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A critical evaluation of student radiographers' experience of the transition from the classroom to their first clinical placement

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ABSTRACT

Introduction: Students studying for qualifications which enable them to apply for registration as health care professionals are expected to undertake a large amount of clinical placement to support their learning. The BSc Hons Diagnostic Radiography at one post-1992 UK University is no exception. It was identified in a previous study by this researcher that a relatively large number of first year student radiographers were unsure, or nervous, about some aspects of the transition to their first clinical placement. It was felt that further investigation into the student experience of the transition to the first clinical placement was warranted.

Methodology: A mixed-methods survey approach was used to elicit quantitative and qualitative data from current radiography students, academic staff and clinical staff about student experience of the transition to the first clinical placement.

Results: In general, most students enjoyed their first clinical placement, and the opportunity to put theory into practice. However, three key themes emerged from the data that caused students difficulty in the first clinical placement; working with clinical staff, working with very ill patients, and moving around the department each week.

Key Conclusions: This study has identified that some aspects of the transition into the first clinical placement need to be improved. Recommendations have been made for curriculum development in the academic block prior to the first clinical placement, and to improve student support during clinical placement. The implementation of these recommendations is crucial to reduce the dissonance between theory and practice, and improve student experience of the transition to the first clinical placement.

Introduction

The transition to clinical placement can be considered one of the most significant challenges for students studying to become a health care professional.[1–3] In the United Kingdom (UK) programmes of study for diagnostic radiography are structured so that approximately 50% of student's time is spent on clinical placement.[4] It is crucial that the transition to clinical placement goes smoothly, as there are serious implications for both the student and the university in cases of withdrawal.[5–7] For the student, this can be in relation to financial debts, and a loss of self-esteem.[6] For the University, there is a loss of income from student tuition fees, and the possible impact on reputation if it is perceived that attrition is high.[6]

Attrition has been identified as a problem in radiography education.[8,9] The College of Radiographers has acknowledged that many campus-based strategies have been put in place to support students with their academic work, but suggest that little has been reported on clinical placement initiatives, and advise urgent action to address this aspect of students education.[9]

The expectations of prospective students holding an offer of a place on the BSc (Hons) Diagnostic Radiography at one post-1992 UK University were investigated in 2012. Most students appeared happy with the academic requirements of the programme, however elements of clinical placement appeared to be of concern.[10] Students' views were sought again at the end of their first academic block. It was found that students felt more confident about areas such as radiographic technique, but a relatively large number still seemed unsure about aspects such as communicating with

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patients and working with clinical staff (Hyde, 2013-unpublished). This echoes some of the aspects of clinical placement identified by Strudwick and Harvey-Lloyd[11] as difficult for first year students. In light of this, it was felt that further research was warranted.

Literature review

A literature review was undertaken to underpin this study. The literature reviewed was broadly split into two distinct themes: preparation for clinical placement and the transition into clinical placement.

Preparation for clinical placement

Blended learning is an educational practice that combines face-to-face and online learning methods.[37] The literature review found a number of authors who identified the importance of a blended learning approach to bridge the academic-clinical divide, and help students to prepare for clinical placement.[12–14] All three were small-scale studies, limited to the authors' own institutions. However, as UK radiography programmes tend to be very similar in their content and nature, it is appropriate to assume that the types of blended learning approaches identified in these studies may be useful.

Simulation is a blended learning approach, which has been adopted by many health educators in recent years with positive results.[16–19] Simulation is defined by Health Education London as:

> "the reproduction of part or all of a clinical encounter through the use of manikins, computer aided resources and simulated patients."[15]

Borneuf and Haigh[16] discussed the positive impact that simulation had with nursing students, by providing a safe, risk free method for students to improve their clinical skills. Mifsud[17] and Sloane[18] both discussed the positive impact that the use of simulation had with diagnostic radiography students. Aldridge et al.[19] described a complex inter-professional simulation experience involving diagnostic radiography, nursing and medical students dealing with a patient with chest pain. Feedback from 11 radiography students involved in the experience indicated that it improved their communication with those professions.[19]

Blended learning, including simulation, is already used extensively at the university in this study to support student radiographers' transition to their first clinical placement. However, the literature did raise the question as to whether more could be done using this pedagogical approach.

The transition into placement

Further literature reviewed identified the importance of the socialisation process and role modelling in shaping students' professional identity.[20–25] In their small-scale study, Lewis and Robinson[20] found that generic health care skills such as patient advocacy, communication and ethical conduct were attributes that an ideal role model would have.[20] The study highlighted the importance of positive role models to help student radiographers develop their professional identity.[20] It also closely mirrored articles in the nursing literature about the socialisation process for student nurses.[2,21]

In their historical study, Decker and Iphofen[22] found that the use of oral history was an important method by which the radiographic profession reflected on the past, to guide the present and shape the future. They felt oral histories were a reflective tool, which facilitated professional growth, practice development and service improvement.[22] They argued that stories from more experienced staff helped to shape students' (and newly qualified staff) views of the profession, and helped in the formation of a professional identity.[22]

Niemi and Paasivaara[23] studied the formation of professional identity in radiographers in Finland through discourse analysis. They identified three key elements: technical, safety and professional development.[23] Interestingly, they refined this further to suggest that the professional identity of a radiographer is dual in nature, technical and caring.[23] Although the study was carried out in Finland, it does echo literature from British authors.[24,25]

Mackintosh[25] discussed similar issues in nursing education, and highlighted the way that student nurses can lose their humanistic concern as they are socialised into the profession. This work was built on by Curtis et al.,[26] who found that students had to balance dissonance between the theory of nursing care, and the reality of clinical practice.[26] Curtis et al.[26] suggested staff in both the university and practice settings needed to work collaboratively to address the vulnerability that this dissonance caused. They also suggested that student nurses needed support to develop resilience around their professional ideals, and help them challenge poor practice.[26] It would follow that student radiographers would also benefit from this approach.

It should be noted that the articles by Mackintosh,[25] Curtis et al.[26] and Strudwick et al.[24] reflect national concerns about the level of care and compassion demonstrated by health care professionals. The Francis report[27] which investigated serious failings in the standard of care at Mid-Staffordshire NHS Trust, also reiterated the importance of caring skills, emotional intelligence and humanistic concern. One of the key campaigns linked to Francis[27] is the 6Cs,[28] which promote care, compassion, courage, competence, communication and commitment in all health care professionals. It is hoped that this, and other initiatives arising from the Francis report[27] result in a rise in the standard of care provided. Ensuring that all health care students understand and uphold the principles of the 6Cs is a key method of ensuring that change does occur.[28] This brings us back to the research question, and the importance of ensuring that students' transition to their first clinical placement is a positive experience, with minimal dissonance between student's expectations and the reality of clinical placement.

Methodology

This study used a mixed methods approach, by combining qualitative and quantitative approaches within a single study.[29,30] The study used quantitative data from questionnaires of students and staff, alongside qualitative data from focus groups with students, and semi-structured interviews with clinical staff and academic staff.

Questionnaires are considered part of a survey approach.[29,31] A survey approach was chosen for the first phase of data collection, as it enabled participants to tell the researcher about their experiences or perceptions.[30] The questionnaires used a mixture of open and closed questions. The closed questions provided quantitative data that could be analysed and used to test hypotheses.[32] Open questions were used to obtain individuals' views, and as a starting point for further discussion in the second phase of data collection.

The second phase of data collection was the focus groups and semi-structured interviews. The researcher felt that these data collection methods would facilitate an in-depth look at some of the key issues arising from the quantitative data collected in the questionnaires.[30] The focus groups and semi-structured interviews also addressed some of the questionnaire's limitations, such as the documented unreliability of questionnaires in collecting data on attitudes or behaviours.[33]