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Reconciling the professional and student identities of Clinical Psychology Trainees

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Abstract

Objectives: The study explored the ways in which qualified and trainee clinical psychologists perceived professional behaviour, as illustrated in a series of short vignettes, in student and clinical practice contexts. Comparisons were made to identify the extent to which ideas of professionalism differed across different learning contexts and between qualified and unqualified staff, with the aim of adding to the literature on which factors influence the development of professional identity in health professionals.

Methods: An online questionnaire depicting a range of potentially unprofessional behaviours was completed by 265 clinical psychology trainees and 106 qualified clinical psychologists. The data were analysed using a general linear model with simultaneous entry in which rater (trainee vs qualified clinical psychologist), setting (student vs placement) and their interaction predicted acceptability ratings.

Results: We found that, in general, trainees and qualified staff agreed on those behaviours that were potentially unprofessional, although where significant differences were found, these were due to trainees rating the same behaviours as more professionally acceptable than qualified clinical psychologists. Despite trainees identifying a range of behaviours as professionally unacceptable, some percentage reported having engaged in a similar behaviour in the past. Irrespective of the status of the rater, the same behaviours tended to be viewed as more professionally unacceptable when in a placement (clinical) setting than in a student (university) setting. Generally, no support was found for a rater by setting interaction.

Conclusion: The study suggests that trainee clinical psychologists are generally successful at identifying professional norms, although they do not always act in accordance with these. Conflicting student and professional norms may result in trainees viewing some

Reconciling student and professional identities

potentially unprofessional behaviour as less severe than qualified staff. Health professional educators should be aware of this fact and take steps to shape trainee norms to be consistent with that of the professional group.

Keywords: professionalism, clinical psychology, student, clinical practice

INTRODUCTION

Higher education institutions have become increasingly involved in training health professionals (Burton & Jackson, 2003) and the importance of high-quality, practice-based learning is growing. Many postgraduate health-related training programmes in the United Kingdom (UK) now include a professional placement component (Hardacre & Schneider, 2007). This practice based learning allows health institutions such as the National Health Service (NHS) to influence higher education programmes, thereby increasing the likelihood that graduates are 'fit for purpose' (Hardacre & Schneider, 2007). At the same time, professional bodies can benefit from the expertise of members of academic institutions.

Clinical psychology is one profession that has embraced this training model and within this context, trainee clinical psychologists are both students and professionals, studying at a level appropriate to postgraduate qualification while undertaking supervised training to achieve the level of professionalism required by their employer. This duality raises questions about the extent to which trainees' academic and practice identities and communities inform and shape each other. Conflict exists between UK cultural conceptions of students and professionals. Students are often seen as informal in appearance and behaviour, ready to challenge tradition yet dependent on support from others (e.g. peers and tutors) while professionals are generally expected to be compliant, adherent to formal dress, language and behaviour, yet be relatively independent and competent workers (Barnett, 2000, Spouse, 2001). This raises the question as to what extent can and should trainees perceive themselves to be and behave like professionals in academic contexts and vice versa.

Reconciling student and professional identities

Professionalism has become an increasing focus in the education of all health staff (Ginsburg, Regehr, & Lingard, 2003), however, there has been comparatively little research into the development of professionalism in clinical psychologists. While there is no single shared definition of professionalism across all health professions, it has been proposed that it is comprised of two elements: adhering to the value base and principles of the profession and the ability to choose between competing principles according to specific contextual needs (Lingard, Garwood, Szauter, & Stern, 2001; Stern, 2003). It has also been conceptualised as the process of internalising the formal and informal rules and standards relating to ethical behaviour of the profession (Elman, Illfelder-Kaye, & Robiner, 2005), which in turn shapes the professional identity of the individual (VanZandt, 1990). Social learning theorists (Lave & Wenger, 1991; Piaget, 1953) argue that the very process of learning shapes our identity as we integrate new concepts. Learning is also viewed as a dynamic process that occurs in a social context with knowledge existing as an inherent part of the formal and informal rules and practices of 'communities of practice' (Wenger, 1998).

Developing a professional identity, therefore, takes place within the community of practice of the particular profession (Lave & Wenger, 1991; Wenger, 1998) in which both explicit and tacit rules and practices of the profession are shared and communicated. In the UK, formal and explicit guidance on professional behaviour for psychologists is contained in guidance documents (British Psychological Society [BPS], 2008) such as the professional code of conduct (BPS, 2009), while tacit processes may include dress code, style of speech and particular artefacts that represent the profession. A trainee clinical psychologist gains entry to the community of clinical psychologists and through the process of learning develops an identity as a community member. Effective education, then, provides a bridge between the knowledge base of the profession and the practice context in which this knowledge will be

Reconciling student and professional identities

applied (Steadman et al., 2006) and students, academic staff and qualified staff are all subject to and agents in shaping this 'hidden curriculum', even if they are not always consciously aware of doing so (Hafler et al., 2011)

There are a number of mechanisms by which professional identity is shaped, including formal teaching, observation, modelling the behaviour of qualified staff (Bandura, 1986; Michalec 2012) and clinical supervision (O'Donovan & Halford, 2011). Indeed, there is a consensus that the provision of appropriate clinical supervision forms a key component of effective clinical psychology training and that a goal of the supervisory relationship is to facilitate the development of the trainees' professional identity (O'Donovan & Halford, 2011). There is a substantial evidence base indicating that such approaches can help impart the standards and behaviour that comprise professionalism (Michalec, 2012). Within psychology, these may incorporate factors such as: responsibility and accountability, respect, competence integrity/honesty, deportment, concern for the welfare of others, time management and professional identity (Bodner, 2012; BPS, 2008, 2009; Elman et al., 2005). Examples of problematic professional behaviour amongst psychology trainees may include cheating on academic work, providing false information or interacting with others in disrespectful ways (Bodner, 2012). Behaviour that is at odds with professional standards during the training period, may also have implications for qualified practice. Research with medical practitioners indicated that those who had been subject to disciplinary action were more likely to have undertaken behaviours during medical training that were rated as unprofessional (Papadakis, Hodgson, Teherani, & Kohatsu, 2004). This is concerning, particularly as research has indicated that problematic professional conduct is not uncommon amongst those training to be applied psychologists (Bodner, 2012).

Reconciling student and professional identities

Social learning theory recognises that all individuals juggle multiple identities, the relative dominance of which varies according to situational demands (Anthias, 2001). Trainee clinical psychologists, in common with other trainee health staff who undertake clinical placements, must negotiate two key identities during training: that of student and that of professional, the practices of which may differ markedly and which may be in conflict with each other. For example, the label 'student' suggests particular associated lifestyles and behavioural norms (Holdsworth, 2009) which, while often stereotypical and not reflective of the diversity of those who are students (Chatterton & Hollands, 2003) can be influential both in shaping behaviour and as descriptions against which individuals might compare themselves (Holdsworth, 2009). Research suggests that certain behaviours are relatively common amongst students and could, therefore, arguably be considered to be part of the 'student' community of practice. These include non-attendance at lectures (Moore, Armstrong, & Pearson, 2008), a lack of punctuality (Curren, 2009), sleeping in class, being off-task (Goff-Kfoury, 2011), alcohol (Reed, Lange, Ketchie, & Clapp, 2011) and drug misuse ((Lewis & Clemens, 2008). The relationship between the behaviour of an individual and the norms of the group to which he/she belongs is not, however, straightforward, being influenced by factors such as the gender of friends, the nature of the relationship (Lewis & Clemens, 2008) and the extent to which an individual identifies with a particular reference group (Reed, Lange, Ketchie, & Clapp, 2011).

In summary, like many health professionals, trainee clinical psychologists simultaneously learn within two communities of practice: that of student and that of the profession. As aspects of each may be at odds with the other, trainees must negotiate their way between these potentially conflicting practices. Clinical practice supervisors, academic staff and trainees are all agents in shaping the community of practice (Hafler, 2011; Hodge et al.,

Reconciling student and professional identities

2011), however the former two groups may be able to ease the trainee learning process by consistently modelling behaviour and attitudes that reflect professional standards (Elman et al., 2005). While this may be relatively straightforward in relation to clear breaches of professionalism, there may be a number of grey areas where no professional consensus exists. Indeed it has been noted (Bodner, 2012) that both academic staff and supervisors, as gatekeepers to the profession, may lack guidance on how to deal with more complex issues of potential breaches of professionalism by applied psychology students. Such difficulties in defining and consistently applying the concept of professional 'unsuitability' is shared with other helping professions (Curren, 2009) and research by Finn, Garner and Sawdon (2010) with undergraduate medical students suggests that professionalism is viewed as something that can be switched off and on and as being more relevant to the clinical practice context than to the student setting.

The present study, therefore, aimed to explore the extent to which the perception of potentially unprofessional behaviour depends on the context in which it is occurring i.e. a student (university) setting or a placement (clinical) setting and on whether the perceiver is a trainee or qualified clinical psychologist.

It was hypothesised that:

- When the same behaviour is depicted in a student (university) setting it will be rated as more professionally acceptable irrespective of whether the perceiver is a qualified or trainee clinical psychologist.
- The same potentially unprofessional behaviours will be more common in a student (university) setting than in a placement (clinical) setting.

Reconciling student and professional identities

- Trainee clinical psychologists will rate potentially unprofessional behaviours as more professionally acceptable than qualified clinical psychologists, irrespective of the context in which the behaviour is occurring.

METHOD

Ethics

Ethical approval for the study was obtained from the first author's educational institution.

Participants

There were 372 participants. Group 1 consisted of 265 clinical psychology trainees (male=26, female=237, missing data for 2). Group 2 participants were 106 qualified clinical psychologists of whom 19 were males and 87 were female.

Procedure

An online survey was designed using 'Survey Monkey' (www.surveymonkey.com). The participants were asked to rate the extent to which they considered a range of different scenarios to be professionally acceptable on a three point scale, with 1 representing 'not professionally acceptable' and 3 representing 'professionally acceptable.' The trainees were also asked to indicate whether they had ever engaged in a similar type of behaviour in the past. In total 28 scenarios were developed which were randomly presented but were matched overall such that each target behaviour was presented in both a student environment (14 scenarios) and clinical placement environment (14 scenarios). All responses were anonymous.

Measures

Reconciling student and professional identities

Scenarios were developed based on existing literature (e.g. Elman et al., 2005, Stupans, Scutter, & Sawyer, 2011) which reflected behaviours which had been found to be relatively common amongst student populations and which could potentially conflict with professional values. Each pair of scenarios depicted one of the following behaviours: not engaging with an activity, either through engaging in an opposing activity (e.g. eating) or through omission (e.g. not reading required materials); falling asleep; non-attendance; plagiarism; alcohol misuse; non-respectful interaction, either actively (providing potentially offensive feedback) or passively (clearly expressing boredom); lack of punctuality; failure to communicate whereabouts; being off-task in various ways, e.g. texting.

Recruitment

Trainee clinical psychologists were recruited by contacting the administrators of all clinical psychology training programmes in the UK by email. These administrators were given details of the study and the link to the online questionnaire and asked if they would circulate these to their trainees. Consent was assumed if participants completed the questionnaire. Qualified clinical psychologists were contacted using existing contact details for clinical psychology services. As above, details of the study were emailed either to individual clinical psychologists or to the administrators. In the latter case, administrators were asked to circulate to the qualified clinical psychology staff. As the overall number of students and qualified staff that received the link to the questionnaire is unknown, it is not possible to calculate a response rate.

Statistical Procedure

We assessed the effect of conflicting norms on trainee perceptions of professional behaviour by using a general linear model with simultaneous entry in which rater (trainee vs qualified

Reconciling student and professional identities

clinical psychologist), setting (student vs placement) and their interaction predicted acceptability ratings. Rater and setting were represented using dummy coding with clinical psychologist and student settings selected as the respective baseline conditions. Analyses were conducted in R statistical package (R Development Core Team, 2011).

RESULTS

The mean ratings of the professional acceptability of the behaviours depicted in each scenario provided by qualified and trainee clinical psychologists, along with the percentage of trainees who reported having engaged in similar behaviour, are provided in Table 1.

INSERT TABLE 1 ABOUT HERE

In terms of trainee reports of their own behaviour, with the exception of plagiarism and failing to turn up to class/placement, the same behaviours are more common in student than in placement settings.

The effect of rater and setting on the extent to which these 14 behaviours are viewed as acceptable was investigated by regressing these two variables and their interaction on to the acceptability ratings of the behaviours. Statistically significant comparisons at $p < 0.05$ are given in Table 2.

INSERT TABLE 2 HERE

For the main effects of both rater and setting 10/28 comparisons were statistically significant and one interaction was statistically significant. Of the 4 significant main effects of rater, all

Reconciling student and professional identities

were due to trainees rating the same behaviours as more acceptable than qualified clinical psychologists. For the 6 main effects of setting, 5 were due to the same behaviour being viewed as less professionally acceptable in a placement setting. The one exception was for plagiarism which was viewed as less professionally acceptable in a student setting. The only significant interaction was for unauthorised absence. This was viewed as more unacceptable by qualified staff when in a student setting and less unacceptable by trainees when in a placement setting. Adopting the criterion of $p < 0.001$ for statistical significance to correct for multiple comparisons, 4 comparisons remained statistically significant.

DISCUSSION

The study aimed to explore the extent to which the potentially conflicting norms of being a student and a professional practitioner affect the extent to which trainee clinical psychologists perceive potentially unprofessional behaviour as more acceptable than qualified clinical psychologists. In addition, we aimed to investigate the extent to which the same behaviours may be viewed by trainee and qualified clinical psychologists alike as more professionally acceptable when in a student rather than a clinical setting.

The results indicated that, despite the mean ratings of trainees indicating that the majority of behaviours depicted were considered to be professionally unacceptable to some extent, a percentage of trainees had engaged in all such behaviours in the past. In general, trainees reported having previously engaged in the same type of potentially unprofessional behaviour more often in a student than placement setting. Previous research has indicated that even when students perceive a behaviour as problematic they do not necessarily intervene or avoid engaging in it themselves (Ginsburg et al., 2007; Goff-Kfoury, 2011) and that they may use rationalisations, such as being a student rather than a qualified member of staff, to explain

Reconciling student and professional identities

why they had engaged in problematic behaviours or failed to intervene to stop others (Lingard et al., 2001). It has been suggested that such strategies are not necessarily problematic and may, in fact, offer a means of promoting a robust professional identity if combined with self-reflection and supervision (Lingard et al., 2001). It does illustrate, however, that the relationship between believing that something is unprofessional and actual behaviour is not straightforward.

In general, irrespective of whether the respondent was a qualified or trainee clinical psychologist, behaviour was viewed as professionally more acceptable when it occurred in a student setting, with the exception of plagiarism, which was rated as less acceptable in this setting. This is perhaps unsurprising, given that many academic settings provide explicit teaching on the unacceptability of plagiarism and reinforce this message within formal documents relating to regulations and student conduct.

When comparing qualified and trainee clinical psychologist views, the trainees generally rated the behaviours as more professionally acceptable, irrespective of the setting they occurred in. Overall, however, when allowing for multiple comparisons, the present study found very few significant differences between the views of qualified and trainee clinical psychologists, which may suggest that trainees are largely successful at internalizing the implicit rules about professional practice in academic and clinical practice settings

This may reflect the fact that it is a required learning outcome for the accreditation of clinical psychology programmes in the UK that the trainees develop a 'professional and ethical value base' with reference to the professional codes of conduct (BPS, 2012, p 17) and that all programmes, therefore, provide formal training on professional issues. For those behaviours where trainee perceptions diverged from those of qualified staff, other factors may be

Reconciling student and professional identities

influencing their views. One possibility is that the injunctive norms of peers, i.e. perceived approval of others of the behaviour in question, is more pertinent to shaping the views of trainees about these behaviours than that of supervisors. Research with undergraduate students found evidence of this in relation to heavy drinking (Reed et al., 2007). If similar mechanisms are operating in the present study, i.e. if some behaviours are seen as normative and approved of by peers, they may be difficult to change. This suggests that, in situations where the behaviours in question are considered to be problematic and occur frequently, then educational interventions and assessments of competency may need to make expected standards of practice more explicit in order to shift the normative culture. There have been a number of initiatives which have attempted to do this, both in relation to the student population generally, such as developing codes of classroom conduct (Willey & Burkenn, 2011) and promoting a values based identity (Bers, 2001), and specifically in relation to applied psychology training (Elman et al, 2005) Research has also investigated the potential of online clinical role-play as a way of providing trainee clinical psychologists with the opportunity to explore a range of responses to professional dilemmas in a safe space where there are no real-life consequences (McKenzie, O'Shea, McLeod, & Begg, 2008).

It should also be noted, however, that research suggests that not all health professionals and academic staff are perceived as consistently acting in accordance with explicit and implicit professional practices (Finn et al., 2010; Michalec, 2012). While this may serve as an opportunity for professional development for the student, in terms of providing an anti-role model (Michalec, 2012), as Elman and colleagues (2005) note 'it is questionable whether trainees can be expected to be more attentive to matters of professional development than are the faculty who teach, supervise, or mentor them' (pp. 371).

Reconciling student and professional identities

Generalisability

The concept of professionalism is largely subjective and the scenarios used in the study depict only a limited number of behaviours from the range of those which could be considered to be potentially ambiguous in terms of breaching implicit professional standards. Other areas, which have been found to relate to perceptions of professionalism, such as dress code, and which may have been relevant to the present study were omitted (Finn et al., 2010; Lightstone, Francis, & Kocum, 2011). Further, while the finding of significant effects of setting and rater on acceptability ratings provide some support for the hypothesis that some potentially unprofessional behaviours are viewed as less severe by trainee clinical psychologists or when in a student setting, the failure to find significant differences for other behaviours is not necessarily evidence that no difference exists. In the present study ratings of behaviours showed low variance and reflected the tendency of raters to consistently rate behaviours as close to the professionally unacceptable pole of the scale. This may be because the items were not optimal measures of the intended construct, in which case poor measurement could be masking important differences. On the other hand, there may be very little true variability in ratings for these behaviours.

Finally, as it was not possible to determine a response rate for the study, the extent to which those who participated are representative of all trainee and qualified clinical psychologists is unknown.

Implications of the study

Previous research has suggested that professional identity may be viewed differently in different contexts and can be switched on and off (Finn et al., 2010), however this is the first study, to the authors' knowledge, to explore this in relation to examples of behaviour. The results of the study suggest that this is indeed the case for some potentially unprofessional

Reconciling student and professional identities

behaviours. This may have implications for the education of all health professionals who undertake both academic and clinical practice components as part of their training or in the transition from student to qualified health professional.

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Table 1: Ratings of professional acceptability of behaviour and percentage of trainee clinical psychologists who reported having engaged in a similar type of behaviour.

Behaviour	Trainee Clinical Psychologist (n=265)				Qualified Clinical Psychologist (n=106)	
	Student Setting		Placement Setting		Student Setting	Placement Setting
	Mean rating of acceptability (SD)	% trainees who have engaged in behaviour	Mean rating of acceptability (SD)	% trainees who have engaged in behaviour	Mean rating of acceptability (SD)	Mean rating of acceptability (SD)
Non-participation in workshop activity	2.3 (.82)	12.7	1.3 (.65)	1.6	1.9 (.89)	1.1 (.43)
Not giving feedback	1.7 (.82)	33.2	1.6 (.80)	21.7	1.6 (.78)	1.8 (.83)
Falling asleep	1.1 (.41)	12.3	1.2 (.47)	8.7	1.1 (.33)	1.1 (.36)
Not turning up to meeting/class	1.1 (.35)	5.9	1.2 (.47)	7.1	1.2 (.45)	1.3 (.56)
Plagiarism	1.0 (.15)	0.8	1.1 (.40)	4.8	1.0 (.18)	1.2 (.46)
Smelling of alcohol	1.2 (.49)	14.6	1.1 (.30)	4.0	1.2 (.56)	1.0 (.17)
Giving potentially offensive feedback	2.3 (.83)	26.8	1.7 (.81)	5.5	2.4 (.73)	1.9 (.80)
Being late	1.4 (.69)	38.9	1.1 (.26)	12.7	1.3 (.58)	1.0 (.0)
Not informing staff of whereabouts	1.1 (.43)	10.7	1.2 (.50)	9.1	1.2 (.48)	1.0 (.18)
Chatting during meeting/class	1.5 (.72)	77.5	1.2 (.50)	22.1	1.3 (.60)	1.2 (.45)
Texting during meeting/class	1.2 (.57)	37.2	1.3 (.54)	28.9	1.1 (.25)	1.1 (.42)
Looking bored in class/placement	1.4 (.65)	15.5	1.4 (.63)	11.1	1.3 (.62)	1.4 (.66)
Eating in class/placement	2.3 (.81)	54.9	1.9 (.84)	16.7	1.9 (.88)	1.5 (.69)
Not reading required materials	1.3 (.58)	45.2	1.2 (.51)	10.7	1.3 (.54)	1.2 (.54)

Reconciling student and professional identities

Table 2: Summary of General Linear Models: Significant effects of rater, setting and interaction

Item	B	SE(B)	t	p	
Rater (positive B coefficient = higher acceptability by students)					
SC1	Non-participation	0.42	.10	4.07	<0.001*
SC10	Chatting	0.19	0.09	2.24	<0.05
SC11	Texting	0.18	0.07	2.46	<0.05
SC13	Eating	0.40	0.12	3.48	<0.001*
Setting (positive B coefficient = higher acceptability in placement)					
SC1	Non-participation	-0.72	0.13	-5.47	<0.001*
SC5	Plagiarism	0.16	0.06	2.81	<0.01
SC6	Smelling of alcohol	-0.21	0.07	-2.89	<0.01
SC7	Giving offensive feedback	-0.48	0.14	-3.34	<0.001*
SC8	Being late	-0.29	0.09	-3.23	<0.01
SC13	Eating	-0.40	0.15	-2.77	<0.01
Rater X Setting Interaction					
SC9	Unauthorised absence	0.18	0.09	2.07	<0.05