Chapter 10
Bouncing Forward: A Post-Practicum Workshop to Promote Professional Identity, Self-Efficacy, and Resilience in Master of Speech Pathology Students

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10.1 Introduction

All universities aspire to produce capable, competent graduates who will flourish in the workforce and be meaningful contributors to society. Work-integrated learning and practicum experiences, which aim to provide authentic learning experiences that translate knowledge into practice, have become a key strategic focus of contemporary student education and workforce preparation (Ferns, 2014). These practicum experiences provide students with a plethora of new learnings, both for the development of their competencies and capabilities. Therefore, post-practicum time periods are rich opportunities-in-waiting for augmenting and enhancing students' learnings and sense-making of new experiences.

Speech pathology university training programmes involve extensive practicum experiences. Speech pathologists work with people who have difficulties with communication and swallowing and promote the position that these two abilities are basic human rights. When the gift of communication or swallowing is impaired, an individual's quality of life and connectedness with society are lessened. The lives of the patient's inner circle of people are also radically affected. Speech pathologists, therefore, work with vulnerable populations and bear witness to the suffering and distress of their patients and their loved ones. Hence, strong coping and self-management skills, good emotional regulation, and adaptability are important personal attributes for a speech pathologist. For students, as developing professionals, the impact of the realities they experience in their professional placements (prac-

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tica) can be confronting and profound. Obviously, in speech pathology programmes, developmental trajectories for knowledge and skill acquisition are followed, and academic learning activities and clinical practica are carefully considered and scaffolded as students move from novice level to entry level. Although standardised tools have been developed and are implemented to evaluate student competencies in speech pathology (i.e. COMPASS ®: McAllister, Ferguson, Lincoln, & McAllister, 2013), no routine assessments focus on important attributes and capabilities such as professional identity, self-efficacy, and resilience which may equip students to better "handle the unexpected", make sense of negative experiences, and prompt proactive action. Further, there is no evidence in speech pathology or any other of the allied health disciplines (such as occupational therapy and physiotherapy) underpinning the development of activities related to these three constructs (McCann et al., 2013), which we argue are intertwined and central to student success, their transition into workforce, and to ensure longevity and success in the workforce itself as qualified practitioners. We further argue that directly targeting these three areas as a post-practicum debriefing exercise provides powerful context and immediate application. We present the *Bouncing Forward* workshop as an example of this application. However, first, the constructs of professional identity, self-efficacy, resilience, and their relationships need further elaboration.

10.2   Professional Identity, Self-Efficacy, and Resilience: Inextricably Linked

Practicum experiences are powerful in promoting growth in individuals' professional identity. Professional identity is defined as "the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role" (Ibarra, 1999, pp. 764–765). In addition to these beliefs and values of the chosen profession, professional identity captures the profession's boundaries and its interactions alongside other professionals (Adams, Hean, Sturgis, & Clark, 2006; Lingard, Reznick, DeVito, & Espin, 2002). Professional identity is important, too, as it engenders a sense of direction, purpose, and meaning (Ibarra, 1999). Indeed, Caza and Creary (2016) contended that psychological benefits emerge from positive identities within a profession. Teaching students their chosen profession's knowledge and skill base is something that university programmes do well, and these competencies frequently are specified by professional accreditation requirements. Arguably, enculturating students into their profession is just as important and should start from the onset of all professional preparation programmes and be purposefully targeted over the course of study.

When students attend practica, they possess emerging professional identities; they are not experts in their chosen profession or in navigating the plurality of their new work roles. Even the best practicum preparation briefings cannot fully prepare

students, as students possess different and wide-ranging expectations. In addition, briefings cannot define or explain all experiences, either positive or negative, that students may encounter. Understanding the beliefs and values of the profession, its boundaries, and its accountabilities is one way of framing expectations and can be used by students to make sense of their new experiences. However, the reality is that workplaces can be unpredictable and unexpected events will occur. As stated, students undertaking health practica will work with vulnerable populations which, in itself, can be confronting and stressful. In these environments, there is an increased likelihood of adverse events (Jackson, Firtko, & Edenborough, 2007). In addition, work is fast-paced and involves human caring and interaction with multiple professional groups (McAllister & McKinnon, 2009). As well as demonstrating the required professional competencies, students also require the appropriate knowledge, skills, and attributes to handle all of these demands during their practica. Having a strong sense of professional identity may aid the ability to cope in the workplace, but students' identities are still forming during these practicum experiences; hence, the opportunity to maximise learning around professional identity may be well-placed post-practicum.

The ability to cope in unpredictable practical environments appears to be key to student success during practica. Two constructs which have been linked to coping and academic demands (e.g. Cassidy, 2015; Hamill, 2003), and which recur in the positive psychology literature, are self-efficacy and resilience. The seminal work by Bandura (1994) states that self-efficacy refers to "people's beliefs about their own capabilities to produce designated levels of performance that have influence over meaningful events in their lives" (p.71). As such, self-efficacy determines how an individual approaches goals, tasks, and challenges (Bandura, 1994). Bandura (1994) further argues that a strong sense of efficacy positively influences individuals' performance and their sense of well-being. Clearly, high levels of self-efficacy are an asset which may facilitate a person's ability to deal with the immediate "now" of difficult situations and their aftermath in a considered and constructive manner. The workforce literature supports this notion with evidence supporting that self-efficacy is contextual and dynamic but can be increased by structured education programmes (Garman et al., 2001).

Psychological resilience can be defined as the ability to cope with life's uncertainties and challenges and having the capability to rebound quickly to a positive, productive state following a negative event (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, O'Flaherty, 2013). Rutter (1985) posits resilience at the other end of a continuum with vulnerability. Jackson et al.'s (2007) view of resilience in the nursing profession is that developing personal resilience can reduce vulnerability and facilitate positive action in the face of adversity. Evidence suggests that resilience can be developed by learning activities, with high, positive expectations, in a learner-centred environment, with supportive peer relationships (Gu & Day 2007; McAllister & McKinnon 2009; Thomas & Revell, 2016).

Thomas and Revell's (2016) integrative review of nursing students' resilience drew links between resilience and its important preparatory role for professional practice. Bandura (1994) connects self-efficacy and resilience insofar as mastering

tasks and acquiring self-belief about these require perseverance and the ability to rebound from failures and to move forward. High levels of self-efficacy and resilience appear to be cornerstone to coping with the demands of higher education and those associated with the workplace and promoting positive action and well-being, more generally (Bandura, 1994; Hamill, 2003; Hart, Brannan, & De Chesnay, 2014; Rees, Breen, Cusack, & Hegney, 2015). In the current university climate with rates of anxiety-mood disorders in Australian university students being significantly higher than in general population (Stallman, 2010), strategies that assist students to cope with their learning experiences and equip them for the workforce need to be a priority.

To prepare students for the workforce and its dynamic and unpredictable environment, targeting professional identity, self-efficacy, and resilience in university programmes may be one strategy. For successful resolution of challenging experiences that students might face, high levels of each of these constructs may assist the student to handle negative, stressful, or traumatic experiences in a constructive way and move on from these and make sense of these experiences, thereby retaining some control over their environments and themselves. Combining these three constructs would appear to be a powerful inoculation. Therefore, we argue that these three constructs are intertwined when related to students' practicum experiences and should be considered concurrently.

10.3   Current Speech Pathology Education: New Perspectives

The Master of Speech Pathology programme at Griffith University, Australia, commenced in 2012 and is a 2-year accredited professional preparation programme which admits approximately 40 high-performing students per year (i.e. minimum grade point average of 5.0 from a maximum of 7.0) from varying undergraduate backgrounds. All students are interviewed as part of the selection process, with highly developed communication and interpersonal skills, professionalism, teamwork, and the ability to problem-solve being important attributes. Historically, the majority of students are female (> 90%), and this mirrors the professional workforce in Australia (www.joboutlook.gov.au). Students must "hit the ground running" as they commence their first practicum experience in Week 2 of their first trimester of study. Gaining the 11 competencies and capabilities required to be an entry-level speech pathologist in Australia must occur quickly, across four trimesters of study in two calendar years. Students report high levels of stress associated with the accelerated learning trajectory towards acquiring professional knowledge and clinical competencies. This may be associated not only with the intensive workload but with the anecdotal report that students find that their former identities are deconstructed and then reconstructed in line with being a speech pathologist. Attrition rates tend to mirror the post-graduate university sector in Australia (10–20%), with the greatest attrition occurring at the end of Trimester 1 in Years 1 and 2 of the programme. Feedback from students has indicated that much of the attrition

can be attributed to the programme's intensive nature and the "steep learning curve" required which impacts on students' level of stress and their ability to cope in this type of environment.

This feedback led to acknowledgement that the development of professional identity, self-efficacy, and resilience formed part of the hidden curriculum, that is, "unspoken or implicit values, behaviours, procedures and norms that exist in an educational setting" (Alsubaie, Hean, Sturgis, & Clark, 2015, p. 125). Professional identity was addressed and embedded throughout many curricular learning activities, and although the construct was articulated, it was not explicitly targeted. It has been said that professional identity construction is an active process by "doing, acting, and interacting" in a social context (Pratt, 2012; p. 26), and the structure of the Master of Speech Pathology programme with its problem-based learning pedagogy and early practicum experiences certainly speaks to this notion. It was hypothesised that the summed experiences of the entire curriculum developed professional identity as well as self-efficacy and resilience. However, a paucity of evidence exists regarding when and how professional identity is developed across speech pathology programmes. Given the importance of professional identity and the proposed connections to self-efficacy and resilience, leading to the ability to cope in typical work environments, we felt that enquiry was warranted in this cohort of students.

Similarly, the high levels of stress reported by students during both academic and clinical work were of concern. While curricular streamlining has occurred, self-reported stress levels remained high. A recent Australian survey of 2600 TAFE and university students found that two-thirds of respondents reported incidents of high or very high levels of psychological distress over the past 12 months (www.headspace.org.au). The data on stress and anxiety in university students is worrying (Stallman, 2010), as is burnout in the health workforce (Ferri, Guerra, Marcheselli, Cunico, & Di Lorenzo, 2015; Humphries, Morgan, Conroy, McGowan, & Montgomery, 2014). In speech pathology, burnout has been a long-standing issue (Blood, Thomas, Ridenour, Qualls, & Hammer; 2002; Miller & Potter 1982; Swideler & Ross, 1993). Therefore, it was proposed that the introduction of targeted post-practicum (and potentially pre-practicum) activities on professional identity, self-efficacy, and resilience may assist academic staff to provide support to students in areas which are typically neither identified nor specifically targeted in the speech pathology curriculum but are important for successful academic outcomes and success in their future professional lives.

10.4 Post-Practicum Intervention: A Mechanism for Psychological and Professional Growth

"Knowledge is power" – *Francis Bacon*. The intervention was a clinical debriefing workshop which aimed to increase students' understanding of the meaning of the three constructs of professional identity, self-efficacy, and resilience at a deep,

meaningful level by drawing on their own practicum experiences as a reference point and an anchor for their learning. This contextually mediated approach has known benefits for adult and professional learning (Webster-Wright, 2009). First, increasing students' self-awareness of their personal perceptions and capacities in each construct was targeted, allowing students the opportunity to identify personal strengths and areas which required attention. Second, application was targeted, and students built on the three constructs through active-guided self-reflection to identify concrete strategies to "handle the unexpected" in the context of professional placements, with the hope that these new insights and learnings would be taken forward into their next practicum. In addition, an understanding was sought regarding the level and patterns of professional identity, self-efficacy, and resilience across students in the programme as a means of informing future curriculum development.

The 2-hour post-practicum workshop was implemented following students' 12-week practicum at the end of Trimester 1 in Year 2. This is a point in time when high attrition has been observed. More pivotally, this practicum was specifically selected as students must reach entry-level across a range of competencies, and, in doing so, this represents the largest clinical progression in the speech pathology programme. Therefore, this practicum has the potential to place additional stress on students. The workshop was titled *Bouncing Forward* to reflect the positive nature of resilience and positive psychological well-being.

10.5 *Bouncing Forward* Approach

The premise of the *Bouncing Forward* workshop was based on Piaget's seminal paradigms on cognitive development whereby "learners must construct their own understanding through making connections in their own schemata" (Cross, 1999, p. 9). To this end, the 2-hour workshop employed an overarching pedagogical framework which purposefully combined three approaches known to enhance adult learning, namely, social constructivism, experiential learning, and collaboration (e.g. Cross, 1999; Major & Palmer, 2001; Webster-Wright, 2009), to promote active and deeper learning experiences. The sum of these approaches meant that the workshop used students' personal experiences and knowledge, and the sharing of this, in a systematic and targeted manner to create a learner-centred environment to facilitate metacognitive processes of reflection, awareness, and self-evaluation. This approach created new insights and learnings around the three constructs of professional identity, self-efficacy, and resilience.

At the activity level, reflection became a key strategy which was threaded throughout the workshop. As Schön (1983) contended, the reflective practitioner is able to recognise and explore confusing or unique (positive or negative) events that occur during practice. In line with self-reflection models (e.g. Gibbs, 1988; Kolb, 1984), three fundamental processes were facilitated, namely, (1) retrospection, thinking back on events; (2) self-evaluation, attending to feelings; and (3) reorienta-

tion, re-evaluating experiences. In addition, the Think-Pair-and-Share technique (Karge, Phillips, Jessee, & McCabe, 2011), an effective collaborative learning strategy for adult learners, was employed consistently in each module. This technique requires a supportive, nonthreatening environment to allow students to formulate their personal opinions on a topic and then share their views with a peer. Under Kelly's (1955) personal construct theory, objects, events, and experiences only become meaningful when viewed from the perspective of the person construing the meaning. Hence, the Think-Pair-and-Share technique (and other reflective tasks in the workshop) becomes more effective when salient, that is, when applied to the learner's constructions as opposed to those of the teacher's. Always, a Think-Pair-and-Share task was followed by a coming together of everyone to share with the larger group, if they chose to do so, resulting in whole group discussion of trends, differences, and themes in this new micro-community. Further, this socially constructed peer learning promoted vicarious experiences, which is a well-known strategy for enhancing self-efficacy (Bandura, 1994).

10.6 *Bouncing Forward* Practicalities

Two academic staff facilitated the post-practicum workshops. One staff member, the first author, led the workshops. The second staff member had a number of roles: (1) to distribute and collect resources; (2) to facilitate discussion during the interactive paired and group activities; and to act as a "compatriot" or support person to the lead facilitator to purposefully reinforce statements and notions, thus modelling a micro-community of professional consensus. The support person required no training and was guided by the lead facilitator throughout the session. The intent, here, was both to ease implementation and implement a train-the-trainer model, for sustainability.

The key design principles for the Bouncing Forward workshop are shown in Table 10.1. Specific resources developed for the workshop activities are outlined in Table 10.2.

Table 10.1 Key design principles for the workshop

Explicit, easy to operationalise format and resources
Expectation setting and clear ground rules to create a safe, unconditionally driven environment, with no rights or wrongs, to facilitate a student-centred environment
Systematic and consistent approach to delivery and format of the three constructs
Salient and meaningful examples generated by the students
Feeding forward – workshop could easily be delivered by another person
Transferable – generic enough so that other professions could use the resources with minimal adjustments
Sustainably – low costs with respect to staffing and resources, and easy implementation

Table 10.2 Resources

A lesson plan for the entire workshop, including the time taken for each of the learning activities
A PowerPoint presentation that guided the four workshop stages
Three questionnaires for students to complete at the start of each module (i.e. one for each construct of professional identity, self-efficacy, and resilience)
A worksheet on professional identity
A one-page information sheet on self-efficacy and strategies that could be used to enhance self-efficacy
A one-page information sheet on resilience and strategies that could be used to enhance resilience
Butcher's paper and marker pens for the integrated clinical dilemma learning activity

10.7   The *Bouncing Forward* Format

The workshop comprised four distinct stages, namely:

1. *Introduction*: Scene-setting was undertaken in which the purpose of the workshop was explained to the students and ground rules were established and introduced (i.e. respect, confidentiality, unconditional acceptance of views; positive contributions).

2. *Construct Modules*: At the start of each module, a questionnaire was completed by each student, both as a self-awareness promoting activity and as a primer for self-reflection, and was followed by discussion. Learning activities then followed. The questionnaires also were part of the data collection and evaluation of broader questions around understanding the nature of the three constructs in master-level speech pathology students.

   Specifically, the three modules rolled out as follows:

1. Professional Identity Module

   (a) The *Professional Identity in Speech Pathology Questionnaire* was completed by the students. This questionnaire combined the Macleod Clark Professional Identity Scale (Adams et al., 2006) with questions previously used in allied health students (du Toit, Bialocerkowski, Weaver, Bye, & Salmanson, 2011), which were further focused on speech pathology students. The Macleod Clark Professional Identity Scale has adequate psychometric properties (Adams et al., 2006, Cowin, Johnson, Wilson, & Borgese, 2013, Worthington, Salamonson, Weaver, & Cleary, 2013). This questionnaire was administered without the title; thus, students were unaware of the intent of the questions to act as a focussed prime to generate class discussion immediately following its completion. This questionnaire was not scored by students.

(b) Students were requested to guess the construct that they believed was being targeted by the questionnaire. The construct was then revealed by the facilitator.

(c) Students then completed the professional identity worksheet which was a practical activity developed by the authors. It involved two tasks: (1) marking, on a 10 cm visual analogue scale where they positioned themselves on a continuum from novice student to practising speech pathologist, and (2) writing down five words that exemplified an excellent practising speech pathologist. These responses also represented rich data sources on students' current perceptions of professional identity applied to themselves and to the profession at large.

(d) Students paired to share and discuss their worksheet responses.

(e) Key aspects of the pair discussions were shared with the whole class, and frequent themes were identified.

(f) A brainstorming activity with the whole class was undertaken with two trigger questions: (1) What is professional identity? (2) Why is it important?

(g) The facilitator then delivered the PowerPoint presentation with prepared responses to these questions.

2. Self-Efficacy Module

(a) The *General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) was completed by the students. This scale has been used in hundreds of studies, and psychometric properties can be found in Luszczynska, Sholz, and Schwarzer (2005). As for the first module, and for the same reasons, this questionnaire was administered without the title; thus, students were unaware of the intent of the questions. This questionnaire also was not scored by students.

(b) Students were requested to guess the construct that they believed was being targeted by the questionnaire. The construct was then revealed by the facilitator.

(c) A brainstorming activity with the whole class was undertaken with two trigger questions: (1) What is self-efficacy? (2) Why is it important?

(d) The facilitator delivered the PowerPoint presentation with prepared responses to the trigger questions.

(e) Strategies that enhance self-efficacy were presented via a handout.

(f) Students paired to share and discuss self-efficacy strategies they currently employ.

(g) Key aspects of the pair discussions and stories of success were shared with the whole class and reinforced.

3. Resilience Module

(a) The *Personal Resilience Questionnaire* (Organizational Development Resource, 1996) was completed and scored by students as a targeted workshop task so that they gained a profile of their own performance across six domains (i.e. sense of purpose, positive mental attitude, connection with

others, determination, taking control, looking after yourself) to reflect upon and use as a reference point for identifying areas to work on.

(b) A brainstorming activity with the whole class was undertaken with two trigger questions: (1) What is resilience? (2) Why is it important?

(c) The facilitator delivered the PowerPoint presentation with answers to these questions.

(d) Strategies that enhance self-efficacy were presented via a handout.

(e) Students paired to share and discuss resilience strategies they currently employ.

(f) Key aspects of the pair discussions and stories of success were shared with the whole class and reinforced.

3. *Integrated Clinical Dilemma Activity*: This activity involved groups of 6–8 students. Gibb's (1988) reflective cycle formed the essential framework for this activity. This cycle encourages a clear description of the situation, analysis of feelings, evaluation of the experience, analysis to make sense of the experience, a conclusion where other options are considered, and reflection upon the experience to examine what you would do if the situation arose again. To this end, student groups identified clinical dilemmas that had been faced during their recent practicum. One of these dilemmas was then selected by each group for further discussion, and butchers paper was used to record responses. Students described the dilemma and information regarding the initial reactions (feelings and behaviours) to the situation, strategies that were taken to resolve the situation, the outcomes of these strategies, and reflections of the effectiveness of the strategies. The student group then brainstormed to identify other potentially helpful strategies, and reflection was undertaken to determine what could be done differently next time. This shared authorship was intentional and a key element of the social and collaborative intent underpinning the workshop. Student groups were then invited to share their dilemmas and responses to the larger group, followed by facilitated whole-class discussion with input from all groups. Groups did not have to feedback to the larger group if they did not wish; however, all groups were keen to share and gain further comments from others.

4. *Closure summary and action*: As a final task, students wrote down 2–3 specific strategies that emerged from the workshop that they would take forward into their next and final practicum, to include in their next practicum's learning contract. Learning contracts form a central part of developing competencies on practicum in the Master of Speech Pathology programme, whereby students complete their contract prior to undertaking a practicum and during the first days of the practicum agree upon strategies to address their learning needs with their supervisor. Then, students were invited to share any new insights, learnings, or strategies from the workshop to the class. Finally, PowerPoint slides were then used to summarise the three constructs covered in the workshop and the take-home messages.

10.8 Workshop Outcomes

10.8.1 Student and Staff Reach

The *Bouncing Forward* post-practicum debriefing workshop has been conducted twice with 29 Year 2 Master of Speech Pathology students in 2016 and 37 students in 2017. It is these data that will be reported, primarily. However, demonstrating that the "easy to operationalise" and "transferability" design features (and others) of the workshop were robust, Year 3 Bachelor of Nutrition and Dietitian students participated in an end of Trimester 2 workshop in 2016 and 2017, with one new facilitator trained. Furthermore, in late October, 2017, the workshop will be delivered to Bachelor of Paramedicine students, with another facilitator being trained. Other health disciplines (rehabilitation counselling, physiotherapy) have registered their interest. Therefore, the workshop is attracting good levels of staff and university interest. Data will be collected with these new programmes.

10.8.2 Workshop Evaluation

Overall, from an engagement perspective, the workshop mode and pedagogy appeared to be effective in its combined constructivist, experiential, and collaborative approach and use of guided facilitation to allow students to reflect, declare, and share in a safe environment. This mode and pedagogy was well-aligned with the Master of Speech Pathology curriculum. The curriculum adheres to a relatively purist problem-based learning pedagogy and therefore is underpinned by experiential learning and collaboration to construct new learning (Major & Palmer, 2001). Therefore, it was not surprising that these students strongly engaged in all activities. Pleasingly, the clinically less experienced Bachelor of Nutrition and Dietetics students also ended up engaging strongly with all activities; initially, these groups needed a little more prompting to share, which might reflect the fact that PBL does not underpin this programme or that these students have fewer clinical experiences to draw on or are younger compared to the Master of Speech Pathology students.

The workshop was formally evaluated in 2017 after its second offering to 37 Year 2 speech pathology students. The evaluation survey was conducted the day after the workshop, and 24 responses were received. A customised evaluation tool was developed which took into account.

Kirkpatrick's (1996) level 1 programme outcomes (reaction, satisfaction, value) through six questions, and level 2 programme outcomes (new learning, knowledge) through six questions. In addition, information about the organisation and usability of the workshop and its activities was collected through five questions. Likert scale questions, forced choice questions, and questions that required open text responses were used. The results supported the high levels of engagement that had occurred during the workshops and the informal verbal feedback elicited at the completion of

the 2016 pilot workshop. In response to the question, "How useful was this workshop?" there was consensus that it was very useful. However, overwhelmingly, students reported that it would have been better to have this workshop at the start of the trimester, before this critical entry-level placement. Therefore, this workshop was conducted at the start of the Trimester 1 practicum in 2017 but still represented a post-practicum workshop and intervention as it drew on their experiences from their Year 1, Trimester 2 practicum. The specific workshop survey results are as follows.

A 5-point Likert scale, which ranged from *strongly disagree* (1) to *strongly agree* (5), was used for seven questions. A score of 3 is neutral. Table 10.3 shows the results from these questions.

These results indicated a positive reaction to the workshop that had value in fostering explicit links amongst the three constructs and the students' work lives and personal lives. The links to broader life were perhaps stronger, but this is to be expected, and the fact that links are being formed with practice is heartening. Students also reported to learn new information (Question 4).The workshop was considered to be well-organised by 100% of respondents, and although results for the workshop pace were more positive than negative, this could be improved. What arose in this particular workshop's delivery was that many students wanted to share their experiences and new learnings during the whole-class activities, which resulted in some time trade-off in some other areas. This will be managed for future workshops, through setting time parameters.

Only 41.7% of students were interested in follow-up or more advanced workshops. However, this might be a function of the current hidden curriculum around these topics or the likelihood that many students "do not know what they do not know" in these three areas, that is, a level of unconscious incompetence or the Dunning-Kruger effect (Kruger & Dunning, 1999). Also, despite our strong position around developing well-rounded graduates in the Master of Speech Pathology programme, our students tend to be very high-achieving and academically focussed, so the value of developing these capabilities will need to be impressed upon them from the outset of the programme. Indeed, one student stated that while the workshop content was *interesting*, they would have preferred the 2 hours being spent on more theoretical content *related to studies*.

Table 10.3 Evaluation questions and number of positive responses of 4 or 5 from 24 respondents and percentages

1. The workshop covered areas important for my development as a practitioner	19	79.2%
2. The workshop was applicable to my clinical placement work	19	79.2%
3. The workshop was applicable to my life, more broadly	21	87.5%
4. The workshop gave me new information to consider	18	75%
5. The programme was well paced within the allotted time	15	62.5%
6. The material was presented in an organised manner	24	100%
7. I am interested in attending a follow-up, more advanced workshop related to these topics	10	41.7%

Question 8 invited students to write down one "aha" moment they experienced during the workshop. Thirteen students responded with examples. Although themes were not extracted formally, written responses indicated that the workshop positively reinforced learning, yielded new learnings related to workshop topics, and prompted students to think about their well-being. Specific statements included:

1. Reinforced learning: "I thought it was a good reminder even if it was info I've heard before".
2. New learnings: "I need to dwell less on things that cannot be changed"; "self-efficacy… an area to work on".
3. Well-being: "I thought I was taking care of myself fairly well, but it has highlighted that you can always do more for yourself"; "I need to exercise and eat a bit better"; "realising that it is important to have faith in yourself"; "identified determination as an area to work on".
4. Stress management: "It was well placed as I was feeling overwhelmed with the recent content so gave me some perspective".

Together, these quotations suggest that the workshop acted at an individual level, as intended, and was effective in its aims to provide students with new insights and sense-making, to increase knowledge of their constructs and the importance, and to deliver a prompt for action.

Other questions also addressed the extent to which learning about each of the three constructs was extended by the workshop, relative to what they knew coming into the workshop, thus targeting Kirkpatrick's level 2. With the exception of 2 students who reported *limited* extension, the remaining 22 students reported positive extension (i.e. *somewhat* to *extremely*). Sixteen out of the 24 students also felt they could better explain all three constructs, if asked, having completed the workshop. Four students reported that they were *very good* or *perfect* at explaining these prior to the workshop and this did not increase as a result of the workshop. In addition, 20 out of the 24 respondents (i.e. 83.3%) reported that the workshop helped them to identify one area for them to work on in the future, which was a positive outcome around the value of the workshop and, if implemented, would address Kirkpatrick level 3, that is, a change in behaviour as a result of the workshop.

In relation to operational factors, 17 out of 24 students reported that the timing was positioned at the "right time" in their programme of study, with a further 5 students stating that it was "too late". That is, 91.7% of students did not want this workshop any later in the programme. Therefore, the decision to respond to the first workshop's informal student feedback and conduct this workshop earlier, at the start of Trimester 1 Year 2 rather than at the end of this trimester, was a sound move which resonated with students. Students also were asked to rate each module's usefulness. With the exception of one student who rated all modules as having *limited* usefulness to them, all modules received mostly *moderately* useful and *very* useful ratings, with some *extremely* useful responses also occurring.

In terms of what students felt was best or most enjoyable about the workshop, undertaking the questionnaires, and in particular scoring the resilience questionnaire, was a strong theme, as was participating in the clinical dilemma activity. Both

tasks involved active learning. The former task furnished a resilience profile (i.e. strengths and areas to work on) and therefore was highly salient and personalised, and sharing with their pair and the class revealed common themes, possibly contributing to connectedness. The clinical dilemma activity also was highly salient, and when all dilemmas were shared with the class, meaningful connections and helpful contributions towards resolution of the dilemma were apparent. Two other gratifying and strong themes that emerged were around sharing with peers, with six students reporting high value in this (*sharing ratings with peers as a way of connecting with others and building social support*) and other students valuing the safe environment that was constructed (*open environment*; *if you did want to share you didn't have to*).

In sum, the *Bouncing Forward* workshop evaluation, to date, and the positive student engagement in the workshops support the value of this type of post-practicum debriefing workshop and the notion of presenting the three constructs of professional identity, self-efficacy, and resilience as a package, with links between the three constructs. Different students had different profiles and knowledge in each of these areas, and the workshop was able to cater for this and provided an individualised learning experience. Some students discernibly underwent some transformational learning, and the overall value of the workshop was high. However, to further understand and develop appropriate interventions for students in these areas, including the identification of pressure points, further inquiry is required.

10.9 Trends in Professional Identity, Self-Efficacy, and Resilience

As stated, there is no current evidence in the literature regarding the development of speech pathology students' professional identity, self-efficacy, or resilience. As put forward, we believe that these three constructs are interconnected and important to student success in study, the workplace, and in broader life experiences. Therefore, alongside the development and implementation of the *Bouncing Forward* post-practicum debriefing workshop, and pre-dating this, data addressing the three constructs was collected at different time points. These data acted to inform the development of the workshop, provided the speech pathology staff with important insights, and adds to the body of evidence on these topics. Three questionnaires (mentioned earlier) were implemented to investigate the constructs, and this information is now presented:

1. *Professional Identity in Speech Pathology Questionnaire*. This questionnaire consisted of six items on student identity and the programme of study (rated on a 0–10 scale) (adapted from du Toit et al., 2011) and ten items relating to the profession of speech pathology (rated on a 1–6 scale) (Adams et al., 2006). A single cohort of students completed this questionnaire on three occasions – at the end of their Year 1 Orientation week, at the end of their Year 1 first trimester of study, and 1 year later at the end of their Year 2 second trimester of study (embed-

ded onto the *Bouncing Forward* workshop). Thus, it was possible to plot, over time, their professional identity and identify whether changes occurred during the course of their study.

2. *General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995). Students rated themselves (1 = *not at all true* to 4 = *exactly true*) on each of the 18 items at the start of their Year 2 12-week practicum and then again at the post-practicum debriefing workshop. It was therefore possible to determine whether self-efficacy changed over the duration of this trimester.

3. *Personal Resilience Questionnaire.* The 42-item *Personal Resilience Questionnaire* (Organizational Development Resource, 1996) was completed before the 12-week practicum at the post-practicum workshop. Mean scores for each of the six domains were calculated and compared to determine any differences.

10.9.1 Professional Identity

In this small group of Master of Speech Pathology students, professional identity changed over an 18-month period, as demonstrated in Figs. 10.1 and 10.2. Students reported feeling like a speech pathology student and having strong ties with other students much more so at 18 months into their programme of study compared to Orientation week. This is not surprising as students are undergoing an enculturation into the speech pathology profession through the developmental trajectory of their academic and practicum experiences; thus, the programme appears to support aspects related to the forming of professional identity. In support, trends were also observed with respect to a decrease in connectedness to the students' former identity, and this occurred quickly within a trimester (Fig. 10.1). Students identified with the speech pathology profession from the outset of their study. Perhaps the initial perceptions of identity at the end of Orientation week, although real, were driven by the lack of knowledge and experience, and the premise that pre-novice students "do not know what they do not know" about the profession (Kruger & Dunning, 1999). However, by the end of their first trimester, students had a more informed, conscious view, along with a realisation that speech pathology is more than what they thought and the knowledge of how much more there is to learn. This line of thinking may explain a decline in perceived professional connectedness despite having greater actual competencies and capabilities than in Orientation week. One year later, as experience and knowledge have grown, this has translated to a generalised positive increase in professional connectedness (Fig. 10.2).

Students aspired to be professional and knowledgeable and empathetic speech pathologists who are patient, are personable, and are exceptional communicators. These were the most frequently reported themes that emerged when students described the qualities and attributes of a practising speech pathologist, having completed three out of four trimesters of study (i.e. end of Year 2, Trimester 1). The themes related to all of the qualities and attributes described are detailed in

O-week 2015   **W13 2015**   **W13 2016**
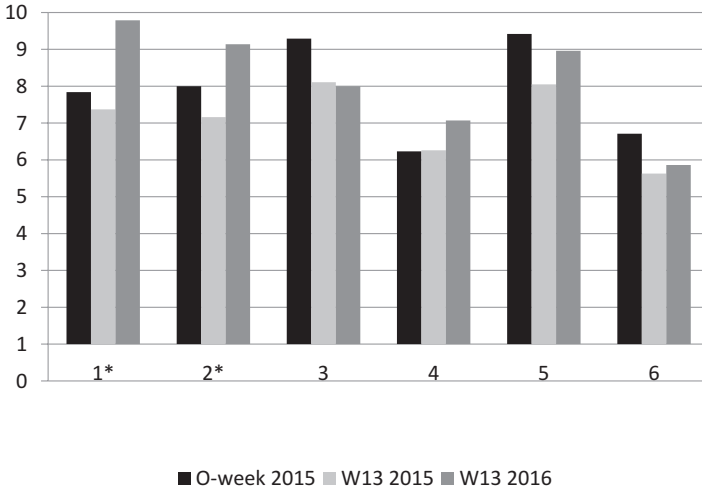
*= significant – Q1 F = 4.261, *p* < .001; Q2 F =2.847, *p* < .009

Fig. 10.1 Development of professional identity in student and programme domains across 18 months

1. To what extent do you feel like a speech pathology student?
2. To what extent do you feel strong ties with other speech pathology students?
3. To what extent do you feel pleased to be a speech pathology student?
4. How similar do you think you are to the average Master of Speech Pathology student?
5. How important is it that you are a speech pathology student?
6. How strongly connected do you feel to your most recent professional or student identity?

Table 10.4. These attributes have comprehensive coverage across the key cognitive, affective, emotional, personal, interpersonal, professional, theoretical, and task-based domains of the speech pathology profession and demonstrate that the Master of Speech Pathology programme is appropriately developing students well in terms of speech pathology values and beliefs. Interesting, resilience was only espoused once, although being adaptive and flexible ranked quite high. Problem-solving and reasoning, which relate to self-efficacy, also were low. Therefore, inspection of data related to these two areas indicated a need for these constructs to be more explicitly embedded into the current curriculum and justified the *Bouncing Forward* post-practicum workshop as one strategy. These results further indicated, that is, a need for data on self-efficacy and resilience.

10.9.2 Self-Efficacy

The concept of self-efficacy has not been specifically targeted in the Master of Speech Pathology programme, although students come across this construct within the curriculum. As previously stated, the General Self-Efficacy Scale (Schwarzer &

O-week 2015 **W13 2015** **W13 2016**
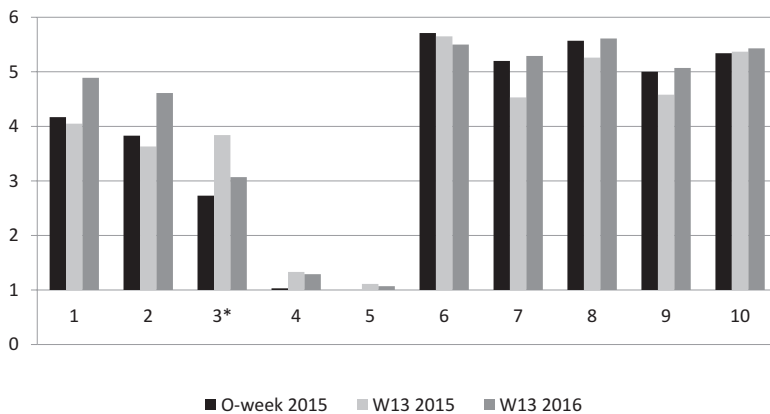
*= significant result F = 11.656, *p* < .001

Fig. 10.2 Development of professional identity in professional domains across 18 months
1. I feel like I am a member of the speech pathology profession
2. I feel I have strong ties with the speech pathology profession
3. I question my resourcefulness in undertaking the demands of the speech pathology programme
4. I find myself making excuses for belonging to the speech pathology programme
5. I try to hide that I am studying to be part of the speech pathology profession
6. I am pleased to belong to the speech pathology profession
7. I can identify positively with members of the speech pathology profession
8. Being a member of the speech pathology profession is important to me
9. I feel I share characteristics with other members of the speech pathology profession
10. I believe that I am capable of becoming an excellent speech pathologist

Jerusalem, 1995) was employed, and Table 10.5 presents all questions. Table 10.6 presents the mean results and standard deviations for two curricular time points (i.e. the start and end of students' third trimester). For unshaded questions, higher scores equate to positive self-efficacy equates to higher score. The five shaded questions have a negative bias, meaning that a low score equates to positive self-efficacy.

Overall, at the start of Year 2, self-efficacy was higher than moderate (i.e. greater than 3 on a 4-point scale) and trended towards increasing over the trimester. The data indicated that the programme was challenging, particularly the academic component. However, students reported relatively high levels of coping and taking responsibility for their learning. They appreciated the value of persistence and problem-solving. They also felt moderately supported in their academic studies. The one question that showed significant change over the 13-week period was Question 3 – *If someone opposes me in the classroom or clinic, I can find means and ways to get what I want*. At the commencement of the trimester, students were on average equivocal. However by the end of the trimester, in the post-practicum workshop, students reported that their sense of control had increased to on average answering this question as being moderately true. During this trimester of study, the problem-based learning tutorials actively addressed conflict resolution in teams and during practicum. This may have contributed to increased self-efficacy in this important area.

Table 10.4 Ranking of professional attributes that Year 2 Master of Speech Pathology students perceive as exemplifying a speech pathologist

1. Empathetic, sympathetic, compassionate, genuine	**18**
2. Professional, confident, competent, capable, hard working	**17**
3. Knowledgeable, intelligent	**16**
4. Good communicator, good listener, friendly, personable, approachable	**15**
5. Patient, caring, warm	**15**
6. Organised, good time managers	**11**
7. Adaptive, resourceful, flexible, creative	**11**
8. Holistic/quality of life, client-centred	**11**
9. Perfectionistic	**5**
10. Lifelong learner	**2**
11. Enthusiastic, passionate	**2**
12. Good at problem-solving/reasoning	**2**
13. Multitasks	**1**
14. Resilient	**1**
15. Realistic	**1**
16. Proactive	**1**
17. Efficient	**1**
18. Committed	**1**

Table 10.5 Questions from the General Self-Efficacy Scale

1	I can always manage to solve difficult academic and/or clinical problems if I try hard enough
2	I frequently feel overwhelmed by my studies
3	If someone opposes me in the classroom or clinic, I can find means and ways to get what I want
4	It is easy for me to stick to my aims and accomplish my educational goals
5	I constantly rely on others to support my clinical development
6	I am confident that I can deal efficiently with unexpected academic or clinical events
7	Coping with the academic demands of this programme is difficult
8	Thanks to my resourcefulness, I know how to handle unforeseen academic situations
9	I feel well supported in my academic studies
10	I am easily distracted from my studies
11	I can solve most academic problems if I invest the necessary effort
12	I can remain calm when facing academic difficulties because I can rely on my coping abilities
13	The clinical situation is daunting for me
14	When I am confronted with an academic problem, I can usually find several solutions
15	If I am in academic and/or clinical trouble, I can usually think of something to do
16	Some aspects of this programme are easier than I expected
17	I find the clinical demands to be more stressful than the academic demands
18	No matter what comes my way academically or clinically, I'm usually able to handle it

Table 10.6 Mean results on the General Self-Efficacy Scale in Week 1 and Week 13, 2016

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Week 1	3.28	3.31	2.48	3.19	2.25	2.94	3.47	3.13	2.97	2.25	3.44	3.03	2.38	3.00	3.31	2.59	2.41	3.25
	0.50	0.94	0.42	0.57	0.80	0.56	0.68	0.47	0.60	0.70	0.50	0.62	0.82	0.47	0.49	0.85	0.72	0.50
Week 13	3.46	2.89	3.04	3.25	2.07	3.11	3.57	3.18	3.00	2.07	3.50	3.11	2.11	3.18	3.39	2.32	2.11	3.32
	0.52	0.83	0.38	0.52	0.72	0.53	0.72	0.42	0.63	0.64	0.48	0.53	0.83	0.38	0.52	0.81	0.62	0.38

Table 10.7 Year 2, Week 1
summary of resilience scores
across domains, ranked from
highest to lowest

Domain	Total	Mean
Sense of purpose	28.29	4.04
Connect with others	26.89	3.84
Determination	26.83	3.83
Looking after yourself	25.47	3.64
Taking control	25.26	3.61
Positive mental attitude	23.46	3.35

10.9.3   Resilience

As per self-efficacy, building resilience had not been specifically addressed in the
Master of Speech Pathology curriculum. General coping strategies were discussed
in all clinical education workshops, but framing this through a resilience lens had
not occurred until the *Bouncing Forward* post-practicum workshop. The *Personal
Resilience Questionnaire* is a 42-item questionnaire with each item being evaluated
on a 5-point scale, 5 = *strongly agree*, 3 = *neutral*, and 1 = *strongly disagree*. The
total scores for each of the six domains and means are provided in Table 10.7.

These resilience data in Master of Speech Pathology students were collected in
Year 2, Week 1, Trimester 1 in 2016 prior to the first *Bouncing Forward* workshop
which occurred at the end of this trimester. Students had a good sense of purpose,
which aligns well with the professional identity data. Students on average were
equivocal with respect to the domain, positive mental attitude (e.g. controlling nega-
tive thoughts), which also is in agreement with the self-efficacy data. Given that
many of students are studying away from home and may attend their final clinical
practicum in rural and remote areas, an average score of 3.64 on *looking after your-
self* suggests this as a future area to target. It is worth noting that five of the six
domains scored between 3 and 4, which corresponds to equivocal. This data justifies
the need for a workshop with resilience as a focus topic and highlights areas to
target.

Having reviewed the preliminary data on Master of Speech Pathology students'
professional identity, self-efficacy, and resilience, some clear relationships amongst
the data exist, supporting our argument that these three constructs are intertwined,
and further it is clear that all three areas need direct attention in the curriculum.

10.10   What Has Been Learnt and Where to from Here?

Work-integrated learning is vital for producing work-ready graduates. In acknowl-
edgement of this has been the Australian government's *National Strategy on Work
Integrated Learning in University Education* (Network, 2015). Hence, ensuring stu-
dents have the best quality experiences in and around their practica has been spot-
lighted. As discussed, the workplace is fast-paced, dynamic, and sometimes

confronting for students. Therefore, post-practicum debriefing is essential to assist students to make sense of their experiences and equip them with strategies for the next practicum experience or the workplace itself.

To this end, the *Bouncing Forward* post-practicum debriefing workshop addressed three important capabilities which we argue are interconnected and central to workplace success. Our initial results from the data showed connections amongst these three constructs in our Master of Speech Pathology students, thus supporting our position, as well as a need for focussed activities in these three areas. In summarising our findings, professional identity was quite strong from the outset, but increased from the commencement of speech pathology studies. Furthermore, following three trimesters of students articulated attributes, values, and behaviours that are coherent and consistent with those of the profession although, until now, have never been collected through research. Together, these data are reassuring as it has been argued that having a strong professional identity may aid one's ability to handle the workplace.

Self-efficacy was demonstrated to be dynamic, increasing in one domain over the short term (13 weeks). It was moderate in magnitude. As stated, a strong sense of efficacy enhances individual performance and a sense of well-being (Bandura 1994). Nursing research indicates that self-efficacy can be a predictor of performance, with higher levels of self-efficacy associated with higher performance and job satisfaction (Caruso, Pittella, Zaghini, Fida, & Sili, 2016). Therefore, building self-efficacy may increase students' ability to deal with difficult clinical situations in a considered and constructive manner. In light of our results and findings in the nursing and medical literature showing that self-efficacy can be enhanced through targeted learning and feedback (e.g. Ammentorp, Sabroe, Kofoed, & Mainz, 2007), addressing this area may benefit our speech pathology students.

Resilience was equivocal in this cohort of students, except for their sense of purpose which was high. This suggests that students may find it difficult to respond to challenges associated with academic study, including those which occur during practica. Building resilience in students is a goal of all academic programmes; however making this explicit may assist this process. Specifically, the two domains which require the most attention (Table 10.5), based on our results, include *positive mental attitude* (especially around controlling negative thoughts) and (2) *looking after yourself*.

The *Bouncing Forward* workshop was a starting point for exploring and facilitating speech pathology students' knowledge and viewpoints about professional identity, self-efficacy, and resilience as it applies to practicum experiences and to augment their practicum experiences. The workshop was easy to implement and was transferrable to other professions (i.e. nutrition and dietetics students; paramedic students) and degree level (bachelor vs. master) with minimal changes. This flexibility and transferability was intentional, and the programme appears to be highly sustainable. The proviso still stands, however, that students must have had prior practicum experience to participate in this workshop. The workshop was well-received, and formal evaluation revealed that its value to students was high and new knowledge and insights were gained. However, it appears that our speech pathology

students need to be further educated about the importance of developing these three constructs and evidence needs to be collected to determine application of knowledge, i.e. whether the workshop has changed any behaviours.

For the future, the *Bouncing Forward* workshop will continue to be conducted in the Master of Speech Pathology programme at the start of Year 2, as well as in the Bachelor of Nutrition and Dietetics programme at the end of Year 3, to augment practicum experiences with contextualised and important debriefing that targets three interconnected constructs to assist students in making sense of what "has" happened in their practica to inform what "can" happen in future practica. In speech pathology, a systematic approach to collecting data has been implemented at the beginning of each trimester to continue to track the development of these three constructs. Moreover, evaluating the impact of the workshop on student performance and capabilities will be part of a continuing iterative process that commenced in 2017. Interestingly, some common themes have emerged from the workshop activity related to clinical dilemmas (e.g. difficult supervisors; difficult families of patients; adverse patient events), so these will be collected and collated more judiciously in the future. Knowing more about the potential pressure points in clinical practica means that additional strategies can be incorporated into the curriculum to address these and potentially could form the basis for further augmentation of students' post-practicum learning. Hence, the developmental and iterative process will continue around the area of post-practicum interventions in the Master of Speech Pathology programme, and, in particular, the hidden curriculum around the development of professional identity, self-efficacy, and resilience in students will be hidden no more.

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