communicating with another human, being very differently and it all kind of fell away because you… You just help me develop my understanding of barriers that we put up ourselves and on the baggage that we think of carry around, all of the failings all the things we have around us. There's been a big development of understanding.

During his undergraduate degree Max took an interest in queer theory, he's combining this with interests in speech and language therapy for this research in year two of the programme. Reflecting on his early reading for this area he says who are the people undergoing this therapy changing their voices for? Who do they want to be perceived as more feminine by? For whom they changing? Is it society, if the answer society well, if that's the idea of society got a therapy in society where everything is male or female and gender's very rigidly constructed, so what's the ideal societal model and what are places SLT's… So by giving therapy are we actually perpetuating some kind of ultimately harmful binary which ultimately can't be any more than a sticky plaster? Are we unwittingly a tool of gender repression, if I can reconcile that into a feasible research question, but it's caught my imagination?

Ann discovered that she can extend her professional relationships through an **online** presence as secretary of the SLT society, she says resurrecting the Twitter account, because the society wasn't followed by the RCSLT, it wasn't followed by giving voice. Then because I retweeted something they were like….oh! you exist! They sent as email, and they contacted us about possible campaigns,

getting resources we could use; that was like a massive connection…. I found out via Twitter about language and linguistics and what they do, a dementia club thing that they do, they do language games, why do I not know about this?

Emotions

The participants reported a wide range of emotions which they have felt during the first year of their journey to becoming speech and language therapists, visual perusal of the list of words which were used by participants proves interesting linguistically. Reporting quantitatively there were 15 different words identified by participants who describes negative emotions and only three different words were identified which identified positive emotion. Negative emotions appear to divide themselves along confidence, fear et cetera alongside some concerns for clients, for example Ann says that she struggle(s) with confidence on placement , while Ellenor says about her concerns for year two I'm nervous about going into therapy that I'm not going to love as much as I love kids, thoughts echoed by Velma when she says I'm going into adults and I'm terrified, I must admit I did have a little moment the other day when I thought I can't do this, I can't do it all, it's not gonna happen, I'm totally out of my comfort zone.

 Meeko reflects on the transient nature of the speech and language therapy student in the rehabilitation of clients when she says she felt guilty , worried that he would take a step back. Nathan's personal journey is further uncovered when he discusses some of the shock that he has experienced largely on placement he uses the term shock repeatedly when discussing these things for example It [being unable to take a decision] shocked me…….. I think the shock [of differing client groups] was the same……… maybe that initial shock, maybe that's part of the journey.
Further negative emotions are felt by participants, largely related to university-based work for example Ann relates feeling tired, daunted, frustrated and nervous at different points in the interview; Ellenor describes herself as worried…. I was tired and really grumpy, I wasn't really a fun human to be around, well Meeko relates her negative emotions to her current position in the second year when she says it's quite scary being the second year, I just worry I suppose, that the netting underneath the high wire is slowly disappearing. Sarah has struggled with the realities of being a mum, with a partner who works 50 miles away, making her a full-time mum and a full-time student, she says There was moments when I felt I just needed to pull out, I feel like I've been through a strong challenging time. Nathan, discussing his discovery of some of the depths of the profession of speech and language therapy says it really invigorated me in a very pleasant way actually. While Ann and Sarah, who both identify as likely to become speech and language therapists working with adults provide significant positive emotions about beginning the second year of the course. Sarah reports that she is proud of what I've achieved and really, really excited about the second year, she says, I do feel excited! I do feel excited, moving into some exciting areas make me feel kind of excited. Ann reports feeling excited, buoyed up, quite glad to be coming back, when we had our first lecture, it was great, I was really buoyed up and ready to go. I felt quite energised, I'm feeling really excited about this year.

Although several of the participants have reported that there have been moments when they have felt they would not achieve their goals of becoming speech and language therapists, Maud appears to have come closest to leaving the course so far. She reports some significant negative emotions during the break between year one and year two, she says I have really sort of struggled, and now I'm really looking forward to it (year two) but in the last few weeks haven't been able to reflect I have loads of emotions, all the emotions about coming back, and I think that's really important, because it wasn't just smooth sailing into second year for me anyway, definitely not. Of her time at home she reports for the first week it was all great and I told everybody about the great things I'd done and then I think because we had time, and we never have time, and I never have time just to think about things, and I had so much time to think that I maybe even almost over thought about it, and I think I sort of scared myself into thinking that I couldn't be a therapist because I was so low, and in all honesty I didn't feel passionate and like I wanted to come back. So I convinced myself that I couldn't, I wouldn't be a good therapist and if you feel like that obviously you're doing the wrong thing in life, and I should quit. And then obviously I realise that that's most stupid thing ever.

Velma, the person least wanting to be a student, reports some confused emotions as she looks forward to the end of the course, she says I suppose ultimately I'm really nervous about leaving the security of this environment, which I say I don't like because I'm a student, but actually what arises, we're all looked after… Into the big wide world on my own and doing it by myself… It's not something ….that's the whole purpose of this and that's what I'm looking forward to, actually it's terrifying isn't it.

Sacrifices and compromises.

Sacrifices and compromises reported by participants come under three areas, the SLT society, travel and most importantly home and family. Significantly, this to not form a large part of the discussion in the interviews, even though it is one of the questions asked. Ann has enthusiastically embraced the role of secretary of the SLT society, and during the summer break re-established the Twitter account and began to investigate activities for the following year, she says I'm thinking this person and will do this , we'll get this person in, and I'm like hang on… Have you seen that deadline list, I'll have to rein it in a little bit, demonstrating that she recognises that she will have to compromise on her ideal of society activity in order to get compulsory work completed.

Maud, having come straight from university reflects that she may have missed out on **travel**, although she catches this is something that will happen later people have been travelling and I'd love to go abroad, and I'd love to see the world, but I don't regret not doing that, I feel everything happens when it's supposed to happen, I also think that things like travelling when you're ready to go, and if I'd been ready then that's what I would have done. So I don't feel regret, or I'm missing out on anything, I hope to fit all those things in.

Sarah reflects on the compromises that she is making in terms of being able to concentrate on either her **family life or University**, combining the two presents some challenges, she says… I think when we planned how we are going to do it, like we tried to make it as easy as we could for ourselves, but I still think it's tough because I do have care of [baby son]12 hours a day because of [partners] time away from 6:30 in the morning till seven at night, he's in my care really, so I think…. then managing

everything else, I think it's kind of been challenging, but I feel kind of proud Of what I've managed to do. Nathan too comments on his compromise over his family life, with his mum and partner a long distance away, he says I particularly love the University, but there's more personal, home building and… Every time I joke about the PhD she's like oh no! We're not having any of that! Obviously she's back home and my mums back home, and I'm a very home bird. I wouldn't say homesick, but it's definitely creeping back on me, I'm missing…

Wider roles

Ann is the only one of the participants to discuss wider university roles in the third set of interviews, she says I'm on the committee for the society this year, which I think last time I mentioned to you but in a slightly ambivalent way. I did it, it was ambivalence I confess, because it felt like everyone was really ambivalent about it and I thought it was important, so I applied for it but now I'm loving it. Absolutely loving it and I took advantage of the time we had off in the holidays to start thinking about it and resurrecting the Twitter account, because the society wasn't followed by the RCSLT, it wasn't followed by giving voice. Ann also reports that she is making connections within the University as well. I found out via Twitter about language and linguistics and what they do, a dementia club thing that they do, they do language games, why do I not know about this?

Internal and External Motivations

Internal needs fulfilled

Both Sarah and Velma, while identifying as training speech and language therapists also need to fulfil their roles and identity as **parents**, with priority going to their need to be with, and available for, their families. Velma is quite clear that the course comes 2nd to her family, she says For lots of people on the course this is the most important thing, I envy them that in many respects, but for me if I needed to I'd give up the course tomorrow, if the children or somebody in the family needed me then I would, and that's the difference I think, I think it's really important to me, it dominates my life at the moment but it just has its place amongst other aspects of my life. While Sarah doesn't link a place on the course with her small son, she does link the time that she is able and prepared to spend University to time away from him, for her own internal needs. She says I know and even though I know he's fine at nursery until whatever time I pick him up, but I get, 4:30 it's like a kind of get a bit… I need to… I get bit funny after a certain time… I'm paying for him there till six, but I definitely can't have in there until six, I need that daily… I need that time, I think I need to have that time with him. To get home and have some time for play and to just reconnect and have our tea, and just have that little routine with him, I think I need that as well. I'm pleased that that's something we've managed to kind of stick with. In addition to those internal family needs which need to be put fulfilled Sarah also looks outward to her internal need for her profession, she says To be able to start to rebuild, so that person's ready to communicate in whatever… I think that's amazing and would be rewarding. Meeko fulfils need of being **independent** through her achievement of the course, she says it's something I did, it was hard and I did it.

Who or what stimulates and motivates

Family, whether near or distant, has maintained the motivation to continue of at least four of the participants. Ann, who lives off-campus with her partner, and has reported elsewhere that she needs to get away from her peers at times also reports on her partners importance in her ability to keep going she says just coming home of an evening, and knowing that there'll be someone there who I can talk to about it, even if he doesn't really understand what I'm saying, oh this happened and that happened and so and so hasn't got back to me about this and blah blah blah… I've got it out of my system, and it's kind of there even if he doesn't really get everything it's an off loader. Velma gives a different perspective on her local family, that of a person who is supported by family, but also by her internal needs to develop a different role within the family. Here we see Velma moving gradually away from her role as family nurturer, to a person who is developing a new role within the family as her children become adults. Velma says I think **they** [family]do (motivate), I mean I'm doing it for me but I am also doing it for them, I think I've really pushed my… This this year, because my eldest son's just gone to uni, I know that I had moments when I've been a really irritating mother that just, you know… Just stop texting now because, leave him alone let him be, and I know I could have that potential to be the empty nester, sitting there gazing at photographs of her children and I just think no, you know what, they're adults now, although getting there and I have seen them to this point, but actually they're starting to branch off and lead their own lives so the best thing I can do is have a really fulfilling life independently of them because that will make me much nicer person to be around for them if I got my own things going on. It's always been something that I thought about, I don't want to be the mother that just sits at home with nothing to do . I think I'm doing it because I think it will make life better for them as well, because I have other interests and a profession and I'll be earning money as well, to provide things for them

Maud and Nathan also report the importance of family as motivators and supporters. Maud, who had had a significant crisis of confidence between year one and year two reports a motivating conversation with her mother which has enabled her to return for the final year of study. Maud says I think I just saw spoke to my family, to my mum and she kind of helped me to have some perspective, like you've studied for four years, you've got 12 months to go and then it's all done forever. And when you think about it like that that's what gave me the 'this is great!'. Nathan also studying at a significant distance is mother and girlfriend although their influence on him remains great, he says I would say at this point family are quite important, I'm this kind of person where I have to update my mother and I have a girlfriend who always wants to know and things like that, but it's definitely in the family at the moment… they're very proud of what I'm doing, my mum absolutely adores what I'm doing because she's had to sit in a room and listen to SLT's consider whether I had ASD and she says it's amazing that you're going to be other side, and you're going to be great, because you absolutely understand it and it's lovely that she is very much engaged with what I'm doing.

Informal **academic support** was also mentioned by both Sarah and the Maud as important in enabling their continued studentship, Sarah says even when things were really tough I felt like if I

needed to I could just access support either for personal or academic or whatever and I just think it helps because you don't feel that you're kind of out there, trying to do it, trying to do everything, placement and everything I do kind of feel that that support is important and it really helps and I think lots of us have felt that way. Maud's academic support continues to come from her undergraduate research project tutor with whom she has continued links through conference presentation of her research. Maud says Sarah was a massive influence on my undergraduate, she taught me to be strong basically…..me and Sarah [UG research tutor] were really close, and she was finishing her PhD and she was my supervisor, so she was like literally a new lecturer and because we were close in age I think that helped to make a really good relationship.

Ann had been a speech and language therapy assistant in a local trust, and has maintained her contact and friendship with clinicians working in that trust, she says , I also think I'm very lucky to have the advantage that I know personally, speech and language therapists who I can say… Oh my god how did you do this, how did you approach this, why is it so crazy?

A further theme which emerges is the motivation **to reach the finishing post** on the course, as it gets closer this becomes an important goal for Sarah she says I think what kept me going is, it's the want to finish, I want to do this and I've got a strong knowing that this is what I want to do and the alternative would be… I don't know… The want to finish and the want to move on is very strong, so I guess that drives. …knowing that it's relatively short-term, even though it felt like too long that I was in that kind of high stress, it felt like too long, but I think I used to say to [partner] that it's all right and this is the course, when it's work it won't be to this level, it'll be busy and it'll be stressful… I used to try and say to him it's all right, because this is like preparation to manage a high caseload and a busy day and be able to manage it.

Velma's motivation to keep going with the academic work is unsurprising she says I'm going on placement and I can't wait, you're sad when ends… it has got me through the course,

Expressed identity

I was a…

In a slight change to the way this question was asked in previous interviews, taking account of the fact that participants are now halfway through their training to be speech and language therapist, participants were asked how their previous lives had prepared them, or impacted them, in their current learning. Reflecting on her past roles Ann identifies several areas in which she has worked and links them overtly to her current learning she says everything [from my past] kind of helps, Everything's helped in some way. Everything I've done there's been something, a contributory thing that has kind of led me here, like my undergrad was all about languages, but I seem to engage more with the nuts and bolts within language, I loved learning French but for me, it was all what's going on …let's unpick… And then my year abroad, I learnt how to try to engage with kids, as part of teaching… What and what not to do with young children when teaching English. My first proper job as a librarian I suppose it gave me an idea of how to structure and support, working one-to-one, working

with groups to introduce them to ideas which you can extrapolate from that helped me when I helped dysphagia training. Also working one-to-one helping someone with a dissertation can be extrapolated to when I was sitting in that nursing home with that person with aphasia looking through his communication passport. There's lots of, I think I talked about threads, there's lots of threads, and, from the first chat, we have this kind of tangled, kind of messy ….they've platted together nicely lots of things, but there's also, along the way, maybe I've learnt how not to approach things.

Several of the participants discussed prior **semi-professional roles** in which they had worked, and linked these roles to their developing speech and language therapist identity. Ann continued relating her learning to her SLT a role, she says I feel like as an assistant I had a really good insight into the world, the general world of speech and language therapy. Ellenor and Velma had both worked as **teaching assistants** in schools prior to beginning the speech and language therapy program. Ellenor relates positively to you this experience in terms of her learning, she says Thinking about when I was TA I had no idea what I was doing, I'd blagged my way through an interview, I had a psychology degree, and he was great and I did my best, and I tried to learn as much as I could on the job. If the speech and language therapist had come in and talked to me about keywords I would have been like' I don't know what you're talking about', so I think that's made me a lot more tolerant and a lot more understanding, it's been like a really positive thing and I think it has shaped me as a therapist in how I act with and think about the other people who are involved. Velma, who in other places establishes herself very much as a paediatric therapist who could work in schools interestingly comments here on how her prior roles may be preventing her from taking on speech and language therapy identity. She says of the upcoming adult placements I might feel even more like an SLT, because there's always been an element of the education in the last year, drawing on my previous experiences, I feel that there's always been a little bit of that part of me still there. When I go into school I know the routines and everyone's going oh! You know what you're doing and being surprised or…..I think in many ways that might make me feel more like an SLT because I can kind of shed the education thing and the working with children thing, so I feel quite positive about it.

Ellenor has also worked as a **care worker** for a short time, and Sarah has had a significant career working as a carer, both of these participants experiences have been with adults with learning difficulties. Ellenor relates her experiences with adults with ASD directly to her paediatric placement activity, is interesting that she relates to the fact that she is unlikely to be shocked by what she sees, she says I think working as a support worker with the adults with ASD and challenging behaviour was so great last year because it like, or one of my placement was obviously in a school for children with ASD and I was like I can never see anything that is going to shock me, which made it a lot easier for me to get stuck in. Sarah's more significant experience, and her reflective thinking is demonstrated in some of the depth of her understanding of the impact of her prior career on her current learning, she says it's probably a big part to do with my career so far, because I think I said before like, coming onto the course, like it was a way of knowing that all of those people that I'd worked with, in a lot of ways I do bring them all with me……There was a lot of times before, when I was working, I do feel quite strongly that a lot of the clients just don't have the input that I think they should have, I just think they're not getting, a lot of people are not getting a very good deal really in their houses and in their

day centres……So when I think about it now, it kind of feels exciting because it makes you think that small things can be put in place that could make big differences to do with being able to support a support worker to have more of an understanding about that person's communication skills, to have even a small thing in place for that person to make an actual choice….. I dunno I think I have managed to get a lot of that through my job so I think it's useful when we talk about that kind of awareness, I feel like it's quite natural and it's helpful to have that there already.

Max is semi-professional role was teaching English as a foreign language, he applies this to his SLT learning when he says, in TEFL, I worked under pressure, so there was kind of a month when I got qualification in that month was very busy, you learn something one day then teaching real people using that technique or that lesson that you've just learned, so that really fast turnaround so I taught class, with your teacher at the back, and your classmates at the back, so I got experience of learning stuff quickly applying stuff quickly, failing and succeeding publicly as well. A group of adults who are learning English is different to a group of children with learning difficulties, but in a lot of ways it isn't. You've got to make sure they're all happy, you've got to divide your attention, so that directly set me up for a lot of useful stuff.

Max also goes on to discuss the importance of **nonprofessional jobs** which you had on preparing him for becoming speech and language therapist, he says Actually, even the lamer kind of jobs that I've had like shop work … they've helped me, because I've been that person in a shop service role talking to lots of people, I think I have a good idea of the problems in the difficulties people with communication difficulties can face in everyday life … perhaps a deaf customer would come up and my colleagues would just shout or patronise or get frustrated or not know what to do and I tried to help in a more constructive way. Working in that kind of job is a bit humbling in a useful way, because it helps you think about people from all walks of life and the various experiences, it just gives you a richer idea of the fact that we'll be talking to a breadth of people and as a breadth of lives that people lead, and some of them very different and not at all like the way we would all want to live. …… I can imagine it would be pretty demoralising if every time you wanted by a blender or whatever, you got people treating you like a child or getting frustrated and walking off or talking about you in front of you.

Meeko discusses the importance to her of her roles as a Brownie leader and also her musicianship and how these voluntary and leisure activities have impacted her development of identity speech and language therapist. She says I suppose it's things like the management skills within the whole brownie thing, I'm still sort of running the unit at home, learning who to talk to about what and how to phrase it if you want things done and working as a group team. Her musicianship has led to a specific area of interest which is forming her current research project It's part of the reason I chose music intonation therapy for my dissertation, I really enjoy music and it's something I think I'm good at and something that a lot of people tend to enjoy so why not bring that forward.

Nathan, who has also worked as a teaching assistant, went back to his **academic** background through which he identifies himself, although it has been interesting to see him developing an emotional intelligence alongside his academic intelligence through these interviews, Nathan does not yet identify this verbally with me. Nathan says this hunger for learning, I don't know where it's come from, I suppose maybe from my undergrad, but I think it's further than that, but I'm not sure, I should

identify that one day… I should go home and look that up! I suppose that drive and passion, that would be really interesting to… I don't know where it is where that's come from, but I definitely have that, and I get very animated about things I'm passionate about.

Meeko and Velma discuss family roles which influence their current development, Meeko has an older sister who has children, some of whom may have indication difficulties. She has had to learn to tread a careful path at home between being sister and speech and language therapist. I'd like to think that it's [family roles] making me more of a listener, so I just sit back and think about things before going in headfirst. I suppose to be more understanding when I'm working with the client I don't want to be, I'm not doing anything that you want to do, so I'm hoping that they'll be something that I can take from that mediator role, and I want to be able to think that I'm not Meeko the speech therapist, I want to think about ways that that they can do it. Velma is probably discussing both family role and her role as a teaching assistant when she says how nice it is, somebody said, you know how to play with children. Sometimes we have students in who are scared, because they've never played with the child before, there's nothing wrong with that that they haven't done it, but you know how to do that and you know how to speak to parents and you know how to talk to them in a certain way that is kind of parent to parent, but also therapist a parent, and it's just that bit that I suppose being a parent yourself can bring.

I am a…

Several of the participants discussed their current status as a **student**; there are some very different perspectives on the positiveness of this as a current status for example Maud is embracing her final year of student hood, she says I'm actually, in hindsight really looking forward to this year because it's the last time I will ever just be a student ever ….As an Essex SLT I feel especially I feel quite respected….. and that makes me feel great. In stark contrast Velma, who has struggled with a student identity from the beginning says it's [being a student] still bonkers, it still bonkers! I think it's even more bonkers because my eldest son's just gone to uni, so that just… it feels totally ridiculous now. Meeko looks back on her vision of the recently graduated group, who were at the beginning of the second year when she started the course, she says I feel like I'm, not nearly there but I'm where they were the year before but I thought I will never feel that … [I'm] a second year SLT student! Ann and Nathan present as different kinds of learners, Nathan as an academic learner first I'm still Nathan who grumbles when there's not enough evidence… and Ann as a practical learner I'm kind of learner by doing and maybe going and reading about it afterwards….I feel like my understanding has deepened, both are now very aware of their own learning styles. Max appears to have been considering his student and professional self, possibly based upon a transition meeting with his personal tutor, he says I feel good, I think my academic performance this year has been all right, I feel like I could do a bit better…. I had my transition meeting, it just pumped me up a bit because I've always been last-minute and it worked fine undergrad.

Some of the participants most notably Ellenor and Maud relates to their current status as being more adult that they had felt at the beginning of the course. Ellenor says,last year when I sat in my first interview when I was like, I'm not even an adult! I feel like an adult, not like a real adult, not like a person who can cope without their mum, but I feel like I can maintain my life and still be like a

functioning human. Referring to placement Ellenor says I felt like a whole different person when I finished after five weeks. I felt like a child when I went in and I felt when I came out I was like an adult, when I went in I was like this is terrifying and when I came out I was like I can do this. No matter if it's terrifying I can still do it, that was amazing. Maud's burgeoning adult is apparent, not so much in her SLT role, but in her relationships with her friends, she identifies that she is aware of this change in her own approach to life, she says I can do whatever I want. I now hear myself talking to people and I sometimes have to catch myself thinking, who is this person? I speak to my friends, and they say I don't know if I want to do a Masters or if I want to do this or that and I say that's great you've got all these choices. It's great to have choices. But that was not me a year ago, that was so far from, I'm so far from the person I was a year ago.

Participants identified emerging professionalism in themselves, not always related directly to being a speech and language therapist. Ellenor demonstrates her growing professionalism when she says says: As a professional I feel like I have knowledge to use, this [is] impacting me at the minute I think …..on that way to moving to impacting others. I don't think at the point where I'm confident enough to always share that knowledge with others in the sense of being this might impact how you interact. Ann describes herself as an emerging [professional], she says I feel like I have professional qualities, but I know I'm not a professional therapist yet. Ann becomes quite animated about her professional role with in the SLT society, where she has found a professional role for herself, she says it all started when I got the Twitter password, you are going to see what this is all about, and I found this this person and this person, and this society and this society, yes it was the actual networking. Building on personal growth, Maud says I'm really happy about how I've grown. I think all the horrible things have contributed to that too, all of the stress, all of the deadlines ….. I'm only 22 years old, I've got a lot of time! I'm only going to be 23 and be a qualified speech therapist. While Max, who I perceive to have changed significantly during the first year says Professionally I think I've done a bit of soul-searching and I think I do need to be a bit more professional about how I'm tackling learning because there's definitely room for me to be more structured, that kind of thing. Nathan returned to his jacket and analogy, which has been present throughout the first two interviews, he says

This jacket, it's starting to fit, there's obviously some sewing issues and it needs some patches… But I've got the general size of it now and eventually maybe I'll have to choose a colour scheme, but I feel it's getting more comfortable, I've got the size right now…… I'm more positive that I can survive in the profession but, I don't know what the profession… It's not a crisp image I suppose

Five of the eight participants described feeling **close to being a speech and language therapist**, of note is the fact that several of these people repeated this feeling at different times in the interview. Max says it was just really nice to finish and feel the benefit of doing stuff throughout the year and being and feeling like an SLT….I feel closer than ever before to being an SLT, one Meeko repeats her feelings on three occasions saying words similar to I feel close to the identity of being an SLT an aspect of her experience which she considers had led to this was the independence she was offered on placement, she says she (practice educator) only watched me twice for the assessments and once for the therapy after that, but having a catch up on what happened I wasn't watched, and then it was

great because I found out this is the kind of speech therapist I am. Maud identifies her growing close is to becoming speech and language therapist she says I just think it's great, and I'm really happy this is the career that I've chosen for myself, I'm going into a profession that is full of wonderful people, not just other professionals, but also clients….. I do feel like a therapist now, whereas, in our first interview I did not feel like a speech therapist and I was certain I'd never feel like a speech therapist….. I'm a Paeds therapist right now, I don't know if I can be an adult therapist. Velma, the reluctant student, says Talking about that professional journey, I think half the problem is that I never stopped feeling like a professional and I haven't been able to embrace being a student. I think this is the first time I felt like a professional SLT rather than a professional something from my past life, so that was quite a good feeling. While Ellenor says I think I feel a lot more like a speech and language therapist than I've ever felt…..I'm so proud to be a speech and language therapist. I'm so proud!

I want to be a…

Looking forwards participants discussed different stages of consideration of future employment, with some being more specific about their ambitions than others. Ann and Ellenor were quite specific, Ann says , I've been with the adult acquired team. I don't know exactly what a speech and language therapist job is, I know my perception of it as being an assistant but, I know the setup of that kind of service, I'm familiar with the kind of conditions you might encounter, I just want to go and do it properly. While Ellenor reports I really loved complex needs, I didn't realise I would, but this just something about the atmosphere and the buzz. Maud and Max are less specific about how they want to be a speech and language therapist, but relate closely to the profession in their ambitions, Max says it's okay to want to be a speech therapist, want to be like your own speech therapist, your own corner, your own thing. Whereas Maud says I'm thinking, this time next year, what I want to be doing, where would I like to be? And how do I want to feel about being an SLT…… I definitely want to be speech and language therapist!..... I think I'm definitely in it for the long haul and I just look at you guys, and I just think I can't wait to be like you guys, knowledgeable and to have all of this experience, just to be out there. Doing it, meeting people and saying to them I'm actually a speech and language therapist and I work here. In addition to wanting to be speech and language therapists Meeko Nathan and Velma are turning their attention towards the specifics of finding work, Meeko says I'm trying to think about what can I do towards getting that job, what am I going to do to beat the next person, while Nathan, who is also keen to return to live with his partner says I want to work in this geographical location and to contribute to this field. Velma, the course is her access to continued work says I suppose if I'm honest I'm thrilled that it's the second year because I'm closer to the finishing line and all I can think about is getting a job, so that's the exciting thing for me….I can't wait to get out there.

I do not want to be a/am not a…

As well as considering how participants want to be speech and language therapist several of the participants also commented on how they did not want to be a speech and language therapist. Alongside this Ellenor commented I'm not qualified, I'm not officially a speech and language therapist

with a registration number and all that…I think when I'm there standing on my own and you have that qualified practitioner thing and I'm not there yet, I don't feel that I can do on my own yet . Ann commented I don't want to be the one who says I know that, I know that, I know that; she has also worked out that clinics taught her it definitely drove home that I am not a clinics clinician; because I was so bored in community clinic. Placement experience had also shaped Velma's feelings of how she wanted to be a therapist in a negative way; she says I got to see a paediatric feeding and swallowing clinic, not for me. I know now, that's not for me. Whereas Ellenor has learnt that she needs to be present in the clinic with the children, she does not want to be a remote clinician, she says I don't want to be the person they see for like an hour once every three or four months to do standard assessments. Sarah's concerns are more around not wanting to be vulnerable newly qualified clinician she says it's just that initial bit, like the newly qualified bit, it's like, I just want to skip that bit and be three years along the line and say hi everyone! It's me! I Wanna skip that bit, that new bit and kind of go to somewhere more comfortable.

Confused and changing identity

Halfway through the course, having experienced placement, some participants are finding their **student identity in university** and for the academic work difficult, especially when viewed against their feelings about the practical aspects of the course. Ellenor says that was hard, to come back and just sit in lectures, I was just like I Wanna just go and do some hands-on stuff, it was weird it was really weird, it's the first time I'd really struggled with being a student….. I was like I just want to be a therapist and do the stuff and see the clients. Maud, who has said elsewhere that she left herself a great deal of academic work to do while she was also on placement at says of her difficulties with completing the academic work says I was thinking why do I feel like this. Because normally, I'd never do that, I'm not a night before person. I actually can't tell you why….. on placement I was like a therapist, I was doing practical clinical things and then to have to go home and to write essays that I feel don't show how great I am as a therapist wasn't very motivating if you see what I mean… So to go home and write about autism, when in the clinic and dealing with autism every single day, with kids that got suspected ASD and… I felt that I was dealing with that well, then to then write an essay about that that doesn't really show… It just shows I can read a textbook and, that's a formality and obviously I have to do it… that was something that was getting to me a little bit maybe. Looking forward to the second year and says partly I wish it's [second year] done, I wish I'd done it. I wish it was done and finished …I'm quite jealous of all the second years (new graduates), just out there doing it and starting their jobs, I do wish… I really want to do this year but I kind of wish it was done.

Students are given a degree of choice when it comes to practice placement, especially in the second half of the course, where identities are becoming formed. Ann comments on her dilemma between a **safe placement, in a place where she expects to return to work and the additional learning** that she might gain from going elsewhere, she says I was talking with Sarah and I was like part of me wants to go back to where I was before as a therapist and kind of see the service but through slightly different eyes and we did discuss it, and actually came to the conclusion that a) I might not get as much out of it.

Another dilemma for some of the participants is whether they will **return home to work** following

completion of the course. This is especially so for Ellenor, who is studying furthest from her home. She recalls a discussion with friends and family on a recent visit home she says when I was at home, every one was when [are you] coming home, and I'm like, I like home, but do I want to live at home, do I want to live in England, where do I want to be…..I think like my mum really wants me to come home, and I kind of don't want… Is not that I don't want to go home… I feel a lot of pressure from that. But it is really exciting at the same time, it does really excite me that I have no idea where I'm going to be, which I kind of love that. This dilemma is an interesting one, especially when viewed alongside Ellenor's discussion of her not yet being an adult who can manage without her mum.

Maud has experienced significant dilemma over **whether to complete the course**, she says I'm still fighting myself with how I feel about this year……I feel that I don't know where the energy to do this year is going to come from… Not even just the physical energy, I don't know where I'm going to get the mental and emotional energy from. I feel like I've given everything that I've got and I've got to find what's left of me from somewhere. I think at the end of last year, if I'm honest, this is going to sound awful, I kind of lost, not my passion, not completely, but would have that passion for SLT, because I've just been writing essays and I had been doing portfolio and just trying to get things done and I didn't have, I didn't feel like a therapist, because I was just doing things because I had to do them.

Nathan started the course believing that it was an academic course where he would learn everything he needed to know in order to be a speech and language therapist, he expresses in several places that what he has found on the course is a very different prospect, of himself he says I don't think it's the self that I was expecting. I started believing that I'd be this bank of knowledge that could just say this that this that this that….. I said would be a person of knowledge and things like that but what I'm starting to come to realise is, it's more of a person of compassion mixed with that assuredness that is important. Not necessarily knowing everything but, that I know enough is quite different to who I thought I was going to be and that doesn't make me as worried because obviously I can't know everything. But I can know enough, so suddenly the goal is more tangible, the image of myself is more real than what it started with I suppose. It's almost like the illusion is being broken gradually throughout the year that I had to be this superhero that knows everything and can solve everything, that's just not the case at all… Looking forward to the future Nathan wonders whether he will be who he thought he would be, he says. The next big thing is having all the titles and things like that, where that changes, when I become an SLT where do I visualise then… Have I become what I saw myself as two years ago, or is there more to develop, I suspect it's the latter, it doesn't quite finish…… I'm not going to be this perfect being, it's more grounded in reality but it's tangible. That makes me more excited than this infinite dream thing could be.

Ellenor and Meeko have both had significant experiences of being **unqualified and in slightly difficult position due** to the unqualified nature of their knowledge. Meeko found herself in this position while at home with family she says the first thing that comes into my head [when people ask for advice] is that I know I am only a student. I give that explanation I am a student, but if you're worried about anything go see a therapist. Go to your GP and ask questions, go to school and asked questions, and I when I qualify its another matter. But it's quite hard for them to understand that you're family so why can't you do that. But it's no different I suppose than my grandma and I'm sitting there

and saying your voice doesn't sound quite right… I can't sit there and say going to see your GP. Ellenor had returned to the residential home where she had worked as a carer prior to the course, she found the conflict of her new knowledge against practices which she saw being planned and carried out in the home. Ellenor says They had this great new thing that they were doing, they were going out and doing this like early intervention planning, they go out and chat to people who just got a diagnosis… It's essentially like a targeted service to signpost them to give them strategies to help to manage. She said 'we take PECs board and things like that', I was so rude, I said 'were you trained' and she was like 'no but you know I've used them a lot', and I was like just bite your tongue….It was actually really hard [having all this information, but you're not a therapist yet} , I thought about quitting the job, because I felt like I don't have any authority to say or suggest anything. Partly because I'm not there very often but also because I'm not a qualified speech and language therapist…..It was really hard, it was really confusing, I really struggled to just be there and be a support worker again, like I can't just be a support worker because I know that by doing what I was doing previously I'm not doing anything wrong but I'm not helping the guys to their full potential. It was like that duty of care thing, I was like you have a skill set to an extent so you should use it, even if I'm not necessarily saying to the staff like do this this and this, but add suggestions that might help.

Aspirations

Working environment

Several of the participants report specific environments in which they would want to work, some related to **client group** which will come later, others related to the environment itself, location and supervision. Ann, who is currently on a career break from her previous job, reports I want there to be a job at the end with the adult acquired team I was with before. Meeko is also looking towards adults with acquired disorders that she is looking for a medicalised environment something with dysphagia. Max discusses his preference for schools, linking this to the caseload size and interprofessional working links, he says If I could I think that's the way I would prefer to work. I don't know, it was a smaller caseload, it was only about a hundred kids or so. But I think that for me, small caseload, good interactions, close working, overlap with everybody else in that child's life, that person's life. While Velma also relates to working in schools but alongside a community clinic caseload, stipulating that she'd like to be an NHS therapist, she says three days in the clinic and two days in schools which would really appeal to me…. I think working within the NHS and speaking to different therapists a lot of them said to me that to have a first job in the NHS is a good thing. **Location** is another important aspect of the work environment discussed by the participants, Ellenor says I've said I'm really going to explore it and look into it [going to New Zealand], in contrast Meeko is looking towards a small group of towns close to her partner's house, she says I go more towards Warrington which is like a large town bordering small city there's not a lot there would have been looking on the web to gauge what's about, then when I go further afield and think of Manchester or Liverpool, or Chester, but then Chester is a small city. Sarah's working environment importantly will include good levels of support I think having really good support and being in a team where I feel we can work quite well together and make sure I don't have to pretend that I know, in a place where I'm going to feel comfortable enough to share this is what I think and… That kind of people, while Velma two talks about the need for more formal support when

she says I think it's [supervision in first post]essential, I think that would be something I would probably bring up interview, something I needed to know.

Client group

Ann opens this section by saying I keep talking about how I came into this with an open mind, you…. kind of was gonna take paediatrics and adults and view them equally, I don't think that actually… If you have a preference you have a preference and you can't not have preference. We see on several occasions and's case **group preference** is for adults with acquired disorders of communication and swallowing. Meeko joins and in her love of adult acquired work, she says It's been really good coming back, because adults is something that… I've enjoyed children, but I've always sat on the adult fence, and dysphagia, I love doing it. While Sarah says if I moved away from learning disabilities to other areas I do think I'd be interested in like people who say have lost their language skills through a stroke or another kind of illness. Ellenor too is finding case groups that she relates to more strongly in the paediatric world, she says I really loved complex needs…. there's just something about the atmosphere and the buzz and the kids. While Maud, who has struggled to return for the adult year of the course says I'm a Paeds therapist right now, I don't know if I can be an adult therapist. Participants are also making comments about areas where they feel certain they do not want to work, for example Ellenor says I embraced it [community clinic]but it wasn't me I think I never felt hundred percent buzzing about going into clinic. While Max does not feel that the school he worked it would be a chosen environment he presents a more open-minded approach to preferred client group, he says I left that placement, I don't think that's the kind of environment I want to work in, but I left it thinking I wouldn't mind, if I had to take a job in this environment I wouldn't mind and actually now I understand the stuff in this particular LD environment, now I understand that the level that we're doing, I'd give it a go. Nathan remains completely open-minded, he says I flip-flop between adults and paeds.

Grade versus registration

Commenting on the importance of academic grade presents an interesting contrast from what participants felt a year ago, on starting the course. At that point there appeared to be a rehearsed narrative, discussed with the second reader, which demonstrated that participants had heard the message that academic grade was not everything. This appears to have become more real over the past year, however academic grade still matters to these previous high achievers. Ann comments on a grade she received for one piece of work, she says I know, a distinction in research, I nearly fainted! Going on to say it doesn't really matter to be honest, I'd like to get a merit, but I want the job the most. Sarah achieved a distinction grade for an early piece of work, she says I think earlier on in the course I was I want to do really well, I want to do really well, I got an A… it should have been a C, a C would have been fine!..... Obviously I still value…obviously I'd still work hard to do as best as I can, but I don't feel that that has the same motivation as it did. I realise it's actually more about, how do I feel about what I'm learning how to this apply to me and how I need to work. I don't know it's more of a different focus I think actually. It gives me the chance to think with this knowledge now how would I've

done this back in my earlier career. It's more about that than it is about what grade I going to get, is a quite different sense I think. That's where I feel a bit more excited about learning now. I guess it becomes more personal I suppose. Maud, a strong academic achiever in the past has also moved on in her thinking, she says just a pass! Just give me a pass now and I'll walk out of here a happy woman. That sounds awful doesn't it but, I think I've learnt that it doesn't matter, I think it's more about me, is not about… It's about how I feel and how I feel these two years have gone, its not about that bit of paper that says I've got a distinction and I think maybe that something that I've overlooked in the past. Max reports I've been happy with just my academic performance. You know I haven't failed anything, it's always a relief, however Meeko who has previously reported strong family pressure to get good grades from her grandfather says one of the disappointments would be a grade that I got, it wasn't a bad grade, well it was a pass, the disappointing thing it was the 810, although elsewhere Meeko has reported that this disappointment is down to poor teamwork. Of all the participants Nathan identifies most strongly as an academic, he hasn't achieved the distinction level grades that he had been used to in his academic degree, reflecting on this he says I think I mentioned a little earlier how the assignment threw me a little bit, I've always prided myself on good grades… And not that my grades have been bad, by any stretch of the imagination, but it's not been as it was. And that's having to visualise a shift in how I see myself, is that I complete the assignment and I do it to a good standard, rather than to this perfect glowing piece of written work.

Internal needs fulfilled

Despite her uncertainties with regard to returning for the second year of the course Maud says I definitely want to be speech and language therapist... I think the harder it is the more **I want to be a speech therapist**. Ann is keen to get back into the workplace, she says I spent so long in my life figuring out what I want to do, getting that job is like the goal, anything that happens after that is a bonus…. I wish it was done and finished …I'm quite jealous of all the second years, just out there doing it and starting their jobs, I do wish… I really want to do this year but I kind of wish it was done, if possible… I'm kind of itching you…. Maud is also looking forward to the end of the course, she says I just want to finish and feel great and feel competent and feel ready to go. In contrast Nathan reports the importance of enjoying his career, whilst providing financial security that has been elusive in his past, he says he says it's more about going in and enjoying what I do day by day rather than what I earn day by day. Everyone keeps saying you won't earn very much, but to me with my background it's more than enough, I'll be very happy with that sort of, with that wage or anything like that. I suppose security plays a part, but not for quite the same reasons any more. Holding on to his academic self, Nathan also says That hunger for the learning hasn't gone away, I'm learning that that's a core part of me, so not everything has changed. I would love to do a PhD in the future, but I think I definitely want to practice first, because what a waste of time that would be for me, I would feel guilty that someone else didn't have my place, if I made a move like that, so I definitely want to get out practice.

Long-term

Velma's ambitions are currently relatively short-term, however we see a glimpse here of the desire to specialise, even at this early stage of professional development. This may be due to Velma's age and her feelings that she is already a professional person who is gaining some specific skills as a speech and language therapist. Velma says I might have lofty ambitions of working with children in this kind of setting or children with ASD or hearing impairment but need that bread-and-butter, get into a clinic and just see as many clients as I can and manage a caseload until that work on writing notes and writing reports, and I just think that would be a good starting place to build and decide where I'd like to go from, or what opportunities there are to specialise. Both Ellenor and Max discuss the potential to carry out research, Ellenor says I'm really interested in research, and it's an area that I would consider going into later on. In reflective style Max considers the potential for a clinician researcher when he says it made me think about feeding back into the research by conducting our own research as practitioners and I just wondered how that was, because it's a different skill entirely from being a practitioner, so it's not fair to expect every practitioner to do it. I think that something I'd like to do. Max also considers alternate ways of being a speech and language therapist through contribution to the national level debate, he refers to a session conducted by an SLT who now works for a national charity when he says her slide from speech therapist to policy person, you know pressure group charity, organiser, you know contributing to a national debate, national direction, meaningful service improvement higher level changing thinking for people who slosh money around is interesting, and I think that would be a really cool thing to do one day.

Appendix 15 Model of Professional Identity

The Stages of Professional Identity
Development

Beginning   Awakening   Adjusting   Becoming
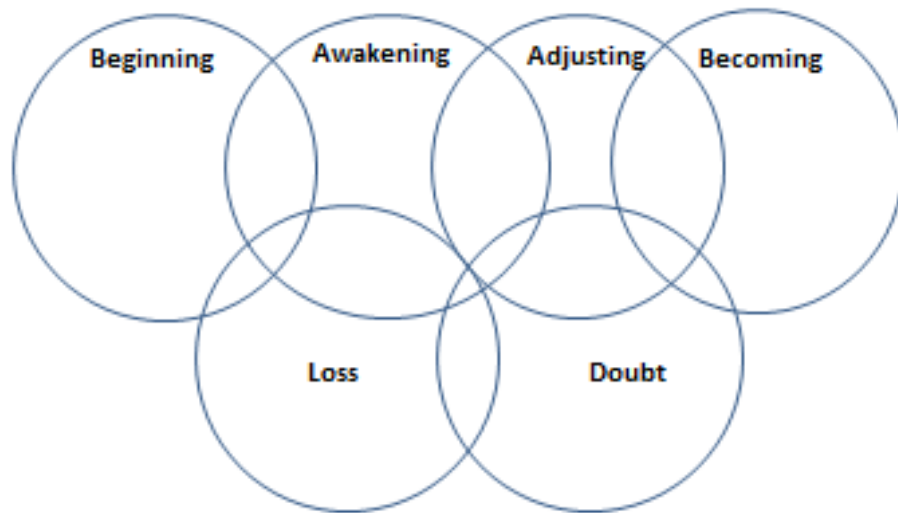
Loss   Doubt

Stages with overlaps identified

Key
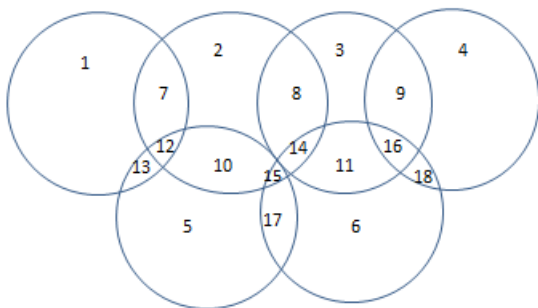
1. Beginning
2. Awakening
3. Adjusting
4. Becoming
5. Loss
6. Doubt
7. Beginning & Awakening
8. Awakening & Adjusting
9. Adjusting and Becoming
10. Loss & Awakening
11. Doubt & Adjusting
12. Beginning Awakening & Loss
13. Beginning & Loss
14. Awakening, adjusting & Doubt
15. Loss, Doubt, Awakening, Adjusting
16. Adjusting, Becoming & doubt
17. Loss & Doubt
18. Doubt & Becoming

Appendix 16 Nathan's story

Nathan's Story

Most participants followed the transformational steps outlined in the model sequentially, reaching each stage at different times, and often experiencing two or three stages at the same time; doubt was always present, even for the most confident and some experienced additional difficulty an example is Ellenor's and Meeko's additional doubts which were experienced through difficulties on placement late in the course. Both recovered, Ellenor being ready to be a speech and language therapist and Meeko understanding the adjustment she was going through. Nathan's story is more complex, while his journey can be understood using the transformational stages, he appears to have experienced repeated and significant doubt, with attempts to adjust proving difficult. This is demonstrated in his story below, where he is seen to attempt adjustment several times, his efforts being thwarted continuously by doubt. At his final interview he appeared to doubt his ability to be a speech and language therapist. The transformational stages are still relevant to Nathan; they help to understand the difficulties he faced at the end of the course. He appeared to have become stuck, finding it difficult to adjust to his new understanding of the profession, and holding on to significant doubt. Nathan's story is told below to illustrate his, more difficult, transformation.

Beginning

Nathan began the degree believing that *'SLT and linguistics is two sides of the same coin [and that] 'it comes along with prestige such as medicine'* (Interview 1). From the beginning he put the profession and SLTs *'on a pedestal'* (Interview 1) and worried about his membership of the profession, saying *'one of the things I might struggle with is coping with being professional'* (Interview 1). In the first interview he said *'I just can't imagine it…I worry*

too much about being in SLT… [the] course asks me to challenge myself…I'm not just Nathan any more…I now have the status, I have the title SLT student [but] I'm still Nathan, I'm still very silly… now you have to conduct yourself with a manner which the profession wants you to' (Interview 1).

Loss

The feelings of struggle discussed just two weeks into the course continued to develop over the next six months. Nathan had anticipated that his learning would be similar to that of his first degree, where there is a robust and long established evidence base. He quickly became discouraged regarding the more emergent nature of the SLT evidence base, he said *'to have not even much of the remnant of that we have vague ideas, of possible therapies that might work, is frustrating'* (Interview 2). Nathan's early placement experiences added to his dilemma regarding his identification with the profession, he reported *'Reflecting upon my first days [on placement] the most prominent theme is a state of shock at both the communicative abilities of the clients and to myself for not being prepared for this level of communicative competence…I don't believe this initial shock has worn off'* (P2). He later reported *'having to come to terms with the idea of identity, and the change of opinion regarding the whole aspect of disabilities'* (Interview 2). Just six months into the course Nathan appeared to be looking for alternate employment, to the anticipated clinical practitioner, when he said *'I'm finding myself steering much more to research at the moment…possibly wanting to do a PhD'* (Interview 2).

Awakening

As Nathan began to experience speech and language therapy through university and placements he began to express more comfortable feelings, recognising what the profession really is he said *'The idea of me becoming a speech-language therapist, it seems better now*

301

… the profession seems more human. Less grandeur looking up to the sky and more of these are just people that just want to help, so we got something in common' (Interview 2). Towards the end of year one, Nathan has placement experience which began to demonstrate to him aspects of the profession which were more appealing to his view of speech and language therapy, of his paediatric block placement he said *'I felt a sense of relief as for the first time on the course I felt a rush of exhilaration at the nature of the clinic setting… I was not disappointed as I was thrust into carrying out meaningful observations and even completed my own therapy with a new client'* (Placement 3). Nathan was able to use his strong theoretical knowledge to observe children on this placement, at one point he reflected *'As I sat in the background watching a child attempt to use this hi-tec (sic) AAC it became obvious that this child was not ready to use this form of communication aid. I recall reflecting at the time how I would go about explaining this to the teachers and the school staff as this is clearly not the answer they want to hear'* (Placement 2). Here Nathan is demonstrating his awakening to some of the realities of being a speech and language therapist.

Doubt

While placement 3 enabled Nathan to awaken to some realities, he soon began to express doubt, initially during a triage assessment he said *'During the end [of the assessment], whilst I was explaining to the parent my observations of the patient's speech I began to doubt my impending decision … I felt a tinge of frustration as I had nearly completed the entire session myself but was not able to make the crucial decision required from a therapist'* (Placement 3). As Nathan reflected at the end of the placement he demonstrates considerable doubt about himself as a clinician, but recognises his academic skills, he described his lack of confidence, saying that it *'has manifest in many different situations in both practical and reflective elements throughout this placement … I have reflected on this and I feel that my strengths lie with linguistic and theoretical aspects of SLT but my weakness is my overall*

lack of experience which reduces my confidence' (Placement 2). Nathan's doubt begins to grow on his next placement, when he encounters acutely ill adults, reflecting on his first day he said *'I was in shock, I wasn't expecting that at 9 o'clock in the morning I suppose it's just having to get over this next emotional hurdle'* (Interview 3).

Adjustment

Nathan continued to develop throughout the degree, following his considerable doubt on placements in year one he reflected on his strengths and how they fitted the profession, he realised *'There is no theoretical answer that I can postulate or gather; it's more considering a holistic view of a human being … I suppose because obviously SLT, which is something I'm coming to learn, theory isn't everything and it's been quite a tough journey in order to dispel that from myself…I feel I've entered a new stage that was triggered by being on my own on placement… I think it's possibly something you can't teach in the same way as theory; it's like trying to teach someone a cube in 2D. There is so much more to me and to my development than just my theory, which is quite a shock, because I didn't expect to come away with thoughts like this right now… I still enjoy the theory but it's just another string to my bow rather than the whole thing I suppose'* (Interview 3).

Doubt

Year two placements thrust Nathan back into a position of doubt, perhaps because he was still adjusting to the reality of the profession. Beginning on his first day of adult placement he reported *'I had some really strong feelings on this patient, he was an elderly gentleman with dementia, and it was his appearance that shocked me'* (Interview 3). Nathan went on experiencing doubt throughout this placement, an example is his attempt to carry out a dysphagia assessment with an elderly client, he reported *'my first dysphagia assessment*

patient was non-compliant and kept repeating that "he wanted to be left alone" and to just "die in peace". This was incredibly shocking to me and I went into a panic and was unsure of how to reply' (Placement 4). Nathan continued to struggle on the placement and ultimately failed on a couple of learning outcomes, he reported *'When he told me he had failed me, my mind couldn't quite comprehend it, I felt a distinct numbness... a mix of rage, fear and confusion'* (Placement 4).

Adjustment

Nathan responded to the failed placement with greater determination to be a speech and language therapist than had been evident up to this point, he said *'A great depth of reflection has been required of me to piece the events of this placement. I am still interested in the medical environment, despite my practice educator's clear doubts of me... I think it's rationally dealing with the situation of the last placement; that was a game changer for me. It could have been a massive, massive dent in my projection of myself ... but definitely, having the emotional resilience and the clout to see through it and taking it on the chin and absolutely wanting to learn from it...I'm proud of myself, that emotional resilience, I give myself credit on that one'* (Interview 4).

Doubt

Following the first adult placement we have seen that Nathan reflected and found his inner determination to be a speech and language therapist, he reported adjusting his expectations of the profession and was supported to begin his next placement, which was to be in a brain injury unit. Doubts soon returned and he reflected *'I suppose the other dread personally to me would be that I don't come away from this next placement feeling ready'* (Interview 4). This was to be prophetic, Nathan soon began to feel uncomfortable and he reported *'being in the environment of a rehabilitation centre is a somewhat uneasy experience for me...it was*

shocking to observe the range of difficulties due to stroke' (Placement 5). As the placement progressed Nathan struggled, aiming for targets which were not appropriate for his clients, he reflected *'The title of "complex" patient has somewhat deceived my thinking … I have, in my potential trepidation, gone for default more abstract and less functional communication needs. I must recalibrate my thinking…I have struggled to execute my sessions effectively …I am in no doubt that my nervousness and anxieties [are] creating a snowball effect and the mistakes I am making are gradually becoming more prevalent'* (Placement 5). Following a poor interim assessment, which put him at risk of failure Nathan reported *'I walked away thinking that's fine, okay …I turned in on the Monday and a few things happened. I saw physically that I was really worn out and I wasn't smiling, and like physically I was so drained... At the end of the day I went to the deputy and said I think I'm going to have to just stop, because this is a learning experience and I don't want it to become a damaging experience'* (Interview 5). Nathan's descriptions of lack of energy, tearfulness and dread of attendance at placement suggest that his mental health may have already been adversely impacted.

Adjustment

At the final interview Nathan was experiencing another episode of adjustment; adjusting to the fact that, by withdrawing himself, he had failed this placement, and also adjusting to the future workplace. Nathan reported *'I really value the field, I think the work we do is phenomenal, even in that unit I saw amazing things, I witnessed patients who couldn't speak having much better speech… I'm seeing work of the RCSLT starting to rise in more policies and a lot more public engagement'* (Interview 5). Of his personal development, Nathan had begun to reappraise his experiences; he said *'emotionally I can handle things and I've grown up and have matured, I'm really proud of that, that the course has allowed me to feel this way … for me, don't forget, the small boy who had speech and language delay … I'm about to qualify as the person that would have helped me, which is a very sweet sentiment'*

(Interview 5).

Doubt

At the same time as the growing adjustment above, Nathan also experienced doubt, he said *'now I'm having to plan life after the course and I'm getting to another limbo point of what I'm going to do … it's an uncomfortable thought that … now my frame has gone to the biggest evidence that I can't do speech and language therapy … an inevitable consequence of the placement is: Can I be an SLT?'* (Interview 5). At the end of the final interview Nathan demonstrated his doubt when he described his blazer once more: *'well, we had a tear in the seam as it were…I have to get the measure out again, just to double check on this fitting … Clearly I had it on too tight or I went in too vigorously until the seams split, and the buttons popped and I let myself go … in a sense, the jacket will be even more tailored to me because of the experience'* (Interview 5).

Appraising Nathan's story it appears that he struggled from the beginning with the practical aspects of this professional degree, possibly speech and language therapy was not the right choice for Nathan, or he needed a longer time for adjustment than is possible on the two year Masters' degree. Even though he achieved well academically and ultimately succeeded on placement he left the university in a state of dilemma. His initial journey was typically transformational; his initial loss, awakening and doubt fitted with the journeys of the other participants; however his story does include more negatives and he appears to get stuck in a negative cycle of attempting to adjust to his new understanding of the profession and significant doubt about his identity as a speech and language therapist.