

"Being responsible": students' perspectives on trust, risk and work-based learning

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“Being responsible”: students’ perspectives on trust, risk and work-based learning

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“Being responsible”: students’ perspectives on trust, risk and work-based learning

Abstract

Taking on responsibilities associated with a professional role is an important aspect of experiential learning for undergraduate students on work-based placements. However, responsibility is a complex concept that is connected to issues of trust and risk in the placement context. This paper presents students’ perspectives that illustrate that being given and taking responsibility can be empowering; conversely, being denied responsibility is disempowering. Through an exploration of the students’ experiences, the relationship between responsibility, opportunity, risk and trust is explored. The paper points to a strong indication that the extent to which students are allowed responsibility in the workplace appears to have a fundamental impact on their perceptions of personal efficacy and professional development.

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Introduction

‘Responsibility educates’ -Phillip Wetherall (1811-1884)

This paper focuses on enhancing knowledge and understanding of the processes at work when students take on responsibilities associated with their intended professions while on work-based placements in health and social care settings. Its context is specific, yet many findings could apply to placement learning in a wide variety of contexts outside of health given that placements provide opportunity for immersion in a work setting in which students learn to fit and to function responsibly. The paper concentrates on the student perspective illustrating that, without doubt, responsibility does educate. However, building on Wetherall’s assertion that ‘responsibility educates’, my aim in this paper is to demonstrate that being given increasing responsibility for a workload on placement is an important factor in the development of a student’s sense of themselves as a professional person.

The paper represents the first phase of research that adopts a grounded theory approach to exploring the dynamic of giving and taking of responsibility in the workplace. The issues are complex yet under-researched despite their importance in ensuring protection of the public, upholding service and professional standards and optimizing student learning. My aim is to provide insight into students’ decision making processes inherent in, and the subsequent experience of, taking on responsibilities as part of the learning experience on placement. The next phase is to explore with workplace mentors the concepts of responsibility, trust and risk and how they come to decide to give or to withhold responsibility on placement. I conclude by

suggesting that academic staff must develop a greater understanding of the dynamic of giving and taking of responsibility and its impact on professional development so that they might mentor workplace mentors in ensuring that students optimize their learning on placement.

Work-based learning in health and social care

All learners involved in completing a programme of study for a healthcare professional qualification in the United Kingdom (UK) are required to spend a proportion of their time, often up to 50 percent, learning in practice (Mulholland et al, 2005). Yet, despite its perceived importance in fostering professional development, work-based learning has its challenges. Eraut (2004, p. 247) argues that workplace environments 'are only rarely structured with learning in mind'; a situation that will inevitably be exacerbated by the current social, economic and political climate. Tensions exist between providing a quality and cost-effective service and the obligation to teach and assess increasing numbers of health care students (Mulholland et al, 2005). Exploring issues associated with practice learning for social work students, Maidment (2003) highlights problems associated with differing expectations and relationship difficulties between supervisor and student and lack of integration between theory and practice. This final point relates closely to the challenge of learning to use knowledge acquired in one context (for example, in the academy) in a very different setting demanding practical use (Eraut, 2003). Notwithstanding these challenges the credibility of workplace learning remains high.

Within physiotherapy programmes in the UK approximately one third of the three-year programme is spent in the practice setting acquiring a notional minimum

1,000 hours of clinical experiences as a prerequisite to gaining license to practise (Chartered Society of Physiotherapy, 2002). In addition to mastering core knowledge and competencies, student health and social care professionals are expected to exhibit a repertoire of generic professional behaviours deemed essential to gaining entry to their chosen profession (MacDonald et al, 2002). It is in the work place that students are exposed to practitioners who support and mentor them throughout their exposure to practice. Mentors act as powerful role models who foster professional behaviours (MacDonald et al, 2002). They structure the placement, facilitate learning and assess progress, as well as offering support and guidance, which research suggests is ranked particularly highly as being important to healthcare professionals in a work-based learning context (Cameron- Jones & O'Hara, 1997). The most frequent model of support adopted across the health and social care professions relies on a one-to-one relationship between student and mentor, which has been found to have a profound influence on the quality of the practice learning experience (Lefevre, 2005, p. 580). Lefevre highlights the importance of 'the creation of a supportive, safe and trusting environment in which student learning is facilitated and risks can be taken'.

Professional behaviours promoted on placement are routinely assessed within professional programmes (Koenig et al, 2003). It is therefore ironic that understandings of some of these behaviours, the concepts on which they are based, and their complexity when considered in context, seem limited. Taking responsibility for a workload is one such behaviour with which students are expected to engage, as it is part of their developing role as a health professional. Experiential learning allows for acting out a professional role, which is believed to be an important aspect of

getting a feel for what it is like, identifying with it and internalizing that particular sense of self (Woodward, 1997).

Responsibility and Related Concepts

Eraut's (2005) comparative study of developing responsibility in early career accountants, nurses and engineers highlights variability in the way in which it is assumed in different professions. However, his work requires further development to elucidate the dynamic of giving and taking responsibility and how it is experienced by all involved in particular contexts and professions. Concepts such as responsibility have domain specific meanings (Hughes, 2001). Within health, responsibility is a taken-for-granted concept implicit in expectations of health and social care professionals in that it has positive overtones, possibly through its association with caring and with virtue (Pellegrino, 1993). Health care workers are expected to embody goodness and virtue (Barnitt, 1998), their practice being based on an ethical stance of altruism, selflessness and responsibility (Van Hooft, 1999). Whereas altruism and selflessness are unequivocal, Gilligan (1988) has highlighted how reactions to responsibility can vary from having a commitment to obligations to being responsive within relationships. It seems not unreasonable to suggest that learning to take responsibility as a student health professional probably involves both of these elements to varying degrees.

The effects upon the individual of being invested with responsibility in the health context can be considered through a framework adapted by Hughes (2001) from the earlier work of Piper (1993) (see table 1). Hughes explores the potential differential effects of being invested with responsibility suggesting that taking on

responsibility enhances a sense of personal agency and being given responsibility is empowering. Seeking responsibility is aspirational provided too much responsibility is not taken, when it can become despotic. Conversely, being given too much responsibility can be oppressive. Although the framework refers to responsibility in a personal rather than a work-based context it provides a potential means of sense-making in the latter context.

Agentic	Take responsibility for Exercise responsibility for
Oppressive	Not relieved of responsibility for Too much responsibility for
Empowering	Given responsibility for
Maintaining the status quo	Retain responsibility for
Aspirational	Acquire/achieve/seek responsibility for
Despotic	Taking too much responsibility for Exercising too much responsibility for

Table 1 Responsible for – some common meanings (Hughes, 2001)

Responsibility, whether sought, claimed willingly or selfishly, or given generously or over generously is clearly situation dependent and highly relational. One might expect student health professionals to aspire to demonstrate their commitment to their chosen profession by seeking to take on responsibility, illustrating their keenness and enthusiasm to learn and ambition to develop as professional people. However, the health context and the relational nature of practice learning whereby a student works closely with an identified mentor to develop

specialist knowledge and skills, highlights two other concepts that seem important in this context: trust and risk.

Trust involves a 'willingness to be vulnerable to another based on the confidence that the other is benevolent, honest, open, reliable and competent' (Tschannen-Moran, 2004, p. xiii). Trusting actions and trustworthy responses are mutually reinforcing (Lyons & Mehta, 1996). Smith (2005) suggests that an assessment of trustworthiness will inform actions based on trust or mistrust. 'Trust becomes relevant when social interaction is based on uncertain knowledge about the likely action of another and one depends on their response for a beneficial outcome' (Smith, 2005, p. 300). This generates a risk. Therefore trust is 'an incorporation of risk into decision-making' (Coleman, 1990, p. 91). Mentors must assess whether students can be trusted with levels of responsibility characteristic of the workplace on relatively limited knowledge of the students capabilities, which clearly generates an element of risk.

Perception of risk is influenced by fear of potential outcomes and the extent to which an individual feels they are in control of events, such that risks might be discounted if it is felt that they can be controlled (Zur Shapira, 1995). Mentors are likely to be fully aware of potential adverse outcomes in giving students responsibility in novel situations and trusting them to carry out required tasks. Working in a relatively well controlled context and possessing adequate knowledge where control might be deemed feasible, mentors are in a good position to take risks in devolving responsibility. On the other hand, students might not always fully appreciate the potential risks inherent in their actions and are likely to lack the same perceptions of

control in such situations. Fenton-O’Creevy et al (2003) suggest that individuals behave in either risk-averse or risk-seeking ways depending on how potential outcomes are framed and on their personal reference points. In the light of limited control and fear of potential outcomes it would not be surprising if a good proportion of students on placement were risk-averse, rather than aspiring to take on increasing levels of responsibility. However, with respect to the development of the self, ‘self-actualization’ is said to depend on a balance between opportunity and risk (Giddens, 1991). Maslow’s (1968) concept of self actualization, which is the pinnacle of his ‘hierarchy of need’, has been critiqued for placing greater value on autonomy and independence as masculine traits that are ‘culturally most esteemed’, above dependence and relationship, which are perceived to be feminine traits (West, 1996, p. 7). The term and its connotations might seem to be outmoded, especially in contemporary health care where collaboration and interdependence are popular watchwords. Nevertheless, there can be no denying that for most novice professionals the aspiration of some level of independence and autonomy are inherent to their sense of developing professional competence in the workplace.

Giddens (1991, p. 78) identifies the importance of ‘consciousness of risk’ in the context of opportunities for self-development. Indeed, occupational therapy practice mentors maintain that personal risk assessment is a fundamental aspect of developing self-awareness and reasoning skills in a practice context (Duke, 2004). These suggestions potentially offer insight into how some students might move forward to make the most of opportunities available to them through the development of ‘professional judgment’ or ‘sense of practical wisdom ... appropriateness and feasibility’ (Eraut, 1994, p. 49). Giddens implies that students who optimize the

opportunity to take on responsibility with positive outcomes are likely to develop an affirmative sense of self and increased confidence in their abilities to operate as a professional in a work setting. In other words, responsibility impacts on perceptions of self-efficacy (Bandura, 1986, p. 391), which illustrates the identified relationship between it and behavioural outcomes (Opacic, 2003).

Research Context

The context of the study on which this paper is based is a BSc (Hons) Physiotherapy programme at Coventry University in the UK. The physiotherapy programme involves two fifteen week blocks of practice-based learning, which occur at the end of year 2 and beginning of year 3. Each block comprises three separate five-week placements, which are all assessed in the same way. The assessment has two components: the first is a performance component based on observed performance of skills and attributes; the second component involves scrutiny of clinical reasoning abilities through the use of a viva voce. A final 'caseload management' placement occurring during the last four weeks of the programme is designed to alter the focus from managing individual clients to managing a caseload, including time, people and resources. Over the three placement periods students are expected to take on increasing amounts of responsibility for their caseload. The educator/student relationship is also expected to change as students progress to allow the student increased scope and greater opportunity for taking on responsibility within the workplace so that by the final placement, experience mimics as far as possible the realities of the life of a junior therapist. Although professional regulations stipulate that overall accountability for patients/clients rests with the mentor/supervisor, there is sufficient latitude to allow students sufficient scope to develop their practice.

Evaluations of the final caseload management placement, conducted between 2000 and 2002, identified it as bridging the gap between being a student and becoming an employee, therefore smoothing the transition into practice (Clouder, 2002). Most importantly, having opportunity to take on increased responsibility headed the list of potential benefits of the module with 61 of the 74 respondents ranking being able to take on increased responsibility highly. Related concepts such as working autonomously, delegation, decreased supervision and having opportunity for prioritizing the caseload were also ranked highly. The placement was clearly working well in terms of its stated outcomes. However, findings also suggested that having opportunity to take responsibility within the workplace contributes considerably to students' learning and to their sense of themselves as physiotherapists. Conversely, physiotherapy students who for some reason were not invested with such responsibility seemed to fail to develop self confidence in their capabilities. In other words, the level of responsibility conferred on a student and perceptions of personal efficacy seemed to be connected. These findings prompted a decision to pursue a greater depth of understanding of the dynamics of giving and taking responsibility.

Research Questions

The following research questions guide the overall study:

- How important is taking on the responsibilities of a health or social care professional to learning, and to becoming a professional person?
- How does being given and taking on responsibility relate to students' self-confidence and perceptions of personal efficacy?

- What factors influence the decision-making processes that students go through when considering taking on responsibilities?
- What factors influence the decision-making processes that mentors go through when considering the level of responsibility a student might be given?

Research Methodology and Methods

The research adopted an inductive grounded theory approach through which knowledge and understanding has developed from very basic module feedback to a more sophisticated appreciation of decision-making processes by students and their workplace mentors. This was achieved through researching initial ideas and returning to the field to test and further refine them. Analysis involved the constant comparative method (Glaser & Strauss, 1967) germane to a grounded theory approach. Searching, comparing and interrogating participant responses led to the establishment of analytical categories that were sorted and grouped to form themes that address the research questions. The final research question can be only partially elucidated from the students' perspective. However, students' ideas inform the next phase of the research, which involves exploring with mentors the decision-making processes inherent in giving students responsibility on placement.

The findings presented in this research account stem from two questionnaires collected from two successive cohorts of final year students in the final week of their programmes, in July 2005 and 2006 respectively. The sample included the whole cohort in both years, excluding only those who were absent due to uncontrollable

circumstances. Questionnaires were used as an efficient means of capturing perspectives of a greater number of students in preference to interviewing fewer students and potentially excluding some points of view. The first questionnaire based on asking students to complete unfinished sentences aimed to encourage spontaneous and creative responses. The second questionnaire, which comprised a series of open questions succeeded in encouraging considered and more focused responses, some of which were extensive. It was felt that this questionnaire would produce valid data because it explored student perceptions of the relationship between responsibility and personal agency/empowerment. It is debatable whether greater insight would have been gained by interviewing students as deeper understanding enters the realm of tacit knowledge that might best be explored in the future through observation or knowledge elicitation techniques.

Questionnaire 1

The first questionnaire was administered in July 2005 (Table 2).

- The module has developed my practice because...
- My educator helped me realize my full potential by...
- I would advise future students to...
- I think that the clinical team should tell practice educators to...
- I had enough support/I needed more support because...
- The module made me feel accountable/ did not make me feel accountable because...
- I felt in control/ I did not feel in control because...
- The factors that have helped me develop professionally include....

- My main objective for my first rotation as a qualified physiotherapist is....

Table 2 Questionnaire 1

The aim of the questionnaire was to gain feedback on aspects of the students' final placement and its contribution to their development as physiotherapists. 106 from a possible 120 students returned completed questionnaires representing an 88% return rate.

Findings

Explicit connections between increased confidence, ability to practise independently and to manage a caseload at the level expected of a junior therapist were highlighted by 41% (n = 44) of the students. One student said "*I finished the course on a high*", while another stated "*I spent the last 4 weeks being a physio*". Practising independently and managing a caseload were associated with autonomy and taking responsibility respectively. Working independently was tempered by developing increased self-awareness and therefore having sufficient insight to recognize when help or advice was needed. For instance, one student stated, "*my confidence in my own ability is sufficient – if it isn't I ask*". This seemed to bring with it trust on behalf of mentors that in turn was perceived by students to have helped them realize their potential. Comments such as "*they believed I was competent enough to manage the ward*", and "*they trusted in me enough*" were linked in individual students to feelings of personal efficacy. For instance, a student who felt she had been trusted suggested "*I needed to feel I could manage without constant support and I was able to work independently and be treated as a qualified member of staff*". For another student the belief in her ability was linked to "*being allowed to excel*". Increased confidence was associated with gaining the respect of senior

therapists and also with feelings of acceptance by the team. Taking responsibility and feeling accountable were related to accepting one's duty to patients and being given opportunity to make decisions about patient care, liaising with the multidisciplinary team, families and external agencies.

Only four students had more negative experiences to relate. Two students felt they had not realized their potential despite having been given opportunities to prioritize and manage their caseload, due to a perceived lack of support. However, the other two students confirm earlier suggestions that there was a connection between having limited space for taking responsibility and low or fluctuating levels of self-confidence. One student who felt highly pressured in her work suggested that "*my day was organized for me by my seniors*"; the other, who felt she was given limited responsibility, claimed she would have benefited from more support because her perceptions of being in control "*depended on how confident I was feeling*".

Strategies adopted by mentors that were perceived by students to have helped them realize their potential included "*questioning and challenging ideas*", "*believing in me*", "*being there when needed - staying in the background*", "*giving enough but not too much support*" and "*offering encouragement, reassurance and constructive criticism*". Students valued being allowed "*the freedom to have ideas and test them out*", especially, as one student added, "*without criticizing me if they did not go to plan*". Others appreciated lower levels of scrutiny. These strategies hint at the balancing act that educators negotiate in the process of allowing students enough responsibility to develop within their roles, while providing support and guidance

when necessary. They appeared to raise issues about trust and risk on behalf of both students and their mentors.

Questionnaire 2

The second questionnaire, completed in July 2006 by the next cohort of students, was informed by responses from the previous questionnaire. It comprised a series of open questions inviting qualitative comments, focused more specifically on students' perceptions of aspects of giving and taking responsibility, including issues of risk and trust over the entire duration of their programme (Table 3). Eighty-one completed questionnaires were returned from a possible 123 students, representing a 66 % return rate.

- What does being responsible mean to you?
- What responsibilities have you been given on placement?
- Regardless of level, in which specialties/situations have you been given greatest responsibility? Was this beneficial or detrimental?
- Regardless of level, in which specialties/situations have you been given least responsibility? Was this beneficial or detrimental?
- Did you take on increasing levels of responsibility as placements progressed?
- Do you think that it is risky to take on responsibility on placement?
- Do you think that there is a relationship between the level of responsibility you have been given and your self confidence?
- Your educator is ultimately responsible for your actions – does this have an effect on how you act?
- How can you convince educators that you can be trusted with certain responsibilities?
- Do you think there is any relationship between confidence and the amount of responsibility you were given?
- Have you any advice for future students about taking responsibility on placement?

Table 3 Questionnaire 2

Findings

Students' conceptions of responsibility included, "*having a sense of duty*", "*caring for others*", "*being reliable, being trusted*", "*being answerable and accountable*". That students had taken on increased levels of responsibility as their placements progressed was acknowledged by 94% (n = 76) of the sample, although one student felt s/he was generally given a lot of responsibility from day one of first placement. Increased responsibility was again associated with increased levels of confidence, which developed through patient contact, increased knowledge and increased independence, although this final factor depended on individual educators, some of whom were less confident to give it. Exploring the positive relationship between responsibility and increased confidence a student suggested "*coping with responsibility gives a sense of achievement that increases confidence*". For another student, being "*placed in a position of power in making decisions*" led to a realization of her/his capabilities.

Four students did not feel that they had been given increased levels of responsibility as their placements progressed. One suggested "*it decreased my confidence because I felt like my educator didn't have any belief in me*". Another reflected that in retrospect s/he should have "*asked to take on more*" but for others it depended on the type of placement they were on. For example, special schools, or situations where the caseload was lower than expected were considered detrimental to showing initiative, taking on more responsibility and building confidence. Conversely, in some instances lower levels of responsibility were deemed acceptable. Most frequently citing intensive care units as "*highly specialized places*" where patients are in a "*critical condition*", students were "*happy not to have as much*

responsibility". However, those who were given increased responsibility in this setting understandably experienced a great boost in confidence.

When asked if they thought it was risky to take on responsibility on placement, the majority of students (n=74) said it was not risky and, in fact, students considered it to be essential for learning and development; *"part of pushing yourself"*. However, they were not unequivocal with respect to risk, qualifying their responses by suggesting a need for good self-awareness or *"identifying your weaknesses and knowing what you can't do"* or *"knowing your limitations"*. The availability of support if or when needed was also considered an important factor in minimizing risk. Only one student mentioned increased responsibility as a potential means of jeopardizing placement marks, suggesting that s/he was prepared to play safe rather than risk taking on too much, which s/he could not handle. However, several students considered risk to be contingent on the type of mentor with whom they were working and their level of experience as a clinician and a mentor. One student observed *"a senior therapist thought I was arrogant for being keen to take on responsibility."*

Students' ideas about convincing educators that they could be trusted with responsibilities included *"demonstrating capability"*, *"being honest about knowledge"* and *"keeping [mentors] informed about what you are doing"*. They earned trust through *"being responsible in the little things"* or *"asking to take on a task, proving you can do it and then doing a little bit more"*. It was deemed important to *"appear and sound confident"* and *"enthusiastic and willing to take on new challenges and show initiative"*. However, *"too much responsibility too soon"*, was deemed to be *"potentially detrimental"*. Again, this highlights the delicate balance

that needs to be achieved if students are to be challenged sufficiently and yet not overfaced.

Discussion

Two major themes emerge to clarify the dynamic of being given and taking responsibility from the student perspective. The first concerns responsibility as potentially empowering or conversely disempowering. The second theme is about the relationship between responsibility, opportunity, risk and trust. The notion of taking responsibility being a desirable behaviour consistent with a professional demeanor is unquestioned by the students. It is reflected in many of the students' responses indicating the 'success' of their three years of professional socialization. There is a sense of desire to become independent or increasingly autonomous in professional practice and not surprisingly, the general discourse is one of duty, commitment to clients and being accountable, which are associated with acknowledgement of responsibility as fundamental to professional practice.

Responsibility: empowering and yet potentially disempowering

Findings from this study support the notion that being given and taking responsibility bestows a sense of personal agency, which is empowering for physiotherapy students on placement, because students' own perceptions are fundamental to their own sense of self. The low number of students who felt disempowered by the process can possibly be explained by the students' stage in their programme, which was on the point of graduation, when some of their less positive experience might have been put behind them. Alternatively, it might be argued that other factors such as academic achievement might counteract feelings of

disempowerment, although for most students developing clinical capability is at least as important, if not more important, than academic achievement.

Notwithstanding these considerations, increased responsibility is clearly associated with students' increased levels of self-confidence and perceptions of capability. Proving trustworthiness is recognized by students as essential to being given responsibility. However, trustworthiness also provides a personal reference point upon which to build capability. Perceptions that they are "believed" to be competent seem to provide students with reflected validation and substantiation of their capabilities, which enables them to excel. There is a proviso, which is that they retain a 'consciousness of risk'.

The low number of students who made connections between being denied responsibility and personal doubt in ability can possibly be attributed to those who felt disempowered not completing and returning the questionnaires. Nevertheless, those who did make these connections provide valuable insight. Being given limited responsibility is related back to students' perceived lack of support, limited opportunity or being organized by others, all of which seem to relate to perceptions of lack of control, the factor deemed influential in perception of risk (Zur Shapira, 1995). Blame is placed on either the mentor or the situation rather than on the students' capability per se, although there is an admission of low or fluctuating levels of self confidence, which might have impacted on perceived trustworthiness. It is feasible that reluctance on the part of the mentor to give responsibility might be a response to a perceived lack of readiness or to students being risk-averse (Fenton-O'Creevy et al, 2003) and playing safe in the light of perceived risk. Either way, the impact on

students is one of feeling disempowered. This leads me to suggest that being disallowed responsibility should be added to Hughes (2001) framework, which I have extended to incorporate the disempowering effect of being denied responsibility. This addition seems to add to the appropriateness of the framework to support the conceptualization of responses to responsibility in the workplace (added to the table and shaded).

Agentic	Take responsibility for Exercise responsibility for
Oppressive	Not relieved of responsibility for Too much responsibility for
Empowering	Given responsibility for
Maintaining the status quo	Retain responsibility for
Aspirational	Acquire/achieve/seek responsibility for
Despotic	Taking too much responsibility for Exercising too much responsibility for
Disempowering	Disallowed or refused responsibility

Table 4 Responsible for – some common meanings (adapted from Hughes, 2001)

Although findings suggest an either/or situation, because students possibly focus on a general tendency, it seems likely that rather than simply feeling either empowered or disempowered by responsibility, these responses will be tempered and will fluctuate as part of daily practice both as students and eventually as qualified clinicians. The students suggest that these subtleties might already be appreciated by some of the best mentors highlighting the need for the next phase of the research that will explore with mentors the ways in which they foster personal agency, perceptions of efficacy and professional development in their students.

Responsibility: A mélange of opportunity, risk and trust

Having identified the complex and dynamic nature of empowerment and disempowerment with respect to responsibility it is possible to recognize how some students come to succeed in negotiating the risks inherent to practice. Despite suggestions that specific placements might have limited students' potential to take on increasing levels of responsibility, those students who were given increased responsibility in highly specialized settings seem to demonstrate that context in itself should not limit a student's ability to excel. Grasping opportunity to prove capability must be more about negotiating trust and risk and this relates closely to the ways in which potential outcomes are framed and on students' personal reference points (Fenton-O'Creevy et al, 2003).

Many of the students express a clear sense of 'consciousness of risk' (Giddens, 1991) in their recognition of the importance of self awareness, knowing limitations and knowing when to seek help or advice, which in itself is empowering. I suggest that these factors can be linked to students' sense of feeling in control and therefore to the widely held belief that taking responsibility is "*not risky*". Students' expressed a strong sense of their responsibilities and personal limitations that guarded them from acting with imprudence. Hence, surprisingly few students appear to be risk averse suggesting that they have developed a judicious, attentive and cautious approach to their practice because they are aware of the risks.

There is a sense that students tend towards risk-seeking behaviour on the basis that it is '*part of pushing yourself*'. This strategy is complemented by students

working to prove their trustworthiness and in this respect students appear very aware of behaviours that will positively influence mentor perceptions. However, because trust is negotiated and developed in the context of a relationship, it is far from straightforward. Some students point to the student/ mentor relationship as a dependency when weighing the risks in taking on responsibilities and the need for further exploration. A positive student/mentor relationship based on mutual trust seems to be a highly influential factor in students' perceptions of decreasing risk and in encouraging students to take on increasing levels of responsibility as they progress through their programme. Allowing students "*freedom to have ideas and test them out*", "*giving enough but not too much support*" and "*being there when needed and staying in the background when not*", all hinge on mutual trust. They also highlight the level of insight, expertise and personal confidence as a clinician and mentor, necessary to create a successful student/mentor partnership that promotes learning and growth in the practice context.

Conclusion

Being given and taking responsibility as a student as part of learning on placement involves interplay between the related concepts of trust and risk. How students and their mentors are positioned in relation to these concepts as they influence practice will influence how much responsibility a student is allowed. For students, grasping opportunities for taking on increased responsibility appears to depend less on context than on students' perceptions of their own capabilities, assessment of the potential risks and mitigating factors such as presence of support, the assessment process and not least on the relationship with their mentor.

Similar factors seem likely to influence the decision-making processes that lead a mentor to confer on a student varying degrees of responsibility albeit that their perspective will be very different. Student insight suggests that mentor decision-making processes will be based on a fusion of their experience and confidence as a clinician as well as an educator, a good understanding of their role, an appraisal of contextual factors and assessment of risk and trust in the individual student. The appraisal that leads to making a judgment about the trustworthiness of each individual student in a constantly changing context is clearly complex and arguably largely tacit. My next task is to find a means of eliciting this personal knowledge. Meanwhile, there seems to be a strong indication that the extent to which a student is allowed responsibility in the workplace appears to have a fundamental impact on their learning and development as capable professionals. It is important that this recognition informs curriculum development of programmes incorporating a work-based element so that students are exposed to increasing levels of responsibility as they progress through their course.

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