How might my facilitation of reflective learning of student nurses be improved?

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Abstract

The aim of this study was to explore, evaluate and to improve facilitation of reflective learning of pre-registration student nurses. The concept of reflection is important and highly relevant to the nursing profession. My particular focus is based on a curriculum model which embraces reflection, study skills and the pastoral role of the personal tutor. I wanted to explore whether reflection is a useful tool which enables students to link practice with theory. Additionally, the research focuses on the role of the personal tutor within a first year Personal and Educational Development (PED) unit, as I also wanted to explore whether the integrated role of personal tutor and assessor was supportive of students' learning to reflect.

The research involved qualitative methodology within an action research framework (Wisker, 2001) which involved focus group interviews and individual interviews with staff and students of three successive cohorts of mental health branch nursing students, as well as detailed analyses of 'critical incidents' reports and reflective statements together with my own reflective diary and field notes. The interview sample chosen was an opportunity sample of volunteers from my personal tutor groups. The findings identified the significance of the 'scaffolding' of peers and tutor support, within students' individual Zones of Proximal Development (Vygotsky, 1978). Students' understanding through deep learning was facilitated in the social community (Wenger, 1998) of the group (inter), and developed within the individual (intra). The discourse and cognitive conflict of group learning served to further scaffold students' application of reflective models, the development of critical incident reports and perspective transformation from private theory to public more abstract theorisation (Griffiths and Tann, 1992)

The findings reported here document that the personal tutor role demands a significant amount of emotional labour (Hochschild, 2003) and that the delivery of the educational content of the unit was frequently sabotaged by pastoral or practice issues. Additionally, unequal power relationships between the personal development tutors and students created a tension of being both a personal supportive tutor and an assessor. Furthermore my findings have established a significant and important link between the emotional stress students experience in their nursing role and the necessity to accommodate this by developing appropriate teaching methods and approaches which enable students to learn reflective activities used within the curriculum. This link had hitherto not been recognised.

Finally, my research findings have served to enrich my professional development and to bring about positive change within my own context in higher education.
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How might my facilitation of reflective learning of student nurses be improved?

Chapter 1: Introduction

I began my teaching career in higher education in March 2000 and was initially employed as a part time psychology lecturer. Previously, I had taught psychology GCSE and A level in adult education, where I had studied for and passed a City and Guilds (Further and Adult Education Teaching Certificate 7306) qualification, whilst also completing a master’s degree in education, with The Open University. On commencement of my employment within the University in a Health and Community Studies context, I was required to teach mainly nursing students from the various branches in their foundation year, in addition to some second year teaching of Health and Social Psychology. I was in a fairly unusual position at the time, being a minority subject specialist amongst a large number of nursing colleagues – which made me feel a little vulnerable, as I was often treated by other nursing tutors as only an 'honorary nurse' and not a full member of the nursing team. However, I became actively involved in the rewriting of the 2001 nursing curriculum, particularly engaging in the student support and guidance working group. As a result of widening participation to a broader student body in response to the recommendations contained within the National Committee of Inquiry into Higher Education (NCIHE 1997), we were faced with an increased number of nursing students from non-traditional backgrounds. The challenge was to create a curriculum able to address the needs of those students, many of whom lacked IT and study skills on entry.

From September 2002 I became permanently employed on a full time basis and progressed to take on responsibility for joint programme leadership of the first year nursing students together with subsequent programme leadership of a BA (Hons) Health and Community Development degree. In March 2003, I was promoted to a senior lecturer post leading the development of the interprofessional project and in March 2005, I gained further promotion to my current post as the Coordinator of Student Experience, a senior management
role with responsibilities across programmes within the School attached to a more modest teaching load.

In the first presentation of the 2001 nursing curriculum, I took on, as a non-nursing lecturer, responsibility for the personal tutorship of a group of first year adult branch nursing students. My initial interest in the facilitation of reflective learning arose from this ‘baptism of fire’ experience. We had developed a Common Foundation nursing programme and implemented a Personal and Educational Development (PED) unit. Freeth and Parker (2003) document a troublesome level of variation in nursing programme content, assessment criteria and standards prior to 2001. However, The Quality Assurance Agency (QAA), formed in 1997, provided subject Benchmark Statements for Health Care programmes, to firmly underpin academic standards within curricula, which then facilitated the United Kingdom’s Central Council’s development of learning outcomes and competencies (UKCC 1986; 2001) for pre-registration midwifery and nursing courses. Additionally, The Dearing Report Inquiry into Higher Education (NCIHE, 1997) had emphasised that one of the key generic skill areas for graduates to acquire, was learning how to learn.

Thus the pedagogical rationale underpinning the PED unit was to empower and develop students to become autonomous learners and for them to become enabled to acquire appropriate study skills for higher education, whilst developing a portfolio of evidence of this learning. The portfolio was assessed by tutors using level C generic level guidelines and in addition, the following assessment criteria outlined in the students’ practical guide book:

Does the portfolio evidence and accompanying reflections demonstrate the ability to:
(a) take responsibility for your own personal and professional development by:

- identifying how you most effectively/best learn
- planning, addressing and reflecting on your current and future learning needs
- learning from feedback and your own reflective experiences

2
(b) organise evidence of your personal and professional development in a clear and logical manner.


Prior to 2001, the nursing programme had developed Action Learning Groups (ALGs) to enable students to develop the skills of reflection and to encourage them to link practice with theory. These groups differed greatly from the PED unit arrangement, as no set structure was imposed within the sessions. Instead individual students brought critical incidents to the weekly sessions and shared their experience with the group and the personal tutor. Students were encouraged to share their reflective incident analyses with their peers and to respond to questions. They were also encouraged to develop awareness of their self development and to review that development in discussion with the peer group and to reflect upon their progress in theory and practice. The role of the ALG tutor had been as a fixed point of contact throughout the course, with the tutor monitoring the students' academic and clinical progress. A guide had been produced by Matthews (1998) to elucidate the exact nature of the personal tutor role for tutors and students. The guide emphasised that the ALG tutor was not expected to act in loco parentis, but rather as a mentor or facilitator of autonomous self development. Students were expected to keep a record of ALG activities in their reflective journal, commenting on the self and documenting an assessment of their personal and professional development.

Combined with the advent of widening participation and increased numbers of 'non traditional' students, there arose some dissatisfaction felt by ALG tutors as to the sometimes nebulous nature of the sessions. It was therefore agreed that for the September 2001 nursing curriculum, a large body of the intake would require enhanced study skills support. It was further considered that a more structured educational input was required, hence the development of the unit. The assessment of the new unit required students to produce a portfolio of evidence; reflective statements and essay together with the production of a practice portfolio (assessed on a pass/fail basis) totalling 20 level C academic
credits (Appendix 1). Initially, the required content of the PED portfolio was rather prescriptive and inflexible, although this was subsequently amended to become more flexible in response to both student and tutor feedback.

Neither the ALG nor the PED structures have seemingly handled the facilitation of reflection particularly well for most students. Having taken responsibility for a tutor group in the first year of the new curriculum in 2001, it became obvious that most of the students had failed to grasp the fundamentals of reflection, even by the end of their first year, as evidenced by their portfolio submissions. This study initially arose out of a personal frustration that I had experienced with a rather difficult, dysfunctional group of adult nursing students, who, having been thrown together in terms of placement, did not enjoy even a modest level of cohesion as a group. This situation was compounded by the fact that support mechanisms were not properly in place for the first cohort of the new curriculum and that I was taking on the role as a PED tutor for the first time. I then began to examine how I could enhance my facilitation of reflective learning with my own students.

Some months into the teaching of the unit, I recalled my own first exposure and experience of reflective learning and realised that as a mature student, I had only encountered reflective learning at master's level, despite having a first degree in psychology. I began to realise that we were actually asking rather a lot of nursing students in expecting them to grapple formally with reflection, as first year undergraduate or Advanced Diploma students. It wasn't merely that there were teething problems with the new curriculum, or that I was new to the role, but fundamentally, that reflection was quite a difficult concept to grasp, even for the mature students, who could at least draw upon varied life experience. I then began to explore how I could improve my facilitation of their reflection, and to ask the students 'where?', 'what?' and 'why?' questions and to simultaneously ask the same questions of the tutors delivering the unit and of myself. I then proceeded to ask the questions in different contexts, with an eventual narrowing of focus on mental health students, over three successive cohorts. I wished to discover exactly what
reflection looked like, how it might happen, how I could analyse it and how I could eventually tell the story.

In order to understand, however, how the notion of reflection fits into the nursing curriculum implemented in my university I need to explain the wider policy context, the kind of students we have, the teaching methods we use and the assessment procedures we adhere to.

The policy and institutional context

Pre-registration nursing curricula are underpinned by the Quality Assurance Agency (QAA) benchmark statements (2001), the QAA Framework for Higher Education (2001); The Knowledge and Skills Framework (Department of Health, 2004) and importantly need to meet the statutory and regulatory professional body requirements and occupational benchmark standards of the Nursing and Midwifery Council (NMC, 2004) formerly the United Kingdom Central Council (UKCC).

Within my own higher education context the nursing curriculum implemented in 2001 introduced a single, annual intake of students (previously delivered in two semesters) offering only a full time route and in the first year of the programme, a Common Foundation Programme (CFP) for all four branches of nursing (adult, mental health, learning disability and child). Following completion of the CFP students were able to 'step off' the course with an interim award of Certificate in Health Studies or to follow one of the four branch programmes. The academic awards offered were BSc (Hons) or Advanced Diploma in Clinical Nursing, both incorporating entry to branch outcomes and entry to register competencies specified by the UKCC (2001) and subsequently adopted by the NMC (2004; 2006). As the course comprised of 50% theory and 50% practice, during the CFP students were expected to attend placement for 2-3 days per week for three periods, each lasting approximately 30 days. Additionally, clinical visits and skills laboratory sessions formed an essential part of the programme with the integration of theory and practice forming a key component of the curriculum. A particular
feature of the 2001 curriculum was that discrete practice outcomes were integral to the units of study.

In comparison with school education there exists no equivalent of a national curriculum for nursing programmes. Freeth and Parker (2003) acknowledge that courses need to respond to local need in terms of flexibility but suggest that this may pose a problem in terms of providing consistency of content in a professional programme and may lead to greater variation in standards across education providers. Nevertheless, the English National Board (ENB, 1997) implemented standards for the approval of higher education institutions and nursing/midwifery/health visiting programmes from 1st October 1998 onwards which in 2001 became the responsibility of the UKCC to regulate. In this way the standards of the UKCC and the European Community Directives were achieved on all nursing programmes delivered within higher education. Therefore, the overall framework which adheres to QAA (2001) benchmarks and the requirements of the NMC (2004; 2006) has ensured that there is a fundamental level of consistency of content and sufficient opportunities for students to acquire the necessary clinical skills.

A neighbouring nurse education provider (a close competitor to my own university) offers only BSc (Hons) or a Diploma in Higher Education route and not the Advanced Diploma, a course where in my own institution we have the largest number of students registered. The substantial number of students registered for this qualification may reflect the opportunity offered to students to claim a bursary together with the option of topping up the qualification to degree level, following qualification.

A common component of most nursing curricula is the teaching of reflective practice which has formed part of the nursing curriculum since the early 1990s closely linked with a framework launched in 1992 for UKCC registers, development planning and portfolio use (ENB, 1994; 1997). Mason and Whitehead (2003) argue that this remains a crucial component since a number of scandals in the health service such as ‘the heart surgery affair’ at Bristol which came to light in 1995 and the ‘organ retention’ scandal at Alder
Hey Hospital in Liverpool revealed in 1999, which highlighted the lack of challenge by practitioners of accepted practices.

In response to subsequent inquiry recommendations, reflective practice, as an essential component of nursing programmes, has served to encourage nurses to critically reflect upon their own practice and ask questions of other professions. In my own School, the nursing curriculum places focus on self awareness in year 1 in terms of personal and educational development, on personal and professional development in year 2 in terms of self and others and at group and organisational level in year 3 in relation to practice development in health and social care and portfolio development (Appendix 2). The requirement of the production of a portfolio (ENB, 1994; UKCC, 2001; NMC, 2008) links into the programme assessment to enable students at the end of their first year to enter their chosen branch programme and at the end of year 3 to enter the NMC register to practice legally as a registered nurse. Having qualified, nurses are then required post registration, to maintain and develop portfolios to document and provide evidence of continuous professional development in order to remain on the NMC professional register (NMC, 2004).

The teaching context
As a former Polytechnic my own university gained university status in 1992, delivering nursing programmes from 1996. Within the Institute of Health and Community Studies students enrolled on the nursing programme are predominately female on the adult, child and learning disability branches. However, in comparison the mental health branch (majority of my students) generally attracts a higher proportion of male students. The age of nursing students ranges from 17 years of age up to the early 50s. As most students are recruited from within a 30 mile radius there are very few ethnic minorities represented. In addition to meeting the entry criteria in terms of academic qualifications, nursing students are also required to have had some relevant previous care experience or be capable of demonstrating insight into their chosen career at the interview stage. Significantly, with the advent of widening participation the University is increasingly admitting students with non-
traditional academic backgrounds onto the Advanced Diploma who thus require higher levels of study skills and pastoral support.

Over the period of my research my teaching has predominantly been undertaken with first year nursing students although having taken on a programme leadership role for a BA (Hons) Health and Community Development degree, I also taught Health Psychology to second year students.

On the nursing programme the student staff ratio is generally 20/25 - 1, however, a minority of units are taught by Enquiry Based Learning facilitation which necessitates smaller groups of up to 10 students. My teaching approaches included all of the following:

- Facilitation and didactic teaching of groups of up to 20 students
- Enquiry Based Learning facilitation (groups of up to 10 students)
- Key note lectures (up to 160 students)
- Individual tutorials (face to face)

As previously stated I began teaching mainly nursing students (mental health and adult branch) primarily in year one. However, I gradually allied myself to the Mental Health Academic Group as my particular academic interests lay in atypical psychological child development, study skills and reflective learning. I was then subsequently invited to become involved in contributing to the curriculum development group. I found that my narrowing of focus on mental health branch students in my research was influenced largely by my areas of teaching, as there was a preference by the mental health programme team for the mental health students to be taught by either mental health tutors / lecturers or those with a background in psychology, even when the unit was part of the CFP and could equally have been delivered by adult branch, child branch or learning disability lecturing staff.
Assessment and content of the PED unit

As previously stated the PED unit taught as part of the CFP is the focus of my research. Some flexibility was allowed within the curriculum to adjust the sequence of content, to enable PED tutors to make adaptations to the learning needs of particular nursing groups. The portfolio was both formatively and summatively assessed so that students could submit identified pieces of evidence to personal tutors for review. At the end of the first academic year students are required to submit their PED portfolio for summative assessment (10 academic level C credits). The portfolio is marked against the appropriate university level marking criteria requiring achievement of a pass mark of 40% or above. Part two of the PED unit assessment (10 academic level C credits) was represented by the mandatory (UKCC, 2001) requirement of the completion of a practice profile to meet specific practical and supporting academic competencies, by the end of the CFP. The profile is assessed by clinical mentors in the students' practice placements with a complementary assessment by the PED tutor of supporting academic competencies.

Students progressively develop and complete their profile whilst engaging with placements in the first year of their programme. All sections of the profile need to be complete to gain a pass mark and are assessed on a pass/fail basis only. The submission date for this part two assessment is usually in August to allow for completion of placement experience. Some overlap of content is inevitable as students can submit the same reflective piece of writing or a critical incident reflection to both the portfolio and practice profile as evidence. However, the practice profile is first marked by mentors in practice and only second marked (more a process of checking the signatures) by the PED tutor. The teaching schedule is prescribed by the unit assessment and timetable of sessions but nevertheless allows for tutor interventions particularly in how and when reflection is introduced and developed.

There are two key aspects concerning the teaching and assessment of reflection. These are based on the reporting of 'critical incidents (verbal and written)' and reflective statements within portfolios. In my own university student nurses are placed into tutorial groups at the beginning of their
programme according to their placement area. They normally remain in those allocated groups throughout their programme and the development of reflection is supported by the continuation of the personal tutor role facilitating learning in the year 2 and year 3 portfolio units. Reflection is introduced in the PED unit taught sessions within groups of around 22 or fewer students, so learning happens at the individual level but importantly is situated in the group context. Reflection is taught to first year student nurses throughout the academic year in weekly seminars. The content of the seminars provides potential evidence for students to collect and submit as evidence in their portfolios.

The reflective models introduced to students in the first year are those of Kolb (1984), Gibbs (1988) and Johns (1994). The PED portfolio represents 50% of the unit assessment with the practice profile forming the other 50%. Students are required to write up critical incidents using a model to structure their account which they can potentially use as components for both the portfolio and practice profile. In the students' placement the mentor would support the development of reflection and supervise the signing off of students' practice profiles of completed competencies. Within the PED seminars students would have the opportunity to give a verbal presentation to the rest of the group of a chosen critical incident before submitting a written account for summative assessment. Although students are individually assessed, the sharing and learning in groups where concerns and particular difficulties were regularly discussed within the group, provided a useful forum in which to share examples of best practice and to nurture the development of individual coping strategies.

**Research questions**

This chapter has provided background to the study presented here together with details of the Nursing curriculum, the assessment, the nature of my teaching and my students. As has been shown the concept of reflection is an integral part of the nursing curriculum. However, it is difficult to assess reflection as my data will indicate later on in this study. I am constantly
seeking to improve the facilitation of the concept, to encourage student nurses to link theory with practice and make sense of their learning experiences.

As stated previously, I set out to investigate my own personal practice to identify necessary adjustment and change, whilst also supporting and investigating change development in my students. Having observed students experiencing problems in learning, and specifically in grasping the concept of reflection, experience has led me to the following key questions which underpin this research:

The overall research question is therefore: How might my facilitation of reflective learning of student nurses be improved? This led me to the following sub-questions:

1. How is students' reflection best facilitated?
   • What particular models of reflection might enhance my facilitation?
   • How do group processes impact upon students' reflection?

2. What is the desired 'role' of the personal tutor?
   • How does the personal tutor role support reflection?
   • What are students' expectations of the personal tutor role?

3. What are tutors' perceptions of support and guidance within the unit?

These questions then guided the development of this thesis in terms of the literature I visited, the conceptual framework I chose, the methodology I developed and research instrument used.

As discussed above, my research follows the development of my own teaching practice over a period of three years. When trying to get students to come to grips with the complexities surrounding reflection, I, at the same time, reflected on my own practice with the aim to become a better facilitator. By exploring and testing out how to enhance the development of my students'
reflection I was simultaneously reflecting on my own practice to examine ways that I could better facilitate my teaching and enhance the learning experience of the students.

I kept a range of field notes and a rather informal teaching diary which allowed me to focus on my emotions, thoughts and behaviour. Holly and McLoughlin (1989, p.259) suggest that 'Reflection on practice brings to awareness hidden dimensions of teaching and learning', and argue that theory, practice and professional development are inextricably linked, so by keeping a record via a journal we can increase our awareness and insight into our teaching. Importantly, the seminal work of Schon (1983) provides us with a significant distinction made between reflection-in-action and reflection-on-action. Both concepts are reflected in my methodology in diary entries, session and field notes. My reflection-in-action is represented by my diary entries, session notes and field notes which I frequently revisited. Therefore, my own reflective practice was mirrored in the developing reflection of my students and this was then explored.

Concluding remarks
Since the concept of reflection is at the heart of this research it became necessary to look at the literature which surrounds reflection and reflective practice in nurse education. Therefore, the next chapter explores concepts of reflection, reflective practice, students’ approaches to learning and teachers’ pedagogic approaches to the facilitation of learning. The concepts will be discussed in relation to reflection and reflective practice. In chapter 2 I explore concepts of reflection and the literature in relation to reflection and reflective practice. I also examine issues that have emerged from evaluations undertaken of the use of reflection, the models used and approaches to learning preferred by student nurses. Learning in groups is also focused upon and the pedagogical practices of practitioners teaching reflection. Chapter 3 offers a full account of the methodological approach adopted. My chosen qualitative methodology sits within a framework of action research, as I wanted to explore the perceptions and perspectives of the students, complemented by elicitation of the tutors' perspectives relating to support and
facilitation. Chapter 4 outlines the data collection and ethical issues that arose around student disclosure in relation to the practice setting; in chapters 5, 6 and 7 I provide a data analysis of each of the three main action cycles with emerging themes. Chapter 8 provides an evaluation of themes with discussion. The final chapter 9 is a final reflection cycle and summary of my research.
Chapter 2: The literature review

Introduction

This literature review will provide an exploration and consideration of a body of literature and research already undertaken and in progress, on the topic areas of reflection, reflective practice and related pedagogy. The findings from this process will allow me to set the context of my study by examining and establishing what other researchers have contributed to the evaluation of the use of reflection, and issues that have emerged, with a particular focus on models of reflection used by students to structure and to develop reflective learning. My search serves also to guide my investigation of how best to facilitate reflection with my students in order to reveal to what extent the research and literature can better inform my own pedagogical approach and to importantly identify gaps in the existing body of research. Key studies, theories, concepts and themes identified from the search will also inform and underpin the refinement of my research questions. Hence the literature review is structured around the following areas:

• Reflection / reflectivity – what is being taught in terms of reflection in my classes, what the professional literature has said about reflection, reflective models, literature on learning styles or approaches preferred by nurses and emotion and reflection.

• Developing and rethinking learning in groups in terms of reflection, the scaffolding of reflection, how personal tutors support reflective learning and related literature.

• Developing teaching to support reflection - my own pedagogical practices and professional development and literature discussing the teaching of nurses teaching reflection.

The chapter ends in a summary of literature pertinent to my own teaching and research questions, and concluding remarks.
Wisker (2001) recommends that researchers take a reflective approach to searching the literature through a process of searching, recording and processing the findings in a cyclical fashion to facilitate approaches to further sources. Refer to appendix 3 for details of my literature search.

The concept of reflection and reflectivity

Nursing is acknowledged as being a stressful profession and early experience in the practice setting can potentially have traumatic effects upon novice nursing students. Reflection can be an important tool for promoting learning with both qualified nurses and nursing students, as they often have to deal with difficult situations on a daily basis. Nurses working and learning in practice are operating in an ever changing environment and need to constantly adapt to that change; they cannot afford to be inflexible or narrow in vision. They may experience a 'critical incident' which then may have an emotional impact upon them, make them think, perhaps make them feel uncomfortable and encourage them to reflect upon how they may have behaved and the consequences for others. Within the PED unit, students are required to formally use a reflective framework and to write an account of a chosen incident, which eventually forms part of their assessment within their portfolio. The focus in the seminars is on a re-presentation of this incident and the student shares their reflection with the other students, inviting comments and discussion from the wider group. Since reflection is a core part of the nursing curriculum we need to understand what is meant by it.

Schön (1983) originally drew attention to how professionals have become increasingly aware of the flaws and limitations of technical rationality, which had been firmly rooted in the positivist school. He continues to then describe how the professions then began to address the importance to practice of complexity, uncertainty and instability, which do not fit neatly into confines of the model of technical rationality. He comments that technical rationality ignores the actual problem setting, or the framing of the problem, and that if a professional then develops a repertoire of expectations, images, techniques or what to look for, this necessarily results in specialisation or what he suggests is a parochial narrowness of vision, inflexible and over learnt.
As a corrective to a potentially negative path of inflexibility, Schön (1983) proposes that reflection can serve as a corrective. When someone reflects in-action s/he becomes a researcher in the practice context with means and ends not kept separate, but being defined interactively as they frame a situation which they consider problematic, without separating thinking from doing. He warns however, that because professionalism is still identified with technical expertise, reflection-in-action is not generally accepted as a legitimate form of professional knowing, and how uncertainty is threatening and potentially seen as an admission of weakness. However, nurses on a day to day basis in encounters with patients and other professionals, use cognitive, affective and behavioural aspects of the self to problem solve and to make decisions, where knowledge and skills are contested and are subject to change. Nurses need to be capable of learning from past experience, to review the impact of their actions and to consider other interpretations than their own to change perspective, which the practice of reflection helps to develop.

Boyd and Fales (1983) argue that reflection allows us to effectively learn from experience which enables us to create a new cognitive map of meaning, which implies a more radical change, than merely becoming proficient at a task due to repetition. Boud et. al, (1996, p.33) provide a helpful definition which suggests that:

> Reflection is an important human activity in which people recapture their experience, think about it, mull it over and evaluate it, and that 'the capacity to reflect is developed to different stages in different people and it may be this ability which characterises those who learn effectively.

However, Moon (1999) has argued that because action is of great importance to the nursing profession, this sometimes results in difficulty in relating practice to theory. As nurses are dealing with uncertain situations or ill-defined problems, they need a speedy response without referring to theoretical ideas. She also suggests that the very methods employed by nurses and teachers
necessarily embrace review, interpretation and a re-ordering of ideas. All of which are facilitated by the act of reflection.

Acknowledging inspiration from the seminal work of Schön (1983), Burns and Bulman (2000) suggest that critical reflection is currently very much promoted and accepted as a dominant discourse within nursing. Mezirow’s (1981) critical theory of adult learning and education places emphasis on critical reflectivity, which he suggests plays so crucial a role in the adult learning process and ultimately in perspective transformation, leading to deep as opposed to surface learning. Mezirow’s key theories are concerned with meaning transformation which is useful if related to critical reflection. His model outlines the objects of reflectivity as being those of:

- a) perceiving
- b) thinking
- c) acting

In his view, together these form the act of reflectivity. Mezirow developed this further by introducing the following concepts, affective reflectivity: how we become aware of how we feel about the way we are perceiving/thinking or acting or our habits of doing so. Discriminant reflectivity: how we evaluate the efficacy of our perceptions, thoughts, actions and habits. Judgemental reflectivity: how we make and become aware of any value judgements regarding our perceptions, thoughts and actions and whether we approve or view them as positive or negative.

Mezirow (1981) uses the term ‘meta-learning’ to describe most kinds of learning and describes how critical consciousness represents our recognition of becoming aware, so we become critical of it. He argues that in adult education the facilitation of learning has to address the particular needs of adult learners, in terms of providing the right conditions to promote perspective transformation. Mezirow’s stages thus allow for a continuum from self awareness to perspective transformation and emancipation. He views the role of critical reflectivity as being crucial to adult learners’ progression.
through the continuum, as frequently, he argues, the status quo is subject to reification, particularly in relation to our understanding of professional or social roles. He describes how transition of role usually builds upon past learning with no interpretation of the past, critical reflection can he proposes assist with transforming perspective. Being critical facilitates challenge to ingrained habits of how we think and act alongside illumination of context and rules and conventions which govern the way we perceive the world, so informing how we also feel.

Griffiths and Tann (1991, p.95) have proposed 5 levels of reflection and suggest that students and professionals have both personal and public theories so that by using reflective practice they are enabled to link personal and public theories. They argue that the reflective cycle of action, observation, analysis, evaluation and planning occur at different speeds and at different levels of consciousness.

1. Rapid reaction; instinctive.
2. Repair; habitual.
3. Review; time out to reassess (hours or days).
4. Research; systematic, sharply focussed, over weeks or months.
5. Retheorise and reformulate; abstract, rigorous, clearly formulated, over months or years.

They further argue that there needs to be an awareness of both personal and public theory and that individuals need to engage in critical interaction with both. The levels which range from personal internal to wider more abstract levels are not to be considered optional but should be followed at some stage.

**Reflective models**

In the nursing programme, the application of reflective models is a given and the philosophy held is that it is of no significance which model or framework is chosen by individual students, despite the considerable differences between models in terms of simple focus on description or more complex extended reflection upon future experience in relation to research and literature.
Nevertheless, all frameworks or models incorporate a series of stages or steps presented as sub headings or a series of questions. They serve to structure a process which is ongoing allowing exploration of an experience to enhance understanding and to gain new insights to guide future practice, thus integrating learning in practice and theory. This structure was perceived as necessary by the unit team for students to produce a coherent, organised and meaningful reflection on experience which goes beyond mere description, although most models begin with a basic description of an incident.

In my own context within a post 1992 university, in teaching reflection to first year pre-registration student nurses, we are basically asking students to think about thinking, to choose an uncomfortable situation that has occurred in practice to identify internal and external factors. We then ask students to make the relationship between either clear and to then identify and to explore how it had made them feel. To help to facilitate this structured thinking which may be broken down into parts and learnt (Mason and Whitehead, 2003) they are encouraged to use a number of reflective models, such as the reflective stages of Kolb’s (1984) learning cycle, or that of Gibbs (1988) or Johns’ model (1994), which extend the cycle formulated by Kolb. This type of reflection is deemed to be most appropriate to learning from clinical practice and to better facilitate the synthesis students are expected to make between practice and theory.

The following models are taught to nursing students in my seminars:

a) Kolb’s (1984) experiential learning cycle, this is based upon the original work of Lewin. Kolb’s model is a useful starting point for introducing students to reflective learning but could be interpreted as rather simplistic and unsupportive of students introduced to reflection for the first time.

b) Johns’ (1994) model which I have found to be very popular with inexperienced first year students as the model is clearly structured into a series of questions combining aesthetics, the personal, empirical evidence, ethics and reflexivity (Appendix 4). Johns (2005) has emphasised that we need to be mindful of the self when reflecting and that rather than arrive at
definitions we need to accept the subjective nature of reflection as it does not exist as an objective reality as such. He also warns against models becoming restrictive or prison like rather than used for making sense or simply an aide memoire. Reflection is purposeful and acts as a source of actualisation or fulfilment of potential (Johns, 2005).

Johns' (1994) model offers a series of questions or cues to enable the learner to be guided through the process. However, Ghaye and Lillyman (1997) criticise his model for its linearity and on the basis that the questions are not created by the reflector but provided for them. With my own students I have found that the set of questions can be interpreted either as helpful to the novice student or, alternatively, as a prescribed straightjacket by others. Students are, however, encouraged to seek out examples from practice and other research to enrich their own learning, which potentially offers more guidance to the student compared with Gibbs' (1988) model,

c) Gibbs' (1988) model is equally a first choice model for novice students to use to structure reflection, this is based upon Kolb's (1984) model and its popularity amongst my own students is perhaps due to the simplicity of a learning cycle which offers a less linear or prescriptive path to follow (Appendix 5). Importantly, the stages of the cycle can be approached in any order but the process needs to be followed according to the cycle, as it is not sufficient just to learn from experience but to then use this experience to plan or test out the learning in new contexts. Gibbs' model is effectively Kolb’s model with additional questions inserted as prompts.

Students have specifically commented that when being introduced to reflective models they find Gibbs’ model (1988) easy to use, although it is often interpreted as focusing on something negative and is most applicable to a specific incident, which may restrict students’ learning of how to reflect in a less structured and prescribed manner. Additionally, once the cycle of reflection is complete it may represent unfinished business however, the model does not explicitly indicate a cyclical spiral or application to practice outside of the incident. In contrast, Johns’ (1994) model by offering a number
of question prompts encourages students to explore relevant academic writing.

Limitations of the models
As much learning in practice presents itself in an unplanned opportunistic manner, the structure of the models allows students to remember significant experience and to reflect and so make sense of the experience. However, Burnard (1995) recommends caution in making false attributions and of guessing what others may be thinking and feeling. He further questions whether we can ever practice 'clean reflection' as we tend to perceive past events through the lenses of our own belief and value system.

In contrast to the models used with pre-registration nursing students (Kolb 1984; Gibbs 1988 and Johns 1994; Carper (1978) presents four ways of knowing namely: (1) empirics, the science of nursing; (2) esthetics, the art of nursing; (3) the element of personal knowledge in nursing; and (4) ethics, the element of moral knowledge. However, this approach to reflection is not usually introduced until the second and third year of the nursing programme, as it is perceived by nursing tutors as more difficult to apply to the practice situation. In my PED sessions I offer up to three models to students in the first year of the programme, which provide in my opinion, a clear structure in the form of an explicit diagram, in order to scaffold students' reflective learning, as I view reflection and the application of the models as a tool to promote learning. Hence I begin with Kolb (1984) which introduces students to a learning cycle and proceed to introduce the other models at a later stage. However, Jarvis et. al, (2003) criticise Kolb's diagram for being simplistic and for the lack of focus on the physical and emotional elements of reflection, with the implication that the 'experience' is solely cognitive in nature.

Learning styles / approaches preferred by nurses and reflection
Miller et. al, (1994), investigated the learning styles and the facilitation of reflection of pre-registration student nurses. The authors argue that the whole area of learning styles requires a radical re-think to establish practical relevance to the requirements of nurse education. Miller et. al, (1994)
emphasise that the different environments student nurses encounter such as the classroom, the community and the hospital setting, demand adjustment by students and an integration of concepts from one context to the other. A major problem with learning styles identified by Miller et. al, (1994) was the lack of any evidence base, since concepts were derived more from researchers’ constructs than from students. Therefore, the three main problematic areas in terms of the application of learning styles consist of: lack of evidence base, lack of consistency of approach and lack of focus on how students develop in their approach to learning.

Although extremely useful in relation to my research, what is clearly not addressed in the study is how to deal with difficult students who are not motivated to engage in reflection. However, the study raises issues around tutors challenging students at appropriate stages and the use of counselling skills to create boundaries and safety nets. Nevertheless, a further omission is focus on eliciting barriers to learning as there is an assumption that deployment of ongoing study skills is a panacea for engaging students in effective reflective learning.

Kolb (1984) and Honey and Mumford (1982; 2000) comprise the main learning styles or approaches that are introduced to the students on the nursing programme. We also further encourage students to make the link between their own learning style and adoption of surface, deep or achievement approaches to learning (Biggs, 2003), to enable them to develop effective learning strategies. However, as a teaching device, I have found the use of learning styles questionnaires to be of dubious value as students’ self reports or choice of given statements that most resemble themselves are subject to change, and once having identified a learning style many students file away the questionnaire and ignore the implications of developing other complementary approaches within Kolb’s learning cycle.
Biggs (2003) traces original student learning research on approaches to Marton and Säljö's (1984) studies identifying students' surface, deep and strategic approaches. The crucial difference found between students who take a surface or deep approach is that those who adopt a deep approach keep asking questions by adopting an active and reflective approach to texts (Säljö, 1984).

More recent research into the preferred learning styles of nursing students is not prolific however, research undertaken by Rassool and Rawaf (2007) aimed to identify learning style preferences of undergraduate nursing students using a demographic questionnaire and Honey and Mumford's (2000) learning styles questionnaire issued for a sample of 136 students. The results in line with other UK studies, found that that the reflector style predominated but that there was a high incidence of dual learning styles particularly reflector/theorist. They conclude that a variety of teaching and learning approaches need to be adopted to meet the diverse needs of students as failure or mismatch of these may have serious consequences for learners. Although it is highly probable that students will adopt a strategic approach to learning based upon the demands of the task set and use both deep and surface approaches where appropriate (Säljö 1984; Biggs 2003). Nevertheless, some students may need explicit guidance and encouragement from others, in order to develop deep approaches to learning.

**Emotion and reflection**

Nursing curricula require students to be reflective and as teachers we encourage students to engage with learning from experience to change previous knowledge by, for example, keeping diaries and developing critical incident reports. Acquisition of the skills of reflection equip students with generic graduate, life long learning skills as reflection encompasses cognition, affect, psychomotor and interpersonal skills (Brown et al, 2003). However, despite acknowledgement from theorists such as Boud et al, (1996) and Mezirow (1981), there is a definite absence of explanation of the exact role of emotion within the literature on reflection, with the exception of studies such
as FitzGerald and Chapman's (2000, p.10) work. They describe the practice situation whereby potentially, nursing students can 'encounter a plethora of different emotions ranging from ecstatic relief to despair, fear, suffering, disgust and distress'. Similarly, Pfund et. al, (2004) have looked at how students handle emotionally challenging situations within the context of effective reflection, citing two rather poignant case studies involving critical incidents which highlight the need for preparation and support for novice students.

Adopting self-report questionnaires as a research method Evans and Kelly (2004) examined the academic and clinical stress experienced by diploma nursing students, their emotional responses and the coping strategies adopted. They found that generally short-term emotion focused strategies were adopted. Enhanced teaching and support were proposed together with changes to the curriculum and the development of strategies to develop increased self awareness to equip students with proactive coping skills.

Emotional labour

Significantly the occupational stress of nurses is comprised of a great deal of emotional labour (Hochschild, 2003; Mann, 2002; Mann and Cowburn, 2005; Smith, 1992). Hochschild (2003) first drew attention to the concept of emotional labour in terms of surface and deep acting in occupations such as nursing, where there is a high level of interpersonal contact which demands responses that do not necessarily represent the way an individual feels. Acting allows the actor to fake enthusiasm and interest either by surface or a deep empathetic stance of deep acting. Similarly, Goleman's (1996) concept of emotional intelligence involves managing emotions, utilising self talk and of using empathy, however, Hochschild's concept offers more explicit detail of how this operates in the work place, particularly in female dominated relatively low status occupations such as those of flight attendants and nurses.

Within a study exploring emotional labour and stress within mental health nursing Mann and Cowburn (2005) required 35 mental health nurses to complete questionnaires relating to 122 nurse-patient interactions. The
findings were that emotional labour was positively correlated with both 'interaction stress' and daily stress levels, the deeper the intensity of interactions and variety of emotions experienced by nurses the more emotional labour was reported. The study found that both strategies were adopted by the nurses, with deep acting slightly predominating over surface. A surprising finding was that surface acting was a more significant predictor of emotional labour than deep acting. They speculate that this could be due to the level of in-authenticity demanded by surface acting. However, limitations of the study acknowledged by the researchers were the length of the questionnaires and the limited sample used.

Within a commentary on nursing ethics Smith and Lorentzon (2005) have questioned whether emotional labour is ethical and having reviewed published work largely from Nursing Ethics conclude that the interface between emotional labour and ethics demands further debate together with determination of a far clearer definition and interpretation of emotional labour. In my own teaching experience I have found that the role of emotions in the reflective process is significant for both student nurses and tutors as reflection can unleash unexpected responses and tutors may be ill prepared or lack counselling skills to assist them to deal with strong emotions and to de-brief, support or refer students to other sources of support. Therefore, it could be argued that class discussions and group reflection provide a context for students to self disclose 'backstage' in Goffman's (1990) terms, allowing the more authentic self and real emotions to emerge, which may serve to mediate stress levels.

Criticisms of Reflective Practice
Hanson (1996) questions whether critical self-reflection is always a positive thing to aspire to or to prescribe for adult learners, suggesting that self-awareness and criticism are often characteristics of seriously depressed people. There may also be cultural differences which clash with such an educational philosophy together with gender and age differences amongst students in higher education to take into account.
Gustafsson et. al, (2007) carried out a meta study synthesis of qualitative research on reflective practice in nursing care to identify and clarify registered nurses' knowledge and understanding of the concept. This analysis revealed that assumptions around reflective practice were mostly based on theory and not empirical evidence and that the practice of reflection within nursing is underpinned by a constructivist epistemology, derived from experiential learning. Many concepts examined in Gustafsson et. al research were used interchangeably such as critical thinking, critical reflection or reasoning. They also made a useful distinction between reflective practice as applied by an individual (inward process) as agent as opposed to a group process (outward tool). Importantly they indicate that reflection allows tacit knowledge to become visible and to be considered as valuable reflective nursing or personal knowledge and reflective practice as a useful tool with which to frame or problematise the profession. However, the very subject matter or incident chosen to reflect upon is questioned by Gustafsson et. al, as there is a tendency to focus on the negative without paying attention to the positive. They also argue that in a predominantly female workforce, autonomy is restricted so that reflective practice can serve as a tool for self monitoring in a conventional context of largely hierarchical organisations.

Reflection is viewed as a pedagogic tool with which to both promote learning and to address the perceived gap between theory and practice. However, Ghaye (2007) has questioned whether reflective practice is ethical, focusing on the overriding assumption that reflection is predominantly cognitive and argues that there are rules of expression for different audiences which demand emotional labour. He firmly argues that learning and emotion are inextricably linked which is problematic when students are assessed by portfolios documenting experiences and when lecturers request that students disclose more and more emotional content.

Criticisms levelled at the lack of an evidence base for reflection, concerns around the effectiveness of reflection in integrating practice and theory and a general lack of clarity over what students should be reflecting upon, led me to question whether we should insist on students having to reflect and be
assessed on their critical incident reporting and reflective writing. However, learning and sharing experiences in groups can serve to mitigate the discomfort of such negative experiences, and one of my key research questions relates to reflection in groups.

**Developing and re-thinking learning in groups in terms of reflection**

Social psychologists offer competing definitions of what constitutes a group but generally agree that a group consists of two or more individuals interacting with each other and sharing common goals as opposed to a mere aggregate of individuals (Hogg and Vaughan, 1998). As individuals within nursing groups come together in rather an ad hoc basis a number of variables can influence whether groups go on to develop good working relationships with each other.

A very important question for nursing tutors to ask is how best do students learn to reflect in groups? The accepted definition of learning is usually understood to be a relatively permanent change in behaviour due to experience (Gross, 2001). However, we can never be certain that all of our students within a group context are learning effectively, in direct response to our pedagogical methods, prior to assessment. Although as facilitators we can opt to approach student learning in terms of gauging individual readiness and applying student-centred activities, designed to support learning.

**Scaffolding reflection**

In terms of supporting or ‘scaffolding’ students’ reflection Vygotsky’s (1986) concept of the Zone of Proximal Development (ZPD) provides a useful framework to understand how learning can be supported by someone more expert so that the individual given appropriate support can achieve more than when learning alone and without assistance. However, although there exists a substantial volume of research based on school education and the application of Vygotsky’s theories, in relation to learning in higher education my literature search identified a large number of articles and research papers mainly in subject areas such as language teaching, mathematics and science with rather few specifically related to UK nursing students.
In the context of nursing practice, Spouse (1998) investigated nurses' learning in clinical practice and found this could be explained best using scaffolding to better recognise potential knowledge, thus allowing the synthesis of theory and practice for both the supervisor and the learner. Spouse uses Vygotsky's two stage theory in terms of a student being ready to move from an actual existing development stage onto the next developmental stage (within the ZPD) but lacking in terms of maturational ability, being supported by a mentor with the necessary experience. Through interpersonal speech the more experienced mentor can guide the student through their inner ZPD to integrate knowledge-in-use with potential knowledge-in-waiting. She argues that if the scaffolding provided is appropriate to the student's knowledge in waiting in terms of challenge and support, that new knowledge can forge new boundaries of ZPD by stimulating the student to ask new questions. She suggests that students who are unfortunate in not engaging in practice that scaffolds their learning may lead to arrested development, unless supported by capable others.

Within a higher education setting Harland (2003) documents how, having embraced Vygotsky's social constructivist theory of development, that the concept of ZPD informed a Zoology course delivered by problem-based learning. One of the main findings led to a re-thinking of the roles of teacher and learner whereby tutors scaffolded learning which gradually became the responsibility of all of the students. The tutors eventually viewed ZPDs as multiple so that teaching became much more focused on the potential of the students and the preparedness of the students to move to a chosen position.

More recent studies such as those by Guk and Kellogg (2007) have looked at the ZPD in relation to whole class English language teaching in South Korea with the teacher as mediator and the creation of pupils to become mediators for peers to create learner to learner mediation. The authors speculate whether two separate ZPDs are in operation but conclude that the asymmetrical and symmetrical scaffolding as rather representing a continuum.
Although the research cited above provides us with useful examples of the application of Vygotsky's educational theory, effective student learning in higher education is complex and multi-faceted. Wenger (1998) states that learning is a social phenomenon reflecting our social nature as opposed to solely an individual process, which complements rather than contradicts Vygotsky's concepts as they move from the individual outwards to the social sphere, although the focus in Vygotsky's theory lies with a more experienced individual scaffolding another individual, to reach their potential. In the practice situation Spouse's (1998) study illustrates effective adoption of the concept of ZPD in terms of the experienced mentor supporting individual students, whereas Wenger (1998) Wenger et. al, (2002) and Lave and Wenger (1991), focus more on the social context of learning, situated within a social or group context. Crucially, Wenger argues, contexts where learning is the focus are not necessarily the places where we learn most or most deeply, and effectively. Thus there are clear pedagogical implications for teaching complex knowledge, which is highly relevant to my sub research questions asking how group processes impact upon students' reflection and how the personal tutor role supports reflection.

**Personal tutor role / supporting reflective learning**

My research maps the introduction of a new nursing curriculum incorporating the personal tutor role with essentially a study skills and practice support academic unit. The curriculum model is integrative in terms of embracing the personal tutor role with the delivery of the PED subject material. Hence one of my research questions relates to the desired role of the personal tutor in supporting learning, as the very nature of the tutorial relationship in facilitating reflection is at issue, particularly when a dual teaching and personal tutor role are required of tutors teaching on the unit.

Thomas (2006) argues in favour of the creation of student centred models of tutoring, particularly integrated curriculum models which enable personal tutors to act in a proactive style towards novice students making the transition into higher education. Conversely, Earwalker (1992) views personal tutoring as far less of a panacea for student support in his focus on the tutorial
relationship, by highlighting potential use and abuse of power, specifically the vulnerability of a student who confides in a tutor. He also warns against potential gender and cultural differences amongst students in terms of how much ‘psychological space’ individuals may need for themselves.

On a more positive note research undertaken by Gammon and Morgan-Samuel (2005) demonstrated that undergraduate health studies students who were given structured tutorial support, coped better with stress and generally reported higher self esteem levels. Similarly, Hughes (2004) describes the importance of both the mentor’s role and that of the personal tutor role in developing students’ reflective practice and in enhancing the overall student experience. However, she also acknowledges the increased work load and complexity of the work undertaken by personal tutors.

**Developing teaching to support reflection**

As my key research question asks how might my facilitation of reflective learning of student nurses be improved, I have previously argued that reflection-on-practice can help teachers to make sense of what they are doing in terms of teaching and learning, as Ghaye and Ghaye (1998) confirm.

So how can we motivate learners to engage with and understand reflective learning? In my own context, nursing students are encouraged to use reflective models to structure their reflection and most reflective models incorporate an affect / feelings component, with most of the literature expounding and promoting reflection embracing affect as an important element but to varying degrees. For example Boud *et. al*, (1996); Brookfield (1987); Mezirow (1981) and Burnard (1995). Brockbank and McGill (1998) suggest that we don’t lose emotions as we reach adulthood but describe how they remain within us, acting as either a barrier or potentially enhancing our development. However, few of the theorists explicitly explain how this happens with individuals or how important it is as a trigger to critical thinking and reflection, with the exception of Mezirow (1981) in relation to critical incidents.
Within my teaching context, promoted as the most effective vehicle for both tutor and student learning, is that of reflective practice. However, over the course of my teaching I began to question why we as educators insist on incorporating reflection within curricula, particularly given that students often struggle with the concept. Although I had recognised that reflection represents a deep rather than a surface approach to learning, with emphasis upon meaning and, that once having grasped the concept, students are able to engage at a meta level of understanding.

I would argue that by requiring students to select and apply a reflective framework or model to a critical incident acts as a schema, which represents an organizational pocket within long-term memory to structure and organise this information (Gross, 2001). However, a framework may potentially also act to include events that didn’t actually happen, but were part of the student’s expectations of what would normally be expected to occur, particularly if there is a reasonable time lapse between the event and recording their thoughts and feelings (Cohen et. al, 1993).

Outside of nurse education Akbari (2006) in his critical appraisal of reflective practice in teacher education, also criticises the retrospective nature of reflection as opposed to a more desirable focus on prospective and creative aspects. He argues that there is no empirical evidence to indicate improved teacher or student performance by use of reflective techniques and that there is a distinct lack of acknowledgement of teacher personality and individual difference effects. However, in higher education it would appear that academics designing nursing curricula, insist on the use of reflection whilst seemingly holding a distinctly uncritical stance. There also appears to be little clarity over whether in nursing, we are encouraging autonomy, empowerment or perspective transformation, or whether we are adhering to humanistic or more critical thinking approaches. These are important considerations, as without an explicit acknowledgement of the societal level, we may be unwittingly choosing to promote a rather more restrictive individualistic, personal transformation.
Research pertinent to my own teaching and research questions

During my first year of teaching in higher education, I seriously began to question why some students 'got stuck' with reflection and continued to wrestle with the concept, throughout their course never quite 'getting it'. I observed that it wasn't merely the more mature students with more life experience who necessarily grasped the models with ease and were able to apply them, but there often seemed to be a rather uneven pattern of individual epiphany or light bulb moments. I speculated that the resistance to understanding of some of the students may have been due to previous negative experience or attributable to differences in personality, anxiety levels or individual learning styles.

Platzer et. al, (2000) comment that few studies have been published which focus on the use of groups to facilitate reflection or to evaluate their effectiveness. Their own qualitative study analyses the use of groups to develop reflection with part time post graduate nursing students. The students in their study were not formally assessed with attendance being optional, these conditions were considered by the researchers as important factors which might encourage the students to actively engage and to take risks in shared learning. No formal structure was imposed and the tutors' approach was very much as facilitator rather than didactic teaching. Barriers to student learning were identified by the researchers as previous educational experience and the culture of the practice context, resistance to openness and sharing experience in the group through fear of the judgement of others, influence of other students in the group and facilitation styles. They conclude that the expectation that it is going to be an easy or comfortable experience must not be conveyed to the students prior to the course.

Conversely, other studies have revealed reflective learning as a transformative process as in Glaze's (2001) qualitative study of an MSc Nurse Practitioner module designed to develop reflective skills. The research then explored the perceptions of the nurses. All but one of the 14 participants evaluated their development positively. Interview data reveal that students felt more confident and self assured with examples of personal transformation
and enhanced professional development. Similarly research undertaken at my own university with post-registration students by Graham (1998) has exemplified how using structured reflection in action learning groups can improve nursing practice.

In their focus on overcoming barriers to student understanding, Meyer and Land (2006) argue for the existence of threshold concepts which are distinct from ‘core concepts’ within subject areas, and conclude that threshold concepts are in evidence across all subject areas and contexts. When a threshold concept is understood by the learner this comprehension then leads students to transformed perspectives with corresponding changes in affect, cognition and behaviour. I would argue that student understanding of reflection and application to different contexts is indeed experienced as troublesome for many. I have found with my past students that until they have grasped the concept of reflection that their learning approaches and understanding tends to be stuck at the superficial level and that they are not capable of really thinking ‘like a nurse’.

Ramsden (2003) maintains that providing teaching of high quality will create good and deep levels of learning in our students. He argues that the very qualities that make for good teaching are the very same qualities that students identify as being necessary for a quality experience of learning. These qualities embrace organisation, stimulating content, delivery which offers understandable explanation, student centred feedback, with clear goals visible and encourages independence of thought. Although it is questionable whether his six generic principles apply directly to teaching reflection, he adds a further which is highly relevant to the teaching of reflection and relates to the need to learn from the students.

**Concluding remarks**

My literature review has prompted me to question the value and the theoretical underpinning of reflection per se, and of the particular reflective frameworks promoted in nursing. An examination of the models used to structure reflection is important as they may restrict students' reflection rather
than support their development. There also appears to be a tension between espousing the desirability of the autonomous self-directed learner without acknowledging the social context of learning and issues surrounding it such as culture, power, knowledge or the external goals of the institution. We need therefore to examine whether encouraging reflection serves as merely a containment of difficult feelings without empowering those individuals to effect change in the work place. It is significant that professional hierarchies in practice can prevent nurses from critically challenging accepted practices and implementing change.

There are also questions surrounding the suitability of reflection for all students, which relates directly to my first sub research question which refers to how students’ reflection is best facilitated. It is important to further question whether we should insist on reflection within the nursing curriculum and if so, is it ethical to demand in-depth emotive detail and to assess this?

Facilitated reflection in groups is supported by social learning theory such as Wenger’s (1998) concept of communities of practice, with a focus on identity, transition and shared learning, and Meyer and Land’s (2006) threshold concept potentially offers a different way of facilitating reflection with groups of novice student nurses. However, poor group dynamics can potentially have a negative impact upon learning for some individuals and not provide the privacy required by individuals to move from the private and familiar to public theory, as espoused by Griffiths and Tann (1992).

Therefore my overall conceptual framework embraces an exploration of how student nurses learn to reflect, with a focus on particular models of reflection (Johns 1994; Gibbs 1988 and Kolb 1984) that are used within the nursing curriculum and whether they are useful tools for students to learn to reflect. Through my literature search and my subject knowledge of psychology and child development I consider the theory of the zone of proximal development (Vygotsky, 1986) to be applicable to adult learners who can potentially be supported to reach deeper levels of understanding by a more experienced other. I also consider the concept of emotional labour (Hochschild 2003; Mann
2002; Mann and Cowburn 2005; Smith 1992) to be highly relevant to nurse education together with the concept of the community of practice / situated learning (Wenger 1998; Lave and Wenger 1991; Wenger et. al, 2002), as my students are learning in groups and part of wider learning communities. Additionally, the personal and public theories proposed by Griffiths and Tann (1992) strike resonance in my own teaching and facilitation where I am attempting to engage students to begin with examination or description of the familiar to enable them to develop critical thinking and to reflect from their own experiences to more abstract, transformational thinking by integrating theory and practice.

I therefore aim to examine the challenges in learning reflectively, the expectations, understandings and more crucially the misunderstandings of my students. I anticipate that through examination of my own practice through the lens of reflection and the spiral of my own thinking and evaluation within the reflective cycle, I can identify and adjust my support, my facilitation and my pedagogical approach, with the ultimate aim of enhancing student engagement, learning and understanding.

This chapter has examined and reviewed pertinent research and literature in relation to my research aim and questions posed. The next chapter 3 offers an account of my methodological approach.
Chapter 3: Methodology

The previous chapter has reviewed the relevant literature and this chapter will initially explore what I understand action research to mean for the research discussed here, the distinction made between qualitative and quantitative research and provide a rationale for the theoretical stance chosen and, research methods chosen. As outlined in chapter 1 as previously stated my key research question is: How might my facilitation of reflective learning of student nurses be improved? (See chapter 1 p.11)

I have opted for an action research approach for the following reasons: I wanted to explore perceptions concerning reflection that students and tutors held and to see how my own teaching approach was changing in the course of the research. The nature of change, in my own view, could be captured sufficiently well had I opted for interviews or even observation. Following my own reflection I wanted to implement what I had learned with the next cohort of students. A qualitative research methodology combined with an action research approach with its various cycles seemed to me the most appropriate at the time. A further consideration might have been a survey within a positivist paradigm; another alternative might have been a grounded theory approach. However, neither of these options reflected my intentions as I will discuss below.

Qualitative versus quantitative research

There is no simple dichotomous distinction to be made between qualitative and quantitative educational research. In the view of Berg (2004) quantitative methodologies have historically predominated over qualitative methods in the social sciences but he acknowledges that qualitative methods are generally agreed to be more time consuming and demand a high degree of clarity in the design stages. Creswell (2007) justifies a selection of only five major approaches to qualitative research namely narrative research, phenomenological research, grounded theory, ethnography and case study as
emanating from his own experience and his preference for those associated with clear, practical systematic procedures to inquiry.

Denscombe (2003) compares and contrasts grounded theory, phenomenological research and action research as appropriate and useful qualitative strategies for social research all of which potentially offer a suitable framework for my research. Each, he suggests, are suited to small scale enquiry, and both grounded theory and phenomenological research are presented as alternatives to scientific positivist approaches where the pursuit is to uncover regularities and patterns which are measurable. Conversely, grounded theory and phenomenological paradigms are considered to involve a degree of subjectivity, description, interpretation and agency in contrast to objectivity and analysis. As the theories generally focus upon perceptions, meanings, attitudes, beliefs and feelings they are readily adopted in health and education research contexts when individual views and experiences need to be elicited.

However, Denscombe (2003, p.96) argues that when conducting research within a phenomenological paradigm researchers need to stand back to become 'the stranger' in order to scratch beneath the surface of social worlds to uncover the hidden complexity and to elicit the preconceptions and perceptions of the researcher. Similarly, grounded theory appears to rely on a stance of open mindedness, where the intention is not to test out a previously held theory, but rather like a detective, to follow a lead and gradually build up theories from empirical research so the process continues until theoretical saturation is reached. However, within my own practice I began with a fairly specific problematic situation, which I considered ill suited to this general approach.

Both phenomenological and grounded theory approaches according to Denscombe (2003) have been criticised for lacking scientific rigour – and phenomenological approaches in particular as merely representing a focus on the mundane, with the data collected accused of not being representative. He further views grounded theory as lacking a starting point and relying too
heavily on an inductive naïve approach, without reference to prior theories or concepts. In an early stage of my research I considered using a grounded theory approach but rejected it on the basis that I did not begin with a completely open mind but rather with a problem that I wished to explore and to eventually resolve or to improve upon. I also wished to refer to existing psychological and educational theory, although the practical nature and potential application of the approach was attractive to some degree. My deliberations, therefore, led me to choose an overall phenomenological approach to my research in terms of eliciting the perceptions and experiences of both students and tutors, although I was keenly aware that this umbrella term contains a number of different schools of thought and interpretations. My decision to take this approach was also influenced by the focus of phenomenology on the complexity of life experience, which then stands in need of explanation. Within a wider phenomenological approach I have, therefore chosen to adopt action research and used a reflective diary, focus group discussions with students and tutors as well as individual interviews as research instruments.

**Action research**

Most action research, according to Wisker (2001), takes place within the methodological framework of phenomenology. However, Reason and Bradbury (2001) state that action research potentially takes many forms in terms of approaches adopted, which are underpinned by different assumptions both philosophical and psychological, and derived from scholarly different traditions. Yet all researchers need to be aware of choices made and their consequences.

Action research according to Wisker (2001, p.149) offers an alternative approach to more traditional research as it is:

- practical
- participative
- emancipatory
- interpretative
- critical
Carr and Kemmis (1986, p.162) offer the following definition which elegantly expresses my own reasons for adopting action research.

*Action research is simply a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices, and the situations in which the practices are carried out.*

Zuber-Skerritt (1996) has subsequently summarised Carr and Kemmis' (1986) original differentiation of models of action research into technical, practical and emancipatory. Action research becomes emancipatory when it is not merely representing technical and practical enhancement and improved understanding within existing boundaries, but more significantly occurs when the change is to the system or organisation itself. Beyond enhancement of my own practice it is anticipated that my research findings will inform future curricular development within the School. In this sense my action research should move beyond the technical and practical to the emancipatory by influencing the system or organisation as well as the curriculum and teaching methods.

Elliot (1991, p.69) has defined educational action research for change simply as *'the study of a social situation with a view to improving the quality of action within it'*. He emphasises that with more traditional positivist approaches where theories are validated in isolation and then applied to practice, in action research these are validated actually through practice. Elliot's interpretation offers an emancipatory approach to tutors in acknowledging personal, theoretical and applied knowledge in the practice setting which can be drawn upon to challenge accepted theory and practices. Levin and Greenwood (2001, p.103) similarly promote a pragmatic type of action research in relation to *'the struggle to transform Universities into Learning Communities'*. They criticise outmoded conventional university pedagogical approaches which they accuse of stifling student learning, thus preventing true engagement in critical and reflective learning with teachers and students in joint enquiry. They continue to explain how this type of research can serve to re-connect teaching
in higher education with broader societal and organisational learning in terms of knowledge generation. What distinguishes this type of research is the knowledge generation through action taken and an emphasis on democratic participation. The inquiry process leads to social action or reflection on action and to new meanings with validity being measured in terms of whether problems are solved and whether the participants have increased the level of control within their own context. Thus scientific rigour is represented by the strength of the criteria and processes that lead to new knowledge, negotiated with participants and providing pragmatic solutions to actual real life dilemmas or problems.

Action research is closely associated with the idea that change can be beneficial and that studying the process at close quarters unveils how things operate (Denscombe, 2003). Another assumption made is that as the self reflection is related to own practice as it is actually happening, beneficial changes can take place. The unique aspect of action research is that it needs to be part of practice and not merely an appendage to practice. Apart from action feeding back into practice and the fact that the process is ongoing with evaluation and change implemented, participation can be considered as the most distinctive characteristic of action research.

Within my research the aim was to make the process very democratic. I was keenly aware, however, that there were, and still are, power differentials between students and teachers, including myself as a teacher. My teaching responsibilities, alas, meant that I could not use the same cohort of students for the next cohort of students for the next action research cycle. Adjustments I made because of the research undertaken referred solely to my own teaching practices with a new cohort of students each time.

Somekh (2006) argues that action research involves the development of knowledge and understanding of a unique kind allowing the research to be conducted as an insider as opposed to outside experts, thus allowing intimate access to information which can eventually be shared outside of the setting. It starts from a vision of social transformation and aspirations for greater social
Justice for all. The very nature of the research is necessarily value laden and this needs to be acknowledged. However, it offers an opportunity to implement a modest number of changes for the good, or to get the process of change in motion, whilst providing insights into whatever limitations that are beginning to surface.

Somekh (2006) views the use of action research methodology as an effective way to research situations that are prone to change and which may prove to be problematic when employing more traditional methodologies. She has formulated eight methodological principles which I have broadly attempted to adhere to. She proposes that action research:

- integrates research and action. This occurs holistically within a reflective cycle to facilitate change, which is constantly reviewed and evaluated by further data collection and analysis;

- is conducted by a collaborative partnership of participants and researchers;

- involves the development of knowledge and understanding of a unique kind;

- starts from a vision of social transformation and aspirations for greater social justice for all;

- involves a high level of reflexivity;

- involves exploratory engagement with a wide range of existing knowledge;

- engenders powerful learning for participants. The power in learning is promoted through the vehicle of reflection upon practice and the combination of the research activity and
• locates the inquiry in an understanding of broader historical political and ideological contexts.

Somekh (2006, p.6)

Action research integrates research and action. This occurs, according to Somekh (2006), holistically within a reflective cycle to facilitate change, which is constantly reviewed and evaluated by further data collection and analysis. It is also conducted by a collaborative partnership of participants and researchers. My own participants are my students and my colleagues whose different roles allow the feeding in of unique perspectives on experience. However, as Somekh points out, there is a need to acknowledge different power relationships. How this is accessed and how it is understood by all parties is of paramount importance and has ethical implications.

**Being a reflective researcher**

Within action research the collection of data does not start with a narrow assumption of hypotheses but it seeks to explore different perspectives as they occur. Existing knowledge is tested with the research findings, allowing the insights and findings from research to build upon accumulated knowledge of the particular under study. Somekh (2006) emphasises that action research engenders powerful learning for participants. The power in learning is promoted through the vehicle of reflection on practice. The self is very much a research instrument and any interpretation of meaning must be mediated by the self. An examination of personal bias, values, and previous assumptions will provide important personal and professional learning to include the impact of the self in relationships with colleagues and students. Somekh (2006) emphasises that the shaping of experience and the constraints on human action need to be acknowledged at the local level and at a more macro level economically, which is rather more difficult to achieve when outside researchers are not collaborating in the research. Ultimately one hopes that through such reflexive sensitivity the local situation in which the research takes place is capable of transformation and that all participants in the research including the researcher, are helped towards transformative change.
Therefore, within the overall framework of action research, I wished to explore and then to describe and analyse the perspectives of groups of students, to inform my own practice and to enhance student learning and understanding, thus creating possibilities for change (Wisker, 2001). McNiff and Whitehead (2002, p.9) speak of values and of making effective links between abstract theory and personal practical theory, further suggesting that 'the meanings we give to our lives are in the actions we take as we try to live our values in practices'. They view education as a process, hopefully facilitating a personal and social good and anticipate that researchers will make their values explicit to enable them to acknowledge how they might influence the research process and the anticipated outcome. I would agree with this view of action research in terms of my own research, which has enabled me to explore questions around the students’ experience of learning, asking ‘where?’, ‘what?’ and ‘why?’ questions, whilst simultaneously asking the same questions of the role of the tutor and myself. By asking those questions in different contexts and eventually narrowing the enquiry, it has enabled me to examine what reflection actually looks like, how it happens, how it is arranged, and to then to make decisions on how to tell.

I initially adopted Wisker’s (2001) model for my research because it seemed to me clear and direct with its emphasis on critical analysis of context and any contradictions unearthed, thus mirroring the role of the ‘reflective’ practitioner in education.
However, on further reading I also adopted Elliott's (1991) model (see p. 45) which, in my view, offers a more comprehensive model. Elliot, having adapted and expanded his model from Lewin's 1951 model, argues that action research should allow for 'shifts' to take place. In other words, any collection of data should be accompanied with analysis at each stage of the cycle and not just at the beginning. He further warns of the complexity of the implementation of actions and suggests that one should closely monitor the extent to which actions have been implemented, before attempting to evaluate any effects.
Fig 3.2 Elliot’s (1991) revised version of Lewin’s model of action research

Identifying initial idea

Cycle 1

RECONNAISSANCE (fact finding & analysis)

GENERAL PLAN
Action steps 1
Action steps 2
Action steps 3

Implement Action steps 1

Monitor implementation & effects

'RECONNAISSANCE' (explain any failure to implement and effects)

REVISE GENERAL IDEA

AMENDED PLAN
Action steps 1
Action steps 2
Action steps 3

IMPLEMENT NEXT ACTION STEPS

Monitor implementation & effects

Cycle 2

'RECONNAISSANCE' (explain any failure to implement and effects)

REVISE GENERAL IDEA

AMENDED PLAN
Action steps 1
Action steps 2
Action steps 3

IMPLEMENT NEXT ACTION STEPS

Monitor implementation & effects

Cycle 3

'RECONNAISSANCE' (explain any failure to implement and effects)

MONITOR IMPLEMENTATION & EFFECTS
With reference to my field notes and teaching diary, with each cohort I generally tried to adhere to the action research cycles outlined above. Having observed problems in learning with a number of students, I planned sessions or interventions taking these into account. I then delivered them in sessions and observed what happened in terms of student responses and my own. I then reflected on the positive and or negative aspects of the experience from data collected and my diary entries, which in turn enabled me to make adjustments to the sequencing, content or pedagogical approach in the subsequent taught sessions (Appendix 6).

Stringer (2004) maintains that as researchers work through the action research cycle it is very important for the researcher and the participants involved in the research to be kept informed of the development and general progress of the study. He suggests that this will also facilitate understanding and a sharing of perspectives and experiences and in addition, will ensure the accuracy of findings as they emerge. I tried to fully involve my students in my research by explaining that my aim was to improve my facilitation in sessions, and it became very useful to discuss the findings with the students as a useful form of checking for accuracy and understanding. For example, I would after eliciting positive and negative learning experiences from the students, word process a summary and use for discussion and comment in the following session.

By drawing upon my field notes and diary entries I have been able to reflect upon my practice and gradually build up a body of evidence for examining the effect of my teaching and facilitation of learning. Holly and McLoughlin (1989) argue that self evaluation is paramount to professional development, and that keeping journals or diaries allow us to explore our inner world and to delve into the very meanings of teaching. I have found that keeping a research diary has been a most useful record of any setbacks, a place to file research decisions, any blockages encountered, and contains a log of my own reflective practice, which is core to my research. I made a decision at the beginning of my research not to use a formal reflective model for my diary, instead, I chose to use the headings of factual information, methodology and
analysis, a format that was recommended by my tutor whilst I was studying for my teaching qualification. My chosen methodology embraced the collection and interpretation of data based on my own inductive method, my reflection where I asked questions and the answers or findings which build, test and refine the research questions. I collated and analysed the data from my focus group activity, texts and my diary to identify, analyse and discuss emerging themes.

**Limitations of action research**

Denscombe (2003) argues that action research creates greater appreciation and respect for insider practitioner knowledge, where the researcher is not merely an observer but can't escape the web of relationships and ultimately meaning. However, he acknowledges the difficulty of generalising beyond particular cases and the potential limitation of the area and scale of research in terms of the practitioner involvement. Added to this is the difficulty of manipulating variables or controlling extraneous variables and the extra upfront workload involved before benefits are visible. The final limitation identified by him is one of achieving any degree of objectivity with the researchers' interest being so invested in the findings, which could potentially be accused of being unscientific.

Elliot (1991) views 'educational' action research as an examination of curriculum structures from a committed engaged position in order to create positive change. However, he warns practitioners not to neglect the effects of curriculum structure as this may reduce their action research to mere technical rationality, particularly if reflection takes place in isolation, which serves to dis-empower the practitioner as an agent of change. Despite his welcoming of collaborative reflection which assists to equip practitioners to critique curricula structure, he also recognises a number of dilemmas and temptations that need to be overcome if action research is to become transformative, notably conflict of values, power differentials and sharing data within and outside of institutions. In order to address concerns highlighted by Elliot, I needed to involve fellow tutors so that I could share my ongoing research findings which in turn impacted on curricular developments within
the University. My reflections and findings were communicated to curricular
development teams and work in progress was shared where appropriate, outside of the University.

A rather scathing criticism of some educational action research is offered by Griffiths and Tann (1991) where they accuse researchers of a general lack of attention given to the uncovering of personal theories in stark contrast to the far greater emphasis on public theories represented by 'research methods', a reflective journal or cycle of action research. Without close examination of this focus they argue it can lead to the cycle becoming more of a hoop without a crucial hub eliciting only excitement and enjoyable aspects before tumbling over and leading to nowhere in terms of knowledge generation or change.

Chosen research methods: focus groups and interviews
Eliciting student views or attitudes is complex and potentially problematic as much of the psychological literature reveals, specifically throughout the history of attitude measurement. Therefore, my chosen methods which include focus groups and individual interviews, sit in the less restricted nature of the interaction with both students and tutors. Altrichter et. al, (1993) suggest that it is not the use of specific methods that separates action research from other approaches but that the methods chosen should be appropriate to what is deemed achievable without causing undue disruption of the researcher's practice.

The focus groups
I had considered the use of questionnaires as one possible method to elicit student views but had been previously disappointed with the quantitative nature of the findings from the standard university unit evaluation tool, used in the department. Puchta and Potter (2004) comment on the constraints that questionnaires impose upon participants and suggest that focus groups elicit more individual viewpoints. Similarly Krueger (1994) maintains that historically in education we have used interviews and surveys which have proven wanting in terms of providing adequate information for decision makers. However, Puchta and Potter (2004) warn of the relative lack of control which may
present difficulties to the focus group facilitator and differentiate between real
and exam-type questions whereby the questioner in the first instance doesn’t
know the answer but in the second already knows the answer to the question
asked. They suggest that additionally the facilitator or moderator needs to
ensure that in status terms the questioner needs to approach asking
questions as a ‘chat’, which is relatively informal. If the asymmetry is too
obvious, they argue that the questions can seem like those asked of an
examiner.

Berg (2004, p.133) considers a number of advantages of focus groups as a
data gathering method in terms of flexibility, possibility of observations of
interactions, access to views and experiences, participants being placed in an
egalitarian position with each other and producing results relatively quickly.
However, he also argues that although focus groups produce similar data to
other more traditional methods they do not produce such in depth or rich
information as for example observation or an in depth interview.

Focus groups like face to face interviews, are basically a form of social
interaction and open to the effects of group dynamics, whereby interactions
between group members replace the interaction between interviewer and
interviewee so giving greater focus on the participants’ attitudes and
experiences. Ideally facilitators should be trained; however, frequently it is the
inexperienced researchers that often conduct focus groups (Berg, 2004).

Berg (2004, p.133) emphasises the importance of acknowledging that the
data that emerges is group data which reflects common notions which have
been negotiated with the group. Corroboration is viewed by Berg as a way of
demonstrating validity in the form of triangulation. In terms of confidentiality he
focuses on the matter between participants as being potentially more
problematic than between researcher and researched. Only if they feel
uninhibited and are assured of confidentiality will participants be truthful and
reveal their thoughts and feelings as a high level of self disclosure is often
required.
Individual interviews

Individual interviews can naturally follow on from focus group activity and potentially topics can be examined in more detail, or conversely, they can be arranged to precede focus groups for the researcher to validate individual interview data. Parahoo (1997) differentiates the purpose of individual interviews as opposed to focus group interviews in terms of focus groups being able to offer different perspectives on a particular issue or phenomenon. Interviews, according to Bell (1999) are ranged on a continuum in terms of formality, with formalised interviews and unstructured interviews lying at the extreme ends of the continuum. Altrichter et al. (1999, p.101) emphasise how ‘Interviews are communications that aim at getting to know points of view, interpretations and meanings in order to gain greater understanding of a situation’. They further advise that success is based upon clarity of intent towards the interviewee in terms of how important their views are to the research and in a reciprocal fashion, how the outcomes of the interview may be potentially useful for them. Berg (2004, p.79) outlines characteristics of semi-standardized interviews as being more or less structured allowing for re-ordering of questions during the interview, wording of questions being flexible with the interviewer asking and answering questions along with sometimes seeking clarification. This is the form of interviewing I chose as I considered that it offered a semblance of structure and control, whilst also allowing for flexibility. Berg highlights the importance also of question order, content and style and of creating a rapport with the interviewee.

However, Bell (1999) warns against bias creeping into individual interviews as interviewees sometimes unwittingly try to please the researcher, and advises researchers to be transparent about any potential bias in their analysis of the data. Conversely, Somekh (2006, p.14) very much views the self as a 'research instrument', a presence that enhances and contributes to any meaning making of the research. Hence my decision to incorporate extracts from my teaching diary in action and my subsequent reflection on action, to provide my voice and insights into my understanding of the students and my developing practice.
I planned both focus groups and individual interviews with my students and colleagues but found that I had to constantly adapt my plans as individuals often excused themselves due to ill health or heavy workload. Thus I took advantage of any opportunistic encounters with other groups of students (as, for example, when I was asked to cover a teaching session for a mental health PED group). I always tried to make diary notes immediately following the session in addition to tape recordings or session notes, and was always keenly aware of the dangers of 'groupthink', operating in groups that had been together for a reasonable time. Eysenck (1998, p.380) identifies one of the symptoms of groupthink as occurring when those challenging the consensus of the group are labelled as 'evil, weak or stupid', and I was keenly aware that unlike a group brought together temporarily in terms of market research, my students would remain together sometimes for the duration of their three year course.

**Research diary and field notes**

A research diary or journal can serve a number of purposes, McKernan (1996, p.84) views the diary as a general tool with use of a personal diary as a method of eliciting ‘*description, interpretation, reflection and evaluation on the part of the teacher as well as the pupil*.’ It can also, he points out, document very private feelings without the distortion of memory lapses. I kept a relatively informal diary as previously described in chapter 1, with rather an ad hoc set of field notes. I did not however always enter thoughts on a systematic basis but rather following significant seminar sessions or in response to difficulties encountered.

By drawing upon my field notes and diary entries I have been able to reflect upon my practice and gradually build up a body of evidence for examining the effect of my teaching and facilitation of learning. Holly and McLoughin (1989) argue that self evaluation is paramount to professional development and that keeping journals or diaries would allow us to explore our inner world and to delve into the very meanings of teaching. I have found that keeping a research diary has been a most useful record of any setbacks; it was a place to file research decisions, any blockages encountered, and contains a log of
my own reflective practice, which is core to my research. I kept a book of handwritten field notes of sessions and diary entries. The diary entries were usually written following a teaching session although sometimes brief and not carefully completed after every session. However, I tended to make an entry when I had implemented an intervention, conducted a focus group or elicited specific information from the students, related to my research questions (Appendix 7).

The diagram below represents the overarching action research cycles and the cycles contained within. My reflection, data analysis and evaluation from Cohort 1 directly fed into action planning for Cohort 2. Similarly, learning from the second cycle with Cohort 2; data gathering, analysis and emergent themes facilitated detailed planning and re-planning for the subsequent Cohort 3. Finally, the last action cycle allowed for reflection-on action from all of the cycles to enable me to make sense of the action research spirals as in the final level of Griffiths and Tann's (1991) model of reflection.
Concluding remarks
A number of qualitative methodological approaches to research were considered at the outset of my study. However, action research was chosen as providing the best framework in which to gather rich data from research participants in order to eventually elicit pragmatic solutions to problems encountered in my practice. As an insider I hoped to evaluate, adapt and implement small changes to enhance both the students' learning and my own facilitation of reflection.
This chapter has provided a discussion of methodology I used with an exploration of the qualitative methods adopted and associated rationale for decisions made. Chapter 4 will focus on how the data from three successive cohorts of students was collected and the ethical approach adhered to in relation to conducting the focus groups and individual interviews, specifically the ethical considerations of gaining consent, confidentiality and the nature of the student – tutor relationship. The subsequent chapters describe data analysis in relation to the cycles employed, with each chapter representing one of the three main action research cycles, focusing on the data analysis processes including handling and management of data, quality issues, audit trails and issues surrounding the reliability and validity of the data collected.
Chapter 4: Data collection

This chapter will detail how my data was collected in terms of overall approach and methods and provide evidence of how ethical considerations were addressed. Within an overall framework of action research I have explored, described and then analysed the perspectives of groups of students, to inform my own practice and to assist me in enhancing the students' understanding. As previously stated my research questions embrace an exploration of how student nurses learn to reflect, with a focus on particular models of reflection (Johns 1994; Gibbs 1988 and Kolb 1984) referred to within the literature review chapter (pp. 19 -20). However, before I could collect the data I had to consider ethical considerations invoked by collection of the evidence.

Ethical considerations of the research

To inform and to guide the ethical considerations and legal requirements underpinning my research I initially referred to and closely adhered to the University's Code of Practice, Research Governance and Ethics in Postgraduate Research (Galvin, 2004), in conjunction with the University's Research Ethics Policy and Procedures (2003). As a graduate member of the British Psychological Society (BPS), I additionally used as a guide the principles of the society's Code of Conduct (2006).

Informed Consent

I tried to ensure that my participants were treated with respect at all times, were clearly informed of the purpose of my research, that participation was voluntary and that they were at liberty to withdraw at any stage. This information and a request for consent was circulated to my students and the Head of School (Appendices 8 and 9) at the start of my research. Students' consent was requested to enable me to use information anonymously from interview transcripts, focus groups, portfolios and practice profiles. I ensured also that any sensitive information was anonymised and housed in a filing
cabinet in my office, to avoid any accidental disclosure to students or staff visiting my office.

In adherence to university guidelines, I made every effort not to intrude unnecessarily into participants' privacy. Member checking using letter codes was used to protect the individual identity of participants. I also, as far as possible, tried to protect my participants from any physical or psychological harm by being sensitive to any feedback from students that they were unhappy or concerned about any aspect of their participation.

As I taught my PED groups over the whole of the academic year and would meet with the group on a weekly basis, I informed them very early on about the nature of my research and what sort of evidence that I intended to collect. As I was also a personal tutor for my groups, I ensured that any personal information that was disclosed within individual tutorials was not revealed to the group, even though sometimes individuals would divulge personal details and predicaments to group members of their own accord. Every effort was made not to deceive my students and as the nature of my research did not require me to withhold information from them around the purpose, this did not prove to be problematic.

**Ethical concerns**

Confidentiality

Since my research did not involve any of the categories referred to in the Code of Conduct (Galvin, 2004) it did not necessitate a submission for approval by an NHS Local Research Ethics Committee. Additionally, none of my research took place in a hospital or any other clinical setting. However, although I carefully anonymised the names of the students to protect identities, some of the focus group interviews revealed examples of bad practice, examples of which I clearly informed my groups, would need to go beyond the tutor group, for appropriate action. It sometimes felt like a fine balance between facilitating such reflection and encouraging self disclosure, allowing the students to relax and let off steam, yet simultaneously to have to 'police' their disclosures.
In terms of disclosure, students were aware that although the group disclosures were understood as confidential, any issues around unsafe practice would need to be reported to my line manager who may then have needed to disclose this information to more senior levels within the University and potentially, appropriate contacts within the Strategic Health Authorities. I also informed students that in terms of my own professional development I would occasionally need to share aspects of my practice with my supervisor and on occasion my line manager although any information shared would be treated as confidential. With each cohort of students I debriefed participants at the end of their participation to inform them of the progress of my work and the likely outcomes / conclusions arrived at. This also enabled me to monitor whether any unwitting harm or misperception had occurred, so that I could immediately address the issue. There were however, complexities to be considered: as the students' personal tutor.

The power relationship of tutor / personal tutor and student

The unequal power relationship between tutor and tutee was acknowledged by me in my role of PED tutor, personal tutor and researcher, as I was also assessing the students' work. I was keenly aware of the power differential between myself as the personal tutor and the student positioned in a relatively less powerful position. First year mental health student nurses can be perceived as potentially vulnerable adults both in their relationships with academic tutors and mentors in practice.

In conducting my work I have at all times been truthful in my dealings with students and staff when disclosing information about the research. However, I faced a dilemma at one stage of my research when students were sharing information with me about less than satisfactory learning experiences with colleagues. I decided not to share this information and reminded students that any problems at programme level should be fed through the Student Representative reporting process and preferably directly with the individual tutor concerned. However, how they were learning was very pertinent to my research questions and, when negative feedback was received, I considered
that by de-personalising it and focusing sessions on learning approaches I was dealing with this ethically.

Personal tutor and assessor role
As my key research question relates to how I might improve my facilitation of reflection and one of my sub questions asks how the personal tutor role supports reflection, it is important to focus on the ethical considerations of how I, as a personal tutor, should deal with potentially vulnerable adults in this context. Ghaye (2007) has questioned whether reflective practice is ethical in the context of students being required to produce a reflective portfolio. In my own context the pieces of reflective writing are included as evidence within a portfolio, hence the tutor marking such work has no other guidance on how to assess other than the use of generic academic level descriptors, which are not really applicable to this style of writing. However, if we demand such disclosure of students are we being ethical in not offering similar reflections of our own? It also begs questions around what is valued. For example, I experienced the reluctance of some of my students to reveal innermost thoughts particularly in the group situation. I attempted to mitigate this situation by introducing the inspirations exercise and would begin the session by providing my own verbal accounts of inspirational works of art and examples of role models who had influenced me. However, differences in individual personality, of culture, gender and maturity are potentially important variables in how students respond to reflection.

Closely related to these concerns were incidences where bad practice was revealed in reflections on practice placements. Some more mature students were able to take things in their stride and be quietly assertive, however, the less experienced and less confident students really struggled to 'whistleblow' or at least to reveal these incidences. I frequently felt disquiet at having to contain these uncomfortable accounts, however, I would always advise the student to contact the Practice Educator to enable them to discuss anonymously, issues with placement providers. Although sometimes ethical dilemmas can pose a problem for which there is no clear answer and tend to
sit beyond ethical codes (De Laine, 2000), which may present an issue for curriculum design and the associated assessment strategy.

**Ethical concerns experienced beyond the codes**

My aim was to represent the perceptions and experiences of my students in as balanced a manner as possible without undue bias, although realistically, decisions about inclusion and exclusion of information ultimately has to made by the researcher, and one can only strive to be as transparent as possible about how and why such decisions are arrived at. The difficulty of making ethical decisions whilst conducting qualitative research is acknowledged as a dilemma for the researcher whose questions may intrude too far into the private and personal, as in focus group interviews where participants may reveal more information than originally intended (Bryman, 2008).

**Ethical consideration of focus group interviews**

Vaughn *et. al*, (1996) warn that focus groups are not for the inexperienced researcher and offer advice when used specifically within action research to carefully consider the ethical issues of how comments may impact on student grades, suggesting that they should be carefully planned and much thought given to how findings will be used and the effects of sharing any information in the organisation. They further advise the use of member checking to ensure that how each member perceives particular or selected issues is transparent. However, this may not be so straightforward as sometimes the mere presence of other members of a group can influence what is said and what is concealed. To counteract this situation occurring with my participants I ensured that I communicated that I was accessible by telephone, by email or in person if any students wanted to individually raise any issues, as I was the personal tutor as well as the unit tutor and researcher. However, students had been issued with an ethics statement / consent form (Appendix 8) and the focus group activities represented only a slight variation on how the seminars would have proceeded, had I not been engaged in research.
Ethical concerns of individual interviews

At the beginning of a study involving interviews Kvale (1996, p. 119) poses some useful questions for researchers such as: What are the consequences of the study for the participating subjects? How can the confidentiality of the interview subjects be protected? How will the researcher’s role affect the study? Will the interviews touch on therapeutic issues, and if so, what precautions can be taken?

Since I was a personal tutor and the participants were volunteers, I did not feel that I would be compromised by the likely detail of the interview data. I had anticipated, perhaps rather naively, that an individual conversation-like interview would allow me to temporarily step into the students’ world. Although when one of the participants started to reveal uncomfortable details of her experience in the police force, she quickly edited her account and revealed that she had sought counselling to deal with the issues and experiences that still haunted her and that she would have difficulty forgetting. I readily admit that as a result of the interviews I felt that I had gained privileged knowledge of both their backgrounds, and thoughts and feelings about practice that would probably not have become apparent in the group context. I had also attempted to listen to the students’ accounts very carefully to tease out what was important or significant to them personally, whilst always being aware of my research questions (Kvale, 1996).

The following areas relate to how data was collected:

Sampling: students as participants

As discussed previously, I chose to conduct this research with my students. In terms of sampling, however, I was teaching the PED unit so my own students were participants in my research and represent an opportunistic sample of my mental health tutor groups.

Although I very much considered my students as participants, I was always very aware of not being one of them. This is an important aspect as I was a tutor assessing the students’ progress which meant that I was conscious of being in a position of power. I was also an ‘insider’ in terms of being a tutor
researching my own practice and aware that first year students may have agreed to participate without a full understanding of what exactly that may entail. I recruited all student participants from my allocated mental health teaching groups as it was my facilitation and understanding of reflection that I wished to enhance.

I collected data over a three year period with three different cohorts of PED first year students. The first cohort consisted of 18 students, the second 22 and the third only 11. The academic year served as a natural cycle for my action research. Beyond the first year I was unable to continue as personal tutor, because I am not a nurse by profession. The only constant actor therefore was myself as facilitator with a focus on developing professional practice.

Data gathering
My chosen methodology involved the collection and interpretation of data (Altrichter et. al, 1993; Burgess et. al. 2006) as part of my reflection I asked questions and the answers or findings enabled me to build, test and refine the research questions. I drew on the reflective notes from my diary to identify, analyse and discuss emerging themes. I was therefore able to identify tentative conclusions and make decisions on how to proceed. To complement my own reflections on practice I planned focus group and individual interviews with both students and tutors. However, the data was not collected in a linear fashion because there were changes made to timetables and practice placements, some of the adjustments however, were made by me, as a tutor in response to the experience I gained in the course of the preceding year.

Not all data was found useful and was filed away amongst my fieldwork notes to be drawn on if required. The data that I identified as important to my research questions is outlined below with the sequence made clear for each cohort:
Fig 4. 1 Selected data for analysis and sequence of collection

<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Focus group (following practice)</td>
<td>PED Tutor Focus group</td>
<td>Teaching method to scaffold learning Inspirations feedback (within teaching session)</td>
</tr>
<tr>
<td>Teaching method to scaffold learning Inspirations feedback (within teaching session)</td>
<td>Critical incident reports (verbal, within teaching session)</td>
<td>Focus group (following practice)</td>
</tr>
<tr>
<td>Critical incident reports (verbal, within teaching session)</td>
<td>Critical incident reports (written, assessed as part of portfolio)</td>
<td>Critical incident reports (verbal, within teaching session)</td>
</tr>
<tr>
<td>2 Individual interviews</td>
<td>Critical incident reports (written, assessed as part of portfolio)</td>
<td>Critical incident reports (written, assessed as part of portfolio)</td>
</tr>
<tr>
<td>Critical incident reports (written, assessed as part of portfolio)</td>
<td>End of unit evaluations</td>
<td>End of unit evaluations</td>
</tr>
<tr>
<td>End of unit evaluations</td>
<td>End of unit evaluations</td>
<td>End of unit evaluations</td>
</tr>
</tbody>
</table>

In my field notes and diary entries I collected data on: students' hopes and fears / expectations, ground rules, notes on deep and surface approaches and positive and negative previous learning experiences. Additional data was collected at a personal tutor consultation meeting, a summary of PED feedback from all groups and meeting notes, teaching cover notes for a PAD group other than my own and reflective statements contained in Practice Profiles (see vignettes 8 and 9 of Cohort 3 pp. 113-114).

**Inspiration exercises**

A previous cohort of students I taught, not part of my action research study, had struggled to understand and to apply reflective models and to develop critical incident reports. In response and as part of my research I had decided to introduce an inspiration exercise (Burnard 1995; Brookfield 1987; Winter et. al, 1999). I wished to collect spontaneous verbal reports of the students' experiences. The inspirational exercises, which were my own idea, concerning the practice experience would, I hoped, serve as a trigger or
platform for the development of the skills of reflection and potentially would give me as a tutor greater insight into some of my research questions. I took session notes of each cohorts' inspiration sessions and after reflecting on the students' positive responses, I created a more formal lesson plan for Cohort 2 and Cohort 3 (Appendix 9).

Focus group data
I set up three focus groups with students and tutors and two individual interviews with volunteers from Cohort 1. I additionally planned a focus group with Cohort 2, however, this did not take place due to a number of pastoral and practice issues that arose at the time.

- 1st Focus group with first cohort (following first placement) with 13 students and 2 individual interviews.
- 2nd Focus group with 3 mental health tutors.
- 3rd Focus group with final cohort (following first placement) with 11 students.

I used my timetabled PED sessions as opportunities to conduct focus groups and I would justify this from a pragmatic point of view, as it is often problematic to arrange for a good representative sample of the group to give up valuable study or personal time, and I wished to canvass the opinions and perspectives of as many of the group as possible. The PED unit was not tightly structured and the delivery combined personal tutor allocated time, so that a level of flexibility was built in to cover prescribed topic areas, mainly of study skills with an overall emphasis on reflection and reflective activities. The focus groups, therefore, represented verbal reflection and did not disrupt the curriculum or introduce the students to superfluous content but rather offered altered space for reflection.

Although I carefully planned both focus group and individual interviews with my students and colleagues, I found that I had to constantly adapt my plans, as some participants were often not able to take part. In particular, individual
tutors often excused themselves due to ill health or heavy workload. I aimed for focus groups to have at least 10 students present. Prior to the focus group interviews I distributed an ethics statement in the form of a consent letter for students to sign (Appendix 8).

Within the PED unit in the autumn term, once students had settled into the course and established ground rules, I verbally explained to each cohort that I was also still learning to learn and was undertaking an action research project to study my own teaching as a facilitator of reflective practice. Attendance at PED sessions was generally very good in the autumn term. I informed the students that my research would involve the collection of data from interviews, diary entries, notes from seminars and anonymised examples from their portfolio work and that I had previously requested and gained permission to carry out the research from the Head of School and my line manager (Appendix 10). Students were assured that confidentiality would be safeguarded and that they would have the right to withdraw from any related activity if they so chose. They were assured also that alternative arrangements would be made if this situation arose so that no student was disadvantaged. I offered to meet with students individually who may have had concerns or questions about my study and asked them to email me for an appointment. I confirmed delivery of this verbal information by sending an email to each member of the group.

My rationale for using a focus group was that I hoped to elicit the students' views and perceptions on their experience having just completed their first placement. I anticipated that their responses could assist me in how I might facilitate their learning and specifically their reflective learning. Therefore, the scheduled PED sessions were used to capture data, however, the content of the teaching sessions was not changed for the purposes of my research. The content was recorded however, on audio tape. If students were reluctant for their voices to be recorded (anonymously) they could choose to remain silent and to discuss issues at the end of the session or alternatively choose the option of arranging an individual tutorial with me. With the first focus group interview with Cohort 1 group the few students unwilling to participate chose...
to sit at the back of the room. However, some of these students eventually joined in the discussion towards the end of the session. The PED sessions varied in terms of the amount of individual student participation generally, with some of the quieter members of the group only contributing to discussion when they thought they had something relevant to say.

I was unable to arrange a focus group with Cohort 2 and with Cohort 3, all students chose to participate. I always tried to make diary notes immediately following the session in addition to the tape recordings. In terms of member checking, students and tutors were anonymised on all transcripts by allocating a letter instead of their names. Only I had access to the coding notes which connected student names with letters and were filed away in my office, to protect their anonymity.

First focus group interview
The first cohort's timetable was split between two university theory days and two practice days with one day allocated to student managed learning. A taped focus group interview with my mental health (PED) group was conducted within one of their timetabled sessions. I had firstly discussed the planned focus group with the students a couple of weeks beforehand and I also emailed the group a week before to remind them of my intentions for the session. Attendance at PED sessions is not compulsory and only repeated and unexplained absences are followed up by the personal tutor. However, I did not receive any refusal emails or voice mails from the students in response to my email. They had just entered practice and were very keen to share their initial experiences. Amongst approximately 13 students in attendance, I asked for volunteers to participate in the taped focus group interview and 7 or 8 said they wouldn't mind. I then reminded the students of the focus of my interest and assured them that they would not be individually identified in my written report and that the agreed ground rules of the group for PED sessions regarding confidentiality needed to be adhered to.

My teaching diary entry (21.1.03) for this session contained remarks around my nervousness at using the tape recording and gaining the cooperation of
the whole group. I also expressed concern about the size of the group and how I managed this. I noted that I may have lost some interesting comments from a quietly spoken male student who had been overwhelmed by his first experience of placement.

Without using a formal list of questions the focus group interview was relatively unstructured although I was keenly aware of my research questions and I began by asking how the students thought they were going to learn in practice. I was also guided in my questions by the students' responses sometimes seeking clarification or encouraging them to expand upon their comments. I further asked about the immediacy of when they wrote about their experiences in their diaries and how they structured it / was it factual? I also asked about accepted work practices and whether there was a conflict in what they were being taught and what they were expected to practice. Another question related to mentor support and whether they had problems with accessing mentor support. I additionally asked if their first placement experience had been very different to their bank work experience and how they had made themselves useful on the ward.

Three of the more confident students led the group, however, the others made contributions to the discussion later on when they became interested in what the other students were saying and possibly felt more relaxed. Following the focus group I informed the students that I would transcribe the tape and that the participating students would be allocated a letter to ensure anonymity and that the tape itself would be available if students wished to listen to the contents (Appendix 11). As the students' personal tutor I provided some open access sessions and ensured that I always responded promptly to any pastoral or academic queries, whether presented in person, left on voice mail or emailed to me.

**Focus group interview with tutors**

The focus group interview with the mental health PED tutors took place in September 2003, a period that I had identified as a potential breathing space for the tutors concerned, prior to the beginning of the next academic year. The
interview provided a useful opportunity for the three participants to reflect on their experiences of the previous academic year and a chance for us all to exchange personal experiences of being a personal tutor. I had decided to narrow the inclusion of tutors to the mental health branch only, as my own tutor group consisted of mental health nursing students. Although initially I was concerned that involving only three participants may prove to be restricting in terms of data gathering, I was reassured by a methodology text which suggested that using smaller numbers within focus groups was often as effective as using larger numbers (Holloway and Wheeler, 2002). The participants consisted of two Practice Educators and a Senior Lecturer.

The interview was held in my office, which I share with one of the participants. The two Practice Educators had taken responsibility for a PED group for the first time the previous year and had frequently used myself and my lecturing colleague as informal mentors or advisors, which meant that they probably felt comfortable discussing the proposed subject matter. All participants were aware of my research area and, fortunately, were very keen to contribute. I assured them of the confidentiality of the interview data and offered to hand over the tape when I had finished the transcription (which they all declined). I also placed a ‘Do not disturb’ notice on the door and unplugged the telephone, to minimise potential distractions. The interview lasted for about an hour and I made minimal notes, as I had chosen to audiotape the interview.

I wanted the focus group interview to be relatively unstructured to enable the discussion to flow and to allow the participants to identify their own important experiences. However, I steered the discussion to address areas pertinent to my research questions, specifically in relation to one of my sub questions around tutors’ perceptions of support and guidance within the unit.

I began the interview by asking the participants to describe their experiences of being a personal tutor and to perhaps identify the things that they had found difficult and aspects they had found most rewarding or enjoyable.
Year 3 focus group interview
I conducted the focus group interview with the Cohort 3 in the same month that I had carried out a focus group interview with my first cohort. It was their first session on returning from their first practice placement. I wanted to capture their overall experiences and decided to record the session having gained their permission via email a few weeks before, thereby allowing students to withdraw. In the email I clearly explained that if individuals were unwilling to participate they could either attend the session and merely listen to fellow students, or arrange to meet with me to receive some guidance on self managed study to replace the session.

As part of the action research, I adapted the previous focus group format so that initially each individual student could report uninterrupted what their experience felt like, what they had enjoyed and what was challenging or unhelpful about the experience. From a practical point of view, I could also ensure that the microphone was passed around to the person speaking to avoid any unnecessary loss of data which I had experienced with my first focus group. My rationale for introducing the turn taking format was that the quieter students would have the opportunity to speak at length about their experiences with relatively few interruptions. I had also anticipated that at the end of the turn taking accounts that students would comment on each other’s experiences or ask questions, which is exactly what did occur.

Previous experience with Cohorts 1 and 2 had alerted me to how students needed to verbally reflect on the experience of their first practice placement within the group setting. With Cohort 2 I had been prevented from conducting a focus group at this stage as the group was beset with poor group dynamics and had experienced a myriad of pastoral issues that needed to be addressed, so I made a decision not to collect data in this manner. A flavour of this experience is contained in my diary notes (Appendix 12).

Students of Cohort 3 were asked the same questions as Cohort 1. In relation to my research questions and specifically my facilitation of reflection, the actual process of students reflecting was of interest. I was keen to elicit their
experiences and perceptions, without imposing a structured model on their responses or honing in on a specific critical incident. The focus group responses with Cohort 3 were far more spontaneous than with Cohort 1. I found conducting a focus group with eleven students was also easier. All students wished to participate and were very keen and enthusiastic about sharing their practice experience with me and their peers.

**Individual interviews with Cohort 1**

I conducted two individual interviews with the first cohort of students and both were volunteers. Both students were female and mature, one in her early 40s, a single parent and ex policewoman. The second student was in her mid 30s with no family commitments. My rationale as outlined in the previous chapter was to elicit individual perceptions on the experience of learning to reflect.

I decided to carry out semi-structured individual interviews using the information from the 'critical incident' sessions (see chapter 5), to inform some of my questions. I used an opportunity sample as one of the students had already reported a 'critical incident' in PED and the other had not (due to a misunderstanding, revealed in the interview, about what constituted a 'critical incident'). The specific questions I devised were located around areas that I wished to explore:

- **How has your learning developed this semester?**
- **Have you felt supported?**
- **Has reflective learning come easily to you?**
- **Has using the frameworks helped you to reflect?**
- **What role does emotion play in your learning?**
- **Are you able to link theory to practice?**
- **What is the desired role of the personal tutor?**

The interviews took place on a mutually agreed date. I had asked via email for volunteer interviewees. Nursing students spend only a day a week at the University, followed by two days the following week, and they are attending seminars and lectures from 9:00am to 5:00pm with only an hour for lunch. I
found an office where we wouldn’t be disturbed and asked permission of the students to tape the interview. They had both that day undergone a video assessment of their clinical skills, so, fortunately seemed little bothered about a cassette recording. I offered to hand over the tapes to the students to enable them to listen to their own accounts to perhaps enhance their learning after the interviews, but they both declined the offer.

First individual interview
The first interview took 40 minutes to complete. Student C had contributed to the focus group interview and had presented her ‘critical incident’ to the rest of the tutor group. She is a mature student in her early 40’s and a single parent; she has also had interesting and varied life and work experience, including a number of years in the Police Force. In addition to the questions prepared I wanted to focus and to expand on what role affect had played in her learning, whether the reflective model she had used had aided her reflection, whether she was able to link theory to practice, and whether she felt supported in her learning. McNiff et al., (2003, p.102) have suggested using ‘framing questions’ to help the flow of the conversation such as clarifying questions, probing and context-specific questions, which I tried to incorporate.

Second individual interview with a student
My second volunteer was a female student F in her mid 30s with no family commitments, whose placement was only ten minutes away from where she lived. I interviewed her almost immediately after the previous student using the same interview room. I told her broadly what I intended to focus on and offered to give her the tape when I had finished with it. The second interview took 30 minutes to complete and bearing my key research questions in mind (see chapter 1) I used the same questions that I had used with the first interviewee.

On reflection the questions I used were probably quite challenging for the students and more thought should have been given to asking easy-to-answer questions at the beginning of the interviews to make the students more relaxed. Additionally, the second interview was, unfortunately, relatively brief.
as the student was rushing from one session to another. Due to personal circumstances I could not re-arrange it for later on in the term.

In summary, Chapter 4 has outlined how the data was collected in terms of overall approach the theoretical methods employed and the data collected has been summarised. The codes of conduct referred to served to guide my research but did not necessarily provide all of the answers to dilemmas encountered, but merely signposted the way in terms of referral. However, it is unlikely that some ethical dilemmas can ever be predicted and as researchers we can only resign ourselves to consulting codes, making our own value base transparent and to engage in as much early planning as possible. Each of the following chapters 5, 6 and 7 represent one of the three main action research cycles and focus on the data analysis processes including handling and management of data, data analysis and presentation, in terms of providing an audit trail to ensure authenticity of the data.
Chapter 5: Data analysis of the first action research cycle

This chapter will provide a description and analysis of the data collected from the first action research cycle. It will also give an overview of the processes of data handling, management of data and decisions made about data analysis, with consideration given to quality issues. The following chapters will focus on the second and third action research cycles respectively.

Data collected can initially seem overwhelming to the researcher and the task of sense making to be rather challenging (Miles and Huberman, 1994). Therefore, in order to describe and analyse patterns of relationships, they propose that we need to use a set of categories either deductively or work towards them inductively. However, the looser the structure of a research design the more it may lead to everything looking important (Miles and Huberman, 1994). Similarly, McNiff and Whitehead (2002) advise against exclusively focusing on reporting activity since it may lead to heavy descriptions at the cost of theorising on the process of learning underpinning what informed or inspired the activities. I have interpreted this as a need to keep a sense of balance and to maintain awareness throughout the research process of one’s research questions, in order to make rational decisions about what data is important and what is not strictly useful to the investigation.

Bryman, (2001) argues that it is good practice to code data as soon as possible and to progressively review your codes. He advises to keep coding in perspective, as we still need to interpret the findings whilst not losing sight of the overall importance of the research questions and the literature that underpins the data collection. Bryman suggests that the data be considered on three broad levels: a) a basic, b) a second awareness of context of what is said (themes reflecting the language interviewees use), then c) a third level of broad analytical themes. He comments that if we ask about properties and interconnections between codes, we begin to see what may be dimensions of the broader phenomena. However, he warns against the possible loss of context of what is said, where the social setting is missing. The result can be
a fragmentation of data where any narrative flow becomes lost. With my own research I found it helpful to return to the data again and again and to read transcripts or listen to tapes of focus groups and individual interviews to check my own interpretations and to keep a sense of context.

Woolcott (2001) makes a useful distinction between analysis (what is the reality of the everyday world) which is a more precise, defined and a structured activity such as content analysis, and with the more 'freewheeling' activity of interpretation. Interpretation, crucially, involves sense making, intuition, emotion and personal attribution, a form of 'pondering'; thus making a distinction between a more hard nosed analysis which is factual and a speculative set of interpretative comments. My analysis of focus group and individual interviews, field notes of teaching sessions represent the recording of factual information and my reflection-in action, whereas my subsequent reflection-on action in my diary and field notes contains more of a form of 'pondering', sense making and interpretation. Following the first research cycle I took part in a presentation focusing on reflective learning sets at another university which helped at the time to clarify my own thoughts and ideas around my research in progress.

Approach to data analysis
With regard to developing categories and coding data Altrichter et. al (1993) outline two well recognised approaches of coding data, namely deductive and inductive methods. They recommend that within action research it is preferable to combine both approaches, which allows for the possibility of surprising information to emerge. In referring to 'The Verbatim Principle', Stringer (2004, pp. 110-111) warns that when we analyse our data we must take care to use participants' terms and concepts. He views action research as consciously seeking to understand the perspectives of others, then using those perspectives to formulate actions. He proposes that if data analysis is more focused on processes and outcomes which relate to participants' own meaning, they will help to form a positive basis for change, enabling the researcher to learn both from and with the students. Therefore, I considered it important to collect different forms of data from the same cohort of students in
order to triangulate findings in an effort to avoid misinterpretation by the reader.

Reducing qualitative data is a process by which the researcher selects, simplifies, abstracts and transforms data from transcriptions. The process is continuous throughout a project or study. Anticipatory data reduction can occur without the researcher's awareness in the choice of research questions, the conceptual framework and selection of case studies (Miles and Huberman, 1994). Further data collection and reduction occur in the form of identification of themes, codes and summaries. The deductive method involves a choice of categories by the researcher drawn from his or her knowledge of theory and selections that are made of passages of data so that the formulation of the categories precedes and is independent of the data. Conversely, the inductive method allows for the development of categories whilst examining the data and after scrutiny, so that the categories are drawn from the data (Altrichter et. al, 1993).

I initially attempted with the Cohort 1 focus group and individual interviews with students to use a deductive approach in terms of using the categories of affect, behaviour and cognition as these components represent the essential elements of the process of reflection (Boud et. al, 1996) to code and so to analyse the data. However, on reflection I found using this method to be limiting. In my view it offered a rather simplistic interpretation of data. I subsequently chose to use an inductive approach whereby categories are selected during and after examining the data, so that the categories emerge from the data. I made an early decision not to use any software programmes to code my data as I had no expertise or ready access to software and felt that I would have less control over decision making. Altrichter et. al, (1993, p.124) illustrate one possible approach which I adapted and used as a guide to analyse the focus group and individual interviews with Cohort 1.

I firstly read and re-read through the text or transcript that I wanted to code highlighting each passage that seemed important in relation to my research question. This gave me a broad overview of the content of the data. As
advised by Altrichter et. al, (1993) I read through the transcript again focusing only on the highlighted passages and decided on a category for each passage that best represented the content (Appendix 11). The categories were then listed on a sheet of paper. For each category the location was recorded by noting:

- The page number of the text
- The category number
- The category example number

Relating to my key research question, I then derived super-ordinate categories by grouping concepts which I considered belonged to each other to create an overall structure and representing connections between the individual categories.

**First action research cycle**
Within the first action cycle I collected and analysed the following sequential data.

**Focus group interview**
Having transcribed the focus group recording I listened through the recording a couple of times. I then read through the transcript but found that I had some initial difficulty in categorising emotional expressions and outpourings. Due to the timing of the focus group I had anticipated that students would focus on their practice experience, although, I was unprepared for the strong emotions that emerged during the discussion. In my first attempt at analysis I used a deductive method. However, on my second attempt I read and re-read the transcripts. I highlighted significant passages and developed categories which I then grouped together under super-ordinate categories of practice experience, peer support, role confusion and mentor support. This took several attempts until I was satisfied that most if not all of the linked categories could be subsumed by the super-ordinate categories.
Fig 5.1 Categories derived from Cohort 1 focus group data (21.1.03)

<table>
<thead>
<tr>
<th>Categories derived from focus group data with Cohort 1</th>
<th>Themes and categories linked and structured into 4 super-ordinate categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dilemma</td>
<td>Practice experience</td>
</tr>
<tr>
<td>2. Mentor support</td>
<td>Dilemma</td>
</tr>
<tr>
<td>3. Private information</td>
<td>Training</td>
</tr>
<tr>
<td>4. Context</td>
<td>Context</td>
</tr>
<tr>
<td>5. Training</td>
<td>Bad practice</td>
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<tr>
<td>6. Bad practice</td>
<td></td>
</tr>
<tr>
<td>7. Peer support</td>
<td>Peer support</td>
</tr>
<tr>
<td>8. Role confusion</td>
<td>Confidence</td>
</tr>
<tr>
<td>9. Confidence</td>
<td>Anxiety</td>
</tr>
<tr>
<td>10. Outcomes / assessment</td>
<td>Role confusion</td>
</tr>
<tr>
<td>11. Identity</td>
<td>Being observed</td>
</tr>
<tr>
<td>12. Anxiety</td>
<td>Identity</td>
</tr>
<tr>
<td>13. Unclear expectations</td>
<td>Private information</td>
</tr>
<tr>
<td>14. Being observed</td>
<td>Mentor support</td>
</tr>
<tr>
<td></td>
<td>Peer support</td>
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<td></td>
<td>Unclear expectations</td>
</tr>
<tr>
<td></td>
<td>Outcomes / assessment</td>
</tr>
</tbody>
</table>

Emerging themes

Practice experience

Students used quite emotive language to describe their practice experience and all of the participants reported being very affected by their contact with elderly patients who they felt lacked stimulation and were just waiting to die.

...I don’t know how to describe most of them.. just seeing people like that, especially when you’re seeing people who are close to death, you’re thinking well is there nothing more you can do? We’re waiting, just waiting. (FG\(^1\), Student K, Cohort 1, 3/1/3\(^2\), transcript Appendix 11)

Peer support

Fellow students provided moral support in the practice situation particularly when students were placed in the same setting whereas others had very supportive mentors.

\(^1\) Focus group (FG)

\(^2\) First number relates to page number of transcript, second number to category type and third to category example number.
...It's quite helpful really 'cos C is on the same ward as me. Today was the first time we'd seen each other since we've been on the ward and it was very useful to know that you're not the only one feeling that. I guess we're both seeing exactly the same thing, we both said often 'my god!' (FG, Student K, Cohort 1, 3/7/2)

Role confusion
Analysis of the focus group data for Cohort 1 had identified a cluster of categories relating to role which after a re-reading of transcripts were collapsed into the category of role confusion: dilemma, role confusion, confidence, identity, anxiety, unclear expectations. Some of the students had prior to the course, been employed by Trusts as Nursing Assistants (NAs) or Health Care Assistants (HCAs) and reported that if they were then placed in a setting where staff were familiar with them, the students experienced role confusion in terms of their new status as staff continued to treat them as NAs and not student nurses who were supernumerary. Unclear expectations by mentors led to student anxiety.

...Some people sort of immediately treat me like an HCA what I used to do which is quite difficult to deal with sometimes 'cos you learn a different role you have to assert your own sense of you're into other things now. (FG, Student S, Cohort 1, 3/8/1)

Mentor support
The students' confidence was enhanced once it had been established they had a responsive and supportive mentor. It was important that members of staff were friendly and not too intimidating as they needed reassurance particularly when dealing with dying patients. Most students were mature in their attitudes but felt ambivalent about the mentor relationship, with a typical comment from a student being:

You're always aware that the staff are there they've got their jobs to do and ok you want to ask questions and all that and you feel like you are in the way as well. (FG, Student F, Cohort 1, 5/9/2)
However, individual students clearly had mixed experience of support in the practice settings, evidenced by comments from one grateful student when confronted with dying elderly patients:

...they don’t really mind you asking questions, I’ve asked some questions...I’ve had experience of it in the past but going back into straight onto a ward where it’s...there’s so much nightmare so people that are near to death and just sit there all day doing nothing it’s very difficult to go back into it – I’ve spoken to my mentor about it, she can understand it’s just a case of getting used to the setting. (FG, Student K, Cohort 1, 3/2/2)

Inspiration exercises with Cohort 1

The inspiration exercise was an element I introduced into the seminars in order to learn more about the students’ interests and sources of motivation. The session devoted to the Inspiration exercise took place at the end of January 2003. As a component of the portfolio assessment, students are required to submit at least one written account of a critical incident based upon an experience in practice. However, it is often assumed that first year nursing students can readily apply a reflective model to structure an account of a meaningful event or incident. Previous students had struggled with making sense of reflection and the application of models. However, the responses of the students captured by their spoken and written critical incidents appeared to be scaffolded in the initial introduction to reflection, by focusing on the ‘personal’ and on their emotional responses in terms of asking them to prepare a brief talk on something that had inspired them i.e. a poem, person, place, a piece of music or art.

My rationale behind the introduction of the inspiration exercise was the belief that until the concept of reflection is fully grasped, students cannot operate at the meta-cognitive level or indeed move on to become critical thinkers, in Brookfield’s (1987) terms. The exercise was introduced to the 18 students in the group at the session a week in advance of the session to allow the students to select an inspiration whether a poem, painting, piece of music,
architecture, novel or a description of an inspirational person. As my key research question relates to the improvement of my facilitation of reflection and so introduction to reflective models, I anticipated that rather than presenting the models and expecting students to apply them I would first attempt to engage them to think about what had been an inspiration for them. Additionally, I offered an example of my own inspiration which was the art work of Salvador Dali and brought along to the session a few prints of my favourite works. This session differed from previous sessions in that I wanted it to be totally student-centred and importantly student-led. In terms of the overall aim and learning outcomes the session was planned to encourage students to develop a reflective approach to their learning.

Objectives of the session were:

• For students to be able to present and communicate to the group a source of personal inspiration.

• To verbally reflect upon why their chosen source of inspiration is important and to identify what impact it has had on them in terms of affect, behaviour and how they think.

I introduced the inspirations exercise to enable the students to reflect through the use of literature or other sources, as espoused by Burnard (1995). They were simply asked to comment on how their chosen film/poem/ had affected them emotionally, cognitively and behaviourally. I hoped that this exercise would involve the whole group, particularly the ones who had opted out of contributing to the previous focus group. In subsequent weeks I followed on from this session with some further reflective exercises drawn from the work of Freshwater (2000), Winter et. al, (1999) and Brookfield (1987).

Students’ choices eventually ranged from Steinbeck’s ‘Grapes of Wrath’ (2001) to a piece of music by Pink Floyd. Student S reported how Steinbeck’s novel had encouraged his own political awareness of poverty and of general inequities in society. Student D had been ‘blown away’ by a line in a song, which had prompted him to think and see the world in a very different way. I
tried to emphasise how individual our responses may be to the same stimuli and tried to then relate this in subsequent sessions to application of the reflective models and their reporting of a 'critical incident' in their placement.

I did not formally record the session other than noting brief examples given by the students, as this represented an experimental intervention on my part. However, reflecting on-action I noted in my diary (28.1.03) that this session had been well attended and that the students appeared to have enjoyed and really valued each others’ reflections. There had been some very good active listening and some students had ‘really come alive’ in the session. It served as a useful warm-up to the more formal reporting of a ‘critical incident’ later on in the term.

Reflecting back on-action, and with my key research question in mind, I can clearly link to Ramsden’s (2003) assertion that good teaching has to connect with what students want and how we need to learn from the students to improve our teaching. I had been very taken aback by the change in the group’s general enthusiasm and engagement for this session and had speculated at the time that it had made ‘human sense’ (Donaldson, 1978) to focus on something familiar and personal (Brookfield, 1987). Griffiths and Tann (1992) too, had effectively utilised images and metaphors in teacher education, to elicit private theories and assumptions.

Critical incidents (verbal and written reports)
In the weekly sessions following on from the introduction of the inspirations exercise the students were required to submit at least one ‘critical incident’ report as part of their portfolio assessment. One of my sub research questions asks which particular models of reflection might enhance my facilitation and following the marking of the written critical incidents I selected two examples for analysis, one I judged had demonstrated surface application of one of the reflective models and the second deeper levels of reflection and application of the reflective model. In terms of analysing the incidents, I considered that they were already structured in terms of the model used whether Gibbs (1988) Johns (1994) or Kolb (1983). However, to enable me to determine whether
the incidents represented deep or surface reflection I used questions suggested by Woolcott (2001). In discussing the problems of sorting and organizing data, he recommends the use of the following questions as a guide:

1. What is going on here?
2. How do things happen as they do?
3. What do people in this setting have to know (individually and collectively) in order to do what they are doing?
4. In absence of explicit instruction, how are necessary skills and requisite attitudes transmitted and acquired?
5. Positive or negative incident?

I categorised the type of incident in terms of Woolcott’s (2001) questions, I then added a fifth category of my own to see whether the students had used a positive or negative incident because, in my experience with previous students I had observed that most tended to draw on negative incidents. Perhaps these have more emotional impact and act as a prompt to reflection? As with the analysis of the focus group and individual interviews I adapted Altrichter et. al, (1993) guidelines.

However, for the verbal reports I took notes of the sessions and noted significant points in my diary. To illustrate, the following vignettes are examples of two verbal critical incidents, delivered within a PED seminar and subsequently submitted as written reports as a component of summative assessment of the PED portfolio. Therefore, the vignette descriptions are presented as data written up from my session notes to illustrate how students' reflection was facilitated and how students applied a chosen reflective model.

Vignette 1 verbal report:
Student S is a mature male student who was previously a scriptwriter, related a poignant incident of being asked to escort a reluctant patient to a day centre for Occupational Therapy. However, the patient in question had not used public transport for a long period of time and the student had not had sight of his notes, so had little insight into his likely behaviour. He described how he
had explained what was going to occur to the patient and then escorted him to the bus stop. The patient at some stage had a panic attack and ran off at speed, forcing S to give chase to catch him and consequently they had missed their bus. Having persuaded him to carry on with the journey, whilst waiting for another bus, he started to make faces at people and behave in rather an unusual manner. They eventually made it to the centre without further incident and the patient was polite and cooperative on arrival. This experience had left a huge impression on the student, but he commented that until he actually wrote it down he didn’t realise the enormity of it. He found using Johns’ (1994) framework to be most helpful in describing how it had affected his feelings, thoughts and actions. Whilst coping with the patient he reported that he had concentrated on ‘just getting him there safely’, and it was only after he put the experience down in writing that he realised the risks that he had taken. This also prompted him to revise his future behaviour if asked to carry out a similar task.

Each NHS Trust has policy guidance on escorting patients outside of the hospital environment. However, it was unclear from the report whether the student had accessed this guidance. When challenged by fellow students and myself in the session, the student concerned maintained that he was not aware of any specific guidelines. In other respects this report was rather problematic. His fellow students in the group felt that they had to produce something of similar quality. One of the mature female students exclaimed ‘follow that!’ when he had finished his reflection. I noted in my diary (4.2.03) how the use of humour had most definitely enhanced this student’s reflection and hopefully the others’ in the group. However, when I received the incident in written form I was disappointed that all of the humour and rich description had been erased from the report leaving a rather factual and shallow piece of reflective writing. The very vivid and unsettling verbal description of the client’s behaviour whilst the student was persuading him to catch a bus was described in the written account as:

After a couple of attempts and with much encouragement the man successfully managed to catch the bus and attended the unit.

(Cl3, Student S, Cohort 1, Code 1/3/24, Appendix 13)

3 Critical incident (Cl)
4 First number refers to page number of transcript, second to category type (Woolcott, 2001) and third to category example number.
Contrastingly, student C had given only hints in her verbal report of the concerns that she had following her first placement experience, suggesting that there were both positive and negative aspects of the placement, but that in terms of confidentiality she would prefer to document her experience in written form.

Vignette 2 Verbal report
Student C is a mature female student who has previously had a career in the police force. In contrast to her brief verbal report she produced a well structured, deep, referenced piece of reflection on her placement, rather than on a particular incident. She also wanted to share her reflection with the placement which I initially discouraged until the Practice Educator had had a look at the content. The student clearly had concerns about areas of potential bad practice. One of her concerns was around the lack of client confidentiality during handover.

Written report

Having handover with the door open does not promote a good setting for confidentiality. Visitors and clients are often nearby with no staff on the ward as they are all in on handover. I often heard nurses talking about clients in front of other clients, discussing personal details. I feel this clearly breaches the rules of confidentiality and is an area that needs addressing. (CI, Student C, Cohort 1, 5/5/3).

During the verbal presentation student S had used humour to communicate the significance and meaning of his chosen incident, including self-deprecation, to illustrate his own vulnerabilities. However, he had then produced a rather factual, brief and shallow written reflection, whereas student C had produced a brief descriptive and un-emotive verbal account but a well written in-depth critical reflection on practice. I speculated that depending on personality and other individual differences students may find it easier to reveal private reflections in the written form and not verbally amongst their peers. Some participants, however, in the group had chosen not to attend the first or the subsequent sessions that I had identified for a verbal reporting of their critical incident. I had reflected that perhaps allowing the more extrovert students to present first had intimidated the rest or they were struggling with understanding and did not wish to appear inadequate in front of the others. My only guide as to whether they were finding it difficult was their absence from the sessions. In my diary entry following the session.
I noted that not all students had attended and questioned whether the first two presenters had intimidated the others. I also felt unsettled and concerned over one student’s account reporting bad practice.

This experience led me to question the adequacy of my own teaching and facilitation skills. I couldn’t clearly locate exactly where the problem lay whether with my students or my own lack of teaching skill or both. What were the barriers? What was holding some of the students back? Was it the dynamics of the particular group, their practice experience or the sequencing of the taught unit?

Reflecting on-action I now realise that I initially underestimated the importance of the inspirations exercises in scaffolding the students’ reflective learning. One of my research sub-questions asks how students’ reflection is best facilitated and a further sub question asks how group processes impact upon students’ reflection. The verbal presentation within the group context allowed the students to firstly apply one of the reflective models to structure the reflection and for them to share the experience with the group. This also allowed for feedback from the rest of the group and comments from myself as the tutor before the account was formally written up for summative assessment, as part of the portfolio.

In terms of scaffolding and in relation to Vygotsky’s ZPD (1986), whereby there exists a social and interactive process where two levels operate, adult learners as much as a child can be assisted to achieve a higher level of understanding by other adults (peers or students) as highlighted by Spouse’s (1998) study in the practice setting, where speech between a mentor and student can become a tool to mediate and scaffold learning to trigger identification of knowledge-in-waiting and knowledge-in-use. The student is then assisted to reach their level of ZPD and to better integrate theory and practice. The writing up of their critical incidents and reflective diaries may also have the same kind of benefit for the students.
Only one student failed the assessment of the unit. However, it was disappointing that some of the verbally proficient students only illustrated a surface understanding of reflection as discussed by Mezirow (1981) and Biggs (2003) with reference to the depth of reflection for perspective transformation. Nevertheless, some of the more academically able students produced very good in-depth reflective writing.

**Two individual interviews with first cohort of students**

As I wished to improve my facilitation of the students' reflection I was keen to elicit their views and perceptions about how they went about this, which particular models might enhance their learning, my facilitation and to also explore the impact of group processes upon students' reflection. Both interviewees had volunteered to be interviewed. However, I felt some frustration that the second interview was relatively brief due to the student's personal circumstances.

Below is a summary of themes from both interviews using Altricher *et al.*, (1993) method of categorisation. From interview one I developed 20 separate categories which were eventually collapsed into the concepts below and from the briefer second interview only six categories emerged which were collapsed into three. I then combined the superordinate categories from both interviews into the following four themes:

- Identity / learning
- Peer support
- Mentor support
- External constraints

The themes that emerged from the interviews gave me the first opportunity to glimpse, in an holistic sense, the students' experiences, and made me more aware of the anxieties and potential sources of stress that may impinge on students learning to reflect. The importance of having a supportive group and a supportive mentor were also significant, and outside of the interview process may not have become fully apparent to me, even as a personal tutor.
Summary of emerging themes and issues with Cohort 1 (focus group and individual interviews)

Practice experience / ethical dilemmas
Peer support
Role confusion
Mentor support
External constraints (family, travel etc)

Towards the end of the first action cycle I felt that I had uncovered important information regarding the concerns of the students together with detailed and interesting information about areas they wished to focus their reflection on. However, in answer to the research questions posed I did not consider that I had made a great deal of progress towards identifying how I might improve my facilitation of reflection. Students in Cohort 1 were relatively unconcerned or unaware of how they were engaging in reflection in any tacit way; nevertheless, making sense of the practice experience seemed paramount to their understanding. The process of the focus group I felt had at least offered an opportunity for the students to express their views in a supportive environment.

The focus group and individual interview data together with the critical incident accounts, revealed that Cohort 1 were deeply personally affected on entry into their practice placement. Although nursing applicants are required to have had some prior experience in a caring environment to enable them to hold realistic expectations of the course and the nursing profession, many students felt unprepared for the reality of practice and the ethical dilemmas encountered. One of the student’s comments during the individual interview when asked if her critical incident detailing poor practice had been difficult to write responded:

Not really because it was very real and the incident did make me think a lot about my position as a student on the ward and the way I felt about it and actually doing the incident made me think further about it which I probably wouldn’t have done unless I had to write the critical incident. (First individual interview, Student C, Cohort 1, 1/1/15)

5 First number refers to page number, second number to category and third to category example number.
In relation to my key research question student C’s comment confirms the importance of the requirement of the nursing curriculum for students to engage with critical incident reports. All of the students were quite emotional when reporting back their experiences. Student K had spoken movingly about the conditions for the elderly patients in her placement during the focus group:

They have a radio...that’s it. They have a view outside their window of a mud pit and that is it. There’s building work going on but it’s been like that for a year, it’s just a mud pit and there’s loads of rain in it, that’s the only visual stimulation that they have, the ward wall is coloured as far as doing things on the ward for stimulation it’s practically zero. (FG, Student K, Cohort 1, 3/4/1)

Student K’s verbal reflection on practice prompted her to question the ethical stance that she and fellow students had taken. During the focus group one of the male students D who is rather quietly spoken (as a consequence I lost some of his contributions) also expressed some distress at his experience on the wards when I had asked whether they were able to link the theory units to their practice. His response to this rather surprised me:

It’s what’s difficult – I actually found things difficult morally, I don’t know – no it’s really hitting me hard – some terrible emotions of guilt I’ve been tormenting myself. (FG, Student D, Cohort 1, 2/1/2)

A fellow student shared her experience of talking through this type of experience with her mentor and suggested that student D could do the same. There appeared to be a disparity between what they were reporting in emotive terms and the recording of this in a very factual/descriptive way in their diaries. I tentatively concluded that the process of writing up of diaries and the critical incidents was a significant one in supporting students to learn the skills of reflection.

The individual interviews revealed the importance of peer support and group cohesiveness to students’ learning and adjustment to university life and
practice experience. This group met socially and very early on established a solid peer support system. The focus group data revealed how sharing an experience with a fellow student in the same placement helped to alleviate anxiety provoking situations, as one student commented:

*I'm in the same placement as K and I feel very much the same really – there's a differential in the way we've been taught things here and my expectations of what I'm actually finding in my placement.* (FG, Student C, Cohort 1, 1/7/1)

On reflection I considered that the process of participating in a focus group and individual interviews had perhaps provided a forum or context for students to reflect in depth about their practice experience and to share their concerns with others in a safe setting which had provided some moral support and reassurance.

**End of unit evaluation**

On completion of the unit the teaching, learning and assessment survey (TLAS) an anonymous questionnaire, indicated that the majority of both my PED groups adult (not part of the research) and mental health were satisfied with the delivery of the unit as a whole. I further elicited qualitative comments relating to 4 areas asking students to identify:

1. Most useful aspects
2. Things not enjoyed / least useful
3. Recommendations to improve unit
4. Advice to offer future students
5. Additional comments

I was perplexed that amongst all of the comments there was only one explicit reference to reflection although aspects that the group had found useful included: 'Reflection on what we've done / learned' by two students. Negative aspects included: 'Makes you go through past work', 'Repetition because of other students', 'Relating issues to everyday life', and 'Lack of personal tutor time individually'. Although an additional comment stated that I had been
supportive to all students, I became aware that reflection and reflective activity may not be experienced as enjoyable or useful by some members of the group and may not even be recognised as important, all of which became apparent on reading the comments from the students.

In order to address my research questions, the most effective models for reflection, the impact of group processes and the desired role of the personal tutor, I reflected upon how I might enhance my scaffolding and facilitation of the inspirations and critical incident reporting. In my field notes (21.7.03) I planned to:

- introduce early focus on positive and negative past experiences to better identify potential barriers to learning;
- delay presenting formal models, provide more priming / warm up creative exercises, more scaffolding of written reports by providing exemplars of deep and surface reflections of previous students and use of diaries and logs in literature;
- early identification of learning styles, deep vs surface learning approaches;
- construct a formal session plan for the Inspirations exercise;
- analyse all of the next cohorts' written critical incidents and conduct more individual interviews with fellow tutors and students together with at least one focus group interview for students and tutors.

In terms of reflection on good practice, at the end of the first cycle of the academic year and in preparing my session plans for Cohort 2, the themes emerging from the individual interviews made me aware that I needed to elicit from the students their previous learning experiences to identify barriers to learning and to gain more individual knowledge of my students. I also planned to bring the inspirations session delivery before any formal introduction of reflective models to better scaffold student understanding and application of theory.
This chapter has provided a description and analysis of the first action research cycle, including the processes used for analysis and the emerging themes. The following chapter 6 will provide a description and analysis together with an outline of the emerging themes of the second action research cycle and chapter 7 focuses on the third action research cycle.
Chapter 6: Data analysis of the second action cycle

This chapter offers an account of the second action research cycle. The cycle began following the end of the previous academic year and before I took on responsibility for the personal tutorship of Cohort 2, at the start of the following academic year.

Actions taken with Cohort 2
I used a contact details template to enable me to elicit from the students early on in the academic year their previous educational experience, any additional learning needs and contact numbers. Additionally, I implemented session plans to elicit positive and negative learning experiences to reveal any barriers to learning. I delivered further session plans focused on the role of affect in learning and I implemented a more formal session plan for the inspirations exercise (Appendix 9). The flowchart diagram overleaf outlines the sequence of how I scaffolded the students' development of reflection.
Fig 6.1 Flowchart of critical incident assessment

+ and – learning experiences

Taught session on affect in learning / introduction to reflection

Inspiration exercises

Models of reflection

Application to reflective models / critical incidents

Verbal report of critical incident in seminar (formative assessment)

Written account using model (summatively assessed as component in PED portfolio)

Written account using model in practice profile (summatively assessed as benchmark component)
Intervention exercise (warm up) with Cohort 2

In the second term it became very apparent that Cohort 2 was not a cohesive group of students and it was always a challenge to engage some members of the group to participate in seminars. Regrettably, I was unable to successfully arrange a focus group due to a sequence of events that required my attention in PED seminars. For example a flavour of my frustration early on in the first term in response to a transgression of confidentiality on the University bus is expressed in my diary extract (7.11.03, Appendix 12). Nevertheless, I made a decision to explicitly focus a session on the role of emotion in learning in an attempt to engage them more fully in their learning, and to channel some of their emotions in a positive manner in order to pave the way to developing their critical incident reporting.

In response to emerging themes with Cohort 1 I additionally introduced early in the first term a session on positive and negative learning experiences to elicit barriers to learning and used the session on the importance of emotion in learning prior to asking the group to prepare their inspiration report. From the experimental inspirations session with Cohort 1 I had devised a more structured session plan. As students were presenting verbally some from notes and others without, I did not audio record the session but made notes which I later word processed. The vignettes below are examples taken from my session notes of inspirations for the 11 out of 22 students present in the session.

Vignette 3 verbal report

Student T declared that she was inspired by the brain, Enid Blyton novels, the film of The Graduate, music by Pink Floyd, Rachmaninov. Particularly the song by Kate Bush entitled 'Red shoes', which she described as 'moving fog, emotional involvement'. The song reminded her of the death of her mother because of the 'unconscious, dreamlike nature of the song', and other fictional accounts which spoke on behalf of her experience and helped her to make sense of her emotional experiences.
Vignette 4 verbal report

Student C spoke of her 8yr old brother as an inspiration who has dyspraxia and autism, of how he has mastered sign language and had been bullied in mainstream school. Her mother had experienced problems with having him statemented. The student expressed 'huge admiration for him and what he has gone through.' She had suffered problems in practice and with Irritable Bowel Syndrome as a result of her stress levels and was struggling with keeping up with her work.

Vignette 5 verbal report

Student L spoke about her Nan who was 91yrs of age born in Cork and left to bring up a large family at 14 years of age, who subsequently fostered a large number of children. The student found her to be a source of inspiration and motivation 'she is very wise and supportive of problems and is very calm in a crisis situation. A reliable resource to call upon and a very loved and valued member of the family.' She was regarded as a fine role model. However, despite such inspiration the student had recently experienced personal and domestic difficulties which resulted in a depressive episode and having to take a course of medication.

Other sources of inspiration for students included: bereavement, negative experiences with mentors and witnessing poor practice. Almost without exception, the students related the emotional impact or influence that their inspiration had had on their lives. In many cases the emotive impact had acted as a trigger to their thinking and had ignited an interest in mental health generally, which had then led them to pursue a career in mental health nursing. As a tutor I found these sessions to be very revealing and reportedly valued by the students. The group had over the year been beset with difficulties amongst various personalities and this exercise allowed them to express their individuality and to reveal in a relatively safe manner, a glimpse of their motivation. However, not all members of the group produced a reflection, with two students in particular actively choosing not to attend, seemingly to avoid this personal disclosure. My stance on this predicament is that the opportunity to present is optional. Although students are advised that the activity is formative and will assist them in writing up their critical incidents, I am keenly aware that students are learning in a higher education context and need to take responsibility for their learning.
In my diary following this session (3.2.04) I noted that I was encouraged by good attendance and the enthusiasm of some of the students, however I felt uncomfortable and distracted by allegations of bullying in practice.

As referred to in chapter 2, Ghaye (2007) has questioned whether requiring students to reflect is ethical, conversely, encouraging students to reflect is more frequently viewed as equipping student nurses with coping skills to deal with emotive and distressing experiences (Evans and Kelly 2004; Pfund et. al, 2004). Although Griffiths and Tann (1991) have argued that there is little focus or agreement in the literature on reflection about what exactly students are meant to be reflecting upon. This often means that the exact nature of personal theories is not uncovered or made explicit so that there is no spiralling of reflection upon personal and public theories. They argue that a way of improving students’ ability to relate theory and practice is to utilise metaphor and imagery to uncover personal theories to compare, challenge and contrast with public theory. On reflection I felt as with Cohort 1, that the session focused on inspirations had effectively engaged the students in personal, meaningful reflection.

Analysis of Critical Incidents of Cohort 2
Analysis of data from written critical incidents contained in portfolios was prompted by one of my sub questions which asks what particular models of reflective learning might enhance my facilitation? Models of reflection are generally viewed (as discussed previously in the literature review), as helpful to the students’ learning and understanding. Whilst I was open to the possibility of discovering that the actual model used doesn’t actually matter, at this stage of my research I was unsure of whether we should introduce models at all in the first year of the students’ programme as they may benefit by writing more freely. Although both my first and second cohort of students were exposed in PED sessions to Gibbs’ (1988), Johns’ (1994) and Kolb’s (1984) models, they are also encouraged to explore other frameworks such as Carper’s (1978) (see chapter 2). However, 12 out of 17 students in the second cohort chose Gibbs to structure their critical incident with only 2
choosing Johns’ model. The remaining 3 were granted extensions due to illness or personal circumstances.

As a result of my research my facilitation of reflection in the PED seminars consists of encouraging the students to prepare, report back and to write up their reflection of a critical incident for assessment. However, the process of reflection is very important to student learning, particularly in the group setting. Having introduced students to reflection and reflective models they then demonstrate their application first verbally and then in written form of their understanding. The students choose their own critical incident to report and apply a model that they can make sense of. I anticipated that by analysing the written critical incidents I could better understand their choices in terms of content, their understanding whether deep or shallow and whether there were patterns or commonalities of subject matter.

As with Cohort 1 I categorised the type of incident in terms of Woolcott’s (2001) questions and added a fifth category of my own of whether the students had used a positive or negative incident.

Analysis of critical incidents (adaptation of Woolcott’s 2001 questions)

Q1 What is going on here? All written work described a selected critical incident that the students had experienced in practice.

Q2 How do things happen as they do? Almost without exception the students had been asked to accompany a patient for treatment either within the setting of a hospital or to escort them to a general hospital for a physical treatment or a check up of some description. A couple of the students had accompanied trained staff and assisted with various duties as part of their shift duties. One incident involved unsavoury bullying and I passed on this information (with the consent of the student) to the Practice Educator.
Q3 What do people in this setting have to know (individually and collectively) in order to do what they are doing? This is a very pertinent question, as one of the things that come across strongly in the incidents is that students felt unprepared and highly vulnerable when asked to for example escort patients whom they hardly knew and whose notes they hadn’t had the opportunity to read beforehand. This was considered to be high risk in the case of relatively violent patients. Many had felt a conflict between their training in health and safety and the ‘bad practice’ they witnessed on the wards. One report focused on an incident where a student had insisted on using a hoist to move a patient and had to suffer the derision and disapproval of staff. Another student related a rather poignant incident where she had to be the patient’s advocate when escorting her to a general hospital where she had witnessed the alarming prejudices of the general nurses to treating a mental health patient with an accidental physical injury.

Q4 In absence of explicit instruction, how are necessary skills and requisite attitudes transmitted and acquired? This was an issue with virtually all of the students who generally felt left to their own devices or relied on previous knowledge, gained as health care assistants. Many had found inner resources ‘in-action’ and learnt a great deal about themselves subsequently. Frequently, it was being confronted with a challenge to their assumptions or values that had provoked much thought and examination of the incident in question. Although most admitted that without the necessity of recording the incident, they perhaps would have stored it away in memory and not seen the relevance to future occasions. Conversely, one student in particular commented that she felt that having to use the model was a totally artificial exercise and that it felt like merely going through the motions or doing it just to tick boxes. Subsequently her emotional response to the elderly client base was overwhelming and I speculated that her previous dismissal of reflective opportunities within the group did not allow her any kind of safety valve or arena in which to discuss her emotional response.
Q5 Positive Vs negative? Of the fourteen submitted incidents only one focused on a positive experience of retaining an open mind and approach with a client with Parkinson's who had the reputation of being difficult and violent. When her reflection was shared within the group it provoked some discussion and a sharing of ideas around appropriate communication and challenging ingrained attitudes of established staff but it had not engaged the other students' interest nearly as much as the negative incidents.

Cohort 2 chose an interesting yet similar set of topic areas experienced in practice of personal challenges faced. The following two vignettes are summarised from two of the students' critical incident reports. They offer contrasting examples of deep and comparatively shallow reflection. The first is a description of taking a patient for Electro Convulsive Therapy and the second is an account of a student's challenge to 'bad practice' over not using hoist equipment to lift a patient. All 22 of the students' critical incident accounts were marked by me within their PED portfolio with only general comments offered in terms of the application to reflective models and whether they had demonstrated in-depth or surface reflection in their writing.

Vignette 6 verbal presentation
Student J unlike fellow members of the group had for her verbal presentation already prepared a written version of her report in full and read it out to the group in the seminar. Her incident was focused on taking a patient for Electro Convulsive Therapy (ECT) for the first time. She had used Gibbs' (1988) model to structure the reflection but had not explicitly referenced this. When she presented her verbal report the group were completely silent and appeared to be moved by her very honest account and her feelings of vulnerability. When the treatment had been administered and the patient had had a seizure, the student described what happened in the recovery room...

When she was coming round from the anaesthetic, I stood at the side of the bed and waited for her to wake up. On waking up she was quite confused as to where she was and what was happening to her. She wanted to get out of bed, so myself and the
healthcare assistant helped her to the chair in the smaller recovery room and I made her a cup of tea and some toast. (Cl, Student J, Cohort 2, Code 1/3/2)

She expressed her vulnerability by reflecting that the experience had not been as traumatising as she had anticipated but regretted that:

The experience of feeling that I could not offer the patient any support at the time of the preparation for treatment, was not good and must have made the patient feel lonely and uncared for. (Cl, Student J, Cohort 2, 2/5/2)

Sharing the incident with the group verbally elicited many questions from the other students who empathised with her situation. She concluded that when faced with future similar occasions she would be able to provide appropriate emotional support to patients both before and following the procedure.

Vignette 7 written report
Was an example of student E's challenge to bad practice over moving and handling patients. The student did not present verbally as she had taken an extended holiday during the period of the seminar reporting so had not had the benefit of feedback from tutor or peers. However, using Johns' (1994) model, she produced a written report for summative assessment as part of her portfolio. The report was very factual and rather brief. She had had to challenge a Healthcare Assistant who had no intention of using a hoist to move a male patient. Her challenge had made the assistant angry but she had been assertive in the situation and insisted that the hoist was moved. When revisiting the incident according to Johns (1994) she felt that:

I have learnt that it is important to not be pressured into lifting as it is bad practice and against hospital policy. (Cl, Student E, Cohort 2, 2/4/3)

She also concluded that:

I feel I have become more assertive as it has given me more confidence to say no if I am not happy to do something. (Cl, Student E, Cohort 2, 2/4/4)
On reading this account in her profile I considered it to be a reasonably good piece of work but rather brief and shallow, bereft of emotion. I can speculate from a distance that had the student given a verbal report in the seminar and listened to the accounts of other students, she may have been able to produce an improved and deeper piece of reflection.

Reflective comments on emerging themes
My second action cycle had begun with the PED tutors’ focus group and should have been followed by a focus group and individual interviews with Cohort 2. However, the group proved to be a most challenging set of students to engage in reflection and reflective activities. Most of my time was preoccupied with settling disputes and problem solving within the group, with other members of the teaching staff and mentors in practice, through my communication with the Practice Educators. As a result I did not conduct either focus group or individual interviews with this cohort.

The main emerging themes and issues with Cohort 2
- Practice experience / ethical dilemmas
- Peer support (lack of)
- Barriers to reflection / confrontational behaviour / poor relationships with staff

Practice issues
The theme of having to deal with unethical or bad practice emerged with the second cohort through the verbal and written critical incidents. All written work described a selected critical incident that the students had experienced in practice and many reported that they had witnessed ‘bad practice’ on the wards. All but one of the incidents focused on a negative incident and the group spoke movingly about the rather brutalising effect of working on the wards in the PED sessions.
Peer support
It was the absence of peer support that was notable with Cohort 2, a group that lacked cohesiveness and where allegations of bullying behaviour (of each other) had been reported by some individuals.

Barriers to learning / Confrontational behaviour / poor relationships with staff
My key research question asks how I might enhance my facilitation of learning therefore I considered it important to uncover how the students were learning and what factors may be holding them back. Following a rather animated PED session I recorded in my diary (27.1.04) that I had had the distinct impression that members of this group were angry either with themselves for not coping or understanding. Factors identified by the group were word processed and used as part of the following week's PED session when I made the link to Ramsden's (2003) six principles of effective teaching discussed in chapter 2.

Possibly they were blaming their own lack of engagement on lecturers with boring voices or lecture content that was boring. They also resented individual students holding forth and tutors who allowed this to happen. I was faced with an ethical dilemma in the sense that the information was anecdotal and that I did not want to support any possibly unfounded overt criticism of my colleagues, yet I wanted to identify the barriers to learning with this rather strident and angry group.

Due to the group's behaviour and numerous crises experienced in the first term I had not been able to conduct the planned expectations / hopes and fears exercises that had been most useful with the first cohort. However, I aimed to also raise awareness of the importance of taking individual responsibility for their own learning, whilst needing to respect their fellow students. In terms of Vygotsky's (1986) zone of proximal development, I was keenly aware that there was a diverse range of academic backgrounds and potential within the group. I was struggling to find a way of developing their ability to become engaged in a deeper, more meaningful level of learning. Reflective learning did not sit easily with this group and due to the difficult
group dynamics, reflection within the group was constantly sabotaged. There was also little insight demonstrated by several of the more vocal members of the group. I tentatively concluded that reflective practices are not always effective with some groups of students.

**Focus group with 3 PED tutors**

My second and third research questions relate to the desired role of the personal tutor and tutors' perceptions of support and guidance within the unit. Therefore I had anticipated that the data elicited from the planned focus group with three mental health PED tutors would provide me with valuable information to inform my own practice as both a tutor and a personal tutor, responsible for providing pastoral care for my students. The concept of emotional labour (Hochschild, 2003) discussed in chapter 2 is highly pertinent to the work of personal tutors as well as student nurses. Student nurses in Smith's (1992) study reported a lack of emotional support from either teachers or mentors in practice and felt that there was a need for one person to acknowledge and support them as an individual. At my own university each student is allocated a personal tutor and nursing students are taught by their personal tutor whilst studying the PED unit.

The focus group with the 3 Mental Health PED tutors took place in September prior to the new term which commenced in early October. It was a relatively quiet time of the academic year for staff. The focus group took an hour to complete and was tape recorded and conducted in my office. I initially transcribed the recording by hand but found this to be far too restricting in terms of annotating and coding, so I word processed the transcript which then assisted me to more thoroughly gain a general sense of the important themes.

Analysis of the tutors' focus group revealed 47 separate categories (Appendix 14). I then collapsed a proportion into the higher level categories which I interpreted as impinging upon the tutors' role of: modelling professional behaviour, problems in students' learning, power differential and pedagogy. I then further collapsed power differential / pastoral support and pedagogy under the super ordinate category of problems of students learning to reflect.
• Modelling professional behaviour
• Problems of students learning to reflect (power differential / pastoral support and pedagogy)

Although most of the themes and issues that emerged from the tutors’ focus group were taken from the perspective of the facilitator in the academic context.

Modelling professional behaviour
Tutor A when discussing her PED group remarked that:

We treat the group as if they’re working they don’t get the different rules of practice and here they’re expected to turn up and I ask them to let me know when they’re not going to turn up – I feel strongly we shouldn’t confuse them with different rules. (FG, PED Tutor A, 9/37/16)

In addition to my identification of students’ role confusion from focus group data, PED tutors in their focus group revealed their own role confusion around personal tutoring:

I think you shouldn’t be a PT in your first year because you don’t know where you stand and it’s finding out where you fit in this organisation ‘cos it’s a very confusing organisation to fit into. (FG, PED Tutor S, 4/10/1)

When asked if students ever took a dislike to them and whether they tried harder with difficult students, one of the tutors responded thus:

Like patients- would never know if you liked them or not. How much support should we have as personal tutors? Could argue get to know students best in this unit... how does that influence your marking PPs? You go from being nurturing to critical... could 1st

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6 First number refers to page number of transcript, second to category type and third to category example number.
mark other people's portfolios? (FG, PED Tutor A, 13/39/2)

During the focus group I had been surprised that this tutor had described her students as being 'like patients' as this seemed to be directly opposed to the philosophy of the unit in developing self motivated, independent students. However, there were a number of similar references to the importance of modelling professional behaviour which were very different to my own interpretation. There also appeared to be tutor unease about switching from being nurturing to critical that the unit demanded of the personal tutor.

Problems of students in learning to reflect
Problems identified by tutors included the power differential, offering pastoral support whilst in the dual role of assessor and personal tutor and adoption of appropriate pedagogy to support reflection. Some students' difficult personalities, learning styles and additional learning needs also presented a great deal of challenge. All three tutors reported a mis-match of student and tutor expectations together with significant issues around privacy, power relationships and maintaining boundaries.

In terms of facilitation of reflection, pedagogical issues emerged for all three tutors in relation to students' understanding of reflection and application of reflective models. One tutor, who had been new to the role and the unit, described some of her early sessions as highly frustrating:

Yeah I found I was like wading through treacle a lot – like you've got to get this done tick the box.....I don't think the style of lectures responded to the learning needs. (FG, PED Tutor A, 4/21/1)

All three tutors had struggled with the structure of the unit and having too much of an open agenda particularly when pastoral issues intruded. One tutor explained that she had been fully prepared to teach what was in the curriculum but pastoral issues often cropped up:
...so yes I’d have stuff already so other issues came up which they frequently did in practice there would be somebody who was having some sort of problem – we’d discuss that then condense whatever the session was. (FG, PED Tutor S, 5/25/1)

Tutor A reported that students had struggled with the portfolio per se even though the guidance to the students was good and how even at the end of the unit students had claimed:

...I still don’t get this portfolio most of them said – it’s taken me all year to work through and understand why it’s good and why I’ve learnt. (FG, PED Tutor A, 6/1/2)

In response to my question about how tutors got their students to reflect and whether it was easier once they had gone into practice Tutor A was again disappointed and had had a mixed experience:

I’m still a bit perplexed about those from marking their work – talking to them they’ve not they haven’t got that ability to reflect – and how do you support them?...their reflections they’d done aren’t deep aren’t reflections they’re like what the ward do – descriptions so how do we meet their needs? Help them develop? (FG, PED Tutor A, 6/27/2 and 6/28/1)

Tutor S had scaffolded her group’s reflection by getting students to talk about practice by asking what they did and, significantly, how it had made them feel. Commenting that:

I can get them to do that in discussion without saying that this is reflection and then start to introduce the idea that... there could be a model for doing that. (FG, PED Tutor S, 7/30/1)

One of my sub research questions asks what particular models of reflection might enhance my facilitation. According to the accounts of tutors in the focus group students’ choice of models had often been informed by the exemplar
offered in the seminars. However, Tutor S maintained that given the choice that only more able students chose Carper’s (1978) framework whereas most of the remainder chose Gibbs’ (1988) model which they perceived as simpler. To encourage reflection this tutor had quite early on in the unit asked students to write a piece about themselves but commented that:

And they don’t like doing it – a big problem with Self and Health unit is talking about themselves they found it really threatening. Nearly all the comments that I get back were ‘difficult to write about myself’. Really useful, they found it valuable but they did find it difficult. (FG, PED Tutor S, 11/43/1)

In terms of my research questions around how the personal tutor role supports reflection and tutors’ perceptions of support and guidance within the unit, the themes and issues arising from the PED focus group were informative to me of tutors’ perceptions of student guidance and support and of how the personal tutor role supports reflection. However, it was also apparent that the facilitation of reflection and the nature of student support was linked to how the individual tutor perceived their role.

End of unit evaluation
On the anonymous university TLAS end of unit evaluation collected in June, students had included in response to the qualitative question asking what were the most useful aspects: ‘Support from tutor’, ‘Opportunity to vent feelings’, ‘Interaction’ and ‘Reflective writing’. Two comments in response to identification of things they hadn’t enjoyed I found least useful were: ‘Time consuming’ and ‘Having to work with the group sometimes’. The questionnaires were completed by the students on the last day of the unit so out of an original group of 22 it was disappointing that only seven students had attended. Although I subsequently received a very positive email from one of the students who had been unable to attend.

Action Planned for Cohort 3
As part of action research methodology I reflected upon the development of the students’ reflection as evidenced in their written critical incident reports
and end of unit evaluations, in order to plan specific actions for the next cycle. One of the outcomes of the second cycle was the recognition that reflection may not be suitable for all students in difficult groups. Therefore, in the light of my experience with Cohort 2 and in response to emerging themes and issues, I planned out a range of teaching activities to use with the following cohort of students, to better scaffold their reflection and to enhance my facilitation of their learning. A key intervention planned was further development of the Inspiration exercise together with continued early identification of barriers to learning and a set of reflective activities to support the students in their application of reflective models to critical incidents. I also planned to incorporate a more comprehensive set of group work activities in sessions to facilitate students' challenge of assumptions. I decided to allow for space at the end of sessions for students to make entries in their diaries to support their reflective writing. Formative assessment dates were also scheduled to support students' management of assessment and to allow for early feedback on academic difficulties. Closely linked to this schedule was my plan to meet individually with students at the end of their first month and to encourage students to email me during their placements to report on progress (Appendix 15).

This chapter has outlined the second of my action research cycles, and has offered a description and analysis of the data collected together with the emerging themes and issues from the cycle. The following chapter 7 will focus on the third action research cycle with Cohort 3 and conclude with a meta-analysis of the processes of data collection in relation to the emerging cross cohort themes.
Chapter 7: Data analysis of the third action cycle

Despite the difficulties experienced with Cohort 2 I retained the effective teaching interventions introduced previously with Cohort 1. Importantly I met with all of the students of Cohort 3 individually at the end of their first month to check on their progress and to note previous educational background and any additional learning needs. I introduced more group activity into sessions, elicited positive and negative learning experiences and focused early on in the unit on hypothetical problems and assertive behaviour in groups. In order to motivate students to write spontaneously in their diaries I set aside the last 10 – 15 minutes of some of the sessions for personal reflection, and to support this writing I firstly introduced different styles of diary writing using examples of real life and fictional accounts. In terms of communication I encouraged students to email me whilst on placement to enable me to check on their progress. In response to the previous cohorts’ comments I set specific dates for formative submission of evidence for the portfolios.

Cohort 3 was comprised of only 11 mental health students and in stark contrast to my previous Cohort 2, immediately became a very cohesive and mutually supportive group of students. With the small number of students in Cohort 3, I was thus able to gain a more holistic familiarity with their work. I had also meticulously recorded in their tutorial notes any initial barriers to learning and strategies they had adopted to overcome any difficulties. Thus I was able to reflect with them on their progress which allowed me to offer more targeted support in a scaffolding fashion within each individual’s ZPD (Vygotsky, 1986).

Inspiration exercises
My introduction of the Inspiration exercise with Cohort 1 and Cohort 2 had proved to be effective in helping to scaffold students’ introduction to the reflective models and to assist them to reflect on the emotional demands of practice in the form of critical incidents. I planned for this exercise to take place in October, much earlier in the academic year than with the previous
two cohorts. With Cohort 1 and to an extent Cohort 2, I had not realised the importance of the inspirations / data collection. The exercise was also a little hurried particularly with Cohort 1, and it was only in the months following that I realised that using it had been a significant breakthrough that should be developed with subsequent cohorts. A more explicit structured session plan with clear intended learning outcomes was used with Cohort 3 (Appendix 9).

Analysis of the previous two session notes with Cohort 1 and 2, revealed examples comprised of past values, future, analysis of recent events, motivation, identity, self worth and reason for action. The examples below were taken from my session notes of inspirations for the eleven students in the group.

Student N Spoke of affection for her family 'A Love of my parents, partner and my autistic son have kept me going'. Similarly Student S declared that 'My inspiration is my autistic son, I also have a husband who is bi-polar and reading the Diary of Anne Frank and love of people have also inspired me over the years.' Whereas two of the students had been inspired as Health Care Assistants when attending to terminally ill patients.

The types of inspirations reported by Cohort 1 had focused more around literature and music whereas Cohort 2 and Cohort 3 mostly found family members and friends as the source of their inspirations. However, an individual member of Cohort 3 became very emotional in the session and was asked if she wished to stay or to leave the room briefly with a fellow student. The student returned after a brief period and assured us that she was fine. I commented in my diary following the session (19.10.04) about the unpredictable nature of unleashing memories and a feeling of unease at the intrusive nature of the exercise.

Focus group interview
As with Cohort 1 the focus group was conducted when the students had returned from their first practice placement in early January in term two. The students had been informed verbally at the previous PED session that I was
to conduct the focus group and they were also emailed information about the session to allow for me to answer any questions they may have had. All eleven students were present at the focus group which was conducted in a seminar room and all eleven participated. I used the same question prompts that I had used with Cohort 1.

Having transcribed the tape, I eventually came up with 40 separate issues/concepts/factors; (Appendix 16) I then linked and condensed these items into 4 super-ordinate categories (Altricher et. al, 1993).

**Emerging themes: Practice issues and ethical concerns**

The three main themes for Cohort 3 were: peer support, role confusion and mentor support and were the same themes that had emerged from the focus group conducted with Cohort 1. However, although practice experience emerged as a separate category I subsequently decided to subsume the other three themes under the broad heading of practice issues and ethical concerns.

**Peer support**

Peer support in practice helped Cohort 3 both academically and in the practice context even when students felt thrown together and were not from the same PED group.

...there was another girl with me, she was on placement at the same time as me. I thought well they're going to stick us together to try and get rid of us but it was nothing like that – you know just get us out the way but em no we hardly ever worked together and when we did work together we thought we could get some benchmarks you know you draw from each other. (FG, Student S, Cohort 3, 3/13/1)

When students had experienced difficulties around mentor support the presence of a fellow student acting as a ‘buddy’ was comforting and supportive. Student K, on hearing about his fellow students’ frustration around the lack of mentor support, had encouraged them to complain. He eventually
alerted his own mentor to their dissatisfaction. In the focus group he reminded the students of his advocacy:

I kept encouraging you to say things didn’t I? And I mentioned it to my mentor and I got you dragged out a few times. .. (FG, Student K, Cohort 3, 9/13/3)

Student K’s advocacy had resulted in his mentor (J) agreeing to facilitate episodes of learning for the two students:

J came round to see if we wanted a video in those two hours. Two sessions we had were amazing because he sat us down with a video and said ‘look I want you to look at this answer, these questions’. At the end, we had our own little chat at the end, it was brilliant and we got more out of those two hours.....(FG, Student J2, Cohort 3, 9/26/4)

Students placed together reported an increase in confidence and assertiveness:

I mean we were taking it upon us I mean not for against things, we were doing things we would be accountable, we were just taking our own bats as we realised that if we didn’t em...we wouldn’t get anywhere really. (FG, Student K, Cohort 3, 9/31/1)

Role confusion
Students were concerned about belonging to the culture of the wards and were often confused when patients, mentors and other Nursing Assistants treated them as Nursing Assistants and not student nurses. Students commented on the internal politics that they had to deal with when their status changed:

My placement, quite political as I was only there eight weeks before as an NA and I’d been there two years as an NA and established quite a lot of achievements… so I adapted and wear the student hat which I was told I carried very well, my transition from NA to student within eight weeks it was quite it was intense – found it quite difficult. (FG, Student S, Cohort 3, 3/9/1)
Other students found the transformation of role an easier journey and within a relatively short time felt comfortable in the practice environment:

Yes I really enjoyed mine it was fabulous....I was just so nervous and when I got there probably like J I didn’t want to come back to university I would have been quite happy to stay there and I really loved it and that confirms what I really want to do. (FG, Student N, Cohort 3, 3/8/2)

The students’ supernumerary status was not always adhered to on the wards and students were concerned that they were being asked to fill in for staff shortages. One student relied on her experience to cope with a critical incident on the ward and commented that:

Basically thank goodness I’ve got 15yrs plus experience as an HCA. Because I don’t feel we were, mustn’t speak for J sorry, that I wasn’t supernumerary...there was one incident where J and I were left on the ward on our own and they’d all gone off into the clinical room....

J and I were with two elderly patients kicking hell out of each other and another one had gone completely barking mad and oh there was a front door bell ringing, there had been a patient admitted... and were left on our own to deal with it and nothing was said about it. (FG, Student D, Cohort 3, 5/24/3 and 6/28/1)

Mentor support
Good mentor support was clearly paramount to the quality of the student experience and in making sense of practice for all cohorts. During the focus group interview a student rather angrily declared that:

My mentor should have never taken on, she should never have said I’ll be your mentor because she just wasn’t here. And when she was there she wasn’t even approachable. (FG, Student D, Cohort 3, 6/2/5)
Contrastingly, student I was allocated to a ‘lovely mentor’ who was only on the ward two days a week and who readily admitted that she wasn’t familiar with the practice profile. However, the student felt that she and fellow students had to become assertive, or they would not have met the benchmark assessment criteria. Some students also experienced exceptional mentors who very quickly became their role models. Student K reported that:

As soon as I met my mentor I knew it was going to be alright, knew straight away, I just knew he was so organised and he was a charge nurse and I met all the staff. You know when you just know (FG, Student K, Cohort 3, 1/2/1)

Compared to the findings from the focus group interview with Cohort 1, the students in Cohort 3 were similarly concerned with practice issues around status, role confusion and mentor and peer support, although Cohort 1 had been far more concerned with the emotional conditions on the ward and the impact on the quality of life of the patients, rather than themselves.

Analysing Critical Incidents of Cohort 3
Having read my tutor group’s PED portfolios I was struck by seven students’ very moving accounts of the group’s attendance at a post mortem. The emotional impact on all of the students who had attended the post mortem was of a life changing quality. Although they all acknowledged the learning in terms of biological function, it was the affective learning and the reflection afterwards that had what they imagined to be, a life-long effect. I would like to think that the focus on reflection in the PED unit and the requirement to formally record such experiences had helped the students to assimilate and to cope emotionally with their experiences. As seven of the students had based their critical incident on the same visit to the post-mortem I combined the progress information that I had elicited from my session and tutorial notes together with emails from the students and wrote up the students’ developing levels of reflection as vignette case studies. The vignettes below offer a glimpse of the students’ developing skills of reflection in relation to their individual ZPDs.
Vignette 8
Student S1: This mature female student wanted to pass the course and develop a career in mental health. She expressed the hope that she would have the necessary energy levels. Her fears were of her back problems recurring, not being able to make the grade and being perceived as unprofessional on placement in terms of not knowing what was expected. However, she managed to provide the most thoughtful and insightful reflection, from the very beginning of the course, demonstrating a high level of self awareness. Being a very ebullient and positive character, she had made the most of learning opportunities, but had experienced a family bereavement just before taking her examinations. Her portfolio contained a good synthesis of theory and practice and she provided very sensitively considered critical incidents, again based on Gibbs’ (1988) model. One of the pieces was based on the same post mortem attended by her fellow students, perhaps fortunately before she had experienced her family bereavement. She described how:

While I was waiting for the technician to get ready I saw the body lying on the stainless steel table clothed as he was in death. I found this sight really disturbing and could only think about his grieving loved ones and the tragedy of his early death. She began to cut the body down the midline from the neck to the pubic bone; I put tissue to my nose to avoid the smell, which was like a chicken.

Vignette 9
Student J2: This mature female student had encountered some challenging domestic crises throughout the academic year yet has managed to pass the course and survive psychologically. She is a natural reflector and fortunately has been able to make good use of adversity, to inform her reflective writing. She also chose to focus one of her critical incidents on the post mortem, which had obviously affected her in a life changing way:

The day left an emotional mark on me as it made me realise we are not immortal, what I had observed stayed with me all day and at times I became quite emotional and subdued. Myself and fellow group participants supported each other throughout the day, as it had a profound effect on all of us.

Summary of cohorts’ reflective learning
All eleven students in my tutor group gained a pass mark in their portfolio, I then used their portfolios to evaluate the effect of my interventions in PED sessions, to see whether they had helped to better facilitate the skill of reflection / reflective writing. It was very noticeable that those students in the group who hadn’t availed themselves of opportunities to receive formative
feedback, generally produced poorer reflective writing, even if they had verbally presented their work in the group sessions.

As one of my sub research questions asks which models might enhance my facilitation of reflection it was interesting that in writing up their critical incidents within their portfolios, the students exclusively chose Gibbs' (1988) model. They had reportedly found this useful in terms of offering a scaffolding of reflection and a template to organise their reflection around, without it being considered as too prescriptive. The role of affect in their reflective learning was clearly evident in all of the students' accounts of past learning experiences, experiences on placement and at university. In terms of the quality of the reflective writing, the mature students perhaps had a head start, as they came to the course, already armed with a myriad of life experience to draw upon. Nine had grasped reflective writing skills but the two younger members seemed to be still struggling with the significance of reflection, which led to a poorer expression of reflection in both verbal reports and in their written accounts.

In terms of Griffiths and Tann's (1991) five levels of reflection the students' written accounts fit into level 4 of Research (see p.18 chapter 2) which is systematic and focused and may have been considered and written over a period of weeks or months, which differs greatly from the type of reflection written spontaneously in diaries at the end of a shift or following a seminar, or where only a verbal presentation was required. The focus on level offers a more complex approach to reflection as it represents only one level of five which according to Griffiths and Tann need to be addressed at some stage. However, perhaps the more novice reflectors may not have the sophistication to adhere to this model which may be more appropriate for more experienced practitioner action research projects. Although significantly my students had not been exposed to Griffiths' and Tann's model of reflection within the unit, so the model may be more applicable to myself as a researcher rather than novice students. Nevertheless, the levels assisted me to judge whether the students' reflection represented deep or surface learning and helped to link
this judgement to the level of the reflection in terms of how, when and over what period of time the reflection was recorded.

**Additional issues**

With previous cohorts I had tended to concentrate on students’ verbal and written accounts of critical incidents for emotional reflection, rather ignoring the benchmark statements they are required to complete in their Practice Profile, as I usually only see these profiles for second marking at the end of their first year once they have been first marked by students’ mentors in practice. However, my third group was very conscientious and five students asked me to have a look at their profiles at the end of their first practice block, to ensure that they were completing them appropriately. The following vignettes offer examples of the revelation of quite private reflections that may have been difficult for the students to share with a tutor and or peers within a group context.

**Vignette 10**

Student J3. An entry for one of the young male students rather took me by surprise as he had recently given a very concise and positive verbal account of his placement and of how well he got on with the clientele and importantly, with his mentor. This student had had no previous health care experience and was understandably quite apprehensive about going into the practice setting. Within his profile he had written a very sensitive and honest account of how he had tried to deal with and overcome his aversion to an episode of incontinence with an elderly female patient. It is most unlikely that such sensitive information as this would have been revealed by him within the group setting, although previous students have revealed similar feelings verbally about having to clean up excrement from patients and some have felt this to be the worst aspect of their training. However, this highly emotive reflection had been embedded in a profile of benchmarks that largely consist of factual witness statements relating to for example, issues around consent and accountability.

**Vignette 11**

Student N. Contrastingly an 18-year-old female student who arrived at university straight from school also wrote a detailed account of learning how to catheterise an elderly patient and handling elimination with close attention to hygiene. This was written factually but did not contain any emotive language. In her reflective assignment she had openly admitted that 'at the
Beginning of the course, I did not understand the use or even the point of reflective learning' however, she eventually understood its use and found Gibbs' (1988) model useful as she maintained that it provided her with a very therapeutic way of writing. It was noticeable that this student had chosen not to socialise with the rest of the group and had admitted in her reflective essay that she was just not a 'natural' reflector.

Students are encouraged by Practice Educators, mentors and personal tutors to keep a learning diary or log whilst in practice as an aide memoir when collecting witness statements and as raw evidence of meeting benchmarks and outcomes, which are then more formally written up as part of their practice profile. However, in practice, not all students bother, as the learning diaries are not formally assessed or seen by either the mentor or the personal tutor.

The use of learning journals can be an important vehicle for reflection (Moon, 2004). The majority of my students kept a diary of events rather than a learning journal; however, this would appear to have been a wasted opportunity to capture spontaneous and reflective writing to complement the time set aside in the latter part of some of the PED sessions for students to write reflectively.

End of unit evaluation

In June at the end of the unit five out of eleven students of Cohort 3 completed the standard evaluation of the unit. The outcomes were that most evaluated the unit positively, had enjoyed the interaction with the group and valued my tutor support. To assist with my research questions I had added a few additional questions in order to collect qualitative comments. The students were asked to comment on aspects enjoyed / found most useful, advice they would offer to fellow students, aspects of the unit they least liked and what changes they would suggest. In response to aspects most enjoyed or found most useful seven separate statements were made which referred to reflection:

- Reflective writing exercises.
- How I am gradually becoming aware of myself, learning needs and reflection.
Being able to reflect constructively within professional and personal relationships.

Writing reflective pieces.

Reflective writing I have been pleased with the progress I have made since commencing the unit.

Group work – the group has enabled me to be more confident.

I found Gibbs (1988) reflective cycle very therapeutic when completing the reflective pieces.

Asked to complete the following sentence:

Advice I would offer to future students would be:

One student responded with 'To attend PED sessions, write a diary like the health journal. You can then reflect back on units / events that occurred'. It was highly frustrating to read comments like this particularly when Cohort 3 had been strongly advised to keep a diary, given opportunities at the end of sessions to make diary entries and to pace themselves by submitting work for formative assessment. Based on the student feedback and the level of reflection achieved by the students in their verbal and written critical incident reports, I tentatively concluded that my facilitation of reflection had improved to some extent as previous cohorts had not commented about reflection at all when completing the evaluation questionnaire.

The third cycle had differed to the previous two in that I had felt able to apply my learning gained cumulatively, from the previous two cohorts. I had provided a better scaffolding of verbal and written critical incidents by initially gaining detailed information about their previous learning experiences and their inspirations prior to exposing them to the formal reflective models. I also took more of a case study approach with this much smaller cohort and was able to triangulate in terms of gathering data from a number of sources.

Analysis of emerging themes, issues, cycles of action research

Within the cycles and between, reflection-in-action and-on-action informed my tentative conclusions and facilitated further reflection on the emerging themes and issues arising from the data. My action research embraced periods of
reflection both in-action and on-action with observations noted serving to inform subsequent changes and modifications, which then informed further planning, with the cycle then being repeated. However, the phases of data gathering and interpretation represented only tentative steps forward. The overarching cycles allowed the collection of naturally occurring data from the three cohorts of students and spiralling cycles within, and being a non linear process this approach yielded a huge amount of data, which fed into the subsequent cycles. With regard to questions around the eventual generalisability of my findings, my interventions and approach were made transparent to allow for the potential transferability to other educational contexts.

Themes began to emerge within the yearly cohort cycles and as previously commented, the process was non linear and the schedule for each year cohort was adjusted as the emerging themes from the data were reflected upon in my diary notes which then in a spiralling fashion (according to Wisker's 2001 and Elliot's 1991 model in chapter 3) informed my action plan for the following cohort. Therefore the following themes and issues were identified:

Emerging themes and issues with Cohort 1

*Practice experience / ethical dilemmas / emotional labour*
- Peer support
- Role confusion
- Mentor support
- External constraints (family, travel etc)

Emerging themes and issues with Cohort 2

*Practice experience / ethical dilemmas / emotional labour*
- Peer support
- Barriers to reflection
- Confrontational behaviour / poor relationships with staff

Emerging themes and issues with Cohort 3

*Practice experience / ethical dilemmas / emotional labour*
- Peer support
- Role confusion / transition
- Mentor support
- Barriers to reflection
• Epiphanies
• Understanding the process of ward life

Cross cohort themes
Emotional labour (all 3 Cohorts 1, 2 and 3 and PED tutors)
Practice experience ethical dilemmas (all 3 Cohorts 1,2, and 3)
Peer support (Cohorts 1 and 3)
Role confusion (Cohort 1 and 3)
Mentor support (Cohort 1 and 3)
Barriers to reflection (Cohort 2 and 3)

Meta-analysis of the effects of processes on data collection
An important consideration of my research is whether findings derived from the content of participants' data accurately reflects the research questions or whether analysis of the actual processes used to collect data may be more pertinent. Therefore, in order to consider issues of reliability and validity, I undertook a meta-analysis of methods / processes used to collect my data.

Student focus groups
Similar themes emerging from both student focus groups of practice experience, peer support, role confusion and mentor support were subsumed under the umbrella of practice issues and ethical considerations. Significantly, as with other common themes Cohort 2 (a group that I was unable to conduct a focus group interview with), did not overtly reveal specific concerns with role confusion or emerge through analysis of critical incident reports or session notes, but only expressed a generalised anger with themselves and others. Again mentor support (Cohort 1 and Cohort 3) was an issue and recurring theme for the first and third cohort of students but not explicitly a theme for Cohort 2. Therefore, the questions posed and the timing of the focus group after the students had returned from their first practice experience for both Cohort 1 and Cohort 3 is significant and may have influenced what students eventually articulated through the medium of the focus group interview.

Tutors' focus group
My third research question focuses on tutors’ perceptions of support and guidance within the PED unit, and my sub question around the desired role of
the personal tutor. Themes that emerged from the focus group were factors which impinge upon personal tutor role: modelling professional behaviour and student problems in learning to reflect (pedagogy, power differential and maintaining boundaries). The themes were not unexpected and usefully provided evidence of the cognitive challenges and emotional labour experienced by colleagues which may not have emerged without my research focus.

Individual interviews
Themes emerging from the two individual interviews of barriers to learning, individual ZPDs, external constraints and peer support perhaps unsurprisingly offered more individualised student information but merely reinforced some of the detail of themes that emerged from the verbal presentations and the focus group interview.

Written reflection
Themes that emerged from analysis of students' written critical incidents, my diary entries / session notes and end of unit evaluations offered information more relevant to my research questions around my facilitation of reflection and the preferred models used by the students. The students' verbal and written reports also revealed evidence of students' emotional labour in dealing with the challenges of practice.

The process of writing for both students and myself included, appears to have been an effective way of making sense of experience and of integrating theory and practice. However, the verbal presentation of the inspirations exercise and other students' critical incidents and other reflective activities also served to guide the students to challenge their own and others' assumptions within the group setting

Reflective comments
Therefore the different methods used to elicit data and the inherent processes influenced to an extent the themes and issues that emerged. One of the acknowledged limitations of focus group interviewing is the relative lack of
control of the researcher even if a set of questions is used to direct participants. However, in terms of reliability and validity I can only speculate that focus groups or individual interviews undertaken with a different set of students or personal tutors using the same questions would have revealed similar themes. I am also mindful that focus groups rely on the interaction of individual participants and the emergence of a joint construction of meaning (Bryman, 2008). Group interaction is an important component of the discussions that take place, however, with my own research having conducted the process alone, I did not include this aspect in my analysis other than to briefly comment in my diary or session notes. In relation to the two individual interviews conducted, the data I was able to collect may have had more relevance to my research questions had I first piloted the interview questions.

Nevertheless, the data analysed from the verbal and written critical incident reports proved to be more strictly relevant in answering my research questions in terms of providing evidence of the students' developing powers to reflect and to apply the reflective models. Although, the actual writing of diary entries and critical incidents may alone effectively scaffold reflection for both students and the researcher. On balance I consider that the end of unit evaluations, my diary entries and session notes importantly offered a triangulation of data with which to guide my tentative conclusions around whether my facilitation and pedagogic activities were serving to scaffold student learning.

This chapter has outlined the overarching action research cycle of Cohort 3 and spirals within and between cycles to reveal emergent themes and issues and a meta-analysis of the processes of eliciting data. The following chapter 8 will provide an overall summary evaluation of the data and discussion of the research findings relating back to the literature review. Chapter 9 will explore aspects of reflexivity inherent within the methodological approach and some conclusions as part of a final reflexive cycle, with an evaluation of the research as a whole.
Chapter 8: Evaluation of themes and discussion

The previous chapter explored emerging themes and issues within the third cycle and at the conclusion of each of the three action research cycles. This chapter provides an evaluation of the themes with discussion of the cycles; relating to focus groups, individual interviews and the pedagogic approaches to eliciting inspirations and critical incidents. Chapter 9 offers some final reflections and conclusions on the research and will relate back to the literature discussed in chapter 2. However, I will firstly return to my research aim and the questions posed at the outset in chapter 1 and will summarise, evaluate and discuss the evidence in terms of the three cycles of activity firstly in response to my key research question, then in direct relation to the sub research questions posed (see chapter 1 p. 11)

Action taken in research cycles
My diary reflections and field notes allowed me within and between the three cycles to describe what was happening, interpret, reflect and to evaluate. I was thus able to identify what had worked well with the students at the end of the cycles and to adjust my interventions or teaching approaches that were less effective. Therefore, my action research comprised of fact finding and analysis leading to general planning, implementation of those plans and examination of failure or effectiveness, which informed the action I took with the following cohort of students. Cycle One involved experimentation and fact finding followed by evaluation and in the light of my experience I realised with Cohort 2 that I needed to gather important early information on students' previous learning experience and barriers to learning. Although students in Cohort 2 were very challenging I retained teaching approaches that had worked well with the previous cohort. Emerging themes such as practice and ethical concerns highlighted in the students' critical incident reports alerted me to the emotional and cognitive challenges of the students' practice experience and of the emotional labour expended by nursing students (Hochschild, 2003). Informed by this learning I was able with Cohort 3 to further develop the teaching sessions with the use of inspirations exercises and other
reflective exercises to better scaffold their understanding of reflection, and, importantly to scaffold their verbal presentations, discussions and the writing of the critical incident reports. I also created space for students to make spontaneous entries in their diaries and encouraged the students to communicate their progress throughout their placement period via email.

In relation to my key research question, of ‘How might my facilitation of the reflective learning of student nurses be improved’, some themes emerged which sit outside of my specific sub questions but are nevertheless relevant to my overall key research question. A very important outcome of my research is recognition of the significance of emotional labour (Hochschild 2003; Smith 1992; Mann 2002; Mann and Cowburn 2005) which meant that students need to be supported by appropriate teaching methods and a scaffolded introduction to reflection. The recording of this reflection also needs to allow for private as well as group reflection. In chapter 2 I referred to studies of nursing students engaging in reflective learning that have documented the range of emotions that students will potentially experience in practice (FitzGerald and Chapman 2000; Pfund et. al, 2004; Smith, 1992; Mann and Cowburn, 2005) with the implication that mentors and nursing tutors need to be prepared to deal with strong emotions, concluding that reflection can potentially act as a support mechanism. Additionally, mental health nursing students may be perceived as vulnerable adults learning to cope with other more vulnerable adults. Therefore, I have learned from my research that the concept of emotional labour is highly relevant to my students. As the process of reflection requires a deep as opposed to surface learning approach, a more authentic self can be expressed, within the relatively safe setting of the classroom.

My data from the tutors’ focus group reveals that personal tutors also engage in a great deal of emotional labour whilst occupying the dual role of personal tutor and assessor when dealing with problems in students’ learning to reflect. They frequently wrestle with the power differential, the efficacy of pedagogical approaches and modelling professional behaviour for the students.
From the students' practice experience, mentor support, peer support and role confusion were areas uncovered and held significance for students from Cohort 1 and 3 focus groups and the individual interviews. In terms of my phenomenological approach, these topic areas represent important concerns and issues elicited from the students' perspective.

Mentor relationships
Both focus group interviews with the first and third cohort revealed the paramount importance of the relationships established with the mentors in practice. These relationships reportedly set the whole tone of their learning experience and informed their decisions quite early on in the course, of whether they were set on the right career trajectory. A significant issue that arose from the two focus groups was that the nursing students are supposed to be supernumerary as previously discussed in chapter 5 (p. 112). However, they frequently report not being treated as such. Such unsatisfactory experiences are reported to the Practice Educators (via the personal tutor) who then liaises with the placements concerned and are generally but not always able to negotiate changes in practice, as supported by my data. I realised that there needs to be space provided in the curriculum for students to feedback this important relationship, preferably in a group setting to allow for students to learn with and from each other.

Peer support
Support of peers was an important factor in students' adjustment to practice and learning in theory at university and was cited in both focus groups and individual interviews thus emerging as a main theme category of Cohort 1 and Cohort 3. Cohort 2, a group that did not enjoy a cohesive group experience stands in stark contrast operating in a perpetual dysfunctional mode. Peer support reportedly served as an inoculation to the sometimes brutalising effects of practice experience and generally increased students' confidence and provided moral support. Peers undoubtedly also have a role to play in scaffolding the learning of fellow students whereby the group context allows cognitive challenge and discussion represents a tool in moving students beyond their comfort zone to a higher level of understanding that they may not
reach unassisted (Vygotsky, 1986). Conversely, conflict without peer support is not necessarily detrimental to learning but can still serve to challenge assumptions and to offer up to the group alternative perspectives. Although engaging in reflection is for some individual students very challenging and potentially an uncomfortable experience. The advantages of peer support can be promoted by the learning facilitator, however, the individual personalities within the group will influence the nature of support that emerges between the students.

Role confusion
Students in Cohort 1 spoke about role confusion between their previous status as HCAs and the new role of student nurse, an experience echoed by Cohort 3 where the focus was rather more on role transition. Both cohorts were uncomfortable with being observed and were very concerned to belong, whilst also experiencing ambivalent feelings of vulnerability and being inexperienced outsiders. The two individual interviews revealed the more private thoughts and feelings and how uncomfortable the experience could potentially be. Meyer and Land’s (2006) threshold concept previously discussed in the literature review (see chapter 2, p. 33) offers a window of understanding in terms of perceived threat to identity experienced by the students when they are resistant to reflection and are not ready or unable to pass through the threshold at that point in their development.

Mezirow (1981) describes how transition of role usually builds on past learning without critical reflection or interpretation of the past and argues that engagement in critical reflection can assist with transforming perspective. In relation to my key research question my encounters with a challenging Cohort 2, the threshold concept helped me to make sense of possibly why they were finding reflection difficult. However, only when students pass through this conceptual threshold do they experience a transformed perspective, alluded to by Mezirow (1981).
The following section will explicitly address my sub research questions.

1. How is students’ reflection best facilitated?
As part of my development of teaching methods from the first to the third cohort of students, I used inspirational exercises and other intervention such as elicitation of positive and negative past learning experiences, use of reflective activities and newspaper and journal articles relating to narrative or fictitious case studies (Winter et. al, 1999; Burnard 1995; Moon 2004), which better prepared the students to move from the shared personal to the social community of the group. The teaching activities also served to facilitate the recording and writing of critical incidents or epiphanies, where the students’ emotive responses appeared to always precede thinking, acting as a trigger to action and thought. This also allowed a very engaging way of encouraging and supporting students to experiment and share within the group in Vygotskian (1986) terms of inter-group discussion leading to intra-personal knowledge and the flowering of potential cognitive development, using cultural tools. The evidence for this claim has arisen from my data with the quality of written critical incidents in terms of depth of understanding demonstrated and the student evaluations, although even with Cohort 3 there were a couple of students who maintained that they were struggling with reflective writing at the end of the year.

The various creative exercises which I presented my three cohorts with, were effective in terms of the students’ responses recorded in my session notes diary and student evaluations, which led to a gradual increase in confidence in my facilitation. However, the students only evaluated the whole unit rather than individual sessions, although the evaluations contained qualitative comments about my facilitation and reflection which were helpful. On the basis of this limited data I would suggest that they were helpful as pre-cursors to reflecting on critical incidents or epiphanies (Stringer, 2004). However, some students performed well with the creative activities but then struggled to relate to incidents in practice. When writing up their experiences, they reduced these to factual descriptions of events (see vignettes of Cohort 1 pp.
Additionally, there was most definitely unevenness between the spoken accounts in group reflection and the written submissions.

In terms of unplanned data collection my examination of some of the written practice profiles was also often not congruent with the rest of the individual's work. All of which led me to consider that students were confused about what exactly is required in the various formats. This is supported by my data, although significantly, the very same students often spurned the opportunity to submit pieces of reflective writing for formative assessment within the PED unit, so were unable to adjust their writing style accordingly prior to submitting their portfolio for assessment. This negatively impacted upon my facilitation of reflection and my delivery of supporting study skills for some individuals.

The requirement of the curriculum for students to produce both verbal and written critical incident reports with application of a reflective model, serves to encourage the development of reflective learning. It also encourages a deep as opposed to a surface approach. However, an outcome of my research offers evidence that students will adopt a strategic approach in terms of the task set although not all students are able to adopt a deep level of approach to reflection without the encouragement and scaffolding of others (Vygotsky, 1986).

The findings from my study of three cohorts of mental health students largely supports Hanson's (1996) assertion that adult students are by no means a homogenous group and that critical self reflection is not always helpful to some individuals, particularly those with a pre-disposition to depressive illness or poor group dynamics. This may be problematic as only some students identify their learning style or approach at the beginning of the course as a reflector. Nevertheless, all students are required to embrace a deep approach to learning in the form of reflection.

Reflection may represent a 'threshold concept' (Meyer and Land 2006), and until students can make this conceptual leap in understanding, they can remain stuck in their learning, and continue to wrestle with troublesome
knowledge, contested identity and issues of power. Crucially, students need support in moving through this threshold and provision of inspirational exercises and use of the arts serve to scaffold student understanding within individual ZPDs (Vygotsky, 1986). This type of support allows students to engage emotionally, interact with their peers and tutor, and thus assist students to enter the threshold concept of reflection. Scaffolding both asymmetrical (teacher as mediator) and symmetrical (student as mediator for peers), may represent a continuum (Guk and Kellogg, 2007). Therefore, learning initially scaffolded by tutors can become the responsibility of all of the students thereby allowing tutors to focus on the potential and preparedness of the students to move to a chosen position (Harland, 2003).

1.1 What particular models of reflection will enhance facilitation?
The learning portfolio was meant to provide evidence of how students best learn. It requires them to use reflective models such as those offered by Johns (1994); Gibbs (1988) or Kolb (1984) to write up their critical incident reports. However, with each intake it became increasingly obvious that students struggled with even understanding reflection as a concept. To enhance the skills of reflection I set about to find ways of scaffolding this reflection, to use creative exercises (Burnard 1995; Winter et. al, 1999 and Moon 2004) to tease out and to encourage this form of expression, to make the learning personal and meaningful. Nevertheless, a number of students still found this difficult, which can be attributable to poor group dynamics or due to my own approach to teaching being ill matched to their individual learning style or approach. It may also be that we introduce the reflective models far too early, which stifles the creative flow of the writing and too formally provides a straightjacket to reflection rather than what we think it provides. We need to also acknowledge that tension exists around assessment of reflection as evidenced in the PED tutors' focus group.

Analysis of the written critical incident reports revealed that with Cohort 1 students roughly half favoured Gibbs' (1988) model with the other half preferring to use Johns' (1994) model to structure their critical incident. Students in Cohort 2 mostly favoured Johns' to Gibbs' whereas all eleven
students from Cohort 3 used Gibbs' model, commenting that it was more flexible and helpful to the reflection. It was generally the more able students that preferred Gibbs' and the less able Johns' model. I concluded that the more academically able students were able to apply Gibbs's model in a more flexible way and that the less able students perhaps found the structured questions of Johns' model more supportive.

The focus group conducted with the PED tutors also revealed a mixed choice amongst their PED students and they all ultimately concluded that it didn't really matter which model was chosen, as long as it made sense to the individual student. Students liked to use the models to help to structure the critical incidents but beyond comments about flexibility or being therapeutic, did not comment further. Perhaps because use of the models presented in PED was a given in the curriculum, they rather uncritically applied a preferred model to their written critical incident report. I did not introduce in my sessions more complex approaches such as Carper's (1978) framework, however, students were made aware of the existence of a number of alternatives.

Schön (1983) envisages that reflection-in-action and reflection-on-action could offer the professional a problem solving strategy for more effectively dealing with complexity, uncertainty and instability when old models of technical rationality are found wanting. Moon (1999) similarly suggests that reflection offers a speedy response to situations that nurses could use to inform actions, when there is no time to consider formal theory. Individual students may prefer models that suit their learning style. However, a key study undertaken by Miller et. al, (1994) which set out to explore the use and value of learning styles in terms of integrating theory and practice through reflection, highlighted the lack of an evidence base, lack of consistency of approach and lack of a focus on how students develop in their approach to learning. Among the number of recommendations made in their report is one which calls for reflection to be guided and to be made explicit to students.

Nevertheless, it may be inadvisable to introduce models at too early a stage for student nurses as they may hinder the skill of reflective writing. Keeping
diaries which are not formally assessed may be preferable to formally assessing rather artificial critical incidents which may contain stereotypical information when events are reconstructed after a period of time has lapsed. The verbal reflection activities I would argue, assist students to extend their understanding and application of the models. They are also importantly shared with the group who may offer alternative explanations of why things happened as they did and offer suggestions of how similar situations could be dealt with if met on a future occasion. A supportive group can be both challenging and supportive of fellow students' early attempts to reflect on practice.

I am, however, left to contemplate whether these models provide an accurate account of what has taken place and question whether a simple record of feelings, thoughts and actions would be preferable. Findings from cognitive psychology strongly suggest that retrospective memory is always a construction and an interpretation and using a template in the form of the models almost suggests a schema or script of what usually happens (Gross 2001; Cohen et. al, 1993; Eysenck 1998). Perhaps examination of personal epiphanies (Stringer, 2004) or inspirations is the only and best place to start, because the critical incidents focused on by the students tend to be largely those of a negative nature, although this may not be of importance. Brookfield's (1987) concept of critical thinking also tends to focus on the uncomfortable nature of challenging assumptions and cognitive dissonance for change, enabling the adult learner to become a process person who is adaptable to constant change. This is akin to Freire's (1996) notion of raising consciousness in the personal sphere and in line with Mezirow's (1981) perspective transformation, concepts which underpin important components of the nursing curriculum.

This type of consciousness raising with the nursing students attempts to encourage autonomy and critical thinking, within the confines of the group reflective sessions. Those students who kept diaries reportedly used their notes to inform their critical incident report when writing. However, despite advice given to each cohort of students to record their experience in a diary,
and introduction of allocated time in the PED sessions for Cohort 3 to write in their diaries, the practice varied.

1.2 How do group processes impact upon students' reflection?
Carr and Kemmis (1986) have argued that nursing is a social occupation and that shared reflection with other individuals can lead to group change, whereby beliefs and ideas are frequently modified. Similarly Wenger's (1998) concept of communities of practice focuses on learning as a social activity which offers potential transformation at organisational and societal levels. Wenger argues that learning is fundamental to and reflects our social nature and that our engagement in learning is all about seeking meaning. By learning in a community of practice we construct our identity and it is precisely this learning amongst others rather than individual learning that is often the most transformative.

However, requiring students to reflect in groups, may go against some cultural norms or disadvantage younger students with less confidence and less varied life experience on which to draw upon as my data indicates. In cohesive groups enjoying a good level of peer support - as evidenced from the individual interviews and focus group data - reflection may be enhanced by the presence of supportive others. Scaffolding reflection with the tool of speech in relation to Vygotsky's (1986) ZPD may encourage progression from what Spouse (1998) describes as knowledge-in-waiting to knowledge-in-use, and I would argue can be mediated by others whether tutor, a mentor in practice or a group of peers.

Data from two student focus groups revealed that peer support raises confidence and alleviates anxiety. Members of Cohort 3 commented that having a 'buddy' on placement crucially allowed students to share emotional experiences in response to clients and mentors. A cross cohort finding was the significance of peer support where in a group context students rely on ground rules to ensure respect and confidentiality of self disclosure or examples of poor practice. With Cohort 2 I was constantly challenged as the facilitator in the PED sessions by having to ensure that particular individuals
did not dominate discussions by asking for small group feedback and rotating 
the membership of the small groups for learning activities.

The three PED groups that I have tutored over the last three years have 
differed greatly in terms of composition, cohesion and group dynamics. The 
final group was the most cohesive and supportive of fellow students. The 
reasons for this are not clear. I can only speculate that there is an element of 
luck as to who is allocated where, and that a small number of students 
enables the group to form closer relationships. This closeness not only 
provides emotional and moral support, but has enhanced the quality of the 
students' learning experience as evidenced in the data from the individual 
interviews with Cohort 1 and the focus groups conducted with Cohort 1 and 
Cohort 3.

Group learning and reflective processes demand a breaking down of barriers 
(Bion, 1961) and a high degree of self-disclosure, I would suggest that 
dysfunctional groups largely fail to provide the appropriate platform for this to 
occur. Based upon my observations of the students' behaviour in sessions (as 
evidenced in my diary) I would argue that the final PED group contained 
individuals who operated with a high level of emotional intelligence when 
handling their own and others' emotions. Therefore, cohesive groups are 
more likely to be receptive to group reflection. On the basis of my findings with 
three cohorts of students, I would conclude that good group dynamics and 
strong peer support serve to enhance student learning. However, continual 
conflict and poor peer relationships as experienced by members of Cohort 2, 
suggest that reflection may not be suitable for all students within a group 
context.

2. What is the desired 'role' of the personal tutor?
From the students' perspective data was collected around hopes and fears, 
expectations, the desired role of the personal tutor and ground rules from the 
students and there was a high degree of consistency from all three cohorts. 
From the PED tutors' perspective the desired role was less clear, although as 
my research progressed and my role changed in the University I was able to
collect some additional data from notes taken at a cross School consultation meeting. As a result of my findings and the consultation I wrote a personal tutor policy which was approved and adopted by the School. Prior to this period there was no formal policy or guidelines available for tutors.

The new curriculum model integrates the personal tutor role with delivery of the PED unit’s subject material. The regular sessions in which confidentiality was maintained were intended to nurture reflection. However, my research has revealed conflicting aspects of the personal tutor role who is an assessor in a pastoral role, demanding therefore a great deal of emotional labour (Hochschild, 2003). The very nature of the tutorial relationship in facilitating reflection is at issue, particularly when a dual teaching and personal tutor role is required of tutors teaching on the unit. Thomas and Hixenbaugh (2006) have drawn together nine current research and evaluations around personal tutoring and student support in higher education. The key findings from the research and evaluations considered reveal a high degree of consistency and they conclude that personal tutoring enhances most students’ learning experience, whilst having a positive effect on retention, progression and achievement. This is supported by the data collected from the consultation meeting with personal tutors across the School and the PED tutors’ focus group findings.

At the School consultation meeting there were many contrasting views expressed on what the personal tutor role should provide in terms of being a general advisor / helpmate / counsellor / friend / or more specifically an academic advisor. Most agreed that it provided a human contact and a form of ‘psychological stroking’. It was acknowledged by all present that personal tutoring was not undertaken by staff in an equitable manner with regard to the amount of tutees allocated per tutor or in the quality of provision to students. Importantly, there also appeared to be a lack of acknowledgement of more senior colleagues of the ‘hidden’ nature of personal tutoring in maintaining student progression and retention, and in the absence of a clear policy outlining minimum expectations, there were no clear boundaries to guide the
support that should be offered to students and little support for staff feeling overwhelmed with supporting potentially vulnerable adults.

My research cycle in terms of my focus on the desired role of the personal tutor (although not fully explored in this research) had most usefully fed into the opportunity to hold a consultation with colleagues across the professional programmes, which would serve to eventually form the underpinning of a personal tutoring policy across the School. In answer to the question of what is the desirable role of the personal tutor, student and tutor expectations of the role appear to be mismatched, as evidenced in the PED tutors’ focus group data. However, the tutor expectations are formalised in the personal tutor policy and allow in exceptional circumstances on professional programmes, for the expectations of the tutor to be exceeded. The policy also clearly outlines minimum expectations and responsibilities of the students and the School.

The desired role of the personal tutor is difficult to formally elicit and to evaluate as students may be reluctant to directly criticise a tutor in terms of personal support, so consequently as a School, we haven’t attempted to formally do this. Nevertheless, the PED unit as such is evaluated and there was generally very positive satisfaction expressed by my groups. Perhaps of more importance is the following sub question around the support that the role offers to develop reflection.

2.1 How does the personal tutor role support reflection?

The ‘Integrated Curriculum’ model of Student Support and Guidance deemed as the most proactive model (Thomas, 2006) had largely informed the PED unit, with staff being both personal tutor and assessor. However, in relation to my own findings adopting the ‘one size fits all’ philosophy may have resulted in possible ‘mothering and smothering’ of students who may only require minimal contact with their personal tutor. It could be argued that students are ‘contained’ or placated within the current status quo and that the PED unit, and therefore the personal tutor, by association, act as counsellors talking through problems and critical incidents, but ultimately do not act as change...
agents or engage students as such. However, learning to reflect, to challenge assumptions and think critically can ultimately empower individuals within and outside of the learning context.

The findings of the focus group with the first cohort were united almost exclusively around the emotive impact of seeing dying elderly patients in rather uninspiring settings and the emotional impact upon the students, whereas the focus of Cohort 3 was more on psychomotor learning on the wards, role confusion / transition and related politics around supernumerary status. Although in terms of emotive response the vignettes offered as examples in verbal reports of critical incidents from Cohort 3 reveal highly emotive responses to a post-mortem visit together with hidden more private reflections submitted in students' reflective accounts of critical incidents. It is likely that students feel inhibited when reporting experiences verbally but far more at ease when writing privately to reflect upon learning from their experiences. Furthermore the actual process of writing diaries and critical incident reports may serve to support the development of reflection.

Although already acknowledged that the personal tutor role can potentially provide a safe environment for students to reveal vulnerability, within the PED unit the tensions of being an assessor, personal tutor and lecturer was often a difficult and complex role to maintain, particularly with difficult groups. As I am not a nurse by profession, I was placed in rather a unique position of constantly repeating tutorship of first year students, which was highly frustrating in some respects, as most of the emotional work or containment of anxieties and difficult behaviours I would argue, are experienced within the first year. It was also evident from the PED tutors' focus group that tutors had gained a great deal of satisfaction in observing individual students progress in terms of the ability to reflect in their second and third years. An outcome of the research was for me to recommend to the nursing curriculum team that the personal tutor role needs to be consistent throughout the students' programme.
A number of PED tutors had also complained about personal issues hi-jacking the delivery of educational material and of sometimes being used as a 'conduit for admin'. This was echoed in the findings of the mental health PED tutors' focus group, where tutors had felt relatively powerless to change the status quo other than to express dissatisfactions to the programme management team. However, following the focus group interview we resolved to inform the curriculum review planning meetings.

2.2 What are students' expectations of the personal tutor role?
With the system of personal tutoring, at the start of the students' programme the elicitation of expectations and hopes and fears proved to be very similar between Cohort 1 and 3. Hopes were expressed for both cohorts in more abstract terms such as to be successful and for the course to be challenging whereas fears were more concrete such as of ward placements, money, returning to study, failing to qualify or observing bad practice. Although specific data for students' expectations of the personal tutor role were collected for only Cohort 1 as the first elicitation drew an impossible list of qualities that would be most difficult for any one person to provide. Instead I chose to focus on student concerns in terms of hopes and fears and importantly the agreed ground rules for each of the groups.

At the end of the unit students' perceptions of support and guidance in learning was formally evaluated by the generic university evaluation forms (TLAS). These do not provide much scope for qualitative research or specific feedback on the development of reflection, or their satisfaction with the personal tutor system. My interventions which I developed and introduced with the three cohorts of students have given me a far richer picture of how the students best learn. They have indicated specific barriers to their learning and have suggested ways in which I can improve my facilitation of their learning and reflection. Three focus group interviews (one with tutors), two individual interviews, session notes and diary entries, extracts from practice profiles and notes of verbal critical incident reports and written accounts for all three cohorts have yielded a limited amount of rich data which has nevertheless informed analysis and evaluation of student learning.
Importantly, the action research process has allowed me to record cyclical changes and interventions although the difficulty of generalising for the next cohort proved to be problematic in this instance.

However, there exists a tension between the role of the personal tutor who is also the assessor of students’ work. Tutors’ perceptions that emerged from the focus group data and the personal tutor consultation meeting are that pastoral and practice concerns often hijack the delivery of the education material. It is often a struggle to reconcile the two rather distinct roles as evidenced also from the notes of the personal tutor consultation meeting. As a result of these findings separation will inform arrangements for the new curriculum together with a total review across the School of the personal tutor role. Although, as with counselling, it may be the qualities of the person rather than the role which is evaluated as effective or not. It may be that we suffocate our students or infantilise them in a programme which also offers mentors in the practice setting. Although the relationship between these two discrete roles is variable and often is determined by the individual tutor’s familiarity with the practice setting. Personal tutors tend to receive communication from mentors only when problems have arisen with the students. However, the effects on the student of establishing a good working relationship with their mentors in practice must not be underestimated, as the initial emotional responses in the focus groups and individual interviews have revealed.

3. What are tutors’ perceptions of support and guidance within the unit?
Students from all cohorts have reportedly felt well supported in guidance and learning within the unit, as evidenced in the standard university unit evaluations (TLAS). Significant factors that emerged from the PED tutors’ focus group were categorised as impinging on the role namely, problems in student learning, (power differential / boundaries / pedagogy) and modelling professional behaviour.

The evidence from the focus group with the mental health PED tutors clearly elicited the difficulties experienced by tutors in delineating boundaries, with
the role often experienced as being potentially emotionally draining, whilst simultaneously considered as a source of personal and professional satisfaction. It was also highly evident that the tutors showed a great deal of vulnerability in handling difficult emotions in themselves and their students, without the benefit of support. The emotional work of the tutors is clearly underestimated and tutors often feel in need of support themselves, according to my findings. The mental health tutors interviewed related how in dealing with increasing numbers of students with mental health problems, they lacked support in the University to help with such emotional work. They felt very strongly that they had brought their own personality to the role and were keenly aware that students may use them as role models. Slightly unsettling to me, without a nursing background, was their description of students being 'like patients', which set up a certain set of expectations. This appeared to be directly at odds with the philosophy of the unit, in attempting to produce autonomous learners.

All three tutors mirrored my own experience of students struggling with getting to grips with reflection. However, individual tutors had adopted different teaching methods in delivering and facilitating the unit. There were many comments about the time consuming nature of dealing with pastoral issues which interfered with delivery of the educational material although there was clearly a difference in each tutors' personal approach to establishing boundaries. Following the PED tutors' focus group I was left to reflect upon whether the tutors were operating in a rather ambivalent position of unequal power over their students whilst espousing equality and empowerment, but in reality practising a type of containment of problem issues, particularly those relating to poor practice. I also concluded from both the tutor focus group and the cross School meeting of personal tutors that a sizable majority were adopting a rather inappropriate approach to personal tutoring by creating needy students as opposed to confident, autonomous learners. Although the focus group data had revealed that all participating tutors including myself, appeared to implicitly adhere to Carl Roger's (1989) humanistic theory of unconditional positive regard.
Concluding remarks
As a result of my research, on the basis of my findings, I would argue that critical thinking skills and the development of those skills need to be distinguished from reflection, as in the initial stages students frequently only offer descriptive accounts of critical incidents and will hopefully develop critical reflection eventually. We encourage critical thinking within the PED unit and one of the intended learning outcomes is to produce autonomous learners and critical thinkers. Nevertheless, the nature of the reflective sessions, facilitated by the personal tutor could be construed as ‘containment’ of contentious student issues and of not providing anything approaching Freire’s (1996) conscienciation or Mezirow’s (1981) perspective transformation. Such struggle can hold individual students back and so prevent them from engaging with deep learning, for example, with Cohort 2 two troubled students avoided verbal reporting of the critical incidents which implies that we need to address and scaffold individual student ZPDs to assist personal transformation and understanding at a meta cognitive level.

Ramsden’s (2003) recommendation of what constitutes a good quality student experience of learning, of how we need to learn from students and the need to examine misunderstandings, has been borne out by the feedback from each cohort of students within my study, as evidenced in the exercises which served to elicit positive learning experience and my own reflections-in-action and subsequently on-action in my session notes and diary. However, with the rather challenging Cohort 2, a lack of personal responsibility was revealed by some individuals who appeared to be stuck in surface learning (Biggs 2003; Entwistle and Ramsden 1983). Some of these students did not fully engage with reflection and deeper levels of understanding within the PED sessions, however, they all produced written critical incident reports as part of their portfolios, so may have preferred to write reflectively rather than verbally reflect within the group context.

How we address students’ barriers to learning is a contentious area and raises questions of how they are best elicited, how early they should be addressed, and balance is needed between individual or group level support.
My findings would support the need for tutors to take into account individual ZPDs, and to focus on 'human sense' (Donaldson, 1978), whilst offering a 'scaffolding' (Wood et al, 1976), to allow the students to learn how to reflect. A crucial early step in this process is to allow the students to reflect at the beginning of their course on their past positive and negative learning experiences. Without this focus and exploration, I would argue, they will inevitably remain stuck or resistant to any transformation or conceptual leap in thinking. Other activities that worked with the groups were the elicitation of expectations and the setting up of ground rules, the use of articles and case studies together with specific reflective activities. The tension often lies between giving just the right amount of support and to guide students to become independent critical thinkers without overwhelming them with support and thus not allowing them to take personal responsibility for their own learning.

Griffiths and Tann (1991) (see chapter 2) offer five levels of reflection: rapid reaction, repair, research, re-theorising and re-formulating. When students write retrospectively there is an important time factor involved in terms of accuracy and the type of content that emerges in the writing. They further argue that attention needs to be paid to precisely what students are required to reflect upon, as often the topic areas may not coincide with the uncovering of personal theories to enable a comparison with public theories, to facilitate the rotation around the reflective cycle in a meaningful fashion, in order to engage with deeper levels of transformative learning. We are perhaps asking our students to focus their reflection on the wrong topic areas by asking them to simply write about a critical incident. The focus group and individual interview data has uncovered the preoccupations of the students in terms of what is really important to them and are more concerned with process and development rather than isolated incidents: practice experience, peer support, role confusion, mentor support.

In light of this evidence it may be more productive and transformative for students to reflect on these topic areas in two stages, firstly in an unstructured diary form as contemporaneously as possible to the action and to then return
to reflect-on-action at a later date, to identify patterns and themes (Griffiths and Tann, 1991). This is also supported by Miller et. al, (1994) and discussed in the literature review (see chapter 2). For assessment purposes confidentiality can be assured by students offering selected extracts as examples, although developing appropriate assessment criteria for reflective writing is still problematic (Moon, 2004). If students were to write in this spontaneous manner they could still verbally discuss issues and dilemmas within the group context perhaps in Action Learning Groups as in the previous nursing curriculum and already discussed in chapter 1 (p. 3)

In relation to how I might enhance my facilitation of reflection in the context of the PED sessions as an outcome of my research I advised all students of each cohort to keep a private diary but did not ask students to explicitly reveal the contents to me as the tutor or to the rest of the group. However, the group setting with the tutor as facilitator potentially provides a forum for developing critical reflection, challenging personal theories and making comparisons with public theories (Griffiths and Tann 1992; Brookfield, 1987). This process can be scaffolded by the tutor by employment of a series of reflective and inspirational exercises for students to reach their ZPD (Vygotsky, 1986) and perhaps extracts taken from students' diaries could be used in sessions for discussion and to support their developing powers of reflection. The initial focus on the personal can hold far more meaning for the students in making what Donaldson (1978) describes as 'human sense' which forms a basis for making abstract sense of experience, which relates to my findings of students' reflection being supported or scaffolded by a focus in the seminars on the personal in terms of using 'Inspirations' as a teaching method, to enable students to apply models of reflection to structure and to make sense of critical incidents in practice.

This chapter has provided a summary, discussion and evaluation of themes in direct relation to my research questions and data. The final chapter 9 will offer some conclusions and a final reflexive action research cycle to evaluate the research as a whole, identify implications for my own practice and give an account of my experience following the research undertaken.
Chapter 9: Conclusions and final reflections

This chapter offers a final reflective cycle and some conclusions. It refers back to the already discussed data in the previous chapter and provides an evaluation of the research design. It also outlines what the implications are for my own practice, what I might pass on to others and a summary of the research as a whole.

My key research question was: **How might my facilitation of reflective learning of student nurses be improved?** My findings have indicated that reflection is best facilitated by scaffolding the students' understanding to enable them to progress to their ZPD (Vygotsky, 1986) by a focus on familiar private theories (Griffiths and Tann 1992; Brookfield 1987) which make human sense (Donaldson, 1978) and by adopting teaching methods which inspire, involve emotion and allow the progress from the familiar to abstract reasoning. This scaffolding will assist students to move through the threshold concept of reflection (Meyer and Land, 2006) and then to engage in deep level as opposed to surface level learning (Marton and Säljö 1984; Biggs 2003). I was also able to establish that group reflection is effective for most students but for not all. In cohesive groups reflection is supported by challenges of perception from peers and tutor in a social community (Wenger, 1998), a concept that has important implications for the teaching of complex knowledge. However, in groups that do not enjoy good group dynamics this support may be lacking, leading to a learning environment which is not conducive to learning. The verbal presentations of critical incidents, as I have found, create a forum for group discourse on alternative explanations of why things happen and a wider consideration of how students may have responded to particular situations. Furthermore, teaching activities within the curriculum need to be supportive of students experiencing emotional labour in practice. Thus the development of the written critical incidents and application of models of reflection is further supported by the group discussion, which takes place in a safe environment.
My findings also suggest that the models of reflection (Kolb 1984, Gibbs 1988 and Johns 1994) presented to the students serve to structure critical incident reporting and form part of sense making for the student, although if introduced too early can stifle or stereotype reflective skills. Improvement of facilitation is not merely recognition of structure, sequencing and content to engage students in deep learning, but consideration is needed of supporting the challenging of assumptions to facilitate perspective transformation, alongside due consideration of the emotional support needed by novice students entering practice experiencing uneven support offered by mentors. There needs to be an acknowledgement by tutors and students that reflection is not easy and may be very uncomfortable work. Nevertheless, it is important and can potentially provide the integration needed between theory and practice.

My findings have shown that the personal tutor role is generally supportive of learning but there are tensions of being both a source of pastoral support and assessor of the students’ work. Tutors were also found to sometimes feel vulnerable and unsupported and like their students experienced a significant amount of emotional labour (Hochschild, 2003). Student expectations were broadly consistent across three cohorts but individual tutors differed in their perceptions of students with some viewing students ‘like patients’, rather than independent critical thinkers.

Findings and action taken
The action I have taken is to recommend that the personal tutor role needs to be separated from an assessment role as evidenced from the tutors’ focus group and personal tutor consultation meeting. The personal tutor contact with students will return to the ALG format (see chapter 1). The return to the ALGs of the previous nursing curriculum is arguably as supportive of students and is specifically focused on supporting students learning to reflect, in order for them to develop into autonomous, critical and reflective learners. Students will also be encouraged to keep reflective diaries to facilitate the development of reflective writing. The concept of emotional labour is to be introduced into
the nursing curriculum to assist students to deal with emotive challenges encountered in the practice environment.

Myself as a researcher
To become reflexive is evidently difficult for many students and even experienced tutors may in turn have difficulty facilitating reflection in others and in themselves. In order to construct a conceptual framework I took a reflexive approach to data analysis, posed further critical questions and assessed how it all fitted together. I attempted to record in my session notes and diary my own thoughts and feelings and sense making of what I was finding within and between the cycles. With hindsight I acknowledge that a more disciplined and comprehensive recording of my own reflection would have improved my study and provided a much stronger basis with which to plan ahead in terms of data collection and the management of themes and issues that did not arrive in a linear fashion.

Early on in my research I had chosen not to use a specific reflective model but instead chose to record my reflections under the headings of description, theorisation and analysis, a method recommended from my teaching qualification. However, the challenges of my work role responsibilities during the data collection sometimes led me to enter description only to offload my frustrations. I did, however, return to these entries and relate the session notes and unfolding themes and issues from my analyses to my reflections, in order to make sense of what I next needed to address.

In terms of how this relates to my own experience over the three action research cycles, I slowly gained confidence as I adjusted my teaching approaches and support of the students at the end of the first cycle. Although my experience with Cohort 2 was challenging, so much so, that I felt unsure, unsupported and uncertain of my tentative conclusions. Nevertheless, we can acknowledge that sometimes the not-knowing can be liberating, just as some of the students found reflection difficult, I also found reflection at times to be an uncomfortable experience.
What remains problematic to the action research I conducted was the ambiguity of my own role, being an insider, a personal tutor and assessor of the participating students. I was inevitably placed in a position of power which is of huge importance with ethical implications. My diary entries and field notes are littered with emotive language as here I was able to vent and document my frustrations and ethical dilemmas I had encountered. Chapter 3 has provided a discussion and evaluation of the strengths and weaknesses of action research as an approach. It noted recognised dangers of being too close to the research and its participants. However, there are serious issues to be considered around power relationships between tutor and student within action research. I was extremely aware of the ongoing nature of my tutor role with my co-participants and of not deliberately causing harm or upset. There is also the parallel emotional cost to the personal tutor, some of whom use clinical skills to contain strong emotions in their students and who perhaps overstep professional boundaries when dealing with students' mental health problems.

I was disappointed with the individual interviews which I conducted with two members of Cohort 1, as I didn't think that any in-depth knowledge had emerged which would influence my research questions. With hindsight this may have been due to assessment procedures. In contrast the PED tutors' focus group allowed participants to confide freely feelings of vulnerability, difficulties and doubts experienced and proceed to describe them in far more graphic terms, from the more powerful position of assessors. Perhaps also the tutors who are also experienced nurses, used to experiencing high levels of emotional stress are more accustomed to openly reflecting upon their experiences.

Despite the danger of bias and concerns around the imbalance of power, I would argue that this privileged position actually allows for a closer scrutiny of data as it emerges and this experience is probably acknowledged to be common amongst most 'insider' researchers. I can only speculate that focus groups or individual interviews undertaken with a different set of students or personal tutors using the same questions would have revealed similar
themes. On balance I consider that the end of unit evaluations, my diary entries and session notes importantly offered a triangulation of data which guided my tentative conclusions around whether my facilitation and pedagogic activities were serving to scaffold student learning.

**Difficulties that occurred**

Nevertheless, I would have liked to have conducted more than two individual interviews following the focus group interviews, with students and tutors in order to more effectively triangulate. Often my own work load (both academic and pastoral) and teaching schedules or tutor crises prevented these planned interviews taking place. To balance this deficit I was always alert to opportunities in which to collect relevant data: for example, when covering reflective sessions with other PED groups or receiving reports from visiting lecturers on my tutor groups' learning. I gradually made the decision, partly in response to the difficulties encountered in trying to set individual interviews up, to concentrate on group interviews together with the examination of students' verbal and written critical incidents and my reflective diary, detailing reflection-in-action and on-action (Schön, 1983).

The findings from my focus groups indicate that it is likely that the quieter students have probably filtered any highly personal revelations in the group situation, with a tendency to reveal more personal reflections in their written work. However, the third cohort self-disclosed to an incredible degree within the inspiration exercise feedback and the interaction that ensued in all of the groups was as interesting and revealing as the specific issues that emerged.

Despite my efforts to be transparent and my practice of feeding back my recorded summary versions of data collection in following sessions, I was keenly aware that, my focus group participants were my own students and would mostly remain part of the same group for the duration of their programme. This factor together with my role as the personal tutor is likely to have influenced the type of revelations that emerged and inevitably created some bias, although on balance I would argue that the consistency of membership and familiarity are just as likely to have encouraged more self
disclosure and accuracy of data. This is important because students that are reticent to self-disclose tend to also be resistant to reflection. However, I acknowledge that tutors insisting that students disclose deeper levels of very detailed private thoughts and emotions for assessment purposes, although a requirement of the nursing curriculum, may be accused of unethical practice.

The actual size of the groups was highly significant in terms of manageability. Focus group interviews were more easily conducted with my group of eleven than with the previous cohorts of eighteen to twenty students. With Cohort 2, which proved to be a rather challenging group to engage in learning, my own teaching load and programme leadership responsibilities most definitely impinged upon the amount of data that I was able to collect, given that much of my time was taken up with troubleshooting and managing their learning in the best way that I could. Consequently, my research reflects an everyday reality of what was happening in my practice, over the three years although my role changed and I personally also changed, as a result of my experience as a researcher in that I became more keenly aware of why the curriculum requires students to engage with reflection and I gradually gained a greater degree of confidence in identifying what teaching approaches were effective.

As my research cycle followed the pattern of my teaching practice, accommodating changes, I was able to ask my research questions in different contexts which threw up some contradictions and surprising findings. These in turn spiralled and fed into the next cycle. For example, with the second and third cohort I introduced a greater focus on students’ positive and negative past learning experiences early on. I was able to identify what worked well and what was less effective, although due to the very different composition of the student groups and the relatively uneven cohesion of individual groups, there were no guarantees that any interventions would necessarily be effective. The proof of effectiveness often arrived in the form of written critical incidents and other reflective statements contained in the student portfolios at the end of the academic year.
My study could have been enhanced by greater use of triangulation and of collecting alongside the qualitative data, some quantitative data in the form of questionnaires, for example to elicit from a wider cohort of mental health students, anonymous evaluations of the tutor support system and the desired role of the personal tutor. The standard university unit evaluation tool (TLAS) does not contain specific questions around pastoral support, although students do comment if they consider tutor support to have been a positive aspect of the unit. It also remains a cause of concern that my narrowing of focus has necessarily led to a concentration on the mental health nursing students whose experiences and perceptions may not generally represent those of the whole of the year cohort or even the other mental health groups within the same year cohort. This represents a genuine cause of concern as with action research the findings of a preceding cycle greatly inform the action planning of subsequent cycles. However, I was partly reassured that the findings from the mental health tutors’ focus group demonstrated a reasonable degree of commonality of student issues and concerns, although I am mindful that they were reported from the tutors’ perspective. Furthermore, I feel that a more detailed and disciplined recording of diary notes both in-action and on-action would also have enhanced my research.

Implications for own practice and wider practices
I began my research with a problem situation which led me to want to explore how I could enhance my facilitation of the reflection for student nurses. Teaching and developing the skills of reflection had been experienced as difficult and troublesome and I hoped that by monitoring the student journey I could through own reflection identify how I could make improvements to my teaching practice. I envisaged that reflection-in-action and on-action could help me to make sense of my teaching and students’ learning, not in a linear or fixed fashion but in a cyclical, spiralling process to move forward and make positive change, not merely to arrive back in the same place. On reflection I consider that as a result of my research I have become a more reflexive and responsive tutor, with greater empathy for my students’ struggling with reflection and have a clearer understanding of how to support and facilitate their reflection, in order to better integrate practice and theory.
I further explored in my research how I could assist or scaffold my students learning and journey to transformative learning and experimented with using inspiration exercises, having examined what educational theorists and researchers had identified constituted effective deep learning as opposed to surface learning. At the beginning I had not realised the power of these exercises which on reflection focused directly on private, personal theories. As the research progressed I became dissatisfied with what we were asking students to reflect upon, how reflection was assessed and the rather prescriptive models we offered to the students to structure their reflections and critical incidents upon. I explored adult learning theory and perspective transformation though I found this rather unhelpful in deciding how to scaffold my students’ learning and development of reflective skills. I further explored the concept of emotional labour and found this highly relevant to both student and personal tutor experience, hence my recommendation for explicit inclusion in the nursing curriculum.

What I can pass onto others
It was interesting and useful for my study to have covered the whole period of the 2001 nursing curriculum. However, the planned return to Action Learning Groups (dedicated just to reflection without incorporation of study skills) of the previous curriculum and the separation of the personal tutor role (both supported by the findings of my study and in concordance with the perceptions of many of the current PED tutors) will need careful monitoring and evaluation. The study skills, learning to learn and the development of critical thinking components of the old PED unit will now be replaced in the new nursing curriculum by a common learning unit, this may be taught by the students’ personal tutor, however, the separation of the delivery of the educational content from this role is intentional.

My findings have informed the development of future curriculum design and alignment and underpinned the direction of the personal tutor role in terms of the policy that was developed, following the consultation process. Additionally, we need when designing intended learning outcomes within curricula, to distinguish between empowerment / self-direction / autonomy in
learning / critical thinking / perspective transformation / meta-learning – and to include awareness of wider societal influences.

**Improving teaching practices**

The elicitation of expectations and identification of what makes for effective learning from all of the three cohorts of students has been useful, however, there is more detailed tutor work to be done to ensure that student understanding is scaffolded appropriately, to enable them to break through barriers to learning. Exploration of the importance of the arts and inspirations exercises have directly informed and influenced my pedagogy in terms of providing flexibility, identifying barriers and individual ZPDs. The responses of the students captured by their spoken and written critical incidents appeared to be scaffolded in the initial introduction to reflection, by focusing on the ‘personal’ and on their emotional responses. Therefore teaching methods need to be supportive of potentially vulnerable adults who may be more willing to express a more authentic self in the relatively safe setting of the classroom.

My research served to also highlight the need for recognition of the flexibility of teaching methods required of tutors who need to handle the variables that are difficult to control as discussed. However, the research process has demanded such flexibility of approach and the acknowledgement of many variables some which were largely beyond my control; the size of group, difficult personalities, difficult group dynamics, providing differentiation within adult groups and the dual role of personal tutor and assessor.

**Conclusion**

Knowledge is power, and at the beginning of my reflection-in-action I was largely unaware of what lay ahead of me. I began with a problem situation and over the period of my action research, I learned to trust in my exploration and to make transparent what I found along the journey. By studying my own practice with my students, I have sought how to improve my practice, based upon the responses and development of my students. I have had to make transparent my own pedagogical practice and to then feed any insights
gained into my teaching. At times I wondered that this knowledge may only be useful within my own context.

As an insider researcher I have had privileged access to rich knowledge, and that local knowledge has been shared with the student participants involved in my research, creating transparency and forming a basis for improvement of the curriculum. I aim to share my research within the wider university and in educational contexts outside, if opportunities arise. Therefore my research can potentially be accessed by others and be judged as to whether there is relevance outside of my own practice. I basically set out to address a problem situation and have explored with my students, ways of enhancing student engagement and understanding of reflection.

My reflections both in-action and on-action have created powerful personal learning. In terms of improvement of student learning and understanding, the reflective action research cycles have allowed me as a tutor to keep diary notes of interventions and student responses, develop templates for documenting thoughts, feelings and behaviour and to revisit evidence to reflect on-action. I have crucially been able to elicit feedback from students to enhance my professional practice in response to interventions, and to disseminate findings to colleagues, in an effort to bring about modest transformative change. I fully anticipate that this journey will continue, beyond this particular piece of research, to allow for further exploration of student understanding, to enhance my facilitation of the student journey towards making conceptual leaps in the direction of transformative change.

Therefore, beyond this particular action research I am left to reflect on the following questions:

1. Is there a relationship between students identified as reflectors according to learning styles questionnaires and their ability to produce a deep level of reflective writing?
2. Will explicit inclusion of the concept of emotional labour in the nursing curriculum better support student nurses' ability to reflect?
References:


Entwistle, N. and Ramsden, P. (1983) Understanding Student learning, Kent, Billing & Sons Ltd.


APPENDIX 1: PED Assessment Guidelines

Personal & Educational Development (PED) Unit:
ASSessment Guidelines
September 2002

INTRODUCTION:
The PED unit is concerned with helping you to "learn how to learn" and to apply this personal learning to your year one common foundation programme experiences. As such, the summative assessment for this unit is divided into two parts requiring you to submit
a) an individual personal portfolio, and
b) a completed practice profile

Both parts of the assessment (ie the portfolio and the profile) must be passed in order for you to successfully pass this unit

PART ONE: PERSONAL PORTFOLIO
The personal portfolio should clearly indicate to the reader how you have developed your knowledge and understanding of
a) how you best learn,
b) how you have applied this new learning to make the most of your theoretical and practical year one experiences, and then
c) how you plan to use this "new knowledge" in year two to make your learning easier and more effective

As such, each personal portfolio will be unique to you as an individual, as each of you will start with individual learning needs, strengths and past experiences. However, all students will be required to divide their portfolio into sections and to produce both evidence and, where appropriate, written reflections on this evidence for each of these portfolio sections. These sections include

Index Contents
Section One Curriculumin Vitae
Section Two Personal Reflections on PED Unit Achievements
Section Three Practice Development
Section Four Practice Development
Section Five Academic Development
Section Six Identification of Future Learning Needs Year Two Personal Action Plan
Section Seven (1,500 word Reflective & Referenced Personal Account)

Sources of help and support: personal portfolio
You will be expected to use the "Practical Guide to Portfolio Building" accompanying this unit as a key resource for identifying what type of evidence you might produce for each of these portfolio sections. This guide is available electronically and within it a number of key issues to consider when building portfolios are discussed. A portfolio template, which may help you structure, various aspects of your portfolio evidence and personal reflections will also be available electronically via the student P (public) drive.

You will also be expected to utilise the Key Skills On Line (KSOL) programme available via the HCS website to generate individualised portfolio evidence and or the core text DREW, S & BINGHAM, R 1997 The Student Skills Guide, Aldershot, Gower. The KSOL programme can be accessed both on and offsite for ease of access.

The core textbook, along with other useful books journal articles, is available in the Bournemouth House library. The PED unit seminars also have a number of identified opportunities for tutor group discussion regarding portfolio building and key assessment issues. The seminar programme is also flexible to respond to individual tutor group need and a number of seminars are identified as "Student choice". As a tutor group, you may therefore negotiate with your PED unit tutor, in advance of these sessions, to discuss various aspects of portfolio building you consider you require more assistance with

Nikki Glendinning
September 2002
APPENDIX 1:

Formative assessment review: personal portfolio
To help you develop your portfolio building skills and your understanding of the level C (certificate level assessment) standard required for this unit, you may submit your portfolio for formative review as you begin to collect and reflect on your evidence throughout the year. This will enable you to gain ongoing feedback on your progress and achievements and thus help you to improve the quality of your final submission. However, while you are advised to take up this opportunity, it is not a compulsory aspect of the unit assessment. Instead, it requires you to take the initiative and negotiate with your PED tutor what and when you will submit this.

Summative assessment: completed personal portfolio: 30th May 2003
You will be required to submit your completed personal portfolio together with an assignment cover sheet (available from the student office) direct to your personal PED unit tutor and to sign to confirm submission of your portfolio. Further details will be provided by personal PED Unit tutors prior to the summative assessment date. You are also advised to retain a photocopy of all summative assessment work as indicated in their year one course handbook.

Marking criteria for portfolio
Completed personal portfolios will be assessed using the IHCS marking grid as outlined in the course handbook. In addition, PED unit tutor’s will consider the following assessment criteria when awarding a pass mark/grade:

Does the portfolio evidence and accompanying reflections demonstrate your ability to:
(a) take responsibility for your own personal and professional development by:
   ♦ identifying how you most effectively learn
   ♦ planning, addressing and reflecting on your current and future learning needs
   ♦ learning from feedback and your own reflective experiences
(b) organise evidence of your personal and professional development in a clear and logical manner

PART TWO: PRACTICE PROFILE
All nursing students are required by the NMC to gain certain practical and supporting academic competencies by the end of their common foundation programme in year one. Clinical assessor’s mentors continually assess you in practice to confirm these various competencies and benchmarks have been met, while PED unit tutors assess your supporting academic competencies. Students therefore gradually develop and complete a practice profile while on various practice placements in year one.

Your practice profile therefore needs to be completed and signed by you, your clinical assessor and your PED unit tutor during each clinical practice placement and prior to summative assessment at the end of each practice placement. All sections of the profile must therefore be complete for a pass mark to be awarded at the end of year one.

Summative assessment: practice profile 8th August 2003
Students are therefore required to submit:
(a) their partially completed profile at the end of their first two practice placements direct to the their PED Unit Tutor
(b) their completed and signed practice profile and supporting evidence together with an assignment front cover sheet via the students office

Nikki Gardening
September 2002
**APPENDIX 2: Clinical Nursing Framework – Commences September 2001**

### Common Foundation Programme – Year 1

**Clinical Placement**

Branch focus starts in week 5. Placements in Maintenance (Nursing Home / Elderly Care / Long stay) and Intermediate care (Hospital type setting) for 2-3 days per week. Three periods of placements each lasting around 30 days.

Plus Clinical visits related to placement and other branches and Skills Lab sessions (16 x 3 hours)

**Theoretical Units and assessment**

All branches take same units.

- Application to Branch achieved in seminar groups, core material delivered in shared lectures.
- All units supported by Distributed Learning:
  - Foundations of Nursing
  - Professional and ethical practice
  - Human individual
  - Self, health and nursing
  - Adaptation to life changes
  - Understanding health and illness in a social context
  - Personal and educational development

All units have practice related assessment to meet UKCC Entry to Branch Outcomes. Clinical assessors conduct practice assessments.

Following completion of Year one, Common Foundation Programme students can step-off the course with Intermediate award of Certificate in Health Studies OR move into one of the four branch programmes.

### Branch Programme Years 2 & 3

**Clinical placements**

**Year 2**

- 3-4 days per week in practice

**Year 3**

- 3-4 days per week in practice

- Adult - Primary Health
- Intermediate, Rehabilitation, Critical care & option
- Mental Health – Acute, Community, Maintenance, Rehabilitation & option
- Child Health – Intermediate, Nursery/Special needs, critical care & option
- Learning Disabilities – Staffed Living, Special needs, Community care & option

All - 12 week placement in final part of course for consolidation.

Opportunity for option / overseas placement in branch programme

**Theoretical Units & Assessment Year 2**

All students follow 3x branch focused units and 3 generic units.

- Branch focused Nursing units
- Generic units – some common lectures
- Promoting health
- Personal and professional development
- Option unit

On completion of level 2 students can step-off with Dip HE interim award

**Year 3**

- Branch focused Nursing units
- Generic units
- Evaluating evidence based risk management
- Practice development in health & social care
- Portfolio

All units in branch programme (Except options) have practice related assessment to meet UKCC entry to Register competencies. Practice assessment conducted by clinical assessors.

### Assessment

Examinations, Essay. Poster presentation, Portfolio and UKCC Practice outcomes entry to branch

Completion of all elements of the course leads to

- Academic award BSc(Hons) or Advanced Diploma
- Professional Registration on part 12, 13, 14 or 15 of the UKCC register

The framework also allows for cross conversion pathways for those on parts 1, 3, 5 or 8 to cross convert to parts 12, 13, 14 or 15 of the register.
APPENDIX 3: Literature search

To inform my literature review I originally searched widely for relevant literature from 1950s onwards, using the university's OPAC research facility and scoured the library shelves for texts related to my main area of search. Additionally, as I also wished to examine more recent research studies on reflective practice and reflection per se, I then narrowed the dates for the search to embrace 1975 onwards. I searched E- databases (Medline, Ovid CINAHL, PsychArticles and PSYCHINFO) mainly accessed through the Open library / Education online / EBSCO together with searching abstracts of theses. Initially I searched for key words such as reflection, reflective practice, learning, adult learning, learning styles, approaches, teaching, facilitation, personal tutoring, emotion and emotional labour and gradually narrowed down the search to the areas of my particular interest by combining terms to focus on specific topics (use of and, or, not). Specific texts relating to reflection, pedagogy and research methodology were identified through the University's library (OPAC) search facility, using an online key word search.

As the cycle of my research progressed my search results yielded a huge amount of information and studies on reflection but relatively little highly relevant material around reflection and facilitation with pre-registration nursing students. I then made decisions to narrow my search by focusing on specific nursing, medical literature and allied health data bases such as BIDS, CINAHL and MEDLINE with use of truncation of for example reflect* to improve results and to narrow my focus on the previous decade of articles on reflection, so that there was a narrowing by date and journal name with or without full text. I also approached searching databases by subject. Searching for nurses’ learning styles did not yield many results so truncation and use of the term ‘approach’ and ‘prefer’ enabled me to widen the search. I viewed abstracts only to ascertain relevance and initially excluded non British research and research undertaken with students other than nursing. However, the scarcity of studies specifically applying Vygotsky's (1986) theories for example led me to widen my search to psychological and educational journals and to narrow my search within specific journals.
APPENDIX 3:

To locate key documents on reflection, occupational standards and portfolios I searched the ENB, UKCC, NMC, Royal College of Nursing and Department of Health websites' archived online publications. Where only research highlights were available online I made use of inter-library loans to retrieve documents and texts dating from the early 1990s. Hart (2001, p. 29) advises a process of 'Trawling and mining for information', which comprises commencement of a broad-based search for texts and relevant articles, leading to mining in the form of a focused search where material is analysed and discriminated between, then a widening or trawl for what he describes as grey literature (theses, conference papers), followed by a drilling down, analysing and categorizing then leading to specification and integration, where contents of the search are synthesised. For my own research a card index record of texts was compiled, an electronic recording of references and hard copy files of annotated journal and research articles categorised into subject areas together with notes on updated searches on previous and further topic areas.

JOHNS (1994) REFLECTIVE FRAMEWORK: LEVEL 1

1. DESCRIPTION
Write a description of the experience

2. REFLECTION
What was I trying to achieve?
Why did I act as I did?
What were the consequences of my actions for the patient and family?
What were the consequences of my actions for myself?
How did I feel about this experience when it was happening?
How did the patient/client feel about it?
How did I know how they felt?

3. INFLUENCING FACTORS
What influenced my decision-making and actions?

4. ALTERNATIVE STRATEGIES
Could I have dealt with the situation better?

5. LEARNING
How can I make sense of this experience in light of past experience and future practice?
As a result of reflecting on this entire experience what academic work have I considered?

6. REVISITING this experience, at least one month on, how have I changed or developed in relation to this incident?

Activity 13: tutor group discussion - structured reflection
Choose one of the reflective frameworks and use it to reflect on a recent clinical and/or academic experience that has been significant to you. Present your reflections to your tutor group to see if they can help you gain an even deeper understanding of the experience (see PED unit timetable for sessions when this may be applicable).

When this is complete you can enter this as evidence into your portfolio.

Activity 14: Review of key learning
Take this opportunity also to write down all the things you now know about reflection, but which you didn’t know before.
APPENDIX 5: Gibbs' (1988) Reflective Cycle

Description
What happened?

Feelings
What were you thinking and feeling?

Evaluation
What was good and bad about the experience?

Analysis
What sense can you make of the situation?

Conclusion
What else could you have done?

Action Plan
If it arose again, what would you do?
APPENDIX 6: Teaching schedules content of sessions / change of sequence

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Intro to unit assessment / Hopes and fears / ground rules / tutor role</td>
<td>Intro to unit assessment</td>
<td>Intro to unit / ground rules / individual tutorials schedule</td>
</tr>
<tr>
<td>2.</td>
<td>Referencing</td>
<td>Ground rules / tutor role</td>
<td>Intervention 1 Positive &amp; negative learning experiences</td>
</tr>
<tr>
<td>3.</td>
<td>Practice Profiles / EU hours</td>
<td>Roles &amp; responsibilities</td>
<td>Intervention 2 Inspirations / factors conducive to learning</td>
</tr>
<tr>
<td>4.</td>
<td>Reflective models</td>
<td>Individual tutorials</td>
<td>Practice profile</td>
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<tr>
<td>5.</td>
<td>Learning styles questionnaires</td>
<td>Working in groups</td>
<td>Reflective models</td>
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<tr>
<td>6.</td>
<td>Working in groups</td>
<td>Intervention 1 Positive &amp; negative learning experiences</td>
<td>Essay writing</td>
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<td>7.</td>
<td>End of term quiz</td>
<td>Reflections</td>
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<td>8.</td>
<td>End of term quiz</td>
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<td>Christmas break</td>
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<tr>
<td>9.</td>
<td>Intervention 1 Focus group following first placement</td>
<td>Practice profile / EC Handbooks</td>
<td>Intervention 3 Focus group following first placement</td>
</tr>
<tr>
<td>10.</td>
<td>Intervention 2 Feedback on inspirations</td>
<td>Learning styles questionnaires</td>
<td>Learning styles questionnaires</td>
</tr>
<tr>
<td>11.</td>
<td>Critical incident reports 1</td>
<td>Intervention 2 Reflective learning / inspirations / models</td>
<td>Essay writing / referencing</td>
</tr>
<tr>
<td></td>
<td>Critical incidents 2</td>
<td>Student oral presentations</td>
<td>Critical incidents / reflective models</td>
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<tr>
<td>13.</td>
<td>Critical incidents 3</td>
<td>Portfolio benchmarks</td>
<td>Action plans / time management</td>
</tr>
<tr>
<td>14.</td>
<td>Review of progress</td>
<td>Assertiveness / negotiation</td>
<td>Guest lecture re virtual community</td>
</tr>
<tr>
<td>15.</td>
<td>Exam preparation</td>
<td>Critical incident presentations</td>
<td>Student managed learning</td>
</tr>
<tr>
<td>16.</td>
<td>EU hours</td>
<td>Critical incident presentations</td>
<td></td>
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<tr>
<td>17.</td>
<td>Practice evaluation</td>
<td>Critical incident presentations</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Individual tutorials</td>
<td>Mop up session</td>
<td></td>
</tr>
</tbody>
</table>

Easter break

19. Student choice (motivation) | Assignment | Feedback collected on virtual learning
20. Assignments & time management | Exam preparation | Psychology unit revision
21. Year 2 action plans | Evaluation of unit | Exam preparation
22. Unit evaluation | Revision request for psychology | Individual slots
23. | | Action planning
24. | | Individual slots
25. | | Practice profile
26. | | Evaluation of unit
APPENDIX 7: Diary extract Cohort 1 (4.2.03)

Facts: Critical incident – verbal presentation. Not all identified presenters had turned up.

Method: 3 students one male two female had volunteered to get it over with. No. 1 student had everyone in fits of laughter – very entertaining but poignant also. Have the two confident extrovert people intimidated the others? No. 2 Equally good quality – very thoughtful consideration, emotionally engaging, used Gibbs. No. 3 Concerns about poor practice – bit cagey about detail, seemed genuinely upset.

Analysis: 1\textsuperscript{st} structured by model (Johns) very good verbal reflection – narrative. 2\textsuperscript{nd} more in-depth consideration had been very angry at OT. Sharing it had diffused anger. 3\textsuperscript{rd} need to talk to PE re bad practice – feeding etc.
Ethics statement

Dear student

I am undertaking an action research project to study my own practice as a facilitator of reflective learning. My research will involve the collection of data from interviews, diary recordings, notes from seminars and portfolio work produced. This ethics statement is to assure you that I will observe good ethical practice throughout the research.

This means that:

- The permission of the Head of School will be secured before the research commences;
- Confidentiality will be observed at all times, and no names will be revealed within the research;
- Participants will be kept informed of progress at all times;
- All participants have the right to withdraw from the research at any time and all data relating to them will be destroyed.

Signed: ____________________________

Barbara Dyer
Co-ordinator of Student Experience
APPENDIX 9: Inspirations exercise session plan

Aim:
- To encourage students to develop a reflective approach to their learning by presenting to the group a source of personal inspiration.

Intended Learning Outcomes:
- To enable students to verbally reflect upon why their chosen source of inspiration is important and to identify what impact it has had on them in terms of affect, behaviour and how they think.
- For students to identify important factors conducive to their own learning.

Date:
Duration: 2 hours

Materials: Overheads / student notes + visual / auditory examples of inspirations. Flip chart paper and pens.

1. Register

2. Introduction to the session – reminder of task set in previous session to prepare a 10 minute individual presentation of a source of personal inspiration. Check how many students have prepared.
   (10 mins)

3. Development – Explanation of the exercise. Students to present in rotation. Allow for questions at the end to familiarise students with being questioned / challenged when reporting critical incidents.
   (45mins – 1 hour)

   Comfort break: 15 mins

Extension: Jigsaw activity

Allocate students to work in pairs to brainstorm factors important to learning. Form into groups of 4 to share ideas and present on flip chart. Each group of 4 to offer two factors conducive to learning – tutor to record on whiteboard or flipchart until exhausted. Whole class discussion of internal / external factors and variation of individual approaches. Ask students to note important individual factors important to learning.
APPENDIX 9:

De-briefing – thank students for participation – ask how useful in terms of learning to reflect (explain components of affect, behaviour, cognition). Remind students to keep notes as evidence in portfolio (10 mins).

   (5 mins)

5. Information on next few sessions – reflective activities.
   (10 mins)

6. Conclusion – invitation for individual students to make individual appointments / ask questions.
   (10 mins)
Dear Professor Graham,

I am currently employed as an Associate lecturer (Psychology) within IHCS. I am writing to request permission from you to commence a Doctorate in Education with the Open University. I have chosen this particular route, as I believe that I am unable to pursue a PhD in Psychology within IHCS. I have successfully passed the entry examination in research methods and have submitted a proposal for my research, however, the Ed D is not open entry and it may transpire that my proposal is unacceptable or that there may not be appropriate supervision for my topic area.

However, if successful I would like to focus on how my facilitation of students' reflective learning within the CFP (PED Unit) can be enhanced. I intend to use mainly qualitative methods, focus group interviews and individual interviews with my own PED group, and perhaps focus group interviews with other PED tutors / Course leader, culminating in the design of an evaluation questionnaire. I have already discussed my proposal with Janet and Jane as my line manager, and I now wish to seek your approval to proceed further. If you require any additional information regarding my research proposal, I would be most happy to supply it.

Yours sincerely,

Barbara Dyer
BSc(Hons) MA(Ed)
Associate lecturer (Psychology)
<table>
<thead>
<tr>
<th>BD</th>
<th>How on earth do you think you’re going to learn in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Monkey see – monkey do – (laughter)</td>
</tr>
<tr>
<td>BD</td>
<td>Can you expand on that D?</td>
</tr>
<tr>
<td>D</td>
<td>Observing ……watching</td>
</tr>
<tr>
<td>K</td>
<td>Observing different practice on the ward… can actually make you em…….. look and see how things aren’t supposed to be done and sometimes how they are supposed to be done. I found that since going on the ward, I expected from the ward em some conflict as to what we’re taught her in an ideal way going onto a ward which isn’t ideal but not to the extent that I’ve found in my placement. I don’t feel that it’s there’s so many conflicts it’s having to get these issues out the way before we’re learning anything……….</td>
</tr>
<tr>
<td>BD</td>
<td>Conflicts between?</td>
</tr>
<tr>
<td>K</td>
<td>Procedures that which we’re supposed …taught to do in clinical skills and the correct way to do them aren’t necessarily done that way on the ward.</td>
</tr>
<tr>
<td>BD</td>
<td>Can you all feel that you can express…?</td>
</tr>
<tr>
<td>K</td>
<td>To a certain…..but ‘cos it’s the first week I don’t particularly want to be too negative straight off, I mean if I really don’t agree with doing something I have the freedom to do it and I have actually done that in the first week you don’t feel as if you can go there and be negative straight away. So it’s going to be for your benefit generally but my mentor is really good – I do feel as if I could go to her with problems and she’s quite happy to answer any questions she does have rationales for some of the things they do it’s going to be difficult – we also keep a diary of some of the things we’ve done and things that we don’t have time to do and from what we’ve learnt from clinical skills.</td>
</tr>
<tr>
<td>C</td>
<td>I’m in the same placement as K and I feel very much the same really – there’s a differential in the way we’ve been taught things here and my expectations of what I’m actually finding in my placement and again it’s the first week and I’ve just been watching and doing some things and I’ve been writing down everyday what I’ve been doing ‘cos I think it will be good evidence for our profile but em…. I’m quite horrified at some of the practices.</td>
</tr>
<tr>
<td>BD</td>
<td>Mmm…..</td>
</tr>
<tr>
<td>F</td>
<td>Some of the outcomes we’re supposed to meet in our profile some the basic ones that we’re supposed to meet like privacy ones.</td>
</tr>
<tr>
<td>F</td>
<td>But I haven’t been writing down what I felt about the negative things on the ward I’ve kept those back at the moment – but they’ll come out.</td>
</tr>
<tr>
<td>BD</td>
<td>That’s private for your own eyes isn’t it?</td>
</tr>
<tr>
<td>C</td>
<td>But I’d like my mentor to read it.</td>
</tr>
<tr>
<td>BD</td>
<td>Right (laughter all round)</td>
</tr>
<tr>
<td>C</td>
<td>When do you actually write your diary? Is it at the end of a shift?</td>
</tr>
<tr>
<td>BD</td>
<td>At the end of every day I write it.</td>
</tr>
<tr>
<td>C</td>
<td>So that your memory is quite fresh – that’s good. Do you ever return to it and add to it or is it just factual?</td>
</tr>
<tr>
<td>C</td>
<td>No just write it – close it – open it next time. I write something, never look back on it.</td>
</tr>
<tr>
<td>BD</td>
<td>Do you structure it out into thoughts / feelings / actions? Or just, just write it as you feel?</td>
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<tr>
<td>----</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C</td>
<td>I write it as I feel, but it’s mostly in actions that I’ve actually done that day.</td>
</tr>
<tr>
<td>BD</td>
<td>So it’s quite factual?</td>
</tr>
<tr>
<td>Do</td>
<td>Yes – we’ve been lucky, we’ve got a really nice placement haven’t we?</td>
</tr>
<tr>
<td>F</td>
<td>Yes we have, Yes we’re together – staff are really friendly and really welcoming, the HCAs they’ve got a lot of them on the ward they even go to the ward rounds em they’re just really really helpful – it seems that we’ve learnt an awful lot in one week.</td>
</tr>
<tr>
<td>Do</td>
<td>And they’ve even <strong>started training sessions every week</strong> every single week and there’s a new topic and all the staff go to them, no-one is excluded (laughter). Very good handouts and they’re all really nice – get a good feeling straight away.</td>
</tr>
<tr>
<td>F</td>
<td>And continues that way.</td>
</tr>
<tr>
<td>BD</td>
<td>Let’s hope so! (Laughter) Do you record in the same way?</td>
</tr>
<tr>
<td>Do</td>
<td>I bought a diary at the weekend.</td>
</tr>
<tr>
<td>BD</td>
<td>And how do you go about yours then? Do you structure yours or?</td>
</tr>
<tr>
<td>Do</td>
<td>I only bought a diary at the weekend. I haven’t written in it yet (laughter) ready for this week – I’m not in ‘till tomorrow.</td>
</tr>
<tr>
<td>F</td>
<td>I do my diary – I tend to do it when I get in – quite surprised – we’ve got some days when we go to the OT, see things write it down.</td>
</tr>
<tr>
<td>BD</td>
<td>If you do have any particular problems come and see me and I’ll get the PE to come and have a word.</td>
</tr>
<tr>
<td>K</td>
<td>They’re not going to change they’ve been working the way they’ve been working.</td>
</tr>
<tr>
<td>BD</td>
<td>So you’re saying you can’t directly put into practice what you’ve learned? Things you’ve been shown how to do?</td>
</tr>
<tr>
<td>K</td>
<td>You can put it into practice in a certain ... in some things but if you’re taking too long over something then you feel you’re being frowned upon for doing things correctly though they do give rationales as to why they are doing certain things which is fair enough but there are some things that are ... I wouldn’t be doing myself.</td>
</tr>
<tr>
<td>BD</td>
<td>Do you feel that there are things you can go back to your mentor and mention?</td>
</tr>
<tr>
<td>K</td>
<td>Yes whether it ... everytime I’ve mentioned something she has rationalised why they do it, it goes against what we’ve been taught here. I can see both sides of it but that doesn’t make me feel any more positive.</td>
</tr>
<tr>
<td>BD</td>
<td>Has anybody been able to link the units ....been able to relate this to practice at all? Go on...</td>
</tr>
<tr>
<td>D</td>
<td>It’s what’s difficult – I actually found things difficult morally. I don’t know... no it’s really hitting me hard... some terrible emotions of guilt I’ve been tormenting myself.</td>
</tr>
<tr>
<td>K</td>
<td>I’ve actually spoken to the mentor about... discuss talking about it is fine.</td>
</tr>
</tbody>
</table>

2/5/1 (training)
<table>
<thead>
<tr>
<th>BD</th>
<th>Has this helped?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Sometimes ......sometimes – I'll get used to it.</td>
</tr>
<tr>
<td>K</td>
<td>I think it will take us a while to get used to the environment we're not used to just seeing people so ....I don't know how to describe most of them...just seeing people like that, especially when you're seeing people who are close to death, you're thinking well is there nothing more you can do? We're waiting, just waiting.</td>
</tr>
<tr>
<td>BD</td>
<td>Can you ask questions around that as a student?</td>
</tr>
<tr>
<td>K</td>
<td>About the death side of things?</td>
</tr>
<tr>
<td>BD</td>
<td>Yes</td>
</tr>
<tr>
<td>K</td>
<td>Yes, but I mean , they don't really mind you asking questions, I've asked some questions ..I've had experience of it in the past but going back into it straight onto a ward where it's ..there's so much nightmare so people that are near death and just sit there all day doing nothing it's very difficult to go back into it – I've spoken to my mentor about it, she can understand it's just a case of getting used to the setting it's certainly made me think I don't want to do it, get into it, but it's useful. I never thought I would want to but this has certainly made my mind up, elderly care, I couldn't do that job day in day out for the rest of my life......</td>
</tr>
<tr>
<td>C</td>
<td>Yes likewise, I think it's shown me what I don't want to do, I don't know what I do want but....I think I'm quite upset by the attitude of some of the staff the em.... Its.....</td>
</tr>
<tr>
<td>K</td>
<td>We were talking about it, it's quite helpful really 'cos C. is on the same ward as me. Today was the first time we'd seen each other since we've been on the ward and it was very useful to know that you're not the only one feeling that .I guess we're both seeing exactly the same thing, we both said often 'my god!'</td>
</tr>
<tr>
<td>BD</td>
<td>Lack of stimulation?</td>
</tr>
<tr>
<td>K</td>
<td>They have a radio...that's it. They have a view outside their window of a mud pit and that is it. There's building work going on but it's been like that for a year, it's just a mud pit and there's loads of rain in it, that's the only visual stimulation that they have the ward wall is coloured as far as doing things on the ward for stimulation it's practically zero. But there isn't any staff. I don't think there's enough staff on the ward it's not a huge ward but it's difficult.</td>
</tr>
<tr>
<td>BD</td>
<td>In terms of learning, sounds a bit unkind to say this but in terms of learning , working on this type of ward, students can get a lot of outcomes signed off because there is more time to do this. So whereas it may not be ideal, it is part of the learning experience.</td>
</tr>
<tr>
<td>C</td>
<td>Being very pragmatic I've looked at the outcomes and I'll reach all my outcomes and it's the first placement and I will be finished soon ha ha!</td>
</tr>
<tr>
<td>BD</td>
<td>Yes you will.</td>
</tr>
<tr>
<td>K</td>
<td>Somebody else might be lucky.</td>
</tr>
<tr>
<td>S</td>
<td>Just to say, my placement's quite good, it's a place I went to, I was working there for six months before so when I look back of what I was ....so it's very interesting. Some people sort of immediately treat me like an HCA what I used to do which is quite difficult to deal with sometimes 'cos you learn a different role you have to sometimes assert your own sense of you're into other</td>
</tr>
</tbody>
</table>

3/1/3 (dilemma)  
3/2/2 (mentor support)  
3/7/2 (peer support)  
3/4/1 (context)  
3/8/1 (role confusion)
things now. But then you do actually fall back into that existing role anyway, when you do find yourself five minutes spare. You find yourself helping people clean rooms to do things so so doing these think they keep in – I mean they’re very helpful, they are very helpful, they keep asking me what to do you want to do now, do you want to learn? (Laughter). You know you’ve got your book and you look at the outcomes, which one am I going to do first and there’s still a sense of you don’t know what you don’t know.

Do I feel that .... yeah.

S What you want to do now.... I keep pushing things like meds then bands and all these things that I know exist but don’t know how they work, but I don’t know really much really what they should be.

Do I feel the same, you’re not confident enough to know what it is ...what?

S I know we’ve got our learning outcomes and we can see from there things we should be doing but how do we achieve those and what practical things we need to do to achieve those and we need someone to sit down with us.

C Well each working day now, I’m just looking at them now, you’ve got a list of your clinical resources in your clinical environment. Well I’m going to do that tomorrow you know and that’ll be one of your outcomes done at the end of the outcome. So I’m just looking at the outcomes looking at the ward and thinking well how can I do that on the ward – just just doing it, I just want it out the way just done.

K I’m just writing out this is what I want to do on the ward and that’s what my mentors……

C As looking at many days out as I can i’ve got a day out with a nursery nurse, a CPN with…..

K I’ve written down things and particularly want to do again and that’s what we’re going to see basically.

BD Perhaps you need to get hold of your mentor in a similar way, just to agree. Have you had an interview, an initial interview with mentor and sorted out what you’re going to do?

S We haven’t yet, no. She’s been off but yeah…. I’m sure she’s quite happy to again it’s just there’s a lot, there’s lots done already.

C And a lot of outcomes you actually do on a daily basis, you’ve got to work out how to evidence them.

S Yes absolutely.

C Which is by writing down what you’re doing, you’re meeting it by just being there, doing what you’re doing really, doing it in a proper fashion.

Do There’s two mentors up there one not last week, the other one was sick so we actually never sat down and got to know which ones got which, so we haven’t had a chat with one either.

BD You need to know about what to concentrate, focus on and if mentors are away and there’s a problem other people can act as mentors, others are allowed to sign things off for you.

K That’s one of the things that we’re stuck with really ‘cos straight off weren’t we? We were organised with mentors for each of us and we were told
that ward manager would be able to step in if anyone is away if they’re out that week. So that was fairly organised that’s about it really.

<p>| F  | You’re always aware that the staff are there they’ve got their jobs to do and ok you want to ask questions and all that and you feel like you are in the way as well. | 5/9/2 (confidence) |
| BD | It is very difficult because you want to be assertive but not too assertive. |
| F  | You’ve got to let them get on with things that they need to do as well. |
| BD | And if there is a problem and someone holds back and doesn’t say so they don’t know equally they’re not mind readers so it’s negotiation isn’t it? |
| F  | It’s our first placement and a new experience so…… |
| BD | Despite you having had other bank experience it’s still to a certain extent it’s a different circumstance, different challenge? |
| D  | Yes you feel now because you’re a student not just working on the ward, visiting student you feel under pressure to be a student as an HCA you learn how to ….it’s just a funny old situation. | 5/11/1 (identity) |
| BD | Yes it is and I suppose HCAs who’ve worked with you previously treat you in a certain way? |
| S  | Yes – yes. |
| BD | You can either live up to their expectations or challenge those expectations because you’re now in a different role aren’t you? |
| S  | It is …it’s more so much what you do I suppose a lot then are the same anyway it’s that thing of how other people see you. You’re in a different role, attitudes are changed slightly. | 5/14/1 (being observed) |
| F  | That could happen at …… (the hospital) as well you see a lot of the patients, I see patients who say you’ll change when you’re a nurse it’s the way that they see you. As soon as medication is coming out they’ve got their attitudes about medication. We’ll be giving it one day. |
| BD | Other students. Do you want to add anything? |
| M  | No (laughter ALL) |
| P  | Actually I like my placement. |
| BD | Tell us why you like it? |
| M  | The staff are really friendly | 5/2/4 (mentor / staff support) |
| BD | You’re really comfortable, have you had an initial interview? How are you going to approach things – actually your relationship with your mentor they’re your mentor but they’re also your assessor aren’t they? So it’s like a dual, you know a bit ambiguous really. They’re your mentor but they are assessing you and it’s really personalities, it’s very fortunate someone you get on with quite well, but if it’s someone you don’t get on with you’ve still got to work with them they’re still assessing you. |
| M  | They’ve got three of us at ……(the hospital) but we’ve all got our own mentor. It’s not that big a place but we’ve all got our own little mentor. |
| BD | Little mentor? (Laughter) My size? Yes because that might be difficult. So who are the others? |
| M  | J and E |</p>
<table>
<thead>
<tr>
<th>BD</th>
<th>Oh so that'll give you some moral support. Is anyone on their own?</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Yes</td>
</tr>
<tr>
<td>BD</td>
<td>Do you feel it a bit?</td>
</tr>
<tr>
<td>P</td>
<td>It's a really nice place to work everyone knows what they're doing, sometimes because they're so small you feel as if you're not doing anything.</td>
</tr>
<tr>
<td>BD</td>
<td>Makes you feel guilty? Have to make yourself useful?</td>
</tr>
<tr>
<td>P</td>
<td>Yes they like sitting in the office looking at the paperwork, it's difficult ... stand out like a sore thumb. They don't expect you to do things if they want me to see something they'll come and get me, it's quite difficult I don't know what's expected.</td>
</tr>
<tr>
<td>S</td>
<td>It's like there's about a few HCAs on a busy ward and you're a student and they sit and watch you as you're going round so five people why don't you get off your arse? So I mean, I don't actually mind doing it and I enjoy it's a great way of meeting patients and it's part and parcel of the job isn't it?</td>
</tr>
<tr>
<td>M</td>
<td>When there's qualified people not doing anything they should be helpful.</td>
</tr>
<tr>
<td>S</td>
<td>I've got no problem with it at all, I just don't want to keep doing it and then it's expected and you do it and you're in the middle of something and the other students have gone off over there to do meds it ... I just tag along for ten minutes. (Much laughter) You sort of hope that you behave in one way and it's accepted it was interesting yesterday when ......</td>
</tr>
<tr>
<td>F</td>
<td>Yes, I don't want to go into nursing just to sit an office all day. I want to have that contact with the patients.</td>
</tr>
<tr>
<td>S</td>
<td>I'll do anything but sit around.</td>
</tr>
<tr>
<td>BD</td>
<td>They don't get directly paid for it, although it's part of their role, they may not have volunteered to do it either so you need to take that into consideration, the also have their work to do.</td>
</tr>
<tr>
<td></td>
<td>That's great – thank you. (Stopped tape recording).</td>
</tr>
</tbody>
</table>
Once again plans have been hi-jacked by initially my car breaking down – having to arrange individual interviews. Secondly, ‘the bus incident’.

A group of students were overheard by a mature student from another group discussing a fellow student in their group in a disparaging manner. They then moved on to discussing a resus session that they were unhappy about and reportedly complained about the lecturer in question.

The mature student felt intimidated and upset by overhearing this and duly reported this to her tutor. The tutor then sent an urgent email to my group detailing the offence and suggesting that they consult their disciplinary code as this was considered to be a ‘breach of confidentiality’.

In my PED session I had spent an hour discussing the importance of confidentiality within the group and was very disconcerted that this should have occurred. However, I was also wary of accepting anecdotal evidence which was basically ‘hearsay’.

The ripples from this relatively minor incident had many repercussions. The group were plunged into crisis and resulted in several delegations to my office. I agreed to discuss the whole incident in the next session. The Group Reps had fallen out and one wished to resign.

This incident has highlighted the anxiety felt in the early weeks of the course. Consequently, once again recording a focus group interview was thwarted. Another important issue was brought to the fore – the role of the Group Rep. The students were confused – I’ve often found that usually the most confident student member comes forward and is often the most inappropriate person to represent the group. The Student Union had also unfortunately not contacted the reps regarding training. So although we had discussed the role of the tutor, the role of the student, we had omitted to discuss the role of the rep.

Action:
Next session to discuss role of rep and to negotiate who is to continue in the role.

End of cycle reflection-on-action
Longer diary entry does not conform to planned diary entry structure of Facts/Methodological/Analysis. My personal frustration with this cohort of students is evident. Reflecting at a distance, I was at the time of writing attempting to balance a number of elements in my workload whilst struggling to find the space to progress my research. I perhaps misguidedly made the students my priority.
APPENDIX 13: Critical incident report (Cohort 1)

Critical Incident In Practice:

For the past couple of months I have been on placement at a rehabilitation unit dealing with people with mental health needs. The emphasis of the unit is to prepare individuals with necessary life skills that they will need to resettle in the community after a stay in hospital.

One of the clients that I have been dealing with is a forty five-year-old man with a history of paranoid schizophrenia. He has been attending the unit for the past six years as a day patient and due to the fact that the unit will shortly be reverting to an inpatient only setting this particular gentleman needed to be found alternative day care facilities.

Although there are a number of day care facilities in the area the man concerned was reluctant to accept any of the offers made to him as he felt settled at the unit he was attending and felt the move to a new environment would be upsetting.

In a situation such as this it would be ideal for the service user to take control of his life and decide for himself what the next best scenario could be. There was a problem however. Due to the routine that the man had enjoyed for a number of years he had lost the natural response of acting autonomously. He had become so used to everything being decided for him that when the time came to make decisions about important factors in his life he felt unable to cope and found the whole experience upsetting.

The nursing team decided that he should be encouraged to visit a number of places with a view to relocating and I was given the task of implementing this action.

Although the man was physically capable of getting about he felt unsure about using public transport, as he had not done so for a number of years. Over the morning the man was encouraged to try to gain enough confidence to catch a bus to B in order to visit the B Day Centre.

After a couple of attempts and with much encouragement the man successfully managed to catch the bus and attended the unit. He was shown around the unit and after a brief interview was invited to attend the unit on a regular basis. The offer was autonomously accepted and to date the gentleman concerned is regularly attending the unit and appears happy to do so.

It is difficult to imagine how this successful outcome could have been managed without fostering in this service user a sense of autonomy. The unit he was introduced to is coordinated on a purely voluntary basis and without the motivation to encourage himself the whole exercise would have been fruitless. Perhaps the old maxim that you can lead a horse to water but you cannot make it drink comes to mind.
APPENDIX 13:

Although this experience is fairly minor in its nature it is perhaps a template for how I will approach situations in the future. It would have been easier perhaps to have contacted the unit myself and taken the gentleman in a car to visit — but it is unlikely that this approach would have yielded such successful results. By achieving the outcome for himself it was clear that the man felt more confident and as a result felt a greater sense of empowerment.
### Appendix 14: Categories derived from PED Tutors’ focus group (26.9.03)

<table>
<thead>
<tr>
<th>Categories derived from focus group data with PED Tutors</th>
<th>Categories linked and structured into 4 super-ordinate categories (in bold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Learning (unpleasant/tutor)</td>
<td><strong>Problems in student learning</strong></td>
</tr>
<tr>
<td>2. Disharmony</td>
<td>Disharmony (2)</td>
</tr>
<tr>
<td>3. Conflict</td>
<td>Conflict (3)</td>
</tr>
<tr>
<td>4. Identity</td>
<td>Identity (4)</td>
</tr>
<tr>
<td>5. Defining problems</td>
<td>Problems / students (14)</td>
</tr>
<tr>
<td>6. Self doubt / vulnerability (tutor)</td>
<td>Avoidance (32)</td>
</tr>
<tr>
<td>7. Learning (positive)</td>
<td>Study skills (38)</td>
</tr>
<tr>
<td>8. Coping strategies</td>
<td>Dyslexia (42)</td>
</tr>
<tr>
<td>9. Not knowing / tutors</td>
<td>Learning barriers (43)</td>
</tr>
<tr>
<td>10. Knowledge base</td>
<td>Disappointment (46)</td>
</tr>
<tr>
<td>11. Informal support / other tutors</td>
<td><strong>Modelling professional behaviour</strong></td>
</tr>
<tr>
<td>12. Confidence</td>
<td>Coping strategies (8)</td>
</tr>
<tr>
<td>13. Support / formal</td>
<td>Confidence (12)</td>
</tr>
<tr>
<td>14. Problems / students</td>
<td>Boundaries (16)</td>
</tr>
<tr>
<td>15. Expectations / students</td>
<td>Flexibility (25)</td>
</tr>
<tr>
<td>16. Boundaries</td>
<td>Professionalism (37)</td>
</tr>
<tr>
<td>17. Management of learning</td>
<td>Privacy (45)</td>
</tr>
<tr>
<td>18. Individual tutorials</td>
<td><strong>Pedagogy</strong></td>
</tr>
<tr>
<td>19. Dependency</td>
<td>Learning (positive) (7)</td>
</tr>
<tr>
<td>20. Preparation for role</td>
<td>Knowledge base (10)</td>
</tr>
<tr>
<td>21. Learning needs / students</td>
<td>Informal support / other tutors (11)</td>
</tr>
<tr>
<td>22. Prioritising</td>
<td>Support / formal (13)</td>
</tr>
<tr>
<td>23. Content</td>
<td>Expectations / students (15)</td>
</tr>
<tr>
<td>24. Structure</td>
<td>Management of learning (17)</td>
</tr>
<tr>
<td>25. Flexibility</td>
<td>Individual tutorials (18)</td>
</tr>
<tr>
<td>26. Group work</td>
<td>Learning needs / students (21)</td>
</tr>
<tr>
<td>27. Reflection (support)</td>
<td>Content (23)</td>
</tr>
<tr>
<td>28. Reflection (descriptive)</td>
<td>Structure (24)</td>
</tr>
<tr>
<td>29. Differentiation</td>
<td>Group work (26)</td>
</tr>
<tr>
<td>30. Scaffolding</td>
<td>Reflection (support) (27)</td>
</tr>
<tr>
<td>31. Semantics</td>
<td>Reflection (descriptive) (28)</td>
</tr>
<tr>
<td>32. Avoidance</td>
<td>Differentiation (29)</td>
</tr>
<tr>
<td>33. Questioning</td>
<td>Scaffolding (30)</td>
</tr>
<tr>
<td>34. Peer support</td>
<td>Semantics (31)</td>
</tr>
<tr>
<td>35. Pedagogy</td>
<td>Questioning (33)</td>
</tr>
<tr>
<td>36. Models</td>
<td>Pedagogy (35)</td>
</tr>
<tr>
<td>37. Professionalism</td>
<td>Models (36)</td>
</tr>
<tr>
<td>38. Study skills</td>
<td>Assessment (39)</td>
</tr>
<tr>
<td>39. Assessment</td>
<td>Sequencing (41)</td>
</tr>
<tr>
<td>40. Integration</td>
<td><strong>Power differential / pastoral support</strong></td>
</tr>
<tr>
<td>41. Sequencing</td>
<td>Learning (unpleasant/tutor) (1)</td>
</tr>
<tr>
<td>42. Dyslexia</td>
<td>Defining problems (5)</td>
</tr>
<tr>
<td>43. Learning barriers</td>
<td>Self doubt / vulnerability (tutor) (6)</td>
</tr>
<tr>
<td>44. Group formation</td>
<td>Not knowing / tutors (9)</td>
</tr>
<tr>
<td>45. Privacy</td>
<td>Dependency (19)</td>
</tr>
<tr>
<td>46. Disappointment</td>
<td>Preparation for role (20)</td>
</tr>
<tr>
<td>47. Power relationships</td>
<td>Prioritising (22)</td>
</tr>
<tr>
<td></td>
<td>Peer support (34)</td>
</tr>
<tr>
<td></td>
<td>Integration (40)</td>
</tr>
<tr>
<td></td>
<td>Group formation (44)</td>
</tr>
<tr>
<td></td>
<td>Power relationships (47)</td>
</tr>
</tbody>
</table>
## Appendix 15: Action plan for Cohort 3

<table>
<thead>
<tr>
<th>Intervention / activity</th>
<th>Dates of progress check</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrange individual (15min) tutorials with each student from the end of October. Use contact details template to record past educational experience and any additional learning needs.</td>
<td>Nov 04</td>
</tr>
<tr>
<td>2. Elicit hopes and fears and ground rules in Freshers’ week – compare with previous cohorts’.</td>
<td>Dec 04</td>
</tr>
<tr>
<td>3. Set schedule of interim dates for portfolio sections as formative assessment / two weeks following session based topic area.</td>
<td>Jan 05, Evaluate April 05 (TLAS / field notes / diary)</td>
</tr>
<tr>
<td>4. Encourage students to report on progress in practice via email. <strong>Schedule 1st focus group in early Jan 05 session.</strong></td>
<td>Jan 05, Word process transcript Feb 05 – analyse March / April 05</td>
</tr>
<tr>
<td>5. Dedicate a session to hypothetical problems in groups incorporate assertiveness skills / offer 2 student choice sessions.</td>
<td>April 05, Evaluate June 05 (TLAs / field notes / diary)</td>
</tr>
<tr>
<td>6. Adhere to flowchart for sequence of positive and negative learning experiences follow on with inspiration exercise (incorporate more small group activity to allow for peer support and de-personalisation of detail). Follow up with reflective activities to scaffold students’ application of reflective models.</td>
<td>Evaluate June 05 (TLAS / field notes / diary)</td>
</tr>
<tr>
<td>7. Introduce examples of diary writing – encourage students to bring in own examples to session to compare and contrast. Allow for 10 – 15mins at the end of subsequent PED sessions for private reflection / diary entries.</td>
<td>Evaluate June 05 (TLAS / field notes / diary)</td>
</tr>
<tr>
<td>8. Encourage students’ challenges to others following delivery of verbal critical incidents with appropriate questioning.</td>
<td>Evaluate June 05 (TLAS / field notes / diary / portfolios)</td>
</tr>
<tr>
<td>9. <strong>Marking of portfolios (critical incidents)</strong> – 2nd marking of practice profiles</td>
<td>June 05, August 05</td>
</tr>
<tr>
<td>10. Continue to search and take notes from action research methodology texts.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>11. <strong>Revisit diary entries / session notes and TLAS evaluations.</strong></td>
<td>July / August 05</td>
</tr>
</tbody>
</table>
### Appendix 16: Categories derived from Cohort 3 focus group (10.1.05)

<table>
<thead>
<tr>
<th>Categories derived from focus group data with Cohort 3</th>
<th>Categories linked and structured into 4 super-ordinate categories (in bold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of elderly experience</td>
<td><strong>Practice experience</strong></td>
</tr>
<tr>
<td>2. Mentor relationships</td>
<td>Lack of elderly experience (1)</td>
</tr>
<tr>
<td>3. Travelling to placement</td>
<td>Travelling to placement (3)</td>
</tr>
<tr>
<td>4. Expectations</td>
<td>Expectations (4)</td>
</tr>
<tr>
<td>5. Learning /conditions</td>
<td>Learning /conditions (5)</td>
</tr>
<tr>
<td>6. Patient / client contact</td>
<td>Patient / client contact (6)</td>
</tr>
<tr>
<td>7. Morale / emotion</td>
<td>Drug rounds (11)</td>
</tr>
<tr>
<td>8. Role transition / identity</td>
<td>Ambiance (14)</td>
</tr>
<tr>
<td>9. NAs / role confusion</td>
<td>Initiation / challenge (15)</td>
</tr>
<tr>
<td>11. Drug rounds</td>
<td>Politics (17)</td>
</tr>
<tr>
<td>12. Feedback</td>
<td>Consultant involvement (20)</td>
</tr>
<tr>
<td>13. Peer support</td>
<td>Pace of unit (21)</td>
</tr>
<tr>
<td>15. Initiation / challenge</td>
<td>Evaluation of placements (29)</td>
</tr>
<tr>
<td>17. Politics</td>
<td>Change of attitude to elderly (35)</td>
</tr>
<tr>
<td>18. Developing assertiveness</td>
<td>Drug rounds (40)</td>
</tr>
<tr>
<td>19. Practice theory synthesis / critical thinking</td>
<td><strong>Peer support</strong></td>
</tr>
<tr>
<td>20. Consultant involvement</td>
<td>Morale / emotion (7)</td>
</tr>
<tr>
<td>21. Asking questions</td>
<td>Peer support (13)</td>
</tr>
<tr>
<td>22. Becoming part of team</td>
<td>Buddying (27)</td>
</tr>
<tr>
<td>23. Pace of unit</td>
<td>Critical incidents / feeling vulnerable (28)</td>
</tr>
<tr>
<td>24. Shortage of staff / supernumerary status</td>
<td>Comparing notes with peers</td>
</tr>
<tr>
<td>25. Process understanding of wards</td>
<td><strong>Role confusion</strong></td>
</tr>
<tr>
<td>26. Facilitation styles of mentors</td>
<td>Role transition / identity (8)</td>
</tr>
<tr>
<td>27. Buddying</td>
<td>NAs / role confusion (9)</td>
</tr>
<tr>
<td>28. Critical incidents / feeling vulnerable</td>
<td>Developing assertiveness (18)</td>
</tr>
<tr>
<td>29. Evaluation of placements</td>
<td>Becoming part of team (22)</td>
</tr>
<tr>
<td>30. Interviews / induction</td>
<td>Shortage of staff / supernumerary status (24)</td>
</tr>
<tr>
<td>31. Comparing notes with peers</td>
<td>Self evaluation (33)</td>
</tr>
<tr>
<td>32. Being watched</td>
<td>Sense of achievement (34)</td>
</tr>
<tr>
<td>33. Self evaluation</td>
<td>Taking opportunities / deep end (37)</td>
</tr>
<tr>
<td>34. Sense of achievement</td>
<td><strong>Mentor support</strong></td>
</tr>
<tr>
<td>35. Change of attitude to elderly</td>
<td>Mentor relationships (2)</td>
</tr>
<tr>
<td>36. Complaint / mentor</td>
<td>Benchmarks / assessment (10)</td>
</tr>
<tr>
<td>37. Taking opportunities / deep end</td>
<td>Feedback (12)</td>
</tr>
<tr>
<td>38. Personality clashes</td>
<td>Practice theory synthesis (19)</td>
</tr>
<tr>
<td>39. Role models</td>
<td>Asking questions (21)</td>
</tr>
<tr>
<td>40. Drug rounds</td>
<td>Facilitation styles of mentors (26)</td>
</tr>
<tr>
<td></td>
<td>Interviews / induction (30)</td>
</tr>
<tr>
<td></td>
<td>Complaint / mentor (36)</td>
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<tr>
<td></td>
<td>Personality clashes (38)</td>
</tr>
<tr>
<td></td>
<td>Role models (39)</td>
</tr>
</tbody>
</table>