Professional doctorate level study: the experience of health professional practitioners in their first year

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Abstract

Little is known of the learning experience of practitioners undertaking a professional doctorate and the impact this has on their personal and professional lives. Greater understanding of the learning process would help inform programme design and delivery and help enhance the quality of the educational experience. This study explored the experience of practitioners completing the first year of a professional doctorate in health and social care programme at one higher education institution. A naturalistic inquiry was conducted using illuminative case study design. Nine students on a Professional Doctorate (ProfD) programme from one university in the United Kingdom took part in this study. Data was collected from two focus group interviews with first year student cohorts and from end of year evaluation questionnaires. Students were faced with knowledge that questioned their current understanding and practice which some embraced as an exciting adventure. For others this was painful and traumatic and caused them to question their continuation

on the programme. Finding time to study and having high levels of support from academic staff, doctoral students and family were critical to face the challenge. As they adjusted to the situation and gained greater understanding, they became more confident in their knowledge and practice. They continued to remain somewhat uncertain of their academic progress on the programme. In the first year of the ProfD students questioned their knowledge and professional practice and this was often associated with stress and anxiety. Critical to their continuation was finding time for study and having high levels of support.

Introduction

Professional doctorate programmes in the UK

While doctorates in theology, law and medicine have been available since the 12th century only since the 1980s have professional doctorates (ProfD) become available for other professions in the United Kingdom (UK) (Taylor, 2008). The White Paper on Research Policy (Cabinet Office of Science and Technology 1993) criticised the PhD for failing to meet the needs of careers outside of academia and initiated the development of a range of ProfD programmes offered by Higher Education institutions throughout the UK (Scott et al., 2004). There has been a rapid growth in a range of disciplines; of the 255 ProfD programmes listed on FindaPhD (accessed 30.5.2011), 34 are in health and social care incorporating professions such as occupational therapy, physiotherapy, nursing and midwifery. A survey by UK Council for Graduate Education in 2005 identified almost 7000 students were registered on a ProfD programme (UK Council for Graduate Education, 2005). While a PhD may or may not be practice based, the ProfD *must* make an original contribution to practice knowledge such that the findings are ready for implementation into practice. Therefore it offers a valuable route for practising professionals (Edwards, 2009). On completion of the doctorate the student is well placed to continue with practice based research, becoming a researching professional (Bourner et al., 2000; Bourner et al., 2001). The nature of the ProfD; to meet the needs of a professional group and develop the capability of practitioners to work and research within their professional context (UK Council for Graduate Education, 2005) is perhaps why there has been such a high demand for this form of doctoral education. Fundamental to the ProfD is the generation of knowledge from practice for practice (Ellis and Lee, 2005; Rolfe and Davies, 2009) providing a valuable way to enhance the knowledge base of professions in health and social care and offering professional development for experienced practitioners.

In the last few years, there has been increased scrutiny of postgraduate research degree programmes to enhance the quality of the provision through the development of threshold standards and a framework of good practice (Higher Education Funding Council for England, 2003; UK Council for Graduate Education, 2009). In the UK, doctoral qualification descriptors

were published by the Quality Assurance Agency with the express purpose of gaining equivalence of academic standards across doctoral awards (Quality Assurance Agency, 2008). Formalising doctoral degree parity and qualification across the European Union is also underway through the Bologna 3rd Doctoral Cycle (Ministry of Science, Technology and Innovation, 2005). While these standards provide expected learning outcomes from doctoral programmes, they may not translate into the learning outcomes experienced by students (Kushner, 2000). In the current climate it is imperative that research is undertaken to determine the value of ProfDs to students, employers, professional bodies and higher education institutions. This is recognised by the UK Council for Graduate Education who have recently published a framework that seeks to develop a metric for measuring the value of ProfDs (UK Council for Graduate Education, 2011).

While there are growing numbers of students enrolling onto ProfD programmes, there is evidence of high attrition rates (Evans, 2009; Taylor, 2008). It is therefore of particular importance that there is understanding of the student experience so that educational programmes facilitate students' academic development and successful completion of the programme. While there may be similarity in the experience of all doctoral students (ProfD and PhD), we believe the distinctive nature of the ProfD programme (Bourner et al., 2000; Bourner et al., 2001; Taylor 2008) will create particular experiences worthy of investigation. The programme is typically a part time, cohort based programme for senior professionals. It is often divided into two stages; stage one offers a structured programme of research training lasting around 2 years with the development of a research proposal. Stage two, lasting 2-4 years, follows the PhD pattern of supervision, culminating in a thesis submission and viva voce.

A number of studies have explored the experience and impact of a professional doctorate in a range of professions including nursing education, business administration and engineering (Costley and Stephenson, 2007; Ellis, 2006; Stephenson et al., 2006; Wellington & Sikes, 2006). However, doctoral students experience and views are likely to change during their progression through the programme (Ellis, 2006; Tinto, 1987). There is some evidence that the first year of a doctoral programme is crucial in determining whether a student will stay

and persist or chose to withdraw (Golde, 1998). Within our own institution, our current figures indicate that 44% withdraw during the first year. Since the first year is so significant to attrition, we sought to understand the student experience during this period. We are not aware of any studies that have specifically looked at the experience of professional doctorate students during their first year on the programme. For insight into this stage, the literature related to the first year completing a PhD was reviewed.

For a PhD, the first year has been considered a transitional year during which students experience emotional, psychological, social and academic upheaval as they adjust to doctorate study (Robinson, 2008) and become part of an academic and social community within the university (Tinto, 1987; Tinto, 1998). The first year has been conceived as a socialisation process (Golde, 1998) through which students explore key issues: 'can I do this? Is this the right choice? Is it worth the struggle? Do I belong here? For international doctoral (PhD) students, the first year involved a series of critical transitions: they had to understand and become 'self-directed learners, engage with a potentially new epistemology centred upon 'criticality', and its associated pedagogical practices, as well as learn to interact, study and 'be critical' in a second language (Evans & Stevenson, 2010). The development of confidence as a self directed learner is also a challenge for home PhD students (Gardner, 2007; Haggis, 2002). Strategies to cope include being determined and self-disciplined, having an exclusive focus on the PhD and upon success, working very long hours and forming collegiate work groups (McClure, 2007; Wang & Letherbridge, 1995).

It is unknown whether ProfD students have similar experiences to home and international PhD students during their first year of study. Successful ProfD completion has been associated with a strong motivation to complete, friends and family, focussed programme of study, recent previous study, and support of employers throughout the whole programme (Taylor, 2008) and these resonate with the coping strategies adopted by PhD students outlined above. The aim of this study was to explore the learning experience of doctoral students, during their first year of a ProfD programme.

The programme

Participants were from two cohorts of a research based ProfD programme for experienced health and social care practitioners, managers and academics. It was designed to enable professionals to critically reflect and challenge current professional policies and practice in an innovative, substantive and original manner. In addition students were expected to contribute, through course work and a final thesis, to knowledge and practice within their own profession, and disseminate research outcomes to inform innovation and better ways of working within their profession. It was also expected that graduates would foster local research activity, manage and implement recommendations emerging from research findings thus contributing to changes within practice.

The overall structure of the programme was delivered in two stages and is outlined in Table 1. During the first year, students attend the university for eight, two-day study blocks distributed evenly throughout the academic year. Each study block involves a one hour cohort meeting, 3 two hour teaching sessions and 1 three hour action learning set meeting. The teaching sessions used a student-centred approach and covered all aspects of the research process with particular emphasis on the application of research in professional practice. Throughout the year, personal advisors provided a notional 12 hours of support to guide individual students in their development as researchers and scholarly writers.

The first 5 months of the programme involved students exploring their professional practice, identifying a research question or area to investigate and writing this up in a 6000 word assignment. The rest of the academic year involved critically evaluating possible methodologies to address their research question and exploring their ontological and epistemological stance in relation to the research study; this culminated in an 8000 word assignment submitted in early September of year 2.

Table 1

Programme structure

Stage One			Stage Two			
Year 1		Year 2	Year 3	Year 4	Year 5	Year 6
16 study days		16 study days	8 study days	8 study days	0 student days	0 study days
1 advisor			2 supervisors			
At 5 months: Assignment 1 Identifying a researchable problem (6,000 words)	At 12 months: Assignment 2 Research methodologies (8,000 words)	At 20 months: Assignment 3 Research Proposal (12,000 words)		At 48-72 months: Thesis & viva voce examination (60,000 words)		

Study design

A naturalistic inquiry (Erlandson, et al., 1993; Guba & Lincoln, 1981) using illuminative case study design (Bassey, 1999; Ellis, 2003) was used. This approach aimed to explore the first year of the professional doctorate programme from the perspective of the student. Through description of an individual's learning experience, shared understanding and meaning were co-constructed by the participants and researchers. The conceptual framework of career transition theory (Nicholson & West, 1988) informed this study. This describes a five phase transition cycle: i) preparation for the transition (involves psychological readiness); ii) encounter (making sense and coping with initial shocks and surprises); iii) adjustment to the new situation; iv) stabilisation (with outcomes from adjustments made); and iv) preparation (or readiness) for the next transition.

Participants

Approval for the study was obtained from the Faculty of Health Research Ethics and Governance Committee at the University of Brighton. From a potential sample of 40 students, nine students from both cohorts took part in this study. The professional profile was as follows: 2 physiotherapists, 2 occupational therapists, 3 nurses, 1 podiatrist and 1 midwife. Students were invited to participate through research centre staff and not through the programme team. Issues of confidentiality and protection of participants' identity was observed. Written informed consent was obtained from all participants, ground rules for confidentiality were agreed at the outset of the project and formed part of the students' informed consent. All those taking part were informed of their right to withdraw from the study at any time without prejudice.

Data collection

The study sought to explore the experience perceived by students during the first year of the professional doctorate programme and for that reason the primary data was collected through focus group interviews and student feedback questionnaires. Two focus group interviews were carried out, one with students from the 2004 cohort and one from the 2005 cohort approximately 8 months after starting the programme. Eight females and one male student participated; all were white British, home students and were mid-career, senior

professionals in their workplace. The interviews explored the students' experience of studying on the professional doctorate; Table 2 below outlines the interview guide.

The interpersonal dynamics involved in academic staff researching their own programmes can potentially distort the research process and findings. Because of this a research assistant, who was an academic colleague, but not directly involved in the delivery of the Professional Doctorate programme, conducted the focus groups. The interviews were digitally audio-recorded and participants' identities were protected. Interview transcripts were anonymised using participant codes.

Table 2

Agenda Topics for Focus Group Interviews

The personal impact of Doctoral studies on the students' lives

The experience of moving to Doctoral level study from Masters' degrees

Alterations in self-concept and perceptions of professional practice as a result of Doctoral study

Perceived changes to professional role in the practice setting as a result of Doctoral study

The experience of researching within one's own practice setting

The influences of practice-based research upon methodologies and planned outcomes

The management of change in the clinical setting, as a result of Doctoral study

At the end of the academic year, further data were collected from the 2004 and 2005 cohorts through feedback questionnaires evaluating the students' experience; Table 3 below outlines the end of year evaluation questionnaire.

Table 3

End of Year Evaluation Questionnaire

What has been the <u>most </u>positive aspect of the Programme over this academic year?

What has been the <u>least </u>positive aspect of the Programme this year?

You have now spent three years developing as a doctoral student. Please comment on your current perceptions of studying at Doctoral level.

Are you aware of any further changes in your:

   - attitudes to, and awareness of, your practice?

   - perceptions of professional knowledge?

   - understanding of the research process?

   - time management and studying strategies?

Data analysis

The transcriptions and evaluation questionnaires were read and reread to allow familiarisation of the data. Theory-driven thematic analysis (Braun & Clarke, 2006) was used to analyse the data from the focus group interviews and the questionnaires, drawing upon career transition theory (Nicholson & West, 1988). This was used as a conceptual framework for data analysis and identifies five stages: preparation, encounter, adjustment, stabilisation and preparation for the next transition.

Discussion of findings

A summary of the experience of participants is portrayed in Figure 1 and involved a transitional process indicated by arrowheads. Each stage will be explored in turn, supported by illustrative extracts.
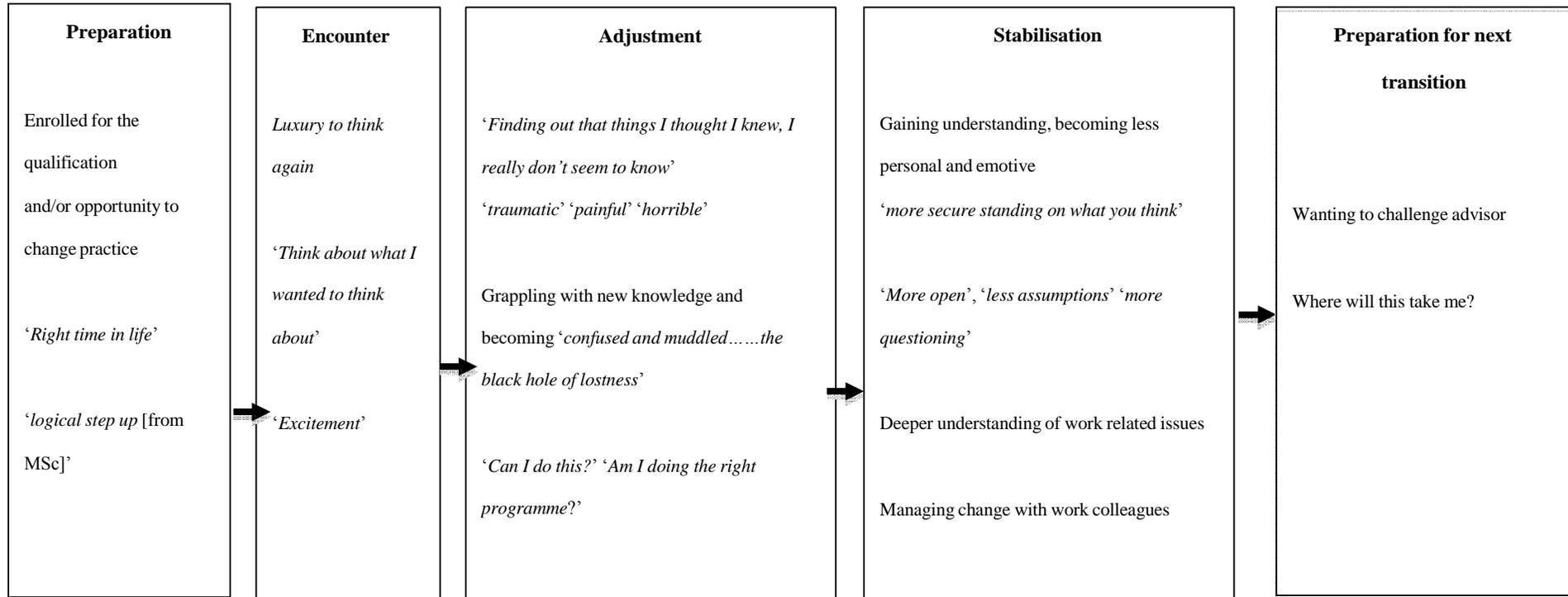
Figure1

Preparation	Encounter	Adjustment	Stabilisation	Preparation for next transition
Enrolled for the qualification and/or opportunity to change practice '*Right time in life*' '*logical step up* [from MSc]'	*Luxury to think again* '*Think about what I wanted to think about*' '*Excitement*'	'*Finding out that things I thought I knew, I really don't seem to know*' '*traumatic*' '*painful*' '*horrible*' Grappling with new knowledge and becoming '*confused and muddled……the black hole of lostness*' '*Can I do this?*' '*Am I doing the right programme*?'	Gaining understanding, becoming less personal and emotive '*more secure standing on what you think*' '*More open*', '*less assumptions*' '*more questioning*' Deeper understanding of work related issues Managing change with work colleagues	Wanting to challenge advisor Where will this take me?

Figure1 Legend: Summary of the transitional process experienced by the participants during the first year of the ProfD programme

Preparation

Practitioners enrolled onto the programme wanting to change practice and to gain the doctorate qualification. Having successfully completed an MSc, they were confident of their academic ability to complete the doctorate, which seemed like a '*logical step up*'. They were determined to complete it and believed it was the '*right time in my life*'. At this stage most students asked themselves '*Can I do this*?'

Encounter

The early honeymoon experience of the programme during the first few months was very positive, '*I feel something's awoken inside me*'. They had '*the luxury of thinking again*', allowing them to '*ponder for hours*' on work related issues; and unlike work, did not demand producing written reports. For some, their previous Masters course was viewed as rather rigid in comparison to the ProfD programme; rather than being told what they needed to know, '*I could think about what I wanted to think about*'. They were free to decide for themselves what they wanted to learn; '*it's wonderful to go off where you like, its been quite liberating*'; '*to do things as you want and you've got the support when you need it*'. This brought a sense of excitement and satisfaction.

Adjustment

Practitioner's current knowledge and expertise was challenged in a way that had not occurred during their MSc studies; '*finding out that things I thought I knew, I really don't seem to know*'; '*something that you thought you were really certain about, the ground fell away*'; '*being challenged about your area of what you perceived as knowledge and expertise*'. For one participant, '*I always assumed that things that I was taught were fact and they're not actually*'. This led to strong negative emotions described as '*traumatic*', '*painful*', '*unsettling*', '*horrible*', '*disturbing*', with confidence '*totally shattered*'. As they pursued their reading and thinking, some participants became aware of the lack of evidence underpinning their practice. As they were often in positions of leadership this was '*disturbing*' and '*challenging*'.

They also had to grapple with new knowledge and terminology, for instance '*philosophical terms were just something I'd never heard of before*'. Some embraced this experience, it enabled them '*to blossom …wandering around-ish… to get lost is an adventure*', saying '*it keeps my mind open*'. Others, however, found they became '*confused and muddled and you can get dragged down into*

the lost like… the black hole of the lostness' and '*hated*' the experience. What seemed key to enabling them to persevere was '*trusting you will come through it*' and rationalising the process as a learning journey that will have its up and downs. Drawing on their memory of overcoming similar hurdles in the past during their MSc, also enabled them to bolster their confidence that they would overcome this difficulty. For some the challenges caused them to assess their decision to enrol onto the programme, they asked themselves '*can I do this*', '*am I doing the right programme?*' The challenges prompted them to question their motivation for coming onto the course, '*have I come on here to learn things or have I come to perhaps call myself something different?*' In order to persevere, they resolved to embrace the journey with all of its challenges. For others the doctorate qualification would make no difference to their career, they were motivated by the potential for a '*journey of self discovery*' and to '*benefit practice*'.

The high challenge was offset by high levels of support that came from a variety of sources. Of particular value was support from advisors, from peers and from those who had successfully completed a doctorate. The nature of the support from advisors that was most appreciated was an open and honest relationship, having regular meetings and receiving quick responses to queries, particularly in the first few months of the programme, when you feel '*unsure of yourself*', the supervisor was '*fundamental to your progress*'. Slow responses resulted in '*delays in your thinking*' and could become a '*huge problem*'. Because the advisor also took on the role of marker for the assignments in stage one, there was a sense that '*you needed to appease the supervisor in some ways…and that feels, in some way, slightly uncomfortable*'. While advisors did not always have discipline specific knowledge, having enough common ground compensated for this. Some participants were aware that they were passive during advisory meetings and tended to just follow advice given, to such a degree that for a while one participant '*felt as though it wasn't mine*'. Some remarked that '*I really do adopt the student role*' suggesting they did not conceive of a student learning actively.

Peer support was highly valued; as one participant said, '*I found it a much more emotional and difficult journey than I ever anticipated…I have actually been really quite shocked at how hard at times I've found it and if it hadn't been for the support of some of the members of the group I would have left*'. The inter-professional cohort created tension for some participants as group discussions tended to focus around the professions more represented, this was compounded by

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lecturers coming from these same professions. However for others, this was '*fascinating*' confirming all the professions to be '*related*'. Another source of support was from those who had completed the doctoral journey. While it was difficult to find someone who had completed a Professional Doctorate, those who had completed a PhD had similar experiences, and '*that can be very reassuring*'.

A major concern was a need to find '*time for the journey*', and this required being '*meticulous in my planning…juggling home and work*', and '*being very well organised*'. While some participants had '*wiped away everything else… [to] get the most out of the doctoral course*', and '*don't consider it work because I'm so fascinated with it*', another did not consider it '*the be-all and end-all*'. Most participants had busy lives, as one recounted '*I've got an incredibly busy job, a fifty hour a week…I don't get study leave, I'm here on my days off…two small children*'. While some working in the NHS were entitled to a weekly research session, '*the way things are, in an acute Trust, it's the first thing to go*'. One participant recognised that '*I need to be assertive and stand up to this, but I haven't got the time or energy, so I'll just have to manage it as best as I can*'. Participants' determination to overcome this difficulty was strengthened by hearing each other's situation; and continuation was made more comfortable by having flexible submission dates for assignments. While some participants had their course fees paid and gained time off work for university and private study, others did not secure any funding or time off. At home, participants negotiated support from family. This involved creating a study area in the home as well as agreeing when and how study time was to be incorporated into family life. One participant had resolved the issue at home by explaining to her son that '*we'd be doing homework together for a long time'*.

Stabilisation

As they gained greater understanding of the issues, these became less personal and emotive; '*I'm beginning to understand it now in a sort of organisational sense, rather than it being something to do with me*'. For one participant, they found it '*reassuring that other people were thinking the same sort of things*'. They changed the way they evaluated problems in practice to explore the issues in more depth, now '*unravelling and unpicking problems to find out where it's come from and why we've ended up with it*'. Once they got '*to grips with having [your assumptions] blown, it makes you a bit more secure standing on what you think*' and '*makes you stronger*'; '*things are certainly leaking out, what I've read or experienced*'. Their greater awareness of the literature

brought with it a challenge to their own capability to make a contribution, '*how can I aspire…to compete with some of the stuff that's already been done and out there….and make it pertinent to my areas*?', although one participant remarked they '*had woken up to the fact that half the stuff I'm reading isn't done properly*'. A greater appreciation of the complexity of practice enabled one participant to appreciate the limitations of research to provide robust evidence.

They became '*more open*', with '*less assumptions*' and '*more questioning of things*'. While they had not necessarily changed practice, they were '*much more confident in the practice that I do and the things that I say*'. One participant remarked as a consequence of '*feeling a bit more articulate and verbal and confident*', she had initiated a number of proposals at work. Participants' views of practice changed to '*see perhaps a bit more clearly what the issues are*'. Their dialogue in practice altered, '*I'm talking to patients about studies all the time, in the team…I feel myself changing and I'm really, really excited by it*'. Their realisation of the lack of evidence underpinning their practice led them to seek '*solutions that can be demonstrated scientifically*', rather than just '*whingeing away*'. As one participant remarked '*I'm studying at what I'm working*'.

Participants noticed their relationship with work colleagues changed. Simply entering onto the doctoral programme enhanced their ability to be listened to by senior colleagues, a change that was '*irritating*' for one participant who had made similar comments in the past but had not been heard. For one participant enrolment gave '*more credibility with a wider group of staff*' and began to '*visualise myself as a change-agent…helping people, inspiring people, to be more research minded*'. Their drive to change and improve practice was not always shared by work colleagues who '*aren't ready to come along with you*'. Their experiences on the programme made it '*more difficult to work with people who were entrenched'.* Still others realised they had to be sensitive to colleagues '*not losing people*' who may feel envious, '*well that's all very well if you're doing that…but here in the real world…*'.

While they had adjusted to the early demands of the programme, they remained uncertain of their progress and had to resort to '*going on trust*'; one participant was '*going right back to the basic things, [what is addiction?]…going with the flow…leaving yourself open to what's gonna bubble up*' but wondering whether '[not] *knowing where I'm going*' was still allowed for the second and third assignments or whether they should be '*a bit more focused now*'. '*The realisation*

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that you can be uncertain' continued to be '*unnerving*' and '*scary*'. This position was heightened when handing in assignments that had '*no end point to the content*', '*it's not a completed piece of work*', but only a '*milestone*' in their development. They were conscious that their thinking and understanding was continually moving on, '*it never stops*'. While shared experiences provided very helpful support, comparing their stages in the journey sometimes created anxiety if they thought they were lagging behind. For one participant '*I went all the way round in big circles to come back to the beginning again to the question that we've started with... I think is different from some of the others in the group... that created a lot of discomfort and trauma for me*'.

A number of participants continued to review whether they were on the right programme; they weighed up the costs and benefits. A variety of challenges and difficulties were cited that began to tip the balance unfavourably, such as their relationship with the advisor and any disagreement related to the research topic, a change in work role, dissatisfaction with the teaching and learning processes, including action learning sets. In contrast, one participant remarked '*I definitely know that I want to study at this level. I mean that I really am excited by it, I love it*'.

> *Preparation for the next transition*

Reflecting on her passivity during meetings with her advisor, one participant commented '*I'm not quite sure what is out there ... and say I really don't agree with you on that and I'd like to be able to say that at some stage*'. Greater understanding of issues related to their practice and research topics caused participants to consider their future careers beyond the programme; '*I think I could move out of my field into something broader, what it is I don't know, but I can see that happening, it's already started to happen and I think this in some ways has given me the confidence to do that and feel that, you know, I am a player in a broader field*'.

Conclusion

This study explored the learning experience of students during their first year of a ProfD programme. This process of learning how to adopt a new identity and role as doctoral students involves learning how to fit in with new demands and expectations. In the first year students face major challenges to their existing practice as professionals. The evidence base for their practice is questioned, their worldviews are deconstructed, and previously unacknowledged assumptions are exposed. It should be recognised that these students are senior professionals who have achieved

success in previous roles, and are now exposing themselves to the risk of potential failure. This can create considerable stress, and tests self-confidence at a number of levels. These and other stressors encountered in completing a doctorate need to be acknowledged, and stress management and coping strategies should be addressed at an early stage of each programme (Sakalys et al., 1995). Later in ProfD programmes the challenges faced by students who become change agents in their workplace also need to be incorporated.

Understanding the experience of practitioners undertaking their first year on a ProfD programme may help inform recruitment, curriculum design and supervisory practice so that all stakeholders, including applicants, students, supervisors, educationalists and employers, are better informed of the educational process. It may also help inform those considering enrolment onto a ProfD programme of the potential experience, this may help them set realistic goals and enhance their potential to succeed. It is difficult for prospective doctoral students to predict whether they will be able to successfully complete a doctorate and similarly it is difficult for those on the interview panel to predict candidates who will be able to complete (Lovitts, 2005). Practitioners who have successfully completed a masters degree programme may not necessarily make a successful transition to the greater independence demanded by doctoral study (Lovitts, 2005). If we understand this transitional process better, this may enable both candidate and interviewer to be more informed in deciding whether to apply/accept.

In the ProfD programme, this transition may be blurred due to the cohort based formal research training that often forms the first two to three years of the programme – however even with this in place, greater independence of thought and action is a fundamental expectation. Doctoral study involves generation of knowledge and is essentially a creative process (Lovitts, 2005). To work creatively it is thought necessary to have analytical, creative and practical intelligence; knowledge, thinking styles, personality traits (high degree of self-discipline in matters concerning work, ability to delay gratification, perseverance in the face of frustration, independence of judgement, tolerance of ambiguity, a high degree of autonomy, an internal locus of control, a willingness to take risks and a high level of self-initiated, task-orientated striving for excellence), intrinsic motivation, the environment (department, peers, lecturers, supervisors) (Lovitts, 2005).

It is imperative that the added value of postgraduate study is articulated to potential students, employers and those commissioning healthcare education (Draper & Clark, 2007). One way to determine whether a programme is fit for purpose is to explore the experience of students undertaking the programme (Draper & Clark, 2007). Further research needs to explore the relationships between university, profession and practice change, as the linkage of these differing agendas within professional doctorate programmes is vital (Maxwell & Shanahan, 2000; McWilliam et al., 2002).

As one of the primary aims of professional doctorates is to make a difference to professional practice, it is essential to examine their impact on individual students and their work (Doncaster & Thorne, 2000). The influence of these programmes on individuals' practice and personal growth has not yet been fully researched in this country, and understanding gained from studies such as this will enable sounder decisions to be made regarding the research 'training' appropriate for a professional doctorate. Discussing their research on part-time research students from the professions, Barnacle & Usher (2003:353) noted "respondents believed that doing research makes them better professionals. It informs their work through disciplinary expertise and research knowledge and gives them confidence in, and a critical perspective on, what they do in the workplace". This current study has echoed those findings, and contributed to the debate on the nature and impact of professional doctorates.

This was a single case study conducted in one UK University; almost all participants were female and all were home UK students. The learning transition described here provides a 'fuzzy' (Bassey, 1999) generalisation of what *may* happen in other situations. If these changes and adjustments are negotiated successfully, progress within a ProfD programme is more assured, and the academic challenges can be met with greater confidence and enjoyment.

Further research is needed to test the findings of this study and develop a more robust insight into the experience of students completing the first year of a professional doctorate programme. For example, what is the experience of overseas students, of male students and students in other professions completing a doctorate? In addition, a longitudinal study would provide a more in-depth understanding of the learning process and could continue into subsequent years of doctorate study.

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Table 1 Programme structure

Stage One			Stage Two			
Year 1		Year 2	Year 3	Year 4	Year 5	Year 6
16 study days		16 study days	8 study days	8 study days	0 student days	0 study days
1 advisor			2 supervisors			
At 5 months: Assignment 1 Identifying a researchable problem (6,000 words)	At 12 months: Assignment 2 Research methodologies (8,000 words)	At 20 months: Assignment 3 Research Proposal (12,000 words)		At 48-72 months: Thesis & viva voce examination (60,000 words)		

Table 2

Agenda Topics for Focus Group Interviews

The personal impact of Doctoral studies on the students' lives

The experience of moving to Doctoral level study from Masters' degrees

Alterations in self-concept and perceptions of professional practice as a result of Doctoral study

Perceived changes to professional role in the practice setting as a result of Doctoral study

The experience of researching within one's own practice setting

The influences of practice-based research upon methodologies and planned outcomes

The management of change in the clinical setting, as a result of Doctoral study

Table 3 End of Year Evaluation Questionnaire

What has been the <u>most </u>positive aspect of the Programme over this academic year?

What has been the <u>least </u>positive aspect of the Programme this year?

You have now spent three years developing as a doctoral student. Please comment on your current perceptions of studying at Doctoral level.

Are you aware of any further changes in your:

   - attitudes to, and awareness of, your practice?

   - perceptions of professional knowledge?

   - understanding of the research process?

   - time management and studying strategies?