

**Decision-Making: understanding undergraduate fitness to
practise panels using a simulated case study approach**

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Abstract

Fitness to Practise (FtP) is an emerging area of interest within the health and social care field due to the increasing high profile cases relating to professionalism and conduct of practitioners.

Research has 'yet to catch up' with the emerging interest and the current body of evidence predominately consists of literature reviews and descriptive or discursive papers which examine the process and functionality of FtP panels. Currently no research has attempted to examine the decisions made or indeed how these decisions were arrived at within the following health and social care professions, Nursing, Paramedic Practice and Social work.

Professional regulation for each of these professional groups is established through regulatory bodies. The regulation and determination of FtP of students on leading to registration is the role of the Higher Education Institution (HEI) and is less uniform in its approach. This may lead to disparity and the potential risk of inconsistency, unfair and unjust decisions for students.

Aim:

In order to gain a greater understanding FtP and professional conduct, this research study aimed to examine the decision-making process involved in 'FtP' panels for undergraduate health and social care students, comparing the decision-making process of students, lay person and practitioners (both experienced and inexperienced). This study explored the factors that influence the decision-making processes including experience and skills.

Methods:

Three simulated 'FtP' case studies were created and filmed to examine the decision-making process that takes place in panels for undergraduate nursing/paramedic/social work students. These were informed by real life cases and expertise of professionals within each of the professional groups. Actors were recruited for each of the case studies and the simulations were filmed. Debriefing of the simulation was conducted with the actors and the data collected was analysed using thematic analysis. The case studies were then examined

and deconstructed by four focus groups for each case (twelve in total) with degrees of experience, lay people and students. This deconstruction also included an evaluation of the simulation and its potential use in the field of FtP. The data collected was analysed using thematic analysis and key emergent themes were identified.

Findings:

The findings highlighted two key areas. Firstly, the importance of those involved in panels, *'the people involved in FtP panel'* and secondly the *'decisions that were made during the panels'*. These findings suggest that there are a number of identified roles within FtP. The influence of these roles is measured not by the role but the execution of the role and personalities are more influential than identified roles. There is a further suggestion that experience of FtP panels can influence decision-making processes and can make for lengthy yet robust decision-making and that when systematic approaches to decision-making are employed that there is clearer understanding of decisions it leads to more effective decision-making processes.

Conclusion:

Understanding student FtP decision-making and the influential factors involved in that process will inform HEIs in the overall management of FtP and consequently promote consistency and fairness in decision-making. This will be achieved by recognising the influential factors on the processes of FtP and considering these when FtP are conducted. It should prompt attention to the approaches adopted by individuals during FtP and the need for a more uniformed approach to FtP not dissimilar to that of the regulatory bodies approach.

Implications:

Recognising that personalities as well as identified roles are influential in the decision-making is important to consider when HEIs reflect panel composition. It is also essential to consider the experience and the skill when selecting panel members for FtP.

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Glossary of terms

Within the field of research, FtP, health, and social practice the use of terminology and acronyms is common practice. In order to reduce any misunderstanding, the table below provides explanations of the acronyms employed within this research study.

Acronyms	Title
CHRE	Council for Healthcare Regulatory Excellence
CSR	Case Study Research
FtP	Fitness to Practise
GSCC	General Social Care Council
HCPC	Health and Care Professions Council
HEI	Higher Education Institution
NMC	Nursing and Midwifery Council
PI	Participant Information
PSA	Professional Standards Authority
SA	Situational Awareness
SI	Symbolic Interactionism

Chapter 1

Introduction to the research study

1.1 Background and Context

Health and Social Care professionals are often subject to scrutiny regarding their practice and their professional conduct. The lens of that scrutiny is not only fellow professionals but also public concern. This is reflected by high profile incidents of patient harm that involve health and social care professionals such as the Clothier (Beverley Allit) Report (1994) the Bichard Inquiry (Ian Huntley) Report (2004) and more recently the Francis Inquiry (2013) which have revealed the need for effective professional regulation of health and social care professionals.

Professional regulation is achieved through a process of fitness to practise (FtP) which is defined by the Nursing and Midwifery Council (NMC) as *'Being fit to practise requires a nurse or midwife to have the skills, knowledge, good health and good character to do their job safely and effectively'* (NMC 2015 p7). However, another professional body the Health Care Professions Council (HCPC) elaborates on this definition and states;

'When we say that a professional is fit to practise we mean that they have the skills, knowledge and character to practise their profession safely and effectively. However, fitness to practice is not just about professional performance. It also includes acts by the professional which may affect public protection or confidence in the profession. This may include matters not directly related to professional practice'

HCPC (2014 p6) Fitness to Practise Annual Report

Each professional group has different structures and approaches to FtP. Even though FtP for health and social care professionals is a high profile issue within the professions, their regulatory bodies and how FtP is determined is surprisingly under-researched.

For the purposes of this study, I will be considering the concept of FtP from three very distinct professional groups that vary in their roles within practice, Nursing, Paramedic Practice and Social Work. The nursing profession is regulated by the Nursing and Midwifery Council (NMC) and paramedic practice and social work are regulated by the Health Care Professions Council (HCPC) and both these professional regulatory bodies provide

registered practitioners with guidance on what is considered to be FtP. These three professional groups were selected for the following reasons;

1. The three professional groups are regulated by two of the largest regulatory bodies within the UK. All three of these professional groups have been exposed recently to high level of scrutiny regarding professional conduct. This is illustrated in the already highlighted cases of the Clothier (Beverley Allit) Report (1994) Richard Inquiry (Ian Huntley) Report (2004) and more recently the Francis Inquiry (2013).
2. Selection of the three professional groups allows for consideration of both Health and Social Care and provides a more holistic view of care and not just one perspective.

Professional regulation is established through these regulatory bodies however, the regulation and determination of FtP of students on programmes leading to registration is less clear. The management of FtP for students is the role of the Higher Education Institutions (HEI) and this is less uniform and more individual.

As previously highlighted professional regulation has been an area of considerable debate and contention, resulting in recommendations being made for reform across all health and social care professions. Significantly, one of the recommendations of the Clothier Inquiry into the Allit case was stricter criteria for the selection to progress within nurse training (Clothier 1994). This formed the basis for changes in the regulation of nursing and the concept of fitness to practise, with many other healthcare professions following suit. High profile incidents generate considerable political pressures that move towards reinforcing the cultural and political questions of 'public trust' in those who work with vulnerable people. As such, the magnifying glass is placed firmly on the professions and their regulatory bodies before its gaze is moved towards the HEIs that 'create' these professionals.

1.1.1 Nursing Practice

The Nursing and Midwifery Council (NMC) is a statutory, regulatory body, which came in to force in 2002 following considerable changes within the nursing profession leading to the replacement of its predecessor the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). Prior to this, the Nurses, Midwives and Health Visitors Act

(1979) had established the framework for the UKCC and the National Boards and provided the professional register of nurses and midwives. The NMC continues with this structure for regulation and provides clear guidance regarding practice for nurses and midwives for example the most recent advice being the NMC (2015) Code of Conduct. This guidance includes defining professional standards and what constitutes “fit for practise”. In 2014-2015, the Nursing and Midwifery Council received a total of 5,183 new referrals in comparison to 4,687 new referrals during 2013-2014. Of the 5,183 of the new referrals 1,835 did not progress to panel (therefore 3,348 were escalated to panel). The main types of allegations are categorized into six areas of concerns. These are illustrated in the table below, which also provides comparisons with 2013-2014 figures.

Table 1: Types of allegations 2013-2014 and 2014-2015

Type of Allegations	Percentage of Allegations 2013-2014	Percentage of Allegations 2014-2015
Misconduct	75%	80%
Criminal	15%	11%
Lack of Competence	6%	5%
Health	3%	3%
Fraudulent/incorrect entry to NMC register	Less than 1%	Less than 1%
Determination by another body	Less than 1%	Less than 1%
Total	100%	100%

*Data from NMC (2014-2015) Fitness to Practise Annual Report

These figures indicate an increase in the number of FtP cases concerning misconduct by 5% however, a decrease by 4% can be seen in the number criminal cases and a decrease by 1% in the cases surrounding lack of competence. The NMC within their 2014-2015 Fitness to Practise Annual report provided no explanation for the increase in misconduct cases. The increase in misconduct cases correlates with the publication of the NMC (2014) Raising concerns- guidance for nurses and midwives. Therefore, this increase could be attributed to raising awareness of the expected standard of conduct for nurses.

1.1.2 Paramedic Practice

The Health Care Professions Council (HCPC) is the statutory regulator for sixteen health professions including Paramedic Practice. The Health Care Professions Council provides 'Standards of Proficiency' with both generic elements and profession specific elements. The HCPC was set up in 2003 under the National Health Service Reform and Health Care Professions Act 2002, to replace the Council for Professions Supplementary to Medicine (CPSM). The role of the council is to protect the health and wellbeing of those using or needing the services of registrants and it does this by enforcing standards of practice. The HCPC maintains the Standards of Proficiency and conduct for the professions it regulates. Its key functions include approving education and training programmes, which health and care professionals must complete before they can register with the HCPC. In addition, it maintains a register of health and care providers who meet pre-determined professional requirements and standards of practice. According to the HCPC (2014p7) the purpose of its FtP processes are to '*Protect the public from those who are not fit to practise*'. This statement has similarities to the guidance offered by the NMC. Both regulatory bodies asserting the fundamental intention of its FtP processes being that of protection of the public. This is a reassuring statement for the public and practitioners and relays the message that protection of the public is central to any measure of FtP.

Within its annual report (2014) the HCPC further explains how to raise concerns regarding fitness to practise and highlights the types of cases the HCPC considers. In 2014, the HCPC reviewed 266 paramedic cases (12.86%) which are reflective of 1.32% of the 20,097 of paramedic registrants with the HCPC. These figures indicate that paramedics have the

second largest number of concerns raised against them within this regulated body (The HCPC regulates 16 professions) however this is to be considered in the context that paramedic practice is the fifth largest profession regulated by the HCPC. The HCPC does not provide comparative data by profession for previous years however, it does provide generic data and increases across all professions. The table below shows the total number of cases and % of the register.

Table 2: Total number of cases and % of the register

Year	Number of Cases	Number of Registrants	% of register
2009-10	772	205,311	0.38
2010-11	759	215,083	0.35
2011-12	925	219,162	0.42
2012-13	1,653	310,942	0.52
2013-14	2,069	322,021	0.64

***Data from HCPC (2014) Fitness to Practise Annual Report**

It is difficult to see the implications specifically for paramedic practice in these figures. However, an increase is clear in the number of FtP cases from 0.53% of all professionals on the register in 2012-2013 to 0.64% in 2013-2014. This means that 1:160 registrants were the subject of concerns about their FtP. It is also important to note the significant increase in the number of the registrants in 2012- this was an increase by 4% which would therefore have an impact on the number of FtP cases. Unlike the NMC, it is difficult to attribute any guidance in order to speculate to why there is an increase in cases. However, it is important to note that all health and social professions would have been exposed to higher scrutiny during this period in the wake of the Francis inquiry.

1.1.3 Social Work Practice

In 2005, the register for social workers was established and registration of student social workers was introduced. The introduction of the register and also the 'Codes of practice for social workers and employers' General Social Care Council (GSCC 2002) were following the increased public concern relating to the Bichard Inquiry Report (2004) and issues surrounding 'public trust'. The GSCC had some difficulty at the outset; there was a general recognition for regulation of the profession from the profession itself and a welcoming acknowledgment of the register and importantly a positive consensus regarding the protection of the title of social worker. However, the initial intention to register all social care workers did not come to fruition and only social workers were registered rather than social care workers. This led to some concerns regarding the distance that this separation caused between social work and social care. The GSCC encountered difficulties in managing the responsibility for regulation and there was a reported 'backlog' of conduct hearings raising concerns regarding safety and protection of the public. This led to the suspension of the Chief Executive (Mike Wardle) in 2009 and scrutiny of the regulation and processes involved in conduct hearings followed. The GSCC was abolished in 2012 during the collation government as part of a drive to reduce the number and cost of publicly funded organisations.

Following the closure, the HCPC started to regulate Social Workers in England. Social Workers became one of the thirteen health and social care professions regulated and adhering to the 'Standards of Proficiency' with both generic elements and profession specific elements. During this transfer period, all open misconduct cases were transferred to the HCPC for continued investigation and review. The GSCC (Transfer of register and abolition-transitional and saving provision) Order of Council 2012 provided that, outstanding cases which were transferred to it from GSCC would be handled or disposed of by the HCPC. The HCPC established 'just disposal criteria', which were applied to all cases on transfer. All cases were reviewed on transfer. The HCPC provided detailed outcome of these transferred cases within their Fitness to Practise Annual Report (2014). There were 217 cases transferred. Of those cases, 120 were considered by the investigating committee between the periods of

August 2012 –March 2014. Separate to the transfer cases, in the year 2014 the HCPC reviewed 1085 Social work cases in England (52.45%) which is reflective of 1.22% of the 88,946 number of social work registrants with the HCPC. These figures indicate that Social Work is the largest profession on the register, and have the most concerns raised against them and similarly to the figures for Nursing and Paramedic Practice the increase in the number of misconduct cases can be attributed to the raised awareness of the expected standards post Francis inquiry.

With the consideration of the FtP processes and guidance from each of the professional groups, a broad understanding of the concept of FtP is provided. A greater understanding of the decision-making process of FtP remained unclear and this formed the aim of this research study.

1.1.4 FtP and LJMU

HEI's have a contractual agreement with professional bodies such as the NMC and the HCPC to monitor good health, character and conduct of students throughout their undergraduate pre-registration programmes. Each HEI manages issues surrounding FtP individually and the operating principles are documented within the HEI's policy relating to FtP. Unsworth (2011) conducted a study considering the FtP policies and procedures across the HEI's within the UK. However, this study only considered undergraduate preregistration nursing programmes and other programmes leading to registration such as Social Work and Paramedic practice were not considered. Unsworth (2011) suggested that HEI's needed to improve FtP policies and in particular, that HEI's needed to articulate a clearer understanding of why cases were referred to FtP Panels. Unsworth (2011) further highlighted that not all HEI's had a policy that was specifically for nursing and that more generic policies existed. LJMU is not unique with its approach and echoes other HEI's within the Northwest region. I reviewed for this research study a number of HEI's FtP policies (Manchester University, Salford University, Chester University, Liverpool University and Edge Hill University) and they were comparable with LJMU's policy

<https://www.ljmu.ac.uk/about-us/public-information/student>

[regulations/guidance-policy-and-process](#). The policies include information specific to individual professional programmes in addition to more generic guidance. Tim David (the Pan-faculty lead for FtP at Manchester University) provides a number of published accounts of the 'ideal' operating principles from a generic perspective across a number of fields of healthcare practice (David et al 2009, David & Ellson 2011, David & Lee-Wolf 2010) and are reflective of the policies I reviewed. Arguably, these discussion papers create a 'blueprint' for operating principles across HEI's.

1.1.5 Decision-making

The process of decision-making is at the heart of many practice investigations and decisions are made using the available information. Price (2003) suggests that in addition to this the decision makers may collect cues, 'bits of information' that seem to suggest what might be happening and what may be of concern from external means other than what is being said. Therefore, a study, which makes any attempt to clarify the complexity surrounding FtP and decision-making, seems both a worthy and legitimate exercise. This study will examine the issues that may influence decision-making and compare decision making of participants with varying degrees of FtP experience ranging from very experienced to no experience. The employment of multi-case studies with focus groups from the three professional groups was selected to reveal a rich body of data.

1.2 Problem Statement and Statement of Purpose

Importantly Booth, Colomb, and Williams (2008 p59) state that a research problem is *'Incomplete knowledge or flawed understanding. You solve it not by changing the world but by understanding it better'*. It was this incomplete knowledge that presented me with the research problem that led to this research study.

The problem that I was faced with was the vacuum of research within the field of student FtP from the health and social care professions and decision-making. The nature of FtP often results in the need to make complex decisions. The decision-making literature indicated a number of influential and external factors that affect the decision-making process and the

judgement of those involved. These factors varied depending on the context but predominately they included the influence of the decision-maker and the experience and skills of the decision maker. It was necessary to acknowledge the existing research that suggested a number of influential and external factors that affect decision-making processes and to consider if these factors were transferrable to the FtP context. This void between the existing research into decision-making and the absence of its application to FtP was crucial for a number of reasons. Importantly FtP processes are a determination of whether a practitioner or student is fit to practise. These decisions and judgements have an impact on the public as they determine whether a student will remain in practise and therefore continue to be caring for the public themselves, which raises a number of safety concerns if there are any concerns regarding the efficiency of the decision-making and outcomes of FtP panels.

Examination of the literature also highlighted that the professional groups included in this research study had yet to explore and therefore understand how they arrived at often complex decisions to determine FtP and what could influence the decision-making process and consequently the decisions themselves. The purpose of the study emerged. This multi-case study would explore three professional groups, nursing, paramedic practice and social work practice and the decision-making processes involved in FtP of student panels. It was anticipated that, through a better understanding of the influences, skills and experiences of panel members that effective and sound decision-making can be achieved which would result in safe decision-making.

1.3 Research Question, Aim and Objectives

In order to explore this problem, the following research question, aim and objectives were developed:

1.3.2 Research Question:

‘What are the influences, experience and skills that impact on the decision-making process of those involved in FtP panels for undergraduate health and social care students?’

1.3.2 Research Aim:

To examine the impact of influence, experience and skill on the decision-making process of those involved in FtP panels for undergraduate health and social care students, with a view to identifying best practice for practitioners from three professional groups (nursing, paramedic practice and social work) and undergraduate health and social care students.

1.3.3 Research Objectives:

1. To examine the decision-making process within a series of FtP panels including nursing, paramedic and social work practice in order to provide greater understanding of the process of FtP and what may influence the determination of FtP.
2. To compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels for undergraduate students.
3. To evaluate the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP.

1.4 Research Approach: Methodology and Design

This research study consists of three cases. Each case examined an FtP panel from a single professional group i.e. Nursing, Paramedic Practice and Social Work Practice. Each study adopted the same original research design that was developed and piloted in my Masters in Research dissertation (Hayes 2010). The methodology was influenced by 'Case Study Research'. Case studies are tools to examine issues in depth and advocated by qualitative researchers (Yin 2003, Stake 2005, Swanborn 2010, Thomas 2012). My innovative approach adopted case simulation. This allowed for the utilisation of aspects of case study research and in particular the design of instrumental case study research. Stake (2005) identifies that an instrumental case study is a case that is examined mainly to provide insight into an issue or to revise a generalisation but also involves the employment of simulation of each of the cases.

The use of simulated cases allowed for an examination from varied angles to develop a rounded, richer and more three-dimensional view of the issues surrounding decision making

in FtP and strived to create an element of realism to the cases created. The main focus was not to examine the actual case but to use it as vehicle to examine the decision-making process. Each case was examined by four focus groups, two of which were registered practitioners from the specific professions; these two groups were distinguished by experience or lack of experience of FtP. The remaining two groups consisted of a student (specific profession) focus group and finally a layperson focus group. These four groups were selected on the basis of the range of experience, skill and influence (the three fundamental issues raised within the research question) they would bring to the research study.

The steps towards each of these components can be found diagrammatically within this thesis namely: Table 13 (Page 128) and Figure 6 (Page 125). Each case study was created, filmed and debriefed before the case was then used with the four focus groups. The process of each case creation is captured in the Table 13: the case study creation protocol. The sequential steps of the whole process of the research study are captured in Figure 6: the research study timeline.

The following diagram is an illustrative overview or '*map of the research study*' and its many complex components, from the case study creation to the focus group composition Figure 1: Map of the research study.

Fitness to Practice Case Study Research (CSR)

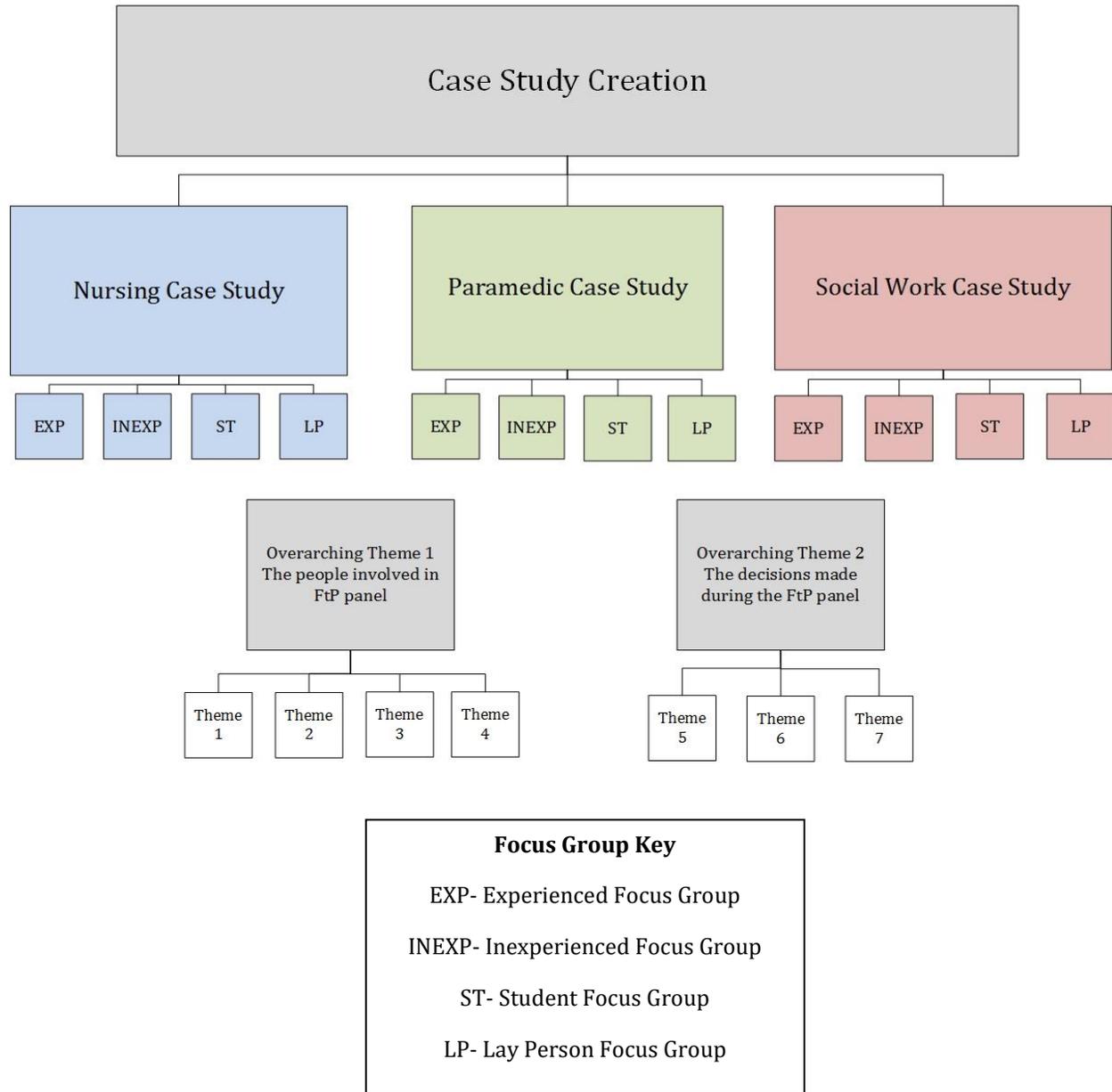


Figure 1: Map of the research study

1.5 Rationale and significance

1.5.1 Justification for the study:

Recognising that FtP is an emerging area of interest within the Health and Social Care field due to the increasing high-profile cases relating to professionalism and conduct of practitioners and acknowledgement that research has 'yet to catch up' with the emerging interest are important justifications for this research study. The existing work examines the process and functionality of FtP panels (Tee and Jowett 2009, David and Lee-Woolf 2010, Ellis et al 2012) and highlights that the regulation and determination of FtP of students on programmes leading to registration is the responsibility of the HEI and is less clear than that of registered practitioners and dependent on each HEI approach to FtP. A reasonable assumption may be that less uniform approaches may lead to disparity and as a consequence, the risk of inconsistency and possible unfair and unjust decisions for students; Evaluating or indeed assessing this potential risk is challenging. Each HEI functions independently and there are no requirements to report FtP outcomes externally and no comparisons of outcomes of each HEI are published publically. The work of Haycock-Stuart et al (2015) makes some attempts to understand FtP processes in pre-registration nursing programmes in Scotland by considering nine HEIs approaches to FtP however this work does not extend to consider the decisions made and the influences on the decision-making processes. Currently no research has attempted to examine the decisions made or indeed how these decisions were arrived at within any of health and social care professions and this paucity of research strengthens further justification for this research study. Other professional groups where decision-making is imperative to their role and function have recognised the need to deconstruct this process and the most substantial work has been conducted around jury decision-making (Nagao & Davis 1980, Huck & Lee 2012). Some comparisons can be drawn upon from this existing research to provide an insight into FtP decision-making. This research provides insight to group decision-making and examines the roles of key decision-makers and reveals the influences on decision-making within panel-like situations.

1.5.2 Contribution to the knowledge base/practice/policy:

The increased interest from all perspectives, on the conduct and professionalism of health and social care professions is not only the result of high profile cases but is also representative of the public's increasing awareness of their rights and the standards expected of those in public service. Increasing the knowledge base surrounding FtP can only assist in supporting better understanding of the outcome of such cases.

Understanding student FtP decision-making and the influential factors involved in that process will inform HEIs in the overall management of FtP and consequently promote consistency and fairness in decision-making. This will be achieved by recognising the influential factors on the processes of FtP. It should prompt a wider consideration of the approaches adopted by individuals and the need for a more uniformed approach to FtP not dissimilar to that of the regulatory bodies approach.

By understanding FtP decision-making, we wrestle not only with the processes but also concepts that underpin that process, namely professionalism. Research surrounding professionalism is in its abundance and unpicking the 'codes' (NMC & HCPC) the underlining message to practitioners and students alike is that these codes equates to professionalism. However, the reality is that codes are guidance and do not come to life in an illuminating way for the practitioner/student until they need to be employed in the practice setting. The potential use of the case studies that emerge from this research study allow for not only deconstruction of the cases studies involved but also a more critical consideration of the professional codes that the cases studies measure.

- They can as an educational tool to be used with students enabling them to gain a greater understanding of the processes involved but also to gain insight to what is considered professional conduct. The case studies will act not simply as a deterrent but will become a meaningful learning opportunity.
- The simulated design of the case studies will allow for their use with inexperienced practitioners as a developmental tool. They can be used to develop their decision-making skills and to gain greater understanding of the processes surrounding FtP in a safe environment that is created through simulation.

- They can be used with experienced practitioners, to provide an opportunity for reflective practice and ponder best practice and considering ways of developing and streamlining existing processes and approaches.

1.6 Role of the Researcher

I am a registered nurse with 23 years of experience, 12 years of which have been in Higher Education. During this career, I have developed interest and expertise within the field of Ethics and Medical Law and it is this interest coupled with my educational expertise that has driven this research study.

I am the sole researcher for this study and I am employed within the Faculty of Education, Health and Community at LJMU as a senior lecturer predominately involved in undergraduate nursing teaching delivery but also involved in teaching Law and Ethics to other professional groups such as Paramedic Practice consequently providing essential knowledge and understanding of the environmental context. In addition to my teaching experience I have developed valuable expertise in FtP (both panel and Investigation involvement), gaining insight in to functionality of panels and investigation within the faculty. Hence, I bring to this research study experience of undergraduate students from a number of professions, experience and expertise of FtP in addition to extensive experience of the use of simulation- a key ingredient employed within the methods adopted for this research study.

Finally, I am a reflective practitioner. During my career, I have developed not only through my clinical and academic endeavours, but notably from my ability to look back, reflect and consider the lessons learnt. Any emerging research starts with this premise, looking back in order to look forward.

1.7 Researcher Assumptions

My experience in the field of education and FtP is to be celebrated, in fact, it equips me with the relevant skills and knowledge for the research study, but conversely, those skills and knowledge bring a measure of bias. I was mindful that the motivation for this research study

was my own experiences but this motivation (and bias) needs to be acknowledged and revisited systematically. In addition to the bias, as a researcher undertaking research, I had to concede a number of assumptions in the creation stages of this research study.

1.7.1 Experience influences the decision-making process

This assumption is based on the premise that the greater the experience of the panel members in the field of FtP will equate to more refined logical judgements during FtP panel discussions.

1.7.2 External influences are significant in the decision making process

This assumption is based on the premise that those external influences such as significant roles e.g.: the chair, practice staff role in addition to influences such as the personality of fellow panel members can persuade the judgements of panel members in FtP decision-making.

1.8 The Thesis Structure

The structure of this thesis is inspired by my desire to create a piece with reflexivity at its heart. It is Luttrell's (2010 p.160) words that capture this idea with this assertion that *'Reflexivity is at the centrepiece of qualitative research design and process'*. Reflexivity is a term greatly discussed in social science literature as an emerging methodological instrument for research study (Alvesson & Skoldberg 2009, Chase 2010, and Denzin & Lincoln 2011). Reflexivity is different from reflection or self-awareness. Gowan (2014) highlights these differences by examining the work of two prominent thinkers in this field, Schon and Dewey. Schon (1983 p49) defines reflection as an *'intuitive personal and non-rational activity'* in contrast to Dewey (1933 p118) who defines reflection as action based on *'the active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it'*. Although I recognise some of these ideas in my own approach to this thesis (and this overall research study), it is a more critical awareness that I am striving for. Therefore, it is the work of Dewey (1933) that underpins my reflective approach to this research study. I aimed to acknowledge and critically scrutinise my experiences by employing the use of narratives throughout my thesis. I refer to these as *'reflective stop offs'*

(Parnell 2014). These 'reflective stop-offs' or pauses provided me with the opportunity to take responsibility for the understanding and interpretation of my thesis and the research study itself. I felt this contains some elements of narrative research (Lieblic et al 1998, Andrews et al 2008) that involves taking different approaches depending on the researcher's interests, assumptions and discipline. Through the 'reflective stop-offs', notes created for my reflective diary were utilised to provide the narratives of my experiences. An evaluation of this approach formed part of an overarching reflective account in the final chapter of the thesis. The use of a reflective diary is considered to be an important expression of reflexivity (Rodgers & Cowles 1993, Koch 1994, Johnson 1999, Jootun *et al* 2009) and I utilised this approach in order to acknowledging the bias that my experience in FtP brought. In addition to the reflective diary, I created a video diary, which I employed during my writing up period. These were attempts to capture the rationale for decisions made and personal challenges I experienced in order to expose the transparency of the process. I utilised these video diary entries to inform the 'reflective stop-offs'.

The methodology and method adopted within this research study also played an important role in the structure of this thesis. Given that, FtP is a complex issue; the use of case study research (CSR) provided the opportunity to explore the issues from various perspectives (Thomas 2011). Therefore, the structure of the thesis was driven by this approach and the cases. Each of the three cases created and employed within the research are presented including the challenges encountered in the creation, the experience of the case 'stimulation' for those involved and finally and importantly the findings that emerged through the data collection. The final influence on the structure of this thesis was the desire for quality in the reporting of the research. All research demands adequate reporting and the use of a formal reporting checklist aim to improve the quality of reporting of research. Tong *et al* (2007) refer to this one approach as '*Consolidated criteria for reporting qualitative research*' (COREQ). This approach is adopted within this thesis and further detail of this approach is provided in Chapter 3 and Appendix 4.

A breakdown of each chapter is provided follows to signpost each chapter and its key content.

'Reflective Stop-Off'

'Creating a reflective research approach'

I have been involved in Fitness to Practise at LJMU for over 10 years. This involvement stemmed from an interest in issues surrounding accountability which led initially to observation of panels, my first panel in the school, my first investigation in the school to my first investigation in the wider university. It was this interest and then experience that prompted this research idea. So realistically how was I ever going to be able to separate myself from this experience and knowledge and not allow my obvious bias to influence my work in this research study? In the words of the great G.K Chesterton (1927) and his character Father Brown *'It's treating a friend as a stranger, and pretending that something familiar is really remote and mysterious'*.

When I immersed myself in the research texts I was interested in techniques in dealing with bias. Polit & Beck (2014) made suggestions that reflexivity is a useful process of reflecting critically on the self, and of analysing and making note of personal values that could affect the data collection and interpretation. They suggested this was a way to guard against personal bias. With this in mind we see the birth of the 'reflective stop-off' in this research study.

1.9 Breakdown of Chapters

Chapter 1- 'Introduction to the research study' sets the context for the research study. It provides a background to the issue of FtP for undergraduate Health and Social Care students before exploring the research problem, research aims and objectives, the rationale of the research study, the role of the researcher and assumptions prior to the study and the unique contribution to the field.

Chapter 2- 'Context to the research study' provides a context to FtP for the three selected professional groups. This chapter also reviews the limited literature surrounding FtP and provides consideration of decision-making approaches that are comparable with FtP.

Chapter 3- 'The Methodology adopted within the research study' presents the methodological framework adopted for the research study and the research context in which it was applied. This chapter critically explores Case Study Research (CSR) and why this approach was selected and utilised within this research study. In addition, a detailed account of the approach to data analysis is provided.

Chapter 4- 'Creating the Cases utilised within the research study' presents the outline to how the cases were created, detail of the cases themselves before examining how they were employed within this research study. A number of reflective stop-off's can be observed throughout this chapter providing a journey of how the cases were created and consequently then adopted.

Chapter 5 - 'The Findings of the research study- Overarching Theme 1' outlines the findings relating to Overarching Theme 1 of the themes that emerged from all three cases of the research study. The chapter chronicles the thematic analysis of the data and provides individual case study analysis in addition to the crucial cross-study synthesis.

Chapter 6- The Findings of the research study- Overarching Theme 2' outlines the findings relating to Overarching Theme 2 of the themes that emerged from all three cases of the research study. The chapter chronicles the thematic analysis of the data and provides individual case study analysis in addition to the crucial cross-study synthesis. This chapter also examines the evaluative data collected through the three case study focus groups.

Chapter 7- ‘The Discussion emergent from the research study’ within this chapter a discussion on the emerging issues is provided. Comparison with existing literature and consideration of the implications of the findings are provided.

Chapter 8- ‘The Conclusion and Recommendations of the research study’ this chapter concludes the thesis, drawing on data collected through the research study. This chapter proposes recommendations for future research and schemes of work within the field of FtP which emerge through the findings and the evaluative data. This chapter will consider the limitations and strengths of the research before it finally provides an account of the reflections of the researcher that support the ‘reflective stop-off’s’ which are documented throughout the thesis. The ‘reflective stop-off’s’ will be evaluated within this overarching reflective account.

1.10 Summary

This opening chapter aimed to set the scene for the overall research study. It provided a background and context to FtP by outlining the regulation of the three distinct professional groups under examination. The research question and aim is established and supported through three clearly identified objectives. The research study adopts a qualitative paradigm and employs an original design developed through the use of simulation and case study methodology as an influence.

This chapter establishes the justifications and contributions that this research study will make to the knowledge base and to health and social care practice. My role as a researcher and my assumptions are identified in order to acknowledge motivation and bias.

Finally, this chapter summarised the structure of this thesis and the rationale for the use of the ‘reflective stop-off’ throughout in order to provide a critical narrative to this research study.

Chapter 2
Context to the research study

2.1 Introduction

The aim of this research study was to examine the impact of influence, experience and skill on the decision-making process of those involved in FtP panels for undergraduate health and social care students, with a view to identifying best practice for practitioners from three professional groups (nursing, paramedic practice and social work) and undergraduate health and social care students.

This chapter initially considers the guidance and research evidence surrounding FtP with nursing, paramedic and social work students. The chapter progresses to consider the processes involved in FtP. This approach provides context to the inquiry in order to 'Make sense' of the complex nature of the regulation and processes involved. Finally, this chapter also examines the process of decision-making and the literature relating to the differing approaches to complex decision-making.

'Reflective Stop-Off'

'Cases'

My fascination with FtP and 'cases' stemmed from one of my early memories as a newly qualified nurse. I qualified in 1993 and started my career at a large university hospital in Nottingham and it was during 1994 that I watched the case of Beverley Alitt unfold in the media. It struck a chord initially due to the locality (Grantham was only 25miles away) but what followed was a fascination with the case and a recurring question ... why? I wanted to know the story behind the headlines, I wanted to understand why and how this had happened. My appetite was only partially satisfied by the Clothier Report (1994) that presented the main findings and failings of those involved in the case. Further reading such as Davies (1994) *Murder on Ward Four* revealed even more than the formal report or media coverage had captured yet I still had not learnt Alitt's story. It was the constructionist, Potter (1996) that affirmed my fascination '*Some of the most useful analytical phenomena are cases that appear to go against the pattern or are deviant in some way*'.

Of course many deviant cases can be seen in accounts from Stewart (1999) *Blind Eye* and Robbins (2013) *The Curious Habits of Doctor Adams* to name but two. With shocking outcomes, we look to learn lessons, review our processes, and avoid the same mistakes; Ensuring our Health and Social care professionals are fit to practise.

2.2 The Nature of FtP

Review of the Literature

The aim of this review of the literature was to gain a greater understanding of the process of FtP and its approaches to decision-making. Numerous approaches have been developed to review literature such as meta-analyses, systematic reviews, qualitative reviews and integrative reviews with each of these approaches presenting strengths and limitations to the researcher when considering their review of the literature supporting their research studies.

Glass (1976) proposes that Meta-analysis is review method that combines the evidence of multiple primary studies and utilises statistical methods to enhance objectivity and validity of the findings. A Systematic review combines the evidence of multiple studies surrounding a specific issue/area. Counsell (1997) highlights that systematic reviews often include the statistical methods adopted through meta-analysis but may also adopt narrative analysis and other quasi-statistical approaches.

This research study was influenced by the integrative review approach. Whitemore & Knafl (2005) consider integrative reviews to be the broadest type of research review methods and suggest that this allows for the simultaneous inclusion of experimental and non-experimental research in order to more fully understand the phenomenon under investigation. This inclusion approach was appropriate for the literature reviewed for this research study. Whitemore & Knafl (2005) further advocate that integrative reviews may combine data from theoretical as well as empirical literature, with a purpose to define concepts, review theories and analysing methodological issues. At the onset this review aimed to define the concept of FtP and to do this, it was necessary to provide a context to FtP and it is for these reasons that this method of reviewing the literature influenced this research study.

It is important to critically review the literature and therefore an appraisal of all of the retrieved literature was conducted. The appraisal tool adopted was the Critical Appraisal Skills programme tool (CASP). <http://www.casp-uk.net/> Appendix 1. This tool was selected

for its simplistic design and its appropriateness for qualitative research literature. Appendix 1, 2, 3 provide a summary of each of the articles and the appraisal results. The Critical Appraisal highlighted that the majority of the evidence used to inform this literature review and research study is strong. However, given the limited number of relevant publications, weak evidence was included to contextualise FtP.

Search Parameters and Results

There is very little empirical research published on the FtP processes and more specifically the decision-making surrounding FtP for pre-registration nursing/paramedic/social work students. In a review of the literature on FtP and health and social care students conducted for the Health Professions Council, Boak *et al* (2012) observed that much of the literature focused on medical students, and that the majority of FtP literature pertaining to health and social care students in general consists of literature reviews and descriptive or discursive papers. These findings have been reflected in the literature retrieved for this review. The literature search was drawn from academic publications, professional journals, and policy documents from the NMC and the HCPC. The scope of this review is limited to the past decade as prior to this, regulation of registered and student practitioners for all three professional groups were not examined in the literature and the research community of the professions.

2.2.1 Pre-Registration Nursing Students and FtP

A search for key terms such as *fitness to practise, nursing students, professionalism, and good character, competence and conduct* in CINHALL, MEDLINE, Google Scholar and Discovery and retrieved 7 publications of relevance. This included a small number of research studies (3) and the remaining were discussion papers. Appendix 2 provides a breakdown of each of these publications and the appraisal of each of these publications using CASP.

2.2.2 Pre-Registration Paramedic Practice/Social Work Practice Students and FtP

This involved a wider search for the key terms *fitness to practise, social work student,*

paramedic student and *health and social care* in CINHALL, Google Scholar and Discovery. This retrieved a greater volume of publications. Eighty-three publications were reviewed but only a small number (N=6) were relevant. The largest number of papers surrounded medical students and most of the more general FtP literature consisted of discussion papers or opinion pieces. All papers were considered for this research study. Appendix 3 provides a breakdown of each of these publications and the appraisal of each of these publications using the CASP.

2.2.3 Regulatory Framework and Policy Documents

UK health regulators have issued standards, advice and guidance on FtP processes. They vary in detail of guidance provided and the degree to which FtP is devolved to HEIs with some regulators (NMC) providing broad advice and others providing more detailed guidance (GMC). This literature review has explored the guidance issued by the NMC and the HCPC.

2.2.4 Using this literature

There was a large volume of literature on the development and assessment of knowledge and skills within all three professional groups which had some relevance to this overall inquiry. However, the research literature concerning FtP was limited (3) but the following three themes did emerge when considering FtP for students within this literature:

- Good Character (mainly in relation to student nurses)
- Professionalism (mainly in the context of the relatively young profession of paramedic practice)
- Professional suitability (used in the context of student social workers)

Therefore, each of these themes will be examined within this chapter in addition to regulation of each professional/student group, determination of FtP and conducting FtP panels for each professional group.

2.3 Review of FtP and Pre-Registration Nursing Students

2.3.1 Regulation

The Nursing profession is regulated by the Nursing and Midwifery Council. This body has both regulatory and statutory powers, came in to force in 2002, and has several functional aspects.

These include:

- Maintaining a register- this includes a register which can be accessed by the profession and by the public of all registered practitioners.
- Setting standards for practice- this involves a series of guidance documents guiding student and registered nurses of expected standards
- Setting standards for education- this involves agreeing and setting standards for education programme
- Conducts research
- Advises the government on aspects of Nursing and Midwifery
- Determines fitness to practise of registered practitioners- this involves conducting investigations in to FtP

2.3.2 Determining FtP

Determination of Fitness to Practise for registered practitioners is agreed by the NMC. The NMC Fitness to practise Panel hears evidence regarding alleged poor practice of both midwives and nurses but they do not regulate pre-registration student nurses or midwives (i.e. those undertaking their training). The responsibility regarding regulation of students following programmes which lead to professional qualifications lies with the Higher Education Institution. As part of a contractual agreement with professional bodies, HEIs are required to monitor good health, character, discipline, standards of conduct and performance throughout all pre-registration/qualification programmes and other programmes leading to professional qualifications. This includes monitoring such issues as

occupational health checks and criminal record disclosure and self-declaration of good health and character.

Understanding who determines FtP is important and has caused some debate (Sellman 2006, Unsworth 2010 & Newsom 2012); nevertheless, it is the concept of 'fitness' that has caused greater discourse. I attempted to define 'fitness to practise' within the introduction of this inquiry and it was the regulatory bodies of the NMC and HCPC that I looked to for clarification of this complex concept.

The public expects that registered practitioners will be fit to practise throughout their career. The NMC and the HCPC describe fitness to practise as a person's suitability to be on the register without restrictions. This description is limited in enlightenment of this concept, providing little insight into what fitness means or indeed what could restrict fitness. The NMC suggest that being fit means that nurses have the skills, knowledge, good health and good character to do their jobs safely. There is still uncertainty on what form the skills and knowledge take and further guidance appears with principles of good practice set out by the NMC themselves. Interestingly the NMC advise that it is not only professional performance but also suggest that it is anything that practitioners do that might have an impact on public safety or confidence in the profession that may be subject to challenge. This suggestion applies to the registered and student practitioner and implies that there is an expectation of conduct and behaviour, which is outside of professional life, therefore personal life that is also considered. This advice is often viewed with contention. Its suggestion is that nurses are measured by both their professional and personal lives.

The NMC (2009) define the conditions that constitute being unfit to practise:

- **Misconduct**-this considers behaviour that falls short of what is expected of a registered nurse
- **Lack of competence**-this considers lack of knowledge, skill, performance or indeed judgement
- **Character Issues**- this condition usually relates to criminal behaviour (such as convictions and cautions although can relate to issues such as dishonesty)

- **Poor Health-** This relates to long term serious conditions both physical and mental health conditions
- **Previous Finding-** this relates to findings by other health or social care regulator's or other licensing bodies
- **Barring-** This includes Safeguarding Vulnerable Groups Act 2006, the Safeguarding Vulnerable Groups (Northern Ireland) order of 2007 or the protection of Vulnerable Groups (Scotland)

However even with a defined explanation of the concept of 'fitness to practise' from the NMC (and the HCPC) providing greater understanding, there are still aspects that leave the registered practitioner and student practitioner alike unsure of what is expected from the professional body and what 'fitness' really means in terms of their conduct and performance.

The Professional Standards Authority (previously Council for Healthcare Regulatory Excellence CHRE) is the independent body accountable to parliament that oversees the work of the regulators of healthcare, including the NMC, recognised this cloudy uncertainty and provided the 'statement explaining the purpose of FtP' (2014) and further extended that advice with 'Rethinking Regulation' (2015) which is guidance for all regulated professions. This consideration of the regulation of the professions is crucial. In order to bring about public confidence it needs to be transparent that the process of dealing with FtP is clear and open to ongoing audit and review. It could be argued that this is achieved through regulation of the regulators by the Professional Standards Authority. The NMC report all of their decisions to the Professional Standards Authority for Health and Social Care and they provide feedback on the decisions made by the various panels.

In accordance with the previously mentioned 2001 Nursing and Midwifery order, the NMC requires that registered and student nurses have 'Character and Health'. What equates to 'Character and Health' is derived from the two key documents: Character and Health decision-making guidance (2015) and The Code- Professional Standards of Practice and Behaviour for Nurses and Midwives (2015).

Public trust in nurses as well as in the regulation and accountability of the profession are vital for the success of the nurse-patient relationship. Core professional values must be upheld not only by those who are qualified but also by student nurses. The previous NMC (2009) Guidance on professional conduct for nursing and midwifery for students stated *'Your personal life counts too!'* and further outlined how it counted by stipulating that behaviour and conduct, both during the programme of study and personal life, may impact on fitness to practise, ability to complete the programme in addition to the willingness of the university to declare good health and good character for its students to become registered nurses. This guidance has since been replaced by the NMC (2015) 'The Code- Professional standards of practice and behaviour for Nurses and Midwives' which is a set of standards for all nurses- both registered and student. Although this explores some values expected of practitioners, it is still the NMC (2010) guidance on good health and good character that provides the most explicit guidance on the values and conduct that equate to FtP.

2.3.3 'Good' Character and Integrity

The NMC (2010) defined good character as 'based on an individual's conduct, behaviour and attitude' including conduct in personal life. The assessment of good character also took in to consideration criminal convictions. This guidance has since been replaced and HEIs are required to carry out a disclosure check on all applicants (Nursing and Midwifery Council 2010). Once on a course, students must inform the HEI of any changes in their status. Sellman (2007) suggests that verifying good character of the student is problematic for the HEI to do and that the 'assessment' of good character itself is too simplistic and not actually reflective of good character and arguably an assumption on a trait that is not fixed or static. Sellman's philosophical consideration of this concept of 'character' and indeed 'good' is a challenge to the NMC (and many other regulatory bodies' guidance). The regulatory bodies attempt to assess these traits without providing guidance or instruction to HEIs on this moral assessment although plenty of instruction on the more intellectual and technical aspects to performance and conduct.

The Department of Health (2006) recommended that there should be a common approach to the understanding of 'good' character across healthcare professions. CHRE (2008) argued that among other things this would ensure that students aspiring to join a healthcare profession would clearly understand what was required of them in order to demonstrate 'good' character. CHRE (2008) does not formally define the concept of good character, but they do seek instead to provide underlying principles. 'Good' character is a 'dynamic' concept: it is enacted in relation to other people, it is located in the context of changing social norms, and it takes account of the ability to reflect on past actions and the development of insight into past conduct (CHRE 2008 p2-3). CHRE advises that the assessment of good character be in line with the core principles of: protection of the public, maintain public confidence in a profession, *'acting in accordance with the standards of the profession'* and *'honesty and trustworthiness'*.

CHRE (2008) highlighted that assessment of 'good' character can be based on negative or positive features. For example, 'good' character can be the assessment that a candidate will not and has not acted in ways which will risk harm to the public, 'undermine public confidence', show an 'unwillingness to act in accordance with the standards of the profession' or 'act dishonestly'. Alternatively, CHRE (2008) suggested that 'good' character can be assessed positively, as the possession of qualities such as: commitment to the well-being of others, justifying public confidence, acting according to professional standards, being honest and trustworthy. This was also supported by Sellman (2007). However, the CHRE (2008) argues that it is important for regulators to be realistic about their ability to determine a person's 'good' character and they state *'The regulators cannot assure that an individual possesses (positive character traits) only that given the evidence available it is not reasonable to believe the individual lacks them'* CHRE (2008 p2-3).

2.3.4 Integrity

Having integrity is an essential aspect of good character and is considerable to be a desirable quality in the profession. Laabs (2011) described integrity in terms of being a certain kind of person who is honest and trustworthy, consistently does the right thing and stands up for

what is right despite the consequences. The concept of trust and integrity underpins the 'code' with the following statement

'You should uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence' NMC (2015p15)

It further instructs how that trust and confidence will be achieved with a number of directives such as upholding the reputation of the profession, upholding your position as a registered nurse, co-operating with investigations and audits, responding to complaints and providing leadership to ensure people's wellbeing is protected. These instructions are an attempt to outline to the practitioner how trust and confidence is achieved rather than an assumption that a practitioner simply knows how to gain trust. We often transfer societal norms to our professional behaviour and integrity and trust may be one such example of this. Pellegrino (2001 p24) claims that *'trust is ineradicable in human relationships. Without it, we could not live in society or attain even the rudiments of a fulfilling life'*. The reality is that trust is a necessary condition of healthcare and that that willingness of one party to rely on another to act in a certain way is gained through their actions but also to some degree that it is expected that practitioners will act in a certain way, that by the fulfilling their role they are trustworthy. An example of this is veracity or truth telling which is often used as a measure within the trust debate. Veracity is crucial to the trusting relationship between practitioners and their patients. Beauchamp and Childress (2013) consider veracity and highlight the importance of truth telling when dealing honestly with patient and colleagues. Although traditionally professional 'codes' (such as Hippocratic oath) have not explicitly referred to veracity, the more recent NMC code (2015) and HCPC (2016) have made reference to the approach advocated by Beauchamp (2013) of health practitioners dealing with patients openly and honestly. This suggests that adhering to these principles facilitates the development of a trusting relationship between the patient and practitioner.

It is important to be aware of the differences between trust and trustworthiness. Being trustworthy provides no guarantee that patient's trust is apportioned in a sound manner.

Therefore, even though systems of accountability and aims towards transparency NMC Duty of Candour (2015) are in place, if patients have a distrust of these systems then trust itself may be hard to establish. By providing detailed instructions of 'actions' or 'behaviour' that will move towards gaining trust is a massive step for the NMC (2015) and reflects insight into the consideration of what society wants and expects from its nurses (and student nurses) and also an acknowledgement that trust is no longer assumed but needs to be gained.

Re-visiting the NMC (2009) student guidance, that defined 'good' character it can be noted that detailed guidance on issues such as aggressive, violent or threatening behaviour, cheating or plagiarising, criminal conviction or cautions, dishonesty, drug or alcohol misuse, health concerns, persistent inappropriate attitude or behaviour was provided. It clearly outlined to students what it considers unprofessional behaviour and defines this as

'Breach of confidentiality, misuse of the internet and social networking sites, failure to keep appropriate professional or sexual boundaries, persistent rudeness to people, colleagues or others and finally unlawful discrimination'.

NMC (2009 p3)

This guidance by the NMC which has since been replaced by the 2015 NMC code was also reflected by the University's code of conduct and Fitness to Practise policy. Therefore, it would be reasonable to suggest that there is no doubt or question defining unprofessional behaviour. Yet David *et al* (2010) suggests that new students often do not appreciate that 'misbehaviour' in their spare time, which undermines public confidence in them and their profession, may endanger their career. They highlight that one of the major perils surrounds the use of social networking in the context of patients and colleagues contrary to explicit guidance by the NMC.

It is clear that students cannot be held to the same standard, as registered professionals simply by the nature of their developmental 'learning' role and that feedback on their performance should not be isolated simply to their clinical and academic progression but

also to their professional performance. David *et al* (2010) asserts that developing professional behaviour occurs through a combination of information, education, role modelling and reflective practice and suggests that managing that development requires an acknowledgement that students are colleagues who are novices. David *et al* (2010) further highlights that there should be clear guidance of what is expected in terms of behaviour at each stage of the programme of study and that it is vital that the level of expectation reflects the student's progress on the course and also the level at which the student is called to account and that when considering professional behaviour this approached in a developmental manner. David *et al* (2010) provide an example of this approach suggesting that a first year student called in to account would be reminded of professional behaviour and the significance of their actions. Should the activity continue a further discussion would follow, with a further reminder of why these actions would be considered unprofessional and the student would be asked to reflect on their behaviour and possibly a warning issued. If the student repeated the activity in the second or third year, then such actions would become less understandable and acceptable and this may proceed to an FtP panel. There is no reference to this approach in the HEI guidance on fitness to practise although it reflects more accurately student disciplinary procedures and the LJMU code of conduct. David *et al* (2010) clearly adopts a more individualised approach that cannot be captured in one guidance document and may be more of a reflection of a joined-up approach to fitness to practise. This approach has a number of benefits for the student under of scrutiny, not in the least that it provides a more developmental position on FtP and more broadly professionalism. With recognition that similarly to often aspects of profession practice, professionalism is developed rather than fully formed during programmes of study.

With limited research on the perceptions of the public on issues surrounding FtP within nursing, it is necessary to draw on research relating to other health professions that have considered the perception of the public on what equates to FtP for a professional. Brockbank *et al* (2011) explored the perceptions of the public concerning unprofessional behaviour by comparing them with medical students and doctors in a pilot cross-sectional survey. This survey provided ten hypothetical examples of medical student misconduct and participants were asked to indicate the level of acceptability and select sanctions. Interestingly the results

revealed that doctors were harsher than students and the public was harsher than doctors in their choice of sanctions. The most lenient outcomes were selected by students for deception in an exam, non-attendance and dishonesty. In contrast, the most punitive outcomes were selected by the public and concerned issues of forgery, criminal conviction, alcohol and drug misuse and lack of insight. There are no other known studies that have explored the perceptions of the public on misconduct or FtP. Following several high profile inquiries such as Bristol and Shipman enormous media exposure and professional regulation ensued. The impact on both the public perception and regulation review reinforced the need for further research into this aspect of FtP for medicine.

In the absence of statutory rules or regulations, the rules of natural justice enable the courts to insist that public bodies make decisions in accordance with certain minimal standards of procedural fairness (Harris & Carnes 2009). Students at publicly-funded higher and further education institutions can expect the procedural guarantees contained in Article 6 of the Human Rights (1998) namely the right to a fair and public hearing (this extends that the case be dealt within a reasonable time and that the case be considered by an independent and impartial tribunal). David et al (2010) suggests that the rules of natural justice or acting fairly can provide a helpful compass to those making decisions in FtP cases.

2.3.5 Conducting Nursing Students FtP Panels

From the perspective of nursing, the Nursing and Midwifery Order 2001 and the Nursing and Midwifery Council -Fitness to Practise rules (2004) provide the framework for dealing with allegations of impairment of fitness to practise for registered nurses and midwives. Much debate within the profession surrounds how this framework has been applied, NMC (2008) and more recently (2015) and Rule 30 within this framework addresses the issue of burden of proof. Neither the order nor the rules lay down the standard of proof to be used in fitness to practise proceedings. The Health and Social Care Act (2008) requires professional regulatory hearings to apply the civil standard of proof. The civil standard is proof 'on the balance of probabilities'. This means that a fact will be found proven if it is judged more likely than not to have happened. Consideration of the civil standard can be seen in *Re B (Children)* [2008] and in *Re D* [2008]. Concerns that the criminal standard of proof 'beyond reasonable

doubt' was being applied lead to changes in the structure of the Fitness to practise panels within the NMC and has led to additional training of panel members (NMC Guidance 2004). This has had obvious significance for HEIs providing programmes leading to professional qualifications and their desire to mirror image the decision making 'rules' that their statutory professional body apply. This suggests that not only a mirror image of a policy is required but also examination of how decisions are made demands consideration. LJMU's policy on Fitness to Practise Policy (2015) highlights the need to adhere to the Health Act (1999) (amended by the Health and Social Care Act 2001) Article 60 which identifies public protection as the primary concern when making decisions in relation to a student's continued participation on a programme of study. This policy is a university agreed policy that is developed through student governance. This policy includes specific consideration of standards of conduct and performance, discipline and FtP. The policy provides explicit guidance for students studying on programmes leading to professional registration and in particular, with nursing students it states the following should be considered:

- NMC: Requirement for evidence Good Health and Good Character
- NMC: Code of Professional Conduct
- LJMU Code of Conduct
- LJMU Equal Opportunity Policy
- LJMU Assessment Regulations
- All other relevant professional and/or Statutory body requirements which may be appropriate

The recommended links to additional guidance within the policy are standard for such policies however; the instructions on the actual procedures to be followed when concerns regarding FtP are raised are more individual. The policy stipulates the operation and composition of the panel and is detailed and prescriptive in its guidance to operational aspects of the FtP panel including the number of panel members and the background/experience of panel members. Ellis et al (2011) however establishes that the composition of the FtP panel should be defined in the HEIs FtP regulations and should be consistent with the guidance provided by the NMC (2008). Ellis suggested that as a general principle, one or more members of staff from the Faculty in addition to a panel member from

another faculty plus an external panel member from the NHS service partner should make up a panel. David *et al* (2009) suggests that to avoid bias, the panel should not include anyone who has had significant previous dealings with the student under investigation and this is reflected in LJMU's FtP policy. Composition of FtP panels held by the NMC adopts a mix of registered nurses and midwives and lay members. Lay members are defined by the NMC as people who are not nurses or midwives. The use of lay people on pre-registered student nurses FtP panels is not a requirement by LJMU's FtP policy may create an interesting and different dimension to the process.

2.4 Review of FtP and Pre-Registration Paramedic Practice Students

2.4.1 Regulation

The Health Care Professions Council is the regulator for sixteen health professions including Paramedic Practice. The Health Care Professions Council provides Standards of Proficiency with both generic elements and profession specific elements. The role of the council is to protect the health and well-being of those using or needing the services of registrants.

The HCPC defines FtP in the context of student practitioners and states:

'Students have(ing) the necessary health and character so that they will be able to practise safely and effectively once they became registered. It is also about students' ability to act appropriately with those they come into contact with when they are training, including service users'.

(HCPC 2011 p12)

This definition recognises that until students have completed their pre-registration programmes, they are still in the process of developing knowledge and skills to practise safely and effectively. This is in contrast to the FtP of registrants which is defined as having *'The skills, knowledge, health and character in order to practise their profession safely and*

effectively' HCPC (2011 p12). These two contrasting HCPC statements reinforce the suggestion that professionalism is a developmental concept.

2.4.2 Determining FtP and Professionalism

Similarly, to the nursing profession determination of FtP for registered practitioners is agreed by its regulatory body (HCPC) and this body hears evidence regarding alleged poor practice of all of its sixteen registered professions but they do not regulate pre-registration students of these professional groups (i.e. those undertaking their training). The responsibility regarding regulation of students following programmes which lead to professional qualifications lies with the HEI. As part of a contractual agreement with professional bodies, HEIs are required to monitor good health, character, discipline, standards of conduct and performance throughout all pre-registration/qualification programmes and other programmes leading to professional qualifications. This includes monitoring such issues as occupational health checks and criminal record disclosure and self-declaration of good health and character.

In the same way that the NMC consider good health and character, the HCPC apply these same principles in their consideration of determining FtP. It is significant to note that in 2013-2014 the majority of cases heard at a final hearing, 76% related to allegations that registrant's FtP was impaired by reason of their misconduct. The HCPC (2014) listed the following as misconduct during this period

- Attending work under the influence of alcohol
- Bullying and harassment of colleagues
- Engaging in sexual relationships with a service user
- Failing to provide adequate care
- False claims to qualifications
- Self-administration of medication

Without available data on student FtP from HEIs, it is only possible to draw comparisons with their registered counterparts. What does appear to be emerging is that misconduct is an increasing issue and of those highlighted misconduct cases, it is professional behaviour that is problematic. The term 'professionalism' is frequently used in relation to aspects of behaviour of students that relate to fitness to practise.

Boak et al (2012) found that the concept of professionalism was mainly used in literature on FtP and medical students. However, this now appears to be a promising theme for other professions and in particular, with paramedic practise, with a number of discursive papers emerging examining this construct (Brady 2013, Gaag & Donaghy 2013). Professionalism was defined in a variety of ways from a practical perspective and this includes aspects of character and ethical behaviour, as well as skill and competence (Boak *et al* 2012). Professionalism more broadly is defined by Friedson (2001 p17) in his seminal piece 'Professionalism: the third logic' as a '*set of institutions which permit the members of an occupation to make a living while controlling their own work*'. He further extended that this was a '*considerable privilege*' and highlighted that by definition professionalism was '*the creature of an official economy which defines work as a legal gainful activity*'. The language adopted by Friedson may not 'sit' comfortably with those professions who feel they have been elevated from 'occupation' to profession and the advantages that that altitude brings. Chung (2001) highlighted that emergency medicine was young, but recognised that it was developing in a number of countries in a number of ways. However, Donaghy (2008) observed that paramedics were aspiring to develop their role into a profession, recognising their willingness to embrace becoming a professional. Friedson (2004) suggested that professionalism cannot exist unless it is believed that the particular tasks performed are different from those of other workers. The notion that the knowledge of professionalism requires a foundation in abstract concepts or theories that must be learned in an educational setting is a familiar one; this implies that a body of knowledge is required of professionals. Friedson (2001 p17) felt that the two most general ideas underlying professionalism are '*the belief that certain work is so specialised as to be inaccessible to those lacking the required training and experience, and the belief that it cannot be standardised*'.

There is a lot to be learned from professions that have considered professionalism in great depth. As previously mentioned the medical profession have explored this concept from the perspective of defining the notion and considering different approaches (Arnold 2002, Jha *et al* 2007) in addition to a defining approach from the General Medical Council and the Medical Schools Council (2009 p6) who list behaviour that produces professionalism as:

'Providing good clinical care, maintaining good medical practice, good behaviours towards patients and colleagues, maintaining professional skills, and also being honest and trustworthy and acting with integrity'

The work of Hilton and Slotnick (2005) considered the issue of medical professionalism and they suggested this is demonstrated through six domains

- Ethical practice
- Reflection and Self-Awareness
- Responsibility for actions
- Respect for patients
- Teamwork
- Social responsibility

Hilton and Slotnick (2005) also propose *'practical wisdom'* and suggested this was acquired through experience and knowledge. Hilton and Slotnick's work is extremely interesting when we consider Paramedic Practise and the guidance provided by the HCPC for both registered practitioners and students. Within the HCPC (2012) guidance on conduct and ethics, a set of thirteen 'instructions' to its students to guide their practice is provided. Considering these instructions and the work of Hilton and Slotnick the similarities are very clear. I created the Table 3 below to illustrate these similarities by mapping the six domains of medical professionalism against the NMC and HCPC. The domains proposed by Hilton and Slotnick (2005) for medical professionalism are a comfortable fit for paramedics (and indeed for nursing and social work practise) with these domains, arguably suggesting that these are principles of professionalism rather than medical professionalism. It is reassuring that the regulatory bodies considered the same issues when ensuring and promoting professionalism.

Table 3: Applying the HCPC 2016 (and NMC 2015) Guidance to Hilton and Slotnick's (2005) six domains of medical professionalism

Hilton and Slotnick's (2005) Six Domains	HCPC (2016) Guidance on Conduct and Ethics for Students <i>Paramedics and Social Workers</i> (In summary rather than verbatim)	NMC (2015) The code- Professional Standards of Practice and Behaviour for <i>Nurses and Midwives</i> (In summary)
Ethical practice	'You should behave honestly' Guidance 12 'You should keep high standards of personal conduct' Guidance 3 'You should get informed consent to provide care or services (so far as possible)' Guidance 9 'You should always act in the best interests of your service users' Guidance 1 'You should respect confidentiality of your service users' Guidance 2	'Treat people as individuals and uphold dignity' Guidance 1 'Act in the best interests of people at all times' Guidance 4 'Respect people's right to privacy' Guidance 5
Reflection and Self-Awareness	'You should limit your study or stop studying if your performance or judgement is affected by your health' Guidance 5 'You should keep your professional knowledge and skills up to date' Guidance 6 'You should act within the limits of your knowledge and skills' Guidance 7	'Always practise in line with best available evidence' Guidance 6 'Communicate clearly' Guidance 7 'Recognise and work within the limits of your competence' Guidance 13 'Be open and candid' Guidance 14
Responsibility for actions	'You should keep accurate records on service users' Guidance 10	'Make sure that peoples physical, social and psychological needs are assessed and responded to' Guidance 3

	<p>'You should keep your professional knowledge and skills up to date' Guidance 6</p>	<p>'Keep clear and accurate records relevant to practise' Guidance 10 'Have in place indemnity arrangements' Guidance 12 'Always offer help in emergency' Guidance 15 'Act without delay if you believe there is a risk' Guidance 16 'Raise concerns immediately' Guidance 17 'Be aware of and reduce as far as possible any potential harm' Guidance 19 'Co-operate with all investigations and audits' Guidance 23 'Respond to any complaints' Guidance 24</p>
Respect for patients	<p>'You should always act in the best interests of your service users' Guidance 1</p>	<p>'Treat people as individuals and uphold dignity' Guidance 1 'Listen to people and respond to their preferences and concerns' Guidance 2 'Act in the best interests of people at all times' Guidance 4 'Respect people's right to privacy' Guidance 5</p>
Teamwork	<p>'You should communicate effectively with service users and your education provider and placement provider' Guidance 8 'You should get informed consent to provide care or services (so far as possible)' Guidance 9</p>	<p>'Work co-operatively' Guidance 8 'Share your skills, knowledge and experience for the benefit of people' Guidance 9</p>

		<p>'Keep clear and accurate records relevant to practise' Guidance 10</p> <p>'Be accountable for your decisions to delegate tasks and duties to others' Guidance 11</p>
Social responsibility	<p>You should make sure that your behaviour does not damage public confidence in your profession' Guidance 13</p>	<p>'Uphold the reputation of your profession at all times' Guidance 20</p> <p>'Uphold your position as a registered nurse' Guidance 21</p> <p>'Co-operate with all investigations and audits' Guidance 23</p> <p>'Respond to any complaints' Guidance 24</p> <p>'Provide Leadership to make sure people's wellbeing is protected' Guidance 25</p>

2.4.3 Conducting student paramedic FtP Panels

I have already established that the responsibility regarding regulation of students following programmes which lead to professional qualifications lies with the HEI. As previously highlighted LJMU's policy on Fitness to Practise Policy (2015) highlights the need to adhere to the Health Act (1999) (amended by the Health and Social Care Act 2001) Article 60 which identifies public protection as the primary concern when making decisions in relation to a student's continued participation on a programme of study. This includes specific consideration of standards of conduct and performance, discipline and fitness to practise. LJMU's policy on Fitness to Practise suggests the guidance that should be considered and similarly to the nursing students, general guidance and more specific guidance (HCPC) is highlighted.

- HCPC Code of Professional Conduct
- LJMU Code of Conduct
- LJMU Equal Opportunity Policy
- LJMU Assessment Regulations

It is the work of David *et al* (2009) that provides an insight in to the operational and procedural approaches to FtP for undergraduate healthcare students, with a breakdown of key stages and recommendation for good practice. David *et al* (2009 p107) reminds that '*FtP decisions are extremely important with far- reaching consequences for the students*' and that the '*system for adjudicating such matters should be fair and follow the principles of natural justice*'. Natural justice is the legal term used to define the rule against bias and the right to a fair hearing (Craig 2008). This term is interlinked with the general duty to act fairly. The basis for the rule against bias is the requirement to maintain public confidence in its legal system. This principle clearly reflects the approach adopted with FtP and is evident in LJMU's policy on Fitness to Practise Policy (2015) with a reference made to natural justice and focus of fairness through its principles. Examples of which are seen with a recommendation for panel members to be independent of the student in question, support for students and disclosure of information to student prior to the panel. No literature was found that specifically examined conduct or the procedures involved in student paramedic practice.

2.5 Review of FtP and Pre-Registration Social Work Practice Students

2.5.1 Regulation

The Care Standards Act (2000) set up the GSCC who were charged with the creation of a register and maintenance of the register for social workers and social care workers. This proved to be challenging for both groups. In 2001 the register for social workers was established. Registration of student social workers was also introduced in 2001. The arrival of the register was welcomed with the GSCC (2003) and revealed that 93% of the public were in favour of registration of social workers and those that were interviewed 90% felt that registration would increase public confidence and importantly improve public protection.

During the days of the GSCC student workers were managed differently to other allied professions such as nursing. Student Social workers were required to register and adhere to the code during the programme and resulting in student registration. However, the

management and determination of FtP sat with the HEIs (like nursing and paramedic). This approach has some critics. McLaughlin (2009) highlighted that asking students to 'sign up' to the code had potential tensions. McLaughlin (2009 p 83) further suggested that *'The student was in the process of becoming a registered social worker but had not achieved that position yet'*.

This again raised the notion that this whole process of professional conduct was of developmental and that you are not instantly professional but that these are skills like others to be developed. Considering the historical perspective is revealing. The transfer to the HCPC was significant and what followed was a shift to a very different approach with no register for student social workers and a generic set of guidance for students conduct with a focus on FtP and a move from the use of suitability.

2.5.2 Determining FtP through Suitability

McLaughlin's (2010) provocative title 'You've got to be saint to be a social worker' derived from a statement made by an exasperated chair on an FtP panel regarding student suitability, is a poignant insight into the values viewed to be necessary to be social worker. This statement highlights that suitability is an important and key issue. The GSCC in its guidance to practitioners and students did not use the term FtP. The social work profession referred to the concept of 'suitability' stating *'to award the [social work] degree, universities should be satisfied that students have... shown they are suitable to practise as a social worker'* (GSCC 2002A:13)

With the transfer from the GSCC to HCPC, the term FtP is adopted. However, it is important to consider what the concept of 'suitability' refers to. Is suitability the same as FtP and is this a natural transfer? Defining the concept of professional suitability is challenging. Curren and Atherton (2008) suggest that the concept of suitability was being used in different ways and was differently interpreted by individuals in practice. They suggest that inconsistency derives from a lack of definition to the concept itself.

When we consider who is suitable to undertake a task we not only consider their skill set but also their character. Clark (2006) raised some interesting insights in to the character, indeed the moral character required for social work. He suggested that

'Social workers (and extended this to other professionals such as teachers, nurses) need to hold certain moral attitudes or character over and above the ordinary standards of honesty, diligence and competence' (Clark 2006 p83).

Clark also challenged that social workers could pretend to value-neutrality in their professional relationships adding *'that the nature of the contact with clients on occasion entails practically exemplifying ways of living and advising on life issues that no mature person can all together be indifferent about'* (Clark 2006 p83).

This is a perspective that seems to be distant from professional guidance. Both the HCPC and NMC explicitly request a distance for example *'Make sure you do not express your personal beliefs including political, religious or moral beliefs'* (NMC 2015 p15) that appears to be value-neutral in its approach.

Neutrality still does not explain to us what the values that make the social worker suitable actually are. Clark had some thoughts on the actual values of a professional claiming that *'Professional roles span a range of responsibilities from the instrumental to the moral'* (2006 p83) and makes some reference to familiar duty-bound principles that can be seen in many ethical codes such as *'respect, justice, autonomy and beneficence'* (Beauchamp 2009). However, it is Clark's final statement that is useful to consider;

'Good professional practice is not sufficiently described either by technical competence or by grand ethical principles' it subsists essentially in the moral character of the practitioner' (2006p 88).

Of course establishing what is suitability is not the only the relevant issue here. How this suitability is established and monitored is vital. Currer and Atherton (2008) recognised that gate-keeping is a familiar role for social work educators in the determination of suitability and highlighted that the need for this gate-keeping was at various points, ranging from recruitment to assessment (practice and theory) and as an on-going aspect of the

programme. This requirement for gate-keeping is implied (not explicitly but implicitly) within the GSCC guidance (2002 b, p22) instruction to universities by stating that HEIs will

‘Develop effective procedures for ending a student’s involvement in the social work degree, where appropriate, to make sure that unsuitable people do not have the qualification to allow them into the profession’.

However, the then regulatory body did not make it clear what suitable was. Nevertheless, it provided some examples of what could be considered as unsuitable in this statement

‘All programmes should have procedures to end a student’s programme if their behaviour:

- *Is confirmed to be damaging or dangerous to others who use services*
- *Creates unacceptable risk for themselves or others*
- *Shows a serious failure to follow our code of conduct’*

(GSCC 2002b, p22)

Currer and Atherton’s (2008) work examined the challenge of some of these misconceptions of this term suitability. Their investigation examined the perceptions of suitability using a sample (11 participants) of predominately social workers who examined fictional scenario cases. This work was particularly interesting in not only the use of the fictional cases but also in that it was looking at differing perceptions of what suitability was and was influential in the design of this research study. Currer and Atherton’s (2008) study found that participants considered the code to be very important in determining suitability. They found the code challenging- this was mainly due to misinterpretation of the code and this stemmed from the language adopted within the code and conflicting messages within the code. However, the study did suggest that the participants were consistent in the way they reviewed the vignettes and that they considered both mitigation and their own experiences in arriving at the decision of suitability. In their findings, Currer and Atherton (2008) suggest there is some ethical component to decision-making but also highlight that context is key and must be taken into account when considering behaviour and character. They advise that students

should be allowed to learn from their mistakes and suggest a more graduated approach to sanctions.

2.5.3 Conducting student social work FtP panels

The literature review found a number of articles that were transferable to a 'joined-up' approach to student FtP. However, McLaughlin (2009) made some interesting observations of the FtP processes in one HEI dealing with Social Work students. His work provided context from the perspective of defining FtP but he also used a number of cases studies from the social work programme as vehicles to explore issues in greater depth. The key issues emerging from these case studies were the role of the chair, surveillance, thresholds and secrecy. Interestingly these key issues would inform the findings of my research study. McLaughlin (2009) recognised the importance of the panel chair and discussed whether the panel chair should be a social worker and made fleeting reference to the use of lay people in panels. When McLaughlin (2009) examined surveillance this was from the perspective of who monitors students and how this monitoring is managed. Importantly he makes reference to what the responsibilities are for those monitoring and how 'they' then escalate any concerns. Post Francis Inquiry (2013) this is a critical issue for all professional groups and what has emerged is more explicit guidance on raising concerns specifically the NMC (2013) Raising Concerns- Guidance for nurses and midwives updated in 2015. It is anticipated that the HCPC will follow suit. McLaughlin's (2009) work explored thresholds and secrecy. Thresholds in this context are referring to the thresholds in operation in judgements in the specific cases that McLaughlin presents. He poses questions for us; what are the thresholds? When does one judgement move from fit to unfit? Would this raise the need for clearer structures to possible sanctions?

Secrecy is broadly discussed by McLaughlin (2009). There was no suggestion of secrecy but more an acknowledgement of a more transparency to the process of FtP alongside recommendations such as recognising student status and the use of lay people in panels.

2.5.4 Summary

Regulation of professions is a complex and challenging issue for each professional group. There are similarities to be noted in each regulatory body (NMC and HCPC) approach to regulation (Table 4 below) Historically there are been some differences in approaches to ‘regulation’ of students and with this approaches to FtP. More recently and with paramedic and social worker’s regulation falling within the HCPC a more uniformed approach is evident. The determination of FtP for students in all three groups identified for this research study is the responsibility individual HEIs. There is some evidence of HEIs sharing ‘best practice’ ideas surrounding student FtP (David et al 2009) but with limited research into the field of decision-making and FtP and no requirement for HEIs to share FtP policies and guidance, it is difficult to ‘compare and contrast’ and interpret best practice.

Table 4: Student regulation and guidance

Student Group	Regulator	Student Register	Student fitness to practise guidance	Code of conduct for Students
Nursing Students	NMC: Nursing and Midwifery Council	No register but some consideration of Indexing	NMC 2010 Good health and good character	No specific code for students since 2015 and the introduction of the new 2015 code for all
Paramedic Students	HCPC: Health and Care Professions Council	No register for students	No specific guidance on fitness to practise for students although guide for employer	HCPC Guidance on conduct and ethics for students (2016)

Social Work Students	HCPC Health and Care Professions Council	No register for students	No specific guidance on fitness to practise for students although guide for employer	HCPC Guidance on conduct and ethics for students (2016)
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2.6 Decision-making Literature

Decision-making in clinical practice is a complex process (Ryecroft-Malone et al 2009). There is an abundance of literature that examines healthcare professions decision-making processes in relation to clinical problems (Malek & Oliveria 1996, Dowding & Thompson 2002, Hoffman *et al* 2004, Dowding *et al* 2009, Ryecroft-Malone *et al* 2009, Samuel & Fetzer 2009) however, my interest and focus surrounded FtP and decision-making. A search for key terms such as *fitness to practise* and *decision-making* in CINHALL, MEDLINE, Google Scholar and Discovery retrieved 0 publications of relevance.

With limited research surrounding decision-making in FtP Panels it was necessary to cast a wider net to explore research that had involved general decision-making and then extending from this decision-making in similar/like situations to FtP such as jury decision-making. Decision-making literature more broadly applied was also in abundance (Bucknall 2007, Flin *et al* 2008, Yule 2008, Fioratou *et al* 2010).

Dunkley-Bent & Jones (2010) considers decision-making to be a complex process involving many interactions between theoretical and tacit knowledge, individual motivations, cultural and societal norms and values and further alleges that decision-making is influenced by a range of internal and external factors. Thompson & Dowding (2002) explored both judgements and decision-making and highlighted the differing language used to express this field. The language adopted ranged from decision-making (Field, 1987 Luker and Kenrick 1992) to judgement (Benner & Tanner 1987, Itano 1989).

Thompson & Dowding (2007p7-8) highlighted that *'When examining judgement and decision-making we can focus on processes and/or outcomes'* and further extended *'There is often very little interest in the outcome of the process; how good, bad, accurate or inaccurate it may be and some may be interested in the quality of the outcome, without really considering how the decision was reached.'*

For the purpose of this research study, I was interested in both the outcome (judgement/decisions) and the process. Therefore, an examination of both was necessary for this chapter.

2.6.1 Decisions

With differing language adopted within the field of decision-making it was important to establish the language that would be adopted for this research study. Dowie (1993 p8) provides a distinction between two approaches and defines judgements as *'the assessment of alternatives'* and decisions as *'choosing between alternatives'*. On examination of the FtP literature considered for this chapter the language adopted surrounding outcomes is 'decisions' rather than 'judgements' therefore to ensure consistency I have adopted Dowie's distinction of 'decision'.

O'Sullivan (2011 p140) explores decision theory and proposes that *'The best option is the one option that has the best balance between the probability of events occurring and their value in terms of benefit and harm'*. O'Sullivan (2011) further explored the use of decision analysis that applies decision theory in order to help to decide on which option gives the best chance of a good outcome. O'Sullivan makes the suggestion of a 'decision tree'. This rather simple use of a diagram to represent visually the options available and the possible outcomes has potential with some decision-making situations. The nature of FtP is rather complex and although O'Sullivan suggests the decision-tree can be used in complex situations the construction of such diagrams may be over complicating an already complex issue and requires a more individualised approach.

2.6.2 Decision-making

Thompson & Dowding (2002) propose three theories to decision-making;

1. Normative
2. Descriptive
3. Prescriptive

Normative theories assume that an individual is rational and logical and will focus on how decisions should be made in an ideal world. This approach will be concerned with how 'good' a decision is but will not consider how the decisions are made. *Descriptive theories* will consider how the individuals involved reached their decisions. This theory is more focused on the process rather than the decision. This theory adopts approaches such as information processing (Newell & Simon, 1972) and also intuition (Benner 1984) and a combination of both in the form of cognitive continuum (Phillips and Rempushki 1985). *Prescriptive theories* consider how to improve decisions by examining how individuals actually make decisions and trying to support them to improve the process and therefore the outcomes. The current research study is underpinned by the prescriptive approach suggested by Thompson & Dowding (2002). I was interested in the outcomes of the case studies, as well as the process of making the decisions with a view to improve and refine the process and strive towards transparent and fair processes and outcomes. However, in order to achieve this, it was necessary to examine the process and employ descriptive theories to gain greater understanding. In adopting the descriptive theory, it is essential to consider the key approaches employed by this theory; Information processing, Intuition and the Cognitive Continuum. *Information processing* is a key component to the descriptive theory of decision-making. Information processing considers human reasoning and how we reason when we make decisions. Classical research conducted by Elstein *et al* 1978 suggests four stages in this process of reasoning

1. *Cue Acquisition*
2. *Hypothesis generation*
3. *Cue interpretation*
4. *Hypothesis evaluation*

This process suggests that we gather preliminary information (stage 1) that helps to inform and generate an initial idea or hypothesis (stage 2). The third stage is viewed as the reasoning element of the process. During this stage, there is interpretation of the information gathered, confirming or refuting that information. The fourth and final stage considers this interpretation of the information and arrives at a reasoned outcome. However, this reasoning approach fails to recognise intuition, which plays an important part in decision-making with health and social care professionals. The work of Benner (1984) considered the significance of expertise in health care practice. Benner further expended this work in 1987 to consider the role of intuition and defined intuition by stating it was '*Understanding without a rationale*' (Benner & Tanner 1987 p23-31).

Intuition was viewed by Thompson & Dowding (2007) as another of the key component to the descriptive theory of decision-making. This will be explored further within this chapter using the work of Standing (2011). Information processing or reasoning and intuition provide two perspectives of decision-making. However, a more middle ground could be achieved by what Thompson & Dowding (2002) highlight as the *Cognitive Continuum* and Thompson & Dowding (2002 p12) suggests '*That decision-making is neither purely intuitive nor purely analytical; it is located at some point in between*'. This appears a logical conclusion however; the continuum is rather more complex than a simple use of a little intuition and a little analysis.

Exploring the literature and its application to health and social care practice uncovered the work of Standing (2011) who examined the concept of decision-making within nursing in particular but she recognised that it would have transferability to allied health and social care professions. Her study adopted hermeneutic phenomenology and created a 'matrix model' of decision-making within health and social care that suggests integration of key concepts such as skill, attitudes and values needed in decision-making. This work provided a useful point to gain greater understanding of the types of decision-making that may be adopted within FtP. It also provided a framework for detailed consideration of approaches to decision-making that addressed many of the issues that were appearing in the broader literature but with a health and social care practice focus. Standing's work asserts ten types

of decision-making seen here in Table 5 and I have utilised Standings approach to consider FtP.

Table 5: Standing’s Types of Decision-Making (2011)

Type of Decision-Making
Collaborative
Observation
Systematic
Standardised
Prioritising
Experience and Intuition
Reflective
Ethical Sensitivity
Accountability
Confidence

2.6.3 Collaborative Decision-Making

Collaborative decisions are joint decisions between two or more people for the purpose of achieving an agreed aim. Standing suggests that collaboration involves

‘Consultation to express opinions about what needs to be done; Negotiation to identify a solution with which all parties can agree; Co-operation to suspend differences and work towards shared aims’ (2011 p20)

Standing further extends that it is not one in isolation but each of these collectively that suggests collaborative decision-making. Operationally all FtP panels are convened to consider circumstances or concerns regarding a student’s fitness to practise. In accordance with LJMU’s Fitness to Practise Policy (2015) the panel needs to be quorate with at least four/five or more members and composition of the panel member’s stipulated by the university with some suggestions as to who would be appropriate to be involved or excluded (e.g.: knowledge/input with the student). With criteria for membership to panels, the result could be a discrete group involved in the majority of panels. This arguably could result in

groupthink. Groupthink, was an idea generated by social psychologist Irving Janis (1972) who suggested that when a group make decisions it may result in faulty decisions because group pressures lead to a deterioration of '*mental efficiency, reality testing, and moral judgment*' (Janis 1972 p. 9). This approach makes propositions that groups affected by groupthink ignore alternatives and tend to take irrational actions that dehumanize other groups. Janis (1972) further advised that groups are especially vulnerable to groupthink when its members are similar in background, when the group is insulated from outside opinions, and when there are no clear rules for decision making. This idea and possible impact will be considered further in Chapter 7 examining group decision making.

Within this research study, it was important to consider the context into which FtP panels function and the LJMU policies that inform them. LJMU's Fitness to Practise Policy (2015 p10) states '*The panel will reach a decision and make recommendations following deliberations*'. Although all of this appears to reflect, collaborative decision-making there is more to collaboration than a calculation of the number of people on a panel. Standing (2011) poignantly recommended that co-operation to suspend differences and work towards shared aims was a key aspect of this decision-making process. This suggests that drawing from differences but agreeing on a shared outcome is reflective of collaborative decision-making. A panel that adopts both academics and clinical/practice staff could be said to be drawing on differences. However truly achieving this would be adopting a lay person in FtP panels which is the approach the NMC and HCPC advocate but this not implemented in LJMU's approach to FtP panels but is reflected in other HEI's such as Manchester (David *et al* 2009).

Although collaborative decision-making suggests a group decision, it is important to recognise the potential of power influence within that group. Beckett (2006 p126) adopted the term '*Power-Sensitive Practice*' and defined this as '*Being sensitive to power dynamics, relations and differences*'. This idea recognises that there are potential influences or the ability to influence decisions through the unequal distribution of '*power*'. This power could be seen from the perspective of practice or indeed in terms of hierarchy within the panel, for example, the chair may be in a position of power due to the role itself. O'Sullivan suggests

that the power dynamics with a situation (for example FTP) *'Needs to be analysed using a more nuanced, subtle, complex and dynamic view of power'* and further adds *'Power not only needs to be understood at the structural level of analysis but also at the level of the face-to-face interactions'* (2011 p8)

2.6.4 Observational Decision-Making

In Standing's work, (2011) observation was also considered to inform decision-making. This approach appears to be predominately used in clinical decision-making. It is however not isolated to the clinical environment as we often adopt the skills in all aspects of professional life. This form of decision-making draws upon the subtle skills of observation, not only physical observations but may also reveal psychological insights such as a person's moods, thoughts and behaviour. It is these observations that may be more revealing in the FtP process and in particular the behaviour of those under investigation. This research study through the simulation of case studies is providing an opportunity for the participants to consider the actions and behaviour of the panel. We consider behaviour that may be brought in to question but we also consider the behaviour during the investigation and the panel itself and it is this presentation that may influence decision-making. For example, the student who appears remorseful, is attentive during the panel questioning and demonstrates insight in to the issues raised, may influence the decision by their behaviour.

2.6.5 Systematic Decision-Making

Systematic decision-making is a structured approach to arriving at an agreed decision. There are some clear comparisons to be made with juror's decision-making and Standings (2011) approach to decision-making within healthcare. The deliberation process of the jury is predominately 'evidence driven'- this is where deliberations begin by identifying and discussing evidence in a systematic manner before any 'vote' or 'poll' is taken. Winter (2007) argues that evidence-driven deliberations promote more effective decision-making, because they are likely to be less divisive and by working together will produce more thoughtful discussion. Ellison & Munro (2010) asserts that through these systematic deliberations shifts

in outcomes can emerge and suggests that this could be a result of both influence from Jury members but also through scrutiny of the evidence that is examined in the deliberations. With limited research on FtP panel decision-making, it is difficult to draw direct comparisons but some comparisons can be drawn from research in to Jury decision-making suggests that deliberations using a systematic approach can be lengthy and that the length of the deliberations were influential in the outcome of the decisions (Nagao & Davis 1980 and more recently Huck & Lee 2012).

2.6.6 Standardised Decision-Making

Setting standards and following standards is a common theme within many professions and nursing, paramedic practice and social work are no exception. The consideration of FtP earlier in this chapter revealed grey literature that defined the concept of FtP and provides criteria for measuring FtP within the profession. Both the NMC (2009) and the HCPC (2009) provides similar and explicit guidance in their documents 'Managing fitness to practise'. HEIs apply the guidance provided by the NMC and HCPC for students undertaking programme of studies leading to registration but this is guidance and open to interpretation by the HEI and there is a risk that standardisation in decision-making is lost.

2.6.7 Prioritising in Decision-Making

Prioritising decision-making is often considered in the context of nursing with the assessment and the delivery of nursing care. Standing (2011) defines prioritising in decision-making with assessing needs and highlights the importance of managing risks. Elements of prioritising decision-making may be extended to the process of fitness to practise. Guidance provided by both the regulatory bodies and the HEIs prescribe to regulators and educators what the standards for fitness to practise are, however no element within this guidance promotes a 'hierarchy' or priority of these standards. As professionals in these decision-making situations, the priority would be the safety of patient and/or the student, which would reflect broader guidance the duty of care that would be owed as a professional.

This gives rise to consideration of risk. When prioritising decision-making within the health and social care context it is always with a mind to what is 'real' and 'potential' risk to the outcome and it is recognised that it is important to do so by the regulatory bodies.

Both the NMC and the HCPC demand consideration of risk from their practitioners; this can be seen explicitly within the NMC (2015 p12) Code that states '*Act without delay if you believe that there is a risk to patient safety or public protection*' (Section 16) and the HCPC (2016 p8) Standards of conduct, performance and ethics, which states '*You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible*' (Section 6.1). However, with examination of the work of Stalker (2003 p216) a more critical rather prescriptive consideration of the concept of risk can be seen who stated '*The theories of risk suggest that practitioners should adopt a critical approach to their understanding of and response to risk*'. Making decisions, by the nature of the process, involves a degree of risk and uncertainty regarding the outcome in addition to considering possible risk of those under scrutiny. O'Sullivan (2011p 135) suggested that there were two approaches to risk; clinical and actuarial. He defined clinical risk assessment as '*practitioners using their professional expertise to assess the degree of risk on the basis of factors they identify in the particular situation*' and he saw actuarial as '*practitioners using predictive factors identified through actuarial research*'. O'Sullivan felt that there was a relationship between these two approaches and there are natural comparisons to be drawn here in the approaches that FtP panel members employ when considering outcomes.

2.6.8 Experience and Intuition in Decision-Making

The work of Benner (1984) revealed that experts made the best choices in difficult circumstances without being conscious of their reasons and indicated that becoming an expert, however takes time and is developed through repeated experiences. Benner's work implies that both experience and intuition (making a decision without being conscious of their reasons) are crucial in the decision-making process. Benner suggests that intuitive judgement is what distinguishes the expert from the novice in decision-making; when experts no longer need analytic principles to assess a situation and arrive at the appropriate outcome. Standing (2011) considered what experience and intuition in decision-making

actually means and suggested that experience refers to anything and everything we have ever thought, felt, sensed or done and further asserted that the accumulation of life experience helps to shape our unique individual interests, and the choices we make. Hammond (1996) suggests that intuitive judgement is a subconscious process using pattern recognition to make connections between various information cues embedded in a particular context, weighing up what it all means, and taking appropriate actions. Therefore, it could be suggested that previous experiences such as involvement in FtP cases or panels could influence how receptive you are to cases. Standing (2011) suggests that previous experience motivates us to develop knowledge or skills in particular activities such as involvement in FtP cases. In contrast the closest comparison to FtP, jury decision-making raises concern regarding experience. Prior juror experience is an unwanted factor in the process of jury decision-making. Himelein et al (1991) found that juries with more experience tend to give harsher sentences. They suggest that this could be caused by a loss of belief in the concept of 'innocent until proven guilty'. However, they provide no evidence to support this claim. Wiener *et al* (1991) suggested that juror's with experience of juries become more familiar with the judge's instructions and therefore were more likely to disregard them with experience. Each juror has varying degrees of experience with issues related to the facts of a case, and this experience affects how he/she interprets both the trail evidence and judge's instructions. These ideas can be clearly transferred to the process of decision-making within FtP panels with the judge's instructions being that of the chair of the panel. Panel members may draw on experience in the processing of decision-making but may also be influenced by beliefs, attitudes and cognitive abilities.

2.6.9 Reflective or Reflexive Decision-Making

This type of decision draws heavily on the experience of the decision-maker. Standings (2011) model explores ways in which reflection can convert experience into learning and the importance of reflexivity in decision-making and it's potential for influence on the approach and the outcomes. Work from O'Sullivan (2011) focused on social work practice however this again is transferable across the professions. He argues not only does reflexivity influence decision making but that decision making (in social work) *requires* reflexivity and

O'Sullivan (2011 p10) asserts *'When making decisions, (social workers) need to be reflexive about their beliefs, emotions, thinking, reasoning and actions'*. In all professional practice, there is a need to reflect. Reflecting on judgement and decision-making is part of that reflective cycle. Reflecting on decision-making in the FtP process has the potential to develop skills in this challenging area of professional practice. O'Sullivan's (2011 p10) definition of reflexivity is a useful starting point to contemplate why reflexivity and/or reflection are important to consider in the FtP process. He defines it this way

'Reflexivity involves bending one's thinking back on itself and includes examining the ways knowledge is being constructed and used to frame decision situations and make choices.'

He further explores how this approach involves a critical awareness of your thought processes with a purpose and highlights that this scrutiny includes bias and any distortions to the knowledge and approaches. O'Sullivan (2011 p10) provides caution to social workers by suggesting;

'If social workers do not take this reflexive approach... there is danger that they remain unaware of unfounded assumptions and mind-sets that mean that they do not properly think through situations and decisions... this can lead to mistakes and lost opportunities'

Holland & Roberts (2013 p65) who considered nursing and decision-making, highlighted how useful reflection can be in these contexts and add *'Reflection helps nurses to unpack the sometimes 'messy world'... in order to make sense of what took place and, most importantly, to improve personal practice in the future'*.

Both the NMC and HCPC revealed in their 'Annual Fitness to Practise Reports 2014-2015' that the appraisal process identified areas of individual weakness for panel members and necessary support was to be provided to those panel members. Significantly, an outcome of this appraisal was the continued need for training of panel members. A process of reflection

could be built in to this training.

2.6.10 Ethical Sensitivity and Decision-Making

Registered nurses are bound to the NMC (2015) code of conduct. This code offers guidance on professional conduct within professional practice in addition to providing direction on ethical and moral conduct. The introduction of the terms ethics within the code of conduct followed the 2004 and subsequently the 2008 code of conduct issued by the NMC. This was a subtle yet a significant change in terms of emphasis of practice for nurses. The NMC code (2008) based its guidance on a pluralist ethical approach, with a distinguishable foundation on the 'principlist' synthesis of respect for persons, beneficence, non-maleficence and justice with particular reference to values such as autonomy, honesty and veracity. The applicability of principlism has been both challenged and defended as a common framework for biomedical ethics. Ever strong advocates of this approach Beauchamp and Childress (2008 p37) do not see principles as a complete or self-standing means of establishing ethical practice claiming '*Principles guide us to actions, but we still need to assess a situation and formulate an appropriate response, and this assessment and response flow from character and training as much as from principles.*'

Adopting the guidance from the NMC (2008) in decision-making during the fitness to practise process may suggest ethical sensitivity although it is the interpretation of this guidance as Beauchamp and Childress suggests that can be problematic. In 2015, the NMC introduced a revised set of guidance 'The Code: Professional standards of practice and behaviour for nurses and midwives'. The absence of the term 'ethics' is conspicuous however it is not simply the title that creates ethical guidance but indeed the content of the code itself. Closer examination of the code reveals that the previously explicit ethical principles such as veracity, respect for autonomy, non-maleficence and beneficence are still 'embedded' within this revised code but the language expressing them is less overt. Arguably, if the language within the new 'code' is less explicit in its ethical sensitivity there may be a risk of misinterpretation.

Registered paramedics and social workers are bound to the HCPC (2016) Guidance on conduct and ethics. Like the NMC, this guidance is based on a pluralist ethical approach, with a distinguishable foundation on the 'principlist' synthesis of respect for persons, beneficence, non-maleficence and justice with particular reference to values such as autonomy, honesty and veracity. The term 'ethics' remains explicitly placed within its title with no suggestion of 'lost' ethical sensitivity to be claimed (at least not from its title).

2.6.11 Accountability and Decision-Making

Accountability in health and social care refers to the responsibilities of practitioners and the process to which professionals are answerable in law. Through this process, professionals are required to justify their actions and omissions in practice. It is important to consider accountability in the process of decision-making and in particular in FtP cases. With limited research, it is necessary to draw comparisons from Ellison's *et al* (2010) work surrounding jury decision-making. It appears that although the participants are aware of the 'mock' nature of the decision-making they are also mindful of the gravity of their decision and the weighty ramifications of returning a negative outcome. This suggests the need to consider the accountabilities and responsibilities of those making decisions as well as those under investigation.

2.6.12 Confidence and Decision-Making

The process of making a decision that has impact requires confidence. Not only confidence in knowledge of the issues but also confidence in the actual decision made. Standing (2011) considered there to be many issues that can both develop and erode confidence in the process of decision-making. Standing referred to the work of Reinharz (1997) in defining confidence who argues that we should consider 'selves' when we consider our confidence. Reinharz proposes that there are three categories of selves:

- Bought selves: past experiences shapes our understanding
- Research-based selves: scientific evidence shapes our understanding
- Situationally created selves: interacting with others shapes our understanding

Reinharz's work reveals insights into how we gain our confidence and this is clearly relevant to how we then make decisions and what influences our decision-making abilities. Standing (2011) does not imply that confidence (or accountability) alone reveals how to make decisions but rather she suggests that it enhances the decision that it made. Lack of confidence in decision-making can also have an impact on the decision. Munro (2002) highlights this issue regarding social workers and their reluctance to make decisions and suggests that this procrastination can result in decisions being made in reaction to crisis rather than through long term planning. Although Standing's (2011) work uncovers some insights in to 'broad' differences in our approaches to decision-making it is limited in providing insights in to more individualised approaches and roles within the decision-making process and in particular in panel-like settings.

Winter & Greene (2007) claims that there are different types of decision-makers and suggests that there are both active decision-makers and passive recipients of information. The active decision-maker will interpret, evaluate and elaborate on the information presented rather than the passive recipient who will merely weigh each piece of evidence as a discrete entity and combine these elements in some probabilistic fashion. This is supported by the work of Nagao & Davis (1980) and Huck & Lee (2012), their research surrounding jury, and judge decision-making. Huck & Lee (2012) considered how sentencing decisions were made. They examined the influences on decision-making. This research considered the socio-cultural influences on judges and an acknowledgement that judges were social creatures. Huck & Lee (2012) considered that this work was placed comfortably into the framework of symbolic interactionism, with some ideas around the development of acceptable behaviour (of the judge) and the decisions through a creation of a social self. Huck & Lee (2012) see the judge having definitive power in decision-making. However, they also note that each member of the group (jury) has a particular status role, whether that is gender, race, or ethnicity. In the earlier work of Nagao & Davis (1980), there is consideration of the processes involved in decision-making from a jury perspective. Here the role of the judge or chair seems to fall to the foreperson and the role of the foreperson is considered to be crucial. Success rested on the extent to which the foreperson was able to bring some coherent structure to the discussion: some kept the discussion focused and orderly; others,

while making an attempt to 'chair' the meeting, did not have the skills to direct the deliberations and saw themselves as simply 'one of the group.' Nagao & Davis (1980) adopted the use of mock cases and predominately drew upon judgement theory to create an underpinning framework. They highlighted that mock trials were a popular vehicle for investigating issues of concern. This will be revisited in Chapter 3 when discussing the rationale of the methods adopted within this research study. This focus of Nagao & Davis (1980) study was to examine the decision-making of those involved in the mock cases. A significant influence was the experience of those involved (and types of experience) in addition to possible bias of jury members. This work highlights that it is important to consider the technical and the non-technical aspects of decision-making (such as social and cognitive skills) as well as the type of approach to decision-making that may be utilised in FtP panels. These skills are often identified as '*situation awareness*' (SA) and there is a suggestion that these influence decision-making. The origins of SA arise from the aviation industry. It is a concept that has been adopted to understand the causes of decision error and is a model to move towards safe decision-making (Singh *et al* 2006). It is Endsley's (1995) work that really defines SA and its importance in the decision-making process with the suggestion that SA is '*The perception of the elements in the environment in a volume of time and space, the comprehension of their meaning and the projection of their status in the near future*'. Endsley's (1995 p31)

Endsley's model of Situation Awareness (1995) with three identified levels of SA that are closely linked to decision-making could be considered in the context of FtP. The three levels of SA are incremental;

- Level 1: perception of current situation (gathering data)
- Level 2: comprehension of current situation (interpreting information)
- Level 3: ability to project what can happen in the future (anticipation of future states)

Considering this model in the context of FtP is useful in gaining greater understanding to the process of decision-making in these situations. Endsley (2000) describes *Level 1 SA* as characterised by the perception of cues. In essence, this is collecting information from the

surrounding world and the current situation. These cues can be visual, auditory or tactile. During an FtP panel, the chair relies not only on the documentation presented but also the way in which the case is presented visually and audibly. These contributions may be made by both the student but also by others providing evidence such as the Investigation Officer and witnesses. Therefore, the information that is presented at the panel may prove to be a significant influence in the decision-making process.

Level 2 SA is defined as when information is combined, interpreted, stored, retained and analysed or categorised for relevance (Endsley 2000). This requires information to be processed to make sense of cues in the situation, and cues are combined and understood within context. Interpretation of cue combination is affected by knowledge stored in long-term memory that represents what the information means. Experience plays an important role in interpreting cues at Level 2 SA. If panel members (or the chair) do not have experience of involvement in FtP panels this will affect this process- making sense of the cues may be more problematic if experience is lacking. This is recognised by the work of Benner (1984) who saw the role of experience and expertise to be a positive influence on judgement and consequently highly significant in decision-making. However, it is important to note that in more recent work Traynor (2010) proposed that experience is used less frequently than had been previously thought and that it may not always be a positive impact with some suggestion that experience may sometimes bring with it some bias. White *et al* (1992) implied that it was more relevant to consider individual characteristics.

Level 3 SA is the ability to anticipate future situation events and their implications by considering what might happen next. As a process, the situation is interpreted and comprehended, and stored knowledge from past experience is used to think ahead to determine what might develop in the immediate future. Importantly, level 3 SA allows for timely decision-making (Endsley 2000, Flin *et al* 2008). When panels are considering possible outcomes it is essential to be mindful of the future implications for both the student involved and all others, involved (this could be a broad consideration of the public itself).

Of course, SA does not come without its criticisms Braithwaite *et al* (2005), Yule *et al* (2008) and Woodward (2010) put forward suggestions for when SA is compromised. They suggest

that the failures in these situations are due to failures in perception, shortcuts in reasoning and underlying factors such as fatigue, stress and time pressures. Therefore, it is important to keep these issues in mind when considering the use of SA in the context of FtP. This simple application of the three levels of SA to FtP reveal some interesting perspectives on decision-making in FtP that are not captured by the structure proposed by Standing's (2011) work. Often one approach to these complex issues does not truly capture all the necessary elements. Therefore, a combination of approaches, almost creating a hybrid, is best placed.

'Reflective Stop-off'

'Grappling with the Literature'

I was surprised how thorny conducting a 'literature review' could be. When I initially conducted my 'literature review' there was very little specific research that emerged so therefore I cast my net wider to examination of the guidance (grey literature) that surrounded the issue.

This initially did not concern me and rather naively I was excited that little research existed and it provided me with the motivation to conduct the research with the mind-set that I was 'breaking new ground'. This excitement diminished over the period of the inquiry and the lack of extensive literature loomed darkly over the research study and I still question this 'review' at the stage of writing up my thesis. This chapter is heavily weighted with professional guidance and rather than a traditional review of the literature this chapter provides a context of FtP for undergraduate and registered practitioners with some critique of the decision-making processes involved in similar situations. With only discursive papers and guidance to draw upon and a complex process to examine, my aim was to assist you, *the reader*, by creating a clear context rather than a critique of a handful of papers.

2.6.13 Summary:

Decision-making is a complex issue that draws upon many technical and non-technical skills. Therefore, it is important to consider many perspectives when examining decision-making in FtP; this chapter considered the work of Standing (2011) to provide some broad

overviews on the approaches of decision-making in health and social care practice. The work of Ensley (2000) provided some deconstruction of the decision making itself. Finally, this research study made some comparisons to the work of Nagao & Davis (1980) who have adopted this approach of 'mock cases' (safe decision-making) in order to develop the skills required for fair and consistent decision-making.

Chapter 3

The Methodology underpinning the research study

3.1 Introduction

This chapter will explore all aspects of the methodological approach and its underlying epistemological assumptions underpinning this research study. In addition, it will provide a detailed discussion of the selection and relevance of case study design in the context of this research study. The chapter will contain details of the sample and the setting of the research, the methods employed for data collection, and the strategy adopted for data analysis. The ethical issues related to this research study are also considered, outlined, and explored within this chapter. Throughout this chapter ‘reflective stop-off’s’ will be utilised to explore the rationale for the decision-making of the methodology and design of the research study.

‘Reflective Stop-off’

‘My first research encounter’

My first encounter with research was during my undergraduate degree, where I examined the use of leech therapy within the field of plastic surgery. When I re-visit that work I cringe slightly at my clumsy attempts to try to use ‘research language’ but it was my outlook to research that resonates to me (a number of years on) still today. I made a series of incredibly practical recommendations to be considered by the clinical area (storage of the leeches, safety of staff using the leeches etc.) but the final recommendation was a suggestion for a further study. That study was for a patient lived experience- ‘how did it feel to have a leech attached to you?’ I asked. It is this recommendation that tells me that my roots were and still are in qualitative research. I am interested in the stories. I am interested in the experiences.

3.2 Conceptual Framework within this research study

This research is qualitative and is explorative in nature. I chose a qualitative approach for several influential reasons. The purpose of this study is to gain a greater understanding of the decision-making processes involved in student FtP panels and to explore the way in which these complex decisions are made. This research study explored the decision-making process within a series of FtP panels including nursing, paramedic and social work practice. The research study then compared the decision-making processes of students, lay people,

and inexperienced and experienced panel members within FtP for undergraduate students. Finally, the research study evaluated the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP. It was Stake (1995) that suggested that the very nature of the qualitative approach was that of exploration. Exploration is a central focus for this research study therefore naturally qualitative research is the best fit for this study. A further fundamental aspect of qualitative research is to understand the world of participants. Cohen (2013) suggests that by trying to understand the experience of the participants, it retains integrity of the phenomena being investigated and efforts are made to get inside the person and to understand from within. Cohen (2013) extended that interpretive research begins with individuals and sets out to understand their interpretations of the world around them.

The philosophical framing of this research study is based in the constructivism paradigm. This approach contends that different people construct meaning in different ways, even when experiencing the same event (Crotty 1998). The assumptions that Crotty defends are key to this research study. Firstly, the meaning is constructed by human beings as they engage with the world they are interpreting; qualitative researchers tend to use open-ended questions, so that participants can share their views. Secondly, humans engage with their world and make sense of it based on their historical and social perspectives. Thirdly, the basic generation of meaning is always social, arising in and out of interaction with a human community.

Reviewing these assumptions suggests that this is context specific. Stake (1995) suggests that of all the roles that researchers play, the role of gatherer and interpreter is central and asserts

'Most contemporary qualitative researchers nourish the belief that knowledge is constructed rather than discovered. The world we know is a particularly human construction' (Stake 1995 p99).

Stake (1995) defines constructivism as a belief that knowledge is made up largely of social interpretations rather than awareness of an external reality. This research study is based on

the interpretations of a number of FtP cases from registered practitioners from three professional groups, in addition to students from three professions and finally lay people. The participants involved in this study constructed a reality based on their individual and shared experiences. The simulation aspect of the research study not only helps to create the overall picture of the FtP process but allows for review of the interactions with other panel members and also consideration of the decisions made and their reactions and reflects the constructivist perspective.

A number of theories are underpinning to this research study and emerged during the analysis amongst which were *Symbolic Interactionism* and *Social Judgement Theory*. The focus of the study was influenced by these two frameworks. My first objective was to examine the decision-making process within a series FtP panel including nursing, paramedic and social work practice therefore I was endeavouring to critically deconstruct the process itself and my second objective was to compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels, in essence to explore the decisions made.

3.21 Symbolic Interactionism

Initially I considered the broad perspective of Symbolic Interactionism (SI), which has been used within a number of fields but mainly with social psychology. It is used for exploring and understanding human beings and their behaviour in social worlds and attempts to derive meaning from interactions (Burbank & Martins 2009). This perspective is generally credited to the work of G.H. Mead from the Chicago School of Interactionism. SI views human beings as social beings. Individuals and society are inseparable with each being created through social interaction and understood in terms of the other. Behaviour is not determined solely by forces within human beings such as instincts or drives or by forces from the external environment, but rather by a reflective, socially derived interpretation of the internal and external stimuli that are present (Meltzer *et al* 1975)

Blumer (1969 p2) suggests three premises, which describe the basis of SI:

1. *Human beings act towards things on the basis of the meanings the things have for them.*
2. *The meaning of things is derived from, or arises out of social interaction that one has*

with others.

3. *These meanings are handled in and modified through an interpretative process used by the person in dealing with the things he or she encounters.*

These premises were highlighted by Burbank et al (2009) who suggests the importance of meaning and others such as Manis and Meltzer (1974) see this as the central idea suggesting that *'Distinctively human behaviour and interaction are carried on through the meaning of symbols and their meanings'* (Manis & Meltzer 1974 p 6). Burbank adds that human beings are thinking beings and do not simply respond directly to events and situations, but give meaning to these. A person's actions are then based on the meanings the situations have for him or her rather than in direct response to the event or situation.

SI has been applied to a wide variety of health and social care systems such as understanding classification systems, studying clinical trials, exploring social worlds and studying the work setting itself (Clark & Star 2003). This suggested a potential use of this perspective in the context of FtP and decision-making and this research study. If the central idea of symbolic SI is meaning, then it may be that this perspective has some consideration for this research study. Goffman (1959) suggested that interaction provides a self-definition as connected to distinct social roles and specific situations, which allows humans to learn behaviour, including values, beliefs and norms. Intertwined with the creation of self are the social world and the perception of others. FtP panels are not immune to these characteristics of social life; panel members learn what is appropriate for their role and how to define themselves favourably through FtP decisions. Thus SI appropriately conceptualizes how panel members determine proper FtP outcomes. The focus of research is on the nature of individual and collective social interaction and this was the central focus for this FtP research study. Benzie & Allen (2001) suggest that SI provides a theoretical perspective for studying how individuals interpret objects and other people in their lives and how this process of interpretation leads to behaviour in specific situations.

SI has potential to increase the understanding of human health behaviours by complementing other theory perspectives currently used. Health and Social research is

located in the natural world of human behaviour and social life. Individuals and society are dynamic; research questions ask how meaning is attributed. Interaction is the critical link between an individual and society and becomes the focus of concern for this research study. There is a requirement to consider both the micro and macro social contexts in which actions are constructed. The researcher adopting SI must also acknowledge the past experience of the individual and the history of the group. Research questions from the SI perspective should emphasise the process rather than structure. The research questions are not only concerned with knowing the individual's point of view, but also understanding the processes by which points of view develop. This research study was not only concerned with the decision-making but also decisions made in FtP and this prompted contemplation of other key theories that provide insight into decisions or judgements. One particular theory that considers decisions from the constructivism paradigm is social judgement theory.

3.2.2 Social Judgement Theory

During the process of reviewing the field of decision-making, the applicability of the literature surrounding jury decision-making to FtP became apparent. Social judgement theory was adopted by a number of researchers in this field. Pepitone & DeNubile's (1976) work utilised cases that participants made judgements on. They based their predictions for the study on social judgement theory. Thompson & Dowding (2007 p88-89) provide a useful outline of this theory and suggest that social judgement theory relates to the person's state and is linked to a number of cues present within the environment adding that *'The decision-maker needs to make a judgement using the information or cues that are available to them. They may feel that certain information is more important than others when making this judgement'*. Thompson & Dowding (2007) further suggest that social judgement theory can explain how two 'judges' reach different judgements using exactly the same information; they propose that different 'judges' weigh the importance of information cues differently, naturally leading to different judgements. Understanding this approach is made possible by the 'Lens model' adapted and related to Social Judgement theory by Hammond *et al* (1964).

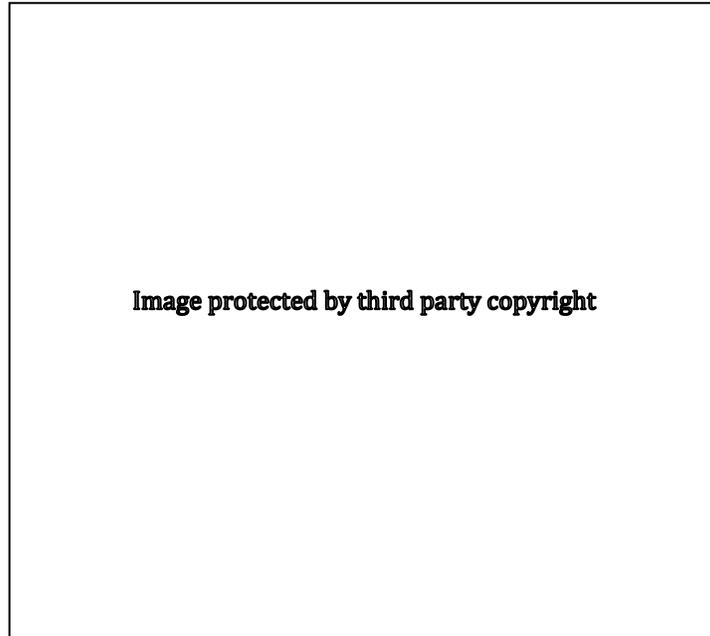


Figure 2: Lens Model adapted from Hammond *et al* (1964)

This diagram illustrates a complex perspective. The left side of the model represents a real situation- the true state. The cues in the centre of the diagram represent facts. Each cue has weight. When a judge considers the cues this is the right side of the model. How the judge views the cues will determine the weight attached to the cues and therefore will affect the judged state. Two individual judges may interpret the cues and apply weight differently. Quite simply each judge will view the same information and yet arrive at different judgements. This approach has considerable impact on this research study. The purpose of the research study is to understand not only the process of decision-making but also the decisions that are arrived at during the FtP panels. However, this approach does not come without its limitations; firstly, it is necessary to consider the information that is attached to a judgement and can be identified by those that are making a judgement. If the information is not 'visible' or available for the decision-maker, then this challenges the process and the decision. Secondly, it is essential to consider how consistent the information linked to a judgement is. If we assume certain information is linked to certain outcome, then again this may challenge the validity of the outcome. Finally, social judgement theory is often employed in vignettes rather than 'real' cases. This approach allows for examination of how judgements are made, however the reality may result in very different behaviour to that

identified in the vignette situation. Reassuringly Thompson & Dowding (2007 p91-92) suggest that;

'The use of vignettes can provide a safe environment within which to examine judgement variation and that in the long term the use of the vignette and social judgement combination could provide a useful educational tool to ensure that judgements are more consistent in practice'

3.3 Selecting Case Study Research

I recognised that the main focus of FtP panel decision-making was more than the pure application of policy and the following of a procedure; and I suspected that other (external) factors may be involved which could have an impact on the decision making process. In order to explore this phenomenon in depth I selected the use of Case Study Research (CSR). Baxter & Jacks (2008 p544) highlighted that qualitative case study methodology *'Provides tools for researchers to study complex phenomena within their context'*. The central elements to this research study were the complexity of the process (FtP) and gaining a real understanding of both FtP and the decisions made regarding FtP. Farquhar (2012) reminds us that it is critical in CSR to be very clear about the focus of the research (she adds this applies to all research and not just CSR).

3.3.1 Making sense of CSR

Qualitative case study research (CSR) was employed as the main methodology for this research study. I will define CSR, consider the selection of CSR for this research study and provide an outline of how I have adopted CSR in a unique way through the use of simulation.

The major advocates of CSR, Stake (1995) and Yin (2003) have provided a wealth of insight into this approach with extensive writings on how to conduct CSR successfully and these have been the major influences of this research study. It was Stake (1995) who described CSR as a strategy of inquiry in which the researcher explores in depth a programme, event, activity, process or one or more individuals. Cases are bounded by time and activity, and

researchers collect detailed information using a variety of data collection procedures. For this research study I used a simulated case study as a vehicle to examine student FtP decision-making. I collected data through focus group discussions for three professional groups. The activity under investigation is that of decision-making in student FtP panels. The cases were panels where FtP decisions were arrived at.

Yin (2009) suggests that there are five components of effective case study research design:

1. Research questions
2. Propositions or purpose of the study
3. Unit analysis
4. Logic that links data to propositions
5. Criteria for interpreting findings

It would be useful to contemplate Yin's (2009) approach from the perspective of this research study. Firstly, this research study proposes the following research question;

'What are the influences, experience and skills that impact on the decision-making process of those involved in FtP panels for undergraduate health and social care students?'

The research study also provides three research objectives;

1. To examine the decision-making process within a series of FtP panels including nursing, paramedic and social work practice in order to provide greater understanding of the process of FtP and what may influence the determination of FtP.
2. To compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels for undergraduate students.
3. To evaluate the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP.

Secondly, the purpose of the research study was to explore the influences on decision-making process involved in fitness to practise panels for undergraduate health and social

care students, with a view to identifying best practice for practitioners and undergraduate health and social care students.

Thirdly, the analysis of the research study is influenced by Yin (2009) who suggested that an appropriate unit of analysis occurs when primary research is accurately specified. The units of analysis are specific cases and the professional groups and within the specific groups, experienced, inexperienced, students and lay people.

The fourth component according to Yin (2009) was that of logic that links data to propositions. This connection is made when themes emerged following the data collection phase. During the analysis, I attempted to match the patterns that were appearing in the data to the theory that was influencing the research study for example decision-making theory (SA and 'group think').

The final component of Yin's approach was the criteria for interpreting findings. Applying this to my research study is the stage where I extracted meaning from the findings I had collected and began to make recommendations for practice within the field of FtP and suggestions for future research. Stake and Yin both consider this approach from the constructivist paradigm perspective. This paradigm *'recognises the importance of the subjective human creation of meaning, but doesn't reject outright some notion of objectivity'* claims Stake (1995 p236-47) but it is important to recognise that constructivism is built upon the premise of a social construction of reality (Searle 1995).

One of the advantages of the CSR approach is the close collaboration between the researcher and the participant, while enabling participants to tell stories (Crabtree & Miller 1999). Yin (2009) highlights other advantages to CSR and suggests it to be suitable for answering questions that start with how, who and why. Yin further advocates that its strength lies in being particularly well suited for investigating events that are occurring in a contemporary context. It is this perspective that increased its appeal for this research study.

A number of ideas considering the structures and purpose of CSR began to be developed in the field of CSR. It was Creswell (2007p73) who described a case as a *'bounded system'* (for

one case) or *'multiple bounded systems'* (for more than one). Hereby suggesting that this could be viewed that the 'bounds' described by Creswell are the boundaries created for the research study. This began to give shape to how the cases could be constructed but also a premise of what could be achieved through structured consideration of an issue (the boundaries of the issue). Bloomberg & Volpe (2012) describe CSR as an intensive description and analysis of a bounded social phenomenon. The CSR researcher explores the bounded system. Creswell's (2007) ideas regarding boundaries was a great influencing factor when I began to write my own case studies and the use of a storyboard to clearly define the bounds was a useful technique I employed. (Chapter 4 provides more detail)

Returning to Stake (1995) and Yin (2003) is useful when considering the underpinning theory of CSR. Stake and Yin have different views of CSR and these differences range from their epistemological perspectives and the role theory plays in CSR to defining and designing CSR. The epistemological stance provides an interesting contrast. Yin (2003) does not explicitly articulate his epistemological perspective however demonstrates a more positivistic stance on case study research with suggestions of objectivity, validity and generalizability noted through this assertion from Yin *'maximise four conditions related to design quality: construct validity, internal validity, external validity and reliability'* (Yin 2002 p19). In contrast, Stake is bolder in his epistemological assertions. Stake (1995) suggests that qualitative case study researchers should be orientated to the constructivism viewpoint and his claim *'Most contemporary qualitative researchers hold that knowledge is constructed rather than discovered'* (Stake 1995 p99). Stake's work further suggests that case study researchers are interpreters and gathers of interpretation and that the CSR researcher should expect another level of reality or knowledge construction. This is evident in Stake's suggestion that *'there are multiple perspectives or views of the case that need to be represented, but there is no way to establish beyond contention, the best view'* (Stake 1995 p108). Stake's perspective is a natural match to this research study.

There are rather contrasting ideas to the importance that theory plays within CSR from Stake and Yin. Stake (1995) makes arguments for the use of hypotheses and suggests that this approach can create focus (but focus can also minimise the appeal). Yin (2003) is more frank

in the discussion regarding the role of theory to CSR and makes the bold suggestion that theory is the important aid in undertaking CSR. He suggests that theory and the development of concepts are underpinned by four necessary goals:

1. To place the study in an appropriate research literature- so the lessons learnt will be more likely advance knowledge/understanding of the case
2. Define the unit of analysis i.e.: what is the case?
3. Identify criteria for the selection and screening of potential cases
4. Suggesting variable of interest and therefore highlighting the various sources of data

Yin's perspective is a natural match to this research study from the perspective of the role of theory. However, others are more inclined to avoid linking the case with the theories of any one academic field. Flyvberg (2004) suggests that the case can be related to broader philosophical perspectives but Simons (2009) proposes that there are theory-led case studies and theory-generated case studies. She suggests that theory-led can mean exploring a case through a particular theoretical perspective. Theory-generated case study research refers to generating theory from the data and there are some comparisons drawn with the classic grounded theory approach but also other interpretative lens that can eventually create the theory of the case.

Stake and Yin provide further conflicting perspectives when considering designing CSR. Yin (2002) presents a detailed and comprehensive approach to the formation of the design and suggests five components to CSR design; its propositions, its units of analysis, the logic linking the data to the propositions and the criteria for interpreting the findings. In contrast, Stake (1995) argues for a flexible design, which allows researchers to make major changes even after they proceed from design to research. Stake (1995 p16-17) suggests that researchers '*use issues as conceptual structure in order to force attention to complexity... because issues draw us toward observing, even teasing out, the problems of the case*' and further adds that when selecting a type of case study such as instrumental '*the issue is dominant, we start and end with issues dominant*'. Although this research study is flexible in its design, within that broader flexibility there is a structured approach with a case study protocol used for all cases and the storyboarding of each case. Therefore, arguably elements

of both Stake and Yin influence the design of this research study. Reviewing the fundamental issues, surrounding CSR and the two tenets within this field, Stake and Yin, presented a number of challenges and conflicts. There are strengths and weaknesses in both perspectives in terms of their 'fit' to this research study. Not one singular perspective was a complete fit and therefore a more hybrid approach was necessary. It is this premise that underpins the methodology selection of this research study. FtP is a hybrid in itself, and so requires a hybrid methodology that draws upon the perspectives of both Stake and Yin.

'Reflective Stop-off'

'Staking' a claim

Without wanting to sound melodramatic... one of the biggest challenges I encountered during the process of this research study was attaching a label to my work, in essence defining what it was.

Numerous debates with others about what this research study really was seemed to 'high jack' huge periods of my journey. Many people reassured me that this was a natural part of the process but for someone who needed and wanted structure (and sadly someone who wanted to be able to say confidently at a conference 'Oh yes I'm doing...') then this uncertainty was extremely challenging.

I wanted to label my work.

Too often (it felt) people would tell me what my work was not, it clearly was not ethnography, it was not ethno-methodology (although I have a fondness for both approaches and maybe that fondness was influencing some of my thinking) but the list continued. When I eventually woke up to CSR, during a supervision meeting, the relief was short lived. I had found a label but only to discover that the label was not enough. Underneath that were further labels and significantly positioning within the field was polarising. One of my supervisors with extensive experience in this area said *'Are you Stake or Yin?'*

3.3.2 Selecting the type of case study

Seminal work in this field by Stake (1995) and Yin (2003) attempted to define and provide an idea of the types of cases that could be adopted in CSR. Stake (1995) states that there are intrinsic and instrumental cases and collective cases and Yin (2003) suggest descriptive, exploratory, multiple and collective cases.

When I had originally considered the use of CSR for this research study my credentials in this field were non-existent. I was overwhelmed by the labels used within this discipline. Often these labels appeared to be addressing the same subject or approach to this novice researcher. CSR brought a level of confusion that I needed to harness. The confusion relates to the origins. Historically, cases have been used in law, medicine, psychology and other allied health and social sciences and within those fields cases could be reports, histories, biographies, studies, and finally methods. Platt (1992) attempted to provide an overview of the role, the labels involved in CSR, and this went some way towards harnessing my confusion. However even with Platt (1992) work further ideas regarding CSR add to an increasing complex qualitative methodology and some form of framework or structure to the selection was needed. Therefore, considering the mostly frequently adopted and well-supported approaches to CSR (Stake, Yin) may help to find a ‘fit’ to my research study. This involved considering the broad application of the approach before the application of the research outcomes and can be seen in Table 6 below.

Table 6: Finding a case study ‘fit’ adapted from Baxter & Jack (2008)

Case Study Type	Definition	Possible broad application in this research study	Application to Research objectives of this research study
Explanatory	Seeking to answer a question that sought to explain the presumed causal links in real-life interventions are too complex to be captured with other strategies <i>Yin (2003)</i> Also the work of De Vaus (2001)	No ‘real’ question Looking at complex decision-making with FtP but unclear of the links between real-life/theory.	The research objectives aim to examine rather than explain- I wanted to examine what was happening in FtP.
Exploratory	Used to explore situations in which the intervention being evaluated has no clear, single set of outcomes	It could be viewed that the intervention under examination is FtP decision-making. The focus of the research study is to explore the	The research objectives were to explore or rather examine FtP and although I set objectives I was ‘free’

	<p>Yin (2003) Also the work of Merriam (1988) De Vaus (2001)</p>	processes captured.	and less clear on the outcomes
Descriptive	<p>Used to describe an intervention or phenomenon and the real life context in which it occurred</p> <p>Yin (2003)</p>	<p>The cases are used to capture the decision-making process.</p> <p>The simulation aspect of the cases is attempting to create real-life</p>	The case captured a given situation but its purpose was to deconstruct the case not to simply consider the description of the case.
Intrinsic	<p>To be used if the researcher has an interest in the case. Better understanding of the case itself. It is not about a generic phenomenon.</p> <p>Stake (1995)</p>	There are three separate cases- it was the broader issues of how decisions were made rather than the case itself.	Similarly, to the descriptive case -the case captured a given situation but its purpose was to deconstruct the case not to simply consider the description of the case.
Instrumental	<p>Used to accomplish something other than understanding a particular situation. Provides insights into an issue or theory. The case is of secondary interest.</p> <p>The case is looked at in depth. The case may/or may not be seen as typical of other cases</p> <p>Stake (1995)</p>	The focus here is not the case but how the panel examine the case. I was aiming for this to provide some insight to how FtP panels arrived at decisions and those processes allow for some consideration of what is FtP.	To examine the decision-making process within a series FtP panel including nursing, paramedic and social work practice. Research Objective (1)
Multiple-Case or Collective	<p>Multiple</p> <p>Allows the researcher to explore differences within and between cases. The goal is to replicate findings across the cases.</p> <p>Care is needed in the case selection- the researcher will draw comparisons and therefore similar results need to be predicted</p>	Three professions groups were chosen to explore therefore multiple cases were necessary however each professional group presents with differing issues. It was more important to case a 'real-life' case than to create exact cases. The decision making process would be affected by a lack of reality.	To compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels for undergraduate students. Research Objective (2)

	<p><i>Yin (2003)</i></p> <p>Collective Similar in nature to Multiple cases</p> <p><i>Stake (1995)</i></p>		
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Stake (2005) frames this arrival at the ‘labels’ so well with his suggestion ‘*The purpose of a case report is not to represent the world, but to represent the case*’ (Stake 2005 p40). He reminds us of the notion of ‘multiple realities’ and makes it clear that multiple data sources are the way to ensure that those multiple realities are captured within the research.

Considering the numerous labels of both approaches and types of CSR helped to clarify the chosen design and I was able to arrive at my own labels. This research study was an instrumental case study combined with a multiple case study approach. Stake (2000) identifies that an instrumental case study is a case that is examined mainly to provide insight into an issue or to revise a generalisation. It is instrumental as it aimed to provide understanding of the decision-making process of an FtP panel for the purpose of understanding how decisions are made and what influences the decision-making process and multiple in the sense I would be using a number of cases across the research study although some comparisons between the cases would be considered.

It is important to recognise that CSR does not come without critics. Farquhar (2012) outlines the main criticisms of CSR. She asserts that the main criticisms levelled at CSR is lack of objectivity and rigour. The challenge to ensure that the case studies created for this research study were objective was a difficult one. Objectivity would indicate distance between the researcher and the study. I sought objectivity through selecting cases that were isolated from my own professional experience. In essence I had not been involved in cases that were directly related to the cases I created. Arguably I had been involved in similar cases but the cases were not exact reproductions and subsequently some objectivity was achieved.

Farquahar (2012 p10) also indicated the threat to the rigour of the study but also suggested this could be achieved through '*a consistent and coherent research design*'. This research study adopted a creative and original design, yet it retains coherency. The case protocol that was created and adopted ensured consistent in the creation and execution of the case studies.

'Reflective Stop-off'

'Study influences'

I like stories but stories that allow me to see through the eyes of others, allow me to experience things I may never have experienced, seeing things from many angles. It is for this reason I've always felt a pull towards ethnography and in particular the Sociological Chicago School.

One of the best known ethnography 'stories' to come out of the Chicago school was 'Boys in White' (Becker et al 1961). This was a three-year study of the inside of an American medical school which I had a particular interest in. It was exploring a profession in its novice form and the challenges that brings (which clearly links to FtP). I was also particularly taken with 'A Glasgow Gang Observed' (Patrick 1973) because of the gritty nature of the author's infiltration of the gang but ultimately for both of these pieces of work it was the immersion and the perspective of a reality that I was attracted to. I felt I was in the gang or in the medical school.

This increasing interest in this field can also be seen in my consideration of the underpinning conceptual framework for this research study and in particular my dalliances with Symbolic Interactionism and Social Judgement Theory.

With this research study although I didn't want to use ethnography I wanted somehow to get inside FtP. How to do that was the challenge- I spent quite some time considering this and CSR seemed the natural choice. But how would I get into FtP using CSR was the next consideration. *How could I 'recreate' the experience?*

3.4 Creating the Case:

Case studies strive to portray 'what it is like' to be in a particular situation, to catch the close-up reality and 'thick description' (Geertz 1973) of participants' lived experiences of, thoughts

about and feelings for, a situation. I had a desire to create case studies that depicted accurately FtP panels. To develop this idea, I examined closely FtP panel cases using a variety of sources, NMC and HCPC cases and outcomes and also cases within the Faculty of Health at LJMU. I considered cases over a 12-month period heard by the NMC and the HCPC and with this data; I began to draw some comparisons with my own data from LJMU cases. During this examination, I looked for recurring themes surrounding FtP panels. I recognised that this was not representative of all panels. Revisiting the work of Creswell (2007), I began to think of the boundaries I needed to put in place. Coupling this data together allowed for me to identify a number of key issues and supported by my own reading and thinking I started to shape a storyboard for my first case. (See chapter 4 for details of each storyboard for all cases).

Mitchell (2011 p75) defines a storyboard as a '*very simply as a visual outline or skeleton*' of the case and further suggests that '*storyboarding is a planning device*'. This was an informative process and although I gained insight into the outcomes very little was revealed into the decision-making of the FtP panel. This helped to create the case (through the use of a storyboard) however; it still did not elucidate the issue of realism. The transcriptions of the panel failed to reveal the finer details of the influences on the decision making process and the mechanics of the panel. I therefore looked to my educational roots to provide inspiration for capturing the panel. I returned to my early years in higher education and my involvement with the use of simulation with undergraduate nurses to develop the skills in assessment of critical ill patients. My experiences of this approach had been overwhelmingly positive and like others in this field, I had found this immersive approach to learning and its attempts to represent the reality of practice refreshing. It was this positive evaluation that sparked a creative light and the decision to create a simulation of a panel was born.

3.4.1 Case Study Simulation:

Liamputtong (2011) highlighted that researchers are increasingly adopting stimulus materials and activities as part of group discussion and recognised great potential in this more interactive approach. Wellings et al (2000) attempted to use a film to stimulate

discussion in a focus group. They used excerpts from a film and asked the participants to comment on the content of the film. The film that was adopted was not created purposely for the research and was a dramatization of issues the participants had experienced which allowed for a 'common external reference point' within the focus group discussion. With this idea in mind, I wanted to create an interactive medium for discussion but I wanted to avoid the dramatization of an FtP panel. I wanted something close to a 'real' case.

Simulation for the purpose of this research study referred to the use of a simulated setting to create a realistic replication of the real world. It is an approach adopted within health education extensively when clinical experience is not possible. Gohring (1979 p291) defined simulation as; *'Created experience that simplifies reality which cannot or should not be experienced first-hand because of inexperience, complexity, danger, cost or other reasons'*.

Norman et al (2012) emphasis that there is a growing interest in the use of realist computer-controlled 'high fidelity' (high tech equipment) simulation in the field of medicine and also allied professions such as nursing and paramedic practice. There is a suggestion that simulations have a number of potential advantages over the more traditional methods. Teteris et al (2012 pp137) makes this point well stating *'Simulated experiences not only allow learners to practise without patients suffering adverse clinical consequences, they also offer more control over the learning experience'*.

There are some criticisms levelled at the use of simulation. These are predominately associated with the use of high-fidelity simulations. Hyland and Hawkins (2009) highlighted the expensive nature of high tech simulation is a major challenge for most HEIs and the increasing student numbers on health and social care programmes also make high fidelity a less than viable option.

With my own personal experience of simulation, I realised the great potential for this within this research study. The use of simulation within an FtP panel would allow the opportunity to create a 'realistic' case and allow participants (and potentially others) to explore the issues without being involved in an FtP panel, which might not always be possible. Other case

simulation research has been undertaken surrounding jury decision-making (Ellison & Munro 2010) but to my knowledge, no other research had been undertaken using a simulated case to explore FtP decision-making. Therefore, this promised to be a unique and novel approach to examining FtP and decision-making.

Norman et al (2012) suggests that there are five assumptions that are central to the use of simulation within clinical development and education. It is interesting to examine if these could be transferable to the use of CSR and this research study.

Assumption 1: Instruction of those using simulator- this assumption is difficult to consider in the context of this research study. Norman et al (2012) consider other research that had examined the use of the simulators and mainly focussed on the use of very high fidelity simulation and equipment and was more focussed for clinical practice. This has little or limited relevance to this research study. There was no equipment or simulator's available to be used in this context.

Assumption 2: Skills acquired can be applied to real patients- transferred to other situations or like situations. Teteris et al (2012) suggested that those who use simulation demonstrate better performance in real situations in a variety of domains. This assumption was relevant to this research study in that the decision-making skills used in the simulated panels have transferability to real panel situations.

Assumption 3: The closer to the 'real world' the better the transfer to real life. Norman et al (2012) felt that this assumption was somewhat self-evident but they stress the need for this by referencing Schuwirth and van der Vleuten (2003 p65) who state that '*Authenticity should have high priority*' and that the situation '*should resemble the experience in which the competence will actually have to be used*'. Creating realism in the cases was an important part of this research study. In order to engage the panel members and the participants the cases needed to be recognisable and realistic.

Assumption 4: Authenticity- the resemblance of the simulation to an equivalent real life scenario- is the critical determinant of transfer. Maran and Glavin (2003) propose that real life is achieved through fidelity and propose two types of fidelity. 'Engineering fidelity' or Authenticity (realistic feel/look to the simulation) and 'psychological fidelity' (does the simulation contain the key elements needed to recreate the specific behaviours required to

complete the experience). This assumption was relevant to this research study in that the creating a real world meant that it had a realist appearance.

Assumption 5: more complex skills demand more complex simulation. Although Norman et al (2012) do not suggest that this assumption is self-evident, they suggest that it is reasonable to assume that complex situations require complex simulation. There is no evidence to support this. But considering the other assumptions we can see that it would be useful to create authenticity and so therefore to re-create the complex simulation requires more complex and higher fidelity simulation and this was relevant to this research study and that although high-tech simulation equipment was not employed this was a complex situation that was recreated and equates to high fidelity simulation.

The use of a simulated case study meant that the real world of FtP panels could be created without some of the disadvantages, such as confidentiality related to sensitive issues. This simulated case needed to be depicted effectively and this could be achieved through visual recording. Polit et al (2008) highlighted that visual recordings can capture fine units of behaviour which is inherent in the intention of this study. My aim was to then use the visual recordings as a means for the focus groups to analyse and 'deconstruct' the actual decision making involved in the simulated FtP panel.

I created three simulated case studies using fictional cases but based on real life situations. The role of the student being investigated was played by an actor, who was trained in presenting a pre-prepared case to the panel. However, I was mindful of gender and ethnicity balance during the case study creation stage. I reviewed the student populations for the three professions. Over a period of three years I noted that the gender balance of the three professions fluctuated over this timescale. Therefore, I randomly selected gender for each case study. Reviewing the same data revealed a more static status regarding ethnicity or BME (Black or Minority Ethnic group) indicating that during the same period BME represented less than 5% of all three professional student groups. Therefore, I selected from the majority (white) for each case study.

The panel was selected on the basis of their previous experience of FtP panels (previous

experience of FtP was defined as having been involved in one or more FtP panels prior to the research study recruitment) and their willingness to be involved in a simulation experience that would be visually recorded. The panel members were instructed to respond naturally to the experience. The case study simulations were designed to examine the links between experience of FtP and the decisions made. Thomas (2010) adopted a case simulation in which a mock hearing was filmed and edited and this was then shown to a large number of juries to decide. Thomas suggests that this approach provided a systematic and controlled study of jury decision-making although highlighted that case simulations do not have real consequences but suggested that a high level of authenticity is needed to replicate the experience as closely as possible.

Ellison & Munro (2010) utilised a real-time re-enactment and felt that this represented significantly more detailed and engaging stimulus than had previously been offered in research but acknowledged that in reconstructing in the time available that the evidence presented needed to be streamlined. Sommers et al (2003) also offered the criticism of unrealistic cases and limited deliberation time so it was important to consider this criticism in the creation of my own case. Thomas (2010) based her case on an actual case and made extensive efforts to bring the simulation as close as possible to conditions normally experienced. I made extensive efforts to follow this lead and recreated the FtP experience in my case study. This involved using a familiar environment, a 'real' chair-person and 'real' panel members.

The actual creation of the simulated cases proved to be both time consuming and challenging. The initial challenges surrounded the logistics of co-ordinating all panel members (N=4) and the student 'actor' on a suitable date. I had failed to realise how challenging it would be to co-ordinate such a task and the first simulation was a steep learning curve that would be invaluable for the remaining two creations. However, the recording of the simulated case proved to be a particular 'high point' in this research project. It is recognised by Emmison et al (2007) and Gray et al (2004) that the use of any technical means to observe or capture an experience in research can be problematic for reasons such as lighting and sound. I sought support from LJMU's Faculty of Health and Applied Social

Sciences Media Department in the recording of the simulated cases and very few technical hitches were encountered and the simulation were recorded in one take with only limited direction required. The recordings achieved the 'fly on the wall' effect that I was keen to capture (My only 'real' direction to the Media Department). I will provide a more detailed discussion of the case creations in Chapter 4.

3.4.2 Following the simulation: Debriefing

Following the recording, I was curious to canvas the thoughts and feelings of the panel members on the experience of the simulation and of being recorded. Debriefing is recommended following a simulation experience as Zigmont *et al* (2011) suggests it allows an opportunity to reflect on the simulation and their own performance. In addition to allowing the opportunity for the panel members to reflect I was also keen to consider the other significant limitation of visual recording which would be the effect of the actual recording will have on the panel. This is often referred to as the 'Hawthorne effect' (Silverman 2005) and is something to be considered when selecting such a method within research. Arguably, any form of observation of the panel may have an impact on the outcome but the use of visual recording may be viewed by many as more obtrusive. However, I felt that the limitations identified in the visual recording of the panel were outweighed by the potential for 'realism' within the case study for the focus group analysis.

Silverman (2011) suggests that video becomes a 'investigative technology' - a technology that enables us to record activities as they arise in ordinary everyday settings and subject them to detailed scrutiny. Although this is a simulated case rather than a 'real life' case, it still attempted to capture an experience in order to allow for scrutiny by the focus groups. A copy of the simulated FtP cases was issued to the panel members before it was adopted by the focus groups in order for them to agree that it was a true representation of their contribution to the panel. All panel members for the three cases kindly agreed for the simulations to be shared. For the debriefing, I contacted all panel members (via email) and asked them to respond to a series of simple questions. I subsequently interviewed the individual panel members about their experiences. I will provide more detail for each case debriefing within

chapter 4 of the thesis.

3.4 Data Collection Methods:

Tong *et al* (2007) highlight that qualitative research explores complex phenomena and therefore demands adequate reporting and advocate the use of a formal reporting checklist to aim towards improving the quality of reporting of research, to support better understanding of design, conduct, analysis and findings. Tong *et al* (2007) refer to this approach as '*Consolidated criteria for reporting qualitative research*' (COREQ). This approach is adopted within the use of focus groups and in-depth interviews and is a 32-item checklist. This checklist includes three domains; the research team and reflexivity, the study design and analysis and findings. This thesis will utilise the COREQ checklist to ensure quality in the reporting of the research study and is illustrated in Appendix 4. The three domains advocated by COREQ are evident throughout the thesis. The research team is explored with Chapter 1, the study design is identified and examined within Chapter 3 and finally the analysis and findings are explored within Chapter 5 and 6.

3.4.1 Focus groups and the 'stop-start' approach

The concept of methods refers in general to the appropriate use of techniques of data collection and analysis (Prasad 2005). Within this research study the principle method of data collection was the use of focus group discussions utilising thematic analysis of the focus groups. Data was collected from the four focus groups within each profession group. Therefore, 12 focus groups were conducted in total. Each focus group lasted approximately 1-2 hours. Hennink (2011) suggested that focus group discussions lend themselves to a wide range of research applications and that they can be used for exploratory, explanatory or evaluative research. Hennink (2011) considered some of the limitations to focus groups and suggested they are not ideal for collecting individual-level information. Krueger and Casey (2009) criticise focus groups for only providing a shallow understanding of an issue in contrast to interviews and the depth obtained with this method. The potential lack of depth

is not the only area of concern with Krueger and Casey (2009) highlighting that certain dominant personalities within the focus groups may influence the group discussion itself. Although this concern is important to acknowledge for this research study I recognised that if certain participants influenced the focus group this was representative any group discussion (and was representative of a panel as well) and was significant for this reason. This issue would require careful facilitation from the researcher to allow all participants to engage within the focus group. Another concern regarding focus groups is the subject areas that are explored. Smithson (2008) suggests that some subject areas are not suitable for focus groups due to their sensitivity. Although it is difficult to factor in all subjects that participant may consider sensitive this research study is not discussing person experiences and is adopting a case study simulation as a vehicle to explore FtP in a safe yet meaningful way. Since the information collected in a focus group discussion is the product of interaction between a group of people and the research aim of this study was to explore the decision-making (and with that the interactions) of a group (panel) this appeared to be a natural method choice and the strengths outweighed the limitations of the method for this research study.

3.4.2 Focus groups:

Firstly, I will examine the use of focus groups within this research study before proceeding to examine the approach used within the focus group. Kitzinger (2005 p56) defines focus groups as '*group discussions organised to explore a particular set of issues*' therefore this method will allow for examination in detail of the issues that emerge from the deconstruction of the FtP panel. Linville et al (2003) suggested that the value of the focus group was in the participants' being allowed to develop their responses in recognition of other contributors. Focus groups are often considered simplistic. However, what it does allow for is the collection of complex data through engaging a small number of people in discussion and giving the researcher the opportunity to not only hear their words but also observe their interactions and very few research methods reveal such layers of data. Although it may 'appear' simplistic, the challenge is in capturing all of these complexities. Wilkinson (2011) provides insight into the process of focus group suggesting that the researcher acts as a 'moderator' for the group and poses questions and keeps the discussion

flowing and enables group members to participate fully.

3.4.3 Focus Group Sampling and Composition and Recruitment:

For the purposes of the study, I selected the focus group members that would be used by adopting purposive sampling. The composition of the four focus groups was:

1. **Experienced Group (EXP)** had experience of or involvement in FtP panels and a registered nurse/paramedic/social worker.
2. **Inexperienced Group (INEXP)** had no experience or involvement in FtP panels and a registered nurse/paramedic/social worker.
3. **Lay people Group (LP)** who had no experience of or involvement in FtP and would not be a registered nurse/paramedic/social worker.
4. **Student Group (ST)** was students from nursing/paramedic/social work with no experience or involvement in FtP panels.

For the purpose of the study, experience was defined as involvement in one or more FtP panel and inexperience was defined as no prior involvement in an FtP panel.

3.4.4 The Focus Groups Composition for each case study

The tables below indicated the numbers involved in each focus group and the make-up of each group. Liamputtong (2011 p 42) highlights that '*Group size is crucial to the success of focus groups*' and recommends the ideal size is six to ten participants. However, Kitzinger (2005) suggests that the ideal size of a group should be four to eight. The discussions surrounding the size of a focus are based on the premise that with fewer participants it may be more challenging to generate and maintain active discussion and that there is a greater risk of domination from one or two participants. A contrasting view of Smithson (2008) is that a smaller group will offer an environment that allows for active discussion. I selected

four participants for the focus groups. This decision was informed by the supporting literature in addition the desire to reflect the group size of an FtP panel in order to allow for similar active discussion within the focus groups.

In addition to size, the make-up of the focus group was considered. Gender was identified but age and ethnicity were not identified (See table 7, 8 and 9 below). Similar to the panel simulation composition I was mindful of gender and ethnicity balance during the recruitment phase. I had reviewed the student populations for the three professions in preparation for the case studies. I had noted the need for gender mix from the three professions due to gender representations of each of the student populations. I also had noted a more static status regarding ethnicity or BME (Black or Minority Ethnic group) which had indicated representation of less than 5% of all three professional student groups. Therefore, I recruited with a gender mix ensuring both male and females represented in each focus group. Due to low representation of BME in the three student populations I made the decision not to specify ethnicity and I consequently did not receive any volunteers from the BME population.

Table 7: Case Study 1 Nursing: Focus Group Composition

Focus Group- Nursing	Number and composition of Participants
1: Experience of FtP and registered nurses (EXP)	N=4 Three female One male
2: No experience of FtP and registered nurses (INEXP)	N=4 Three female One male
3: Lay person and no experience of FtP (LP)	N=4 Two female Two male
4: Student nurses and No experience of FtP (ST)	N=4 Three female One male

Table 8: Case Study 2 Paramedic Practice: Focus Group Composition

Focus Group- Paramedic Practice	Number and composition of Participants
1: Experience of FtP and registered paramedics (EXP)	N=4 One female Three male
2: No experience of FtP and registered paramedics (INEXP)	N=3 One female Two male
3: Lay person and no experience of FtP (LP)	N=4 Two female Two male
4: Student paramedics and No experience of FtP (ST)	N=4 Two female Two male

Only three participants were used for FG 2 due to sickness. It was challenging to re-organise this focus group due to the participant's work commitments and I felt that with the participants that were available enough data would be yielded. If the data was insufficient with three participants, then an individual interview using the panel simulation would have been conducted but was not deemed necessary.

Table 9: Case Study 3 Social Work Practice: Focus Group Composition

Focus Group- Social Work Practice	Number and composition of Participants
1: Experience of FtP and registered paramedics (EXP)	N=4 Two female Two male
2: No experience of FtP and registered paramedics (INEXP)	N=4 Two female Two male
3: Lay person and no experience of FtP (LP)	N=4 Two female Two male
4: Student paramedics and No experience of FtP (ST)	N=3 Two female One male

Only three participants were used for FG 4 due to sickness. Again it would be challenging to re-organise this focus group due to the student's timetabling and I felt that with the participants that were available enough data would be yielded. Again if the data was insufficient with three participants then the option an individual interview using the panel simulation would have been considered if it was deemed necessary.

3.4.5 Recruitment

Experienced Focus Group (EXP):

Every staff member at LJMU who has sat on FtP panel on at least one occasion, population size n=25 (databases of FtP members are held in the Faculty of Health at LJMU) was included and purposive sampling was used to select four potential participants. I selected four to represent the standard size and composition of an FtP panel.

Individuals who fulfilled the sampling criteria were initially approached face to face and their interest in taking part in the study was established. Those individuals who expressed interest were given an information pack containing a Participant Information Sheet (PIS) Appendix 5 and a consent form Appendix 6. Willing participants were asked to return the consent form to me after one week of receipt of the recruitment pack, to allow a cool off period. Individuals were advised that they are under no obligation to participate and should they decline there would be no recrimination. A back up list of possible participants was created so that should an individual decline they could be substituted with an alternative.

I experienced similar issues in co-ordinating all focus groups to those I encountered in creating and co-ordinating the panels for the simulation. The main issue was co-ordinating the focus group around five people's work commitment. Again, I had not scheduled this challenge into my research timeline and therefore further delays were placed on the research study.

Inexperienced Focus Group (INEXP):

Every staff member at LJMU who has not sat on an FtP panel was included and purposive sampling was used to select four potential participants. The total number of this population n=28.

A database of FtP members and those who had not sat on FtP is held in the Faculty of Health at LJMU. Individuals who fulfilled the sampling criteria were initially approached face to face and their interest in taking part in the study was established. Those individuals who expressed an interest were given an information pack containing a PIS Appendix 1 and a consent form Appendix 2. Willing participants were asked to return the consent form to me

after one week of receipt of the recruitment pack, to allow a cool off period. Individuals were advised that they were under no obligation to participate and should they decline there would be no recrimination. A back up list of possible participants was created so that should an individual decline they could be substituted with an alternative. During the research study I gained experience from the previous recruitment for focus groups so I was prepared for the challenge of co-ordinating the focus groups however this still proved to be a problematic area. (see chapter 3 section 3.45 for details of this issue)

Lay person Focus Group (LP):

I recruited from the Liverpool Forum of Carers and Users Services (FOCUS). This group works in partnership with the University of Liverpool, Liverpool John Moores University, the University of Chester and Liverpool Community College. A major part of their work is involving users of social care and health services, and carers, in health, social work and social care education on Merseyside and Cheshire.

I provided the FOCUS group co-ordinator with the criteria for the research study and asked them to approach individuals with the recruitment pack Appendix 1 & 2. The individuals were not to feel under any obligation to me to be involved in the research study. I provided them with recruitment packs and with return slip and a covering letter explaining the research study. They were advised to contact me if they were interested in being involved in the study. I arranged for them to complete the consent form prior to the focus group. This approach ensured that I would not know them until they expressed interest in the study and FOCUS would not know who eventually agreed or declined. This approach was relatively seamless with all participants contacting me via email and any queries and finer details prior to the focus group discussed. The participants received compensation for their time through a contract previously agreed with LJMU for education delivery, research participation and curriculum development involvement. Population size n= 40 however only 4 volunteers for each focus groups were expressed.

Student Focus Group (ST):

Using a gatekeeper, I approached students from each professional group. I provided the

gatekeeper with the criteria for the research study and asked them to approach individual students with the recruitment pack Appendix 1 & 2. The gatekeeper for each professional group was the programme leader for the programmes. They selected students and initially contacted them and requested expressions of interest. The only restriction for recruitment of students outlined for the gatekeeper was that the student had not been involved in FtP issues.

As with the previous groups, those individuals who expressed an interest were given an information pack containing a PIS and a consent form. Willing participants were asked to return the consent form to me after one week of receipt of the recruitment pack, to allow a cool off period. Individuals were advised that they were under no obligation to participate and should they decline there would be no recrimination. A back up list of possible participants was developed so that should an individual decline they could be substituted with an alternative. I contacted the willing participants and provided a potential date for the focus groups to take place and several other dates were provided if the initial date was not viable. The gatekeepers provided timetabling dates for each student group which provided me with a schedule for the student's possible availability.

3.4.6 Conducting the Focus Groups: The Research Setting and the Approach

Research Setting:

With the method selected and the focus group selected it was necessary to consider carefully the focus group environment and the approach I would adopt within the discussion. The first consideration was the environment. I needed a suitable room in terms of size and facilities for viewing the simulated case study. A risk assessment was completed for each focus group date. The environment was determined by the availability of rooms in the University setting. I selected a 'board-room' style room that allowed for the viewing of the visual recorded simulation case but would also be a suitable group environment for a comfortable and open discussion. I prepared the environment carefully with attention to appropriate seating, lighting, heating, view of the screen and a range of refreshments were provided. The focus groups were audio recorded and I then transcribed the discussions verbatim. I made notes

during each of the focus groups. These notes included a record of the events, observations of the activities and interactions within the focus groups.

3.4.7 The 'Stop/Start' Approach:

The next consideration was the approach to adopt with the focus groups. The approach I adopted was a 'stop/start' approach of viewing the visual recording of the simulated case study. Using a similar approach to Werbner (2006), I revealed sequences of the visual recording to the focus groups and allowed for examination of the content. This interactive use of the case study allowed for a clearer deconstruction of the decision making process with the focus groups. An interview guide was used to direct the discussion however I tried to encourage participants to interact and to explore issues that they felt were relevant. The focus groups observed the simulated case study of the FtP panel and then broad open questions were asked before returning to the visual recording. Hennink (2011) indicate that focus group discussions typically follow a logical sequence including an introduction, an opening question, transition questions, key questions and closing questions and suggests this follows a funnel structure. At the top of the funnel would be the introduction to the research project and the actual focus group and opening questions were presented to the focus group and the simulated case study was started. The visual case study was then stopped and broad questions (Appendix 7) posed to the focus group. The purpose of broad questions Hennink (2011) claims is to develop rapport and make participants feel at ease. As the funnel narrows, more specific questions are included (Appendix 7) and the participants can focus on the central issues, as the simulated case study is re-started. The final part allows for general discussion and closing of the issues. I adopted this structure in figure 3.

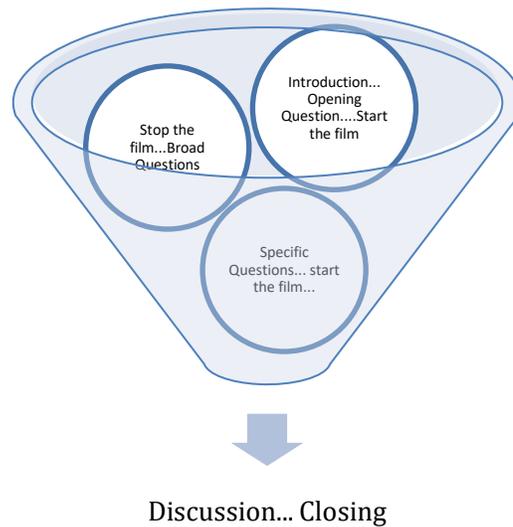


Figure 3: The Stop-Start approach

I initially planned to reveal the case in several (4-5) sections but on several viewings during the editing process, the cases seemed to lend themselves naturally to three sections. This assisted in deciding when the recording would be stopped in order to stimulate discussion. The 'stops' needed to take place at the exact same time of the panel for each of the focus groups in order to ensure consistency. The decision on when I would 'stop' the film I arrived at following careful review of each recordings. This involved taking in to consideration the timely stages of each of the cases and key discussions points within the cases and the desire to not reveal too much of the deliberations in order to influence the focus group discussions.

'Reflective Stop-off'

'Stopping and Starting'

With an interest in ethnography but no desire (or scope) to conduct ethnography I started to consider the methods adopted within this field instead. So it's 'safe' to say this study was inspired by an ethno-methodological approach (Silverman 2005) with the premise that this approach seeks to discover how people make sense of their everyday activities and interpret their social worlds. Sacks (1984 p21) suggests that ethno-methodology '*seeks to describe methods persons use in doing social life*' and this method has been adopted by Richard Werbner's work 'Séance reflections' (2004) and 'Shade Seekers and the Mixer' (2006) in the field of anthropology, who demonstrated the use of visual recordings to explore the meaning behind rituals. I stumbled across the work of Richard Werbner's during my Masters in Research study. One of the lecturers on the programme recommended looking at some of his films. Although I do listen to the lecturers (!) these kinds of recommendations I didn't always take up... at that point in my studies unless I could see a direct link to my work I rationed my reading to the absolute necessary. By chance I accessed the films in the LJMU library and that was my weekend viewing! I was inspired.

This approach differs to that of ethnography which Maynard (1989) clearly demonstrates by suggesting 'the question that ethnographers have traditionally asked 'how do participants see things?' rather than 'how do participants do things? And extends that ethno-methodology allows for the micro social order to be fully appreciated by the studying of speech and other face-to face behaviours which constitute reality within actual mundane situation.

Richard Werbner's revealed sequences of his filming to his participants, allowing them to look at just sections of the film. *The idea of the 'stop-start' approach began to take shape.*

3.5 Data Analysis:

Focus group data was transcribed and in addition, attention was being paid to laughter, pauses and emphasis that are placed within the dialogue. The transcribed data of the focus group discussions was emailed to the focus groups members for confirmation of accuracy. Each focus group participant confirmed the accuracy of the transcriptions. The analysis of the focus groups took the form of the discussion evoked – 'the talk'. This method of analysis was selected in order to reveal a potential of rich data regarding the decision making process

involved in FtP and as Sacks' (1992) claims it will explore the machinery for understanding how the social and moral is produced and maintained.

I was drawn to the work of Braun & Clarke (2006) who provided structure to the analysis of the data using key stages:

- Familiarise yourself with the data
- Generate initial codes (systematic coding of the whole dataset)
- Search for themes (collate similar codes into potential themes)
- Review themes (check themes fit into dataset, generate a thematic map/diagram)
- Refine themes (refine specifics of each theme and linkage between themes)

The identification of themes is fundamental in qualitative research. Sandelowski & Leema (2012) highlight that all qualitative methods inherently entail thematic analysis or the search for something recurrent in a data set. Although there is no common understanding of what a theme is among qualitative researchers (Fredricks & Miller, 1997; DeSantis & Ugarriza, 2000; Ryan & Bernard, 2003) there is debate surrounding the difference between a theme and a topic in this field but for this research study, I have considered the recurrence of the same/similar issue to represent a theme.

3.5.1 Systematic Review of the data collected

With Braun and Clarke's (2006) approach in my mind, I attempted to systematically review the data set. The aim was to examine every piece of data collected in order to make sense of the data as a whole. This required a systematic and logical approach; my decision was to review each case individually before consideration of all three cases as a whole.

Although CSR researchers suggest that data sources should not be analysed independently (Sangster-Gormley 2013) examining each case individually does not deviate from the CSR approach. I examined all data sources from each case; this involved all focus group data individually before then combining this data to consider across the cases to explain the FtP decision-making process. Yin (2009) suggests the combining of data from all sources in each setting (in this research study each case study) and then across the settings (cases). Yin (2009) provides further suggestions for researchers on data analysis approaches and

recommends adopting one of five different techniques to case analysis in order to direct the data analysis:

- Pattern-matching, which compares empirical patterns with predicted ones.
- Time-series analysis, which allows change to be followed over time.
- Explanation-building, which allows explanation of each case built.
- Logic-modelling, which provides a chain of events over time.
- Cross-case synthesis, which allows analysis of multiple cases.

This research study adopted *Cross-Case synthesis* with generic inspiration from Braun and Clarke (2006). Case study analysis involves immersion in the data, through this process each case is detailed, and the researcher becomes familiar with each case. This technique has enabled the unique patterns of each case to appear before patterns are merged across cases. Immersion with the data in this way facilitates the necessary cross-case comparisons that enable the data to be looked at in many divergent ways. Similarly to the influences of different case study researcher, I was greatly influence by differing approaches to analysis of the data. From a CSR perspective, the best fit was that of Yin (2009) and from a more generic perspective, I found myself more comfortable with the work of Braun and Clarke (2006) for their comprehensive approach. Figure 4 diagrammatically depicts the stages of analysis using both of these influences and table 10 provides a more detailed account of the practical execution of the analysis.

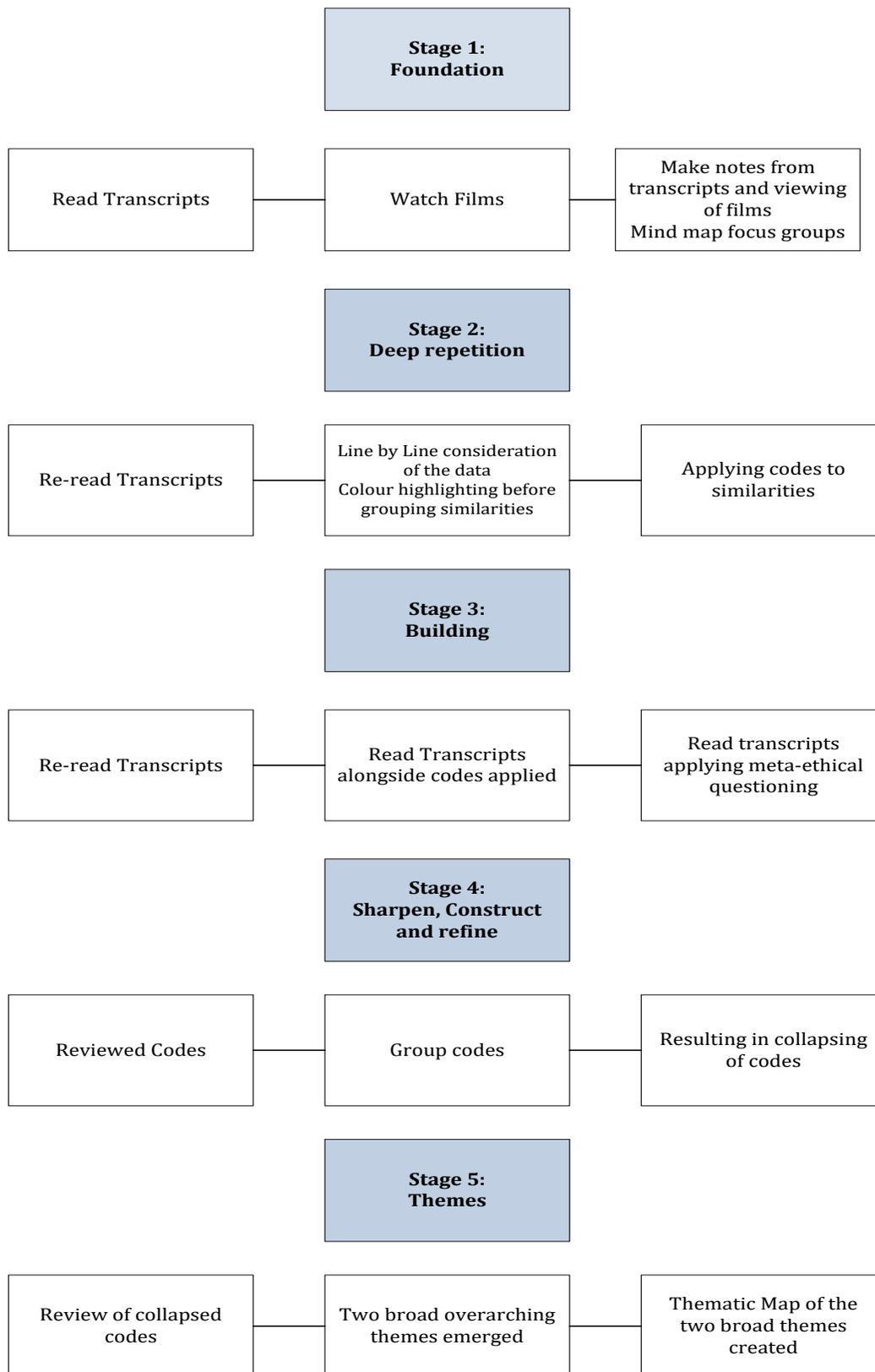


Figure 4: Stages of coding and themes

Table 10 below illustrates the stages of analysis within this research study influenced by Yin (2009) and Braun and Clarke (2006).

Table 10: Stages of analysis using Yin (2009) and Braun and Clarke (2006)

Stage of analysis within this research study	Approach to Analysis	Influences
Stage 1	<p>Foundation Stage</p> <p>Review each data-set systematically and each case was dealt with in sequence.</p> <p>Initial identification of 'big ideas' and repeated key words or concepts.</p>	Braun and Clarke (2006)
<i>Stage 1: Researchers interpretation</i>	<p><i>I read the transcripts from each of the focus groups for each case in turn and then watched the 'film' the focus group had watched.</i></p> <p><i>I made notes on each of the cases with the big ideas place in a 'mind-map'.</i></p>	
Stage 2	<p>Deep repetition Stage</p> <p>Re-reading of data- systematically looking for similarities or differences among the cases.</p> <p>Code data.</p>	Braun and Clarke (2006)
<i>Stage 2: Researchers interpretation</i>	<p><i>I re-read the transcripts from each focus group for each of the cases.</i></p> <p><i>I considered line by line the data highlighting areas of interest.</i></p> <p><i>I began to group together the areas of interest with ideas of similarities- this involved using coloured highlighters. When the similarities were identified, I applied codes. This involved looking for word repetitions or analogies/metaphors or key word contexts.</i></p>	

Stage 3	Building Stage Review all coded data. Summarise each data set.	Yin (2009)
<i>Stage 3: Researchers interpretation</i>	<i>I returned to the data and re-read the data. This time I read the data alongside the codes and reviewed the codes identified. During this stage, I reviewed the data and codes using the 'lens' of meta-ethical questioning. What did the participant say was 'right' what did the participant feel was 'right'.</i>	
Stage 4	Sharpen, Construct and Refine Stage Revise coding. Collapse Codes. Initial Themes identified.	Braun and Clarke (2006) Yin (2009)
<i>Stage 4: Researchers interpretation</i>	<i>Some codes were collapsed together at this stage and from the grouping together themes emerged.</i>	
Stage 5	Theme Stage Refined Themes Emerged.	Yin (2009)
<i>Stage 5: Researchers interpretation</i>	<i>During this stage, two key areas emerged- these were 'labelled' overarching themes. The overarching themes were broad categories. Four themes emerged from the first overarching theme and the remaining three themes emerged from the second overarching theme. I then constructed a thematic map of the two broad overarching themes and the relationship of the themes.</i>	

3.5.2 Deconstruction of the data: Focus Groups

My 'deconstruction' or analysis of the text started tentatively with listening and reading the transcripts of the focus groups alongside notes that I had made during the focus group discussions. I made initial notes at this stage that were not thematic or systematic but simply to serve the purpose of recreating the focus groups from a timeline perspective for myself to ensure clear recall of the events. It was almost creating the 'story' of each focus group. This initial exercise proved to be invaluable at the later stages of 'writing' up and helped me to navigate around the data more easily.

In the initial planning stages of this project I had aimed to utilise NVivo but following two attempts with NVivo I adopted a manual approach to thematic analysis using systematic labelling and a pen and paper! This rather simplistic approach is advocated by Silverman (2011) who suggests that systems such as NVivo can overly constrain the options you have for marking up a text and as a novice researcher, it was important for me to become immersed into the data and to develop the skills of analysis that are vital to qualitative research. Numerous reading, re-reading and note taking 'of the data' and 'in the data', (see Table 10 for the breakdown of the data analysis) provided me with a feel for the data itself and although this process appeared 'messy' it allowed for understanding and themes that naturally emerged within two broad areas. I labelled these broad areas as 'Overarching Theme' and sub-themes emerged from these two key areas of interest. I created a thematic map of the focus groups (figure 4). Mapping ideas (therefore themes) is useful in establishing and organising links between thinking. Buzan and Buzan (1993) explored the potential to using (mind) mapping as a method to provide a framework for structuring ideas. This work has been extended to qualitative research by Conklin (2003) and the use of dialogue mapping. Buzan and Buzan (1993) suggested that a mind-map consisted of a central idea from which ideas radiate to the central idea. The structure is dendritic, usually with branches of ideas and importantly the use of association/links between these ideas. The development of the thematic map assisted in the understanding of the relationship between the identified themes and ultimately in making sense of the data as a whole which lead to further refinements to the emergent themes.

3.5.3 Deconstruction of Debriefing Data:

Following the simulation case studies, the panel members involved were asked a number of questions regarding the experience and its impact on them. This data forms part of the evaluation of this and is in response to the third objective of this research study which was *'To evaluate the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP'*.

Similar to the focus group data I adopted the approach chronicled in Table 10 (breakdown of the data analysis) and what emerged through this process were two overarching themes. These broad themes were the emotions that the simulation evoked and the impact felt through engagement in the simulation. This data will be explored in more detail in Chapter 4 'Creating the cases'.

3.5.4 Deconstruction of Evaluation Data

All participants of the focus groups were asked a number of questions regarding the potential use of simulation as an education and developmental tool across professional groups. This further data forms part of the evaluation that examines the third objective of this research study and its potential usage as an educational and developmental tool.

I utilised the same approach that is chronicled in Table 10 (breakdown of the data analysis) and was employed for the focus group and debriefing data analysis. These broad themes were the emotions that the simulation evoked and the impact felt through engagement in the simulation. This data will be explored in more detail in Chapter 6.

3.6 Ethical Issues:

Ethical approval was sought and obtained through Liverpool John Moores University (LJMU) Research Ethics Committee before the commencement of the study. FtP is a very sensitive issue therefore clear consideration needs to be made regarding the ethical issues presented by examining such area. This needs to be balanced with the information that could be gained into an area of limited research and amongst growing concerns of health professionals surrounding harm to patients. The International Council of Nurses (ICN) provides health professionals with six ethical principles to consider when protecting patients from risk (ICN 2003) which are beneficence, non-maleficence, fidelity, justice, veracity and confidentiality. By contributing to the body of knowledge, surrounding FtP this study will benefit the nursing and allied professions that have a responsibility regarding students following programmes, which lead to professional qualifications. Whilst there is no benefit to individual panel members or focus group members, the information obtained via the study will help to illuminate the decision-making process involved in FtP. It will provide a greater understanding of the underpinning principles of what makes a professional fit to practise. The study was exploring sensitive issues therefore, I needed to safeguard the rights and wellbeing of all participants and promote non-maleficence and fidelity. The study aimed to explore the decision making process in an attempt to ensure that just and fair processes occur. Honest and clear explanations of the study were provided to all involved in the FtP panel and subsequently with the focus groups that followed to ensure informed consent was obtained (Parahoo 2006). Throughout this research study, privacy and confidentiality were maintained and respected and anonymity was assured.

3.6.1 Confidentiality & Anonymity

To preserve anonymity, an identification code was allocated to each participant. A list of codes that were known to me and were used on all recordings and ensuing documentations were kept in a locked filing cabinet and a password protected university computer, accessible only to me.

Interview recordings were only available and listened to by my supervisors and me and when they were not in use, they were stored in a password-protected pc and will be destroyed after 1 year of data collection. All interview transcripts were securely stored in locked filing cabinets and in University password protected computers. These transcripts will be destroyed after 5 years as per LJMU data protection policy.

All participants were asked to sign a confidentiality clause in the consent form to confirm that they would not share with others, any information that was discussed in the focus groups unless they have express permission from the group to do so. It was highlighted to the participants that confidentiality could not be guaranteed within a focus group.

3.6.2 Informed consent

All potential participants were provided with an information sheet (Appendix 5) relating to the study. Individuals were informed that it was their decision whether to take part or not and that they were free to withdraw at any time and without giving reason. Further, this decision did not affect their work in any way. All participants were asked to give written consent prior to interviews. Individuals were asked to sign the consent form in the presence of the researcher on the day of the focus group. Potential participants were given a week's 'cool off' period between agreeing to take part and signing the consent form. They were specifically asked to consent (Appendix 6) to the focus group being digitally recorded and their anonymised quotes being used in reports and publications.

3.6.3 Trustworthiness

Silverman (2001) makes the suggestion that qualitative researchers can incorporate measures within their research to deal with the issues of validity and reliability. I was keen to ensure that my research study had both validity and reliability in order to ensure trustworthiness. Lincoln and Guba (1985) argue that ensuring credibility is one of the most important factors in establishing trustworthiness. I was also keen to produce a credible piece of research so I needed to carefully consider how I ensured that my work achieved these

goals. It was the work of Shenton (2004) that provided some inspiration into how to achieve this through some practical suggestions. These suggestions attempt to promote confidence that the phenomena are accurately recorded. I have sought to apply some of these ideas to this research study below in table 11, which illustrates the steps, I have made towards ensuring trustworthiness.

Table 11: Shenton’s (2004) Strategies for ensuring trustworthiness in Qualitative Research

Shenton’s (2004) Strategies for ensuring Trustworthiness	Trustworthiness steps within this research study
<i>Adoption of research methods well established</i>	This would be ensuring that specific procedures were employed such as line of questioning in data collection sessions, methods to data analysis. I have adopted a well-defined method of data analysis.
<i>Development of early familiarity with the culture of participating organisations</i>	This was achieved through consultation with the specific groups. I achieved this through working closely with each professional group. Each group had a point of contact (programme leader) these contacts acted as the gatekeeper for the focus group recruitment and in addition to that helped to create the individual cases.
<i>Random sampling</i>	This suggestion was not possible. I needed to use purposive sampling. I needed specific experience from each profession group in order for the focus groups to have specific focus. Barbour (2001) highlights that purposive sampling allows a ‘ <i>degree of control rather than being at the mercy of any selection bias</i> ’ (Barbour 2001 p1116)
<i>Triangulation</i>	There are many types of triangulation. I have adopted triangulation of sources, which examines the consistency of different data sources from within the same method. For example: comparing people with different viewpoints, this is the comparisons of the four different groups with varying experience. I have also utilised theory/perspective triangulation - which uses multiple theoretical

	perspectives to examine and interpret the data collected.
<i>Tactics to help ensure honesty of informants-</i>	This involves allowing each person involved the opportunity to refuse to participate in the project. I ensured that each participant was given the opportunity to refuse participation for the research study. I only used participants that volunteered for the study and I maintained anonymity through transcription and confidentiality when possible (given the nature of the method adopted- focus groups).
<i>Iterative questioning</i>	This would suggest the use of probing questions in order to obtain detail from the participant. I employed open questioning during the focus groups that was predominately driven by the focus group discussions themselves.
<i>Frequent debriefing sessions-</i>	Shenton (2004) suggested debriefing with the supervision team. This approach was employed (on a monthly basis) but in addition, I provided debriefing interviews with all those involved in the case study simulations.
<i>Peer scrutiny of the research project</i>	Shenton (2004) suggested that the researcher provided opportunities for scrutiny of the project by peers. I was very mindful of this aspect and each case was created in conjunction with peers from specific profession groups. The case was only adopted when the professional link agreed it was suitable. The supervisory team also provide peer scrutiny of the project. Two members of the team provided professional peer scrutiny and the remaining member of team provided research peer scrutiny.
<i>Background, qualifications and experience of the PI</i>	The credibility of the researcher is crucial in all research. I am a registered nurse (23 years) with a background in education (12 years) and experience of FtP for the last 10 years. I have experience of simulation and the use of focus

	groups. I have been involved with education for Paramedic Practice but not Social Work Practice hence the employment of a professional link contact to ensure the credibility of the cases.
<i>Member checks</i>	It is suggestion made by many research writers that member checking is one of the most crucial steps to ensure accuracy and therefore credibility. All transcriptions of focus groups were shared with the focus groups to ensure the accuracy of the transcriptions. These were sent via email. No requests were made to change transcripts.
<i>Thick description of the phenomenon under scrutiny</i>	Shenton (2004) suggested that utilising detailed descriptions from the data was a way to ensure credibility. This use of data provides context as well as meaning. I have used thick descriptions throughout this research study.
<i>Examination of previous research findings</i>	This requires the researcher to consider their findings in the context of previous findings. Very little research has been conducted surrounding FtP however there is a body of evidence surrounding decision-making and it is this evidence that I reviewed in conjunction with some of the embryonic work surrounding FtP and other professional groups.

4.4.3 Step 3: Case Study Filming

Similarly, to the first case study I made extensive efforts to recreate the FtP experience in my second case study, which involved using a familiar environment, a 'real' chair and 'real' panel members. Following the Case Creation Protocol (Table 12) I appointed the student, who was a student paramedic volunteer (organised through the case study gatekeeper). I briefed the student on his role and boundaries by using the storyboard before plans for filming could begin. (DISC two Appendix 12) This simulation was 1 hour and 19 minutes in duration. For this second case study, wider consideration of those selected for the panel was necessary. A

student friend/representative was recruited from a willing volunteer from the university staff. It was particularly important to consider the role of chair. With only two members of staff functioning in the role of chair within the school, the pool of staff I could draw upon to take part in the simulation was limited. It was this fact that led to the selection of the same chair from case study 1 to be utilised for case study 2.

4.4.4 Panel composition: The panel included a chair who had experience of chairing panels- this was the same chair used for the first panel. Two academic staff both with experience of FtP panels agreed to take part in the panel. The practice representative had experience of FtP and worked in paramedic practice. An actor played the student role. Members of staff played all the additional roles. These included an Investigatory officer and an administrative role and a friend supported the student.

3.6.4 Bias

The suggestion for triangulation is another way to promote confirmability and to recognise real objectivity. Miles and Huberman (1994) suggest a key aspect for confirmability is for the researcher to admit his/her own predispositions. Littell (2008 p 1300) defines confirmation bias as '*Tendency to emphasise evidence that supports a hypothesis and ignores evidence to the contrary*'.

It would be ridiculous to suggest that I brought no bias to this research study. I have experience in the field of nursing and within the area of FtP. I wanted to explore this issue to challenge some of my experiences and arguably, some of my experiences could indeed create a bias! However, it is essential to acknowledge any issues regarding objectivity and look for measures towards addressing my potential bias, to not only make a statement acknowledging my potential bias, but to actively engage in considering this.

My experience of FtP panels was that experience was influential to the outcome of an FtP panel. My involvement had been as both a panel member and an investigation officer. I had noted that the more experienced the panel members employed more structured approaches to decision-making. However, I had also noted dominant personalities that appear to

influence more inexperienced panel members. My experiences had 'helped' to formulate my bias. I felt that experience and skill influenced decision-making panel situations however; 'rogue' personalities were also influential.

The employment of the 'reflective stop-off's' was a comfortable opportunity for me to consider my reflective journey in addition to openly discussing my experiences allowing for an observer to trace my potential bias almost like an 'audit trail' through this research study. Importantly these limitations highlighted areas for development that need addressing for my novice researcher role and highlights skills that are still needed in my 'toolkit.'

3.7 Summary:

CSR is a complex yet creative approach to research, which allows the researcher to explore in detail the individual or the phenomena in question. Within this chapter, the methodological and theoretical features of the study were discussed. This research study has adopted the use of CSR- why this was selected is explored in detail. There is an account of how the cases were created including the use of case study simulation- this approach is explored in detail the subsequent chapter (chapter 4). The strategies that were used to data collect is provided within this chapter exploring the use of focus groups, recruitment for the focus groups and the approach adopted within the focus groups.

Trust is a crucial aspect to FtP and that issue is just as crucial in research practice. I have provided a detailed account of the measures I have taken to ensure that this research study is based on ethical practice and demonstrates rigour and trustworthiness with the acknowledgement of my own bias considered. Throughout this chapter I have provided a number of reflective stop-offs. Within these 'stop-off's' I have attempted to summarise some of my experiences that have influenced my decision -making through this research journey.

Chapter 4

Creating the Case Studies utilised within the research study

4.1 Introduction

This chapter will explore the three case studies created and employed within this research study. The chapter contains details of the creation of the case studies and the challenges presented in filming the simulations. This chapter considers the impact and experiences of those involved in the case study simulations, giving voices to their experiences of simulation. This provides evaluative data and addresses objective three, which involves considering the potential use of simulation in both research and FtP. Each case is presented chronologically. I present each case starting with the case creation, filming of the simulation and finally the debriefing of the panel members. It was important to present each individually in order to ensure that each case stood independently before I considered cross analysis of all of the cases. Finally, the chapter explores briefly how the case studies will be utilised with the subsequent focus groups. Throughout this chapter 'reflective stop-offs' are utilised to explore the development of the case studies and the potential use of the simulations.

4.2 The Three Case Studies

Each of the three cases adopted for this research study were created not in isolation but independent of each other with interdependent issues emerging. The approach adopted for the design of the cases was modified with each case as lessons were learnt from each 'creation' and importantly to allow profession specific issues to emerge. In preparation for each case, it was necessary to establish the landscape for FtP cases within each field. This involved examination of the professional bodies (NMC and HCPC) and university FtP cases to identify emerging themes. Armed with a greater understanding of the characteristics of the cases that were observable within each field, the cases were created.

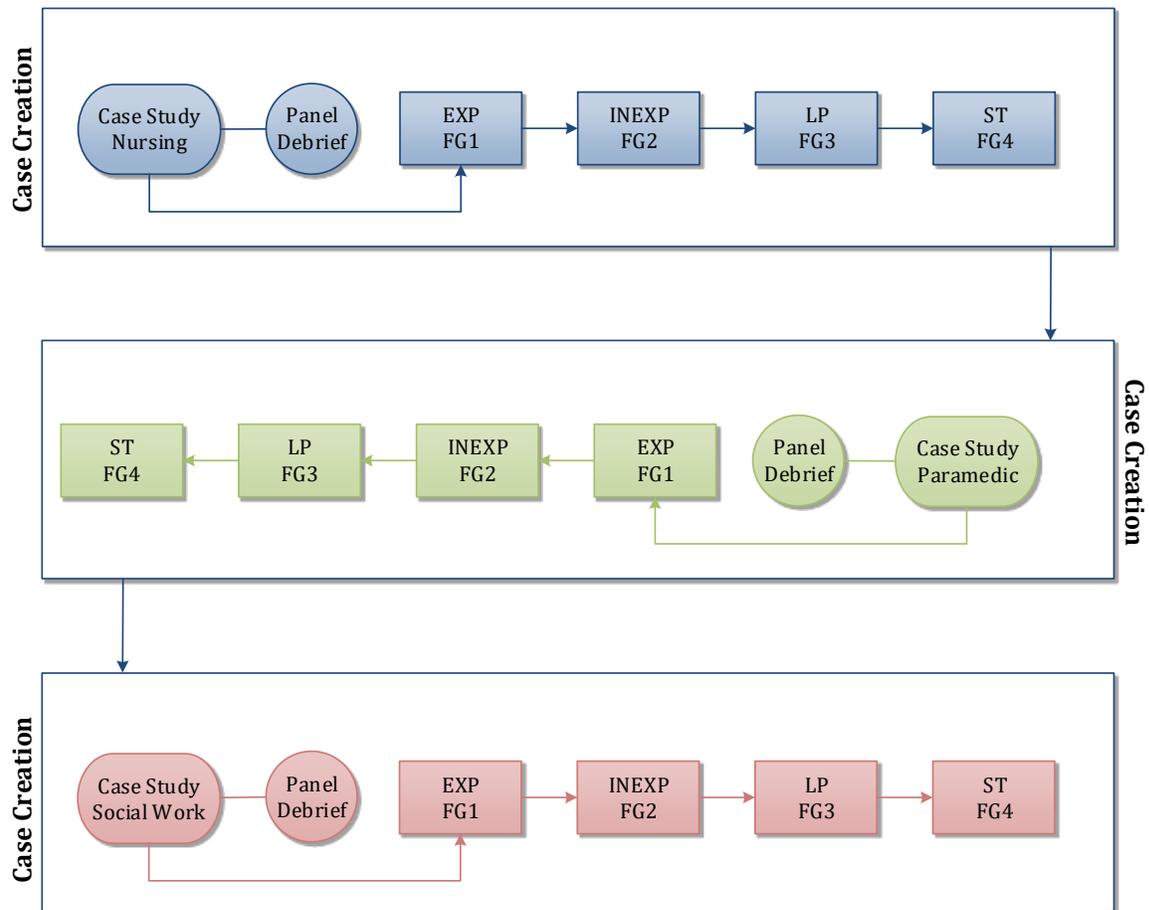
Yin (2009) highlights the importance of a 'case study protocol' when collecting data and suggests that the protocol forms part of a carefully designed research project. However, rigour not only in data collection but also in the creation of the subject of the research itself, the case, is needed. Yin (2009) reminds researchers that protocols within research are a major way of increasing reliability of CSR. Each case study creation protocol evolved through the steps depicted in table 12.

Table 12: Case Study Creation Protocol

	Protocol Steps	Actualisation
1.	Setting of boundaries and Creation of Storyboard	<ul style="list-style-type: none"> • Following examination of NMC/HCPC data, key issues are identified. • Boundaries of what to include/exclude are identified.
2.	Case Study Creation	<ul style="list-style-type: none"> • Storyboard progresses to more 'fleshed' out case study. • Adopt the same template for FtP report (see Appendix 8, 9 and 10) and approach to additional materials. • Expert advice to ensure field relevance.
3.	Case Study Filming	<ul style="list-style-type: none"> • Utilise 'board room' like environment • Key roles appointed; Chair, Student, Investigation Officer, 3x panel members and student friend/support. • Utilise two/three cameras at varying positions. • One 'take' of the panel. No breaks/or minimal breaks to recording.
4.	Debrief and Evaluation	<ul style="list-style-type: none"> • Collect the opinions of each person involved in the panel simulation- allow at least 24hrs following simulation. • Information can be sought via email or interview.

		<ul style="list-style-type: none"> • Utilise formulated questions (Table 14)
5.	Verification	<ul style="list-style-type: none"> • The film is edited- reducing edit to the minimal, only avoiding excessive repetition. • Film is circulated to panel members to ensure true representation of the simulation. • An agreement for its use is ascertained from panel members.

This was a complex study and the creation of the case study protocol assisted in streamlining the steps take with each case. It was important to note that each of these steps were repeated three times. The figure 6 below illustrates all the stages within this complex research study.



Key: Focus Group Composition

EXP FG1 – Experienced focus group **INEXP FG2** – inexperienced focus group

LP FG3 – Lay Person focus group **ST FG4** – Student focus group

Figure 5: Research study timeline

Preparing for the cases: Examination of professional body (NMC and HCPC) and university FtP cases

4.2.1 The first case and nursing

The first case (student nurse) was developed by examination of ‘real’ cases and key recurring issues. In order to create this case, I examined previous cases that I had been involved in my role within nurse education. During this examination, I looked for recurring themes surrounding FtP panels. I recognised that this was not representative of all panels so the next step was to consider these emerging themes against panels conducted by the NMC. I considered cases over a 12-month period heard by the NMC and with this data; I began to draw some comparisons with my own data from LJMU cases. There had been an increasing number of cases both of NMC and LJMU surrounding the use of social media and this was reflected in the issuing of specific guidance from the NMC regarding social media NMC (2011). Professional conduct and boundaries was another area of concern for the NMC and this is reflected in the current figures suggesting an increase in conduct committees. Wieviorka (1992 p160) stated that *‘For a case to exist, we must be able to identify characteristic units’*. Wieviorka further suggests that a case needs to contain the practical unit (the subject) and the analytical frame (object) and asserts that it is not complete without both parts. Coupled with the information I had collected from the NMC and LJMU, I concluded the key issues to be addressed within the case were professional behaviour (University and practice) boundaries and use of social media and lack of understanding of professional guidance. Applying Wieviorka’s concepts of ‘subject’ and ‘object’, I created the model below.

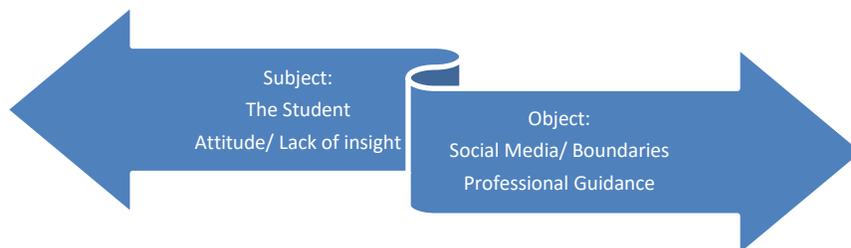


Figure 6: Model of case creation using Wieviorka (1992) to influence the case structure

I wanted the case study to be realistic, to reflect 'real' cases rather than have dramatic effect for an audience. Therefore, caution was needed with the 'story' creation but also the execution of the filming of the case study.

4.2.2 The second case and paramedic practice

With the experience of developing the first case fresh in my mind, I began to follow a similar structure for the creation of the second case study. I examined 'real' cases and established key recurring issues from the professional body (NMC and HCPC) and university FtP cases. However, unlike case study 1- Paramedic Practice had fewer number of faculty cases for me to draw upon and so my emphasis was on the HCPC rather than the LJMU data. I considered cases over a 12-month period heard by the HCPC. Comparable to the NMC there had been an increasing number of cases for the HCPC with paramedic practice and the issues surrounding professional conduct and boundaries were of concern for all professional bodies.

With limited knowledge of Paramedic Practice, it was necessary for me to utilise an advisor in this field, who could provide both insider knowledge of the professional demands and take on the role of gatekeeper for the subsequent focus groups. Yin (2009) refers to this process as 'gaining entry' to the setting and the group. This advisor assisted in contacting possible focus group participants. With an advisor 'gatekeeper' secured, I was able to set about writing the case with their expert support.

With feedback from panel members and focus groups equally valuing the realism of the first case, I was keen to create another realistic case and so I was mindful with the 'story' creation. There was another reason for a cautious approach with this second case, this was not my field of practice and I did not want to create a caricature of paramedic practice and so avoiding misrepresentation was deep-seated during this creative phase.

4.2.3 The final case and social work practice

With limited knowledge of Social Work practice, it was again necessary for me to seek expert support and advisory verification of the case's suitability and to ensure Yin's (2009) 'gaining entry' would be possible. The case was researched using the same approach as Case 1 & 2. I considered cases from the HCPC for the field of Social Work practice over a 12-month period.

Social work was no exception and it emerged an increasing number of cases escalated to the HCPC surrounding professional conduct. Within the HCPC Fitness to practise Annual Report 2014-2014, a summary of all decisions made by a final hearing panel was provided. This detailed the cases and allowed for some insight into the nature of the cases. It emerged that a number of criminal convictions were identified and this was the starting point for the storyboard for the final case study.

With preparation for the creation of the three cases, the next steps that followed were the filming of the simulation. Although the cases were determined, the outcomes were not. This was an unpredictable and exciting element of the research study. It is important to interesting to note the outcomes of the FtP at LJMU spanning the period of the study in order to compare these figures with the outcomes of the research study. Table 13 below outlines the FtP data from the LJMU Faculty of Health and Applied Sciences FtP Cases 2012-2016.

Table 13: LJMU FtP data

LJMU Faculty of Health and Applied Sciences FtP Cases 2012-2016	
Number of cases	35
Cases currently under investigation	2
Cases not referred to panel	12
Cases determined FtP with no sanctions	6
Cases resulting in expulsions	9

The remaining elements of this chapter present chronologically each of the cases and the individual issues that they raise. Following each case simulation, the panel members debriefed the experience and as previously highlighted in chapter 3 the following emergent themes were identified and will be explored following each case. Figure 5 below depicts the themes that emerged through the debrief data.

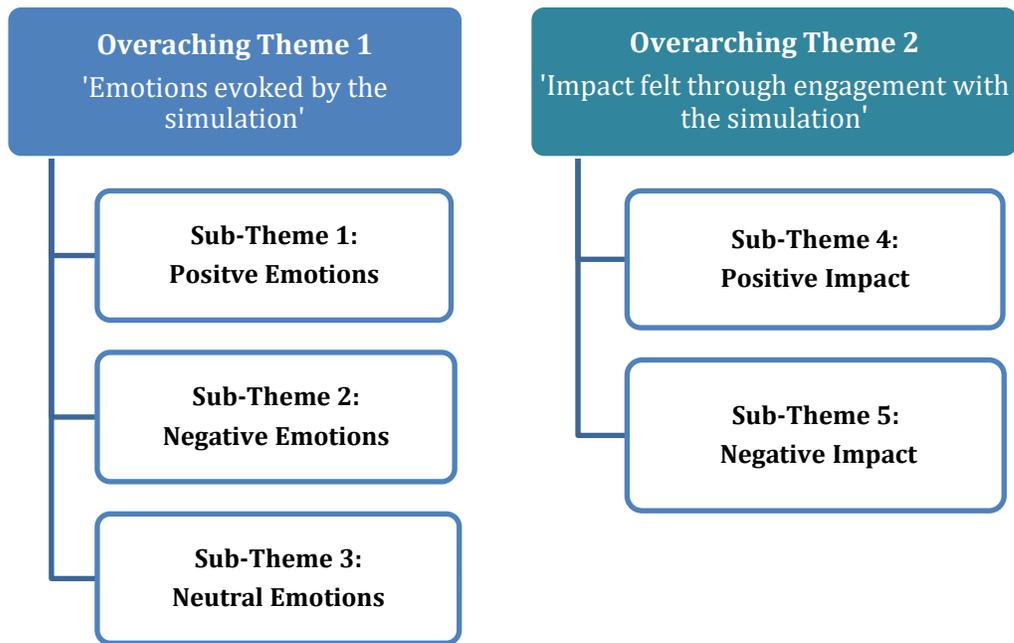


Figure 7: Thematic Map Debrief data

4.3 Case Study 1: 'The Student Nurse'

4.3.1 Step 1: Setting boundaries and creating the storyboards

With the key issues identified, I structured the student nurse case study. The starting point for this was the storyboard in figure 8 below. Thomas (2012 p38) advocates the use of storyboarding '*they enable you to brainstorm initial ideas*' and allows for ideas to be developed and formulated. It also allows for focus on the phenomenon that is being studied. Time, place, or individuals bound cases. Yin (2009) reminds us that bounding cases sets limits on what is and is not studied.

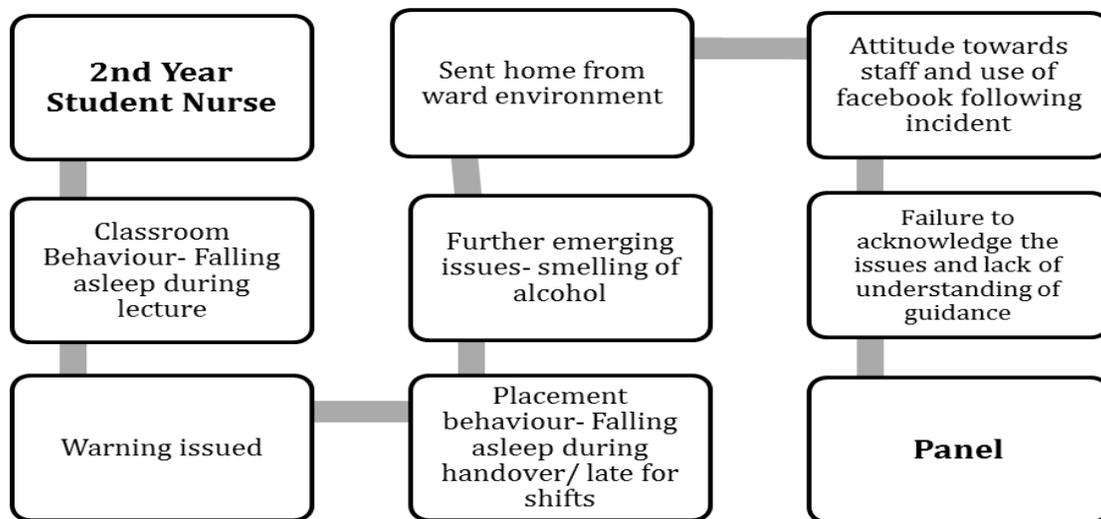


Figure 8: Case study 1 Student nurse storyboard

4.3.2 Step 2: The Case Study brief: Phil Jones

Phil Jones is a 30-year-old student nurse in his second year of an undergraduate nursing programme. During his programme, Phil has experienced some problems and was disciplined in his first year for falling asleep during a lecture in university and a pattern of lateness and absence from university had emerged during his first year.

During his current placement, Phil attends an early shift and is asked to leave the placement. This sudden expulsion from the placement was prompted by Phil ‘falling asleep’ during the handover of patients. Horrified by the fact that Phil appeared to be asleep, his mentor challenged him about his conduct. It was during this discussion that Phil was asked to leave the placement. His mentor felt that Phil was under the influence of alcohol and it was unsafe for him to remain on the ward. These concerns were escalated to the university, Phil was suspended from practice, and further issues followed the suspension with Phil inappropriately commenting on staff via a social media website. An investigation was instigated. With the storyboard and brief developed, I created materials to support the case study for filming. This involved creating an investigation report and supporting evidence from staff such as emails and statements relating to the case (Appendix 8 Investigation Report) I then set up a panel and created a realistic environment in which to film the case.

4.3.3 Step 3: Case Study Filming

I made extensive efforts to recreate the FtP experience in my case study. This involved using a familiar environment, a 'real' chair and 'real' panel members. Other key roles were acknowledged and recreated such as the Investigatory officer, the administration support for the panel and student representation and finally a 'student'.

All panel members had been involved in panels before, one member of the panel was a practice representative. A member of the academic staff who had extensive experience of chairing FtP panels undertook the role of the Chair. The investigatory officer was a member of academic staff and the school administration team provided the administration support. An independent member of the school played the student role and he agreed to 'act' a role/part for the panel. It was this role alone that I set any boundaries for and met on a number of occasions with the actor to discuss the storyboard. There was no script but we agreed boundaries to his role. These included broad ideas of the case e.g.: the student would be disengaged and would have limited insight to his behaviour. (Disc one Appendix 12) This simulation was 1hr and 12 minutes in duration.

4.3.4 Panel composition:

The panel included a chair who had experience of chairing panels. Two academic staff both with experience of FtP panels agreed to take part in the panel. One practice representative who had experience of FtP and worked in nursing practice also agreed to take place. An actor played the student role. Members of staff played all the additional roles. These included an Investigatory officer and an administrative role. A friend did not accompany the student.

4.3.5 Case Outcome:

Following lengthy deliberations, the panel arrived at the unanimous decision for expulsion from the programme. This decision does not restrict the student from studying further within the university, although not on a programme leading to professional registration.

'Reflective Stop-off'

'The first case study filming'

I spent weeks organising the first filming. It was a time consuming process that made me question whether it really was the right choice for the research study (it certainly wasn't the easy choice). I recall asking the question of myself... 'Do I really want to do this again'? It was similar to organising and co-ordinating a focus group but behind that entire organisation was more. It was more than booking a room, it involved preparing a case, preparing materials for the case, preparing an actor, preparing the room for filming, organising the recording, co-ordinating the panel member's diaries with the actor and my own diary, the list goes on.

On the day of filming I was excited- my opportunity to become the next 'Martin Scorsese' had at last arrived. Early that morning a member of the panel cancelled, leaving one person (the investigatory officer) short. Luckily I managed to secure a replacement but this was time consuming and the replacement had less prep time, so it was a less than smooth and very stressful start to the recording. The film was recorded in one continuous shot. I was aiming for realism and I think this was achieved by letting the camera run. There was a need for some extra 'stock' footage to be recorded for use during editing but on the whole the 'fly on the wall' approach was achieved.

I was massively surprised by the outcome of the case- I had used similar (real) cases in the creation of this hybrid case and so therefore I was aware of the outcomes of those cases. I had set the boundaries with the actor and I had set boundaries within the storyboard, yet on reflection I can now see that I had already made an assumption on the outcome. My assumption could not have been further from the actual outcome and to my surprise the panel withdrew the student from the programme! I feel this is an extremely interesting aspect of this study and again a reminder of the researcher bias discussed within chapter 1 but also highlights how individuals view FtP differently. I provided no instruction to the panel on the outcome, I had no control on how the panel progressed, but looking at the case from details in front of me (and from the student's responses during the panel) I would have not withdrawn him from the programme hence why I was surprised by the outcome. My assumptions for outcomes are something I will examine further through these reflective stop-offs and the remaining cases. The camera stopped and all the panel members sighed, laughed, and then looked at me. 'We forgot you were there' one panel member said. Had I become the camera? But more significantly, had the experience become real?

4.3.6 Step 4: Debriefing and Evaluation

The filming of the first case study was a high point in this research study and prompted some stimulating discussions amongst the panel members involved in the simulation. I initially canvassed the opinions of the panel members regarding their involvement in the panel using a rather 'informal' approach (email) however when they shared their thoughts and experiences of the panel my interest was stirred. I formulated the following questions to try and represent some of the insights already shared by some of the panel members and circulated these questions to the whole panel for comments. This approach was subsequently adopted for all three case studies.

Table 14: Debriefing Questions

Debriefing questions
Q1: What are your thoughts on the simulation experience?
Q2: How did you feel during the simulation?
Q3: How did you feel following the simulation? Have you reflected on the experience?
Q4: What 3 key features would you say you have learnt from this simulation experience?

All panel members responded to this short canvassing email. Analysis of the data adopted the approach employed with the focus group data and revealed two overarching themes;

- Overarching Theme 1: Emotions evoked by simulation
- Overarching Theme 2: Impact felt through engagement with the simulation

The results of this debriefing are presented below.

The feedback comments from the panel members highlighted key issues surrounding the *emotions* that the simulation evoked, this was the first overarching theme identified. Both the positive and negative emotions were explored by the panel members. Enjoyment emerged strongly and this can be seen explicitly in the student comments below;

'It was enjoyable... I really got engrossed in the role. I felt sorry for him really and if I'm honest... a little embarrassed by him' **CS1: Student**

A number of those involved felt 'self-conscious' of the camera and this clearly may have had an impact of their performance during the panel;

'I was self-conscious initially. It was the cameras but we did slip quickly in to our normal patterns of discussion I think' **CS1: PM2**

Although the experience made some of the panel members feel self-conscious they still enjoyed the experience and even highlighted that they would like to repeat the experience;

'It was a little strange at first but it was ok. I almost enjoyed it!' **CS1: PM2**

'I'd like to do it again!' **CS1: PM1**

A number of the group highlighted issues relating to realism and this is captured well by the chair of the panel who expressed surprised that she was able to 'forget the camera and crew'. However, this emotional response was neutral for the panel member who did not articulate if this was a positive or negative experience for them;

'I was surprised that the camera didn't bother me. I forgot about the camera and 'your' crew after a short time... it was the right decision. We got to the right decision' **CS1: Chair**

I found this reassuring as I had concerns regarding realism of the simulation for the panel and whether this would affect the performance of the panel. The concerns regarding the influence of using cameras in these situations are surrounding the risks of the 'Hawthorne effect'. This expression was introduced by George Elton Mayo (1880-1949) and his team Roethlisberger, Dickson and Wright (1939) who suggested that the researcher's presence will affect the behaviour of those being observed. This research study applies a lens to this

camera but the potential risk remained the same. The group had reflected on the experience—all those reflections were positive. They suggested that they had learnt more about FtP by being involved and felt it had potential to be developed more, in order to gain greater understanding of the process. They also reflected on the student and his conduct as well as considering the decision itself.

The second overarching theme that emerged was the *impact* that the simulation experience had on panel member. The feedback on the experience predominately surrounded gaining greater understanding and this can be seen through this panel member's feedback;

'I understand more about the processes involved in FtP now; I'm re-thinking my conduct through observing myself in the film' **CS1:PM2**

Further reflections on the FtP experience surrounded the student's responses (or indeed the part played by the student) and the panel member was reassured about their outcome;

'He played a great part. I was unsure of the decision but the way he responded to the decision was reassuring' **CS1: PM3**

This debrief of the panel members offered via email and subsequently interviews provided an interesting insight in to the use of simulation and was a measure towards evaluating the potential use of the films themselves for educational and training purposes but also the potential use of simulation in further research. Cronin (2014) highlighted that CSR is a powerful approach that can open new areas and stimulate further research. This is persuasive when coupled with simulation and its potential to be used more widely in CSR. However, this was the first of three cases and therefore debrief data from the remaining two cases would reveal if there was wider potential in the field of CSR and FtP.

It was imperative to ensure that the panel members felt they were represented accurately within the filming of this first case within this research study. Once the film had been briefly edited and title sequences added, the film was circulated via email, the panel members issued their authorisation to the use of the film for the purpose of this research study, and the focus groups could begin.

4.4 Case Study 2: 'The Paramedic Student'

4.4.1 Stage 1: Setting boundaries and creating the storyboard

With the key issues identified, I structured the student paramedic case. The starting point for this was the storyboard depicted in Figure 9. Unlike the first case study, I had limited expertise in this field; however, I had now developed some expertise in case study creation. Sangster-Gormley (2013) highlights those researchers 'new' to CSR may find determining a case challenging. Embracing this insight however was not challenging for this novice CSR researcher. The challenge surrounded my lack of experience of paramedic practice. It was from Yin (2009) that I secured advice concerning this challenge; he recommends reviewing what is known about the relevant area of interest. It was with gusto that I immersed myself into FtP and Paramedic Practice.

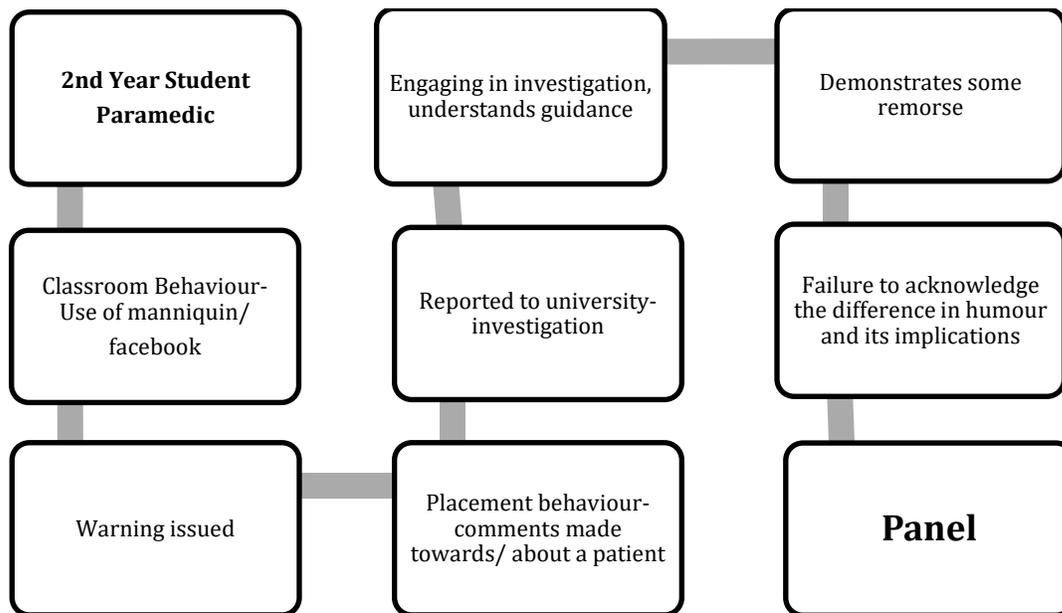


Figure 9: Case Study 2: Student Paramedic storyboard

4.4.2 Stage 2: The Case Study brief: Andrew Smith

Andrew Smith is a 28-year-old Paramedic student in his second year of an undergraduate programme. During his programme, Andrew experienced some problems and received a 'warning' in his first year for making inappropriate comments during a lecture in university. A further incident occurred in university that involved Andrew taking inappropriate photographs of mannequins in the practice suite that were then circulated to fellow students via a social media website. Andrew was warned about this behaviour and the items were removed from the website. The third incident occurred in practice and led to his current suspension from studies. While attending a patient in practice, Andrew made an inappropriate comment about the size of the patient's breasts. Andrew's mentor who subsequently raised these concerns to the University witnessed this comment. Andrew was suspended from practice and an investigation was instigated.

With the storyboard and brief created, I created materials to support the case for filming. This involved creating an investigation report and supporting evidence from staff. (Appendix 9 Investigation Report 2) before then setting up a panel and creating a realistic environment in which to film the case. The first case study had provided invaluable feedback from the panel members and participants on the structure of the report and the nature of its content. Therefore, some changes were made to the style of the report based on this feedback. This included providing more replications of documents that would be seen in an FtP reports such as emails for example.

'Reflective Stop-off'

The second in the trilogy- My 'Empire Strikes Back'

I was excited about filming the second simulation. It was predominately a different panel, so fresh faces and importantly, a fresh profession. My first step into considering a different profession's perspective on the same issue FtP was indeed an exciting prospect.

I was also excited about filming again. Making changes, improvements to the end product and significantly learning from my first filming mistakes. Of course I was mindful of this prospect too. Surely the 2nd film would be better? Realistically you will have made all the mistakes in the first film, reflected, re-visited and refined. We can see this in the film industry itself- arguably the 'Empire Strikes Back' is critically viewed (by some) as the best of the original Stars Wars trilogy or the Godfather (part 2) the superior in that trilogy. Perkins & Verevis raised this fantastically in their 2012 work 'Film Trilogies: Critical approaches' where they explore contemporary discussions of media serialization and the importance of sequels and series. They suggest a greater value to the concept of series rather than sequels. Are sequels seen as replications? Are they almost imitations of the former? Is this the 2nd in a series or a sequel?

Secretly, this is of interest to this nerdy researcher but is it of interest to the Research Study.

Answering this question emerges from a return to the methodology of this Research Study; the goal is to replicate findings across the cases not to replicate cases. Yin (2009) reminds us that 'Care is needed in the case selection- the researcher will draw comparisons between cases'

This second case stands alone. I have learnt lessons in the creation of the first case and those lessons have undoubtedly guided the 2nd films 'creation' but ultimately they are independent cases with interdependent issues emerging across the trilogy.

4.4.5 Case Outcome:

Following lengthy deliberations, the panel arrived at the unanimous decision for expulsion from the programme. This decision does not restrict the student from studying further within the university, although not on a programme leading to professional registration.

4.4.6 Step 4: Debriefing and Evaluation

One of the interesting fringe discussions from the first case study had involved how the members of the panel had felt during the simulation. I was interested in capturing this experience for the second panel in order to inform the evaluation (objective 3 of the research study). Similarly, to the first case study, I canvassed the opinions of all those involved in the panel again with the 'informal' approach via email using the questions I had formulated (Table 14). A number of interesting insights congruent with those of the previous panel suggested this was more than a singular panel experience. Realism returned as a dominant issue for the majority of the panel for a number of reasons. Firstly, it was considered from the perspective of how being recorded felt. This illustrative quote from a panel member highlights that the experience became real when the camera was introduced but also suggested that this led to a performance rather than a reality;

'Suddenly it became very real when the cameras came on. We had to perform.'

CS 2: PM1

The chair of the panel provided an interesting insight that considered the idea of reality rather than realism by drawing an analogy to watching television and what feels real even though you know it is not real;

'Feels very real- interesting because you know it's not real and yet it still feels real...It's a bit like watching a TV programme- you become engrossed even though you know it's not real, you invest in it anyway' **CS2: Chair**

Although the chair drew comparisons from television to what the simulation 'felt' like other panel members drew comparisons to experience rather than how it felt. This can be seen in one panel member's insight that suggested the experience compared to a court, a very formal experience and environment;

'Very realistic...It felt like a court' **C2: PM1**

and further added

'The emotions became real and it felt like he was being 'judged' for real'

For many members of the panel, the realism was created by the performance of the student. The chair and the panel show support for this through their comments that suggested that realism was achieved through the credibility of the student. The chair provided her own reason why she felt this credibility was achieved;

'The student played a credible role therefore it felt like a 'real' panel' **CS2: PM3**

'The student was 'realistic' therefore it became realistic' **CS 2: Chair** and further added *'Not knowing the student can help to make the simulation easier- easier in the sense of being able to believe- knowing them can impact on the realism'*

The experience of the simulation was not the only issue that the panel members considered through their reflection. There was some discussion by the panel regarding the decision that the panel had made as a group;

'Decision made early on but we needed to deliberate, it was necessary just to make sure' and further added *'It wasn't a decision made lightly'* **CS 2: PM 2**

'Felt part of a group- it was a group decision' **CS 2: PM1**

However, panel members reflected on how they approached decision-making and even considered other panel members, namely the chair, and their approach to decision-making. The comments below from the chair reveal her considering her emotions and approach and considering the reality of the simulation and whether this would alter her approach;

'I felt irritated at times by the comments the student was making... 'I did think- would I take this up a notch if this was real?' **CS 2: Chair**

The student friends/representative provided observational insight to the approach of the chair with the comments below;

'The chair showed her emotions- I could relate to her the most because she showed her emotions- it was the lack of emotion/ the lack of human that made some of them cold- that I couldn't relate to' and further added
'I respected her being annoyed- it demonstrated emotion' **CS2: Student's friend**

The idea of emotional investment in to the simulation was also reflected on by the chair herself and substantiates the observation of the 'student friend' with the following statement made;

'There was an emotional response' **CS2: Chair**

These were not the only reference to emotions that were made during this debrief with one panel member highlighting very contrasting emotions, that of intimidation and power;

'We were all sitting in a row- I felt intimidating' and further added

'We looked Powerful and I felt powerful' **CS2: PM 2**

An interesting perspective was that of the student. For this case, the actor was also a Paramedic Student and therefore was able to consider the case and simulation from the 'real' perspective of a student. Similarly, to the other panel members the student considered the realism of the panel and they noted;

'It felt real' 'I felt bad for him and further added

'It was life like- I felt like I was this story' **CS2: Student**

Like the panel members, the student drew comparisons to situations that are more formal and noted the environment and the intimidating impact of the panel;

'It felt very formal- very professional almost 'court-room like' the big table made it feel like that. That was almost a barrier between me and the panel... a distance' and further added *'I found it intimidating and daunting'* **CS2: Student**

Further comparisons can be drawn from the student's consideration of the decisions itself. The student not only considered the outcome but also reflected on the nature of the issue;

'I was surprised by the outcome- I didn't think they were going to discontinue.... I was like 50/50... I thought it was a bit harsh for the 'crime' what about a written warning'

CS2: Student

'Humour is often used as a coping mechanism... so the case felt real because of that... it helped me to consider when it is ok? And that's all about judgement'

CS2: Student

Finally, the student contemplated the value of the experience and stressed very distinctly that this experience had provided insight into FtP;

'It really opened my eyes- I understand what a panel is like. It felt worth-while'

CS2: Student

It is evident from these comments that the experience felt 'real' to the panel members. The concerns regarding the influence of the use of a camera and the risks of the 'Hawthorne effect' previously considered in Case Study 1 appeared to be minimal within this group with a number of the panel relating to the realism and the dissolving effects of the camera. It was

interesting they were able to reflect on their conduct and make comparable insights to their 'actual' practice. All panel members felt there was value to the experience. This was increasing optimism for potential use of this 'research' approach more widely when considering FtP in particular.

The measures towards trustworthiness remained crucial therefore once the film had been briefly edited and title sequences added, the film was circulated and the panel members agreed to the use of the film for the purpose of this research study and the focus groups could begin.

4.5 Case Study 3: 'The Social Work Student'

4.5.1 Stage 1: Setting boundaries and creating the storyboard

With the key issues identified, I structured the student social worker case. The starting point for this was the storyboard depicted in figure 10. My desire to create a 'real' life case study was ever more apparent with the storyboarding of this last case and it is Yin (2009) that reinforced this need with his assertion that one of the most powerful uses of CSR is to explain real-life, causal links, with the researcher's insight to the subjective richness of individuals revealing their experiences. Gomm et al (2000 p98) captures well the advantages to CSR by stating '*It can take us to places where most of us would not have access or opportunity to go*'.

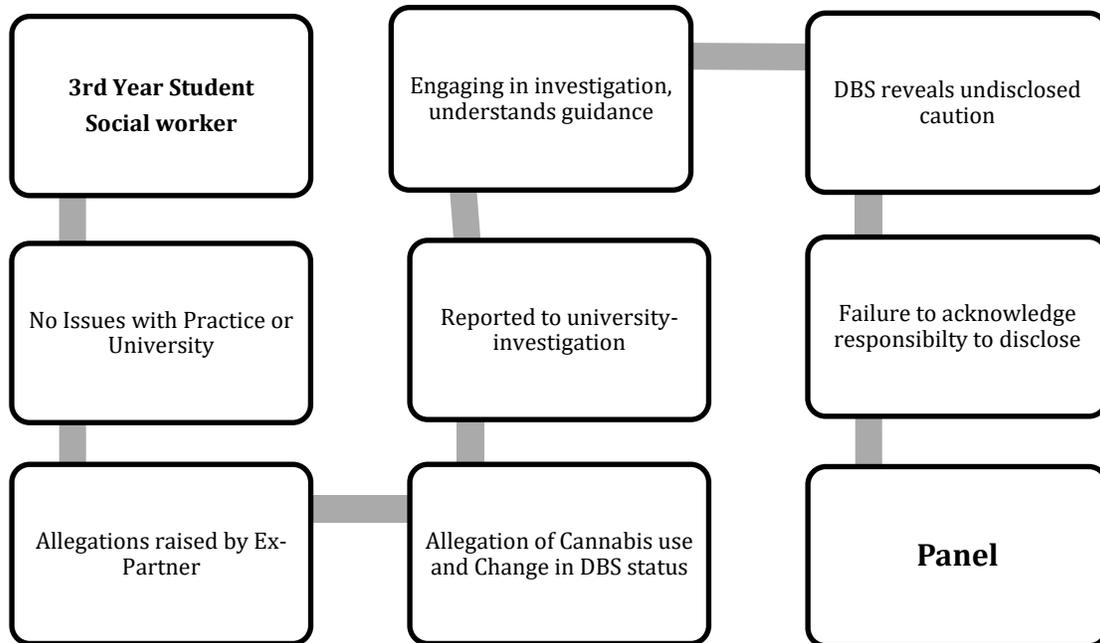


Figure 10: Case study 3 Student Social Worker storyboard

4.5.2 Stage 2: The Case Study brief: Joanne Lewis

Joanne Lewis is a 3rd year student Social Worker on the BA Social work programme with no previous issues raised during her programme and positive feedback from both practice and within the university. Joanne was suspended from practice during her placement in a local authority child protection team following the allegation that she was using cannabis and that her DBS status had changed. Joanne’s ex-partner made these concerns to her practice educator in the child protection team. Joanne had failed to disclose issues pertaining to changes in her DBS clearance. Joanne was suspended from practice and an investigation was instigated which revealed an undisclosed caution.

4.5.3 Stage 3: Case Study Filming

I adopted the same approach as with Case Study 1 and 2. I made extensive efforts to recreate the FtP experience in my third and final case study. This involved using a familiar environment, a ‘real’ chair and ‘real’ panel members. With the case study, creation protocol

(Table 14) utilised for case study one and two. I was keen to use this final case study as well. Appointment of the chair was already agreed. With only two chairs available within the school the pragmatic decision was made that, the same academic chaired two of the panels within the research study. Other key roles again required careful consideration such as the practice representative and the academic staff. I secured a volunteer for the role of the student and briefed her on the role and boundaries by using the storyboard. The boundaries were agreed e.g.: the student would fail to accept responsibility for her actions within the incident. The filming would begin for the final time. (Disc 3 Appendix 12) This simulation was 58 minutes in duration.

4.5.4 Panel composition:

The panel included a chair who had experience of chairing panels- this chair was different to the first panel. Two academic staff both with experience of FtP panels agreed to take part in the panel. The practice representative had experience of FtP and worked in social work practice. An actor played the student role. The additional role played by a member of staff was the investigatory officer. A friend did not accompany the student.

4.5.5 Case Outcome:

Following deliberations, the panel arrived at the unanimous decision for expulsion from the programme. This decision does not restrict the student from studying further within the university, although not on a programme leading to professional registration.

'Reflective Stop-off'

'A Technical hiccup or Complacency?'

The third filming date was planned, the room was booked and the case was written. I had already started to plan dates for the focus groups. I needed to step up a gear with the third case. I had very tight deadlines and a busy work schedule loomed. Although I was excited by the third case filming, the shadow of work pressures was dampening my enthusiasm however the case was film. It was a good day... an interesting case and I was again surprised by the outcome from the panel but the actor had put in a sterling (and rather amusing at times) performance and I was distracted somewhat by the drama of the performance.

Several days later revealed a less positive result. The room I had filmed in was equipped with specialist therapeutic lighting that sadly when used can result in distortion on any video recording.

The end result was a film, 1hr in duration, with all the participants appearing to be 'orange'! The magnitude of the issue only became apparent when I attempted to watch the film in its entirety. The colours were so vivid that it was close to unwatchable.

Would I have to re-record?

Of course re-recording the same case with the same panel would not be possible so ultimately I would need to start the process again... this meant I would need to re-write the case itself, I could possibly use the same panel but that brought with it some issues such as expectation and importantly realism (if I used the same student and a different case)

Was the film salvageable?

It took over two weeks but with the excellent work of the media department, the film was rendered and the majority of the distortion to the colour was removed. The impact on the focus groups was significant and delays then became domino in their effect.

Of course I didn't know the lighting affected recording... However, I had already filmed in that room before (Case Study 2) and I had purposefully not used the lights. Is this a technical hiccup or complacency? My highly self-critical self thinks the latter.

4.5.4 Stage 4: Debriefing and Evaluation

The impact and experience for the panel members involved in the simulation has yielded some interesting data. Canvassing the opinions of the panel members in the form of a

'debrief' email revealed that the panel members saw value in the experience with some panel members noting how they had developed through this process and others noting the reflection that had taken place as an outcome of the process. It is important to note that this final panel were less verbose in their feedback of the simulation experience. Unlike the previous, two panels who shared detailed insights of the simulation. This apparent lack of engagement can be accredited to the timing of the focus groups, which clashed with staff's busy work, and teaching schedules.

During the first two case study panels, the issue surrounding realism emerged on a number of occasions. This final panel only briefly referred to this issue;

'It felt real for me... did it feel real for others?' **CS3: PM 1**

For this panel the focus of their feedback was on what they learnt from the experience with a number of the panel highlighting that they had learnt more about the processes that surround FtP and key roles such as the chair;

'I've got a good understanding of the process' and further added *'and a good insight in to the role of the chair'* **CS3: PM1**

Other panel members considered the experience from a broader perspective but highlighting the positive nature of the experience and the how it helped to develop broader qualities such as confidence;

'Good developmental opportunity' and adding *'It was a positive experience'*
CS 3: PM2

'I felt I have more confidence following this experience' **CS3: PM 1**

The attitude of the student also drew some attention from one panel member who highlighted frustration surrounding the student's lack of remorse;

'It was difficult... particularly towards the end... I wanted to say come on, just say sorry' **CS 3: PM3**

The attitude of the chair was reflective and he provided some thoughts of how the panel had been conducted. He reflected;

'I want to ensure fairness' and further added *'It made me consider how to behave for these things, what is the role of the chair? Is it to be objective? CS 3:*

Chair

The experience for the student appeared to be positive and she indicated no concerns about the impact of being filmed or indeed the impact of being involved the FtP;

'I loved it' and further added *'I was shocked by the outcome though... they kicked me off... I mean... really!'* **CS3: Student**

However, it is important to recognise this was a simulation experience and this is not reflective of the emotions that FtP panels evoke in students. Haycock- Stuart et al (2015) highlights that the experience of FtP brings with it a high level of fear and anxiety and is in contrast to the student actors experience of the panel.

4.5.5 Consolidation of the three cases:

The third objective of this research study was to consider the potential use of simulation as an educational and developmental tool surrounding FtP. The debrief data captured within the study reveals the potential value to simulation.

In summary, considering the debrief data from all three cases; two key issues emerge across the multiple cases. These key issues gave rise to a number of questions for this researcher that warranted brief discussion within this research study with a view to a possible return to this work post-doctoral. Firstly, panel members felt some emotional impact from the involvement in the simulation; secondly, they were able to reflect on their own performance both internally and externally to the simulation and finally they identified scope in their development through this process.

Fraser *et al* (2012) highlighted that the relationship between emotions and learning is complex and they assert that negative emotions such as anxiety can hinder learning and

unsurprisingly positive emotions such as enjoyment can increase motivation and enhance problem solving. The panel members ranged in their emotional response to the experience, some suggesting it was enjoyable, some suggesting it was intimidating, some suggesting it made them feel powerful. With such limited data it is impossible to draw any conclusion other than that the panel members invested emotionally (positively and negatively) in to the experience.

All panel members reflected on the experience itself and in quite a critical manner. This critique of their own practice and that of others is crucial to development in this field and other aspects of practice. However, it is very infrequent that we critique these routine aspects of our practice. *Do chairs ask for feedback on their performance from panel members?* Good (2003) suggests that simulation allows practitioners to practise in a setting in which errors have no clinical consequences. *Do we feel more comfortable critiquing our simulated practice rather than our actual practice?* Fraser *et al* (2012) proposes that simulation appears to offer training conditions that are optimal for the acquiring of clinical skills. *Could this be extended to FtP?* Panel members' feedback suggested that they had learnt more about the process by being involved, the chairs suggested they have learnt more about their role and approaches by being involved in the simulation.

Although traditionally simulation is considered 'high fidelity' when it adopts the use of realistic computer-controlled simulation equipment, what really creates 'high fidelity' is real life proximity. FtP is complex and that complexity is created through the combination of decision-making of various members with possibly varying perspectives on 'fitness'. The reality is that all involved in FtP decision-making are employing basic skills such as communication skills; however, it is the nature of the issues and the 'group' decision-making that creates complexity and therefore simulation would be ideal for development in this field.

Reflective Stop-Off

Evaluating the cases

Were the cases realistic?

One of my concerns when creating the cases and the simulations was the risk of dramatisation. I did not want to create a caricature of FtP. I wanted to create something real.

During the debriefing sessions the panel members shared their experiences with me and marvelled at the realistic nature of the simulation experience. This was a reassuring and positive finding of the debriefing data and helped me start the journey of the focus groups with the knowledge that the cases *felt* realistic for the panel members. Following feedback from each of the cases I was able to develop the reports I created. One suggestion was that more detail was needed for the case report to create a more realistic feel to the case. I took on board the feedback and provided more detail in the remaining cases.

Filming the simulations was an exciting element of the research and editing the films in particular was an important learning curve. Critically viewing and editing the film, therefore, making it ready for an audience, provided me with the opportunity to consider what worked well and where I could develop for the remaining cases. I wanted the films to look professional but not produced and this required work and was not simply achieved by 'letting the camera run'. The debrief data revealed that the realistic nature of the filming and editing was an important aspect for the panel members. If this approach was to be used for developmental purposes with staff and student's, then they needed to be believe the cases. It needed to be realistic.

4.6 Summary:

This research study has adopted the use of CSR using a creative approach- case study simulation. This chapter is an account of how the case studies were created including the use of storyboarding, expert advice and verification of the case studies and highs and lows of filming the case study simulations. A case study creation protocol was produced in order to ensure transparency in not only analysis but also case study construction.

Emerging from the case study simulation of the panel members was the insights of the panel members into the experience of the simulation. This chapter captures the voice of those panel members through the debrief data and provides an intriguing account of the three case studies from the panel member's perspectives; revealing an unexpected perspective of FtP.

The findings of each case study will be presented in Chapter 5 and 6 of this research study alongside a breakdown of the thematic analysis of the data and cross-case analysis of the findings.

Chapter 5
The Findings of the Research Study:
Overarching Theme 1

5.1 Introduction

This chapter presents the findings of each case study and provides a cross study analysis of those findings to gain greater understanding of the emergent themes. The research findings are based on analysis of focus groups using three independent case studies; these will be explored within this chapter. During four focus groups using independent case studies, participants explored and deconstructed the decision-making of an FtP. They also discussed their own decisions and perceptions of these independent cases. The emerging themes are examined by the use extracts from the participants involved in the series of focus groups for each case. Throughout this chapter ‘reflective stop-off’s’ are utilised to provide a researcher’s perspective of the emergent themes and the approach of data analysis considered for the research study.

Thorne (2000 p20) reminds us that *‘unquestionably, data analysis is the most complex and mysterious of all the phases of a qualitative project’*. With this premise in mind, it was important to consider how this complex multi-case study research study would be creatively organised and its emergent themes captured, presented, and yet still retaining a readable quality.

5.2 Background to the Findings: The Focus Groups

The purpose of this multi-case study was to explore three professional groups, nursing, paramedic practice and social work practice and the decision-making processes involved in FtP of student panels. It was anticipated that, through a better understanding of the influences, skills and experiences of panel members that effective and sound decision-making could be achieved. The research aim therefore was to explore the influences on decision-making process involved in fitness to panels for undergraduate health and social care students. The research study planned to achieve this aim through the following objectives illustrated in the following table. In total, the findings explored within this chapter are drawn from 12 focus groups. The composition of the focus groups is detailed below in Table 15. The colour coding provides a guide to the presentation of each of the cases and focus groups and will be used throughout the thesis.

Table 15: Focus Group profiles

Focus Group Profile			
Focus group	Focus group duration	Deliberations of focus group	Focus group outcomes
Nursing			
Experienced (EXP)	1hr 24 minutes	10 minutes	Withdrawal
Inexperienced (INEXP)	1hr 30 minutes	15 minutes	Initially an action plan proceeds to withdrawal
Lay Person (LP)	1hr 20 minutes	4 minutes	Withdrawal
Student (ST)	1hr 32 minutes	7minutes	Withdrawal
Paramedic Practice			
Experienced (EXP)	1hr 54 minutes	8 minutes	Initially an action plan proceeds to withdrawal
Inexperienced (INEXP)	1hr 45 minutes	10 minutes	Withdrawal
Lay Person (LP)	1hr 30 minutes	5 minutes	Withdrawal
Student (ST)	1hr 35 minutes	9 minutes	Withdrawal
Social Work Practice			
Experienced (EXP)	1hr 10 minutes	6 minutes	Withdrawal
Inexperienced (INEXP)	1hr 25 minutes	9 minutes	Withdrawal
Lay Person (LP)	1hr 5 minutes	8 minutes	Withdrawal
Student (ST)	1hr 20 minutes	4 minutes	Withdrawal

5.3 The Results

Analysis of the data was influenced by the conceptual framework of this study. Working from a constructionist position meant that the foundations for this study are based on the following key assumptions advocated by Gergen (1985).

1. A critical stance towards taken-for-granted knowledge: *this means we need to be critical of our understanding of the world and of what we observe to be the world. It requires us to challenge the view of conventional knowledge. Interestingly it requires us to be mindful of our assumptions about what appears.*
2. Historical and cultural specificity: *this means that all ways of understanding are historically and culturally relative.*
3. Knowledge is sustained by social processes: *this means that we (people) construct knowledge of the world. Interactions between people create versions of knowledge. These Interactions or social processes (and in particular language) generate a version of 'truth'.*
4. Knowledge and social action go together: *this means our 'negotiated' understandings can take many forms of 'social constructions'. These constructs will lead to some social actions.*

'Reflective Stop-off'

'The Assumptions'

I was wary of my assumptions when I first sat down with the data in my hand. During the transcription stages I had been excited when I heard my assumptions come to fruition and appear on the page in front of me. However, when I read the data at a later stage and consequently listened to the data again, the overwhelming 'proof' that had once felt so stark appeared less persuasive and I began to feel uncomfortable for the first time with my assumptions. Was I seeing what I wanted to see in this data set? Returning to the conceptual framework helped to reposition my concerns. Burr (1995) had offered insight into assumptions by suggesting that the constructionist needed to be critical of the world and suspicious of our assumptions. With this thought in mind I re-read the data.

With Gergen's (1985) assumptions in mind, I was circumspect of how I viewed the data. I was intent on being critical of both what was being said and what was being observed within the panel through the eyes of the participants. It was also imperative to consider other influential factors of the analysis of the data. The research study examines FtP and the nature of the process of FtP is deeming someone 'fit' and suggests a standard that is agreed and subsequently achieved or not achieved. Professionalism is obligatory in this whole process. The concept of professionalism was explored in some detail within the literature review of this research study and raised a number of questions that ultimately were underpinned by professional values, beliefs and ethical principles. In order to be deemed 'fit' the practitioner would need to understand and be sensitive to the ethics that underpin the care delivered and ultimately the decisions that are made in practice.

There are two approaches of non-normative ethics that are engaged, firstly *Descriptive Ethics* that relates to what you do, what and how you think and how you behave. This approach considers the moral choice and values that are held by groups or cultures (Buka 2008). However, it is the second approach of non-normative ethics, *Meta-ethics* that has a placed in the analysis of the data in this research study. Exploring the moral language that is utilised, attempting to understand the nature of the ethical properties and meanings of terms such as duty, morality and rights is depicted in a commonly used question in meta-ethics '*What is*

right?' 'What is wrong?' 'What is good?' and finally 'What is bad?' (Baillie & Black 2015). This approach shares some of the assumptions of constructionism; the critical stance has natural synergy with meta-ethics. These challenges of the constructs of knowledge and critical questioning are endemic to this ethical school of thought.

5.4 Themes

In this research study, the phenomenon under investigation is that of FtP; with two overarching themes within each case. These two overarching themes were established through data analysis identified in table 10 in Chapter 3. These overarching themes consisted of firstly the people involved in the panel which will be explored within this chapter and secondly the decisions, the actual outcomes and how they arrived at the outcomes and the influences on those decisions such as environmental issues which will be explored in chapter 6. Within the analysis of the data, seven themes emerged. It was from a *constructionist* perspective employing meta-ethical questioning that the data was reviewed. Through this process, the data set was coded and subsequent themes emerged.

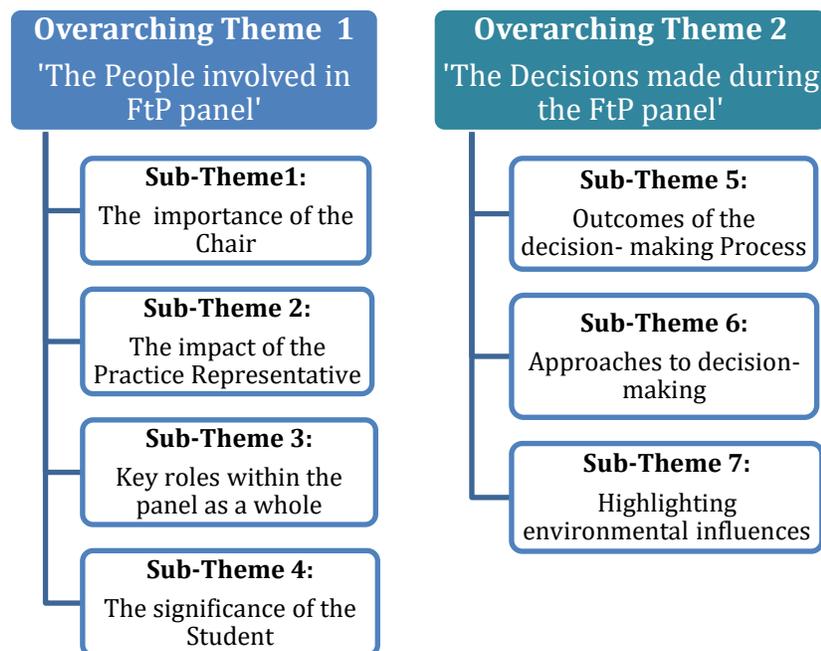


Figure 11: Thematic Map Focus Group Data

This complex study required careful consideration of how those findings can be presented in a comprehensive and meaningful way. It is for this reason I have adopted a less 'traditional' method of presentation of the research study findings. It is hoped that this approach will allow for both the individual data-sets from each case study and the cross study analysis to be captured therefore allowing the richness of the whole data to be revealed and the complexity of the study to be harnessed.

Each of these themes will be presented with key emergent words, an overview of the theme and a tabulated presentation of all three case studies using illustrative quotes. This tabulated approach was inspired by Bloomberg & Volpe (2012) who suggested more creative means to presenting findings, and who proposed the use of thematic charts. A cross-study analysis of the theme will provide the synthesis of the overall theme. Finally, a reflective stop-off will provide an insight to the views of the researcher of this theme.

'Reflective Stop-Off'

'Presenting the Findings'

When I started to design this study I foolishly gave very little attention to what the final outcome would be. Of course I considered the cases and the format and structure they would take; but the real outcome here was not the cases but the findings. The realisation of not just the volume and but the complexity of the findings was a challenging period. I was striving for each of the cases to stand independently and yet cross study analysis was crucial and necessary. The challenge quite simply was that if I presented the case findings individually I was in danger of repetition but if I only presented the cross study analysis of the findings I would lose the essence of the individual cases. I feverishly searched for inspiration and quite a number of 'versions' of the findings ensued. It was during this pursuit for a suitable presentation of the findings that I discovered an insight in to my personality as a researcher. I wanted to follow suit; I was nervous adopting a less traditional method of presentation, I felt there were 'set rules' and I wanted to adhere to those 'set rules'. This conflicted with my desire to utilise less traditional methods within my research study. I challenged myself to *'Why I lacked the confidence to present my less than traditional method in a less than traditional way'*. And my answer to this challenge wasn't about conformity but more about doing 'justice' to the findings... would a more traditional approach do this? The result is an unorthodox presentation that strives to retain each case.

5.5 Overarching Theme 1: ‘The people involved in the FtP panel’

Within this section of this research study, I will examine the first overarching theme of the ‘*People involved in the panel*’ and its four emergent themes. The analysis of the data collected within this research study were influenced by Yin (2009) and Braun and Clarke (2006) and are detailed in Chapter 3. Below are the four emergent themes;

- **Sub-Theme 1:** The importance of the chair (Section 5.5.1)
- Cross study findings of Sub-Theme 1 (Section 5.5.2)
- **Sub-Theme 2:** The impact of the practice representative (Section 5.5.3)
- Cross study findings of Sub-Theme2 (Section 5.5.4)
- **Sub-Theme 3:** Key roles within the panel as a whole (Section 5.5.5)
- Cross study findings of Sub-Theme3 (Section 5.5.6)
- **Sub-Theme 4:** The significance of the Student (Section 5.5.7)
- Cross study findings of Sub-Theme4 (Section 5.5.8)
- Summary of overarching theme 1 (Section 5.5.9)

5.5.1 Sub-Theme 1: The importance of the chair

Key words in the data:

Initially descriptive words such as ‘**The chair**’, then it was key words surrounding ‘**role**’ that suggested that making the decision was afforded to key roles. Other key words emerged that suggested that ‘**influence**’ played a role in who was making the decision- this was perceived that they had influence because of their role but also they were influential because of their persuasive approach.

Overview:

During analysis of the data it emerged that there were key players within the panel. The significant role that emerged was that of the chair, with numerous comments made on the approach and techniques the chair adopted. There was also discussion surrounding what they saw as the role of the chair.

Sub-Theme 1

The Importance of the Chair

Findings Headlines

The two key roles that emerged were the chair and the practice representative. The role and the approach of the chair appeared to be central to the functionality of the panel and was an influential part in the decision-making process of the panel.

Participants' perspectives- Nursing

The Role

The Participants felt that the role of the chair was clearly identifiable and it appeared important that the role was clearly distinguished and this is highlighted by one participant who states;

'It was clear who was sort of chairing, taking the lead...' **INEXP P2**

This suggests that the role is a 'lead' role within the panel and that they have different responsibilities to that of other panel members. Another participant felt that the role brought with it responsibility of how the panel was managed and suggested more than leading but that of co-ordination;

'It's a co-ordinating role as well isn't it?' **Student P2**

This idea that the role of the chair is to co-ordinate the panel can be seen in another participant's view on the role. The following participant indicates how this co-ordination would take shape;

'I think part of the role of the chair is to perhaps group some of those issues and direct them' **INEXP P1**

The participants in all focus groups regardless of the experience recognised that the role of the chair was key and that the role brought with it responsibilities or tasks.

The Approach

The participants began to explore the 'character' who had taken on the role of the chair and there was a more critical consideration of this role when the individual was considered. The following participants highlighted the approach that the chair had taken in performing the role

'I thought that the way it was chaired, there were too many judgements made initially'. **Lay Person P2**

This suggests that too many judgements voiced by the chair are considered negative approach to adopt within a panel and highlight that other approaches adopted by the chair could have a negative impact on the panel.

'Some were possibly overshadowed by the stronger personalities in the panel... that was mainly the chair'. **INEXP P1**

The participants see the role and the approach of the chair as influential across all four of the focus groups and that predominately the approach adopted was viewed as judgemental at times.

Participants' perspectives- Paramedic Practice

The Role

The participants felt that the role of the chair was the significant role within the panel and that the chair focused and steered the panel itself. They viewed the role as a lead rather than 'just' another member of the panel.

One participant drew a legal comparison and suggested the chair adopted a judge like role;

'The chair really sits there- it's like a judge, in effect- they sit there and listen to everyone what they've got to say' and further added 'I think the way she (chair) sat, the way she (chair) conducted herself, you know, she was quite... I'm in charge' EXP P2

The focus groups saw the role of the chair as a leadership role with the purpose of keeping the panel focused. This can be seen from these two participants from the INEXP focus group;

'I think she made a good example of a chairperson. You know, she was there to lead and to guide other members of the panel and the accused'
INEXP P2

'Yes I agree; the chair is there to keep the focus' INEXP P3

The EXP focus group highlighted that the role was self-explanatory and that she functioned to what they felt was the role of the chair;

'The chair chaired it very well, you know, the name's in the title, I thought she designated certain people certain questions and sort of prompted them at the right time to inject with their thoughts' **EXP P3**

The Approach

There were mixed reactions to how the chair performed within the role with some highlighting concerns about the approach adopted. One of those concerns surrounded the body language of the chair and how she presented herself highlighting the use of a pen to point to reinforce her verbal messages. This participant comments on the use of body language;

'I noticed her (Chair) body language. There's a couple of times where the chair sort of raises her eyebrows' **EXP P3**

Another participant from the same focus group (EXP) raised further concerns and highlighted that the body language was judgemental;

'Her (chair) body language and facial expressions seemed quite judgemental when he was answering the questions' and further added *'She (chair) uses the accusation pen. Accusation because if you do not have a pen in your hand, you would not necessarily do that, but because you have a pen in your hand, you can use it.'* **EXP 1**

It was not only the non-verbal presentation of the chair that raised concern. The participant below suggests that the chair was rather verbose during the panel and viewed this negatively;

'I thought the chair spoke a lot. Too much' **EXP P4**

The EXP focus group also expressed concerns about what was being said by the chair and suggested a decision had already been made by the chair during the panel and that this was evident as can be seen through this exchange of three participants;

'Towards the end, she started summing up; she'd already told him the outcome then hadn't she?' **EXP P1**

'I felt she (chair) wanted to go for him' **EXP 3**

'She'd made her mind up before the end of the session, she'd been given that and he was guilty of all charges and he was going' **EXP 2**

The participants across the focus groups discussed how the questions directed at the student were agreed on. With some concerns surrounded how the chair directed the questioning for the panel;

'She (chair) directed the questions' **and** further added *'She (chair) stopped someone asking a question and she asked a question instead'*
INEXP P3

Another participant felt that this direction was more influencing and saw it as 'dictating'

'She (chair) was sort of dictating to each panel member which questions, which tack they were supposed to take against him' **EXP 2**

The approach the chair adopted was also considered from the student's perspectives and the student focus group noted the negative effect of the chair;

'She was a bit intimidating at times' **Student P1**

However, the approach of the chair was not viewed entirely negatively and the positive aspects of her approach can be seen from the inexperienced, student and layperson focus groups.

The INEXP focus group saw her approach being structured and that she was able to clarify issues;

'I think if there were any areas that were hazy, she (chair) clarified.'

INEXP 1

'She (chair) clarified throughout' **INEXP P2**

The Lay person focus groups highlighted that she took a firm approach to the panel and that she appeared to be emotionally invested in the panel by demonstrating emotional reactions to the student's responses to questions;

'I liked the chair she was very firm' **Lay person P1**

'She looked really bothered by the student's answers... the others didn't'

Lay person P2

Finally, the Student focus group were impressed by the knowledge and noted that she demonstrated her knowledge through the panel;

'She knew her stuff' **Student P3**

There was further widespread agreement that the participants in all of the focus groups saw the role and the approach of the chair as influential. The participants had mixed feelings surrounding the chair and they viewed the role both positively and negatively.

Participants' perspectives- Social Work

The Role

The participants in all focus groups felt that the role of the chair was an important role and that this role brought a number of responsibilities and these ranged from considering the types of questions to how the panel conducts itself;

'The chair I suppose is about looking at the sort of balance of questions'

INEXP P3

'I expect (the chair) to listen and allow people to talk and not interrupt.

And to know what they are talking about as well' **Student P1**

Another participant suggested that the role of the chair was almost self-explanatory and hinted that the idea of the role of chair was universally understood;

'I think the chair of a panel is there to do that. To chair it. I think because of the lack of interaction from the practice rep, I think (the chair) felt he needed to sort of step out of his role and become part of the panel'. **EXP**

P4

These participants' views illustrate that there is an understanding or expectation of what the role of the chair is and what is expected from them in this role regardless of the experience of the participants.

The Approach

The participants offered a critique of the approach of the chair and how he had managed the panel. This brought rather mixed perspectives from the focus groups with the student participants feeling there were positive aspects to the chair's approach

'He managed it well really' **Student P1**

Another participant from the student focus group expanded on this thought and fleshed out what they felt 'went so well' from the perspective of the approach of the chair;

'I think he (the chair) chaired it really well, but what he did do was, he was really smiley and friendly with her. Sometimes people open up and say more. It can make people forget that they are actually making a judgement on you' **Student P2**

Student P3 considered this approach too and considered the use of body language and how his positive presentation was viewed by the focus group and added;

'His (the chair) body language portrayed that he was quite welcoming and obviously was quite... he was smiling at her and putting her at ease.'
and extended further that

'He managed (the chair) it well... it was good that they had a block set of questions. So it was not like jumping in on each other. It had structure and she knew who she would be answering' **Student P3**

Another participant saw the approach adopted by the chair reflective of the social work profession approach to situation and this can be seen in this insightful comment;

'He (the chair) sort of like social worked it, if you know what I mean. Just like you are working in partnership with someone, so you will be sort of nice and smiley and friendly and make them feel at ease. And then obviously they reveal everything' **Student P2**

The student group also drew comparisons with other professional groups to reinforce the positive approach of the chair;

'And (the chair) was a bit like a probation officer' **Student P2**

However, the remaining three focus groups were less positive on the approach of the chair and highlighted a number of concerns. One participant's concerns surrounded the lack of consideration for the student;

'I thought the role of the chair in minimising those fears were actually not done very well at all. A little bit at the start but after that there was no consideration of the student's feelings' **EXP P1**

Another participant expressed concerns regarding the extent to the use of the code and expressed a rather extreme response to his conduct;

'I think the chair... I'd have hit him round the head with his code of ethics... he just carried on talking' **EXP P4**

However, another participant returned to the approach of the chair and highlighted the issue of power and how the composition of the panel and the chair may affect the student;

'Going back to the chair, I am just looking at the image now of the panel members sitting in a row with all the paraphernalia of papers. The issues of power and the way that power is used, the way that panels are being conducted, if I was that student, I would be scared stiff. The power issues were very stark for me and a little bit concerning' **EXP P1**

The EXP focus group highlighted their awareness of transparency in the panel and a number of participants suggested he had made his decision and that his 'words' were leading of other panel members;

'It did come over as though you could almost tell what his (chair) decision was' and further added *'I think it was the wording, what he (chair) was saying. It was quite leading'* **INEXP P1**

It was not only the language that raised concerns, another participant however saw the focus of the chair and how he handled the panel problematic

'He focused on getting through it. I got the feeling that... I think (panel member) and (chair) were more empathetic but (the chair) didn't deal with it that well... he was the person that has to fire the bullets' **EXP P4**

However, there were aspects of the chair approach that were viewed positively by the EXP and INEXP focus groups. In particular, the approach towards the student was noted positively;

'I thought (chair) made it very clear at the beginning what the role of the panel was, he was checking out what the student understood' and further added 'He (chair) referred to the student fitness to practise policy and the code... and asked have you read this. INEXP P3

It was reinforced by the EXP group would saw him as being supportive of the student;

'He (the chair) was quite supportive towards the student, trying to reassure' EXP P3

But not only the approach to the student was noted by the EXP and INEXP focus groups, it was also highlighted that the chair's approach to the panel was viewed positively and the focus groups suggested he was very inclusive in his approach;

'He let everyone have their say, planned through the questions. When he wanted to ask additional questions he apologised... he said I'm sorry can I just ask' INEXP P1

Again, there was widespread agreement amongst the focus groups that the role and the approach of the chair are seen as influential. However, there were mixed feelings during their critique of the chair and what aspects they viewed positively and negatively.

5.5.2 Cross-Study Findings of Sub-Theme 1: The importance of the chair

The theme of the importance of the chair emerged across the three cases and there were a number of transferable issues revealed within the cross-study analysis of the data. Within the focus group discussions surrounding the roles and approaches adopted by the chair within the FtP panel emerged clearly and dominantly across all three case studies. Emerging significantly within these discussions was the role of the chair of the panel. All three case studies focus group participants discussed this role in detail. There was no doubt through the focus groups of all three cases that this role was seen as pivotal to the panel itself. It was seen by all three case study focus groups that the identification of a chair was notable. The focus groups felt a need for the chair to be identifiable.

Within the nursing case study, the identification of the role of the chair was highlighted by one participant;

'It was clear who was sort of chairing, taking the lead...' **Nursing INEXP P1**

This identification of roles appeared to be an important starting point for the three case studies. The roles were clearly defined within all three cases by introductions by each panel member in addition to role titles displayed on the screen. However, the discussions within some of the focus groups suggested that the focus groups were considering what these roles meant in the context of the panel and how these roles were undertaken with some critique of whether the chair was performing the role. Within the nursing case study, this critique can be observed by one participant's contribution to the discussion.

'I sometimes wondered during this process, whether the chair was sometimes like the other panel members' and further commented *'If I'd come in at certain points I do not think I'd have known who the chair was'*. **Nursing INEXP P4**

These comments imply the importance to have clearly defined roles and that the hierarchy that these roles bring need to be transparent to all involved. This can be Paramedic Practice case study, when the participants felt another panel member began to 'chair' the panel and commented

'I actually wrote down at some point is (panel member 3) now chairing? **Paramedic INEXP P2**

However, the Social Work case study appeared more confident and reassured in the identification of the role of the chair and asserted;

'I thought (chair) made it very clear at the beginning what the role of the panel was, he was checking out what the student understood' **Social Work INEXP P1**

An emerging issue across all three case studies was the approach and style of the chair. This was the focus of the discussions surrounding the chair and it was ultimately for the participants in all three cases it was crucial element rather than simply the allocation of the role. The consideration of the approach ranged from sweeping statements about the approach to more critique where the participants drill down to the functionality and performance of the chair.

'I liked the chair she was very firm' **Paramedic Lay person P1**

More confidence is suggested by a nursing participant that supports the statement above and provides detail of what is positive about the approach of the chair.

'I liked the role that she kept. She was picking up stuff and reflecting it back to the panel' **Nursing INEXP P1**

However, participants from all three cases were also critical of the approach of the chair for varying reasons. These reasons predominately surrounded the style that the chair adopted.

Before critique of the chair, the three case study participants made assertions to what the role of the chair involved. Reassuring all three cases had the same expectations of the role suggesting the role was a co-ordinating position and that it was to ensure that the panel remained focused, fair, and consistent. With expectations established, the participants offered a critical consideration of the panel's chair performance.

'The chair was very good initially, but I thought she got a bit flustered when the student arrived'. Nursing Lay Person P2

Other observations of the chair's role were suggestive that the approaches employed may have had impact on the panel and ultimately the decision, with suggestions of leading the panel and judgemental body language. This can be seen below from each of the focus groups;

'I thought that the way it was chaired, there were too many judgements made initially'. Nursing Lay Person P1

'There was some sort of focus given from the chair but it was very leading... it was like emphasising all of the negative aspects'. Nursing EXP P2

'I think it was the wording, what he (chair) was saying. It was quite leading'
Social Work INEXP P1

'Her (chair) body language and facial expressions seemed quite judgemental when he (student) was answering the questions' Paramedic EXP P1

The two chairs for the three panels approached the panel from a different perspective and with different styles. However, one element that was uniform across the three cases was that of allocation of questions. During each of the cases following initial discussions amongst the panel, the chair allocated questions and areas of questioning to each panel. All three case study participants highlighted this approach by the chair and there were some contrasting

views on this approach. The Nursing and Paramedic cases viewed this approach negatively; feeling it was too prescriptive of the chair to direct the questions;

'The chair actually started to give out questions and basically told people what to ask' **Nursing EXP P2**

'She (chair) was sort of dictating to each panel member which questions, which tack they were supposed to take against him' **Paramedic EXP 2**

It was important to note that this critique was levelled at the approach of the chair who chaired two of the three panels. The chair from the remaining panel also adopted this approach however; the social work case viewed this from a positive perspective and felt that it had benefits for the student;

'He managed (the chair) it well... it was good that they had a block set of questions. So it was not like jumping in on each other. It had structure and she (student) knew who she would be answering' **Social Work Student P3**

Some support was gained from the nursing focus groups however, the layperson focus group and not the practitioner or student groups only raised this support. This insight suggests that it was viewed logical to allocate depending on specific experience.

'She divvied up depending on experience... some of the questions were related to experience, but some were related to practice' **Nursing Lay Person P1**

The Focus Groups extended their discussions from the role of the chair to other panel members and the role they adopted. These discussions revealed that other panel members were significant in the leading of the panel in addition to being influential in the decision-making process and one particular role was that of the practice representative.

In Summary, the role and the approach of the chair appeared to become central to the functionality of the panel. The participants felt the Chair adopted a structured approach- this was seen predominately for the Nursing and Social Work focus groups. However, there were mixed 'feelings' about the approach of the chair- initially it was good but then more critical observations on the role- this was across the focus groups and but was predominately seen in the Paramedic Practice focus groups. During the Paramedic Practice focus groups negative comments regarding body language were raised and the role of the Chair was seen as 'judgemental, confrontational' yet it was also suggested that the chair kept the panel focused and clarified issues. Finally, all of the focus groups shared ideas regarding what they expected of a chair and their role and how this should be approached.

'Reflective Stop-off'

'Sub-Theme 1: The Importance of the Chair'

When I initially coded and subsequently themed the dataset regarding the dynamics of the panel it appeared to be overwhelming within the text the significance of the chair. During the transcription and later the analysis I used the video of the simulations to make sense of the participant's words. Each viewing of the simulations reinforced this initial impression.

The chair emerged central to the whole simulation reinforcing the perspective of Tinsley (2001) who claimed that the role of the 'chair' was crucial and that success rested with the coherent structure they should provide.

I could distinguish techniques that the chair (s) employed to shape and move the decision. I noted some techniques that were not highlighted by the focus groups (such as the use of body language predominately the use of hand movements etc...) but equally the focus groups highlighted approaches that had not appeared central to my view of the panel (such as the carving up of questioning for example)

However, I was mindful I needed to isolate my views from the participants, this isolation of views needed to be maintained in order to harness my bias and assumptions.

5.5.3 Sub-Theme 2: The impact of the Practice representative

Key words in the data:

Initially descriptive words such as '**Practice representative**', before key words surrounding '**role**' were considered. Other key words emerged that suggested that '**influence**' played a role in who was making the decision- this was perceived that they had influence because of their role but also they were influential because of their persuasive approach.

Overview:

Participants from all three case study focus groups indicated significance of the chair on the decision-making process however, the role of the practice representative emerged as a crucial role within two of the case study focus groups- Nursing and Social Work Practice. This role was not viewed significant for the remaining case study focus groups- paramedic practice. With two case study groups, highlighting practice representative as significant it emerged as a theme within the cases and across cases.

During analysis of the data, it emerged that there were key players within the panel. One significant role that emerged was the role of the Practice representative- this was raised on numerous occasions during all four focus groups. It was noted that the role the Practice representative adopted a focus of practice (understandably) and their questions reflected that focus. This appeared to influence other panel members and brought the focus on to practice and importantly the patient.

Sub-Theme 2

The Impact of the Practice representative

Findings Headlines:

The 2nd Significant role are adopted within panels was the practice representative. The role and the approach of the practice representative appeared to have a different yet still influential part to play in the decision-making process of the panel. The Practice representative was seen pivotal but only with the nursing and social work focus groups.

Participants perspectives- Nursing Practice

The Role

The focus groups viewed the practice representative role to be specific to practice and that they were there provide a 'more accurate insight' into the current practice demands and expectations. The focus groups highlighted that this role was specific to practice and suggested that this role had a different perspective to the other panel members.

One participant noted that the approach was different from other panel members;

'I think (practice rep) had a different questioning approach' **EXP P4**

Other participants considered in more detail what those differences were and it was the exclusive focus on practice that emerged;

'She (practice rep) was only concerned with practice... all her (practice rep) questions were about practice' **INEXP P2**

'I like her (practice rep) approach... she (practice rep) was the one that knew what was happening in practice' **Lay Person P4**

However, it was noted that although her focus was surrounding practice involvement in the panel as a whole was lacking and that she only appeared to contribute to the practice discussions;

'She didn't join in with all the discussion did she... she seemed to only join in when it was about practice' **Student P2**

The Approach

The focus group recognised the importance of a practice perspective however when they reviewed the performance of the practice representative within this panel they suggested that more could have been made from this role and perspective. One participant highlighted that the practice representative was less vocal and appears to be passive in the overall panel;

'The clinical staff seemed quite passive on the panel.' **EXP P1**

This passive approach was noted by a further participant but they felt it was the role of the chair to ensure the full engagement in the panel from the panel members;

'The chair should have drawn in the clinical staff more.' **INEXP P1**

Another participant noted this passive approach and felt it was a missed opportunity considering the expertise and experience that the practice representative had to offer the panel discussions;

'I thought the clinical member of the panel would have said more; she knows what's happening' **Student P2**

Finally, and rather interesting the lay person focus group asked the facilitator for clarification on who the practice representative was during the panel, which may be seen as an illustration of the involvement the practice representative had during the panel;

'Sorry who was the clinical member on the panel again? Lay person P3

Participants perspectives- Social Work Practice

The Role

The focus groups viewed the practice representative role to be specific to practice and they placed emphasis on the importance of this however, they very rapidly recognised that although this was important the practice representative had been lacking in this role.

'She (practice representative) did ask a very good question about practice that related to the incident' but added 'She '(practice representative) missed an opportunity... I was surprised that she did not ask further questions about practice really' EXP P3

The importance of this role is highlighted by one participant who adds;

'She's (practice representative) a practice representative, so there is so much you could perhaps go into' INEXP P3

However, the main attention from all focus groups within this case was the approach that the practice representative adopted during the panel. This approach was viewed predominately from a negative perspective.

The Approach

The focus groups identified that the practice representative was a concern and that this approach was having impact on the overall panel;

'There were a couple of panel members I was particularly concerned about... practice representative particularly' **EXP P1**

'There's one person coming from a very strong perspective and it is swaying the panel. It is the practice-led panel member' and further added *'She (practice representative) has got very clear ideas and that is swaying the panel'* **INEXP P1**

The focus groups raised a number of what they termed as 'concerns' regarding the practice representative and then began to unpick what exactly those concerns were; Initially the discussions surrounding this panel member involved when the practice representative spoke.

'It was quite astute that she (practice representative) started the discussions... (Panel member 3) was going to start but she said, no I'd like to start. So you set the tone, don't you really?' **INEXP P3** Note- P1 and P2 agree at this point

'She (practice representative) had a kind of influence as the first speaker'

INEXP P2

The EXP focus group also raised this issue and added that the practice representative established her view very rapidly and that this was a purposeful technique.

'I think the fact that (practice representative) was the first to say 'it's obvious, it's black and white'... I wondered if that coloured other people's views' EXP 2

'(practice representative) pinched the limelight from (other panel member) and said it's black and white' EXP 1

The focus groups raised further concerns regarding the questioning approach of the practice representative and the EXP focus group raised concerns that the practice representative did not expand on any of the issues raised by the student;

'At the beginning the (practice representative) raised her concerns, but she didn't get the best out of her opportunity to question the student at all' and further added 'She '(practice representative) ask the student to expand on any of the things that she said. She just listened and then that was that, moved away. Part and parcel of being a panel member is you pick up on something, you ask the chair if can discuss the issue' EXP 4

Another participant considered how that the practice representative projected herself through her approach to questioning;

'I think '(practice representative) questioning reflected her general attitude. There was an unfair question that had an implication that the

service user was going to kid you and that you had to see through that to get to the truth... it implied she was not telling the truth.' **EXP 1**

Finally, the focus groups raised concerns about the practice representative's overall attitude and suggested a judgemental and emotionless approach to the panel and the student. One participant from the student focus group drew an analogy to a court room and this had a negative connotation, she stated;

'She was a bit more like a judge in court' **Student P3**

Although the student group did not claim a judgemental approach this could be viewed by another participant who did raise concern about the judgemental nature of the practice representative and stated;

'I thought the (practice representative) was particularly judgemental' **EXP P1**

Finally, the focus groups considered the overall attitude and body language of the practice representative suggesting that through her body language and attitude a decision had already been made;

'Some of her (practice representative) comments and I guess the language that she used, I would be quite concerned, it wasn't neutral really' and further added *'the (practice representative) had made her mind up almost immediately'* **EXP P2**

This was reinforced by another participant from the EXP focus group;

'I think she'd (practice representative) made her mind up before the student came into the room and she was just going through the motions... she couldn't be bothered almost.' and added *'I think the two ladies (practice representative and panel member 4) were totally emotionless; they'd made their decision and they were standing by the decision'* **EXP 4**

5.5.4 Cross-Study Findings of Sub-Theme 2: The Impact of the Practice representative

This role emerged in two of the three cases; Nursing and Social Work. Paramedic practice did not examine this role in any detail but in contrast viewed the panel (outside of the chair) as a whole (which will be explored in Sub-Theme 3). For the two case studies that examined this role, the participants viewed the practice representative role to be specific to practice and considered that this role would be able to provide a 'more accurate insight' into the current practice demands and expectations. Each case presented with contrasting perspectives, although they were seen as both having a different focus from other panel members, the comparisons end there.

The participants viewed the role of practice representative within the nursing case as a passive role. They viewed their input as minimal but what input she did provide was noted has been practice focussed.

The experienced focus group noted a difference in the style adopted;

'I think (practice rep) had a different questioning approach' **Nursing EXP P4**

However, the inexperienced focus group highlighted that this difference was the focus solely on practice

'She (practice rep) was only concerned with practice... all her (practice rep) questions were about practice' **Nursing INEXP P2**

In addition, this focus on practice was also highlighted by the student focus group that noted that this was a single-minded focus and inclusion that is more general was lost

'She didn't join in with all the discussion did she... she seemed to only join in when it was about practice' **Nursing Student P2**

In contrast, the social work practice representative was viewed as an active member of the panel and participants made comparisons with this active member and roles adopted in to courtroom;

'She was a bit more like a judge in court' **Social Work Student P3**

This analogy appears to be less about the role and more about the personality undertaking the role and the inexperienced focus group highlighted that this active role appeared to be very influential to other panel members and illustrated how the influence was appearing to sway the panel;

'There's one person coming from a very strong perspective and it is swaying the panel. It is the practice-led panel member' **Social Work INEXP P1** and reinforced this idea by adding *'She (practice representative) has got very clear ideas and that is swaying the panel'* **Social Work INEXP P1**

These insights suggest that the social work practice representative is influencing the panel with her approach. When the discourse is explored, further it is clear that this is viewed to be a negative influence on the panel. The experienced focus group noted that this was a judgemental approach to the panel and stated;

'I thought the (practice representative) was particularly judgemental' **Social Work EXP P1**

Another experienced focus group participant supported this by adding more detail to how the practice representative was coming across negative by asserting;

'Some of her (practice representative) comments and I guess the language that she used, I would be quite concerned, it wasn't neutral really' **Social Work EXP P2**

With contrasting approaches observed it is difficult to draw conclusions to the significance of this role. It is not seen as pivotal to each case study although it is the focus of discussion for two of the three cases. The roles adopted were contrasting with concerns raised regarding both the passive and active role, suggesting that a more neutral role may be the ideal.

In summary, not all of the case study focus groups viewed the practice representative role as influential. Paramedic Practice did not raise the Practice Representative role as significant or influential and did not comment on this role. However, the Practice Representative was viewed influential for both Nursing and Social Work Practice and it was an extremely dominant discussion with Social Work.

During these discussions, there was focus on practice and this appeared to be influential to the panel members. The participants felt that the passive input of the Practice Representative was a 'missed opportunity' to consider broader issues. Within Social Work Case Study, there were issues with 'her' approach, lack of questioning, judgemental questions and influential impact of body language observed on decision-making outcomes.

'Reflective stop-off'

'Theme 2: The Impact of the Practice Representative'

The dynamics of the panels were overwhelmed at times by the role of the chair, a very obvious limelight shone in that prominent direction. However, during the refining stages of the analysis, the subtlety of the practice representation on the panel emerged in a dominant fashion.

Although I had recognised their importance within a panel, I also recognised that the key word was representation. Did I see this purely as representation? Had I underestimated the significance of the role? Was it a 'token' gesture in my mind to practice? Although one case study did not focus on the significance of the role the remaining two case studies did and with some gusto!

They saw the powerful influence and that the link to practice was a persuasive influence that thankfully I was happy to acknowledge. Practice after all is what we are determining the student is fit for!

5.5.5 Sub-Theme 3: Key roles within the panel as a whole

Key words in the data:

Initially descriptive words such as '**Panel Members**', then it was key words surrounding '**role**' that suggested that making the decision was afforded to key roles. Other key words emerged that suggested that '**influence**' played a role in who was making the decision- this was perceived that they had influence because of their role but also they were influential because of their persuasive approach.

Overview:

During analysis of the data, it emerged that there were key players within the panel. The key roles were the Chair and the Practice Representative. However, other roles emerged that appeared to influence other panel members through their approach or personality rather than their defined role. Unlike the Nursing Case study and The Social Work case study, within the paramedic case study, other significant roles did not emerge and in particular, the role of the Practice Representative was not scrutinised. It is difficult to speculate to why this

role was omitted from the decision. Nevertheless, what can be accepted it that that were a number of strong personalities that emerged through the panel and one of these personalities was the chair. It is reasonable to conclude that the role was omitted because the personality undertaking that role was less dominant rather than the role is less influential.

Sub-Theme 3
Key roles within the panel as a whole
<p>Findings Headlines:</p> <p>Although significant roles are adopted within panels- the chair and the practice representative, there were other roles that adopted approaches that were seen as influential to the functionality of the panel.</p> <p>For one case study, all members were considered and not just the chair and the practice representative. Both members were considered to have influence but for very different perspectives.</p> <p>One was their empathy and the other their passive nature.</p> <p>For one of the case studies, all panel members were viewed as a 'unit' and their individual contributions were rarely acknowledged.</p>
<p>Participants' perspectives- Nursing Practice</p> <p>Although key identified roles were viewed to have varying levels of influence, the focus groups recognised that other panel members emerged influential. There was consideration of each panel member although one of the remaining two-panel member surfaced more dominantly. The dominance of this panel member developed through their approach to the panel.</p>

This participant highlighted one panel member and noted the difference their contribution made;

'It was unclear until (panel member 2) stepped in...going through the code. It made everything clearer' **EXP P2**

This panel member was highlighted again and her approach was viewed positively;

'I liked the role that she took (panel member 2) ... she kept reflecting back to the panel' and further added *'She (panel member 2) was asking lots of questions... she was trying to understand'* **Lay person P4**

Two participants from the student focus group agreed regarding the approach of this panel member and both participants gave examples of how she approached decision making and suggested a more problem-solving approach;

'She (panel member 2) was trying to get to the bottom of what was going on' **Student P1**

Agreement of this insight is then acknowledged by another focus group participant who added;

'Yeah... She (panel member 2) listed all the points... it made it very clear' **Student P2**

The focus groups responded well to the approach of Panel Member 2. They saw value in her approach to questioning, the use of structure to her approach. However, they didn't just 'like' this panel member, the focus groups felt that her questioning and structured

approach had influence on the panel and this can be seen in this poignant insight from the INEXP focus group participant who added;

'When (panel member 2) agreed with the chair the decision was made'

INEXP P1

Participants' perspectives- Paramedic Practice

Although the role of the chair was identified as key within this case study there did not appear to be another 'stand-out' role within the panel. The panel was discussed as a whole unit rather than individual's contributions. A number of focus groups discussed the size of the panel, comparisons were drawn from their own experiences - there was some discussion around the impact of the size of the panel. One participant felt the panel was overloaded and oversized;

'I felt at first it was a bit overloaded the panel in terms of four members for one student... I thought maybe a chair and someone else. To me it was a bit overloaded in terms of four big guns sitting at a desk versus one student'

EXP P2

Two other participant agree with the oversized issue, drawing on their own experiences regarding size and its impact on the panel.

'I presented a case a few months ago and it was a chairman and one other person' **EXP P2**

'I agree with that; I think it was weighted... you would find that intimidating' **EXP P4**

The focus groups also considered the attitude and appearance of the panel; with all focus groups agreeing that, the panel was friendly and approachable.

'They all conducted themselves OK' **EXP P2**

More detail is provided by this participant who focused on how the panel appeared;

'Possibly it could be the way they are dressed. You know, they're not all in suits or in a tie, that may give the impression you're going to a crown court or something like that' **INEXP P1**

'Yeah it did look a bit more informal... but I think the balance was right. You know there was lots of smiling from the panel at times, questions were delivered in a calm manner' **INEXP P3**

Another participant recognises that although it appears informal it still needs to be formal;

'They attempted to keep it friendly for want of a better word, there has to be that formality because it is a formal sort of occasion' **INEXP P1**

The student focus group highlighted that it is a friendly panel but also distinguish that some members were more friendly than others;

'They were friendly most of the time' **Student P2**

'Some of the group were more smiley than others' **Student P3**

The discussions of the panel were considered by the focus groups and the approach to those discussions were highlighted as an area of concern with one participant suggesting;

'They shouldn't have been discussing professionalism, that is for them to determine after he has had his say... not before' **EXP P5**

The focus groups commented on the approach of the whole panel and the student was questioned. They noted significance in the ordering and organisation of the questioning and in the types of the questions. One participant felt the questions should be more organised;

'It should be chronological... seat them in the order and then they ask the questions in order... otherwise if you jump from one to the next and it can feel, you know that the witches are out to get him. They're all having a go.'

EXP P3

Another participant suggested that the panel was organised in how they questioned the student;

'They had all the notes, questions were sorted of organised beforehand and who was going to ask the questions and what order' **INEXP P1**

Another participant suggested a 'clever' approach to questioning;

'A nice friendly looking panel but they were clever at the way they questioned the candidate' **INEXP P2**

The type of questions asked of the students were also considered and one participant suggests that the questions (and answers) left no doubt for the panel the severe nature of the allegations;

'The questions themselves that they asked, tended to leave everyone with the impression of the severity of the case' INEXP 2

Participants' perspectives- Social Work Practice

The focus groups within this case study systematically considered the role of panel members. There were mixed feelings about the final two panel members.

Panel member 3

Panel Member 3 was seen to be taking notes by the focus groups and this gave rise to some debate on the focus of this activity;

'I think (panel member 3) was taking notes, so I didn't see him engage with the student when she was talking' INEXP P2

In contrast this insight is challenged by another focus group participant who considered panel member 3 and added;

'I was thinking about that too... I was thinking he (panel member 3) was actually taking notes in order to help him make a decision... it could be that he wasn't engaging though... I'm not sure really' INEXP P3

However, it was not only Panel Member 3's note taking that came under scrutiny and his demeanour and position on the panel was considered. One participant considered the vocal nature of this panel member but felt that his demeanour was positive;

'I think he (panel member 3) was quite vocal but in terms of his body language he was a bit more neutral... he was quite open' **EXP P2** and further added *'He (panel member 3) seemed quite approachable'* **EXP P2**

However, it was also noted that this panel members position on the panel may have been undermined by his actual position at the table during the panel and one participant noted the distance he was away from other panel members and added

'He's (panel member 3) a little but away from the others. The others seem quite close together... joining forces' **EXP P2**

Significantly, a number of the focus group participants' felt Panel Member 3's approach to the panel was the voice of reason. This participant discussed the approach adopted and suggested

'I think (panel member 3) was trying to say, hang on here, I'm not sure about where this discussion is going... let me tease out from the panel what do they mean by this. And I think they were finding it difficult to actually put evidence to their decision' and further added *'I thought he's (panel member 3) the voice of mitigation, he tried to reason with them, give them some moral sort of...'* extending *'I thought he was trying to get them to be moral... some moral reasoning, like a plea of mitigation... he said at one point 'I'm playing devil's advocate here'* **INEXP P3**

This voice of reason was recognised within another focus group however it was also noted that this voice reason was inhibited by the practice representative;

'My whole feeling about (panel member 3) was he was more empathetic; he was more understanding. He was more liberal in his feelings. But (practice representative) stopped him.' **EXP P1**

The focus groups recognised the influence of Panel Member 3 and how he emerged as a key player in the panel's discussions as both the voice of reason, authoritative and almost chair-like;

'I actually wrote down at some point is (panel member 3) now chairing? and further added 'I thought because he (panel member 3) trying to clarify things, he came across as quite authoritative' **INEXP P2**

It appears a battle for influence emerged and it is recognised that both Panel member 3 and the practice representative were becoming influential;

'I think both (panel member 3) and (practice representative) have become influential' **INEXP 1**

Panel Member 4

The remaining panel member was also considered. However, the focus groups feelings regarding Panel member 4 were less positive and they raised concerns about her lack of involvement in the overall panel. A lack of response was noted by one participant who suggested this was rather cold and clinical;

'She (panel member 4) never moved. She (panel member 4) never reacted- in all of the time that the student was there; frantic effort to find tissues...

nobody reacted at all. I watched her face (panel member 4) and it was like she (panel member 4) was not there. She (panel member 4) was really cold and clinical' **EXP P4**

Another participant was concerned by these panel members lack of questioning and suggested a decision had already been made;

'I think that (panel member 4) had made her decision in a sense... she already asked the question. There was no more questioning or discussion'
INEXP P3

However, the focus group did not feel that this lack of involvement undermined her level of influence and interesting one participant suggested;

'Sometimes being passive can be dominant... and (panel member 4) was very passive. She said very little but her body language spoke volumes'
EXP 4

5.5.6 Cross-Study Findings of Sub-Theme 3: Key roles within the panel as a whole

Within two of the cases, Nursing and Social Work, 'key roles' emerged. Paramedic practice focus groups did not examine this role in any detail but in contrast viewed the panel (outside of the chair) as a whole. This participant illustrated this point by considering the differing roles that were adopted;

'I thought the roles were delegated initially and it was very clear... some people took more of a lead really in sort of the investigative areas as opposed

*to others'. **Nursing INEXP P2***

The insight above from the nursing case study suggests that all panel members were allocated roles. However, examining the data closely other than defined roles such as the chair and the practice representative, little more can be seen for delegation of roles.

However, without defined 'titles', roles do emerge for other panel members within two of the cases, Nursing and Social Work. Paramedic Practice again stands alone with a focus on the panel as a whole rather than individual roles discussed.

The discussions across all three of the cases revealed that some panel members were more vocal and more confident in their contribution. One participant suggests that the impact of this was;

'Some were possibly overshadowed by the stronger personalities in the panel'.

Nursing INEXP P1

The social work case study participants were systematic in their consideration of each panel member and offered a critique of each panel member's contribution. During this critique, another panel member emerged as influential to the participants and this was centred their style and demeanour. Initially the participants focused on this panel member's note taking;

'I was thinking about that too... I was thinking he (panel member 3) was actually taking notes in order to help him make a decision... it could be that he wasn't engaging though... I'm not sure really' **Social Work INEXP P3**

However, the participant's progress their discussions to consider to this panel members approach more generically and positive insights emerged into the style of his approach;

'I thought he was trying to get them to be moral... some moral reasoning, like a plea of mitigation... he said at one point 'I'm playing devil's advocate here'

Social Work INEXP P3

In addition to feeling this panel member's style was a positive approach the participants began to voice that this approach was also influential;

'I thought because he (panel member 3) trying to clarify things, he came across as quite authoritative' **Social Work INEXP P2**

'I think both (panel member 3) and (practice representative) have become influential' **Social Work INEXP 1**

The same emergence of influence can be seen within the Nursing case study from an 'undefined' role within the panel. Similarly, to the social work case, the participants were complimentary on the style of one panel member. Within this case it was not the 'moral reasoning' or 'voice of mitigation' that was engaged the participants, it was the structured use of clarifying and questioning that shone through for these participants below;

'I liked the role that she took (panel member 2) She kept reflecting back to the panel'

Nursing Layperson P2

'She (panel member 2) was asking lots of questions... she was trying to understand'

Nursing Layperson P4

'She (panel member 2) was trying to get to the bottom of what was going on'

Nursing Student P1

'She (panel member 2) listed all the points... it made it very clear'

Nursing Student P2

Similarly, to the social work case study, the approach of an 'undefined' role was ultimately seen as quite influential to the overall panel and it is decision-making. One participant's view below captures the influence that using the NMC code (2015) and questioning had made on the process;

'It was unclear until (panel member 2) stepped in...going through the code. It

made everything clearer' **Nursing EXP P2**

Within both the Nursing and Social work, case studies it was not only the vocal panel members that were considered significant. The focus groups noted that one panel member appeared to be focussing more on the student during the questioning and the panel deliberations and was adopting a supportive role;

'I thought (panel member name) did probe, he was looking beyond and trying to- I feel- see were there any issues. He was adopting a more pastoral kind of role.' **Nursing INEXP P2**

However, the less vocal roles were not considered entirely positively. One panel member within the social work panel was considered less vocal in her contributions but also in her actions and the participant questioned her involvement in the panel and it was viewed as passive;

'She (panel member 4) never moved. She (panel member 4) never reacted- in all of the time that the student was there; frantic effort to find tissues... nobody reacted at all. I watched her face (panel member 4) and it was like she (panel member 4) was not there. She (panel member 4) was really cold and clinical' **Social work EXP P4**

Interestingly although the participants viewed this approach negatively, they recognised that her approach was influential with one participant suggesting

'Sometimes being passive can be dominant... and (panel member 4) was very passive. She said very little but her body language spoke volumes' **Social work EXP 4**

This reinforces the perspective highlighted in the Nursing case study (the practice representative role) that suggested that although contributions may be 'limited' or possibly

'passive,' it does not undermine their significance.

When the panels were reviewed by the focus groups, the attention understandably surrounds the key player and that is the student. Examination of the data would suggest that the student's role within this process is rather minimal. Although others (Chair and Panel members) are making the actual decisions, it is crucial to recognise the influence on that decision that the student makes.

In summary, the other panel members adopted differing approaches in each of the case studies and this differs from each case.

Nursing: One panel member emerged influential through the style that they adopted. This style was structured and clarifying.

Social Work: Two panel members emerged in dominant roles. *Panel member 3* was vocal and authoritative, tried to clarify with the chair and practice Rep. This panel member was seen empathetic to the student and the issues they were encountering. *Panel 4 member* was less vocal and appeared distant, cold, and less empathetic. Notably one participant asserted '*Passive is dominant*'

Paramedic Practice: The panel as a whole were viewed 'friendly' with some of the questioning deemed clever and others observing the calm nature of the panel and the overall the smiley and friendly approach of the panel.

'Reflective Stop-off'

'Sub-Theme 3: Key roles within the panel as a whole'

The supporting roles were difficult to identify during the analysis of the data. I was relieved when some of the focus groups were structured in their discussions and considered every one of the panel members systematically. However, some panel members were overlooked. I questioned my facilitation when I observed this within the data. Should I have asked direct questions about each of the panel members? When I reconsidered the data, I noted the significance of this observation. If they had been overlooked by the participants, then it suggested that their input had been limited or they had been overshadowed by others and that was the reality of the panel rather than a limitation to the facilitation.

Analysis of the data was challenging for the paramedic panel for different reasons. The participants deconstructed the panel in depth however besides the chair they examined the case 'as a whole'. They appeared to view the panel as a unit/a group rather than a group of individuals and this was an interesting observation.

5.5.7 Sub-Theme 4: The Significance of the Student

Key Words:

Initially descriptive words such as **'Attitude, Behaviour and Conduct'** emerged before key words surrounding values or judgements on his/her behaviour were raised. Unlike case study one words relating to *honesty* were not used at all. As this was a failure to disclosure case, honesty was a significant issue. However, remorse was considered from a negative perspective therefore **'lack'** of remorse was employed. The ideas of 'lacking' or 'falling short of the standards' expected were raised on a number of occasions and throughout the 4 focus groups. The focus groups also considered his/her conduct during the panel and explored surrounding **'lack of responsibility' 'not taking the panel seriously'** (Nursing Case). Importantly all groups also noted the student's physical presentation during the panel using terms such as **'confidence' and 'composed'** and they viewed his/her presentation positively. However, some participants noted the informal nature of the student (Social Work Case) and the formal nature of the student (Paramedic Case). There was some debate

during these focus groups about the student wearing their uniform and professional presentation. However, this was not an emerging issue in every focus group.

Overview:

During analysis of the data it emerged, the key issue was 'lacking'. Lacking was viewed in terms of measuring the student and his/her conduct in the panel, in addition to lacking certain standard. For the practitioner groups this standard was an agreed standard (the right attitude), the HCPC code of Conduct- was highlighted but not to the same degree as the Nursing Case Study and the Paramedic Case study. Within the student focus group, this was predominately a standard that was self-imposed and how they expected students to conduct themselves- this was arrived at with using comparisons from their own experiences with fellow students and registered Social workers they had worked with but some understanding of the HCPC code of conduct was also demonstrated. The lay person group drew upon their own experiences and their own perspectives of what they expected from a student - they were not aware of the HCPC code but they all had experience of being cared for nursed (but not specifically by paramedics or social workers) and they all had assumptions of what was the 'right' attitude.

Sub-Theme 4
The Significance of the Student
Findings Headlines: There is an expectation that students will have a certain attitude. This attitude is agreed within the professions through defined means such as the HCPC code of conduct and university codes of conduct. Those new to the profession do not use the agreed standard alone but continue to draw upon their own experiences and draw comparisons to make sense of the issues. Lay people draw solely from their experiences -whether this is personal experiences or constructs of what is the right attitude of the student. Physical presentation/conduct of

the student during the panel is considered by panel members during the decision-making process and therefore could be influential in the outcome.

Participants' perspectives- Nursing Practice

The focus groups were predominately critical of the student and how he presented during the panel and his behaviour within the case. The considerations of the focus groups surrounded the expected behaviour of the student. All focus groups had an expectation that a student nurse would be responsible in their professional role. This extended to an expectation of 'Professional' conduct from student and consideration of the 'right' attitude for a student nurse.

Two of the focus groups agreed that there was a lack of responsibility from the student;

'He just came across as irresponsible' **INEXP P1 & P2** agreed on this

'Almost every one of the questions asked was sort of emphasising more and more the total lack of responsibility' **Lay Person P4**

However, the student focus group began to consider the student and measure his conduct against a standard of conduct and they deemed this to be below the agreed standard;

'He was unprofessional' **Student P1**

'His whole attitude was poor' **Student P2**

However, the discussion surrounding the student's behaviour was also considered from the perspective of how the student presented physically during the panel. Some of the focus groups felt the student was not taking the panel seriously;

'He was kind of... jovial, you know at times there was even a smirk' **Lay Person P1**

'I thought at one point he was going to laugh' **Student P2**

'I kept thinking to myself, please take this seriously' **INEXP P3**

However, the student's presentation did divide some of the focus groups; with some participants feeling that his presentation was a reflection of his nerves rather than a lack of responsibility;

'He was nervous' **Student P3**

'Sometimes I laugh when I'm nervous' **Lay person P4**

Participants' perspectives- Paramedic Practice

The focus groups focused in this particular case on how the student physically presented himself and in particular his attire. It is to be noted this student presented in his uniform. The student's attire was viewed positively;

'He seems to trying to adopt a professional manner... maybe him being in his uniform gives him an air of something... some people change when they put the uniform on' **INEXP P1**

'I thought he looked really smart and he was looked like he was taking it seriously. I thought his friend was really helpful' **Lay Person 3**

However, the student's attire was questioned by others

'Why did he have his uniform on? I think he was trying to be something... he knew he was unprofessional' **Student 2**

With appearance considered, the focus groups addressed the attitude of the student. All focus groups were in agreement around the lack of responsibility on the part of the student; with some participants highlighting a lack of remorse and others considering this to be denial of the situation.

'He wasn't remorseful about what he'd done' **EXP P1** and a participant from INEXP focus group agrees and states;

'There was no remorse' **INEXP P1**

A lack of responsibility is highlighted by one participant;

'I don't think there's been an awful lot of reflection' **and** further added *'At the moment I don't think he's taken a lot of responsibility'* **INEXP P1**

Denial is considered by a number of participants across the focus groups. With some participants highlighting a lack of acknowledgment;

'He must doesn't really acknowledge the severity of the situation' **EXP P3**

Others are more explicit in considering this denial;

'I think the student is in denial... he constantly makes reference to his humour' **INEXP P3**

Finally, others are concerned by a lack of emotion and the calm presentation of the

student;

'He didn't seem angry... he wasn't upset, he seemed very calm about it.'

EXP P1

Some of these concerns are considered by the focus groups. The lack of responsibility is seen to be explained by some participants who feel that the student is suggesting that he is being persecuted;

'It was almost as if he (student) was saying... why am I being picked on, because everybody does it, you know...so why pick on me' **EXP P1**

'He (student) was saying that most of the tutors go around making rude comments and jokes... so it's alright for you so it should be alright for me'

EXP P2

'I think he (student) felt picked on and persecuted' **EXP P3**

*'He (student) was saying... well it's alright to do that because this is what you want. You want banter. What is banter?' **EXP P5***

With a consensus on the lack of responsibility, the participants deconstructed the behaviour that is under scrutiny itself;

The lay person focus group suggested therapeutic value to the use of humour;

'I like cheerful staff in hospitals. It can make you feel better' **Lay Person 1**

Humour was seen as an issue and this was explored in some detail with the type of humour coming under examination;

'Humour is an issue' **EXP P1**

'We do use humour, our coping mechanisms... probably a lot of us have got a bit of a 'sick sense of humour' but not personal... the size of the patient's breast... that's personal... that's different... he (student) should know that'

EXP P3

'Humour is like therapy for patients, there's lots of evidence to support that... however there is humour and then there'd humour.' **INEXP P1**

How humour was used was also considered by one participant;

'I would agree that humour is important... it's something we've got to use it but you have to gauge the situation and it needs to be professional' **INEXP**

P2

Whether humour should be adopted opened up debate amongst some of the focus groups. Some participants saw value in the use of humour but others raised concerns regarding boundaries. There was broad consideration of recognising when humour could be used;

'It's knowing when... it's acceptable to cross the line' **EXP P2**

'For me it's a grey area. It's definitely got to be appropriate' **INEXP P3**

However, when the focus groups considered the student there was concern about whether he understood those boundaries;

'He couldn't make the crossover between banter and being unprofessional'

EXP P5

'He crossed the boundary' **EXP P2**

'It doesn't even sound like he's funny! But he keeps saying about joking'

Student 1

'He went too far didn't he? I mean jokes like that are not really jokes are they' **Student 4**

'Some people joke. It can help. I do think it depends on how he did that'

Lay Person 1

The focus groups finally explore the reflection from the student's contributions on his behaviour and use of humour, however not all of this reflection was not seen as a positive outcome;

'He did say that he didn't intentionally mean to harm anyone' **INEXP P3**

Other participants were concern however that this reflection was surrounding the panel experience and not the incident itself;

'What was alarming was the fact that he wasn't going to do this again... not because it was inappropriate but because he didn't want to end up in front of a panel' **EXP P1**

'I think he was sorry, but not about the patient... about the panel' **INEXP P2**

Participants' perspectives- Social Work Practice

The focus groups were impressed with how the student presented herself during the panel. However, there were some concerns raised by certain aspects of the student's presentation during the panel and her ability to reflect.

'I felt the student was very good' **INEXP P3**

Two participants were impressed by her ability to articulate herself clearly under pressure. However, one of these participants felt that there was an element of deflection in her responses during the panel;

'She (student) was quite articulate' **INEXP P2**

'She(student) came across as very confident and articulate and very, very, clear' **EXP P2**

'Although she(student) was very articulate and very open, I did find her almost defensive and blaming everyone else' **INEXP P1**

In contrast to this perspective, some participants felt that the student was feeling the pressure of the process, this emerged through her presentation during the panel, and the emotional impact on the student emerged.

These emotions ranged from nerves;

'I think she(student) was extremely nervous' **EXP P4**

To distress;

'I did think she(student) was going to cry when the panel gave her(student) the possible outcomes' **INEXP P3**

To pleading;

'It seemed like she(student) was pleading throughout' **Student P3**

The focus groups had an expectation that a student would be responsible in their approach to the panel and that they would be prepared and this was seen as lacking from this student. This was highlighted by the observation of a lack of a statement;

'She(student) hadn't prepared a statement, she didn't bring notes' **INEXP P1**

One participant felt the student was disorganised;

'She (student) wasn't very organised and didn't realise the importance of the meeting' **INEXP P3**

Another participant noted that the student was informal for the panel- this appears to relate to her attire but may also relate to her attitude to the panel;

'She (student) was very informal in her presentation' **INEXP P1**

The focus groups also acknowledged some concerns regarding the student's attitude towards the case and considered that the student lacked responsibility for the incidents and the participants viewed this negatively.

'She (student) blamed everyone- her friend who threw the cannabis, the tutor who she (student) didn't have a good relationship with, the ex-boyfriend and then the police' and further added *'There's a sense of not*

taking some of it seriously as well. I think it was quite dismissive she(student) was pushing away from the responsibility' **INEXP P1**

Two participants from the student focus group considered that the student was deflecting the blame on to others, with one participant stating;

'She (student) was quite defensive was not she in a way.' **Student P1**

Another participant supports this and adds;

'She(student) just denied all charges, passed the blame on to others'
Student P2

Participants from two of the focus groups (EXP and Student) began to consider her approach and appeared frustrated by this approach;

'They wanted her to say right 'I hold my hands up, you know I'm very remorseful' and she(student) didn't' **EXP P2**

And added that that she appeared to be lying;

'It just seems like she's(student) been quite deceitful' **Student P3**

The focus groups noted the approach the student had adopted in answering the questions directed at her; with some participants focusing on the repetition of her answers;

'She(student) was repeating herself a lot... going over the same ground'
INEXP P1

This repetition was viewed by one participant as problematic;

'She (student) was tripping herself up with her answers. She was pleading her innocence all the way through' **Student P3**

However, others felt she was skilful in answering questions and challenges to herself.

'She (student) was quite clever... I would have tripped myself up' **Student P3**

In contrast to this it was the experienced focus group that considered the presentation of the student more critically from the perspective of the panel and saw the responsibility of the panel to draw out the best out of student;

'She(student) didn't get the opportunity to sell herself in a positive way' **EXP P4**

One participant felt that the student had potential and maybe this was overlooked;

'I think for me, the student, when I'm looking at the student and listening to her(student), and listening to her(student) reflections about practice and her(student) life, I'm thinking that's exactly the sort of person we want to come in to social work' **EXP P1**

5.5.8 Cross-Study Findings of Sub-Theme 4: The Significance of the Student

The significance of the student within the panel and influencing the panel emerged across all three of the case studies with focus on how the student presented both physically and through their attitude;

'I thought he looked really smart and he was looked like he was taking it

seriously. **Paramedic Lay Person P3**

During the three cases, participants considered the student from two perspectives. The first perspective that emerged was consideration of the incident that had resulted in the FtP panel. All case study focus groups examined the circumstances involved and began to consider the nature of the incident. This examination gave rise to some debate on the concept of professionalism within each of the cases. How the case study focus groups approached the concept of professionalism revealed some reassuring comparisons across the three studies. Within all three of the case studies, the experienced focus groups predominately used the professional code of conduct (NMC & HCPC) to make judgements on the student's conduct and to determine their level of professionalism. This is illustrated by this particular participant input;

'What the code says is that, you know he shouldn't be in practice' **Nursing EXP P2**

Other participants within the focus group recognised this approach and use of the code and the value of using the professional code of conduct was acknowledged;

'It's very important isn't it?' Asked **Nursing EXP P1** of the other focus members and added

'It does help to give structure to the discussion' **Nursing EXP P1**

'Using guidance was useful. It makes you think' **Paramedic EXP P2**

'I think we need to say, where this discussion is going... I think I would want

Some evidence of the decision... uses the code' **Social Work EXP P3**

Notably during the focus group for each of the experienced focus group, members frequently referred to the NMC /HCPC code of conduct that was provided. All focus group members opened the document during the viewing of the panel or during the deliberations. This

presentation suggested that these focus groups specifically were drawing upon guidance to inform their decision-making.

During the inexperienced focus groups across all three cases, there was a less uniformed approach to decision-making and consideration of the student's behaviour. Within each of the case studies, a number of judgements on the student's conduct and what had led to this FtP during the focus group were made. These judgements initially consisted of personal values or judgements and were not factually based or driven by the NMC/HCPC code;

'He is kind of digging himself into a bigger and bigger pit' commented

Nursing INEXP P4

This comment was not linked to any guidance and the group did not explore why the student's conduct was 'digging themselves in to a pit' or indeed, what this meant. However, all focus group members appeared to understand the meaning of this analogy and agreed and an example of how the student was 'digging themselves into a pit' was provided by another participant with the following contribution;

'The killer question that I loved was 'if you could go back in time, what would you do' 'well I'd work on a different ward he said' that's a total lack of responsibility' **Nursing INEXP P2**

It was interesting to note that the participant appeared to relish the negative presentation on the student. This can be seen in both the language adopted, 'I loved that question' but also in the animated use of hand movements which involved rubbing hands together with a degree of gusto. This rather informal discussion was not replicated within the other two case study focus groups but did emerge within the student and lay person focus groups across the case studies.

The student presentation emerged as a significant theme within the focus group discussions across the cases. These discussions involved how the student presented themselves at the simulated panel, the student's attitude and the need for effective action planning. The focus group discussions noted the student's behaviour during the cases and commented on several aspects of the student's presentation; the nursing case appeared to evoke negativity towards

the student. The paramedic case however was less straightforward and some mixed feelings on his presentation emerged;

'He was kind of... jovial, you know at times it was even a smirk' **Nursing EXP P2**

'He was very lackadaisical... he was grinning and everything' **Nursing Lay person P5**

'He wasn't remorseful about what he'd done' **Paramedic EXP P1**

'He seems to be trying to adopt a professional manner... maybe him being in his uniform gives him an air of something... some people change when they put the uniform on' **Paramedic INEXP P1**

A contrasting perspective emerged within the social work case; in which the participants demonstrated a positive response to the student's presentation feeling that she provided a good account of herself during the panel;

'I felt the student was very good' **Social Work INEXP P3**

'She (student) was quite articulate' **Social Work INEXP P2**

However, with the acknowledgement of a positive presentation, this was not view wholeheartedly from a positive perspective and one participant summarises those concerns below;

'Although she (student) was very articulate and very open, I did find her almost defensive and blaming everyone else' **Social Work INEXP P1**

How influential the student's attitude is during the panel, becomes difficult to gauge across the cases and within each of the cases. Each case is different in nature, presentation with different students therefore 'measuring' the impact becomes impossible, and this is reflective of FtP itself. Although the influence of the student on the decision-making was difficult to gauge what did emerge clearly was the issue surrounding the impact of a panel on the student.

During the focus groups, the participants all agreed that involvement in a FtP would have an impact on the student. This issue was raised very succinctly by participants who suggested;

'It's intimidating' **Nursing student P3**

Across all three groups, it emerged that the panel was viewed by the participants in an intimidating manner. However, what this actually meant remained unclear across the case studies. Some attempts to clarify what was intimidating were provided by the participants;

'It's a big table. There are a lot of people involved' **Nursing Student P1**

'You've got to recognise the seriousness of this. It's not just a little chat... it's not just a little chat around the table like we are sitting at now. It's formal'

Nursing Student P2

The Layperson group reinforced this idea and drew upon their personal experience and comparisons to make sense of how the experience may feel;

'Some people find that kind of thing nerve-wracking... I just talk gobbledegook'

Nursing Lay Person P1

Although the participants felt that the panel could be intimidating, all case study focus group felt that the student did not appear intimidated with some participants suggesting a relaxed manner, others suggesting professional and finally others suggesting confidence;

'Yeah but some people are too causal... he was too causal' **Nursing Lay Person P2**

'He seems to be trying to adopt a professional manner... maybe him being in his uniform gives him an air of something... some people change when they put the uniform on' **Paramedic INEXP P1**

'She's (student) very confident. I thought she (student) handled herself' **Social Work INEXP P3**

All focus groups felt that a panel would be intimidating. Conversely, the focus groups across the three case studies did not identify that the student appeared intimidated. This may suggest that the case study focus groups felt that the panels could be intimidating but that in these cases the students were not intimidated. It is also important to note that although the focus groups across the three case studies had varying experiences of FtP panels, none of those participants had been in the student's position in a FtP therefore the emerging issue of the panel being an intimidating process is another area that is difficult to gauge across the cases and within each of the cases. Within this research study and indeed within the wider field of FtP, the voice of the student is yet to be captured. The experience of the student during this complex process is an area of concern for all of those involved in FtP. This insight would help those involved to in FtP to work closely within their team to reduce the impact on the student during this process and to ensure fairness and equality across panels. This particular insight warrants further exploration, is re-visited in the final chapter, and forms recommendations for future research possibilities.

In summary, for all three case studies there were conflicting views on the student and their presentation during the panel and their conduct in practice. This is understandable considering that each case was individual with differing issues regarding professional conduct which would give raise to differing views and perspectives. However, what emerged individually:

Nursing Case:

- The student was viewed too relaxed

- A lack of responsibility was noted

Social Work Case:

- The student was viewed confident and articulate but also nervous
- The student was seen lacking responsibility for her actions and blaming others
- The student was also seen not to be given a 'fair' opportunity and that the panel were judgemental.
- These polarised views were not within each Focus Group but across the Focus Group's

Paramedic Case:

- The student was viewed as nervous but the focus groups predominately noted a lack of responsibility and reflection and insight to his conduct.
- Humour was the key issue- should it be used? Is it of value? What are the boundaries? Were some of the issues raised?

'Reflective Stop-off'

'Sub-Theme 4: The Significance of the Student'

With very different cases created for the research study it was challenging to conduct cross-case analysis. However, what emerged was that all participants had ideas of what the 'right' attitude was even if they had limited experience or exposure of the profession.

Although I was reviewing the dataset as a researcher I could not disguise I was a nurse educator and an investment in at least one of the professions. I had an opinion of what the 'right' attitude was and I was not alone in this opinion. Other members of the groups were nurse/social work/paramedic educators and practitioners. We all had an opinion and without wanting to sound cynical I had made assumptions (that were consequently proven) what those opinions were.

I was absorbed by the insights provided by the lay person groups however, searching for a different angle on a familiar view. It was in the 1970's that Henderson (1978) suggested that the self-image of nurses and what nurses do is often at odds with the public's perception of nurses. Ten Hoeve et al (2013) reminds us that this rather dated perception strikes a chord still today. Of course we cannot ignore the negative portrayal of nurses and other health care professionals in the media.

Weaver et al (2013) helped to provide some insight into the view of the public regarding nursing particularly. Their study found that the general public's view of the profession was influenced by the representation of nurses on television and in other areas of the media and felt these images of nurses helped to shape, reinforce and develop stereotypes but were some of these stereotypes transferrable across the professions.

When I revisited the lay person dataset the majority of the discourse surrounded the participants own experiences of health and social care professions and from that experience drawing comparisons with the case in order to create a judgement. It felt they already had constructed meaning to what was the 'right' attitude of a professional. Of course it is difficult for me to align this construct to media presentation rather than that of their experiences.

But it is not just in Nursing this appears. The perceptions of the public on the field of social work following high profile cases such as Baby P is in itself another research study. Similarly, with very little research in to the field of Paramedic Practice and the perceptions of the public... it was the stark reality of one participant's comments '*what is the difference between an ambulance man and a paramedic*' (followed by a critical observation of the student's behaviour in practice) that reinforced Weavers premise.

I ask myself... *Do we need to 'fully' understand someone's role in order to make judgements on their conduct?*

5.5.9 Cross-Study Analysis Summary of Overarching Theme 1

During the cross-study analysis of Themes 1- 4 a number of key issues emerged. The defined roles of the 'chair' and 'practice representative' emerged as the two dominant roles within the panels. The importance of these roles was seen not only to exist through the identification of the role or the hierarchy of the panel but more through the approach and style adopted by these key roles. Participants had clear ideas of what was expected from this role and the 'ideal' or 'right' style that should be adopted and also styles or approaches to be avoided.

Other roles emerged through the analysis. These roles were not identified roles but were determined by the personality and style of the panel members. Both vocal and less vocal approaches were viewed as influential but overwhelmingly a structured and clarifying approach seemed to best fit this 'ideal' or 'right' style.

Central to the discussion was the participation of the student within the panel. How the student presented, both physically and through their attitudes was seen to be important and furthermore the 'ideal' or 'right' attitude was considered. All participants were willing to except the intimidating effect of the panel with little or no evidence to support this assumption.

Summary:

This was a complex research study that drew from a variety of different sources and utilised CSR. The findings presented represent each individual case and crucially cross-study synthesis of all three of the case study findings. Within each case study, two overarching themes were identified and themes emerged from these broad overarching issues. This first findings chapter drew upon the themes emergent from overarching theme 1. It was important to consider each of the themes in isolation for each case before progression to cross-study analysis. This presented a challenge for the organisation and presentation of the findings. In order to 'make sense' of this complex data-set I adopted the use of thematic tables. This tabulated approach provided an overview of each theme from all three case studies perspectives. Following the construction of the thematic tables, I was then able to

consider the findings across the three case studies with the more traditional discourse of the findings.

Throughout this chapter I have provided a number of 'reflective stop-off' to continue the reflective journey and in particular within this chapter grappling with the data analysis understanding of the findings and in particular the meaningful presentation of the findings.

Chapter 6

**The findings of the research study:
Overarching Theme 2 and Evaluative Data**

6.1 Introduction

This chapter presents the findings of each case study and provides a cross study analysis of those findings to gain greater understanding of the emergent themes. The research findings are based on analysis of focus groups using three independent case studies; these will be explored within this chapter. During four focus groups using independent case studies, participants explored their own decisions and perceptions of the decisions made in the independent cases- these form Overarching Theme 2 this is depicted below in figure 4. The emerging themes are examined by the use extracts from the participants involved in the series of focus groups for each case.

Throughout this chapter 'reflective stop-off's' are utilised to provide a researcher's perspective of the emergent themes and the approach of data analysis considered for the research study.

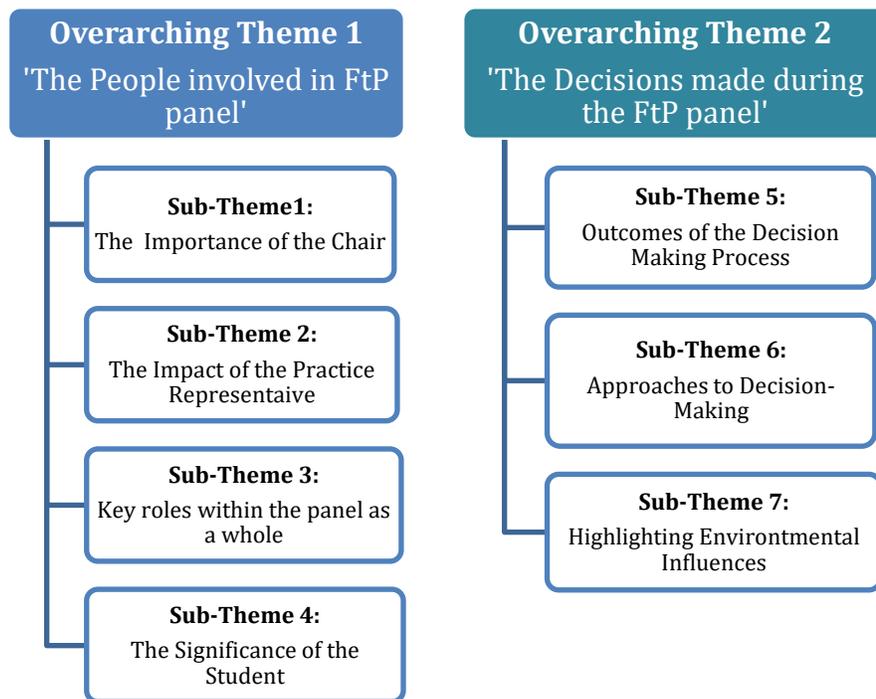


Figure 11: Thematic Map

6.2 Overarching Theme 2: ‘The Decisions made during the FtP panel’

Within this chapter of this research study I will examine the second overarching Theme of the ‘Decisions made during the FtP panel’ and its three emergent themes before progressing to the evaluative data collected during the focus groups across the three cases studies.

- **Sub-Theme 5:** Outcomes of the Decision-Making Process (Section 6.2.1)
- Cross study findings of Sub-Theme 5 (Section 6.2.2)
- **Sub-Theme 6:** Approaches to Decision-Making (Section 6.2.3)
- Cross study findings of Sub-Theme 6 (Section 6.2.4)
- **Sub-Theme 7:** Highlighting Environmental Influences (Section 6.2.5)
- Cross study findings of Sub-Theme 7 (Section 6.2.6)
- Summary of Overarching Theme 2 (Section 6.2.7)
- **Evaluative Data** (Section 6.2.8)
- Evaluative Summary (Section 6.2.9)

6.2.1 Sub-Theme 5: Outcomes of the Decision-Making Process

Key words:

Initially descriptive words such as ‘**Decision**’, and ‘**Outcome**’ were used. Other key words emerged that suggested ‘**options**’ or ‘**choices**’ in the decision that the panel could arrive at. These choices/options were clarified initially so there was agreement on understanding before they were considered, key words at this stage were ‘**suspension**’ and ‘**withdraw from the programme**’ or ‘**discontinue**’ or ‘**removed**’ and also ‘**expelled**’ and ‘**a formal warning**’ but also management of the student was considered with the use of terms such as ‘**action-plan**’ considered by three of the four focus groups. This was usually coupled with some form of reference to guidance. Language that is more emotive was also employed such as ‘**kicked off**’. These terms were not employed when referring to guidance or formal structures.

Overview:

Participants from all three case study focus groups explored various options and possible outcome during the decision-making process. The options and outcomes were varied in the nature of the language that was adopted in addition to the nature of the outcomes that were being considered. During analysis of the data it emerged that the groups needed to clarify the options available at their disposal before they would begin to consider an outcome/decision.

How this clarification was achieved varied among the focus groups. The experienced group was able to clarify amongst the group, the inexperienced group sought some clarification from the researcher and the remaining groups, layperson and student groups both asked directly for clarification. Once clarification was established the groups used both formal language such as suspension and discontinue and more emotive language such as ‘kick them off’ when they discussed the possible outcome.

Sub-Theme 5
Outcomes of the Decision-Making Process
Findings outcomes: The possible decisions that could be employed are clarified to ensure understanding before a decision is made. The groups used both formal and emotive language when discussing the possible decision. This theme considered the panel decision and the participants own decision.
Participants’ perspectives on the panel: Nursing Practice When the focus groups were initially considering the decision, they interchanged between their own thoughts and the approach of the panel. The language adopted was formal language with the majority feeling that the student would be removed from the programme.

The EXP focus group considered how decisions are made before arriving at a conclusion of what they considered that the panel's decision would be;

'I think it's actually the natural thing to go for the lesser punishment first, rationalise not to use that and then move to the harsher punishment. I think they will discontinue'. **EXPP2**

The Lay Person focus group reflected this approach, with comments made regarding the approach before considering the decision itself;

'It was considered and thoughtful but it's almost certainly going to be expulsion'. **Lay Person P1**

However, the INEXP focus group made an assumption the outcome would be the same as the focus group had arrived at;

'Well it was the same decision as ours in the end... they will discontinue'.
INEXP P2

The Student focus group purely observed what they felt they had seen during the deliberations. The outcome appeared to be approaching removal from the programme but not the university;

'They're swinging towards a different course'. Student P1

It is important to note that some focus groups felt the panel would be looking at a supportive approach and adopting an action plan and a warning;

'It's a formal warning I think'. **INEXP P2**

'I think the action plan and some kind of support or help' **Student P3**

Participants' Decision: Nursing Practice

When the focus groups considered their own decisions, we can see some striking comparisons. For some focus groups looking to expel the student was an option and they agreed that they would withdraw/expel the student from the programme;

'Oh I would be withdrawing him' **EXP P3**

'I think I would withdraw him' **INEXP P3**

'I would expel him' **INEXP P1**

However, it is noteworthy that more emotive and informal language was adopted when some of the groups were considering their own perspectives.

Confidently the Lay person focus group expressed;

'Kick him off I think' **Lay person P4**

Yet, the student group pondered;

'I'm sitting on the fence' **Student P2**

This was challenged vehemently by another participant in the student focus group who stated;

'I'm not. I'm voting on kicking him out' **Student P1**

Some participants from the inexperienced focus group were undecided nonetheless and were looking for more evidence to support a decision;

'I would look at their files and look at their personal tutor comments and look at the wards comments, then I could maybe make a decision' **INEXP**

P2

Conversely, another participant just simply did not feel confident about an outcome and stated;

'I wouldn't be able to make a decision' **INEXP P3**

Participants' perspectives on the panel - Paramedic Practice

All four focus groups sought clarity on the options available although some confusion remained; with suggestion for suspension being made, (The student was already suspended so this was not an option). The language adopted was formal language with the participants considering that the panel implement supportive approaches such as mentorship and action plans and that they would consider the gravity of the decision to withdraw the student from the programme and his future career.

The EXP focus group considered an action plan and were focused on this being very clear for the student;

'I think a clear action plan, performance action management plan' **EXP P3**

'It needs to be perfectly clear... no confusion' **EXP P3**

'Put a clear, precise action plan that he (student) fully understands in place'

EXP P2

'Possibly suspend him (student)' **EXP P5**

The INEXP focus group were less sure of the outcome and considered the impact of making the decision;

'The most serious one being exclusion from the university yeah? INEXP P2

'Maybe a warning' INEXP 1

'Maybe some sort of mentorship?' INEXP P3

'It's quite a big thing to exclude him (student) from the programme... it will have a big effect on his (student) life' INEXP P3

Participants' Decision:

Although the focus groups felt the panel would implement supportive measure; the focus groups themselves were less supportive. The majority of the focus groups felt they would remove the student from the programme. They used less formal language to discuss this option.

One participant confidently asserted;

'He needs to take things seriously so I'd make an example of him. It's an expulsion'

Lay Person 1

Two participants from the EXP agreed on discontinuation of the student;

'Personally I would have discontinued him (student) from the programme... get him (student) to re-apply' EXP P2

'From what's gone on, I could not allow that gentleman back in to 'normal'

practice... he would get a final written warning'. EXP P4

Two participants from the student agreed on the outcome of discontinuation and rationalised this decision by expressing concern regarding his insight to professional conduct;

'I'd kick him off' Student P1

'I would probably just let him go... he doesn't understand what he needs to do' Student P2

'Similar to the others... I wouldn't kick him (student) off... but id monitor his behaviour and see if there is an improvement in his maturity' INEXP P3

However, there was some support for more of a pastoral approach to the cases; this was outweighed by removal from the programme nevertheless;

'I'm a bit torn between the action plan and suspension with some measures in place' INEXP P1

'I'm probably leaning towards the action plan' INEXP P1

'He needs some help' Lay Person 4

Participants' perspectives on the panel - Social Work Practice

The focus groups considered the options available before they made any concrete decisions. All four focus groups sought clarity on the options available. The language

adopted was formal language with the majority feeling that the student should remain on the programme with some formal warning considered.

The INEXP focus group agreed on the outcome very quickly;

'It's a formal warning' **INEXP P2**

'Yes I agree, a formal warning' INEXP P1 and then P3/P4 all agree

The EXP focus group considered the option of monitoring closely the students conduct;

'Maybe a warning with some sort of monitoring' **EXP P1**

'It's one offence' **EXP P3**

The student and lay person focus groups both felt that another chance should be given and even queried if a panel was needed;

'I wouldn't say to kick her off the course- it's her first offence. All social workers give people a second chance' **Student P1**

'She should get a second chance' **Student P1**

'Should this even go to a panel... she didn't get a conviction' **Lay Person 1**

Participants' Decision:

When the focus groups considered their own decisions there were some mixed feelings to the possible outcomes. Some emotive and informal language was adopted when the groups were considering their own perspectives;

'I'd probably just kick her off... I think she is lying' **Lay person P2**

'I would use the failure to disclose as a reason to kick her off the course'

INEXP P2

The student focus group considered from a more supportive perspective;

'I think the action plan and some kind of support or help' **Student P3**

However interestingly legal comparisons were also drawn to remind the panel of the purpose of the panel;

'I think we are giving second chances... it's an important value. We're not judge and Jury... we are making an opinion on another person' **EXP 1 P3**

Two participants within the EXP focus group had conflicting views on the need for a warning;

'I think she needs to be warned about this, a formal warning, and stay on the programme with support.' **EXP P2**

'I don't think she needs support to be perfectly honest. I think she's a very capable student. I think it would be a warning... but I think that's too strong' **EXP P1**

Following the panel, the student participants had strong views on the panel's final decision.

'I think the decision is harsh... I think it's just making one sweeping decision on someone's life' **Student P1**

'I agree with the decision... not my heart but the basic facts are that the guidelines are guidelines. I think it does feel a bit cruel' **Student P2**

6.2.2 Cross-Study Findings of Sub-Theme 5: Outcomes of the Decision-Making Process

During the exploration of the second theme the options/outcomes/decisions were identified and discussed by participants across all three cases. The language that was employed by the participants could be split into two sub-categories- the formal language and the informal language. These key issues will be explored within the discussion chapter of this research study however at this stage it is important to highlight the language that was adopted when the possible outcome was considered.

The focus groups across all three cases considered all of the possible outcomes at the disposal of the panel before they considered the likely decision the panel would agree on. This was predictable in that the experienced group from each of the cases sought very little guidance or clarification; there would be an expectation if the participants had been involved in FtP they would be aware of the possible outcomes. Analysis across each case study revealed contrasting findings; with not one case study boasting agreement from all four focus groups on the decision of the panel.

Within the social work case there appears to be some consensus across the two of the focus groups, with agreement of a warning and the suggestion of a 'second chance' muted by one participant;

'Maybe a warning with some sort of monitoring' **Social Work INEXP P1** who also added *'a formal warning'*

'She should get a second chance' **Social Work Student P1**

Within the Nursing case there was a suggestion of supportive measures being offered to the student and that there would be further opportunities offered. The notion of 'second chance' emerges within this case study and the idea that it is reasonable and expected to offer second chances in these situations;

'I think the action plan and some kind of support or help' **Nursing Student P3**

'It's a formal warning I think' **Nursing INEXP P2**

'Well it's only his first offence isn't it... come on everyone gets a second go at these things' **Nursing Lay Person P1**

There is more confliction seen across the Paramedic case study, with contrasting thoughts ranging from an action plan to exclusion;

'The most serious one being exclusion from the university yeah?'
Paramedic INEXP P2

'I think a clear action plan, performance action management plan'
Paramedic EXP P3

When the groups spoke about the decisions, they interchanged between formal language and informal language. Only the Experienced Groups consistently used formal language when discussing possible outcomes. This interchanging of language adopted also appeared when the participants fluctuate between considering the panel's decision and their proposed decision. This flux required careful analysis of the data;

'I'd kick him off' **Paramedic Student P1**

'I'd probably just kick her off' **Social Work Lay person P2**

'I'm voting on kicking him out' **Nursing Student P1**

The more informal 'kicking off' is referring to withdrawal or expulsion from the programme and appears to be a universally accepted expression to remove someone from the programme. It is more descriptive and does not appear to raise the same amount of doubt regarding the meaning. The use of withdrawal, expulsion and suspension are used frequently but a number of participants (experienced groups excluded) required clarification on the meaning of those terms. It is important to note that clarification was sought rather than continuing with an assumption of understanding. This also emerged within the panels themselves and a member of panel member clarified the actual meanings of outcomes; this is particularly evident in Case Study three-social work practice. The actual outcomes and options available played a significant part in the discussion; however, the majority of the discussion relating to Theme 2 surrounded the panel making the decision and the approaches that they adopted to arrive at that final outcome.

In summary, all three case study participants clarified what the possible decisions were before they discussed the decisions and when the groups spoke about the decisions, they interchanged between formal language and language that is more emotive. It was only the Experienced Group consistently used formal language when discussing possible outcomes.

'Reflective Stop-Off'

'Sub-Theme 5 Outcomes of the Decision-Making Process'

During all three of the case studies some of the participants had sought clarification of the options/decisions that they had at their disposal. I was wary that any clarification on my part did not lead to my 'involvement' in the focus group rather than my facilitation of the focus group. So I controlled my involvement carefully and only provided information when it was directly sought and limited the input to that of a factual nature. Understanding the decisions that could be made appeared to be a necessary hurdle that needed to be jumped by the focus groups before decision-making could really begin.

Reviewing the literature suggested that misunderstanding had a fundamental impact on the outcome of the case and yet all four focus groups ensured that there were no misunderstandings of the possible outcomes or any other aspects of the evidence seeking clarification from myself or from each other throughout. I internally felt a little relieved. This was a reassuring finding!

During the focus groups I made conscious attempts to separate the two stages of the focus group discussions. This was made possible to some extent by the use of the 'stop-start' method I had developed- see chapter 3. However, during the focus group discussions, the participants would 'wander' in their discussions and at times the discussion became interchangeable with their decision and the panels possible decisions.

I fought against my instincts to intersect and draw the participants back to one specific aspect- I wanted to see if the panel decision making was influencing the focus groups decision and any influence on my part was something I was keen to avoid. I recognised that it was necessary for the participants to fluctuate between the two standpoints- however this did challenge with my Myers-Briggs personality type!

When I reviewed the dataset and started the coding process it was difficult at times to distinguish between the participant's decision and decision-making and their comments on the panel's decision-making- this took some lengthy reviewing of the data.

6.2.3 Sub-Theme 6: Approaches to Decision-Making

Key words:

This theme differs from **Sub-Theme 5** in that this explored how the decision was arrived so in essence the decision-making process. Descriptive terms that can be seen in other themes were not as transparent within this theme and it was captured more by observations from the focus groups and approaches that were used before then considering how these approaches could influence the decision-making process. **'Influence'** and **'Approach'** were key terms frequently used in a variety of contexts of this process.

Overview:

During analysis of the data, it emerged the key issue that the panel members adopted differing approaches to Decision-making. One such approach was the use of the NMC/ HCPC Code of Conduct. It was felt that this approach adopted by two members of the panel added much needed structure to the decision-making process.

The focus groups considered that approaches such as using the NMC/HCPC Code of Conduct explicitly was an influential factor and began to 'sway' panel members to a certain decision.

The focus groups also felt that other roles and importantly approaches were influential. They noted the approach of the practice member being different to that of other members but they also noted personalities and style of questioning to be influential and in particular, the more vocal panel members appeared to have more influence.

Sub-Theme 6

Approaches to Decision-Making

Findings outcomes:

There were two key approaches to Decision-Making utilised within the panels.

The different techniques adopted to unpick the case- ranged from the structured approaches such as the explicit use of NMC /HCPC code to less structured approaches such as highlighting the emergent issues of each panel member followed by a panel discussion of that emergent issue. The code was not used as explicitly in Case 3 have in Case 1 and 2.

Contributions/style of input and personality during discussions appeared to be influential to the participants. They felt that more vocal members of the panel were influential to the final decision. They felt that those who contributed less and were more quietly spoken were just as influential to the final decision and that *'passive could be just as dominant'*

Participants' perspectives- Nursing Practice

During the focus groups discussions, the participants noted varying approaches to decision-making from each panel member. The chair being the dominant role within the panel came under the most scrutiny however, the other panel emerged as pivotal to the decision-making.

One participant felt that the chair's approach was influential and provided structure;

'It was when the chair gave her opinion that I felt that there was more structure to the decision making' **Layperson P2**

However, two other participants felt that it was the approach of another panel member that was most influential. This approach was seen as 'breaking down' key issues and explicitly using the code to guide decision-making;

'It was when the other one (panel member 3) - not the chair- broke down about what was expected that's when it started to happen' **INEXP P2**

'It wasn't until (panel member 3) started to go through those points using the code that everything got clearer'. **INEXP P1**

These participant insights suggest that formation in the decision-making was gained by both the chair and Panel Member '3' co-ordinating the discussion and specifically using guidance to structure the discussion. However, the decision-making was not clear-cut and a number of participants noted the length of the deliberations;

'It seemed to take them a long time to decide' **Lay person P1**

'They're swinging towards a different course... maybe that's the reason for the lengthy deliberations' **EXP P2**

The participants noted that it was the structure of the approach of one panel member that eventually assisted in advancing the deliberations;

'I thought initially there was a fear of coming to a decision and that nobody seemed to want to make any decision...When (panel member3) decided to relate it all to the code of

conduct, it clarified in everybody's mind then what the real issues were'. INEXP P2

Participants' perspectives- Paramedic Practice

During the focus groups, discussions revealed two key issues in the approaches adopted by the panel. Firstly, the participants stressed the approach of the chair;

'The chair was dominant throughout the discussion' Lay person P2

'It was like the panel all over again... the chair did all the talking' EXP P3

'The chair used quite emotive language... that would have swayed me... she definitely wanted him off' EXP 1

These insights suggested that the chair was dominant not only during the panel but also during the deliberations. This appeared to be viewed as a negative approach and that coupled with emotive language could have influenced the overall panel discussion. However other aspects of the chair's approach were highlighted and that structure was provided by the explicit use of the HCPC guidance during the deliberations;

'The chair referred to the HCPC code quite a lot' INEXP P3

'When the chair highlighted the code they all seemed to agree' INEXP P3

The chair was viewed as vocal but inclusive to the panel, with panel members highlighting this very issue.

'The chair gave everyone the opportunity to speak... she included everyone in the deliberations' **EXP 2**

Although there is a suggestion of inclusivity, there was concern that not all panel members embraced this opportunity. With two panel members being overlooked;

'I almost forgot two panel members... they barely spoke during the discussions did they?' **EXP P4**

The responsibility for this lack of involvement was levelled at the chair from one participant who viewed this as the role of the chair;

'I suppose it's down to the chair isn't it... is that why the others didn't say much' **Student P1**

The second key issue that emerged was the length of the deliberations. All focus groups highlighted that the deliberations were lengthy in duration. However, there were varying perspectives on this issue and some participants felt this was a reflection of uncertainty regarding the decisions;

'It took longer than I had thought it would... they all stumbled around the decision for a while' **INEXP P1**

'Yeah it felt like they didn't want to make the decision' **Student P3**

'I think they didn't want to decide or they wanted to pad it out a bit' **Lay Person P3**

Other participants just questioned why but provided no explanation to why the deliberations were so lengthy;

'I was surprised it took them that long... I thought they had already decided' **EXP P1**

'They all agreed but then talked about it for ages' **Student P2**

Participants' perspectives- Social Work Practice

During the focus groups discussions, the participants remarked on the altering approaches to decision-making from panel members. The practice representative was a key role and appeared crucial to how the overall panel members made the decision. This was not only the role but also being the first speaker in deliberations;

'I thought that they all looked to practice representative for a decision'
INEXP P1

'She (practice representative) had a kind of influence as the first speaker'
INEXP P2

This searching for affirmation before making a decision reinforced the insights from the participants that the practice representative was a dominant and influential role. Speaking first in the deliberations was noted by a number of participants and seen as a 'tactical' approach to influence the other panel members.

Overall, the participants of all the focus groups saw the most influential approach being that of the structured use of specific guidance. This can be seen with the following insights that illustrated the considered values that are captured with the code and also

explicit reference to the code;

'I'm struggling with the fact that obviously the values we uphold... integrity and honesty are missing here' **INEXP P3**

'The fact she went against the code of conduct... you can't argue against that because its written' **Student P3**

The insights above suggest that any behaviour that conflicted with the code made for clear-cut decision for the panel. However not all participants agreed with this approach and highlighted that preconceived ideas/decisions were problematic;

'It's like those labelling theorist experiments they did in the 1960's... that panel started with an opinion and a perspective which they never lost. I naively hoped that it would end differently... you think that we've moved on from that and we can actually change the way we feel and think, regardless of the way we start' **EXP P1**

6.2.4 Cross-Study Findings of Sub-Theme 6: Approaches to Decision-Making

The different approaches of the panel members emerged throughout the discussions across the three cases. A number of contrasting approaches and styles were highlighted and explored by the participants.

'The chair was dominant throughout the discussion' **Paramedic Lay person P2**

The decision and the decision-making process emerged as significant sub-themes within the focus group discussions across all three case studies. These discussions involved the deliberation process and how these deliberations were structured and what influenced the decision-making process. All case study groups considered how the decision was made and

it was highlighted that a number of approaches were adopted across the cases. One approach was to use the NMC's code of professional conduct within Case study 1, to reinforce where the student was failing to meet the standards required. The Experienced Focus Group noted the use of the code;

'It wasn't until (Panel Member 3) started to go through those points using the code that everything got clearer'. Nursing EXP P1

The Lay Person Focus Group observed that it was the chair using the code that provided the structure;

'It was when the other one- not the chair- broke down about what was expected that's when it started to happen' Nursing Lay Person P3

The Inexperienced Focus Group however agreed with the Experienced Focus Group and felt the much needed direction came from the code and 'Panel Member 3';

'I thought initially there was a fear of coming to a decision and that nobody seemed to want to make any decision...When (Panel Member 3) decided to relate it all to the code of conduct, it clarified in everybody's mind then what the real issues were'. Nursing INEXP P2

It appears from all four focus groups within this case study all viewed the use of the code of conduct as a 'turning point' in the decision-making and added much needed structure to the deliberations. The use of guidance emerged within Case Study 2 and Case Study 3 however, the levels of influence we see emerge with Case Study 1 is not replicated with the remaining cases.

Within the paramedic case it appears that the HCPC guidance is being utilised by the chair;

however, it is unclear whether this is a positive or negative reflection;

'The chair referred to the HCPC code quite a lot'

Paramedic INEXP P3

Another member of the inexperienced focus group saw this as a point of agreement when the code was employed;

'When the chair highlighted the code they all seemed to agree'

Paramedic INEXP P3

The relevance of the code and guidance are not as explicit within the Social Work focus group and although they are considered, it is more in the context of the focus groups themselves considering the code rather than exposing the use of the code by the panel.

One participant reflects;

'The fact she went against the code of conduct... you can't argue against that because it's written'

Social Work Student P3

Another participant is clearly drawing upon values evident within the code;

'I'm struggling with the fact that obviously the values we uphold... integrity and honesty are missing here'

Social Work INEXP P3

This structured approach to decision-making manifests across the three cases with Case Study 1 demonstrating a greater reliance of this guidance as a tool for decision-making. Other approaches to decision-making that emerge appear more individual to each case. Within overarching theme 1 there is evidence across the first four themes that the individual roles adopted also brought with them differing approaches to decision-making. Within Case Study 1, we saw the emergence of the dominant chair that approached the panel with a structured use of the code but also appeared at times to over-instruct the panel. Within this

case, we also saw the presence of a passive practice representative and a quiet individual panel member emerged who also like the chair was structured but in contrast was seen as more clarifying.

Within Case Study 2, the participants note a dominant chair but during this panel, concerns are raised regarding this dominance. The participants raise these concerns through observations of the body language adopted in addition to the discourse and questioning style. The role and approach was seen as pivotal and no other individuals or approaches were deconstructed by the participants.

Finally, within Case Study 3 the emergence of the role of the practice representative is overwhelming. This role and the approach adopted came under considerable scrutiny with a number of concerns raised by the participants regarding their approach. Language such as 'Judgemental' were used to describe the approach but more subtly another approach noted was the 'first to speak' angle. The participants felt if you spoke, first this would then influence the other panel members to your way of thinking and your decision. The participants within this case did systematically consider each panel member and saw influence emerge through the approaches of a passive and less vocal member and also through a more vocal and 'voice of reason' approach of the final member of the panel. The participants considered the chair's role and his approach- with the least defined approach the participants felt the chair himself was influence by others approaches. Another issue did emerge that is related to the approach of the panel as a whole and that was the time the group spent deliberating. Each case study was approximately 1 hr in duration; this includes the panel and deliberations. Participants across the three case studies raised concerns regarding the length of time taken for deliberations, however there were differing views presented on the timing issue.

One Participant questioned;

'It was lengthy... but I think it was needed though, wasn't it?'

Nursing INEXP P4

'It took a long time obviously... naturally it's not a quick thing'

Social work INEXP P2

However, a sense of frustration regarding the length of the deliberations was evident by one Participant's comment;

'They talked for so long... I thought they were a bit wishy-washy, you know, in sort of... they sort of went from this to that'.

Nursing Lay Person P2

'At times I did feel like... come on and just decide'

Social Work Lay Person P2

And one participant explicitly highlighted their frustration at the length of the deliberations;

'I found it very frustrating... It's frustrating that they've taken so long'.

Nursing Lay Person P3

Although the Nursing and Social Work Case Studies highlighted the length of the deliberations, they provide no explanation to why they felt these were too long. However, it was the Paramedic Case Study that considered the length of the deliberations from an alternative perspective and began to suggest that the length of the deliberations reflected their insecurities surrounding making the difficult decision;

'Yeah it felt like they didn't want to make the decision' **Paramedic Student P3**

'I was surprised it took them that long... I thought they had already decided'
Paramedic EXP P1

'They all agreed but then talked about it for ages' **Paramedic Student P2**

'I think they didn't want to decide or they wanted to pad it out a bit'

Paramedic Lay Person P3

Conflictingly though participants also wanted panels to be thorough and thoughtful and this can be seen in the following comments;

'I think it's important in the decision-making that they examine every little bit' **Nursing EXP P1**

'It needs to be considered and thoughtful'. **Nursing INEXP P1**

Reviewing the data and the participants' observation on the approaches in decision-making in each individual allows for synthesis cross the cases. The chair has not only a significant role but it is how the role is executed that is most influential. This premise can be a claim for all panel members and their approaches. A more structured and systematic approach is favoured by the participants across all case studies. Avoidance of over-dominance and contrastingly overly passive approaches were highlighted. Other recommendations such as avoidance of judgements and overtly negative body language were high on the participant's criteria. Ultimately, the participants were suggesting a more neutral perspective was the prerequisite for any panel member. Finally, the 'ideal' panel was felt to be thoughtful and considered but the 'fine line' here for the participants was that this needed to be a decisive and timely thoughtfulness and consideration, not '*padding it out a bit*'.

In summary, the participants noted influences on the decision-making and commented on panel members approach and in the Nursing and Social Work case they identified individuals approach however the paramedic group examined the decision-making as a unit. The following provides a breakdown of each field of practice;

Nursing:

- Noted specifically the approach of the chair using the NMC code
- Noted others such as Panel Member 3 asking questions and also using the NMC code

Social Work:

- It was noted that the Practice Rep was influential and was very directive in her approach- '1st to speak' approach in the Social Work Case
- The chair was more relaxed
- Panel member 3 was more structured and the Panel member 4 was passive

Paramedic:

- These participants did not note individuals however; they noted influences on the decision-making specifically from the chair's approach.

'Reflective Stop-Off'

'Sub-Theme 6: Approaches to Decision-Making'

I was cognisant when I watched the first video for the first time the length of the recording. A number of questions sprung to mind. *If it was too long would I lose the participants interest? Should I edit it down to a more reasonable size? If I edited it would I lose key aspects of the panel?*

I made the decision to edit some of the panel, this was time consuming. I kept in mind that I didn't want to lose the essence of the panel so I removed any unnecessary repetition and reduced down the volume of 'stock' footage from the recording that had been inserted for visual impact. This resulted in a more manageable length recording.

During that initial coding I was a little frustrated that some participants felt the panel was lengthy. However, when I considered my feelings of frustration on the 2nd reading of the dataset I was surprised that I was no longer frustrated! *Why?* The length of the panel was a key issue. This was even more apparent when the text emerged suggesting polarisation on this issue. *Did the length suggest a weakness or strength in decision-making?*

With very little literature exploring the length of panels and if the length was significant in terms of the validity of the outcome, I was pleased that my editing had not been too extreme.

Of course it was not only the length of the panel that gave rise to interesting discussion within the focus groups; participants were both critical and complimentary about the roles and approaches. This was another key point for my researcher role. I knew all the panel members. I knew from my own experiences in panels and other similar situations how they approached situations. I was mindful again that I needed to isolate my views of the panel members from the participant's views, my bias and assumptions needed to be guarded.

6.2.6 Sub-Theme 7: Highlighting Environmental Influences

Key words:

Similarly, to the other themes within this overarching issue, descriptive terms were not notable in the focus groups discussions. The issues were captured more in the overall

discourse of the groups with some focus groups commenting explicitly on the panel itself and how it was conducted. The physicality of the panel was discussed with some focus on how this could affect the student.

Overview:

During analysis of the data, it emerged that the focus groups were considering not only the panel members but also how the panel was conducted including factors such as the environmental influences. During these considerations the participants were trying to consider the impact of these issues on the student and consequently on the overall outcome.

The focus groups were drawing upon their own experience on how a panel or a panel-like experience would make them feel. Observations of the environment illustrate this approach such as the size of the table, the number of people, where the panel members sat in relation to the student.

Sub-Theme 7
Highlighting Environmental Influences
<p>Findings outcomes:</p> <p>There was an agreement that the circumstances of the FtP would have an impact on the student. Some participants felt this would affect the student’s behaviour and could be intimidating.</p> <p>Participants felt that some of the circumstances that could affect the student were environmental such as the being seated at a large ‘board room’ like table, the number of panel members and the formal nature of the panel.</p> <p>The participants felt that the serious nature of the panel demanded a more formal approach.</p>

Participants' perspectives- Nursing Practice

During the focus groups, discussions surrounding the members of the panel there were glimpses of consideration of the structure of the panel. Although within this case study focus groups did not discuss in detail the setting such as the table, the seating arrangement etc. they did make some comparisons between situations that they likened to the panel;

'It's was similar to an interview set-up' **INEXP P1**

'It's not a friendly little chat... its more formal'. **Student P1**

Interesting although all the participants shared that they had not attended an FtP in the capacity that the student was attending, some of the participants offered insights to how they felt it would feel;

'It's intimidating'. **INEXP P2**

'You've got to recognise the seriousness of it... seeing one and what it looks like makes it real and a bit scary'. **Student P2**

Participants' perspectives- Social Work Practice

During the focus groups discussions, the participants were vocal regarding the structure of the panel and the impact of the panel experience on the student. Most of the participants from the student focus group noted the formal nature of the panel;

'It's very formal, isn't it, not very open' **Student P1**

'I thought it was quite formal... I don't know how else you'd sort of do it

but it was very formal' **Student P2**

'I assume it's got to be quite formal because the decisions, you know, can mean whether they stay on the course... it's a big decision that they're going to have to make.' **Student P3**

One participant avoided formal and opted for another description approach;

'They were quite stiff as a panel' **INEXP P3**

One participant highlighted the composition of the panel and sitting arrangements;

'It's just that they're on one side of the table with all the documents out and then she's on the other'. **Student P1**

Overall, this was seen as a negative experience for the student and language such as interrogative and power were used when describing the panel set-up;

'It felt quite interrogative and that's how the panel's supposed to be, I suppose, on one level, because they're all on one side, she's on the other'
INEXP P3

The sitting arrangements were seen as influential from the perspective of power dynamics;

'I'm just looking at the image now of the panel members sitting in a row with all the paraphernalia of papers. The issues of power and the way that power is used, the way that panels are being conducted, if I was that student, I would be scared stiff' **EXP P1**

'I think the physical demeanour of the panel was important, how people were sitting especially at the end...that's intimidating isn't it' **INEXP P1**

Other participants offered solutions to what they viewed as imbalances to the power dynamics and more support for the student was viewed as a well to address this;

'It might have been more balanced if the student had a support person'

EXP P4

Participants' perspectives- Paramedic Practice

During the focus groups discussions, a number of concerns regarding the physical structures of the panel were raised. Comparisons were drawn from experiences they had had or experiences they assumed had natural similarities. The Inexperienced group drew on 'work-like' scenario's;

'It's a bit like an interview' **INEXP P1**

'There's a big boardroom table...they're all sat on one side... its serious'

INEXP P2

The Lay person group drew on less conventional scenario's or court-room comparisons;

'I thought it was more like an interview or the apprentice!' **Lay Person P3**

'It was similar to a court room set-up or least that's how I saw it anyway'

Lay Person P1

All focus groups recognised that this formal approach might have an impact on the student. The consensus was that the panel would be intimidating;

'It's quite intimidating' **EXP P2**

'It was quite intimidating at first. There seemed to be a lot of people'

Student P1

The intimidating nature of the panel was seen as having an emotional impact;

'It might distress the student... due to the emotional aspects' **INEXP P2**

Participants drew on their own experiences and felt sitting the other side of the table would not be an enviable prospect;

'I wouldn't want to be the other side of that table' **Student P3**

'They shouldn't all sit one side. That's going to make anyone nervous isn't it?' **Lay Person P2**

'To me it was a bit overloaded in terms of four big guns sitting at a desk versus one student' **EXP P1**

Some suggestions were put forward on how to reduce some of the impact on the student;

'I think you've got to settle the student in, in a firm but relaxed manner in order to get the results that you want' **INEXP P2**

'Personally I would have sat the two academics together' **EXP P3**

6.2.7 Cross-Study Findings of Sub-Theme 7: Highlighting Environmental Influences

The panel set-up emerged across all three of the case studies as influential. The influence was seen as affecting the student. It was consensus was that potentially the panel set-up would affect the student performance and presentation. Reviewing the data across the three cases revealed that the participants had observed the surrounding that the panels were conducted in. A number of these observations were involving the set-up of the panels such as the table and the sitting arrangements;

'There's a big boardroom table...they're all sat on one side... its serious'

Paramedic INEXP

'It's just that they're on one side of the table with all the documents out and then she's on the other'. Social Work Student P1

The seating of the arrangements appeared to be important to a number of the participants; this was coupled with the participant's observations on the 'feel' of the panel with a number highlighting the formal nature of the panel;

'They were quite stiff as a panel' Social Work INEXP P3

'It's not a friendly little chat... its more formal' Nursing Student P1

The need for the formal approach of the panel was explained by one participant whilst another participant posed the question of the possible alternative;

'I thought it was quite formal... I don't know how else you'd sort of do it but it was very formal' Social Work Student P2

'I assume it's got to be quite formal because the decisions, you know, can mean whether they stay on the course... it's a big decision that they're going

to have to make.' **Social Work Student P3**

All three case studies tried to 'make sense' of the experience by drawing comparisons with other experiences that they likened to the panel. Predominately the experience that was drawn upon was an interview; however, one participant drew from a more creative source;

'It's was similar to an interview set-up' **Nursing INEXP P1**

It's a bit like an interview' **Paramedic INEXP P1**

'I thought it was more like an interview or even the apprentice!'

Paramedic Lay Person P3

During a number of the discussions across the case studies, comparisons were drawn with legal situations, with reference to 'judge' and 'jury' as well as in this context to the 'courtroom';

'It was similar to a court room set-up or least that's how I saw it anyway'

Paramedic Lay Person P1

During the discussions, all three case studies they returned to the issue of the impact of the panel on the student through the panel set. Intimidation appeared to be a recurring issue for the participants;

'It's quite intimidating' **Paramedic EXP P2**

The participants attempted to confirm what was intimidating and the volume of panel members and how they were seated appeared to be an issue;

'It was quite intimidating at first. There seemed to be a lot of people'

Paramedic Student P1

'I think the physical demeanour of the panel was important, how people were sitting especially at the end...that's intimidating isn't it' **Social Work INEXP**

P1

The participants felt that the set-up of the panel could have an intimidating effect on the students although the panel did not observe this effect themselves. The participants drew on their own experiences that they liken to this experience and it is this use of experience that may have developed the assumption of the panel situation being intimidating.

The physicality of the panel was discussed in detail such as the table and its size, the seating arrangements and suggestions were made about the 'ideal' set-up of the panel and the surrounding environment, which again was predominately drawn from experience of like situations.

In summary, all focus groups recognised the formal nature of the panel and this formal approach coupled with the individual panel member's approaches was seen as intimidating. The participants drew on their own experiences to how FtP panel might feel although none of the participants had experience of being under investigation and subject to an FtP panel themselves.

'Reflective Stop-Off'

'Sub-Theme 7: Highlighting Environmental Influences'

My experience of FtP panels sprung to mind when I examined the text relating to this theme and I was instantly transported back to one particular FtP panel that was pivotal in my FtP journey.

I was the investigatory officer in a particularly challenging and complex case. I entered the room with the student and her accompanying union representative to face the panel; she hesitated briefly in the doorway. I asked if she was ok. She said 'Yes... just didn't expect that many people'. I said 'Are you ok to go in?'

'Yeah, Yeah, Yeah... It's Fine', she said and walked in.

I had always been conscious of giving realistic guidance to students on what to expect during an FtP and I was delighted to recently note that the student union at LJMU had introduced an excellent resource that gave more meaningful insights to students on what to expect during an FtP.

However, it is difficult to know how it 'feels' to be involved in an FtP until you are involved in an FtP panel and I asked myself when I reviewed this dataset 'how does this really feel?' and I knew at that point that I could not 'step in to those shoes'. I was an outsider to this experience and so were the participants.

What I DO know is that my experience has revealed that each student will respond to the panel differently. Some students will be so absorbed by their case that they will not notice the panel composition or positioning. Equally for some students the presence of a number of people all directly questioning them would be intimidating and affect their behaviour, their words, their overall conduct... nevertheless I remain an outsider and respectfully so do 'my' participants, only the student can answer that question.

6.2.8 Cross-Study Analysis Summary of Overarching Theme 2

A number of key issues emerged during the cross-study analysis of the overarching theme 2. The outcomes and options that were available for the panel and the focus groups to make were considered in some detail. Predominately the more experienced (of FtP) the less guidance on possible outcomes was needed and the more informal the language to discuss the outcome was. Emotive language was used more often when they suggested their own decision on the panel.

When the participants reviewed the decision, they began to explore how different panel's members approached decision-making. The participants recognised that key roles adopted certain approaches such as the use of the code by the chair for example. However, they also noted negative approaches to decision-making and felt that a number of panel members had a greater sway, not only through their role but also through their personality and style. All of the differing approaches were seen to be influential to a lesser or greater degree on the final decision.

The other factor that may influence the decision was the environment. The participants felt that the experience was intimidating and the effects on this could have impact on the student and their performance.

6.2.9 Evaluative Data

This research study has created three case studies and their use as a form of training or development is a prospect that I have considered since the embryonic stages of this process. In order to consider any potential use of these cases it was necessary to evaluate the final product. This evaluation, like the research study itself, needed to be qualitative and reflective. The aim of any evaluation was to consider the validity of the cases, to consider if the cases replicate the phenomenon that is under examination and what potential there was for future usage.

During each of the focus groups, I asked a series of simple evaluative questions of the

participants (Appendix 7). For the purpose of this evaluation, I considered the feedback from three of the focus groups; I did not canvass feedback from the layperson focus groups. The decision to exclude this group across the cases was made on the basis that the layperson focus groups would not be in a position to evaluate the potential use within the profession as they do not form part of those professional groups and would not be able to judge potential usage.

This section includes feedback from the following groups to reflect the case study focus group structure;

- Experienced Focus Groups
- Inexperienced Focus Groups
- Student Focus Groups

The following extracts illustrate the participant's observations relating to the case studies potential use.

6.7.2 Experienced Focus Groups (EXP)

The Experienced focus groups initially highlighted that it had potential to be used with both staff and students.

'I would like to see some training... for those that are new to it... this would be ideal' **Nursing EXP P2**

Considering this insight, the participant was indicating that this work had a place in training and would have benefit for those with limited experience of FtP and its processes.

The nursing participants who highlights its potential for staff development reinforce this.

'It's really interesting. It would have great potential for staff' **Nursing EXP**

P1

Both Social work and Paramedic practice highlighted its potential and again the focus was on those with limited experience and students.

'I think it's got definite potential' **Social Work P1**

'If you put this out to students, I think it would be invaluable' **Paramedic P2**

When they considered this in further detail, they focused on the impact of the cases if used with students. A number of participants felt there was a 'shock' element through the realism of the case and filming and that this may resonate with students;

'I could see you being able to use it with students... scare them! Only joking...but definitely to give them a better understanding' **Nursing P3**

However, this paramedic participant was considering its usage with students for differing reasons and suggested the visual nature of the resource was useful and would resonate more because of this reason;

'Using the video would be a good idea for student's particularly... they relate more to visual' **Paramedic P3**

There was some consideration to why this approach was needed and it was highlighted that insight to panels was a necessary prerequisite to understanding professionalism.

This gave rise to some interesting discussion with the paramedic experienced group who considered professionalism broadly and felt that attitude change was necessary;

'I think that student's way of thinking needs to change... you might be able to get them to think differently' **Paramedic P3**

This led to another paramedic to assert that the experience of an FtP panel might help to support that attitude change by adding

'It will give them an insight in to what goes on during these panels'

Paramedic P1

Another member of the paramedic focus group considered what changes could be implemented to address the need for student's change of attitude;

'We need collaborative working in order to be effective. A better understanding can only help' **Paramedic P2**

However, there were some reservations regarding the use of the case studies with students. These reservations were mainly focused on the length of the case study;

'It might be too long to use with student's... maybe just elements' **Nursing P1**

Overall, it appears that the Experienced Focus Groups felt that there was potential to be using the cases. They viewed the greatest potential for use was with student groups in order to gain greater understanding of FtP and the issues surrounding professionalism. The nature of the cases would also be appealing to a student group because of the interactive and visual element of the case. It was noted however that the length of the case needed to be reviewed if this was approach was to be considered or adopted.

6.7.3 Inexperienced Focus Groups (INEXP)

The inexperienced focus groups initially revealed that watching the case had sparked an interest in the issues surrounding FtP and that interest would possibly change their practice. This nursing participant appeared surprised that the experience was interesting and added that using the video had supported their understanding of FtP;

'It's quite interesting actually. I've learnt things from just watching that today'

Nursing P1

The following participant appeared inspired by watching the video and that interest was prompting her to consider getting more actively involved;

*'It's made me want to volunteer for panels' **Social Work P2** and added 'I was hesitant about going on a panel... if there was some kind of training and the ability to have these types of conversations and to reflect on the issues it would be very, very useful'*

With a lack of experience of FtP within these focus groups it was fairly reasonable that they highlighted a need for more training and development and this can be seen repeatedly within the feedback and is captured here by a social work participant;

*'There needs to be regular training for this kind of roles' **Social Work P3***

*'It is a good way to understand more. Better than going to a classroom and reading through the different codes. It will make them think and it's interactive' **Paramedic P3***

In addition, for some participants it was not only training but also the use of simulation and case studies that was seen as a useful approach;

*'I really got in to the panel and I think others would feel the same... we could have some debate on our hands' **Paramedic P2***

The Inexperienced focus groups also felt that it had potential to be used with students to develop understanding of FtP. However, there were some reservations regarding the use of the case with students. In contrast to the experienced focus groups, they were not concerned by the length but more concerned with the nature of the case and questioned whether the case that should be used should be a more 'idealistic' example;

'I think it would be something to make them stop and think... we talk about

taking people to FtP and what that means and here we have it' **Paramedic P2**

'I wouldn't use it with students. Wouldn't you need to have an ideal case? You don't want them thinking that the chair would be that scary' **Nursing P2**

Finally, the Inexperienced Focus Groups felt that there was general appeal for the cases; with potential perceived with both staff and students alike. These focus groups felt that it was important to be trained in this field and that these cases had potential to use to support staff to develop key skills in this field. The impact of using the cases was highlighted as a driver for their usage, with suggestion that it 'would make people think' raised on a number of occasions. Similarly, to the Experienced Focus Groups concerns were raised about the usage of the cases with suggestion that ideal cases set the best examples to students.

6.7.4 Student Focus Groups

When the Student Focus Groups began to evaluate the potential usage of these case studies they predominately drew upon their experience of watching the case and what experience they had to date regarding understanding FtP. The students began to consider how these case studies made them feel.

'It's like literally made a joke out of when they give it (the code) to us... this would make it real' **Social Work P2**

'I'd panic and think oh my god but that's good eh?' **Social Work P1**

'It's a little intimidating but that's important isn't it' **Paramedic P1**

'I can relate to this better than the stuff we have done about the code'
Paramedic P2

The student focus groups made some attempts to evaluate the potential use of the cases and that providing an insight to FtP would improve their understanding of the issue;

'I'd go home and get it out of my drawer... read it'

Social Work P3

'It shows like the severity of what can happen to you' Social Work P2

'I think it's really interesting to see, how they actually make a decision'

Nursing P1

The Student Focus Groups felt the case studies had potential for wider use and would have a far-reaching appeal to student groups;

'It would be handy for everyone to see that really' Nursing P2

'It would be a lesson to us all. I tell you now... I'm thinking more carefully'

Nursing P3

Similarly, to both the Experienced Focus Groups and the Inexperienced Focus Groups, participants in the Student Focus Groups suggested that the case studies had potential to be used to gain insight into the issues of FtP and professionalism. Unlike the other two groups however, they raised no concerns about the usage of the cases in their current format.

6.7.5 Evaluative Summary

With all three groups suggesting that the cases had potential for use with both staff and students for development of issues surrounding FtP, I feel confident that the cases created were realistic representations of FtP panels and have promising use for development in the field of professionalism. This illustrative quote from a student social worker captures this

prospect;

'For me it's got potential to be quite a useful tool'

Social Work Student P3

However, if these cases were to be adopted for use with students, it would be necessary to consider the feedback relating to the length of the panel and the suggestions made for 'ideal' cases.

6.8 Summary:

Within each case study, two Overarching Themes were identified and themes emerged from these two broad Overarching Themes. This chapter explored the second of these Overarching Themes and its three emergent themes. The construction of the thematic tables continued within this second findings chapter followed by the more traditional discourse of the cross study findings of the three case studies. Finally, this chapter examined the evaluative data collected through the focus groups for each of the cases. The evaluative questions were asked of the participants in order to provide insight to the potential use of the simulated cases for future training and support relating to FtP.

Throughout this chapter I have provided a number of 'reflective stop-off' to continue the reflective journey and in particular within this chapter grappling with the data analysis understanding of the findings and in particular the meaningful presentation of the findings.

Chapter 7

Discussion emergent from the research study

7.1 Introduction

The purpose of this multi-case study was to explore three professional groups, nursing, paramedic practice and social work practice and the decision-making processes involved in FtP of student panels. It is anticipated that, through a better understanding of the influences, skills and experiences of panel members that effective and sound decision-making can be achieved.

The research study consists of a series of focus groups with three case studies. The participants involved in all of the case studies provide an insight into the decision-making process involved in FtP cases through the examination of a simulated case study of an FtP panel. This chapter reviews, analyses and discusses (in light of relevant literature) the participant insights of this inquiry. A number of key themes emerge around the decision-making process of FtP and these will be explored within this chapter. This chapter provides an outline of the implications of the findings and finally makes suggestions for further research. Finally, this chapter will examine the methods adopted and their effective use of this research study.

In order to consider the findings of this research study it is important to return to the starting point and to consider the research question and aims of the study. The research study proposes the following question *'What are the influences, experience and skills that impact on the decision-making process of those involved in FtP panels for undergraduate health and social care students?'*. In order to consider this question three fundamental objectives, frame the research study:

1. To examine the decision-making process within a series FtP panels including nursing, paramedic and social work practice in order to provide greater understanding of the process of FtP and what may influence the determination of FtP.
2. To compare the decision-making processes of students, lay people, inexperienced and experienced panel members within FtP panels for undergraduate students.
3. To evaluate the potential of simulated cases to be used as both an educational and developmental tool with students and practitioners surrounding FtP.

A number of researcher assumptions influences the research study. Firstly, those external influences are significant in the decision-making process. This assumption is based on the premise that external influences such as significant roles e.g. the chair and the practice representative will be influential to decision-making and recognising that personalities and skills of panel member can be persuasive in FtP decision-making. Secondly, that experience influences the decision-making process. This assumption is based on the premise that the greater the experience of the panel members the more refined and logical the decisions will be.

This chapter will explore objectives that were established at the creation of the study through the two overarching themes and sub-themes that emerge from the focus groups and evaluative data and that are documented within the two findings chapters, five and six. Participants from all four focus groups within each case study indicate a number of importance influences on the decision-making process. Experience and other external factors emerge as influential.

The importance of the key roles within the panels during the decision-making process was viewed by participants as influential. The role within the panel viewed significant by the participants was the role of the chair and this role was seen as a central position. Other roles emerged as influencing the decision-making process. Participants reveal a number of characteristics that each role and personality employ with varying persuasion techniques to influence the decision-making to their own stance.

7.2 People influencing the panel

The first assumption of this research study is that external influences are significant in the decision-making process. This emerges through the overarching theme 1 and considers the roles and personalities involved in FtP.

7.2.1 Role Dominance

It is a natural assumption that there will be dominant roles within FtP panel discussions and that identified roles such as chairs will be both dominant and influential. What this research study aims to explore is what those influences are. This is achieved through examining the roles adopted within panels. The dominant roles and characters that are significant are affecting the deliberation process. *Why are these different roles and characters significant and what appears to be their influence?*

Generally, the literature explored, predominantly jury decision-making research (Nagao & Davis 1980, Ellison & Munro 2010) suggests that a foreperson or 'chair' can act as a strong influence upon deliberations- or at least can be perceived by other panel members as having wielded a strong influence. This is demonstrated through the focus groups discussions that viewed the role of the chair as significant in its influence. This may relate to the level of involvement that the chair typically exhibits.

Research suggests that in the majority of juries, it seems that the foreperson will be the most talkative participant. In particular Ellison & Munro (2010) work highlighted that the foreperson will be responsible for somewhere between 25% to 31% of all speaking acts during the deliberations, and will speak approximately two times more often than any other juror. This reflects the simulated cases. The 'Chairs' appears to naturally emerge in the panel discussions as well as those identified as 'chairs'. This emerges within one of the case studies for this research study. One participant made a poignant remark about who was chairing and queried if another panel member was now the chair of the panel. Participants had observed that one panel member was not just vocal but was rational in their contributions. This echoed research undertaken by Ellison & Munro (2010) that suggested the most vocal lead the discussion and suggested that other members of the panel were influential through their contributions without presuming the role of chair.

Although it may be considered a natural assumption that the chair would be the most influential member of a panel, the focus groups did agree with this assumption and

recognised that the role of the chair was the most influential role. However, they also contemplated issues relating to the role namely the approach that the chair employed.

7.2.2 Establishing the Chair

There was widespread recognition of the role of the chair and acknowledgement of who the chair was. With little or no research exploring FtP panels decision-making it was necessary to consider the approach of comparable situations and the most natural comparison is drawn from jury decision-making. Within jury decision-making, the comparable role of the chair would be that of a foreperson. However, this role is not a complete 'role-match'. The chair within an FtP panel would be appointed before the panel hearing. The role of the foreperson within a jury is in some cases nominated by the jury, sometimes volunteered and sometimes assumed. The work of Ellison and Munro (2010p 89) highlights that when this role is adopted within jury decision-making it emerges with positivity and asserts; *'When forepersons are volunteered or assumed they are more likely to be proactive in guiding discussions, offering summaries and giving order to deliberations'*.

Ellison and Munro (2010) suggest that there is value to this role of foreperson whether it is volunteered or assumption. This still remains an incomplete 'role-match' with FtP and the role of the chair. Arguably, some comparisons can be drawn from the volunteered or assumed status of foreperson role and that of a chair in a FtP panel, on the basis that they too have volunteered or assumed the position of chair through their wider role and responsibilities in the organisation.

7.2.3 The role of the Chair

Identifying the chair appeared a necessary step however defining the role of that chair emerged as another necessary step in making sense of the importance of the chair. The participants within each of the cases focus groups alluded to a construction of the role of the chair that they believed existed and that this is universally understood. Through their discussions, the participants suggest that role is to co-ordinate and the term 'chair' is self-

explanatory. Tinsley (2000) suggests that the role of the 'chair' is crucial and that the success of the deliberations rest with the chair. The role is seen to structure and to focus the decision-making. This can be seen in the findings of this research study. Participants within each of the case study focus groups remarked on the role of the chair with some differing opinions on their execution of the role. These differing opinions surround the approaches the chair adopts. Within the nursing case study, the chair is viewed as structured in their approach. Within the paramedic case study, the chair is viewed as dominant and finally within the social work case study, the chair emerges as more passive in their approach. It seems that each chair conducts the role in an individual way. This is an agreed role; consequently, you would expect to see similarities emerge as well variations that are the result of individual execution of the role. Participants within each of the case studies focus groups comment on one similarity. This is the distribution of questions among panel members. This approach involves the chair allocating questions to the panel member before the panel commences. This approach is viewed positively by the participants who suggest that they value a structured approach. This leads to a number of questions for deliberation. *Are chairs trained in panel management or is there an assumption of natural skill?* Given that, this role is so crucial it would be foolhardy of HEIs not to consider how chairs are trained or equipped in undertaking such a pivotal role. Huck and Lee (2014 p187) suggests that '*judges* (therefore arguably the chair) *learn what is appropriate for their role*' and further add that they learn '*how to define themselves*' this work suggests that the chair 'learns' the role rather than simply knows the role. The work of Tinsley (2001) provides an insight to what would be expected from a chair by suggesting that vocal and strong personalities could influence others and that this could be linked to intimidation. Tinsley felt managing strong personalities within the panel was the role of the 'chair' (she did not examine the issues that could emerge if the chair themselves was the strong personality or vocal and influenced the panel) in addition to structuring and focussing the decision-making of the panel.

Returning to the participant's observations of the three case studies and during deliberations a division emerged surrounding the influence that the chair had within the deliberations and on the final outcome. The Experienced Focus groups note that the approach adopted by the chair that could be interpreted as influential was the technique of focusing on the negative

aspects of the case and the use of judgements in 'summing up' evidence. In contrast, the Inexperienced Focus Groups interpreted the approach of the chair as structured rather than negative, provide some direction, and focus in decision-making. Devine et al (2007) suggests that the perspectives of the foreperson (or chair) will not typically cause jurors to switch their verdict preferences. This suggests, then that the foreperson or chair's influence upon the outcome of deliberations will at most be limited to those who remain undecided as to their decision.

Ellison and Munro (2010p 87) suggest that *'the foreperson (chair) can act as a strong influence upon the deliberations- or at least it may be perceived by the panel as having wielded a strong influence'*. Ellison and Munro (2010p 88) further assert that *'where forepersons (chairs) are more successful is in structuring discussion'*. They add that this is *'found to have a positive impact on the coherence and efficiency of the deliberation process'*. More detail was added to why this was viewed positively, indicating that providing opportunity to speak, and applying the law in a focused and orderly fashion were seen as positive functions of the foreperson.

Influential others

During the case study simulations, it became transparent that other members of the panel were influential in the decision-making process and much debate surrounding their distinctive influence ensued.

7.23 Practice Influence

The practice representative is external to the HEI and their role is solely practice related. During the three case studies, the role of the Practice representative was discussed within only two of the panels. However, one of those panels is viewed to be dominated by this role and it evoked a number of challenging and emotionally charged discussions. During the social work panel, the Practice representative emerged as a dominant female force within the deliberations of the panel. There is widespread acknowledgement of this dominant approach within the social work focus groups. Participants suggest dominance through a number of observations of this role. Aggression, judgemental approach with the student and speaking first are examples the participants provide to capture the impression of dominance.

One poignant moment is highlighted by the participants that describes when the deliberations are about to begin and one panel member started to speak but was interrupted by the Practice representative who therefore was able to 'speak first'. Each of the focus groups comment on this episode and observe this as influential. Research supports their assumption regarding the influence of the first speaker. Ellison and Munro (2010 p89) discuss this and assert that '*A pattern of dominance within the group through the deliberations can be seen, instigated by interruptions and speaking first at key points in the discussion such as verdict poll*'. This accurately reflects the conduct of the Practice representative within the social work case and captures the insightful observations of the participants and their ability to recognise the techniques adopted to influence others on group discussions. Speaking first appears to have other relevance. When Ellison and Munro (2010 p92) consider the role of female forepersons and provide a further insight to dominance and speaking first within panels regardless of their appointed roles; '*While women rarely acted as forepersons in the juries when they did they were dominant and if it was a woman who spoke first and having done so, she often remained amongst the most vocal*'. This suggests that both gender and 'speaking first' are important and for one case study within this research at least, speaking first is seen as a sign of dominance.

However, it is not only through 'speaking first' that the social work participants felt that the Practice representative exerted her dominance. A number of participants from one case study noted that the dominance of the Practice representative emerges through individual personality traits. The individual was described as 'cold' and 'unemotional'. The participants from the remaining two case studies do not make these claims regarding the practice representative for their respective panels. This appears to suggest that these observations are more isolated to the personality and are not representative of the role itself. Nonetheless, it is important to note that the other two practice representatives were not critiqued to the same degree and the view of these practice representatives was relatively neutral. One practice representative (Paramedic) received no attention in the focus groups discussions and the other (Nursing) received limited attention. The limited attention that was levelled at the nursing practice representative was focussed on failure to contribute the wider discussions other than practice. A probable conclusion appeared to be that although this was

a defined role, the key influence surrounds the personality in the execution of the role. As previously highlighted by Tinsley (2001) the vocal and/or strong personalities could influence others and linked this to intimidation. Despite this she felt managing strong personalities within the panel was the role of the 'chair' and this was evident through the participant's insights that indicated that the chair was amiss in their chairing skills and that others had assumed the role over the chair (practice representative and the 'voice of reason')

A more generic influence was also exposed. The participants considered that the practice representative (in all of the case studies) focussed predominately on practice. Given that, they are the representation of the practice perspective this appears a reasonable stance to assume. However, deeper consideration of this stance reveals its impact. One consideration is that of 'Practice wisdom' as defined by O'Sullivan (2010 p83) as; '*To experiential knowledge developed through practice experience*' and he further indicates that this wisdom '*is a quality of judgement and thinking that can be used to make or support sound decisions*'. O'Sullivan's definition suggested that this wisdom is through practice experience.

If practice wisdom is considered sound and this is a panel to determine fitness to *practise*, then pragmatically they will have tremendous influence simply by the fact that they represent practice and practice is acknowledged as the measure of fitness.

Equally, if this assumption of influence were accepted then arguably this would render the perspectives of the other non-practice panel member's redundant but when the composition of the panel is considered the make-up consists of both practice and academic representation. Considering that all academics are registered practitioners (in this context) debatably therefore all panel members possess practice wisdom (although there may be some challenge to the contemporary nature of that wisdom) and the practice influence consequently is lost and all panel members possess practice wisdom, albeit varying degrees of wisdom. Thompson and West (2013) described practice wisdom as a process rather than a specific set of criteria and extended that it was a process that captures both values and motivation in supporting the development of practice skills. This suggestion recognised that practice wisdom is not simply experience but is a process and is combined with other attributes such as values and motivation in order to infer skilled practice. The extent of this

is reinforced by Dewane(2006) who suggested that skilled practice involves bringing together all of what one knows through training, education, intervention techniques and the use of 'self' that includes life experience and belief systems. Therefore the influence that emerged during the panels within this research study can not solely be equated to practice experience but also a result of values and beliefs and that practice wisdom is not simply experience. In order to understand how practice can influence decision making in FtP panels more research is needed to understand the concept of practice wisdom and how experience and wisdom differ. It was Samson (2015) that highlighted that very little research has been conducted directly on practice wisdom and suggested the reason for this void is largely due to the intangible aspect of knowledge creation and action of knowledge. Samson (2015p127) proposed the way to study and measure practice wisdom *'Is through a rich understanding of the processes involved in critical thinking and reflection'* and suggested that the components that equate to practice wisdom are *'Dialogical interaction, experiential learning and the essence of the relationship, with others and the learning process, combine to develop practice wisdom'*.

Although identified roles within the panels emerge as influential, it was other panel members with no formally identified roles that surface with persuasion due to the approaches they adopted during the panels.

7.2.4 The Voice of Logic and the Voice of Reason

Two other panel members were recognised as influential but for very differing reasons. These two panel members adopted individualised approaches that were influential for a variety of reasons. One panel member was influential in the approach that they adopted within the nursing case study. This panel member is perceived to create structure to the decision-making process by using the NMC's code of conduct to pinpoint the concerns of the panel. All four focus groups made positive remarks about this approach. They comment that this approach was logical and structured and helped to shape the decision-making of the remaining panel members. This is a reassuring finding from the research study and suggests that adopting the regulatory body guidance (NMC and HCPC) is viewed from a positive perspective and instils confidence in the participants that logical and structured decision-

making is embraced. Subsequently before this approach was adopted, the participants view the discussions in a less favourable light. It is the implementation of the use of the 'code' that is seen as a defining moment in the deliberations. The panel member who introduced this structured approach is seen as influential as a consequence.

Similarity can be noted with one particular panel member from the social work case study who adopted a vocal yet reasoned approach to decision-making within the panel.

This panel member attempted to provide a sense of balance to the deliberations. The approach adopted by this male panel member was viewed by a number of the participants across the focus groups as the '*voice of reason*' and he was viewed as the '*moral compasses* of the panel. The panel member himself recognises he adopted a different approach to that of other panel members and defended his approach within the panel by stating '*sorry I'm trying to be devil's advocate here*' thereby openly recognised that he was attempting to view the case from both sides and therefore suggesting this balanced perspective. This approach again was viewed with widespread positivity to the point that some of the participants questioned if this panel member had indeed assumed the role of chair. Interestingly from this insight, it is clear that the participant viewed the role of the chair to be the '*voice of reason*' that this was being exemplified elsewhere rather than in the actual chair. Considering jury decision-making research provides useful comparisons to this approach. Rotenberg (1998) illustrated that jurors who appear to be more expert than their peers, or who display higher levels of moral reasoning ability, will be the most likely to have substantial impact upon the deliberations, regardless of whether or not they are the foreperson, and irrespective of the fact they may not be the most vocal member.

These two approaches, *the voice of logic* and *the voice of reason*, do not appear to have a perceived negative impact on the decision-making. All participants within these focus groups commented positively about the approaches and did not remark on any negative implications of the approach. Indeed, it does appear that the participants were looking to the chair to use similar approaches and a number of the participant's remark as such.

It appears that panel members present different approaches during panels. Within this

study, two panel members were identified as having 'stand-out' and different approaches. These approaches were viewed in a positive way by the participants. Yet, if panel members adopted individualised approaches with various degrees of influence, then there could be a risk of inconsistency and consequently the outcome could be dependent on the approach and the degree of influence.

7.2.5 Group Think Vs Collaborative decision-making

While considering the findings for this research study, I pondered decision-making theory and in particular Standing (2011 p 20) whose work suggested collaboration in decision-making and stated that this involves '*Consultation to express opinions about what needs to be done; Negotiation to identify a solution with which all parties can agree; Co-operation to suspend differences and work towards shared aims*'.

Standing extends that it is not one in isolation but each of these collectively that suggests collaborative decision-making. Standing's ideas would appear to suggest that each panel member would have a role in the decision-making process, however it is apparent that key roles did emerge and that this idea of collaboration was not straightforward and that even with collaboration leadership was still crucial.

It is important to recognise that if panels are aiming for collaboration in decision-making rather than individual decisions then it is imperative to examine the challenges that collaboration would bring. Collaboration or group decision-making may lead to concerns regarding the effectiveness of the group in arriving at a decision. Groupthink is obviously a risk for any group decision-making. Recalling Janis' work (1972) surrounding 'groupthink' allows for a reconsideration of the impact of this approach. Janis asserted that groups make decisions that may result in faulty decisions because group pressures lead to a deterioration of '*mental efficiency, reality testing, and moral judgment*' (Janis 1972 p. 9). This approach makes propositions that groups affected by 'groupthink' ignore alternatives and tend to take irrational actions that dehumanize other groups. Janis (1972) further advised that groups are especially vulnerable to groupthink when its members are similar in background. The very nature of FtP panel composition, which draws its members from similar backgrounds,

falls prey to the pitfalls that Janis advised and can be seen to be observed by the participants within the cases. This was particularly clear within the paramedic case where the group decision-making emerged strongly for the participants. Although group thinking appears to be evident it is difficult to conclude that the 'pitfalls' of groupthink appear as the group had previously not worked together and no established relationships emerged. Yet, what is evident is members of the panel drawn from similar experience and Janis (1972) recognised this as a pitfall for group thinking.

Panel members that brought similar experiences was viewed positively by the participants across the three cases and it was noted when this worked well and assisted the decision-making process. This is reflected in the jury-decision-making literature that allowed for a different perspective on the idea of group decision-making and provided a positive outlook. Tinsley (2001) who felt that the most important factor in determining the effectiveness of the decision-making was whether the 'group' adopted a systematic structure to assessing the evidence. Tinsley appeared to be focussing on the approach from that the group itself and saw value in working within a group if the approach adopted was systematic. Tinsley (2001) does however consider the membership of the group but again viewed supportive elements to group membership. Tinsley (2001) considered working collaboratively to be something to be encouraged and that members of the group gained confidence in their decision through confirmation of their view by other members of the group. Through deliberations, contributions are shaped, moulded and refined in order to arrive at the 'right' decision. However, it is not only confidence that is gained, Thompson & Dowding (2007 p102) suggested that this collaboration could have another purpose for the decision-makers that resembles distribution of responsibility with their assertion that collaborative decision-making; *'Subconsciously spreading responsibility for any repercussions'*.

This premise of a shared responsibility in decision-making emerged through the participant's insights within this research study, with a number of participants asking the question *'Do we all agree?'* seeking agreement and arguably sharing responsibility. Vitality this shared responsibility and functioning together emerged within one particular case study, paramedic practice, which was viewed only as a 'whole' by the participants rather

than deconstructing each panel member's contributions (albeit the chair which all case studies place under scrutiny) which had transpired for the consecutive two case studies.

Gaining confidence and sharing responsibility were perceived outcomes of decision-making by the participants. A number of the participant's remark negatively on dominant roles and characters and yet remark more positively when they observe group decision making rather than individual dominating the process. Ellison & Munro (2010) highlight that the process of deliberation itself is a necessary process and view the process itself as important. They suggest that juries (or panels) who undergo a deliberative discussion will exhibit better reasoning skills than individual jurors, even if the same verdict is reached. The suggestion that simply deliberating as group equates to better reasoning is supported further by Bridgeman and Malowe (1979) who stated '*even if the deliberations do not serve to persuade most jurors how to vote, they may contribute to the crucial function of convincing the juror that his or her decision was the right one*'. Participants viewed all three of the cases as working in a group however; dominant forces emerge predominantly in two of the case studies (Nursing and Social Work) with the remaining case study (Paramedic practice) revealing a more group like approach.

7.3 The influences on Panel Members

Holland & Roberts (2013 p21) made the suggestion that; '*Decision-making is widely regarded to be combination of interpersonal, technical and cognitive skills*'. This suggestion from Holland & Roberts is that interpersonal and cognitive skills are combined to equip us with the ability to make decisions. This recognises that interpersonal skills are part of the toolkit needed to make decisions. It emerges during the focus group discussions that there are a number of influences on the panel discussions. These influences create both a positive and negative impact on the deliberations and outcomes.

7.3.1 Experience

An original assumption of this research study was that experience influences the decision making process. Isolating experienced focus groups allowed for consideration of this very assumption. As explored in Chapter 2, Standing (2011) considers what experience in decision-making actually means and suggests that experience refers to anything and everything ever thought, felt, sensed or done. She further asserts that the accumulation of life experience helps to shape unique interests, and the choices made. The purpose of selecting four focus groups with varying degrees of experience of FtP was to gain insight from these distinct groups and draw comparisons in their decision-making processes, to consider if experience of FtP was influential in the decision-making process and outcome. Winter *et al* (2007) suggests that previous experience is a powerful influence on the cognitive construction of evidence in decision-making situations. There emerges widespread acknowledgement from the participants across the case studies that it is the important to have experience of previous FtP cases before becoming panel members. Participants remark positively about the approaches of those that they feel are more experienced for example, the voice of reason is seen as experienced. Similarly, the voice of logic is seen as having that experience necessary knowledge to draw upon in challenging cases and this is seen to assist in the decision-making process.

Himelein *et al* (1991) suggests in their research into jury decision-making that juries with more experience tend to give harsher sentences. This suggestion is difficult to transfer to the simulated cases and research study focus groups as they all eventually arrived at the same outcomes. The process to that outcome alternated significantly with each focus group and with each case study. This suggests that even if the actual outcomes are the same the process to arrive at the outcome may differ. This may be considered a reassuring finding of this research study. It appears to suggest that experience does not influence the decision and that regardless of the experience, the decisions are the same. More is revealed when considering the focus groups decision-making. When asked to consider their own decision on the case study the focus groups present with a greater divide in their outcomes than emerges in the case studies themselves and this division appears most evidently in the inexperienced and student focus groups across all three case studies.

The inexperienced focus groups (across two of the three case studies) were undecided in their outcome on their respected case study. Initially the decision is 'hung' but with some discussion, an outcome is agreed. (See table 15 Chapter 5 for timings) The indecision appears to surround a lack of confidence when considering the evidence that is provided. Two participants within the nursing inexperienced focus groups spend some time considering other options that central around more evidence and conclude that they would not be able to make a decision. Eventually the participants agree with the remaining participant's decision.

This hesitancy appears within the paramedic inexperienced focus group and surrounds the enormity of the decision. One participant within the paramedic inexperienced focus group pauses and frequently reminds the focus group that it is '*big thing*' and will have a '*big effect*' on the student's life. Eventually the participant agrees with the remaining participant's decision.

Some comparisons can be drawn here with the work of Ellison & Munro (2010) who saw similar issues emerge in their jury decision-making research that suggested that shifts in leniency with decisions when decision-makers are not sure of guilt beyond reasonable doubt. They cited the inability to be sure of guilt on the basis of the evidence as the most common reason offered for acquittals and suggest further that the ability or confidence in their own understanding of the outcomes is linked to experience or understanding of processes. In contrast, this research study notes a shift towards a harsher decision.

7.3.2 Skills in decision-making

One of the original assumptions of this research study is that skills can influence the decision making process. The reality of this assumption is that it is the skills of the decisions-maker that are influential. No research exists in the field of FtP that establishes the skills required to make decisions in FtP panels. Wider consideration of literature in the field of decision-making reveals insights to some of the skills needed for effective decision-making. Holland

and Roberts (2013 p 145) indicate the use of past experiences, developing checklists and listing ideas that have worked previously as practical suggestions of techniques to adopt. They importantly recommend that utilising these skills will help to develop a '*repertoire of responses*' that are transferable to any scenario. The participants in all three case study focus groups allude to these skills. A number of participants provide examples of their own experiences. An interesting point to note is that these examples from experiences are not isolated to clinical practice. A number of participants across the layperson focus groups provide examples from their own experiences to illustrate their points within discussion. In particular, several participants from the layperson and inexperience focus groups stressed that the panel experience is similar to '*an interview*' experience. This comparison and use of experience is a useful technique. All panels have some form of experience of an interview making this shared experience a persuasive approach as it creates a shared understanding within the panel.

Holland and Roberts (2013) additionally propose developing checklists and listing ideas as skills useful to effective decision-making. A rather simplistic task, yet its suggestion is far more than a 'to-do' list. This approach alludes to the systematic consideration of all information involved in making the decision. This approach emerges in the panel member 'the voice of logic'. This panel member utilises the use of professional guidance and systematic draws a 'list' of the issues of concerns for the student within the case. The participants across the focus groups within this case study (nursing) overwhelmingly view this technique as a positive and influential approach to decision-making.

This appears to imply that the drawing from experiences and systematic listing of ideas or concerns, makes for more robust decision-making. These may appear to be transferable skills that health and social care practitioners would utilise in a number of situations within their professional environment. However, the use of these skills within the FtP may require assistance to ensure their transferability. The use of simulation should be contemplated in skill development. Cioffi (1999) suggests that the use of simulation and 'thinking aloud' is a useful approach that can be adopted in order to develop the necessary skills. It allows for practitioners to 'talk aloud' the thought processes they use to collect and synthesise

information.

7.3.3 Confidence Vs over Confidence

One of the original assumption of this research study is that experience influences the decision making process. Another assumption is that external factors such as some roles, skills and personalities affect the decision-making process. Experience can lead to confidence conversely; confidence is not always measured by experience and could be the result of knowledge or personality. While the origins of confidence appear unclear, what is apparent is that the process of making a decision requires confidence. Not only confidence in knowledge of the issues but also confidence in the actual decision made.

It appears during the case studies there is varying degrees of hesitation in arriving at decisions. This is viewed both positively and negatively by a number of participants across the case studies. Some participants remark that the hesitation is an indication of a lack of confidence. In contrast, it is also viewed as a robust technique to decision-making to ensure the 'right' decision by other participants. Munro (2002) deliberate this issue and suggest reluctance to make decisions is a result of procrastination. This provides very little insight into why the decision-makers are reluctant and whether this is a reflection of confidence or lack of confidence. Nagao & Davis (1980) provide more clarity and propose that confidence as a result of experience (prior experience of juries for example) is significant and that it is this that can lead to more careful consideration of the case. This appears to suggest that confidence that derives from experience is important and it is this that results in carefully made robust outcomes rather than hastily decisions.

Although confidence does not come without its concerns. There is a cautious note from Thompson & Dowding (2007 p33) regarding confidence and the risks that over confidence can bring '*Individuals are often over confident when assessing the correctness of their knowledge*' and add that this often '*occurs in situations when we have least knowledge*'. The inexperienced, student and lay person focus groups across all three case studies arguably have the least knowledge regarding FtP and yet what emerges is not three focus groups

within each case study arriving at hastily made decisions but rather three focus groups with varying degrees of time spent on decisions.

Although confidence is not explicitly cited by the participants. The attributes that are associated with confidence such as assertiveness are evident during each of the focus groups during the discussions of roles. There appears to be a negative perception of some participants of roles that are dominant such as the chair and within one panel the practice representative. Therefore, a natural assumption would be that a number of the participants viewed the dominant roles as confident but equally saw this over confidence or over dominance as negatively influential on the decision-making process. The assumptions that I have made here are that we view only the assertive and vocal panel members as confident and this assumption is challenged very clearly with the nursing case study where an influential panel member emerges through their structured approach to decision-making- 'voice of logic', rather than their vocal contributions. The participants viewed this panel member as significantly influential and importantly knowledgeable. This assumption is equally challenged with the social work case where an influential panel member emerges through their balanced contributions and attempts at considering both sides to the issues- 'voice of reason'.

7.3.4 Gender

Examining the findings, key roles that emerged with dominance were the chair and the practice representative. These roles varied within each case study from a gender perspective, with a female chair within two case studies and a female practice representative within two case studies (Table 7, 8 and 9 for panel composition). Both of these roles were viewed as being significantly involved in the deliberations in addition to being dominant and at times aggressive in their approaches with other panel members. Interestingly this conflicts with Ellison and Munro (2010 p91) assertion that '*female jurors tended to contribute less to discursive exchange than male jurors*' and '*Male jurors were often (or at least be perceived to be) more aggressive and hostile in their persuasive strategies*'. Ellison and Munro

acknowledge that this perspective is drawn from dated studies and they suggest that modern gender roles have facilitated more active female involvement in more recent juries. The focus group's examination of the Chair and Practice representative roles and their conduct during the panel emerged through their style of dominance rather than their gender. However, it is important to acknowledge that two of the professional groups utilised for this research study have a female dominant population (Nursing and Social Work) and the other had a male dominant population (Paramedic Practice) but for the purpose of this research study a gender mix was utilised for the panels, which is not representative of the professions populations.

Male dominant panel members are under the spotlight of the focus group participants. Across the three case studies, none of the participants views the male panel members as aggressively dominant. They were viewed as persuasive but for very differing reasons than suggested by Ellison and Munro. Their persuasive strategies are positively viewed by the focus groups and it was felt that one particularly influential male panel member provided a 'voice of reason'. It may be reasonable to conclude that like the juries' roles that Ellison and Munro explored, that active female involvement in FtP can be seen too and that gender mix may result in longer discussions. In spite of this, the robustness of those discussions does not appear gender driven and that traditional gender role contributions (e.g.; aggressive equates to male and less vocal equates to female jurors) did not emerge through this research study.

The length of the deliberations is also relevant when considering the gender impact on the panel deliberations. Ellison and Munro (2010p 91) suggested; *'In terms of deliberation dynamics mixed gender juries are more likely to engage in longer discussions in which greater levels of information will be shared amongst participants'*. Reassuringly this supported the decision to create gender mixed panels, as this would arguably generate deliberations that are more informed. However, by striving for gender mix (each focus group across each case study was gender mixed) I have excluded any scope for comparisons for this particular assertion. It is possible nonetheless; to consider the roles played within the panels of each gender rather than draw comparisons of gender isolated groups and length of deliberations. I am reminded of the work of Huck & Lee (2012) who note that each member of the group

(Jury) has a particular status role, whether that is gender or race or ethnicity within the panel discussions.

This research study proposes however that both experience and the gender of the panel member are influential in the deliberations and promotes that gender mixed panels are the recommended composition rather than a professional gender population driven combination.

7.3.5 Emotions

FtP panels can evoke intense emotions for all involved. O'Sullivan (2011) states that decision making is often solely associated with thinking, with emotions being seen as irrelevant factors that need to be excluded. Importantly they highlight the need for '*controlled emotional involvement*'. One participant within the social work experienced focus group remarked on the lack of emotion from panel members and raised concern that the panel members are '*cold*' and '*clinical*'. The use of terms such as '*clinical*' could imply the control that O'Sullivan (2011) had previously referred to. Other participants do not infer this control therefore; it is unwise to suggest that the panels involved within the research study were controlled in their emotional involvement.

One panel member during the debrief provides a contrasting view of emotional input during the panel. This particular panel member within the Paramedic case notes that the chair displays emotion and remarks on the respect he has for the chair for demonstrating emotion and suggests that it is important to display emotion during panel. O'Sullivan (2011) highlights that decision-makers needed to be aware of the emotions they and others are experiencing and the impact of these emotions on the decision-making process. A number of participants across the three cases highlight the emotions that are displayed through the language that is adopted by panel members. The panel member that receives the most scrutiny in this area is the chair. Participants within the nursing and paramedic case study remark that the chair adopts emotive language and that this could sway the remaining panel. It is important to recall that this is the same case chair for both cases therefore this may be a

reflection of one individual approach to chairing.

The complex nature of FtP panels could generate intense emotions. The challenge for the panel is whether these emotions are revealed or controlled. I would suggest more critical awareness of the impact of emotion as a necessary element of reflexivity for professional practice and FtP membership.

7.3.6 External influence: Body talk

Panel members are not passive recipients of information instead Ellison and Munro (2010 p88) suggest that '*they engage in an active, constructive comprehension process in which evidence is organised, elaborated and interpreted by them during the course of the trial*'. They also suggest that juries are not influenced simply by the evidence but also by the inferences that they drew from it, which in turn were framed by pre-existing construction. This influence is observed through the panel's dialogue and in the execution of their roles. This includes their approach to questioning and allocation of questions to other panel members, dominance in vocal contributions and the use of judgements in 'summing up' and finally their body language.

Dominance within the FtP panels is often viewed as vocal control within deliberations. However, the focus groups appear to suggest an alternative dominance and that is a more passive and non-verbal presence through body language. Body language emerges as a negative influencing factor and appears a tactic adopted by a number of panel members including those with influencing hierarchal positioning such as the Chair. Participants from the experienced paramedic focus group remark that the chair raises her eyebrows on a number of occasions during the panel. Elstein *et al* 1978 identify four stages in the process of reasoning when making decisions. The four stages include

1. Cue Acquisition
2. Hypothesis generation
3. Cue interpretation
4. Hypothesis evaluation

It is during the fourth and final stage where interpretation of the information and reasoned outcomes are arrived at. Transferring these stages to the case study panels allows for consideration of what cues are subject to interpretation and evaluation. Elstein *et al* (1978) would suggest that this includes all information and therefore extends to the influential non-verbal as well as verbal cues. A number of participants within the experienced paramedic focus group observe non-verbal communication and evaluate these cues subsequently as judgemental. These cues include facial expressions and also the use of pen to point at members of the panel. One participant called this the '*accusation pen*' and remarks that the chair would not do this without the pen. This participant's observation reveals an interesting insight to the perceived attitude of the chair that emerges through her use of body language. It appears that a number of the participants are explicitly considering the body language and facial expressions of the chair within this particular case study and they offer a negative interpretation of these cues. Subtler consideration extends to the use of a pen during deliberations and the participants interesting view of the use of the pen as an accusation tool. The participants' critique other panel members from the perspective of non-verbal cues (across the three case studies) however; the majority of the critique levelled at the panel members is negative but also viewed influential.

I can conclude from this finding that the non-verbal cues perceived during FtP by the participants appear to be negative (facial expressions and the accusation pen) and influential in the decision-making process of the panel. This would suggest that a more 'neutral' presentation is required. How panel members achieve that neutrality is challenging and training into the process of FtP is simply not enough; work on individual presentation is needed. Neutrality does not mean emotionless.

7.4 Decisions and influence

The actual decisions that were arrived at are significant. It is important to recognise the journey of arriving at the decision is equally important.

7.4.1 Clarification of Decisions

Within jury decision-making, the jurors would generally use the judge's instructions on law to influence their decision-making and the decision they would consequently arrive at. Tinsley (2001) saw widespread misunderstandings surrounding aspects of law that proved to be fundamental to outcomes. Misunderstanding regarding outcomes also emerged during this research study. Some participants expressed uncertainty regarding aspects of the FtP process and what actual outcomes signified. Importantly the participants sought clarification of options/possible outcomes. Within the panel itself, the panel members also sought clarification on possible outcomes and therefore ensuring any misunderstandings were avoided. This suggests that although there appears to be misunderstandings regarding the 'real' meaning of outcomes this confusion is minimised by proactive clarification. With clarification of the decisions at their disposal established the panels and focus groups proceeded to deliberations.

7.4.2 Deliberations Dynamics

Drawing comparisons from the jury decision-making research is again a useful approach when considering the case studies. Ellison & Munro (2010) suggest that there are two distinct deliberation styles that are adopted within juries. These two styles are 'verdict driven' and 'evidence driven'. Ellison & Munro (2010 p80) provide some explanation of these two approaches. Verdict driven is seen as;

'When juries typically start deliberations with a verdict poll' in contrast to evidence driven deliberations where 'juries adopt an evidence-driven approach typically they will commence with an open evaluation of the argument... verdicts may still be taken but they are postponed until majority consensus has begun to emerge'

These styles of deliberations are seen within the three case studies. Two of the three case studies adopt the evidence driven approach and the remaining case study adopts a more verdict driven approach with a poll very early into the deliberations. Consequently, it can be

noted that the verdict driven deliberations were shorter in length (although still remain lengthy from the perspective of the participants) than the evidence driven approach to deliberations. It may be suggested that the verdict approach minimises the length of deliberations and this may be the result of awareness of fellow panellist's perspectives on the cases and their possible suggested outcome. However, what does emerge within this verdict panel is a rather complex exchange of opinions before consensus is agreed. In contrast, the remaining case studies adopt an evidence driven approach. This can be observed through the slower and more laboured exchange of opinions. The focus group participants remarked on this slower exchange and voiced their frustrations on the reluctance to arrive at decisions that appear during the panel. The focus group participants question whether the panel members are lacking experience or confidence.

7.4.3 Shifts in decisions

The length of the deliberations is a result of the shifts in decisions during the deliberation process. Ellison & Munro (2010) note that within jury decision-making considerable shifts in verdicts emerge as a consequence of the deliberations. These shifts are observed during deliberations where individual verdict preferences are re-appraised and either re-affirmed or renounced and revised. This approach can be seen within each of the case studies (with varying degrees) and is in part the explanation for the lengthy deliberations. This suggests that this is part of the process rather than being unique to FtP and part of that process is seeking agreement on the final decision.

7.4.4 Seeking agreement

It is useful to consider the work of Glasser and Davis (1981) who suggest that individual verdict change is best understood as a function of the normative pressure applied by other members of the jury'. Interestingly they highlight that the influences exploited within these deliberations are difficult to conceptualise. This is due to the individual characteristics of those applying or exposed to those influences. This work can be considered in the context of FtP decision-making. During the deliberations of the panels, the participants noted that the panel members attempted to seek agreement or consensus. Seeking a consensus may be

better than a compromise or 'Majority effect' as this is more reflective of an agreement. In order to arrive at a consensus, the circumstances need to be appropriate. O'Sullivan (2011) asserts that if the deliberations are sufficiently open and the group climate is sufficiently supportive then consensus is possible. This approach is supported by Hayes and Houston (2007 p998) who suggests that *'When people seek to establish genuine understanding and consensus, in conditions where power is held in check, then moral communication is supposed to unfold'*.

The deliberations within the panels varied in length and structure. During all three case studies consensus was arrived at. Even with consensus, it appears that some opinions dominated. The focus group participants note the opinions and judgemental approaches adopted by a number of panel members and observed these being employed to arrive at a consensus.

7.4.5 Legal Comparisons

During the deliberations, there are a number of legal comparisons drawn. It is understandable that the composition and physical set up of the panel were not the only basis for legal comparisons. These also extend to the requirements of evidence needed to arrive at an outcome. The perceived attitude regarding courtroom outcomes is that of criminal standard of proof or 'beyond reasonable doubt'. This requirement is not applicable to FtP and the civil standard of proof or 'balance of probabilities' is indeed the underpinning principle. However, during the case studies, the participants note that a number of the panel members were reluctant to arrive at decisions until they had more evidence to do so. This lack of confidence in decision-making may be a result of inexperience but arguably may be a result of a misconception of the standard of proof used in non-courtroom judgements.

This miss-use of the requirement to be sure of guilt or 'beyond reasonable doubt' could be viewed as a persuasive tool for acquittal and it would be problematic for the investigatory team in evidence gathering and I am reminded of the following poignant and highly persuasive courtroom statement from the landmark OJ Simpson Trial;

'If it doesn't fit, you must acquit' Johnnie Cochran (1995)

This high profile case (and many more) reinforces the 'beyond reasonable doubt' standard of proof that arguably is the basis of the construction of decision-making that the panel members may have employed. It is difficult to establish if the reluctance in the deliberations were the influence of any misconception of the standard of proof or that simply through a request by participants for more evidence that there was indeed a misconception of standard of proof. Glasser and Davis (1981) suggest that the influences on the deliberations are due to individual characteristics of panels and their experiences and conclude that the reluctance is linked to experience and understanding of FtP processes.

Predominately during the discussion, I have referred to jury decision-making literature to help make sense of the processes under investigation. This legal association also appears to have a natural resemblance for the panel members and comparisons are made on a number of occasions by the participants. The role of the chair drew some comparisons with 'judge' like behaviour. A number of participants appear to be presenting a passive yet positive image of a judge and then compare that with the role of the chair. There is a suggestion from the participants that the chair and the judge role are more of an observational role. Participants considered that their role requires them to listen to the other panel members in addition the fact that all panel members are listened to and given a voice in the deliberations. Conflictingly other participants within this case study had expressed concern regarding the vocal dominance of the chair within their case study. This suggests that the comparison that is drawn here is more of an aspiration rather than an actual comparison of conduct of the chair. Another role drew attention from the focus groups and this role was that of the Practice representative. Similarly, to that of the chair this role is compared with that of a judge with a suggestion that a judge and chair had very different roles and that the chair and the Practice representative are responding '*more like*' a judge. This suggests that the chair and the practice representative are functioning beyond or outside the realms of their roles.

Without further insights to how this participant viewed the role of a judge it is difficult to interpret if this is seen as a negative association or simply a different role. It is interesting

that the participants are drawing a comparison with a judge or than a foreperson. This could be a lack of knowledge of what is the role of a judge and foreperson. Ellison & Munro (2010) support this and found a lack of understanding of the role of the foreperson. Alternatively, it could be a reflection of the participant's view on the chair. They could see the chair has the sole decision-making or at least having the most influence on decision-making. If this assumption of the perception of the chair's influence is to be considered, then support can be found in Ellison & Munro (2010 p87) with the suggestion that forepersons; *'Can act as a strong influence upon deliberations- or at least will be perceived by other jurors as having wielded a strong influence'*. Without providing defined legal comparisons to the participants on differing roles and functions it remains unclear on what construction these judge comparisons are made, however what is clear is that the participants are noting a lead role and that this lead role is viewed as influential and importantly it is recognised and acknowledged that it should be influential.

One participant within the experienced focus group refers to not only the judge but also the jury. This legal comparison may suggest that the panel as a whole and not only the chair is adopting an approach similarly to that seen in a court room. Another participant within another case, the paramedic inexperienced focus group, makes a group legal comparison. This appears to be a positive comparison and positively reflects on the more informal nature of the panel and that this is a stark contrast to the court environment.

I can interpret from the participant's insights that there appears to be a formal nature of FtP and a natural comparison for the participants is a court environment. Interestingly, it is not only the courts that are used to explore the formality of panels. Comparisons to interview situations and contemporary media examples are also made. It appears that although legal comparisons have significance, other comparisons are made to illustrate the issue. This appears to suggest that observational references are drawn from experiences and are used to provide a universally recognised reference point rather than direct legal comparisons to FtP.

Thompson et al (2004) introduced the expression of 'decisional complexity' meaning that we respond to situations with quick decisions and often have to make decisions that are complex. The speed of deliberations and the complex nature of the case studies emerge on a number of occasions and prove to be key finding within this research study.

7.4.6 Snap Decisions

The deliberations during the three case studies ranged from 35- 50 minutes in durations. All focus groups observed that the deliberations were lengthy and considered. However, the focus groups are tasked with arriving at their own outcome as part of the focus group activity. Their 'deliberations' were varied in length (See Chapter 5 Table 15) with some focus groups arriving at their decisions more rapidly than others. However, it is important to note that this activity formed only part of the focus groups rather than being the central basis of the focus group. Therefore, it is with caution that comparisons are drawn from these findings of the data collected.

A number of the focus groups across the three case studies arrived at their decision on the panel relatively quickly. In particular, the layperson focus groups across the three case studies arrived at their own decisions before all other focus groups in each of the case studies. Ginsburg et (2009) drew attention to this general tendency to make snap judgements. They assert that such a tendency may be attributed to several things but highlight that when the reason behind the behaviour is unknown it is inferred and likely to be attribute to individual factors such as personal values or personality rather than external factors or the situation. Standing's work (2011) suggest that many issues develop and erode confidence in the process of decision-making. This could indicate that more information regarding the case studies was necessary. It could further allude to a lack of experience, confidence or knowledge of FtP.

7.4.7 Lengthy Deliberations

During the panel the process of making a decision resulted in lengthy deliberations- this

polarised the focus groups- raising the question during analysis *'Is this reflective of insecure or robust decision-making?* Drawing parallels from jury decision-making research Kalven & Zeisel (1966) suggest there is evidence that indicates that juries who have undergone a deliberative discussion will exhibit better reasoning skills than individual jurors, even if the same verdict is reached, and that jurors will experience an increased sense of accountability as a result of having to explain and defend their decision to peers. This need to defend their decisions and the sense of accountability that is felt by professionals in arriving at their outcome may be explanation for the length deliberations.

The frustrations noted by the layperson focus groups appear not only to be surrounding the length of deliberations but also the potential impact of the lengthy deliberations. The participants allude to shifts in deliberations. During the cases studies, the participants perceive shifts in what appears to be the outcome during the lengthy deliberations. This results in panel members moving from one possible outcome to another possible outcome. Participants across the three case studies remark on frustrations at the length of discussions and these appear to surround the prospect of avoiding harsh decisions. This looks to suggest that the focus groups are concerned that influence is being applied in order to create 'the so-called 'majority effect'. Winter et al (2007) assert that one of the consequences of group membership such as juries (or panels) is the increased chance of individual jurors being drawn to consider competing perspectives as a consequence of their engagement with others. It may reveal an insight to the reluctance to arrive at a decision or explain the deliberations. The Experienced and Inexperienced Focus groups highlight these deliberations but from a different perspective. Participants believed the deliberations (including the lengthy nature) necessary in arriving at the 'right' decision for the student.

Comparisons can be drawn from Ellison's et al (2010) that considers the 'mock' nature of the decision-making. They remind that the gravity of the decision and the weighty ramifications make for stressful process. This is an important consideration, which is difficult to capture in simulation. Being aware of the consequences of a decision that could end a student's career or conversely failing to address a student's behaviour that could be placing the public at risk is a momentous. It not surprising that time and careful considerations is necessary. When

reviewing the data from the focus groups the length of time that each focus group took when deliberating FtP reveals that the layperson focus groups made more rapid decisions. Whether lengthy or snap decisions it is clear that the repercussions of a decision coupled with both knowledge and experience are influential. Brockbank et al (2011) offers insight into this issue by suggesting that professionals involved in FtP decisions would be more aware than the public of the clinical responsibility of healthcare students and therefore they may be more likely to excuse examples of misconduct.

7.4.8 The Physical Dynamics: The Environment

The physical dynamics of the panel were considered by the participants and it is suggested that the environment is influential in the decision-making process. During this research study, the participants assumed that the panel itself would be an intimidating experience for the students and that the approach and physical environment may have instilled this feeling of intimidation. This can be seen through comments relating to the size and composition of the panel but also through descriptive comments relating to the presentation of the student following exposure to the panel. Endsley (1995) considers the influences of the environment on the decision-making process using the SA model. A key element to this model is the interpretation of cues and the physical environment equates to a number of these cues for interpretation and that will influence the outcome. Haycock-Stuart *et al* (2015) discuss the impact of the physical process of FtP and allude to emotions of fear and anxiety. Haycock-Stuart *et al* (2015 p12) argue that the fearfulness of the FtP process (including the panel) could result in students being less honest regarding disclosure of issues and furthermore that;

'the fear, anxiety and shame associated with FtP could place a considerable burden on students and ultimately could inhibit students from identifying, acknowledging, pro-actively managing and gaining support with issues which may develop into FtP concerns, or even more serious issues'

Haycock- Stuart *et al* (2015) suggest that the concept of FtP instils fear and anxiety within

students and could consequently affect their performance. This is an important issue and warrants further consideration that was not possible to capture within this research study. This research study did not utilise students or practitioners that had been subjected to an FtP process or panel. The assumptions that the participants make regarding the impact on the student during the panel are constructions based on previous experiences or knowledge surrounding FtP. Haycock-Stuart *et al* (2015) drawn upon students (overall study n=38, those that experienced FtP n=3) who had experienced FtP. Students associated the overall experience with negative emotions and emotive language as well as blame and punishment, which resulted in feelings of anxiety and blame.

Comparisons can be drawn from this to my own research study where there was an agreement that the circumstances of the FtP would have an impact on the student. A number of participants felt expressing that this would affect the student's behaviour during the panel and could be an intimidating experience. What the participants view as intimidating are the circumstances or the environmental set-up of the panel. A number of observations that allude to the influence and impact on the student. These range from sitting around a large 'board room' like table, the number of panel members to the formal nature of the panel. One participant from the social work inexperience focus group likened the situation to 'interrogation' because of the seating arrangements. However, although the participants remark on some negative impact of the composition of the panel, they also acknowledge and recognise the serious nature of the panel. They concur that it demands a more formal approach.

A number of participants did challenge the panel composition. The participants that challenge this provide alternatives that they drew from their own experiences. Ellis *et al* (2011) provide useful guidance on the composition of panel but reiterate that it is responsibility of the HEIs to determine the composition of the panel but to be consistent with the guidance provided by regulatory bodies such as the NMC and HCPC.

Both the regulatory guidance (NMC and HCPC) and LJMU's guidance stipulates the composition of panel. I am confident that the panel simulations adhered to both sets of guidance for all three case studies. This gives rise to consideration to current clinical

practice. If participants are suggesting alternatives to these case study compositions are they in fact adhering to current regulatory guidance with these alternatives. It is important to note that although some alternatives to the number of panel members were made by one case study, the remaining alternatives that participants suggest are surrounding the formality and physical composition of the panel (detail such as where panel members should sit). This level of detail is not provided by the NMC or the HCPC or indeed LJMU guidance.

Similarly, to the findings that explore body language and its impact, it is important to recognise the individual nature of being involved in FtP panels. It is useful to consider the physical environment and the formality of panel composition. Being mindful of the seating arrangements is a useful addition to the composition considerations exist for HEIs. Nevertheless, how realistic this would be to achieve is questionable without introducing what would be prescriptive guidance on something that may have limited overall impact (this was only raised by one of the three case studies) but that may result in more explicit comparisons to court room environment if we dictate seating arrangements as well as other composition criteria. A more useful approach could be to provide guidance to chairs on the impact of structural composition of the panel and guide this role on how to resolve these issues through environmental choices such as careful seating.

7.5 The nature of the cases and their influence

It is important to recognise that the principal character within the panel is the student. The student's influence on the panel was a topic of much debate amongst the focus groups for each of the three case studies. The simulation panels and the focus groups consider at length the manner of which the student presented during the FtP panel. There is considerable concern regarding the student's insight into the issues they discuss. When the participants discuss the students they frequently return to this notion of right and asking the questions *'Is that the right behaviour for a student nurse? Is that the right attitude of a student social worker or student paramedic?'* What the participants across the case studies view as the

'right' appears to emerge as an influence on the decision-making.

This questioning of the student's behaviour, conduct and attitude returns to use of meta-ethics questioning that is employed during the data-analysis stages of this research study. This approach sought to critically consider the findings and specifically consider what each participant said relating to the attitude of the student and what was viewed as the 'right' attitude for a student nurse, paramedic, and social worker. When I review the findings concerning the student's involvement during the panel there is a noticeable resemblance to the assumptions of SI. The focus group participants appear to construct meaning from the richness of the social experience they have observed (the panel). The three assumptions of Blumer (1969) were considered in chapter three of this thesis and can be returned to here. Initially the participants both individually and then collectively examine the meaning of how the student is presenting and their attitude, they consider what they believe is the 'right' attitude. Secondly, the participants begin to examine the interactions between the student and others. Finally, they arrive at the conclusion, which is a result of assigning meaning to the student's attitude. This rather simplistic application to the assumptions of SI provides the building blocks of the potential development of this theory within this research study. The three case studies are very clearly located in the natural world and therefore the world of human behaviour and social life is fundamental to our understanding of the decision-making in such a situation as an FtP panel. Using Blumer (1969) and the meta-ethics questioning adopted during the data analysis stages I will consider each of case studies and consider the conduct of the students that will influence the decision-making.

7.5.1 Lack of insight and the student nurse

Within this case study the participant's, focus their attention on the actions of the students and what they view as 'right.' Within nursing, there is an increase in the number of misconduct cases escalated to the NMC and increasingly the contemporary issue surrounding social media is a concern. Although the data the NMC provides in the most recent FtP report (2015) does not provide a breakdown of the nature of misconduct cases, the NMC have recently (2015) provided a set of guidance on using social media responsibly.

This seems to suggest that this is an area of increasing concern. Haycock- Stuart *et al* (2015) highlights that social media is a major concern and an example of the interaction between FtP and private life. This issue is poignant in this nursing case study that explores a lack of understanding of personal responsibility but also the misuse of social media and this is the focus of the participants on what was right behaviour and conduct.

The focus groups and the simulated panel within the nursing case study are positioned significantly on the issue of lack of personal responsibility. Widespread agreement was noted that the student failed to understand the relationship between FtP and his own personal life. Haycock- Stuart *et al* (2015p12) explored both student's and mentor understanding of FtP and they suggest that the student participants had; '*A general understanding that actions in private life might have an impact on students FtP*'.

This insight to the student's views regarding personal responsibility provides a revealing perspective and supports the focus group discussions within this research study and their disbelief at the student's conduct when a lack of personal responsibility was illustrated in their remarks. There is even an exclamation of surprise within the nursing student focus group when the student is perceived to display a lack of insight. This focus group were alarmed that the student was demonstrating such an explicit lack of personal responsibility and an agreement emerges that failing to recognise this as an issue is a cause for concern and a challenge of FtP could/should follow. This suggests that there is an expectation that students know what the accepted standards of conduct are. Coupled with Haycock- Stuart *et al* (2015) and the findings from this research study an agreement appears to emerge that students understand that lack of personal responsibility could impact on FtP. This alludes to an understanding of what is perceived as the '*right*' behaviour relating to responsibility and insight.

Appreciating the boundaries between private life and professional role also emerges within this research study's finding. This is apparent during participant's discussions about the use of social media. During this nursing case study, the student is challenged over their use of social media and the inappropriate use of social media. The student's conduct in this case

study is a departure from the NMC (2015 p3) guidance relating to social media which clearly states; *'Use all forms of spoken, written and digital communication (including social media and networking sites) responsibly.'* However, what is defined as *'responsibly'* requires thought. The NMC (2015 p3) provides explicit examples of what equates to falling short of this standard is and the here two some examples that they provide; *'Posting inappropriate comments about patients and Bullying, intimidating or exploiting people'*.

Even with this unambiguous 'list' of inappropriate use of social media, it emerges as area of concern regarding misconduct (NMC 2015 Fitness to Practise Report). Questionably providing a 'list' of sub-standard practice could be seen as problematic. Any 'list' could be viewed by the inexperienced eye as an exhaustive simplistic checklist. Importantly the NMC do state that these are examples of falling short of this standard and are not limited to these wholly. The student within the nursing case study demonstrate not only a lack of understanding of the use of social media. The participant is in the experienced, inexperienced and student focus groups in this nursing case study, remark on the lack of engagement with the NMC's guidance about the use of social media. They express concern and surprise at the lack of engagement with the NMC's Guidance. The remaining group, the layperson group, did not express surprise by the student's lack of engagement with the NMC guidance but did have their own ideas of what was appropriate use of social media. This suggests that the participants from focus groups with nursing experience appear to expect students to know the guidance that is issued about their conduct and the layperson participants appear to suggest that the student should already know what is appropriate. Overall, this appears to indicate that providing students with guidance will not eradicate sub-standard behaviour and that guidance is dependent on engagement and understanding of the guidance first and foremost. Therefore, knowing what is *'right'* does not result in the *'right'* behaviour.

7.5.2 Humour and the student paramedic

The unique characteristic of the paramedic case study is the inappropriate use of humour. The increase in number of misconduct cases to the HCPC and social media is an area of

concern. The HCPC (2015p 42) state that the number of misconduct cases were consistent with the previous year's 2014-2015 and listed '*posting inappropriate comments on social media*' as one of the areas surrounding misconduct allegations. During the review of the literature, professionalism and the use of humour emerge as an issue (Christopher 2015). The appropriateness of the humour employed by the student in the case study is the cause of much debate and concern for the focus groups and how they view the use of humour appears to influence their view on the student's conduct. Ertel (2002) reminds that humour is an integral part of human relationships and plays numerous and significant roles in both personal and social lives. Christopher (2015) suggests that emergency services personnel such as paramedic practice are particularly likely to adopt the use of humour. She suggests that the use of humour is utilised for a number of reasons in particular as a counteraction to the effects of dealing with stressful situations. Christopher (2015) advises that this contributes to resilience when dealing with stressful situations for these professional groups. Yet, it is not only paramedic practice that adopts the use of humour in practice, this emerges in nursing (Burgess *et al* 2009) and social work alike (Moran & Hughes 2006). Consequently, there is scope to transfer some of the issues raised within the paramedic across to the other two professional groups explored within this research study. With many differing types of humour adopted, Christopher (2015 p610) attempts to define the types used within paramedic practice and suggested that; '*The types predominately employed were considered to be tension relieving nonsense, play on words, a sense of preposterous and incongruous, Gallows humour and finally foolish jest*'.

During the paramedic panel, the student referred on a number of occasions to the use of humour by other personnel. This raised concerns for the focus groups who felt that this reflected a lack of responsibility of the student's own actions. Evidence suggests that the use of 'black humour' is acquired by new emergency services personnel informally from their more experienced colleagues (Felton 1998). The earlier work of Rosenberg (1991) is evidence of support for this claim, suggesting that humour was passed on from experienced to inexperienced emergency services via the process of observational learning. Therefore, arguably suggesting that the student was expressing a valid point regarding his use of humour and this 'learnt' behaviour. Rosenberg however stresses that not only do less experienced staff learn when to use humour; they also learn when it is deemed

inappropriate, which is the questionable aspect of the student's presentation in the paramedic case study.

It was interesting to note that the layperson focus group had fewer issues with the use of humour than all three of the other focus groups. Salzberg (2000) highlights that humour is a valuable tool for patient coping strategies and suggested that humour could decrease the apprehension of patients suggesting that humour and its value may be considered from different perspectives within this case study and consequently may affect the outcome. One lay person participant within the paramedic focus group remarks that they like staff that are cheerful and suggests that this use of humour had the potential to make patients feel better. This therapeutic effect is supported by Lamprecht (2011) who suggested that it allows patients to forget anxiety and pain if only temporarily and ultimately can improve quality of life as a consequence. It is questionable however if this apply to all types of humour.

The case study drew upon what was viewed as insensitive and sexual related humour and it doubtful that this would still be viewed as therapeutic. This is supported by Kinsman (2008) who considered the use of humour to be trivial, unprofessional and insensitive or hurtful to others. Humour is an individual response therefore it is often different to judge what each individual will find amusing, however it may also be reasonable to assume that certain issues are viewed to be universally sensitive (gender and race for example) and as a result the risk of offence is too great to even consider venturing into that area, even if a therapeutic effect may be experienced by some. The challenge for the student could surround what was seen as sensitive. This is important considering the regulatory bodies do not provide guidance to what equates to 'sensitive' and with limited experience to draw upon this may be a rather challenging and real issue for students when trying to recognise when humour could be used appropriately and sensitively.

Christopher (2015 p616) states that *'Student paramedics with no previous ambulance experience may find this (humour) difficult to understand'* and further adds that educational support is needed to prepare students *'it may be of value to try to prepare student paramedics for such humour by introducing some of the underlying theory'*.

In addressing what is meant by sensitivity, a natural comparison could be drawn from legislation that arguably acknowledges sensitivity and guides on avoidance of discrimination. The Equality Act (2010) replaced previous anti-discrimination legislation. This introduced '*protected characteristics*' and recognised that these could not be discriminated against. Therefore, these characteristics require sensitivity and respect when dealing with them.

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

Although these protected characteristics provide protection, from discrimination, it is again not an exhaustive list or indeed a guide to sensitivity but by securing a protected status, it will be perceived by society as characteristics that warrant sensitivity. Similarly, to adhering to codes of conduct (NMC and HCPC) this legislation will not eradicate the discrimination or in the context of this case study inappropriate humour but again returning to the key issue from the nursing case study is important, knowing what is '*right*' does not result in the '*right*' behaviour.

7.5.3 Disclosure and the student social worker

The unique characteristic surrounding the social work case study is disclosure. When examining the literature relating to social work practice there is an increase in the number of misconduct cases to the HCPC relating to criminal convictions and the HCPC (2015p46) highlight that '*Criminal convictions or cautions were the third most frequent ground of*

allegation considered by panels of the conduct and committee during 2014-2015'

The central concern for the panel and the focus groups for the student social work case study is the issue of drug possession. This results in a caution that the student fails to disclose to the university and subsequently a failure to declare the change in good character status are the complex repercussions. Haycock- Stuart *et al* (2015) highlight that signing the declaration of good health and good character can be confusing and worrying for students and suggested that students did not properly understand the parameters. This is not an uncommon misunderstanding and the results of this research study support this misunderstanding. A number of participants across the three cases articulated uncertainty regarding good character and its underpinning meaning. Within the Social Work case uncertainty is raised regarding criminal convictions and cautions and what the student is required to declare. This uncertainty is crucial when considering the work of Curren and Atherton (2008 p288) highlight that within FtP (or rather suitability) the key theme are the significance of honesty and disclosure.

Achieving these revered principles of honesty and disclosure may be challenging for students that do not have an understanding of what needs/should be disclosed. Sellman (2007) provided an insight in to some of these issues when attempting to define and understand the concept of 'good character' and demonstrated that arriving at an agreement on good character was taxing for all involved however Haycock- Stuart *et al* (2015 p 17) attempts to identify traits that they consider constitutes 'good character' and move towards defining the concept rather than acknowledging that it was difficult to define, they make the following suggestions '*kindness, compassion, motivation, caring and confidence*'.

With evidence of these traits within the HCPC code (2016), the measure of good character could arguably have been seen as more explicit and clear. The issue of disclosure remains more problematic. The guidance from the HCPC (2016) and the NMC (2015) on disclosure of criminal convictions and cautions for nurses/paramedic and social work students is

unambiguous and yet there remains uncertainty in the mind of the student in the case study in this research study. The challenge of this research study is whether this uncertainty regarding what should be disclosed is representative of the wider student voice or is a finding of this one panel. Nevertheless, the work of Haycock- Stuart *et al* (2015) supports this finding in their study where there was a suggestion that signing the declaration of good health and good character can be confusing and worrying for students and furthermore that students did not properly understand the parameters involved in self- declaration. With support from Haycock-Stuart *et al* (2015) this research study would assert that confusion exists regarding self-declaration and the principles of disclosure and that more work needed to be invested in ensuring that students understand not only what was '*right*' but also how to escalate correctly issues that they know are not '*right*'.

7.5.4 Supporting students

Improving students understanding of guidance emerged in both the Nursing and Paramedic case studies. Understanding of the expected behaviour of the profession and how to report any changes emerged during the social work case. However, these were not the only areas of concern for the focus groups. A number of participants considered external influences on the student and the impact of these influences.

Mitigation is often considered in FtP cases where student behaviour is raising concern. Interestingly the Lay Person Focus group in the three case studies failed to recognise that there may be mitigation behind the manner in which the student's presented. The work of Ellis *et al* (2011p42) explored the support that is offered to students during FtP hearings and highlighting that mitigation is an important consideration. Ellis defined mitigation as '*any evidence or material, which mitigates against behaviour*'. A number of participants did recognise the importance of mitigation and they sought this in the evidence. In particular, one participant hesitates before making a decision and question if there are other issues that the panel are not aware of.

A failure to acknowledge mitigation may be the result of many issues such as a lack of

experience of the FtP process or indeed a lack of understanding of FtP itself or it could be a lack of confidence in complex decision-making. It is important to note this failure to recognise mitigation derives from the layperson focus groups and may illustrate a wider understanding from the professional groups and what equates to FtP.

7.6 Evaluating potential- simulation

During the process of this research project, I sought feedback from both the panel involved in the case simulation and the focus groups on the simulation experience. Feedback suggested that although this was a simulation or mock case, the issues felt real and therefore the participants and panel members were conscious of the outcome. This supports Ellison's (2010) work and recognises the value for the use of simulation in research.

The simulation case study utilised for this research study represent a significantly more detailed and engaging stimulus than that offered in other training or case studies.

The volume of evidence presented to the FtP panel is streamlined in order to make the case manageable for the panel on the day of filming. No restrictions are imposed on the panel in terms of deliberations. The panel members were aware that they were 'role playing' and therefore it is with caution that we consider the conduct and approach of the panel within each case study. However, the evaluative data and the panels themselves suggest that the panel members took the deliberations seriously. Despite limitations, simulation studies can provide valuable insights into the ways in which structural processes and inter-personal dynamics affect the substantive content of group deliberations and this in turn has important consequences for understanding FtP. This research study was more than simulations; the simulations sought to create robust cases studies. Yin provides an understanding of the aims of this research study. Yin (2009 p18) asserts; *'A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real context, especially when the boundaries between phenomenon and context are not clearly evident'*

This assertion illustrates how useful case study research is in providing the opportunity to practitioners and students to bring their own experience and knowledge in order to create

ideas of what is 'true' regarding FtP during conversations with other. From a social constructionist perspective, it recognises that these conversations result in inter-subjective communication (Rudes & Guterman 2007) and what follows allows for situations to be interpreted and for practitioners and students to develop their own practice in a meaningful manner. The simulated nature of the case studies helps to retain the 'real' context that is so crucial for maximum future development.

7.7 Summary:

This chapter discussed the emergent themes identified within the findings chapters 5 and 6 through examination of the participant's insights and the relevant theory and literature. With little literature relating to FtP decision-making regarding the three professional groups selected for this research study, it was necessary to consider the findings in the context predominantly of jury decision-making in addition to more generic decision-making literature. Within the findings it emerged that experience is a significant factor to the approaches that panel members adopt when determining FtP. The findings revealed that although the more experienced panel members utilised more rational and logical approaches to decision-making than those inexperienced, student and lay person focus groups they took longer to do so and this polarised the participants who were questioning whether this was an indication of confidence or uncertainty. However, the literature supports the perspective that longer deliberations result in more robust decision-making. Equally, confidence is observed as influential to the decision-making processes and the participants noted that confidence was both a negative and positive influencing factor.

The approaches the panels adopted are highlighted by all three case studies and differing approaches were both critiqued and complimented. The participants note elements that emerge in the literature surrounding group think and jury decision-making literature on deliberation dynamics. However, the participants drew meaning from key roles and the emergence of dominance was seen all three case studies through roles such as the chair and the practice representatives. The literature supported this finding; the role of the chair emerged as comparative to the foreperson within jury decision-making and brought a

number of supporting observations. One in particular was that of gender. Although the need for gender mix was recognised as important, it is acknowledged that the three professional groups were not gender balanced. Gender is considered through jury decision-making and the impact that dominant female roles can make on decision-making. Regardless of gender or confidence there was an acknowledgement that bias was unavoidable but a recognition that it need to be harnessed and managed in a meaningful way in order to minimise its influence.

Other roles were accepted as influential and crucially the role of the student was established and deconstructed by the participants. This revealed a number of interesting observations that were case drive. The first case study, nursing, explored broadly, what is expected of a student. It introduces the idea of 'right' or accepted behaviour. The second case study leads to further debate on the issue of 'right'. The vehicle for this is humour, considering when humour is acceptable and unacceptable. Finally, the third case study utilises the opportunity to return to the idea of 'right' and considered the notion of accepting responsibility for our own actions and having the necessary insight into what is 'right'. It was not only the conduct of the student that was explored by the participants but also the impact of this process was considered. This formed an important part of the discussion and opportunistically current research that begins to consider the impact of FtP was utilised to contemplate this issue. Yet, further research is recognised to be necessary with wider consideration of issues such as the impact of the composition of the panel on the student and the environment the panel is conducted in all warranted further thought.

Finally, what emerged with some degree of potency was the need for more research regarding FtP. It is necessary to consider the process of FtP, but also to consider those that implement the process. Taking the opportunity to draw from natural comparative sources such as jury decision-making and apply their lessons learnt to this complex unique context that is demanding greater exploration.

Chapter 8
Conclusion, Recommendations and
Reflective Understanding

8.1 Introduction

This research study has given an insight into the decision-making process involved in FtP panels. The original question and aims of this research study have been achieved effectively by the methodology employed in this study, which has captured the experience of FtP panels and the complexities of arriving at a decision. This was enabled through the use of a qualitative paradigm that adopted a creative approach to exploration. The use of simulated case studies allowed the focus groups to deconstruct the process of decision-making. Selecting four distinct groups with varying degrees of experience and knowledge of the issues surrounding FtP provided a platform to compare and contrast the views of all four focus groups within each case study.

The overarching difference between the four focus groups within each of the case studies was the experience of the participants concerning FtP. One focus group consisted of lay people with no experience of the issues and complexities surrounding FtP. The remaining two focus groups were distinguishable by their experience of these issues, with one group consisting of registered practitioners with experience of FtP and one group with no experience of FtP but with registered nurse status. The selection criteria clearly work on a premise that experience is an influential element to decision-making and reflect the aims of the research study.

It was apparent following the focus group discussions that experience was influential in the decision-making process but how influential and whether this was indeed, the only influence was more challenging to establish.

The research study reveals the persuasive influence of key members of the panel with the crucial role being the chair of the panels. Their persuasion could be seen in their approach to process as well as the dialogue with other panel members. It was not only the influence of the chair that was evident in the observations of the focus groups. The influence of the practice representatives became apparent during the focus group discussions. However, it appeared that their influence was not universal and was significant only for a select few

within the panel. Indeed, within the focus groups and namely the layperson focus group being the most receptive to the practice representative's influence.

Whilst the participants across the three case studies were aware of the influences of individuals within the decision-making process, there was also an acknowledgement that how the panel arrived at their outcome was notable. The deliberations of the panel yielded fascinating insights into a complex process, with each focus group drawing resonance from differing issues within the same process across each of the case studies. Thus, suggesting that varying experience of the issue will create a different focus or concern for discussion and as a consequence as the potential affect the decision-making process. Yet, ultimately, we are reminded that all groups did arrived at the same decision.

Finally, with limited research relating to pre-registration FtP decision-making, there is a demand to embrace this professional issue and widen our understanding and knowledge of how these decisions are made. When we consider the ramifications of these decisions, whether it be from the student perspective or the public perspective, it is essential that our skills and knowledge can stand up to these consequences.

The NMC registers almost 670,000 nurses and midwives eligible to work in the UK. The vast majority of these professionals will act in accordance with their professional code and consistently meet the standards expected by the public. 0.6% of registered nurses and midwives are referred to the NMC each year and 0.3% of registered nurses and midwives are investigated by FtP annually and finally 0.1% is given a sanction. Obtaining such figures relating to FtP and pre-registration nurses would prove to be more challenging with each HEI managing this process. However, with the prospect of NMC introducing a student index (originally proposed for Sept 2011- and still pending) a database which will contain the data of all students enrolled on pre-registration nursing and midwifery education programmes, will invariably alter this more individualised approach to a complex issue. The NMC suggest that the purpose behind such an index is to enhance public protection and with the figures, suggesting an increase in FtP cases then there is clearly a need for a more robust approach to this challenging issue.

8.2 Future Direction

This study has yielded an array of research possibilities within the field of FtP that warrant further investigation. With limited research, investigating undergraduate FtP and in particular panel decision-making there is a demand and need for exploration on an issue that is complex and challenging.

Drawing upon the findings of this research project and the recent work of Brockbank's et al (2011) which involved a cross-sectional survey of the public, medical students and doctors using ten hypothetical examples of medical student misconduct, it is clear that there is an argument for further research. Brockbank's work does prompt some consideration; the outcome of the study revealed that doctors were harsher than students and the public were harsher than doctors in choices of outcomes. The most lenient outcome was selected by students. Brockbank's work concluded that the public judge misdemeanours among medical students more harshly than do medical students and medical professionals. The study suggested that the views of lay persons should be sought by medical schools when promoting professionalism and considering cases of medical student misconduct. This unmistakably has implications for pre-registration student nurses and the FtP process. Comparing this to my research study is challenging. Brockbank's work utilised a survey and only considered the outcomes. My research study considered the approaches to decision-making. If it was compared, then it conflicts with Brockbank's study as all focus groups arrived at the same outcome following discussions. However, it is important to note that completing a survey in isolation does not allow for the influences that occur during a group discussion. With growing literature surrounding students and staff views about student's FtP (Rennie & Crosby 2001, Ginsburg et al 2008, 2009) there remains limited research into the perceptions of the public on these issues and this is the future direction for this research.

8.3 Strengths

This study provides much needed insight into the decision-making process involved in FtP panels. Recent research surrounding FtP has focused on the process of considering FtP. There is very little research exploring how decisions relating to FtP are arrived at and limited work comparing of layperson and professional decision- making concerning FtP therefore this is an overwhelming strength of this research project.

However, there are several strengths to this study other than the demand for further research. The creative nature of the methods adopted in order to capture an experience not previously captured in any other research relating to FtP is a major strength to this study. Rather than considering FtP panels as simply following prescriptive guidelines, this research study recognises the nuances in group decision-making that are subtle yet influential.

In an attempt to reveal the unique nature of this experience, case studies were created. The use of simulation to portray these case studies to the selected focus group allowed for real engagement with the case study for the focus group without the involvement in an actual case. The visual case study was revealed in sequences. This 'stop-start' technique proved to be useful in allowed the focus groups to discuss the issues in the case studies in a close to 'real' time approach.

8.4 Limitations of the Study

It is recognised by many authors (Locke, Spirduso & Silverman 2000; Rossman & Rallis, 2011) the importance of explicitly highlighting the conditions that may/have weaken the study and this research study is no exception.

8.4.1 Sample Selection

The sample for this research study is relatively small with 12 focus groups and each of the focus group consisting of four participants. With a study, this size it was impossible to

generalise these findings to the wider issue of decision-making in FtP panels however, this study is not claiming generalizability but transferability.

8.4.2 Cases

The case simulation has great potential and one particular prospect is to adopt its use as a training tool for future FtP panellists within the faculty. However, it also has its own limitations. Presenting one case to a series of focus groups has its restriction. The concern is that presenting a single case to each professional group as this research study does, may lead the research participants to focus on the details of the individual case rather than examining the process of decision-making in a more detached manner. Brockbank *et al* (2011) used a series of cases and therefore were able to make comparisons between cases and were able to make assumptions on a set of values from specific groups and they suggested some deviations in behaviour that were not perceived to be serious in nature. Without other cases to provide such comparisons this was impossible to achieve with this research project. The use of one single case with each profession group did lend itself to a detailed deconstruction. However, on reflection I felt that each of the focus groups was focusing on the details of the actual case rather than the decision-making process. My novice research skills were apparent in the initial focus groups and more skilled facilitation was needed to ensure the focus of the participants remained on the decision making process rather than individual case. My skills in facilitation developed over the period of the research study and by the third case study focus groups proved to be more focused in their discussions.

8.4.3 Reliance on certain techniques for gathering data

I canvassed the opinions of all focus groups regarding both the experience itself and the case adopted for simulated. Feedback from the experienced and inexperienced focus groups highlighted that more detail was required regarding the student involved in the FtP case. I provided a 'pack' to each focus group participant in an attempt to simulate the information that would be presented at a real case (Appendix 8, 9 and 10). However, the feedback from participants suggested that more detail was required and the 'packs' developed over the period of the research study. All cases attempted to be detailed and 'realistic' case notes and

comparable to reports produced with the faculty at LJMU. (Chapter 4 details the cases and the creation of each case)

8.5 Recommendations as a result of the study

The qualitative case study methodology adopted in this research study offered a detailed examination of FtP panels. The study sought to increase understanding of the decision-making processes involved in undergraduate FtP panels. The findings point to four recommendations for gaining further insight and understanding of FtP and developing decision-making processes for those involved in FtP panels.

Recommendation 1: Training re: FtP for staff

The findings of this research study highlight that experience of FtP can have both positive and negative influence on the decision-making process of the panel. It is important to consider the experience of those involved in FtP. Every HEI would be presented with the same problem which is how experience of FtP is therefore gained. Training is the obvious solution. This research study has established that clear guidance regarding FtP exists and yet interpretation of that guidance can lead to misunderstanding or can be influenced externally through others or panel member's own bias. Training with staff already involved in FtP or with no experience of FtP needs to be meaningful and needs to consider the influences on decision-making and acknowledge that FtP is not simply a set of guidance; there is a need to work towards bracketing the bias and influences on panel members. A vehicle for these discussions could be the panel simulations. This would allow for a safe but critical consideration of decision-making and an opportunity for future panel members to reflect on their own practice.

Recommendation 2: Educational sessions for students

The findings of this research study highlight the lack of understanding regarding the FtP process however it is not only FtP where a stark gap in knowledge is apparent. Issues such as disclosure of criminal convictions and sensitivity surrounding the use of humour emerged through the focus group discussions. Similarly, to the work of Haycock- Stuart *et al* (2015

p32) that recommended; *'HEIs should review their formal curriculum teaching about FtP, with a view to making improvements in nurses understanding of FtP processes.'*

This research study is supporting this recommendation and extending it further. HEIs should review teaching surrounding professionalism with a particular focus on FtP. This research study has established that clear guidance is in existence and yet engagement with the guidance is lacking. Therefore, an extension of this recommendation is that teaching surrounding professionalism and FtP is conducted from a realistic perspective, that real cases or simulated case studies are employed to provide the student with a greater insight.

Recommendation 3: Student Insight

During the focus groups a number of participants commented on the potential impact of FtP panels on the student and a consensus emerged that FtP panels would be intimidating for the students. Further research to explore the student experience of an FtP could be conducted. This could not be achieved through simulation but could be achieved through interviews or focus group discussions. I am mindful that this would be a highly sensitive issue for participants and that recruitment may be problematic. However, with careful consideration this proposed research would reveal a much needed perspective on the process of FtP and address the current dearth in the literature.

Recommendation 4: Decision-Making recreation

During the focus groups for each of the three case studies, the participants were tasked with the activity of arriving at their own decision for the panel. This activity revealed some interesting insights however, the deliberations of the focus groups were not focussed solely on decision-making, and therefore it was not possible to draw comparisons of the focus group decision-making with that of the actual case study panels. In order to explore the varying degrees of experience involved in the focus groups one proposal would be to recreate the panel with a series of focus groups- therefore allowing the focus groups to simulate the case. This would allow for examination of how each focus group unpicks the same case including how they make the decision.

Recommendation 5: Multi-professional consideration

Although this study represents a start for developing a larger body of research in this specific field, further research is necessary. Initial plans for this research study involved a proposed use of medical students but for a number of reasons such as access and recruitment this was difficult to achieve. However, this remains a prospect for future research as natural comparisons can be drawn between nursing/paramedic practice and medicine and would provide a further health perspective. An important aspect of the findings was the differing perspectives on professionalism from a health and social position. With this in mind, it would be interesting to widen this perspective and consider other allied professions and even consider professions with a public expectation of fitness to practise such as the police.

8.6.1 Reflective Understanding

8.6.2 Introduction

In my introduction to this thesis, I stated that my desire was to create a piece with reflexivity at its heart and that I was aiming to acknowledge and critically scrutinise my experiences of the research study by employing the use of narratives throughout my thesis. The 'reflective stop-off's' or pauses allowed me the opportunity to take responsibility for the understanding and interpretation of my thesis and the research study itself. These pauses were attempts to capture the rationale for decisions made during the research study and the personal challenges I experienced. Therefore, it is essential to consider whether this was achieved and evaluate the usefulness of the 'reflective stop-off's' in addition to providing an overall reflective picture of my thesis and the journey walked.

8.6.3 Beginnings

The embryonic stages of this research study were both exciting and challenging. It was an adrenaline charged period that revealed idea after idea and it was from these beginnings that my first crucial lesson was learnt concerning my realistic expectations of the research.

The initial idea for the research study emerged not immediately but slowly over the period of a number of weeks with fragments of the initial thought still remaining (The initial thought

being 'I want to get inside an FtP panel... to examine it as an outsider looking in') in order to create a more realistic research study. In my early musings I wanted to record an 'actual' panel. I thought of creative ways to achieve this and to address the obvious ethical issues that it presented. An FtP panel is a challenging process for all involved and not in the least the student. How would I get a student to agree to this process being recorded was my first thought and of course it was very rapidly followed by how would I get ethical approval! Snowden (2014) suggests that the process of seeking ethical approval can have a negative impact on the originality of doctoral research. This initial idea certainly 'felt' original but it also brought with it a number of risks. I thought of obscuring the student from view, I thought of just recording the panel and not the student, I thought of shadowing out all of the panel and the student and so on. Snowden (2014) argued that the risk-averse ethics committees would help to prevent students from understanding ethically complex research. This idea was proving to be too complex. All possible ethical considerations and challenges were considered and the realisation that this idea was not viable was soon reached. It was not easy to accept. After all I wanted to get inside a panel, to see what was happening and how could this be achieved if I did not use a 'real' panel. Every alternative I then considered was always compared (in my mind at least) to my initial and 'original' idea of recording a real panel. I had to be realistic and it was during an FtP panel itself that I realised why I had to 'let go' of the initial and original idea. I was a member of an FtP panel for a student who had a number of challenging issues and the panel deemed her not to be fit to practise. The student was clearly distraught and her final words to the panel were 'this is my career you have taken away from me'. This experience made me consider my motives for 'real'. Even if I could think creatively of a way to record the 'real' panel did it mean I should? Should we capture the student's vulnerability in order to learn more about the process? Could we not learn more about the process in other ways?

My motive was not to consider the impact of the panel on the student but to examine the decision-making of the panel. Sadly, these two issues go hand in hand and the decision-making of the panel is what creates the impact. Therefore, my main focus needed to be on the panel and therefore the relevance of 'real' became less significant.

The idea of simulating a panel was soon arrived at. To describe it as my 'eureka moment' is a slight exaggeration. Although I cannot underestimate the feeling of relief that I experienced when I had a more concrete approach in my mind and it was agreed. Importantly I liked the idea! I needed to 'like' what I was doing and coupled with my growing unrest for the 'real' panel this appeared the ideal solution. I was also familiar with simulation. I had used it in nursing practice and in nurse education and I was aware of its potential in these fields. I was keen to embrace my experience of simulation with my growing enthusiasm for research. I was at last happy to consider this new alternative and bury the ghost of my original idea for this more realistic option.

8.6.4 Becoming a researcher

I planned the research study with only limited experience of the some of the methods I would be adopting. I had experience of simulation but no experience of filming simulations. I had developed some novice skills in facilitating focus groups. I widened my consideration from my profession nursing to that of Paramedic practice and Medical practice. I wanted to consider how FtP was examined from three distinct student groups. I was confident that I would gain access to these groups through my contacts in paramedic practice and also in other universities. This proved to be one of my biggest challenges. I had rather nonchalantly underestimated the challenge of accessing other professional groups. I successfully accessed the paramedic group through contacts within the faculty however with no medical student programmes and limited contacts within this profession in other universities my repeated attempts at access were fruitless. Considering this issue now I can see the failure to recruit to this part of the study can be explained by my lack of contact with this professional group. Recruitment to research is dependent on trust. A number of studies suggest that building trust with potential participants will increase the recruitment to the research (Shavers *et al* 2002, Yancey et al 2006). This is clearly a redundant issue without contacts and access and therefore there was no scope for trust to be established or indeed be built and with limited contact no scope to increase this access and build the necessary trust.

With time constraints for the study looming and a desire to maintain momentum it was essential to re-visit the original idea. During a supervision team meeting alternatives were

mulled over and the prospect of Social Work was pondered and the question *'What would social work bring to the study?'* was directed at me and at that point a number of valid reasons were revealed (The emerging health and social agenda Post- Francis Inquiry being the significant reason) and the supervision team all agreed it was a valid decision and we questioned why it was not considered originally. Following some careful consideration, amendments to the research ethics were speedily sought and plans for this phrase of the study could be considered.

8.6.5 Confidence and Skills

I rather confidently at the beginning of this process acknowledged my novice skills in the field of research. This novice status was liberating if not unfamiliar. As an experienced nurse and educator, accepting a novice role may be quite threatening and unfamiliar. However, I found this status allowed me to ask the questions I needed to ask, seek the support I needed without fear of the usual expectations.

Over the period of the research study, my confidence in my research knowledge and skills in addition to my developing expertise in my field increased and the liberation of novice was outgrown. However, it would be wrong to suggest the 'novice me' did not still return at times. Two poignant moments within my PhD journey transported me back to this novice state and both during my attempts to disseminate my work.

My first step in to the conference world was a gentle one, a poster presentation at the RCN research conference (Glasgow 2015). I had agonised over the content of the poster and the images I had used but had thought very little about what a poster presentation really entailed. When I discovered that I had to stand next to my poster and answer questions about my work I was horrified. I soon realised that this was a slightly exaggerated response and my supervisor reassured me that 'I would be fine'. I discovered during the conference that standing next to my work and scanning faces for responses to the poster was a rather exposing experience. I wanted people to like my work and like my poster! And when delegates walked past disinterested it was a hard pill to swallow that maybe my work was not really 'that exciting' or maybe my poster was not that eye catching. A poster presentation is a highly visual method of disseminating your work and careful consideration of how your

work comes across to a wider audience is an important lesson. During the months that followed, I significantly worked on the visual presentation of my work and even created my own images to be used within future posters to strive towards attracting (at least initially) a wider audience.

The second step in to the conference world was a much more daunting experience. I had been asked by the UKSPC student paramedic conference (Hatfield 2015) to present my work surrounding paramedic FtP. With over a 100 delegates sitting in front of me (and a large number of them fully uniformed in either paramedic or military uniform and male) I gulped and started my presentation. I was very familiar with teaching large groups of students but this felt intimidating. I scanned the room and caught the gaze of a female paramedic in full uniform and she smiled. Reflecting back on that moment I am confident that my relief was palpable for all to see. I relaxed and launched into my presentation. A delegate raised his hand during question time and my nerves returned, he asked what the case involved. I summarised the details of the case to the audience... *'Do we use humour that much?'* he asked to which the whole audience laughed. I had survived. (Appendix 11 Dissemination of research)

8.6.6 Work and PhD balance

Throughout this research study, I have worked full-time and for the majority of this period in a very challenging and complex role. I struggled during this period to prioritise the PhD, although I was advised to set time aside the reality was that other tasks that were time specific moved up the hierarchy and the study was sadly demoted on too many occasions. I made plans to work during the evening and at the weekends instead however, life had other priorities and these successfully won in the battle with the PhD.

Finally, at a crisis point, I was 'forced' to review my priorities and with this revitalised perspective, I made concrete plans and for the most part adhered to those plans. I viewed this aspect of my journey very much as a battle. Giving time to the PhD and making it a priority was intrinsically linked with my motivation. When I prioritised the PhD and immersed myself in to the study, my enthusiasm and motivation returned. Maintaining my motivation and enthusiasm kept the PhD my priority and vice versa. Time and distance

proved to be significant in maintaining my motivation and with this, it remained. When I protected my time and distanced myself from my work place or other distractions, I was able to motivate myself. This seems a simple and rather obvious approach however, it was far more challenging to achieve than I had anticipated. There were always tasks for my role, there were always requests for teaching and interviewing... the list was endless. I had to review my approach to these requests and tasks and I had to develop strategies to ensure time but also to meet the demands of my role. Sometimes this meant longer working days to protect time for the following day to be free to focus solely on the PhD. Other times it meant saying 'no I cannot help'. I learnt more about myself and my approaches to work during this period than any Myers- Briggs type indicator (2000) had ever revealed and I will take these insights into my future projects and roles.

8.6.7 Writing

I have always aspired to the creative field of writing with Agatha Christie my unlikely childhood heroine. The prospect of writing the thesis had not loomed with intent but rather excitement and I was provided with the opportunity of 'protected' time to write. Rather excitingly, I began writing. However, the reality proved to be rather different to the dream. I had envisaged writing a creative and exciting period but the daily activity proved less exciting and more challenging and the realisation that writing such a sizeable and complex project would not be so straightforward. I was saddened by this reality. My romantic vision of writing was lost and the reality was less romantic and more 'horrific'. It was returning to literature that helped me gain a more realistic perspective and these poignant words; *'I have hated the words and I have loved them and I hope, I have made them right'* Marcus Zusack (2005) 'The Book Thief'.

I realised that I 'loved' and 'hated' the experience of writing and that 'hating' was reasonable. I removed the rose-tinted spectacles. I learnt that writing such a project required structure, planning and importantly motivation. Although I found many aspects of this project, challenging it was maintaining my motivation that truly was the most challenging issue and I returned to this issue repeatedly throughout this journey. With my motivation waning significantly during the writing-up period of the research study I needed to discover ways of

maintaining buoyancy. I considered how I worked mostly efficiently. I discovered that it was important for me to retain interest and that working solely on a task for extended periods would dampen interest and motivation. I was a little disappointed in myself in this discovery. I had considered myself a focused worker and yet trying to remain focussed for any sustained period was proving too challenging. I planned carefully my work schedule and timetabling varied tasks was a useful technique. This proved to be a useful motivator and with motivation buoyant, I was able to stay on task for longer periods and my 'protected' time proved to be a very productive writing period.

Of course, I was not only concerned with writing, I was immensely uneasy about *what* and *how* I was actually writing. When I reviewed the literature surrounding authorship of a PhD, it described the ability to be able to write in a clear, concise and comprehensive manner. Although I had always aspired to be a writer, it was a writer of fiction that had filled these fantasies. Academic writing was a different challenge and my confidence was low. My response in the early stages of the PhD to these feelings of inadequacy was avoidance. I simply avoided writing. I created films; I gathered data and avoided any form of writing. I recognised very early in the process that I was avoiding this task for this reason but interestingly acknowledgement of the issue did not help me make the steps to resolving the issue. My supervisors asked to see my 'outputs' and I reverted to excuses. When I had no more excuses, left and I had to provide outputs I began to write and it was an extremely nervous version of me that pressed the send button on the email containing my first chapter to my supervisors (and those nerves remain today).

8.6.8 Lessons learnt

We are often asked '*If you had your time over again... what would you do differently, what would you change*' given the enormity of the PhD journey, it is important for any budding researcher to consider these poignant questions in their reflection of their experience.

I considered these questions and I thought of how I would write my initial proposal for this research study but with the knowledge and experience, I have today. I returned to my original proposal. Reassuringly I appreciated that there were fundamental aspects of the study I would retain and in particular, the stand out success for me was the use of the

simulations. The evaluations from both the panel members and the participants illustrate how powerful a medium simulation could be and that it not only had potential in the educational arena but also within the field of research.

However, this research study is not without its limitations and the need for change. The process of data analysis was a challenging one. I had little experience of the process and attempting to analysis individual cases before conducting cross-study analysis was a demanding period. What made the experience demanding was that each case had its own unique characteristics making cross-study analysis challenging (but not impossible). I was distracted for a long period by the differences in the cases and it took a long time for me to put aside the unique characteristics of each case and to consider the processes of decision-making. It is for this reason that *'If you had your time over again'* I would create one case that could be adapted across all three professions allowing for a more seamless cross-study analysis with no distractions.

8.6.9 Evaluation of the 'stops'

Ortlipp (2008) reminded me that this reflexive approach to the research process is widely accepted in qualitative research and that researchers are urged to talk about themselves and so I felt validated that my inclusion of reflection within this thesis was valuable however my approach and the content of the reflections left me with some doubt and so I was keen to evaluate the use of the reflective 'stop-off's.'

Often when I consider evaluating a process or approach my starting point is usually enjoyment. 'Did I enjoy this?' I would ask myself. Recognising that evaluation is far more than a hedonistic response, it was important for me to not only consider whether I enjoyed writing the reflective 'stop-off's' (which incidentally I did) but also to consider what did they add to the thesis. Bloomberg et al (2012 p37) provided a useful checklist of the skills needed from qualitative researcher that I referred to on more than one occasion during this process. They suggested that the researcher needed to be *'reflective about own voice and perspective'* and that they *'acknowledge personal values and bring own experience to bear on the study'*.

Throughout this study, I have provided the reader with a number of insights into the journey of the research and the creation of the thesis. It was imperative to me as a qualitative researcher that my voice and my experience were captured as well as those involved in the case study simulations and the focus groups. This imperative was built on my view of qualitative research. I saw qualitative research providing a voice and that included the researcher. The use of the reflective 'stop-offs' seemed the ideal way of capturing this and in a timelier way than a reflective account affixed to the thesis could achieve. When I consider Bloomberg's latter statement, I found myself more challenged. Acknowledging my own experience and its bearing on the study was essential. This very experience had prompted the research. However, acknowledging my own personal values was more problematic. As a nurse and an educator, I had become skilled in situating my own personal values and considering issues from a more neutral perspective. An approach advocated strongly by my regulatory body, the NMC. However, the reality of neutrality is rather more challenging than a code can really capture. I found myself hesitating during one 'reflective stop-off' and experiencing a feeling of insecurity that comes from exposing a perspective of self that only a chosen few get to see. A frank exploration of personal values could be seen as both liberating but also may blur the boundaries of the researcher hence there were a number of 'reflective stop-offs' that found themselves on the cutting room floor.

Employing the use of the reflective 'stop-offs' enabled me to make my experiences, thoughts and feelings visible and so became an acknowledged part of the research design, data collection, analysis and finally the interpretation process. It was equally important that methodological this voice I had created through the thesis was an accepted approach adopted in constructivist research.

8.6.10 Legacy

My supervisor asked me during one supervision session what was my 'legacy'. I think we all would like to think when we embark on a research study that we are 'making a difference' and 'breaking new ground'. In the early stages of the project and with very little research in the field in existence I was excited by the prospect of venturing (to some degree) into the unknown but it was not this issue alone that resonated when I considered my supervisor's

poignant question; I asked myself *'Is this my legacy? Is my legacy the beginnings of research into the field of FtP decision-making? Or is my legacy the more extensive use of simulation within case study research?*

This research study is both of these aspirations but it is more. This thesis is a real account of a PhD, warts and all. I am a critical reflective practitioner, embracing my areas of development and valuing lessons learnt. Boden, Kenway and Epstein (2005 p70) warn against the *'seamless, neat and linear processes'* that are displayed and acknowledges the messiness that is often the research journey. At times, this was a messy journey and often the feelings experienced during the PhD are exposed in the reflective stop-off's. For me, this is the real experience and legacy.

**Decision-Making: understanding undergraduate fitness to
practise panels using a simulated case study approach**

Julie-Ann Hayes

Volume 2

References and Appendices

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Appendices

Appendix 1: Critical Appraisal Skills Programme

accessed: 30th August 2016 <http://www.casp-uk.net/>

Screening Questions

1. **Was there a clear statement of the aims of the research?** *What was the goal of the research? Why it was thought important? Its relevance.*
2. **Is a qualitative methodology appropriate?** *Did the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants. Is qualitative research the right methodology for addressing the research goal.*

Detailed Questions

3. **Was the research design appropriate to address the aims of the research?** *Was the research has justified the research design.*
4. **Was the recruitment strategy appropriate to the aims of the research?** *Did the researcher has explained how the participants were selected. Did they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study. Was there are any discussions around recruitment.*
5. **Was the data collected in a way that addressed the research issue?** *Was the setting for data collection was justified. Was it clear how data was collected. Did the researcher has justified the methods chosen. Did the researcher has made the methods explicit. Was the form of data is clear.*
6. **Has the relationship between researcher and participants been adequately considered?** *Did the researcher crictically examine their own role, potential bias and*

influence. How the researcher responded to events during the study and whether they considered the implications of any changes in the research design.

7. **Have ethical issues been taken into consideration?** *Is there sufficient detail of how the research was explained to the participants. Did the researcher discuss the issues raised by the study (informed consent/ confidentiality).*

8. **Was the data analysis sufficiently rigorous?** *Is there an depth description of the analysis process. Is thematic analysis used- if so is it clear how the themes were derived. Is there sufficient data presented to support the findings. Did the researcher critically examine their own role, potential bias and influence.*

9. **Is there a clear statement of findings?** *Are the findings explicit. Is there adequate discussion of the evidence both for and against the researchers arguments. Does the researcher discuss the credibility of the findings. Are the findings discussed in relation to the original research question.*

10. **How valuable is the research?** *Does the researcher discuss the contribution the study makes to existing knowledge or understanding. Does the researcher identify new areas where research is necessary. Does the researcher discuss whether/how the findings can be transferred to other populations.*

Appendix 2: Relevant Research Papers and Discussion Papers relating to Nursing Practice

Author/Date	Title	Methods Adopted	Overall Findings	Discussion	Quality Assurance based on CASP Tool
Devereux et al (2012)	<i>Why do students fail to disclose health problems?</i>	<p>3 stage study, Online survey, Interviews and development of a web-based information resources.</p> <p>Study 1: 274 students were surveyed, 75 responses.</p> <p>Study 2: Interviews of those who said they had a disability or health condition. 10 participants.</p> <p>Study 3: Web-based resource created based on findings of the research study.</p>	<p>Survey showed that students received info from a range of sources re: FtP.</p> <p>7 of those surveyed had not disclosed a health condition until after interview</p> <p>13 had not disclosed a health issue until after enrolment on the programme</p> <p>Interview showed a lack of understanding of FtP and the significance of FtP, They didn't always know when a health condition might impact on FtP, They</p>	<p>'Five key points about FtP:</p> <ol style="list-style-type: none"> 1. 'Good health and good character are key elements of a nurse or midwife's fitness to practise. 2. 'Students' disclosure of health issues or disabilities can be problematic for universities. 3. Prospective and current healthcare students lack awareness about the scope and implications of fitness to practise' 4. Students need more information on fitness to practise issues to encourage them to identify and disclose any disability or health issue. 5. A web-based information zone can improve students' knowledge on health related fitness to practise issues' <p>(Devereux et al 2012)</p>	<p>STRONG SCORE</p> <p><i>Paper adopted within review of literature.</i></p> <p><i>Provided useful insights into the understanding of the concept of FtP.</i></p>

			were fearful of disclose because of stigma and discrimination		
Unsworth (2011)	<i>Student professional suitability: Lessons from how the regulator handles fitness to practise cases</i>	The study considered the FtP policies and procedures for pre-registration nursing programmes in UK HEIs. Data was collected via publically available information and freedom of information request. A thematic analysis was conducted.	Not all HEI's had a policy specifically for nursing The policies lacked clarity on the key concepts involved such as the 'fitness' Case progression was unclear.	The author suggested: HEI's needed to improve the FtP Policies Clearer understanding surrounding why cases would be referred to FtP panel. A requirement for HEI's to justify their decisions and at all stages Review of the appeals procedures.	STRONG SCORE <i>Paper adopted within review of literature.</i> <i>Provided useful insights into the policies for FtP across HEI's and comparisons with regulators.</i>
Ellis et al (2012)	<i>Supporting nursing students during fitness to practise hearings</i>			This discussion paper makes recommendations for practice based on the University of Manchester's Procedures and approach to FtP. Considers from the student perspective. Appointment of student support officer for FtP- support to prepare for	WEAK SCORE <i>However used within review of literature to provide context within FtP hearings.</i>

				the panel, emotional support before, during and after the FtP Panel.	
David and Lee-Woolf (2010)	<i>Fitness to Practise for student nurses: principles, standards and procedures</i>			This discussion paper examines the principles of FtP in HEIs. It considers: FtP procedures and how the composition of the panel Student involvement in the FtP proceedings Setting of sanctions Should panels be subject specific?	WEAK SCORE <i>However used within review of literature to provide context within FtP hearings.</i>
Tee and Jowett (2009)	<i>Achieving fitness to practice: Contributing to public and patient protection in nurse education</i>	Study explored the impact of a new FtP policy at a HEI. Case study was conducted of FtP Policy and processes. Data collection involved interviews and review of documents.	This was developed because of issues raised regarding the current policy. Concerns involved: Timing of the panels Lack of accountability between HEI and placement providers Unclear decision-making New process aimed to: Outline the working between HEI and	Discussed the implementation of a new FtP framework in the HEI Benefits of the new framework- more willing to raise concerns, greater confidence to raise concerns Authors argue that without robust FtP process problematic behaviour remains not addressed.	STRONG SCORE <i>Paper adopted with review of literature.</i> <i>Provided insight into the use of case studies and the compositions of FtP Panels.</i>

			<p>Placement provider- clear partnership</p> <p>Composition of FtP panels</p> <p>Conduct of Panels</p> <p>Processes to be made clearer</p>		
Jomeen et al (2008)	<i>Review of student guidance for Professional Behaviour</i>	<p>A review of guidance and standards on professional behaviour and students from all UK healthcare regulators carried out on behalf of the NMC.</p> <p>Involved: Systematic literature review Data collection from HEI's re: FtP Content Analysis of all literature.</p>	<p>No agreed definition of professionalism- more overlap recognised.</p> <p>Professionalism was linked to values, health and character and behaviour.</p> <p>Only the GMC had not passed the responsibility of FtP to the HEI's.</p> <p>'Fitness' was also poorly defined by most regulators.</p>	<p>Authors suggest:</p> <p>Lack of direct guidance makes an assumption that students understanding the concept of 'professionalism'</p> <p>CRB/DBS is used to assess FtP- suggesting the importance of private life to professionalism.</p>	<p>STRONG SCORE</p> <p><i>Paper adopted within review of literature.</i></p> <p><i>Provided an insight to regulators guidance re: BEHAVIOUR.</i></p>
Sellman (2007)	<i>On being of good character: Nurse education and</i>			<p>This discussion paper examined the concept of good character and how to assess good character.</p>	<p>WEAK SCORE</p>

	<i>the assessment of good character</i>			The author suggests that HEIs must acknowledge the concept of 'good character'- consider the complexity of the assessment of this concept and the limited extent to which future risk can be managed by the assessment of this concept.	<i>However used within review of literature to provide context within FtP hearings.</i>
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Appendix 3(a): Relevant Research Papers and Discussion Papers relating to FtP and Paramedic Practice/ Social Work Practice

Author/Date	Title	Methods Adopted	Overall Findings	Discussion	Quality Assurance based on CASP Tool
Boak et al (2012)	<i>Student fitness to practise and student registration. A literature review. A project for the Health Professions council.</i>	A review of literature relating to FtP across a wide variety of healthcare disciplines- carried out for the Health Care Professions Council. 10 databases searched. Reduced to 400 publications. 100 grey literature items from regulators in the UK and internationally. Majority of publications were UK/USA.	Moral suitability Technical Competence Evaluation of professionalism focuses on the assessment of behaviour. HEI assessment professionalism before, during and at the end of programmes. These evaluations are both formative and summative. Processes for FtP vary from HEI's.	Importantly the authors conclude that the lack of evidence of the risk of students to the public makes it particularly difficult to set guidelines to assess FtP. The authors make the following suggestions <ul style="list-style-type: none"> • HEI have clear FtP processes • Students are fully informed re: FtP • Processes surrounding FtP are consistent 	WEAK SCORE <i>However used within review of literature to provide context to FtP.</i>

			HEI's develop professional behaviour through, teaching, placements, role modelling, reflective skills.		
McLaughlin (2010)	<i>'You've got to be a saint to be a social worker'. The (Mis) operation of fitness to practise processes for students already registered onto English social work training programmes.</i>			This discussion paper provided an outline of the FtP process, professional unsuitability, surveillance and public protection and accountability.	WEAK SCORE <i>However used within review of literature to provide context within FtP hearings</i>
Currer and Atherton (2008)	<i>Suitable to remain a student social worker? Decision making</i>	This study explores decision-making around the termination of training through a comparison of FtP	Participants considered the code to be very important. They found the code challenging.	The authors concluded: <ul style="list-style-type: none"> • There is some ethical component to decision-making • Context is key and must be taken into account when considering behaviour and character 	STRONG SCORE <i>Paper adopted within review of literature.</i>

	<p><i>in relation to termination of trainin.</i></p>	<p>processes for social work students. This is the 2nd study- the 1st study examined the procedural documents. This study explored academics in one HEI and how they viewed students entering practice. Data was collected via interviews and the use of vignette of a FtP case.</p>	<p>They were consistent in the way they reviewed the vignettes They considered mitigation They considered their own experiences</p>	<ul style="list-style-type: none"> • Students should be allowed to learn from mistakes- a more graduated approach to sanctions 	<p><i>The used of vignettes provided useful comparisons.</i></p>
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Appendix 3(b): Relevant Research Papers and Discussion Papers relating to FtP and Allied Professional Groups

Author/Date	Title	Methods Adopted	Overall Findings	Discussion	Quality Assurance based on CASP Tool
Brockbank et al (2011)	<i>Unprofessional behaviour in Medical students: A questionnaire-based pilot study comparing perceptions of the public with medical students and doctors</i>	Cross sectional pilot study of the public, medical students and doctors. 10 hypothetical examples of medical student misconduct. Convenience sample. 130/180 questionnaires- response rate 72%	Overall doctors were harsher than students and the public were harsher than doctors in their choice of sanctions. The most lenient were students.	The public judge misdemeanours among medical students more harshly than do medical students and medical professionals. There are implications that the view of lay members should be sought when promoting professionalism and considering cases of misconduct.	STRONG SCORE <i>Paper adopted within review of literature.</i> <i>Provided interesting insights into perspectives of lay people. Although a questionnaire it provided data how decisions made by professionals/students and lay people.</i>
Alridge et al (2009)	<i>Medical student fitness to practise committees at UK medical schools</i>	Survey All 31 medical schools responded.	19 medical schools had a fitness to practise hearing that just dealt with medical students only.	All 31 UK medical schools with undergraduate programmes have a fitness to practise committee. There was a variance in the governance of these	STRONG SCORE <i>Paper adopted within review of literature.</i>

			<p>3 had committees that dealt with medicine and dentistry.</p> <p>8 had a committee that dealt with students of medicine and 2 or more other programmes such as nursing/ social work etc.</p>	<p>committees and also how they co-manage other undergraduate fitness to practise processes.</p>	<p><i>Although a survey it provided data how panels were managed.</i></p>
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**Appendix 4: Consolidated criteria for reporting qualitative studies (COREQ)
checklist utilised for this research study**

	Checklist items	Location in research study
Domain 1: Research team and reflexivity		
1	Personal Characteristics: Interviewer/ Facilitator	Chapter 1: 1.6 Role of the researcher p26, p123-126
2	Credentials	Chapter 1: 1.6 Role of the researcher p26, p123-126
3	Occupation	Chapter 1: 1.6 Role of the researcher p26, p123-126
4	Gender	Chapter 1: 1.6 Role of the researcher p26, p123-126
5	Experience/ training	Chapter 1: 1.6 Role of the researcher p26, p123-126
6	Relationship with participants: Relationship established	Appendix 5: p386
7	Participant knowledge of interviewer	Appendix 5: p386
8	Interviewer characteristics	Appendix 5: p386
Domain 2: Study Design		
9	Theoretical framework: Methodological orientation and theory	Chapter 3: 3.2 conceptual framework p78
10	Participant selection: Sampling	Chapter 3: 3.4.3 Focus group sampling and recruitment p102-103
11	Method of approach	Chapter 3: 3.4.3 Focus group sampling and recruitment p102-103
12	Sample size	Chapter 3: Table 7, 8, 9 p104-105
13	Non-participation	Chapter 3: Recruitment p105-108
14	Setting: Setting of data collection	Chapter 3: 3.4.6 Conducting the focus groups: the research setting and approach p109

15	Presence of non-participants	None present for this research study
16	Description of sample	Chapter 3: 3.4.3 Focus group sampling and recruitment p105-108
17	Data collection: Interview guide	Appendix 7 p391
18	Repeat interviews	Not conducted for this research study
19	Audio/ Visual recording	Chapter 3: 3.4.6 Conducting the focus groups: the research setting and approach p108-109
20	Field notes	Chapter 3: 3.4.6 p109
21	Duration	Chapter 5: table 15 Focus group profiles p159
22	Data saturation	None appropriate for this research study
23	Transcripts returned	Chapter 3: 3.6.3 Trustworthiness table 11 p121
Domain 3: Analysis and Findings		
24	Data analysis: Number of data codes	Chapter 3: Data Analysis p114
25	Description of the coding tree	Chapter 3: Data Analysis p115-116
26	Derivation of themes	Figure 11- Thematic Map Focus Group data p162 Figure 7- Thematic Map Debrief data p134
27	Software	Not utilised for this research study
28	Participants checking	Chapter 3: 3.6.3 Trustworthiness table 11 p121
29	Reporting: Quotations presented	Chapter 5 and 6- Quotations presented throughout these two findings chapters. Chapter 5 p166-p221 Chapter 6 p229-271
30	Data and findings consistent	Chapter 5 and Chapter 6 p158-272
31	Clarity of major themes	Figure 4- Thematic Map Focus Group data p163 Figure 5- Thematic Map Debrief data p135
32	Clarity of minor themes	Figure 4- Thematic Map Focus Group data p163 Figure 5- Thematic Map Debrief data p135

Appendix 5: Participant Information for Focus Group Participation



Liverpool John Moores University
Faculty of Education, Health and Community

Study Title

‘An exploration into the decision-making process within undergraduate healthcare students’ fitness to practise panels.’

Invitation

You are being invited to take part in a research study as part of my PhD at Liverpool John Moores University. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Feel free to ask if anything is unclear or if you would like any further information. Please take your time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The purpose of the study is to examine ‘Fitness to Practise’ Panels for undergraduate students and the decision-making process that takes place. This will be done using a video recorded simulated case study.

A fitness to practise panel is a group of people that meet to hear evidence regarding alleged poor practice. This panel decides if the practitioner is fit to practice. The term Fitness to Practise is defined by the regulatory bodies of the practitioners such Nursing and Midwifery Council, who are the statutory regulatory body for nurses, Health Care Professions Council for paramedics and social workers.

Why have I been chosen?

- You are a member of the faculty of health staff

- You have been asked to take part as you have experience of fitness to practice panels within the faculty and you have awareness of the issues surrounding fitness to practice.
- You are a registered nurse/paramedic/social worker

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep and asked to sign a consent form. If you decide to take part and sign the consent form you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way.

What will happen if I agree to take part?

If you agree to take part you will be asked to attend a focus group with four other people, you will spend some time watching, listening and discussing a DVD of a simulated fitness to practice panel. The focus group will be facilitated by the researcher.

A focus group is a small group discussion which is lead by a researcher.

Are there possible disadvantages to taking part in the study?

There are no potential disadvantages of either taking part or not taking part in the study.

Are there possible advantages to taking part in the study?

Taking part in the focus groups and data generation for this study may enhance your understanding of the fitness to practice panels and the decision-making process involved. You will also have the opportunity to gain insight, as a participant, into the research process.

What if something goes wrong?

As the study does not require any intervention, there are no risks involved.

Will my taking part in this study be kept confidential?

All information that is collected during the study will be kept strictly confidential.

If you consent to take part in this study, your name will not be disclosed and would not be revealed in any reports or publications resulting from this study.

Things that you say during the focus group may be quoted in publications, though any information about you will **NOT** have your name or any identifying features on it so that you cannot be recognised.

All information will be handled, and stored in accordance with the requirements of the Data Protection Act 1998.

What will happen to the results of the research study?

Information obtained may be published in journals and presented at conferences. Your name will be kept strictly confidential, and will not be identifiable if the work is published.

Who is organising and funding the research?

The research is being supported by Liverpool John Moores University.

Who has reviewed the study?

Ethical approval has been gained from Liverpool John Moores University Ethics Committee.

Contact for Further Information

For further information please contact Julie-Ann Hayes either in person or via telephone or email.

Ms Julie-Ann Hayes

Senior Lecturer and Principal Investigator

Liverpool John Moores University

Room 3.07

15-21 Webster Street

Henry Cotton Building

Liverpool

L3 2ET

Telephone number: (0151) 231 4486 email: j.nicholson@ljmu.ac.uk

Appendix 6: Consent Form



Liverpool John Moores University
Faculty of Education, Health and Community

CONSENT FORM

Focus Group Participation

Participant Identification Number:

Title of Project: 'An exploration into the decision-making process within undergraduate healthcare students' fitness to practise panels.'

1	I confirm that I have read and understood the information sheet dated _____ for the above study. I have had the opportunity to consider the information, ask questions and where necessary, have had these answered satisfactorily.	<input type="checkbox"/>
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	<input type="checkbox"/>
3	I understand that I will remain anonymous in any future publications relating to this research study.	<input type="checkbox"/>
4	I understand that I must not disclose any information relating to this research study unless requested to do so.	<input type="checkbox"/>
5	I understand that the researcher will hold all information and data collected in a secure and confidential manner.	<input type="checkbox"/>
6	I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised.	<input type="checkbox"/>
7	I understand that the focus group will be audio-taped and I am happy to proceed.	<input type="checkbox"/>

Name of Participant:
Date:
Signature:

Appendix 7: Focus Group Questions and Evaluation Questions



Liverpool John Moores University
Faculty of Education, Health and Community

Title of Project:

'An exploration into the decision-making process within undergraduate healthcare students' fitness to practise panels.'

The Focus Group Schedule

The focus groups will be semi structured in nature and therefore will not follow a rigid format however; the following areas will be used to guide the interview:

Introduction to the research project and the principal researcher

- Emphasise interview is being taped
- Reiterate that confidentiality will be maintained
- Offer opportunity for questions

Discuss the make- up the panel

- What were the differing roles within the fitness to practise panel
- Differences between clinical staff v academic staff v chair

Discuss the decision-making process

- How did they arrive at their decision?
- What might have influenced their decision-making?
- What do you think of the decision?

Evaluation

- What have you learnt from using the simulation?
- Do you think the simulation has potential developmental use?
- For so- who with and How?

Any other issues important to the Decision-making process not covered earlier

Conclusions

- Summary of focus group
- Thanking participants
- Informing them what happens next
- Informing them what we will happen to the information gathered during this research project
- Any other questions

Appendix 8: Investigation Report 1 Nursing Practice

Please read carefully through the materials before the case study commences.

The following is a timeline of events leading to the Fitness to Practice Panel created by the Investigation Officer appointed to the case.

The Case study: Phil Jones

Phil Jones, 2nd year student nurse, allegations of unprofessional behaviour reported by ward staff.

Previous formal warning regarding persistent absence from last clinical placement and also informal warning about behaviour in classroom (fell asleep during a lecture and had to be woken up by lecturer)

On Thursday the 3rd of Feb staff reported that you fell asleep during handover on the early. When questioned about this you stated that you had struggled to sleep due to noisy neighbours. One member of staff reported that you told her you had been out the night before and had not arrived home until 3am.

'I didn't fall sleep... I just closed my eyes' 'I do have noisy neighbours!!' 'I never went out... that's a lie'

On Friday 4th of Feb staff reported that you arrived late for your early shift by 45minutes. When questioned about this you stated it was due to problems with your alarm clock.

'I can't remember being late'

On Monday 7th of Feb staff reported that you asked to leave your late shift early. Staff allowed you to leave early.

'Oh yeh... I was going out'

On Tuesday 8th Feb staff reported that you asked to leave your early shift early. Staff did not allow you to leave early.

'I don't remember asking to go early' 'that's a lie' 'why would I ask to go again? 'I'm not mad!!'

On Thursday the 10th of January staff reported that you arrive 1hr late for the early shift. Staff report that on your arrive you appeared under the influence of alcohol. When questioned about your behaviour staff reported that you started to laugh. Staff then asked you to leave the ward.

Staff reported this to the PEF's and the university and you were invited to the university to discuss the concerns arranged. This appointment was for Friday 11th January.

'I was abit late but it was only about 30mins not an hour. I hadn't been drinking... I was just tired' 'It was funny that was why I laughed' 'Couldn't believe that they reported it to uni... its abit much.. I was only abit late'

On Friday the 11th January, staff on the ward became aware that you had made an entry on to your Face-book site regarding the incident on the 10th January. Extract from face-book .

'I did write it yeh but I was dead angry... I've already had a formal warning about my sickness and about absence... I knew the university would lose it with me'

'I shouldn't have written what I wrote on face book... I forgot that some of the staff was on there'

'I've deleted it now'

'One of the staff nurses is always writing stuff on there.. She really slag's the patients off. She should get struck off'.

Statement from Sister Jane Smith

Ward 1 Royal Liverpool Hospital

Phil Jones started on Ward 1 at the end of January. His mentors were Mary Clarke and Peter Walker.

Both mentors reported that Phil appeared disinterested at times and had told one of the health care assistants that the ward was 'boring'.

On the 3rd of February during my handover, Phil Jones appeared to be asleep. When questioned during the handover Phil said that he had struggled to sleep due to noisy neighbours and appeared amused when I discussed the issue with him.

He reassured me that this would not happen again.

Jane Smith

Jane Smith

March 23rd 2011

Statement from Mary Clarke

Ward 1 Royal Liverpool Hospital

Phil Jones started his placement on Ward 1 in January. He was late for both early and late shifts on several occasions.

I discussed his lateness with him on each occasion and it was also discussed at his mid-way assessment with Peter Walker. Phil said he had discussed his lateness with staff at the university.

He also had several days off sick during the placement and said he wanted to make the time up at the end of the placement and the university had said this was ok.

Two HCA's reported that he had told them he had been out the night before some of the occasions that he was late for work.

Mary Clarke

Mary Clarke

March 22nd 2011

Statement from Peter Walker

Ward 1 Royal Liverpool Hospital

Phil Jones started his placement on Ward 1 in January. He was late for both early and late shifts on several occasions.

I discussed his lateness with him at his mid-way assessment with Peter Walker. Phil said he had discussed his lateness with staff at the university.

On Thursday the 10th of January Phil Jones arrived 1hr late for the early shift. When he arrived he appeared under the influence of alcohol and his speech was slurred. I asked Phil to leave the handover and took him into to the staff room to discuss it in private and asked him if he had been drinking. Phil started to laugh and would not answer any questions directly. He kept saying he had brought his paperwork for me to sign to whatever question i asked him. I asked Phil to leave the ward and he just shrugged his shoulders and said ok.

On the Friday one of the HCA, Helen Williams, informed me that Phil had posted comments about me and the fact I had asked him to leave on Facebook. She went on her Facebook and showed me the comments. He had said that I was a 'f***ing idiot' and that all the staff on ward 1 were 'lazy ba*****'. The post has been deleted now.

I reported the incident to the PEF's that morning and I have also spoke to staff from the university.

Peter Walker

Peter Walker

26th March 2011

The following panel will examine the included statements, timeline and student contribution.

Panel Members:

Student Nurse: Phil Jones played by Phil Bakstad

Panel Chair: Lorraine Shaw, Head of Acute and Planned Care LJMU

Panel Admin support: Melissa Davis

Investigation Officer: Laura Kinsey, Senior Lecturer LJMU

Panel Member Academic: Barry Hurst, Senior Lecturer LJMU

Panel Member Academic: Jackie Davenport, Senior Lecturer LJMU

Panel Member Practice: Carol Dutton, Practice Education Facilitator, Whiston Hospital.

Appendix 9: Investigation Report 2 Paramedic Practice

This is a 'simulated' Fitness to Practice case study created to explore the decision making involved in the fitness to practice process. This case is purely fictional

Please read carefully through the materials before the case study commences.

The following is a timeline of events leading to the Fitness to Practice Panel created by the Investigation Officer appointed to the case.

The Case Study: Andrew Smith

Andrew Smith (AS), 2nd year student paramedic, allegations of unprofessional behaviour reported by practice staff.

Previous incidents regarding unprofessional behaviour in university had been highlighted. The first incident reported incident involved inappropriate comments during a lecture. These issues were discussed with Andrew at the time. A further incident involved inappropriate photographs taken of manikins in the practice suite that were then circulated to fellow students and via a social media website. The second incident lead to an informal warning.

Andrew is currently suspended from practice following the third incident reported by practice staff. The following is the investigation report.

Timeline of Investigation

Date	Event
September 2012	AS started DipHE Paramedic Practice at LJMU
15 th October 2012	Inappropriate comments made by AS during a lecture. Noted by the module lead and peers.
10 th November 2012	Behaviour noted in students file by module lead and personal tutor. Student was spoken to by personal tutor and informed that a file note would be placed on the student's record.
February 2013	Inappropriate photographs of manikins taken by AS on site at Tithebarn Street practice suits. Pictures circulated and placed on social media.
22 nd February 2013	Interview with AS, personal tutor and professional lead. Discussed two incidents. A formal warning was issued by the professional lead.
8 th April 2013	Practice staff at a local Ambulance Station reported AS after alleged inappropriate comments had been made by AS to a patient.
16 th April 2013	AS suspended from practice by Director at LJMU.
16 th April 2013	AS met with professional lead and personal tutor to discuss support and to explain process.
18 th April 2013	AS formally interviewed by investigating officer

DETAILED FINDINGS

- 3.1 AS successfully gained a place on Diploma in Higher Education Paramedic Practice, starting September 2012.
- 3.2 AS was initially progressing well in the early stages of his programme.
- 3.3 It was noted by the module lead for the practice module that AS tended to take the practice elements of the programme in a very light hearted manner.
- 3.4 The module lead repeated concerns about this student at team student review meetings.
- 3.5 AS was again involved in inappropriate behaviour during one of the lectures in October. During the lecture AS had made inappropriate comments relating to discussions about a service user case. Three of AS peers complained to the module leader about his behaviour describing it as immature and offensive. The behaviour was witnessed by the module lead.
- 3.6 Following the lecture the module lead arranged a meeting with AS and his personal tutor. During this meeting it was made clear to AS that his comments were inappropriate and unprofessional. The personal tutor made a note of this behaviour on the students file.
- 3.7 In February 2013 it was highlighted to the teaching team that pictures had been placed on a social network site showing two manikins in, what could be described as compromising positions. The pictures were allegedly taken by AS and uploaded onto his social media site.
- 3.8 AS was invited for interview with his personal tutor and a representative or friend by the Professional Lead on the 22/02/2013.

- 3.9 During the interview on the 22/02/2013 it was noted that AS did not appear to take the incident seriously, describing the event as “just a bit of a laugh”. It was made clear to AS that this behaviour when combined with his previous behaviour was unacceptable. He was informed that he would be issued with a warning and that his future behaviour must show an improvement. AS would need to meet his personal tutor on a monthly basis to discuss on going action plans and to monitor behaviour.
- 3.10 In April Practice staff at Anfield Ambulance Station complained to the university about inappropriate behaviour by AS.
- 3.11 AS had been on an ambulance placement. The crew had attended a case which involved a bariatric service user. The crew members complained that AS made inappropriate offensive comments to the service user. They stated that AS seemed to think this was a joke. The comments related to the service users size as the crew where attaching a 12 lead ECG.
- 3.12 This event was immediately reported to the Professional Lead who notified his line management.
- 3.13 AS was immediately suspended from the programme by the director of the faculty, pending the completion of an investigation.
- 3.17 AS met with the Professional Lead and his Personal Tutor on the day he was suspended. He was given appropriate advice and support and allocated a contact name with the university. He was advised to seek appropriate representation at this early stage. He was given contact details for Student Welfare.
- 3.18 The Director of the faculty nominated an investigating officer.

4.0 CONCLUSION

4.1 AS has displayed a pattern of inappropriate behaviour within university leading towards a final incident in practice.

4.2 AS has a warning on his record relating to these previous incidents.

4.3 AS made inappropriate comments to a service user described as offensive and subsequently reported by his mentors from the ambulance service.

4.4 AS does not appear to appreciate that his behaviour is inappropriate. The evidence suggests he views the events in a very light hearted manner.

5. RECOMMENDATIONS

5.1 Recommend that AS have this series of events reviewed by Fitness to Practice Panel. Consideration should be given to the HCPC Guidance on Conduct and Ethics for Students section 3, 8 and 13 and policies related to use of social media.

Signed:

J. Wilson

John Wilson

Professional Lead (Paramedics)

June 13

The following is a summary of the interview:

Evidence item no.	Timeline and comments
	<p>I asked if you had considered bringing a friend or colleague to the meeting and you said you had decided against this. I asked if you were happy to continue without a friend or colleague and you said yes.</p>
<p>ITEM 4</p>	<p>Allegations have been made from practice staff regarding inappropriate comments that you made during a call out with a patient. Can you tell me about these concerns?</p>
	<p><i>I think this has been blown out of all proportion. It was only a joke.</i> <i>I didn't mean to offend anyone.</i></p> <p>Can you tell me what was said?</p> <p><i>I can't remember the exact thing I said.</i></p> <p>Can you remember the context or a general idea of what was said?</p> <p><i>Well I was talking to this woman that we had been called out to see. She was a bit on the large size and I made some comment but it's been totally misunderstood and I was only joking and I didn't think she had heard me.</i></p> <p>Can you remember what you said?</p> <p><i>I just said she was a bit big. But she was.</i></p> <p>The practice staff have provided us with a report about the comments you made (ITEM 4). Can you read this and comment please?</p> <p><i>Yeah that's what I said but I'm sure the patient didn't hear me.</i></p> <p>Do you accept that you made these comments about a patient?</p>

	<p>Well yes but honestly- it was just a joke. I thought that Darren would find it funny. I'm sue she didn't hear me.</p> <p>Do you think it's appropriate to make personal comments about a patient?</p> <p>It was a joke!</p>
<p>ITEM 1 and 2</p>	<p>There were two other incidents in the university that related to unprofessional behaviour. Do you recall these? (ITEM 1 & 2)</p> <p>Yes I remember. I spoke to John about them. He was cool.</p> <p>On two separate occasions professional conduct was discussed with you and you acknowledged that your conduct was not professional and John Wilson issued you with a warning and highlighted the HPC guidance for professional conduct. Have you learnt anything from these incidents?</p> <p>Oh yeah. I know I was wrong. Not everyone finds those find of things funny I guess.</p> <p>I haven't done it again. Ask John.</p> <p>You received an informal warning.</p> <p>Yes and I haven't said anything like that again in class. Ask John. He can confirm that.</p> <p>The incidents surrounded you taking pictures of a mankin and also a comment that you made in class towards a fellow student that was of a sexual nature. The comments that you have made in practice are also of a personal nature. Can you see the relationship between these things?</p> <p>Honestly it was a joke. I think this is all being blown about of proportion.</p> <p>So you think it's ok to make joke about patients?</p> <p>No of course not.</p> <p>Ok I realise I shouldn't say stuff like that. I wasn't intending to offend anyone. I was just joking. I like a laugh. It's not a crime.</p>

	<p><i>I was just trying to ease a difficult situation.</i></p>
	<p>Final Comments:</p> <p>I ask if there are any further comments you would like to add and provide you with an overview of the fitness to practise process.</p> <p><i>Look I'm sorry. I understand that I shouldn't say stuff like that but I honestly was only joking.</i></p>

Appendix 10: Investigation Report 3 Social Work Practice

This is a 'simulated' Fitness to Practice case study created to explore the decision making involved in the fitness to practice process. This case is purely fictional

Please read carefully through the materials before the case study commences

The Case Study: Joanne Lewis

Joanne Lewis, 3rd year student Social Worker on the BA Social Work programme, who failed to disclose issues pertaining to the change in her DBS clearance and further allegations that claimed she regularly used cannabis. Joanne is currently suspended from practice, in a local authority's child protection team, following the above allegations. The above allegations were made by Joanne's ex- partner and these allegations were made to her practice educator in the child protection team.

The following is the investigation report and evidence to support you through the fitness to practise panel.

Fitness to Practise Investigation: Strictly Confidential

Student involved in Report	Joanne Lewis
Programme	BA Social Work
Cohort	09/12
Allegation	<ol style="list-style-type: none">1. Failure to disclose issues pertaining to the change in DBS clearance2. Allegations of regular used cannabis

Investigatory Officer	Barry Hurst
Date when investigation began	5th May 2015

Summary of Timeline

Date	Action/event
5 th May 2015	Meeting with Barry Hurst regarding suspension of studies and Fitness to Practise meeting.
28 th April	Letter sent to student inviting to Fitness to Practise meeting on the 5 th May 2015
24 th April 2015	Meeting with programme leader and personal tutor to suspend from studies pending FtP.
22 nd April 2015	Concerns raised by Simon King to Louise Power VIA telephone call-
	Successfully completed YEAR 1 AND YEAR 2

Minutes of the Interview

Investigation –Joanne Lewis– Student No: 419346 (Social work student)

5th May 2015 at 09.00

Invited Attendees

Barry Hurst- Investigating Officer

Joanne Lewis – Social Work Student

Matthew Field- Friend

Bob Goodie- admin support

I have to inform you that although this is an informal discussion it is part of a formal process.I have been appointed as the investigating officer to examine issues that have been flagged up by others which relate to

- Your failure to disclose issues pertaining to the change in your DBS clearance
- Allegations that you regularly used cannabis

Having reviewed the allegations, we are here today to establish events. I am not here to judge you, rather to gather information to enable me to make a report. However, I have a duty to inform you that my report will go to the Academic Director who may refer this to Fitness to Practice Panel. Should allegations be upheld, at Fitness to Practice panel, this could result in discontinuation of studies.

Please sign below to confirm that you understand what I have told you.

Sign/Print name

Jeanne Lewis

5th May 2015

Evidence item no.	Timeline and comments
<p>ITEM 1 DBS update</p>	<p>The 1st allegation is that you failed to disclose a caution received by the police during the 2nd year of your programme of study. The 2nd allegation is that you have regularly used cannabis during your programme.</p> <p>Both allegations were made by Simon King during a telephone conversation with your practice educator, Louise Power in the local authorities Child Protection team.</p> <p>You have been interviewed regarding this issue by the programme leader and your personal tutor. You are currently suspended from practice.</p> <p>You have given permission for a release of your DBS.</p> <p>Can you provide details of this caution and when it was received?</p> <p><i>'I was found with class 'B' drugs- cannabis and I was issued with a caution at the end of last year. It was all a huge mistake, they were not mine and I don't know how I got involved in it all' 'I was out with one of my old friends from school in Liverpool, we came out of a club and she asked me to put it in my pocket- next thing I can remember the police stopped us'</i></p>

	<p><i>'I don't do drugs... it's not my thing at all. She's stupid for doing that stuff'</i> <i>'I don't even speak to her now'</i></p> <p>Why did you fail to disclose this caution?</p> <p><i>'I spoke to the police and they advise that I did not need to disclose a caution and said that a caution would not show up on my DBS. I told them I was a student social worker.'</i></p>
<p>ITEM 2 Copy of a self Declaration form</p>	<p>You are required to complete a Self Declaration form at the end of each year of your programme.</p> <p>Have you completed a self- declaration during you programme of study?</p> <p><i>'yeah I've completed one of those'</i></p>
<p>ITEM 3 HCPC guidance on professional conduct and ethics for students (2010)</p>	<p>Have you seen the HCPC guidance on conduct and ethics for students (2010)? It states:</p> <p><i>Yeah I have seen it and we have discussed it in class</i></p> <p>Do you understand the guidance it provides?</p> <p><i>'Yeah I understand it'</i></p> <p>It states "You should tell your education provider if you are convicted of, or cautioned for, any offence.'</p> <p>Can you tell me why you failed to follow this guidance?</p> <p><i>'I asked the police and they advised that I did not need to disclose a caution... they should know that shouldn't they'</i></p> <p><i>'I mean I was badly advised wasn't I?</i></p> <p><i>'They said don't disclose... I mean you believe the police don't you when they advise you?'</i></p>
	<p>Did you seek any advice from student support regarding your caution?</p> <p><i>'No I believed the police'</i></p>

	<p>Did you seek any advice from your personal tutor or any other members of the academic team following the caution?</p> <p><i>'No I didn't. I was abit embarrassed really and I believed the police. It was a caution... not a conviction'</i></p> <p><i>'I don't really see much of my personal tutor anyway'</i></p>
<p>ITEM 4 Statement from Practice Educator- Louise Power</p>	<p>The 2nd allegation is that you have regularly used cannabis during your programme. This allegation was made by Simon King via a telephone call with your mentor, Louise Power (Practice Educator) in the local authorities Child Protection team.</p> <p><i>'That's absolute rubbish. I can't believe he would do this. I can't believe anyone would take it seriously... he's a dope head.'</i></p>
	<p>These allegations raise specific concerns regarding the HCPC guidance on conduct and ethics for students. In particular point 3 and point 13.</p> <p>Would you like comment on this?</p> <p><i>'I can't believe he would do this. I can't believe anyone would take it seriously... he really is a dope head.'</i></p> <p><i>'I understand the guidance... I wouldn't do that'</i></p>
	<p>How do you know Simon King?</p> <p><i>'He's my ex- boyfriend. He's got it in for me because I'm trying to make a go of my life. I dumped him- I met someone else about six months before I started the programme and since I dumped him he's had it in for me. It's a bunch of lies'</i></p> <p>When did your relationship end?</p> <p><i>'Just before I started on the programme- about six months before'</i></p>
	<p>Was Simon using drugs while you were going out with him?</p> <p><i>'Yes that's why I finished it. I couldn't handle it. I didn't want that kind of thing. I was trying to work towards my career.'</i></p>
	<p>Did you ever use drugs while you were going out with Simon?</p> <p><i>'At first- yeah- just a bit of cannabis here and there but something serious. I'm not in to that kind of thing now.'</i></p>
	<p>Have you ever used drugs during your programme of study?</p> <p><i>'No never.'</i></p> <p><i>I can't believe this. He's going to wreck my career isn't he?</i></p>

	<i>This is totally unfair'</i>
	<p>Do you have any overall final comments that you would like to add? About the failure to disclose:</p> <p><i>'It's the biggest mistake I've ever made, I really did believe the police' Other students should be made aware- you can't trust the advice you are given'</i></p> <p><i>'I'm really embarrassed' 'Will I get kicked off the course'</i></p> <p>About the allegation of drug use:</p> <p><i>'I'm so angry that this is being taken seriously. He's a dope head' 'Speak to any of my friends... I'm not stupid I wouldn't do that' 'I don't do drugs'</i></p>

I will look at all the evidence again and make my report to the Director. This will include my findings, along with any recommendations. The Director will make the decision – whether the allegations are upheld, upheld in part or not upheld.

I would like all those present to sign this document and I will make a photocopy available for you to take away with you today.

Sign name (Student)
<i>Joanne Lewis</i>
Print name: Joanne Lewis
Date: 5 th May 2015

Sign name (Investigating Officer)
Barry Hurst

Print name: Barry Hurst
Date: 5th May 2015

Sign name (student friend, colleague, representative (please circle as appropriate)) <i>Matthew Field</i>
Print name: Matthew Field
Date: 5th May 2015

Recommendations:

With respect to the concerns made regarding Joanne Lewis and her fitness to practise:

In respect of Concern 1

'Failure to disclose issues pertaining to the change in DBS clearance'

Permission was granted to request a further DBS update. This revealed a caution for possession of a class B drug.

Joanne did not disclose this caution. Joanne completed a self-declaration following the caution that requested disclosure of any change in DBS statement. Joanne did not disclose this caution on her self-declaration.

Joanne was aware of the HCPC guidance that requested disclosure of any cautions.

Joanne felt she was misinformed by the police regarding her caution and its disclosure.

In respect of Concern 2

'Allegations of regular used cannabis'

There is one allegation of regular cannabis use and this was made by a telephone call.

Joanne denies use of cannabis. However the previous allegation was a caution for possession of cannabis and this allegation is substantiated by the updated DBS.

I would recommend that in respect of these concerns Joanne Lewis that there is sufficient evidence to warrant a fitness to practise panel for in order to explore in greater depth the issues raised and therefore determine her fitness to practise.

Barry Hurst

Barry Hurst

Investigatory Officer

Date: 11th May 2015

22nd April 2015

Re: Joanne Lewis

Following our conversation earlier today- below is a summary of the concerns that were raised with me during the telephone call with Simon King.

Joanne Lewis is a 3rd Year student from Liverpool John Moores University currently on her 2nd placement with the child protection team.

We have noted that Joanne is a keen and enthusiastic student social worker and we are confident that she is working well towards achieving her competencies.

Earlier this morning I received a telephone call from someone who identified themselves as Simon King- and he stated he was the ex-partner of Joanne Lewis and he made allegations about her suitability for Social Work. Simon King stated that Joanne had failure to disclose issues pertaining to the change in your DBS clearance. He also made allegations that Joanne regularly used cannabis.

Due to the serious nature of these allegations we have suspended Joanne with immediate effect from her placement.

I have informed Joanne that her programme leader will be contacting to arrange to meet her to discuss these allegations and to discuss the next steps as soon as possible.

Let me know if you need further information.

Louise Power

Louise Power

Practice Educator

Appendix 11: List of Dissemination Activity

- Decisions, decisions: an exploration into the decision-making process within undergraduate healthcare students' fitness to practise panels' **Oral Presentation** Liverpool John Moores University, Annual Faculty Research Conference 2013.

- Understanding undergraduate fitness to practise decisions: a simulated case study approach. **Poster Presentation.** RCN Conference, Glasgow. May 2014.
- Understanding undergraduate fitness to practise decisions: a simulated case study approach. **Poster Presentation.** Liverpool John Moores University, Annual Faculty Research Conference June 2014.
- Exploring the method: a simulated case study approach. **Oral Presentation.** Liverpool John Moores University, Annual Faculty Research Conference, June 2014.
- Understanding student paramedic fitness to practise- a simulated case study approach. **Oral Presentation.** UK Student Paramedic Conference, Hatfield. November 2014.
- Understanding undergraduate fitness to practise decisions: a simulated case study approach. **Poster Presentation.** Liverpool John Moores University, Annual Faculty Research Conference June 2015.
- Photograph entry- **Research photograph.** Liverpool John Moores University, Annual Faculty Research Conference June 2015.
- Book chapter in the textbook 'Key concepts and Issues in Nursing Ethics' entitled '**Values-based Nursing and Fitness to Practise Issues**' due for publication 2017. Chapter Author.

Appendix 12: DISC 1, DISC 2, DISC 3

