The Lived Experience of the Student Therapeutic Radiographer when caring for patients with cancer in the clinical placement setting: An Interpretive Phenomenological Analysis.

'They don't need to see how you see them'

Author: Bridget Mary Porritt

Professional Doctorate

University of Salford

School Of Health & Society

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I am proud to say I stand on the shoulders of a long line of Irish Catholic immigrants, Yorkshire miners, working class northern women and men who never gave up fighting to provide a better life for their families.
I was the first in my family to go to University; I am not the last.
To my husband John and Daughters Aoife and Orlaith, thank you for supporting me with love and laughter and inspiring me to keep going. Girls, be proud of who you are and keep on fighting.

Dream, dream as big as you can:

'A dream you dream alone is only a dream. A dream you dream together is reality'.

John Lennon

ABSTRACT

Background:

Therapeutic Radiographers and Therapeutic Radiography students are exposed to emotionally demanding situations in their daily care of cancer patients and their family/carers (Society of Radiographers SOR, 2016). The impact of this caring responsibility has yet to be explored in relation to the student therapeutic radiographer. Emotional exhaustion and burnout have been are known contributors to professionals deciding to leave their chosen profession and students to leave their pre-registration therapeutic radiography programmes of education (Probst, H 2012). Therefore, ensuring that appropriate pre-registration curricula encompass strategies to support students effectively throughout their professional journey is essential.

Aim: This research sought to explore the lived experience of student therapeutic radiographers in the context of caring for patients with cancer in the clinical placement setting.

Methodology: Multiple on-line semi-structured interviews with 10 participants took place throughout a 12-month period during pre-registration training. This allowed data collection from a sample representing all 3 years of the BSc (Hons) and 2 years of the Post Graduate (PG) Radiotherapy programmes. During the interview, dialogue was recorded and later transcribed verbatim by the researcher. . Findings were interpreted using Interpretive Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2012).

Findings: Seven master themes were identified:

1- Emotional Burden
2- The Professional Student
3- Impact of Covid-19
4- Managing Demands
5- The Professional Carer
6- Progression and Transition

7- Radiation

Findings of this study highlighted the weight of responsibility experienced by student therapeutic radiographers in relation to fear of giving an incorrect dose. The sense of guilt experienced due to feeling responsible for treatment induced side-effects and consideration of whether the impact on quality of life for the patient, outweighed survival benefit. A consistent finding relates to students continually hiding any emotional response to what they were witnessing in order to protect the patient at all costs.

Findings will inform future pre-registration radiotherapy education programme design, delivery and models of student support nationally and globally. Ensuring programme content explores the emotional burden associated with giving care to people with cancer is essential. The weight of responsibility associated with delivering doses of radiation should not be underestimated. Higher education programme providers and clinical mentors, must ensure they support, develop and nurture their students in order for them to be able to manage the impact of their professional practice through resilience building, supported reflection and opportunities to de-brief openly and safely.

The study lead will now introduce the research, providing context and discussion of their own background, experience and identity which led to the development of the research aim and use of interpretive phenomenological analysis.

1.0 Introduction

Radiotherapy is the use of high energy x-rays in the treatment of malignancies. The allied health professional responsible for the delivery of radiotherapy is the Therapeutic Radiographer. Registered with the Health and Care Professions Council (HCPC), the Therapeutic Radiographer is degree qualified, uniquely experienced in radiotherapy management, oncology and patient care. (Society of Radiographers SOR, 2016).

Radiotherapy is increasingly used in the management of cancer, with one in four cancer patients receiving it. As cancer incidence rates continue to increase with one in two adults expected to have a cancer diagnosis in their lifetime. (Cancer Research UK, 2015). The Therapeutic Radiographer is an essential contributor to the cancer care workforce. (Royal College of Radiologists, 2015).

The caring role of allied health professionals in the oncology setting is much researched; with evidence focusing primarily on the cancer nurse and nursing students (King-Okoye, and Arber 2013). However, the ability to care is a requirement for all allied health professionals, not only a protected characteristic of the nursing profession. Therapeutic Radiographers and Therapeutic Radiography students are exposed to emotionally demanding situations in their daily care of cancer patients and their family/carers. Research relating to stress and burn out among the therapeutic radiography profession supports this; with Probst et al (2012) reporting that Therapeutic Radiographers describe higher than normal levels of emotional exhaustion relating to their caring responsibilities. (Probst et al, 2012). The impact of this caring responsibility has yet to be explored in relation to the student therapeutic radiographer.

Emotional exhaustion is much reported in relation to other allied health professional groups and is a known contributor to professionals deciding to leave their chosen profession (Ashong et al, 2016). It is essential that the healthcare workforce is supported appropriately in order

to develop healthy coping mechanisms in order to manage the demands of their role (Harris, Cummings and Campbell 2006). Radiotherapy education providers must ensure that programmes provide adequate mechanisms of support to facilitate this development. Attrition levels on pre-registration allied health professional programmes are reportedly increasing. National Radiotherapy Attrition rates in 2010/11 were reported at 36.5% (Jewell, 2012). There are variations in attrition rates among other health care professional pre-registration programmes with Occupational Therapy reporting significantly lower rates of 6.93% (Royal College of Occupational Therapists, 2017). High attrition rates lead to recruitment difficulties and workforce planning problems (Cullen, Drabble, Castellanos and Brissett, 2014). A survey undertaken in 2011 by the Society of Radiographers (SOR) reported dissatisfaction with clinical placement was the main reason why students did not complete their pre-registration programme (SOR, 2010). A deeper understanding of the pressures experienced by students in clinical placement would further enhance the knowledge base supporting pre-registration programme curricula design.

The role of the Therapeutic Radiographer is complex, requiring the professional to be highly technically skilled, an effective communicator and compassionate. Studies investigating the occupational pressures experienced, report high levels of occupational stress in diagnostic radiography (Eslick 2008,Rutter 2008). With a sparsity of research investigating occupational stress in the Therapeutic Radiography profession or a misconception that the two professions are somehow equivalent in relation to levels of occupational stress experienced, further research is much needed. Understanding complexities of the role will enable improved support of students in placement. This in turn it is hoped will have a positive effect on attrition rates. By effectively supporting, providing healthy coping strategies and developing resilience, a robust student population can be established. This will lead to a future therapeutic radiography workforce with the ability to cope with the emotional demands of caring. Findings will provide much needed evidence to support the re-design and implementation of programme delivery and support mechanisms in clinical placement.

The study lead is a lecturer in therapeutic radiography and oncology at the higher education institution where the study is taking place. The study leads clinical career began over 20 years ago, as a Band 5 Therapeutic Radiographer working in a large radiotherapy centre in England. An extensive family history of bowel cancer led the study lead to pursue a career as a

healthcare professional. Fascinated by medicine, technology and evolution in cancer care led the study lead to want to pursue a career in radiotherapy. On reflection, the lead acknowledges that she wanted to do something that made a difference to people who had cancer. The loss of relatives, the fear of a cancer diagnosis and sense of powerlessness were definite drivers at that time. The lead developed a passion for learning, a need to know and understand more about cancer and radiotherapy treatment. Clinical practice was a rollercoaster, demanding and rewarding in equal measure. Taking patient memories home was a frequent occurrence. The study lead remembers frequently phoning home when they were upset about what they had seen that day. Coping strategies at that time encompassed a commitment to living life to the full, to feeling grateful for simply being alive and to silencing the negative thoughts or emotional distress felt. The study lead gained promotion after 18 months and ceased an opportunity to develop clinical research skills in a dedicated radiotherapy research unit. Working collaboratively with other health professions and physicists was challenging, often feeling like an imposter there were some difficult days. Fortunately the study lead was nurtured by an experienced powerful female clinical mentor. This experience very much shaped the future career trajectory for the study lead. The mentor gave the lead permission, a strong voice and new aspirations.

Time in the research unit was instrumental in developing the leads clinical research knowledge and skills. Moreover it gave the study lead some much needed confidence, presentation skills and the ability to better understand and maximise team dynamics. The lead's passion for better understanding bowel cancer was ever present. Having matured, developed and having a broader skill set led the lead to the role of colorectal specialist radiographer. On reflection, the study lead felt ready for a greater level of autonomy and wanted to be part of a focussed team caring for colorectal cancer patients. The role involved managing acute toxicity, liaising with surgical colleagues and slowly establishing a scope of practice and caseload. With hindsight, the lead struggled to know their place, how far their responsibilities went and often felt ill equipped to deal with the complex clinical scenarios they were faced with. The challenge and reward balance shifted and the lead felt at times unable to cope with the workload and pressure. Intermittent clinical supervision provided some relief, however personal circumstances changed and significant life events led the study lead to question where they were best placed.

A hasty application for a lecturing role resulted in a physical and psychological move. Taking on the role of a lecturer was in all honesty unexpected, unplanned and frightening. Nevertheless 14 years on, the lead has established and immersed themselves in the culture of higher education, taking on senior leadership roles, leading projects and supporting learners. Having responsibility for colorectal oncology teaching across all programmes has ensured the study lead keeps up to date with advances in care, ensuring they are still able to pursue their passion.

During the first 5 years of teaching practice, the study lead began to notice that learners described similar thoughts and feelings to their own, when they were a newly qualified radiographer. Academic advisor meetings where the study lead met with learners each term to discuss academic matters would more often than not shift from academic progress to discussion around life, mental health and support needs. At this point in the study leads professional life, an awareness of the tools needed to decompress in a healthy way meant that life as a lecturer felt very different to life as a radiographer. As cohorts came and went, the challenges described in academic advisor meetings by learners remained consistent. Pre-registration programmes were revalidated, assessment strategies evolved and curricula kept abreast of advances in cancer technology. New mentoring and preceptorship programmes in clinical placement, seemed to come and go. Learners reflected on complex emotional challenges and unhealthy unsustainable ways of managing their thoughts and feelings.

The study lead increasingly wanted to better understand the learner experience of caring for people with cancer. Literature and research evidence was scarce and focussed on attrition rates, bullying and poor mentorship in placement. In contrast to the study leads previous clinical role which was informed by local protocol, national guidance and international research findings. The role of teacher felt more informed by local institutional preference and a need to provide programmes which meet accreditation requirements rather than creating a learning experience which nurtures, supports and acknowledges the role of the pre-registration carer. The need to better understand and support learners led the lead to pursue the proposed study exploring the lived experience of student therapeutic radiographers when caring for people with cancer in the placement setting.

Having described the drivers which ignited the study leads passion for wanting to better understand the lived experience of student therapeutic radiographers when caring for people with cancer in the clinical placement setting; the next chapter narratively explores the current evidence base relating to the research aim. The study lead attempts to highlight what is known and where the current gaps in knowledge are in relation to understanding the role of the student therapeutic radiographer in caring for people with cancer.

2.0 Literature Review

Review Method:

A narrative review was undertaken to explore the existing evidence and analyse findings relating to the theme of the study.(Aveyard, 2021). Search terms, inclusion and exclusion criteria and quality appraisal tools were used to ensure appropriate and quality literature was analysed (Popay et al., 2006). Databases including Scopus, Web of Science and Medline were searched. The databases provide a comprehensive range of peer reviewed literature including health sciences (University of Liverpool, 2024). The population, intervention, comparison and outcome (PICO) model was used to develop appropriate search terms (Davies, 2019).

Search terms such as: 'Radiotherapy' or 'Therapeutic Radiography' AND 'Therapeutic radiographer' OR 'radiotherapist' AND 'student' 'pre-registration', 'pre-registration learner', 'Allied Health Professional' 'Allied Health Learner' AND 'Lived Experience' 'Learning experience' AND 'care', 'caring' AND 'empathy' 'AND 'cancer patient', 'oncology patient' OR 'oncology care' were applied. Boolean operators 'AND' 'OR', 'Not' and 'Asterisk' were used in combination and brackets grouped similar terms together (Popay et al., 2006).

Peer reviewed articles and reports published in English from 2000 to 2024 were included. Initial search results yielded over 500 articles. Articles not relevant to the context of the proposed research aim and duplicates were removed. Snowballing ensured that further

relevant articles were included that had been missed by the initial search strategy (Popay et al., 2006).

Key themes have emerged from the literature search and review reported here relating to: professional demands of Radiotherapy practice and caring for the cancer patient. The themes of: burn out, stress, job satisfaction, emotional burden, dissonance and Steinian Empathy (Stein,E 1916-17)will be explored to provide context to the proposed methodology. The analysis will situate the proposed study in the current evidence base, highlighting its potential to create original knowledge and contribute to future pre-registration education and radiotherapy professional practice.

Professional Demands of Radiotherapy Practice

Work by French, (2004) highlighted the occupational stresses of therapy radiographers. In a phenomenological study design, data from a sample of 8 female Senior Therapy Radiographers from one NHS Trust was obtained from in-depth interviews. Findings reported that occupational stress results from a number of factors such as: personal performance, patient contact, the working environment, communication and leadership. The author reported a new finding relating to the stress caused by an acute awareness of the potential damage to a patient resulting from errors in treatment. Interestingly those involved in past radiation errors still describe with great emotion the impact on their personal capacity to cope.

The subject of occupational stress was further explored in relation to 'Burnout' in Therapy Radiographers (Probst H et al 2012). Since 2007 there has been a concern in the UK relating to the shortage of Therapy Radiographers to adequately run existing and expanding radiotherapy services (Department of Health, 2007). High vacancy rates are associated with high levels of stress and burn out in many occupations. Occupational stress can be attributed to a number of factors such as tasks being set that are outside the workers range of knowledge, expertise and training (WHO, 2018). Burn out is thought to be the result of long-term occupational stress and can affect mental and physical wellbeing (NICE 2018a Probst discovered in the phase I interpretive case study that reported burn out rates were higher in a department with a higher vacancy rate. This led to phase II of the methodology using a questionnaire design targeting 6 Radiotherapy centres. Of the 344 questionnaires

distributed, 87 were returned and eligible for analysis. The author acknowledges that the low return rate makes comparison between centres difficult. However, results reported a potential risk of burnout in UK Therapy Radiographers particularly relating to emotional exhaustion (EE). Emotional exhaustion is related to long term stress induced by a variety of mechanisms such as work-related stress or bereavement for example. (NICE, 2018b).
The challenging nature of the role of a Therapy Radiographer is again highlighted in work by Probst (2014). In a mixed methods study of 50 participants from a range of professions: radiotherapy, social work and teacher education. The aim of the study was to identify what supports and hinders development of professional resilience in early career professionals and in professionals involved in emotionally demanding work. Results reported that Therapy radiographers frequently felt under pressure and needed to demonstrate resilience. This was often reported to be when they were caring for children or patients of a similar age to themselves. Despite detailed results being presented, it is difficult to distinguish which professional group the findings relate to and how long they had been working as a professional. By identifying a professional group any similarities and differences in reported findings could be further critically analysed. A further limitation to the findings as acknowledged by the author is that the study was carried out in one higher education institution. Detailed demographics would allow more confidence in reported findings, reassuring the reader that a broad sample was recruited to ensure transferability of findings.

Emotion Work & Dissonance

The role of a Therapeutic Radiographer involves caring for patients with cancer. The provision of care and support for patients by healthcare practitioners is described as emotion work or labour (Carminati, 2021). The impact of emotion work and the complex relationship between radiotherapy patients and therapeutic radiography students has yet to be fully explore. With research often focussing on the impact of caring for palliative patients (Sarra and Fuez, 2018) and paediatric patients (Smith, Hamilton and Grimard, 2014) and qualified Therapeutic Radiographers. Further research is needed to understand the impact on the Therapeutic Radiography student, who is also exposed to emotionally demanding scenarios in their role of care provider. Healthcare professionals frequently use emotional dissonance among other strategies, to manage complex emotionally charged situations, in order to maintain effective

relationships with those in their care (Hayward and Tuckey, 2011). Emotional dissonance is described as the self-regulation of emotional displays that are at odds or inconsistent actual felt emotions. This faking of emotions and hiding of emotional displays, can often be at odds with the real emotional response and as such can be an exhausting role to maintain (Kenworthy, J et al., 2014). Regulation of emotional responses has both positive and negative consequences. Viewed at the organisational level, such processes are likely to increase output and the quality of interactions. However, looking at an individual level they can lead to exhaustion, fatigue and burnout (Carminati, 2021).

Work undertaken by Andela and Truchot (2017) sought to study the relationship between emotional dissonance and burnout, by exploring the buffering effects of re-evaluation and team reflexivity (both task and social focussed). The study proposed that team reflexivity can buffer the burnout effect of emotional dissonance. Reflexivity at a group level was defined as the extent to which group members overtly reflect upon, and communicate about the group's objectives. The study sampled 445 nurses in a French general hospital. Whilst the research did not explore the experience of therapeutic radiographers or students, the emotional labour associated with nursing care offers some insight into the impact of caring in the caring professions, which is relevant to therapeutic radiographers and their complex role as care providers. Validated tools were used to measure team reflexivity (Facchin, Tschan, Gurther, Cohen, and Dupuise 2006) and individual burnout (MBI general survey, Schaufeli, Leiter, Maslach and Jackson 1996). Emotional dissonance was measured by a scale previously developed by Andela and Truchot (2015). The use of validated tools increases validity and enables findings to be compared with other studies. Interestingly, the authors of this research highlight emotional labour as a potential cause of burnout. Emotional labour describes employment which involves face to face or voice to voice work with the public. The work involves managing emotions in order to conform to organisational rules, regulations and expectations. (Grandey, 2000). In total 445 questionnaires were completed (38% response rate).The average age of the participants was 40 years old and 90% were female. Correlation and multiple regression analyses were performed. Analysis showed a significant positive relationship between emotional dissonance and the components of burnout: emotional exhaustion, cynicism and personal accomplishment ($p<.01$). The moderating effect of reflexivity was not so clearly demonstrated. Analysis showed a negative relationship

between social reflexivity and the components of burnout ($p<.01$). However, the relationship between task reflexivity and burnout could not be proven. Whilst this was a relatively small cohort of nurses, the relationship between burnout and dissonance is proven, highlighting the negative impact that regulating emotional response can have at an individual level. High social reflexivity was related to a reduction in all components of burnout. Authors hypothesise that the moderating impact of social reflexivity can be explained by the fact that a social reflexive team facilitate the sharing of emotions. In radiotherapy practice, emotional labour consists of listening to cancer patients concerns and taking into account their individual needs. Therapy radiographers show concern and sympathy whilst suppressing their own emotional response. Responses could include for example upset, anger, irritation and fear. The role involves caring for patients, their families and carers in an emotionally charged environment. The radiotherapy team approach to care, it's social construct and ability to be reflexive in sharing emotion is not yet fully understood.

Research evidence has demonstrated that the impact of an employee requiring to display a certain emotional response when dealing with a patient whilst suppressing their own emotional response (emotional dissonance), can be significant (Bakker et al.,, 2006, Delgado et al.,2017).

Emotional dissonance has been found to have the largest impact on burnout symptoms in health care workers (Andela, Truchot and Borteyrou, 2015). It is suggested that creating a socially reflexive team culture ensures that employees experiencing dissonance can share emotions and benefit from emotional support and attachment. (Andela and Truchot, 2017).

In radiotherapy practice, as in other healthcare settings, there is a constant requirement for therapeutic radiographers to re-regulate their emotional response in order to meet the requirements of the role and organisational expectations. Investigating the lived experience of student therapeutic radiographers will highlight the emotional labour involved in carrying out the duties required of a Therapy Radiographer in the radiotherapy clinical setting.

The emotional exhaustion caused by constantly attempting to balance individual response and institutional expectations (Hulsheger and Schewe, 2011).

Interestingly, Andela and Truchot, (2017) argue that when a professional experiences emotional dissonance, they often feel the need to share their emotional journey. In the author's proposed methodology here, participants will be given the opportunity to share

their experience. It is anticipated that some participants may possibly recount examples of emotional dissonance from both a personal perspective and an institutional perspective observing other colleagues such as fellow students, therapy radiographers, mentors and the wider multi-disciplinary health care team. The role and impact of a team in the radiotherapy pre-registration training setting has been researched previously in relation to bullying (Society of Radiographers 2016b). It has yet to be further evaluated in the context of the student therapy radiographer lived experience.

Burnout

The potential disconnect between inner emotions and outer expressed or expected emotions will be researched in the author's proposed lived experience study. Themes of questions posed in the Andela and Truchot study formulate potential questions used in the study with the student participants. The questionnaire-based study sought to investigate re-evaluation using validated subscales (Andela, Truchot and Borteyrou, 2015). The scale aimed to capture the idea of a cognitive change using statements such as 'I recognise events from another point of view'. A Likert 5-point scale was used to measure the frequency with which participants used emotion regulation strategies. Themes relating to re-evaluation will be explored in the proposed lived experience study.
Team reflexivity is measured using the French version of Carter and West's team reflexivity scale (Facchin , Tschan, Gurther, Cohen, Depuis 2006), incorporating task and social reflexivity. Statements in the scale included for example: 'methods used by the team to get the job done are often discussed'
'how well we communicate information is often discussed'
'team members are often unfriendly'
'when things at work are stressful, the team pull together'

Robust statistical analysis using correlation and multiple regression analyses were performed to test the direct relationship between emotional dissonance, task reflexivity, social reflexivity and burnout. Results reported that emotional dissonance is related to burnout. Correlation analysis indicated a significant positive relationship between emotional dissonance and three components of burnout: emotional exhaustion, cynicism and personal

accomplishment. ($p<0.1$). The study authors hypothesised that task reflexivity and social reflexivity would be negatively relational to emotional exhaustion, cynicism and positively relational to personal accomplishments. Analysis showed a significant negative relationship between social reflexivity and the three components of burnout. No significant links were established between task reflexivity and emotional exhaustion.

Further analysis sought to establish whether task reflexivity would buffer the burnout symptoms induced by emotional dissonance. Results showed that task reflexivity did not moderate the relationship between emotional dissonance and burnout. In relation to social reflexivity and dissonance, results demonstrated that social reflexivity moderated the relationship between emotional dissonance and cynicism.

Interestingly, results in relation to re-evaluation showed that employees who often re-evaluate their situation are less susceptible to burnout.

Emotional dissonance represents a threat to the individual's identity that reduces the possibility of spontaneous emotional expression (Andela and Truchot, 2017). The proposed study will explore further the themes of burnout and emotional dissonance.

Burnout among qualified therapeutic radiographers is investigated in quantitative study undertaken by Hutten et al (2014). Job satisfaction levels were measured by an audit of the UK Radiography and Physics workforce. The study aimed to obtain understanding of the professional experiences influencing job satisfaction of the radiotherapy workforce. This included radiographers, clinical scientists, technicians, engineers, assistant practitioners, trainee assistant practitioners and trainee clinical scientists.

A quantitative survey tool was employed using survey monkey. Limited free text sections were added, this unfortunately missed the opportunity to gather a richer narrative and see behind the scores applied by participants to some questions.

Validated instruments were employed for each survey section. The Mashlach Burnout Inventory was used to measure burnout as in the study by Andela and Truchot (2017). Whilst not directly measuring emotional dissonance the Hutten study (2014), did seek to measure burnout. As burnout is closely associated with dissonance this usefully allows the proposed lived experience study to consider whether high burn out rates in the radiotherapy workforce could infer high levels of emotional dissonance?

Indeed, results reported by Andela and Truchot (2017) stated a significant positive relationship existed between emotional dissonance and three components of burnout

(emotional exhaustion, cynicism and personal accomplishment). A total of 315 qualified therapeutic radiographers responded, whilst representing only 14.2% of the total UK Therapeutic Radiographer profession. The use of validated tools and robust analysis would suggest that results are reliable and transferable to the therapeutic radiography profession in the UK. However, results presented do not provide individual profession specific burnout rates as data is combined to give 'clinical respondents' data. This therefore reduces reliability and transferability. Nevertheless, there is limited literature reporting burn out rates in therapeutic radiographers in the UK, results from this study do provide insight however, further research is much needed. The mean MBI scores for clinical respondents revealed moderate EE, PA and low DP (EE = emotional exhaustion, PA = personal accomplishment, DP = depersonalisation).

A high number of respondents show high EE and low PA. These results are concordant with data reported by Andela and Truchot (2017), where correlation analysis demonstrated a positive relationship between emotional dissonance, emotional exhaustion and personal accomplishment. Hutton et al (2014) assert that burnout is an important area of research, with over one third of respondents reporting EE. Suggesting that burnout impacts on job satisfaction, patient care and radiation safety.

The concepts of occupational burnout are investigated by Sigh et al (2017), reporting on the results of a national survey of radiographers, sonographers and radiologists in Australia and New Zealand. The study population comprised radiographers, sonographers and radiologists who were members of the Australian Institute of Radiography (AIR), the Australian Sonographers Association (ASA) and the Royal Australian and New Zealand College of Radiologists (RANZCR). In total 10,788 participants completed an on-line anonymous survey on occupational burnout in 2010. Radiation therapists were not included in the study population. However methodological comparisons can be made to the study by Hutton et al (2014) and Andela and Truchot et al (2017). Whilst direct transferability of results from Diagnostic Radiographers in this Australian study cannot be applied,insight can be gained into the scale of reported burn out in the health profession workforce. The validated MBI burnout scale was again used in this methodology. A total of 5196 Diagnostic Radiographers responded. High rates of emotional exhaustion were reported in radiographers, sonographers and radiologists (87.4% to 100%), with a rate of 94.8% reported by

radiographers. Radiographers in particular were characterised by low levels of personal accomplishment. The study authors hypothesise that this could be related to the role of the diagnostic radiographer and perceived lack of autonomy.

No statistical significance was found between burnout and demographic variables (qualification, marital status and dependants). However; findings by Hutton et al.,(2014) would suggest that levels of exhaustion are related to demographic variables. One study participant in a free text comment state:

'hours being harder to work as I have children, childcare is only 8am to 6pm and I want to see my children not just work for longer hours'

(Band 6 Therapeutic Radiographer).

Work by Probst, H et al (2012), explored burnout in therapeutic radiographers in 6 treatment centres, using a paper questionnaire based on the validated MBI. Interestingly, the study lead had to seek permission from the treatment centre manager to access potential staff participants (students were excluded); resulting in bias as potential participants may have been prevented from taking part. A small sample of 97 was returned, with results demonstrating that some participants were at risk of burnout, specifically in the domain of emotional exhaustion (EE). Those reporting high rates of EE tended to be in roles with extended scopes of responsibilities and felt that their managers were lacking in essential leadership qualities.

Interestingly, working hours and involvement with student training were factors identified in the study by Singh et al (2017) as impacting on levels of burnout among radiographers and sonographers. Those working overtime reported high levels of emotional exhaustion and depersonalisation. The responsibility of student training is reported in the study as having a positive impact on levels of depersonalisation. In particular female radiographers report improved depersonalisation compared to males who report worse levels of depolarisation when involved in student training. Such findings suggest that involvement in student training can be beneficial, however further research is required to establish the impact in terms of emotional exhaustion levels in qualified staff involved in student training and whether demographic variables are related.

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Discretionary Effort

Burnout is not unique to the health care professions. Much can be gained by analysing evidence from other professional groups in relation to occupational stress. The connection between work effort, engagement of the worker and wellbeing in Policing is investigated in relation to the concept of discretionary effort by Hesketh, Cooper and Ivy,(2017). In this study engagement in the workplace includes both attitudes to the work place and perceptions of the role. Stress triggers such as resources, communication, control, work relationships, balanced workloads, job security, change and job conditions (Robertson and Cooper 2011).

The research aim was to establish to what extent police forces realize an employee's full potential through effective wellbeing approaches including stress management. Hesketh, Cooper and Ivy,(2017) question whether the police can create an environment in which employees experience meaning and purpose in their working life. Further questioned is whether effective leadership can influence workers to go the extra mile, thus introducing the concept of discretionary effort. Discretionary effort is defined as the extent to which an employee is engaged, putting in more effort than the minimum requirement (Palmer, 2012). In research by Robertson and Cooper (2011), discretionary effort is viewed through the mechanism of engagement and wellbeing. It is proposed that workers can work at a sustainable 85% effort. However, to simply 'stay out of trouble' a work rate effort of 35% is suggested as being the minimum requirement. This leaves a 50% gap which Cooper and Robertson describe as discretionary effort. Robertson and Cooper (2011) further postulate that high levels of workplace wellbeing and engagement will result in high levels of discretionary effort being employed at all levels of an organisation.

The concept of discretionary effort applies not only to police working, but all types of employment.

Hesketh, Cooper and Ivy (2017), employed a tool to measure attitudes towards the workplace and perceptions of the job. The questionnaire was employed to a police force in the North West of the UK. In total 148 respondents completed the questionnaire (45% Constables, 28% Inspectors, 11% Sergeants and 15% office /non-field staff).

Six key areas were questioned and discretionary effort was calculated by adding the total score for the following questions:

- If necessary I am prepared to put myself out for this organisation e.g. working long hours/un-sociable hours
- If asked I am prepared to take on more responsibilities or tasks not in my job description
- I feel that it is worthwhile to work hard for this organisation
- I am proud of this organisation
- I enjoy working for this organisation to the extent that I am not actively looking for another job
- Outside my particular job, I take an interest in many aspects of the running and success of the organisation

The theme of questions described by Hesketh, Cooper and Ivy(2017) will provide a useful basis for questions to be used in the one to one interviews in the proposed lived experience study.

Results reported by Hesketh, Cooper and Ivy(2017) demonstrate a strong association between rank and discretionary effort; with Inspectors and above more likely to contribute discretionary effort. In the Radiotherapy profession a ranking system is sued to distinguish between various bands (NHS 2018). Whilst the proposed lived experience research does not include qualified staff,it will be interesting to explore the experience of participants in relation to discretionary effort contribution.

It is possible that themes relating to discretionary effort may emerge in the findings of the proposed lived experience study. It may also be possible that different levels of engagement and discretionary effort are observed in qualified therapy radiographers who are involved in student training. Such observations by student participants may be of value to the radiotherapy professional community, caring professions, professional bodies, employing Trusts and the wider NHS organisation.

Emotion Burden

The work of a therapeutic radiographer can be emotionally challenging (SOR 2016a). Further supporting this idea that the role of the Therapy Radiographer is complex and often misunderstood and underestimated by other health care professions. Work by Hulley et al., (2016) sought to explore the Therapy Radiographers role in supporting radiotherapy patients

during treatment. The research was designed to describe the Therapy Radiographers ability to communicate with cancer patients during emotional interactions. Using a 2 - phase approach where single centred focus groups were used to aid the phase II questionnaire design. A total of 190 responses were received from 13 centres across Ontario, Canada. Results reported that Therapy Radiographers are highly skilled in communicating with emotional patients. Interestingly the author reports that the Therapy Radiographers ability to communicate effectively compare very favourably with chemotherapy nurses, general nurses and diagnostic radiographers. Further discussion around this theme would have been helpful within the methodology. Indeed, caring is not exclusive to one profession but inherent to all and in particular that of Therapy Radiography. (Bolderstone,2010)..

There is at present no literature relating to the lived experience of the student Therapy Radiographer when caring for cancer patients during their pre-registration training. Much of the research base relating to lived experience and cancer patients relates to the nursing (both student and qualified) experience. Whilst this research is of relevance it does not give voice to the student therapeutic radiographer.

The undergraduate nursing student experience was investigated by Charalambous and Kaite (2013) using hermeneutic phenomenological insights. The aim of the study was to explore the experiences of the student nurses and help them understand and interpret their experiences. Interestingly students with prior experiences in oncology and paediatric oncology as the study sought to explore the very first encounters of students with care taking place in such settings. A robust study design using reflective diaries, where students recorded their experiences during their clinical practice twice per week within a period of 6 weeks. The study design reflects the underpinning research philosophy of hermeneutic phenomenology. This method of acquiring a written reflection, offers the participants and researcher to access lived experience thoughts in the written format. The lack of an additional information gathering method is acknowledged as a weakness in the study design by Charalambous,and Kaite, (2013). Student nurses in the study reported that they found the experience of dealing with cancer patients emotionally distressing and draining. Interestingly they described using distancing and avoiding strategies. They reflect deeply on not just their own behaviours but the behaviours of qualified nurses working with them. The idea of detachment is rejected by one student nurse who recalls being told by a qualified nurse that 'you cannot feel sorry and bereaved for every patient you care for…you have to be a safe distance…'. The student nurse

records that ‘at first I thought this logical, but soon had to reject this approach because I realised that nursing is all about human contact and human interaction’. Charalambous and Kaite (2013). The themes emerging from the written refection could have been elaborated on further by the use of one to one interviews, to explore and gather context to experience described..

The very essence of Radiotherapy is human contact, interaction and care. The notion of avoidance and distancing oneself from an emotionally demanding situation has been written about extensively in relation to nursing and nursing students; however, Therapy Radiographers and Therapy Radiography students are under-researched. This allied health professional group dealing solely with cancer patients, whose daily work only involves patients with cancer have a story to tell that as yet has not been heard. Work undertaken by King-Okoye and Arber (2014) explored the experiences of second and third year student nurses when caring for patients with cancer. Taking a phenomenological approach using focus group interviews with 20 students; the study reports that students often use blocking and distancing techniques in order to cope with the situations in which they find themselves. The methodology employed of using group focus interviews is critiqued by the study author, who acknowledges that the true essence of an experience may not be preserved in a group interview situation. Within a group setting a person’s views may be influenced and changed by other group members. This could lead to a misinterpretation of the experience. (Webb and Kevern, 2001)..

Emotional dissonance is in many ways the separation of one’s own emotional response to a situation. Work by Probst and Griffiths (2007) eluded to the idea of emotional dissonance among qualified Therapy Radiographers. The work went further to explore the need for Therapy Radiographers to distance themselves whilst still maintaining appropriate levels of care and compassion for the patients in their care. The study investigating high levels of burn out in the Therapy Radiography profession reported that where levels of dissonance are high, this creates high levels of role conflict and uncertainty within an individual which can then lead to burn out and the desire to leave the profession. Further work by Probst and Griffiths (2009) clearly articulates the emotionally demanding role of the Therapy Radiographer, with one study participant describing: ‘I felt as though I’d run out of compassion almost’. (Probst and Griffiths 2009).

It is unsurprising that within the oncology care setting previous research has demonstrated that emotional dissonance is prevalent in cancer care. A questionnaire based study by Kovacs et al (2010), reported that the emotional burden on oncology care workers is extremely high. A low response rate is observed and the questionnaire tool is limiting as the opportunity to gain a richer narrative is missed. This further supports the author's proposed qualitative methodological approach.

Work by Hayward and Tuckey (2011) used a qualitative approach, with one to one interviews with a diverse sample of qualified nurses working in a range of clinical environment. Nurses studied described putting up a shield and the utilisation of emotional boundaries as a protective measure. The concept of emotional boundaries is further explored in research undertaken by Erikson and Davies (2017). This constructivist, grounded theory methodology used a convenient sample of 18 registered nurses from four paediatric palliative care practices in California, United States of America (USA). Emotional and professional boundaries were identified as key emerging themes. The process of maintaining integrity is reported, where by nurses integrate essential and competing aspects of their role: behaving professionally and connecting personally. Tensions are clearly experienced with some participants describing difficulties with remaining professional and providing emotional support to their patients and families.

To date, limited research involving Therapy radiographers or student Therapy radiographers has not established the prevalence of the use of such techniques. Nor has it sought to address the question of whether as a Therapy radiographer one can utilise emotional dissonance whilst still remaining compassionate. Do similar tensions exist in radiotherapy practice as reported by Erikson and Davies (2017)?

Empathy and Dissonance

Empathy can be considered as a general emotional ability, to take the perspective of others and to feel the emotion of others. Having both a cognitive and affective experience that varies with the situation (Parker & Axtell, 2001).

Pohl et al., (2015) investigated the extent to which empathy and emotional dissonance are associated with organizational citizenship behaviour among a group of Italian nurses.

Organisational citizenship behaviour (OCB) is an employee's voluntary commitment to an organisation. (Pohl at al. , 2015). A questionnaire was distributed to 222 nurses, working in two multidisciplinary hospitals in a North region of Italy. Empathy. Cognitive and emotional empathy were measured using a short Italian version of the Jefferson Scale of Cognitive and Emotional Empathy (Di Lillo et al , 2009). This scale measures cognitive empathy (perspective taking) and emotional empathy (compassion). Statements such as: "I try to understand my patients' emotions" are used. . Results reported that cognitive emotional empathy were positively related to organisation citizenship behaviour. Nurses with higher cognitive empathy demonstrated better OCB. Interestingly this study reported that emotional dissonance did not show any connection to OCB.

The connection between remaining empathic but consciously distancing or protecting oneself in an emotionally demanding situation is written about extensively by the German Philosopher Edith Stein. In her work, Stein describes the act of empathy as the carer understanding and distancing themselves, as they process the patient's emotional reality whilst acting out their caring role. Stein describes empathy as: 'an act in which a foreign experience is comprehended and the empathic act occurs internally requiring the care giver to show an attitude of openness, reciprocity and receptivity (Stein, 1916-1917). In a discussion paper published by Richardson, Macleod and Kent (2012); the concept of Steinian empathy in allied health professionals and palliative cancer patients is further explored. Discussions are based on two phenomenological studies undertaken in 2008 and 2010 to explore the concept of hope in terminal cancer patients and doctors caring for them. A connection between hope and empathy is described. Steinian empathy is described as a health care professional's ability to understand the patient's perspective and maintain a distance. Empathic response is acknowledged as complex and a greater understanding of it is needed among health care professionals in order to maintain acceptable levels of care and compassion.(Richardson K, Macleod,R and Kent,B (2012)..

The proposed study will seek to explore the concept of Steinian Empathy in relation to the student Therapy Radiographer training within the cancer care setting. It will consider whether students utilise distancing or separation techniques. It will seek to explore whether Steinian empathy is present in student Therapy radiographers and if so how it manifests itself in practice.

The proposed methodology will seek to build on work by French (2004), Probst (2007), (2009), (2012),(2014), and Hulley et al (2016), enabling the themes of occupational stress, burn out, complexity of role and the challenging nature of radiotherapy to be explored in relation to the student Therapy Radiographer. The concept of the student Therapy Radiographer experience will be given a voice, building on work undertaken in the student nurse setting by King-Okoye and Arber (2014). The emotional load, burden, discretionary effort empathy, dissonance and Steinian empathy (Andela and Truchot, (2017), Hutton et al.,(2014), Hesketh (2017) Stein (1916-17), will for the first time be explored in the student Therapy Radiographer.

Exploring the evidence base has identified key gaps in knowledge, provided context to the proposed aim and clarified where the study lead hopes to build on and expand existing knowledge. The research aim is comprehensively and succinctly described below.

3.0 Research Aim:

Aim:

This research will seek to explore the lived experience of student therapeutic radiographers when caring for cancer patients during pre-registration training in clinical placement and consider the implications for the support that is made available to students.

To achieve the research aim, a methodological design is outlined below, encompassing an overview of the IPA philosophical underpinnings, an overview of the study design, interview timeline, data collection method, sample size, ethical considerations, consent, participant communication, supporting participants, data storage and the IPA analysis process.

4.0 Methodology

The study aim is to explore the lived experience of the student Therapy Radiographer during pre-registration training. Utilising an Interpretive Phenomenological Analysis (IPA) (Smith,Flowers and Larkin, 2009)) which embraces the idea of multiple realities, the study aims to understand and honestly interpret the lived experience (Tuohy et.,2012). From an epistemological perspective the author seeks to get as close as possible to the study

participants. This desire to understand the lived experience has led the author to the paradigm of interpretive phenomenology. All experience is underpinned and entwined by individual experience and values. It is only a qualitative approach that offers another way of looking, truly looking by accessing rich informative data (Smith2011). IPA is founded in the philosophical framework of philosopher Edmund Husserl, combining three philosophical stances of phenomenology, hermeneutics and idiography (Smith, Flowers and Larkin, 2009). For the researcher, this methodology offers the ability to qualitatively enquire through engaging with the personal experiences of participants. Often described as double hermeneutics, the researcher makes sense of the participant sense making of what has happened (Merleau-Ponty, 2003).

The practical activities we engage in and relationships we have as human beings are made meaningful to us by our relatedness to the world and ultimately our relationship to death (Heidegger, 1927 (2010). Our embodied nature, in that as humans we see ourselves as something distinct and different means, that our sense of self is complex. (Merleau-Ponty,2003).

A strength of IPA is that the experience of a being is not overlooked, the researcher walks alongside the participant, examining in great depth their experience. Hermeneutics provides a way in which experience can be translated in order for the researcher to holistically explore and make sense of an experience rather than simply observe (Grondin, 2002).

A quantitative approach such as a questionnaire-based study, would not enable the study author to truly understand the student experience from their perspective. The use of closed questions and often low response rates as observed would limit the study findings, reduce understanding and miss the opportunity to produce findings which could potentially positively impact on future Radiotherapy education and clinical practice.

The use of semi-structured one to one interviews with participants was chosen, as it was felt to be the most appropriate method of exploring personal experience, giving the researcher the means by which to adopt an insider approach, standing alongside participants, looking from different angles whilst remaining empathic and questioning (Cuthbertson, Robb and Blair, 2020). The use of semi-structured focus groups or group interviews was discounted, as it was felt that this approach would not enable the researcher to engage with participants at a deep enough level to make sense of their experience. In order to address the research aim,

participants are asked to describe their inner thoughts and feelings. Such emotions, memories and sense making is very personal and a group setting would not appropriate for some participants. The one to one interview and assurance of anonymity offers participants some degree of certainty that their experience will be respected, some privacy and the ability to share perhaps a little more freely, without fear of judgement or breach of confidentiality (Billups, 2021).

Whilst there are many one to one interview methods available (Lee,2016), the impact of the Covid-19 pandemic resulted in one to one interviews taking place on-line. Pre-Covid, the researcher had planned to interview face to face on campus. Whilst the pandemic did not destroy the physical infrastructure of education institutions, it did result in a monumental shift to remote teaching and learning (Oliveira, 2021). As pressure on clinical services increased, personal protective equipment availability fluctuated and fear increased relating to student safety in the clinical setting; the decision was made by the National Health Service (NHS) to remove learners from placement in March 2020 (Strudwick, 2021). Study timelines were therefore revised and ethical approval revisions were submitted for approval.
IPA is concerned with human lived experience, determining that experience can be understood by examining the meanings which people impress upon it (Smith, 2011). In order to understand any given part, there is a need to look to the whole and to understand the whole there is a need to look to the parts. The proposed methodology using Interpretive Phenomenological Analysis (IPA) (Smith, 2011), will focus on describing what all participants (student therapy radiographers); have in common as they experience the same phenomenon (caring for cancer patients during clinical placement). The author will seek to grasp the very essence of what it means to be a student Therapy Radiographer, caring for cancer patients. This concept of essence (van Manen,1997), requires the author to access the innermost thoughts and feelings of the study participant, in order to reach an authentic account of what it means to them to be a student Therapy Radiographer. Rather than seeking to then generate a theory to account for the experiences described as the use of a grounded theory methodological approach would, the IPA approach allows the researcher to produce a composite interpretation, reflecting the very essence of the shared experience.

A potential methodology explored by the author was that of using a grounded theory (GT) approach (Glaser, 2022)). Like IPA, grounded theory focuses on common experiences, however moves further from describing to creating a theory in order to provide a framework to explain a phenomena. This approach is not the preferred method; the author acknowledges that whilst the GT approach is often used in education and health research; the aim of the proposed research is not to generate a theory, but for the first time describe the very essence of the lived experience of the student Therapy Radiographer in the cancer care setting. Whilst grounded theory is often seen as an alternative to IPA, it is directed at a more macro level of analysis, often using larger samples (Glaser, 2022).
Whilst rooted in critical realism and epistemological objectivity, the approach can be constraining and has a different philosophical and theoretical basis to IPA (Levers, 2013). IPA does not focus on hierarchy, systems or organisations, it seeks to understand peoples relationships to the things and experience that matters to them, where these things are shared and where they are not.

Overview of the study

The study is a longitudinal Interpretive Phenomenological design (Smith,2011). Study participants are recruited from Years 1, 2 and 3 of the BSc (Hons) Radiotherapy programme and Years 1 and 2 of the Post Graduate Diploma Radiotherapy,from a higher education institution in the North West England.. Students on the programmes, undertake training at one of three North West England Radiotherapy Centres. Data collection took place over a 6 month period, after each clinical placement block

Table 1: Original Interview Schedule (Pre-Covid). Please note - PLACEMENT SUSPENDED FOR ALL STUDENTS IN MARCH 2020, DUE TO COVID-19, RESUMED SEPTEMBER 2020).

Year Group	Clinical Placement	Reflective Dairy completed	Analysis of Diary	Interviews
Year 1	18.2.19 -15.3.19	11.3.19 (after 3 weeks of placement)	18.3.19 – 29.3.19	29.4.19 – 10.5.19
Year 1	3.6.19-12.7.19	1.7.19-12.7.19	8.7.19-19.7.19	26.8.19-13.9.19
Year 2	28.1.19 -29.2.19	18.2.19-29.2.19 (after 3 weeks of placement)	4.3.19-22.3.19	29.4.19-10.5.19
Year 2	24.6.19-2.7.19	15.7.19-29.7.19	29.7.19-9.8.19	26.8.19-13.9.19
Year 3	26.11.18-14.12.18	10.12.18-14.12.18	28.1.19-8.2.19	25.2.19-29.2.19
Year 3	4.3.19-12.4.19	25.3.19-1.4.19	8.4.19-26.4.19	3.6.19-7.6.19

The study timeline was revised due to Covid as clinical placement was suspended for all pre-registration learners in March 2020 and resumed in September 2020.

Table 2: Revised Study Interview Schedule (Post Covid)

YEAR GROUP	PLACEMENT	INTERVIEW DATE AND PARTICIPANT NUMBER
BSC 1	7.12.20-18.12.20 8.3.21-9.4.21	11.8.20 (P7) 21.1.21 (P7)
BSC 2	9.11.20-18.12.20 25.1.21-5.2.21	17.8.20 (P6) 19.1.21 (P6)
BSC 3	14.9.20-16.10.20 22.3.21-9.4.21	5.8.20 (P1) 11.2.20 (P1) 6.8.20 (P4) 20.1.20 (P4) 12.8.20 (P9)
PGD 1	26.10.20-27.11.20 15.2.21-19.3.21	17.9.20 (P2) 3.11.20 (P2) 21.1.21 (P2) 11.8.20 (P8) 5.2.21 (P8)
PGD 2	28.9.20-6.11.20 4.1.21-12.2.21	3.8.20 (P3) 5.2.21 (P3) 17.8.20 (P5) 8.2.21 (P10)

Data Collection

. One to one on-line interviews took place via Microsoft Teams. (**Interview Guide-Appendix 1**). Many interpretive phenomenological methodologies utilise focus group interviews. With some researchers believing that group interviews enable participants to reflect and gain insight into each other's comments. (Sorrell and Redmond, 1995). For the purpose of the proposed research, this approach has been rejected. In order to reach and

describe the true experience the phenomena can only be described by the person who experiences it. By grouping participants, this true experience may become polluted and influenced by others present in the group. (Webb and Kevern, 2001).

Sample Size

There is no set number of study participants; however, it was intended that the sample would include students undertaking clinical placement at all 3 placement sites. A set sample number is not required in order to assure statistically significant results in a study of this nature. It is was hoped that a minimum of 9 students would be recruited for the study and 10 participants were recruited. Participants recruited represented each year group of the BSc (Hons) Radiotherapy programme and each clinical placement site. In IPA research, there are no set expectations regarding sample size (Smith,2009). The small concentrated sample of pre-registration learners experiencing the same phenomenon of caring for cancer patients in the clinical placement setting, embraced the idiographic commitment of the IPA method.. A small sample size also enabled each participant experience to be analysed in-depth (Noon, 2018).

Information and Consent

Students of the BSc (Hons) Radiotherapy were invited by letter and email to participate voluntarily. Students accepting the invitation were invited to meet with the researcher to discuss the study methodology. The longitudinal approach of the study design was discussed and explained. Study participants were encouraged to question the study lead and discuss any concerns associated with participation. All participants were provided with written information regarding the study and asked to go away and read the information before then being invited again to meet with the study lead. A written consent form was obtained at least 48 hours after written information was provided. Students were assured at all times that they were free to leave the study at any point and that their participation or exit will not affect their relationship with the study lead or their training experience. **(Appendix 2 – Consent form, Participant Information Sheet and Recruitment Email)**

Anonymity

Assuring anonymity of all student participants and the location of their clinical placement site is an essential ethical consideration. Any presented findings will not refer to a student by name or name the clinical placement site in which they are training. At no point in the research process was their identity be exposed to anyone other than the study lead. All participants should have confidence in the research process.

Ethical Approval

Approval was gained from the awarding qualification institution, University of Salford and the BSc (Hons) programme provider to which student participants are registered, the University of Liverpool. The University of Liverpool is the organisation where the interviews took place.

(Appendix 3-Ethical Approval Documentation)

Ethical Considerations: Power and Relationships

As the study lead is Programme Lead for the BSc (Hons) Radiotherapy programme, it is essential that she be mindful of any potential bias, conflict and power relationship issues (Poerwandari, 2021)). All participants should feel able to be open and honest, thus facilitating the co-construction of authentic knowledge. The research relationship is co-constructed (Peavey, 1995). Therefore, all study participants must feel that they are equal to the researcher. The study lead has easy access to the study population which is advantageous, however this has not been exploited. The participants are not a heavily researched group and voluntarily participated. In order to be eligible, participants had to be pre-registration therapeutic radiography students experiencing the same phenomenon that the researcher wanted to better understand. In order to reduce any conflict of interest the study lead ensured that all participants are not an academic advisee; this further supported the development of an un-biased relationship. The study lead is aware that their position as an academic is one of power and in order to address the power imbalance the lead undertook deep, personal and committed reflection throughout the entire research process. The transparent ethical recruitment process ensured that participants were not coerced or rewarded for participation. All participants were aware that they could voluntarily remove

themselves from the study at any point and that their anonymity would at all times be maintained.

Ethical Considerations: Reflexivity

Working in the academic environment and leading the proposed research is undoubtedly challenging. The success of the proposed research relies on the maintenance of professional non-bias relationships with academic peers, clinical partners, supervisors, students and the research participants. The study lead adopted a reflexive approach throughout the research process, critically reflecting through the use of a reflective diary (Dowling, 2007). The study lead also adopted a feminist ethical commitment to enquiry (True, 2008). This research ethic involves being attentive to: the power of knowledge and epistemology, boundaries, marginalisation and silences and gave the study lead a grounding, moral compass (True, 2008). The approach reminds the study author that they must be very much aware of their own privilege, values and preconceptions and the influence this can have on the methodology and findings. The study lead recognises that there are multiple epistemological lenses and the feminist research ethic is a commitment to de-stabilising our epistemology and being open minded. Through critical reflection the study lead was guided by a deeper awareness and attentive to relationships, power dynamics, inequalities, role and boundaries. It is through the reflective process that the research author hoped to attend to her own epistemological myopia (True, 2008).

Ethical Considerations: Emotional issues and support

It was anticipated that participants in the study might find recollection of some events emotionally distressing. The study lead ensured that further emotional support was offered for those participants requesting it. Follow up phone calls after an interview were used to monitor the student participants. Should a support need be identified, the study lead could quickly act to ensure appropriate support mechanisms are put in place. Close links to the clinical education teams and university student support teams ensures that students are appropriately supported throughout the research process. Support available included for example access to counselling, support groups, drop in sessions and referral to further appropriate psychological support.

If a participant became emotionally distressed during an interview, it was the intention of the study lead that the interview would stop. During the on-line interview process, participant interviews progressed without any issues and there was no requirement to stop. Post interview follow up calls did not identify any participant support issues requiring intervention.

Data Collection & Storage

Semi-structured interviews with the same participants at time points throughout the academic year, during per-registration training allowed for data collection from a sample representing all 3 years of the BSc (Hons) Radiotherapy and 2 years of the Post Graduate Diploma Radiotherapy programme.

Interviews took place after a minimum period of clinical placement of 3 weeks for all cohorts of programmes. (See Appendix 1).

During the interview, dialogue was recorded and later transcribed by the researcher.

All data (electronic recordings, written diaries and written transcriptions) were securely stored for the duration of the research project. Data storage complies with all current storage regulations prescribed by the Universities of Salford and Liverpool.

Data Analysis

Data was collected through semi-structured interviews. The interviews were semi-structured in that the researcher was informed by the guide (see Appendix 1) but participants were encouraged to talk in detail about their experience. Verbatim transcripts of the semi-structured interviews served as the raw data for the study. (Smith, 2009). Analysis of large volumes of data is challenging, and requires an organised approach. First data was organised into individual student files, housing the increasing numbers of interview transcriptions as the study progressed.

The data was analysed using IPA. The analysis followed very closely the four-stage process described in detail in Smith and Osborn (2003). Analysis began with a close interpretative reading of the first participant interview transcript, where initial responses to the text are annotated in one margin. These initial notes are translated into emergent themes at one

higher level of abstraction and recorded in the other margin. The themes were interrogated in order to make connections between them. This resulted in a table of super-ordinate themes for the first participant transcript, within which were nested the subordinate themes with quotes supporting the theme and where they can be found within the interview transcript.

This process is repeated for each participant interview. After analysis has been conducted on each participant interview, patterns were established cross-participants and documented in a master table of themes for the group of student therapeutic radiographers. The study lead reviewed and audited the themes to ensure that they were grounded and well represented in the transcripts. The analysis is supported by verbatim extracts from each participant (Smith and Osborn, 2007).

The study lead's doctorate supervisors reviewed the written analysis as it developed. Written feedback and discussion facilitated checking of interpretation and removal of redundant themes; enabling consensus to be reached (Larkin, Shaw and Flowers, 2019). The sense or quality checking between the study lead and supervisors aimed to produce an analysis that offers a plausible interpretative perspective on how the participants' worlds and their experience of caring for cancer patients in the radiotherapy placement setting relate to one another and to reflect on how the differences can co-exist.(Larkin, Shaw and Flowers, 2019).

Appendix 4 – Data Analysis

Appendix 5 – Participant Transcripts

Table 3 Summary of Emergent, Super-Ordinate and Master Themes

Emergent Themes Direction of analytical movement →	Super-Ordinate Themes Direction of analytical movement →	Master Theme
Feelings, remember relatives lost to cancer Poorly patients Young/too young Hiding/masking/protecting Off-loading/storing	Patient memories Loved ones Young and paediatric patients Palliative patients Memorable patient cases Professional Emotion Putting on a brave face Taking things home	Emotional Burden
Identity lost/found/change Position/hierarchy/acceptance Expectations Challenges	Being a student The team	The Professional Student
Fear/risk Sense of self worth Doing the right thing Palliative case increase Mask wearing, empty waiting rooms	Identity & Risk Working practices & Personal Protective Equipment (PPE) Referral Delays Communication	Impact of Covid-19 pandemic
Family/peer/networks/team Workload Not enough time Guilt and fatigue	Support networks The patient list Resilience & Fatigue	Managing Demands

Being strong enough		
Doing a good job Cards and gifts Sense of worth Having a laugh, sharing with peers Expectation not to cry No emotion in front of patients	Giving back & Making a difference Gratitude The care package: care & humour The compassionately detached professional No Emotion	The Professional Carer
Being ignored Support Pressure/workload Challenge and reward Being a band 5	Supervision and mentorship Making Progress	Progression and Transition
Making a mistake Consequences of error Always remember first switch on Side-effects -v – benefit Responsibility Fear Being ready	Justification Switching on	Radiation

Quality, Strengths and Limitations.

Quantitative research can be validated by a range of statistical analysis and conventions (Roberts, 2019). Judging the trustworthiness and quality of qualitative research can be challenging. Arguably the robust, diligent, reflexive and transparent process undertaken in IPA demonstrates quality (Smith, 2011)
Yardley (2000) highlights that the three characteristics of sensitivity to context, commitment, rigour, transparency, and coherence, and impact and importance demonstrate quality in qualitative studies.

Sensitivity to Context:

The analysis remains faithful to the data. The study methodology embraces the multiple realities of participants, respecting each lived experience. Whilst the study lead is aware of underpinning literature, the commitment to walk alongside participants and truly listen ensures that analysis is informed and true.

Commitment, Rigour, Transparency, and Coherence. Commitment refers to the prolonged engagement with the research and the development of the researcher, as they advance their skills in the undertaking of the analysis. Rigour encompasses the quality, transparency and process undertaken by the researcher in terms of data collection and analysis. Maintaining reflexivity by providing a clear audit trail sharing of notes, transcripts, and coding procedures with the supervisory team supported transparency.(Rylance-Graham, 2024)

Impact and Importance.
This is the first lived experience study exploring what it is to be a therapeutic radiography student caring for patients in clinical placement. It is envisaged that the findings from the study will offer unique insights into reality of what it is to be a student therapeutic radiographer, their realities, roles, challenges and rewards. Moreover, it is hoped that the

findings will add to a sparse body of literature and persuade further critical discussion among the academic, radiotherapy and wider oncology care community.

Impact & Dissemination

.

Study findings will contribute to the evidence base, informing radiotherapy education providers, the radiotherapy clinical community and the wider allied health professional community. This will be the first lived experience study exploring the experiences of student Therapy Radiographers when caring for cancer patients.

Whilst there is some discussion in the literature which suggests moral and ethical dilemma regarding the sharing of findings with participants (Goldblatt, Karneili-Miller and Neumann, 2011). In sharing findings with study participants the study author will respect their contribution, offer a comprehensive summary of findings which maintain anonymity and ensure participants can contact the study lead with any queries or concerns (Long et al, 2019).

. It is anticipated that students will describe changes in the way in which they deal with emotive and challenging situations as they progress through their training. (King-Okoye and Arber, 2014).

Study findings could potentially influence pre-registration radiotherapy curriculum design. The impact of providing care for cancer patients in the placement setting on pre-registration learners will for the first time be understood. The radiotherapy and caring professions community will better understand how to support a learner to develop the necessary skills and knowledge needed to navigate the training phase. This will ensure that Radiotherapy graduates of the future are equipped with the capacity to flourish in their role as care provider. remain empathic.

Dissemination of findings will be achieved by successfully publishing in radiotherapy profession specific journals such as: The Journal of Radiotherapy in Practice, Journal of Medical Imaging and Radiation Sciences and Radiography. Findings relevant to education and clinical education practice will be published in educational publications such as: Nurse Education Today, Journal of Nursing education and European Journal of Cancer Care.

Conference abstracts will be submitted to radiotherapy focussed conferences such as the European Society for Radiotherapy and Oncology (ESTRO), UK Imaging and Oncology Congress (UKIO) and other allied health, medicine and nursing focussed conferences both national and international.

In this next chapter, the study lead will present their analysis, situating findings with the current evidence base and highlighting new knowledge. The use of verbatim participant extracts will support analysis, demonstrating transparency and embracing the IPA approach. All participant transcripts and study lead analysis notes are located in the appendices and can be read in their entirety.

5.0 Results and Discussion

A robust analysis of participant interview transcripts generated a large number of emergent themes and then clusters of common themes in the form of superordinate and master themes. All participants shared their personal accounts on their lived experience of caring for cancer patients. Inextricably woven into their experience was their thoughts on the programme they were undertaking, their learning experience and their eventual evolution to qualified Therapeutic Radiographers. Above all, participants were passionate and positive about the professional career they were embarking on and secure in their career choice. They spoke with honesty about aspects of their experience which they enjoyed and aspects which they found challenging. Many struggled with finding their place and a feeling that they were often in the way, unable to keep pace with qualified staff who were focussed on getting through a patient list as efficiently as possible. Many demonstrated emotional resilience and strength far beyond that which could be expected of students during pre-registration training. Previous experience of a cancer diagnosis in their family, was for many a trigger for them to seek out a role in which they could feel they were making a difference. The burden of managing treatment related toxicity, the balance of outcomes and the weight of responsibility associated with delivering high dose radiation was a recurring theme. All participants felt that building rapport and an effective relationship with patients was a highlight. Their overall commitment to seeing the patient's perspective and protecting those in their care from the emotional impact experienced is truly surprising.

The 4 stage analysis process generated master themes and sub-themes which are summarised in Table 4 below (Smith and Osborn, 2003).

Table 4 Master Themes and Sub-Themes

Master Theme	Sub-Themes
Emotional Burden	Patient memories: Loved ones Young and paediatric patients Palliative patients Memorable patient cases Professional Emotion: Putting on a brave face Taking things home
The Professional Student	Being a student The team
Impact of Covid-19 pandemic	Identity & Risk Working practices & Personal Protective Equipment (PPE) Referral Delays Communication
Managing Demands	Support networks The patient list Resilience & Fatigue
The Professional Carer	Giving back & Making a difference Gratitude The care package: care & humour The compassionately detached professional No Emotion

Progression and Transition	Supervision and mentorship Making Progress
Radiation	Justification Switching on

Participants were students on either the pre-registration BSc (Hons) or Post Graduate Diploma Therapeutic Radiography (TR) programmes. The table below summarises their unique participant number identifier, year and programme of study

Table 5 Study Participant Number, Programme and Year of Study

Participant Number	Programme	Year of Study at time of participation
1	BSc (Hons) TR	3
2	PGDip TR	1
3	PGDip TR	2
4	BSc (Hons) TR	3
5	PGDip TR	2
6	BSc (Hons) TR	2
7	BSc (Hons) TR	1
8	PGDip TR	1
9	BSc (Hons) TR	3
10	PGDip TR	2

What follows is a detailed analysis of the master themes generated, attempting to make sense of the participants sense making (Smith, 2009).

EMOTIONAL BURDEN

Sub themes:

Patient Memories

Loved ones

Young and paediatric patients

Palliative patients

Memorable patient cases

Professional Emotion:

Putting on a brave face

Taking things home

Radiotherapy is the use of high energy x-rays to treat cancer. The cancer patient can vary in age from paediatric to geriatric and treatment given with palliative or radical intent. The cancer patient population reflects society in that it is richly diverse with individual support needs, requiring Therapeutic Radiographers to tailor their communication and care appropriately to meet the needs of each and every patient. Radiotherapy patients receive treatment in dedicated radiotherapy centres. Linear accelerators produce the high energy radiation needed to treat the tumour are sometimes referred to as linacs or the treatment set/unit. Each linac is run by a team of Therapeutic Radiographers, working varying shift patterns to treat a large number of patients, with each patient given on average a 10-15-minute appointment time and some linacs treating on average around 45 patients per day. The general physical and mental health of each patient can vary, meaning that a very fit and healthy radical patient could be followed on the list by a very poorly, palliative patient, followed by a palliative child. This requires the radiographer to quickly adapt their emotional response to each individual case. The speed at which a treatment unit operates is such that as one patient has completed a treatment, the team are cleaning and setting up the treatment couch ready for the next patient. It is evident from the participants that they frequently find themselves having to subdue an emotional response in order to deal with the next patient, in an effort to remain 'professional' at all times. Emotions are in a sense boxed up and sometimes unpacked later to varying degrees, but often not.

Participants describe the impact on them of caring for the patient population, with many experiencing difficulties dealing with patient cases which challenge them emotionally. Such cases are often those of patients which trigger an emotive response due to them being palliative, paediatric, similar in age to the participant or in fact remind them of a family member. They express a need to remain composed and 'professional' at all times, regardless of the emotional burden experienced when caring for the patient. Emotions are defined as positive and as such are acceptable/professional or negative and are unacceptable/un-professional. There seems to be an awareness among participants that how they behave and display an emotional response has an effect on the patient, the team and themselves. Without often being able to express in words, they auto-regulate and check themselves using peers and mentors as perceived benchmarks of acceptability. Their position within a team, how they perceive themselves and this constant need to be 'professional', places them under huge pressure to negate any visible emotional impact of the situations they find themselves in again and again on a daily basis and throughout their training.

Patient Memories

This relates to the emotional pressures experienced by students when caring for a variety of cancer patients. All cite dealing with patients close to them in age, paediatric patients, patients who remind them of a relative, those with whom they form a close connection and palliative patients, as difficult to deal with.

Participant 1 (L 25-31):

'I think sometimes at the time, it's not fine but I don't think it's affected me as much as it has. So, when I was on placement we had a patient with superior vena cava obstruction, at the time I was really scared and I think all the staff were quite scared as well and they were quite honest which I appreciated rather than them playing it down. They were like this can be really dangerous and we would like you to stay out of the room, for a little bit in case something happens when we go back in. I think at the time you just get on with it,

you go through the motions, you know what to do if something goes wrong. But afterwards it stayed with me a lot more than I thought it would'.

Participant 1 reflects on a patient being treated for a life-threatening condition and feeling scared. They describe the staff being scared too and they had honestly discussed the situation with the participant. Participant 1 was asked to stay out of the room and in a sense the team of qualified staff attempted to protect the participant from the gravity of the situation. Despite this, participant 1 describes being affected by events more than they anticipated. A condition such as a superior vena cava obstruction is life threatening and radiotherapy could potentially cause obstructive symptoms to worsen or bleeding to occur. Participant 1 appreciated the rest of the team acknowledging that they too felt scared. Perhaps this is because in other situations where the participant had been fearful or emotional before, there hadn't been the same team honesty about how they were feeling. The routine rhythm of clinical practice can perhaps overtake the participant's underlying emotional response. Being immersed in activity can often take the mind away from the impact of what is happening. Participant 1 uses the phrase 'I think at the time you just get on with it, you go through the motions, you know what to do if something goes wrong'. Using the words 'go through the motions', suggests that the setting up and treating of the patient takes president and that this perhaps subdues any emotive reaction to what is happening and the imminent risk to the patient. It is only after the event that there is time and space for a fuller recognition of what the participant and the team have been involved in. Participant 1 seems surprised by the lasting impact on them using the phrase 'But afterwards it stayed with me a lot more that I thought it would'. Perhaps they expect themselves to be able to quickly process events and move on, much like working through the patient list requires the team to forget what they have just witnessed and move onto the next patient.

Patient Memories- loved ones

Many participants describe having experienced cancer personally, either with a family member or friend. Many recall being involved in the care of patients who remind them of loved ones, some who have sadly passed away from cancer. For many participants, it was this life event that prompted them to make the decision to undertake the pre-registration

therapeutic radiography programme. There is a strong sense that for some participants they are embarking on the career as a way in which to almost honour the memory of a loved one. For some I feel there is perhaps a wish to treat patients in the way in which they wanted their family members to be treated, to have a positive impact on the patient and make a difference.

> Participant 4(L7-8) 'my Mum had terminal cancer and we were at X where she was getting treated and she just turned round to me one day and said you'd be really good at this you know'

Participant 4 frequently refers to feeling that they see things from the patient's perspective. When asked if they put themselves in other people's shoes, they responded:

> *'Yeah, I think I do, because my X died of cancer and I know people that are going through it at the moment as well, you do kind of sit there and think God they're my age, why is it them going through this. Then you'd see someone who would remind you of someone who had passed away and you'd be like right they're too young, they should be fighting fit. It does, it makes it more I don't know, not rewarding. I think you feel like it hits them a lot more. I treat everyone like it's my relative, just because I'm like that. I think if that was my Mum, Auntie I'd want them to have the best treatment, so I feel if I can give them that best treatment then they are going away thinking they have looked after me here and I think that's one of my biggest things*' (Transcript Participant 4, L392-399)

Here participant 4 is being reminded of their own mortality, they feel that a diagnosis at a younger age is in some ways more difficult to deal with than a diagnosis of cancer at an older age. Perhaps looking at themselves and considering loved ones and what the impact of a diagnosis for them and those around them would be. Participant 4 wants to make sure that patients in their care receive the best and they are thought of as a family member. Drawing on their own experience of loss, perhaps they feel that at the time their loved one was being treated, it was important to them to feel that someone cares and is making every effort to care for them in the best possible way.

Emotional triggers vary across participants, with some describing a connection with a patient as they are reminded of someone close to them:

Q- ok one of the things that you talk about a lot or that comes through in conversation is that you enjoy caring, the caring side of things, is that challenging in any way for you?

> *'Erm I remember kind of at the end the first placement, it was the 2nd placement but I think erm, because I, you get so kind of (pause), you see a lot of patients, there was one at the end of the 2nd block you kind of I related to kind of, like, almost like a, like a, I don't know what the right term is, like I just really related to him because he was kind of like my Grandad and he was kind of like obviously not very well and it just kind of when I came home it was quite kind of emotionally draining. It was so, it just kind of sticks in my mind, yeah you took what you saw home with you and it was hard to kind of separate the kind of caring and wanting to do the best then coming home and having all the kind of weight of that on you (pause*)' (Transcript Participant 7, L100-107)

The use of the term 'emotionally draining', resonates with findings from Kovacs et al., (2010), who explored emotional dissonance and oncology care workers. Quantitative findings reported that participants found their work emotionally challenging.

Participant 8 '*yeah I've had a couple of family members who have had cancer so I'm a bit worried that I'll kind of draw on that a bit, or may be slightly more emotional but I think I can handle it*' (L72-73)

Participants 7 and 8 describe the emotional impact on them of dealing with patients who stir emotions, stating it can be draining and that they are worried about whether they can handle the emotional burden experienced.

Participants are very open about their personal experience of cancer and seem to use it to manage their own response and processing of what is happening in front of them. It might be reasonable to assume that previous personal experience of cancer could negatively impact on a participants' ability to cope with the emotional burden of the role of a Therapeutic Radiographer. For participant 4 they seem to draw on the experience to assist them in dealing with difficult patient cases:

> *'So, I kind of compare a lot of that stuff to that situation, because I know how strong she was, well I can feel, I can just kind of understand what it is. I try not to hold onto it too much because I've already got the image in my head from a previous time. So, I just try and breathe, try and get on with it, keep all of that in the workplace and try not to bring it*

home to my family. Work gets switched off then and I can try and enjoy family time the' (L93-98)

Participant 4 seems to compare current emotional demands to her previous experience with a loved one. The previous experience seems to have set a bench mark against which all other experience is compared to, enabling participant 4 to feel that they understand the position of others and the impact of cancer. Interestingly there is a desire to protect themselves and their family members from the impact of the clinical environment. They acknowledge not wanting to 'hold onto it too much' as they have 'already got the image' in their head from a previous time. The use of the words 'image in my head' suggests they have a very real, vivid, living memory which they have to constantly deal with. The participant describes trying to keep everything in the workplace, not bringing it home to family and trying to 'switch off' so that they can enjoy some family time. Switching emotional responses on and off, in a sense emotionally regulating in the clinical environment is a recurring theme among the experience described by participants. A narrative review by Junkens at al (2020), aimed to explore the stressors of cancer caregiving for patients of various ages and the impact on caregiver mental and physical health. Findings highlight the emotional burden experienced by care givers. The review reported that: 'caregiving for cancer patients has universal, shared and patient age specific burdens'.

Participant 5 acknowledges a memory trigger of bowel cancer and rectal cancer patients, this is discussed in the same context of paediatric patients, which are generally accepted among participants as one of the most emotionally challenging patient groups to care for. Caring for patients who have a similar diagnosis to a loved one who has died of cancer presents a unique set of emotional challenges and a unique response and coping strategy. Participant 5 describes:

'But other than especially with bowel cancer and rectal cancer patients, other than when they remind me of my Grandad that's the only time that I find I'm like oh keep it in don't let it out, because the patient will be just like why are you upset on set and then I'd have to explain it, but that's the only reason that I would think I'd have to mask my emotions'. (L147-151)

The participant describes needing to keep emotions in check as they don't want to have to explain their emotional response to the patient. This is a different perspective to other participants who describe needing to keep emotions in as they don't want to upset the patient or that it is not professionally acceptable to show negative emotions in the radiotherapy department.

Patient memories – Young and paediatric patients

For all participants the treatment of young and paediatric patients poses an emotional challenge. When seeing a patient with a similar date of birth to themselves some patients question the justice in what they are seeing and why a person has a cancer diagnosis

Participant 1 'patients that are my age I found quite hard, not so much now but when I was 18, that was hard being in the same age group-it felt like I shouldn't have been there with them. It felt like it must have been quite hard for them to see someone their age in the room treating them as well'
Participant 1 describes this interaction as hard, seeing from the patient's perspective they consider that it must have been difficult for the patient to receive treatment from someone who is the same age as them. They frequently try to explore the patients' perspective and consider how they must be feeling.

Participant 4
'Yeah, I think I do, because my X died of cancer and I know people that are going through it at the moment as well, you do kind of sit there and think God they're my age, why is it them going through this. Then you'd see someone who would remind you of someone who had passed away and you'd be like right they're too young, they should be fighting fit. It does, it makes it more I don't know, not rewarding. I think you feel like it hits them a lot more. I treat everyone like it's my relative, just because I'm like that. I think if that was my Mum, Auntie I'd want them to have the best treatment, so I feel if I can give them that best treatment then

they are going away thinking they have looked after me here and I think that's one of my biggest things'(L392-399)

Here participant 4 is being reminded of their own mortality, they feel that a diagnosis at a younger age is in some ways more difficult to deal with than a diagnosis of cancer at an older age. Perhaps looking at themselves and considering loved ones and what the impact of a diagnosis for them and those around them would be. Putting themselves in the shoes of others is a recurring theme across participants. With many openly describing needing to do this, to appreciate the patient perspective and what is happening to them. This empathic response is frequently apparent across participants. With empathy comes the ability to recognise that the emotions in others, this sharing can lead to empathic concern; which may trigger personal distress in the empathiser (Rushton, Kaszniak and Halifax, 2013).

This is affirmed by participant 5 '*Yeah and I think it's when specific cases hit a bit too close to home. I think that's when the emotional walls come down again with paeds patients everyone takes it a bit harder than kind of you would do if an adult walked in, but like we are all human'* (L193-195)

An interesting reference is made here to an 'emotional wall', the use of the term suggests that a barrier is in place to protect and support the participant from the consequences of an inherent empathic response. Rohan and Bausch, (2009) explored experiences of oncology clinicians including the challenges and rewards of work. Researchers used a metaphor to try and comprehend the clinicians experience and likened working in oncology to climbing Mount Everest as the work would be intolerable to most of the population. The use of a barrier to reduce exposure to the impact of empathising on the participant can therefore be comprehended. The complexities associated with the burden of working in oncology is interrogated in a literature review by Cohen et at (2010). Findings presented highlight that oncology nurses are both rewarded and challenged by the role that they undertake. The themes of reward (compassion satisfaction) and challenge (compassion fatigue) are examined in a questionnaire- based study by Hunt et al., (2019). The sample of participants included Therapeutic Radiographers, Oncology Nurses and Doctors. Reported findings state that a quarter of participants expressed compassion satisfaction,a quarter are at risk of compassion fatigue and one third are at risk of secondary traumatic stress. The author states

that the personal distress felt by participants during empathic engagement may have a negative impact on professional quality of life.(Hunt et al., 2019). Findings resonate with this study in that undoubtedly participants describe a sense of satisfaction and achievement gained from their caring role. However, empathic responses vary between participants, there is an overwhelming sense of participants maintaining a professional empathic response in the clinic setting; but taking home the real empathic personal impact.

Paediatric patients seem to be a significant emotional trigger for Participant 5 who describes a detailed and complex response relating to a paediatric sarcoma patient. The event happened at the same time as the death of a close relative: *'The first we had a paeds patient sarcoma, the reason it sticks out to me is I was treating him when my X became terminally ill and then passed away quite quickly. Over the week period that that happened, I'd treat the patient and he was, what I can only say is the shining light of how patient's deal with an illness.*. (L98-102)

Participant 5 had built a strong rapport with the patient and obviously respected and was in some ways in awe of the way in which the patient was coping. They go on to describe an emotional life event and that they felt seeing the young patient and others helped them deal with what had happened:

'*My X passed away in the early hours of the morning and I slept through my alarm I rang my clinical placement and said I'm going to come in, this has happened just so you know. They were like you don't need to come in don't be silly and I was like no I've got a patient coming in who is showing me his shoes like, it's just the silly little things but because we made the bond through his treatment and I saw him from start to finish I didn't want to not turn up. And it wasn't, it kind of got me through the day as well, it wasn't just about him bringing his shoes, it kind of helped me deal with the fact my X had cancer and things like that. So, it's kind of like a 2 way street with us helping them and them helping us and that's why that case has stuck out to me because I don't think I would have got through that day without the patients that I saw. It wasn't just him, there's obviously other patients that just make comments throughout the day that kind of picked up my mood and things like that but I always remember him, being in*

the morning like I've got to go in because he's going to show me his shoes. And X was just like that is just the most bizarre thing I have ever heard and I was kind of yeah' (L109-122)

Participant 5 felt the bond between them and the patient and didn't want to let the patient down, it was important to both of them. Interestingly as well as finding paediatric cases more emotionally demanding, participant 5 felt that this situation helped her to cope. It was through helping patients that she felt supported 'a two way street'. The caring relationship somehow being mutually beneficial for both the participant and patients in their care. This mutually beneficial relationship can perhaps be explained by compassion satisfaction. Findings here resonate with research undertaken by Gillies et al., (2014). The Canadian study examined the prevalence and potential for developing compassion fatigue and burnout in radiation therapists (Therapeutic Radiographers). It is feasible that the intense use of empathy and emotionally challenging nature of radiotherapy, result in emotional burden experienced by the radiographer care giver. However, the study found that no radiation therapists were overtly displaying compassion fatigue or STS. Participants displayed resilience, benefiting from a supportive social network enabling them to demonstrate high levels of compassion satisfaction. Findings resonate with this study, where in spite of the obvious emotional burden and challenges faced, participants feel rewarded and satisfied by the care that they give.

Palliative Patients

Participant 3 reflects often on the loss of their family member and the way this impacts on how they think and feel. They recall a young palliative patient and how their ability to cope with being reminded of their loss has changed over time

'*No, I think being on the breast machine and seeing the ladies who obviously had similar conditions to X, that has helped a lot. Because I don't know, I just, originally, I did get quite upset about a couple of things and things that I would see. I did experience real sympathy for one lady. She came in and she was having whole brain treatment and on the side-effects all the things were ticked and specifically under other, the Dr had written risk of death from radiotherapy. And so, I'm going through it and right the staff are saying do not mention that*

one under any circumstances. Mention the normal ones, the hair loss, the skin reaction, the fatigue, but don't mention that one. I said, no I wouldn't dream of mentioning that one. So, I did the first day chat and I was like so do you remember having a chat with the Dr about the side effects and she was like yeah sure, I know there's a risk of death, but if I don't have treatment, there's a risk of dying so I might as well just give it a go. She was very much aware that this was her last chance and she's got young children and she was just like, we're just going to give it a go and see what happens. And she was quite young and that did upset me, the fact that she was someone so young and with young kids was more than likely going to die and probably soon and it was quite devastating for her. But she was like a little trooper she was like right let's do this, let's get on with it, let's get it done and We're like right ok. But I kind of feel like it's not our job to be upset, because it's not us it's happening to its them. And if they're not going to come in crying every day, we shouldn't be getting upset in front of them. We should at least wait until we're on break or lunch or after work and have the feelings then'. (L447-464)

Participant 3 finds it difficult to talk about the risk of death with a young palliative breast cancer patient. As a student or qualified staff, having a discussion regarding risk of death would be very difficult. It is surprising to hear that a full discussion of the potential acute and late effects was not encouraged by a member of staff. In accordance with the consent process, it is expected that a radiographer would check consent by discussing treatment and related side-effects. In doing so the radiographer would ensure the patient is fully informed and able to competently give consent. Professional body guidance expects radiographers to support patients through the consent process, working in partnership to empower them to make decisions about care and treatment. (Society of Radiographers, 2020). It is apparent from the language used that they feel sympathy for the situation the patient finds themselves in. They acknowledge the patient's family circumstances and that having young children will make this situation ultimately devastating for all concerned. Perhaps participant 3's own personal experience of loss may be informing this perspective as they have first-hand experience of the impact of losing a loved one to cancer. The patient is described as positive, 'a trooper', with a determination to 'get on with it'. This seems a little surprising to the participant, however there is a sense that they are taking direction from the patient and carry out their wishes.

Memorable patient cases

For some participants the unexpected presentations are most memorable. Participant 6 describes being shocked by how a patient looked:

'*I think one of mine, it was my very first placement and in my very first week, I got told to go and collect someone from the waiting room and I'd only briefly gone through the notes and then rushed out. I hadn't fully realised this lady she'd had, she'd had metastatic cancer and then got melanoma in her eyeball and had an eyeball removed. So, I went out and spoke to her and she had no eyeball there and I was like ohh, but she was such a lovely lady, we got on really well and for the next 4 weeks when she was coming for treatment oh she was a really really nice lady, but that did stick with me because I wasn't quite expecting it'*. (L44-50)

Participant 6 describes the patient as a 'lovely lady', almost perhaps trying to balance her initial shocked response. There is no suggestion of disgust, offence or fear; rather surprise and that they weren't expecting it. Many participants describe cases from their very first placement experience. This could suggest that those experiences are so shocking that they remain in the subconscious for some time and can be easily triggered and recalled. Or perhaps another explanation could be that once a student progresses through their training they are able to reflect on where they once were and where they are now in relation to their experience and how they now think and feel.

Professional Emotion

It could be reasonable to expect then that students and staff may at times show visible emotion. This is not the case, many participants describe it being necessary to hide emotions. There is a general belief that emotions can be categorised into positive and negative, those that can do harm and those that can benefit.Participant 1 describes how the only instance they have come close to being visibly upset in front of a patient was when a lung cancer patient in her 30's returned for treatment and was now palliative. They had treated them previously when the intention was to cure. They had obviously built a good relationship and it was a shock to the participant to see her coming back for more treatment.

Participant 1

'I treated a lady with lung cancer and she had 2 twin boys and she was only 30 something and she was really nice and I treated her for 4 weeks and got to know each other quite a bit. Then I was somewhere else and she came back for treatment for brain mets and I found that really hard because I recognised the name and I thought surely that's not the same patient. Then I looked at her notes and then I met her. She recognised me as well and we were both a bit like here we are. I wasn't upset in front of her I tried to be really friendly and nice and chatty. But when I came away from that situation I was quite upset. I don't know if it was because it was such a rubbish situation for her and her family. I don't know, you don't expect to see people again after they leave. To see her again 2 years down the line at such a different place in my life and her still having to deal with that and yeah, I found that really hard and someone you recognise yeah, it's just a bit rubbish. But I would never have shown that in front of her, I would never have been upset in front of her. I think that affected me more than I thought it would seeing her back there again. Because you just assume don't you that everyone's fine after they leave. You never really hear about any follow up or what happens afterwards'(L232-245)

Participant 1 reflects on where she is in her own life and where the patient is 2 years after they first met. Again, they consider the patient's perspective and imagine it must be extremely difficult for them and their family. They found this difficult to deal with, however were very assertive in their statement that they would never have shown that in front of her.

Many participants have expressed similar assertions, that it is unacceptable to show visible emotion in front of the patient. It often appears that this comes from a belief in that the patient should be protected. Participant 3 'I find it ok and even though some of the situations are really heart breaking, I'm dealing with it when I'm there completely fine. Sometimes by the time I get home I might have a little cry when I get in, but on the whole, I don't have any problems with it'

When asked if they had ever seen staff being visibly upset their response was:

'A little bit yeah, once they are in the control room they'll go oh it's so heart breaking for this patient and things like that, but they won't actually start crying and getting upset in front of them. I do think that's something vitally important because we're not going through it, it's not us, it's the patient and if the patient is dealing with it then we should be able to deal with it while they are there' (L78-81)

In a further interview later in the semester, participant 3 expressed thoughts on keeping emotions in, so they are not visible more strongly:

Participant 3 '*Yeah, it's not happening to us. They're not our family members, they're not our friends and they need us there sometimes to be the strong people, to be their support, to basically do our job for them. And that's what we're there for, we're not there to get upset on their behalf. If they want to be upset and have our shoulder to cry on that's what we need to be there, we need to be strong for that. And although situations may be similar to things we've experienced or gone through ourselves, at least we can empathise with them and say, we know what you're going through, I understand. But to actually get physically upset and start crying I don't think is right. I know some people have to do that to deal with it but I don't think we should be doing it particularly in front of the patient*' (L496-503)

When asked what they thought of staff who did show emotion in front of patients they replied:

> *'I wouldn't, my opinions for them wouldn't change, but for want of a better word I'd say they need to toughen up a bit. To sort of grow a thicker skin, because that's what's needed, it's a tough area to work in particularly when you get patients in that are really*

frail and really poorly. They don't need to see how you see them. Because if you're getting upset and you worry too much they begin to think am I sicker than I am and that can impact their mental health and the way they are seeing things. And that's something that they don't need. They need you to be as positive and as strong as you can, because sometimes that's what motivates them to carry on' (L505-511)

It would seem that participant 3 believes it is necessary for all staff to be emotionally robust enough to deal with any emotional challenge thrown at them. They should be 'thick skinned' or resilient enough to cope, as it is ultimately their role and responsibility to stay strong and carry the patient through. This idea of a 'professional response to emotional burden', could demonstrate a desire to continue to adopt the identity of the 'professional' and whatever that means to the individual.

The very notion of visibly displaying emotion when treating a patient was dismissed by participant 6:

'*On the whole no, I mean we talk about when we find certain patients upsetting I'll be like oh it's a real shame that this has happened to them and that. But I've never seen a member of staff like properly cry or anything like when we are switching on'*. (L107-109)
Given the emotive nature of radiotherapy and the role of the therapeutic radiographer a surprising finding supported by many participants is that qualified staff do not openly show emotional response to the situations they find themselves in.

Putting on a brave face

The patient memories recalled are often so vivid, with participants recalling them from their very early days of training. Many describe events 'staying with them', forming almost a permanent memory, which affects their emotional core.
All participants speak with obvious signs of an emotional response when recalling past patient cases which they don't appear to need much time to consider and describe. It almost feels as if there are a small number of patient cases which are there with them, all the time. Is it the interview which offers a space and time to talk about the cases? Is it

that participants feel secure in the interview setting and therefore able to disclose aspects of their memory and experience; or is it that these cases are so powerful in the effect that the emotional response is always there just under the surface, ready to escape at any time. The ability to deal with emotion work and not show emotion has been explored in a powerful longitudinal study by Bolier et al (2018). The 6-year qualitative study investigated how medical students dealt with emotions throughout their training. The complex relationships between how a student expresses emotions, how the student sees emotions expressed in others, how the student responds to emotions expressed by those around them during clinical training are carefully evaluated. The authors highlight that the medical students learn about professional behaviour by observing the expression of emotions by other healthcare professionals. Medical students learnt to control or more often, even suppress emotions. The research reports that from observations in clinical practice, medical students learned that a doctor should not cry when breaking bad news. These findings resonate with this study. The participants are united in their belief that they should not display emotion in front of the radiotherapy patient.

Participant 1 said '*Yeah I think sometimes you put on a bit of a brave face and pretend that you are not erm like with that woman with SVCO, trying to remain calm, talkative, kept the mood quite upbeat but I think we were all quite scared, quite worried for her and sad for her as well. She wasn't young, but it was still such a horrible position for her and her family to be in'*(L38-41)

Here participant 1 describes putting on a brave face and remaining calm and in a positive mood. When asked about hiding emotions, participants appear to easily accept that this is normal and necessary. Participant 2 when describing whether they expect to have to hide their emotions in placement, they say:

'*I'm not sure you know, if something really upset you while you were treating a patient – maybe you would have to take a deep breath and think right ok, we just need to focus on what is happening now and we can deal with it later sort of thing, talk to people afterwards, after it's happened. Not hide them forever, but hide them from the patient, be strong for them'* (L83-86)

All participants reinforce the idea that showing emotions in front of patients is not appropriate. Participant 3 is the most vocal of the group and quite assertive in her discussions. When asked 'do you have any experience of any staff or students being visibly upset in placement, participant 3 replies:

'Students yes, staff no. Staff hold it together quite well and I think it's because they've just been doing the job for so long. You sort of become a little bit numb to it because you see it all day every day. But some of the students find it hard, some of the students have found it quite difficult when they've had cases or tumours that have been fungating or looked absolutely horrendous, they've found it quite difficult and needed 5/10 minutes just away from it all to collect themselves and come back. But that's understandable because a lot of them are just out of their first degree so they are quite young and probably haven't seen or experienced much emotional upheaval in their lives'. (L466-472)

The idea that you become numb to the reality of the emotional burden you are dealing with is considered by participant 3 a natural consequence of being qualified for a period of time or having had some kind of life experience. Having personal experience of emotional trauma could be attributed to development of emotional resilience. Probst et al (2014) explored early career resilience in therapeutic radiographers. The study reported that emotional resilience is a key attribute of the healthcare professional and that it's development should be nurtured during pre-registration training. Being resilient, should not however mean that you are uncaring or incapable of demonstrating empathy. Resilience should promote emotional regulation and the ability to therefore benefit from compassion satisfaction. A review by Tarfarosh and Achakzai (2022), argues that resilience levels can be modified and so are levels of anxiety or stress. Resilience interventions based on a variety of psychotherapeutic approaches were evaluated and demonstrated a potential positive impact on academic, clinical and psychosocial stressors faced by healthcare students.

Other participants when asked about becoming emotional in front of patients describe a different experience. Participant 4 when asked if the job can be emotional and whether they feel something different inside, but maybe don't portray that responds:

'*Yes definitely, there's definitely been one time with a patient when I cried so far with a patient when they rang the bell because they were just so lovely and they brought all the family too. It really was emotional and you do find some of the stories just horrific and I think you've got to put that professional face on, you can't look like you're being emotional, especially if they are upset as well, you've got to kind of understand what they are talking about, empathise with them but try and give them the best advice possible without building their hopes up. Try and give them advice in how to look after themselves and how to make the side-effects less and yeah I think it's definitely emotional but you've got to kind of deal with it and kind of put it to the back of your mind and try not to get emotional yourself.'* (L66-74)

Again, there is an acknowledgement of the emotional burden and devasting impact of what is happening in front of them, but this is counteracted by the idea of putting a 'professional face on'. Entwined in this is the idea that providing the best possible advice can somehow make up for what the patient is experiencing. In addition, as with other participants experience, the need to 'deal with it' and 'put it to the back of your mind' and 'try not to get emotional yourself' is expressed. There is no description of visible emotion from any participant's experience other than scenarios involving the end of treatment bell.
Even when discussing paediatric cases, participant 5 eludes to an implicit understanding of emotional burden and response within the treatment team:

'Yeah and I think it's when specific cases hit a bit too close to home. I think that's when the emotional walls come down again with paeds patients everyone takes it a bit harder than kind of you would do if an adult walked in, but like we are all human'. (L193-195)

Participant 5 describes not acknowledging when a member of team is upset, but being aware:

'We all kind of have those days where it's more difficult than others. You don't kind of point it out and be like oh why are you upset, but at the same time you just let them know that you are there for them and they do the same for us as students, so it's kind of good in that sense'. (195-198)

Again, this resonates with the socialisation of emotion theory. In that the student learns to respond to emotions shown in others by how others respond. As with findings reported by Bolier et al (2018), medical students adapt their emotional response to the meet the accepted emotional response exhibited by other members of the team. The relationship between members of the team is complex. It is evident that it is not acceptable to ask if another member is upset or indeed try and establish why this might be. There is an acceptance that being upset is a normal part of the role and that as a member of the team, you are there if they need you. However, there is not at any point an open, transparent discussion of feelings among the team.

Taking things home

Many participants refer to 'taking things home'. This can be considered in both the positive context of reflecting on practice and the negative context of worrying about the patient. Taking things home is referenced by participant 7, being reminded of a relative triggered an emotional response:

'*There was one at the end of the 2nd block you kind of I related to kind of, like, almost like a, like a, I don't know what the right term is, like I just really related to him because he was kind of like my X and he was kind of like obviously not very well and it just kind of when I came home it was quite kind of emotionally draining. It was so, it just kind of sticks in my mind, yeah you took what you saw home with you and it was hard to kind of separate the kind of caring and wanting to do the best then coming home and having all the kind of weight of that on you (paus*e)' (L101-107)

Participant 7 describes the emotions as a 'weight' and that taking what was seen home with them. There is evidently a desire to provide care and an emotional response associated with the process of care giving. The use of the word 'weight' suggests a heaviness, a load an almost physical manifestation of the emotional responsibility felt towards this patient. Participant 7 frequently refers to feeling emotionally challenged and the conflict of wanting to care and the impact of caring on them:

'I do find it difficult, sometimes I, let me think what do I do, I think I, we were able to kind of talk with the radiographers about any, just talk about the patients and then when I finished I was able to kind of walk back to where I was staying and kind of shut off a little bit, but yeah I do find it hard to shut off and I don't always do when I get back from placement, herm, I don't think I do anything'. (L309-313)

Participant 8 describes having a family member who received treatment for cancer, they connect the experiences with their emotional response and consider whether 'taking it home', will be an issue for them:

'I've had a couple of family members who have had cancer so I'm a bit worried that I'll kind of draw on that a bit, or may be slightly more emotional but I think I can handle it, I mean I'm obviously handled a lot when I was doing X anyway and I'm hoping that I can you know bring that professionalism with me, that you just kind of shut it off a little bit more.
Obviously still empathetic, but not too over emotional, but yeah, I think it can, like taking it home with you, but that's what I was hoping like a reflective diary might help with just kind processing everything that's happened and you're dealing with it a bit better'. (L70-78)

Participant 8 has previous experience of a caring profession and hopes that professionalism will in some way enable them to 'shut off' a little. Interestingly they use the words 'still remain empathic, but not too over emotional'; suggesting that there is perhaps an acceptable level of emotional expression allowed when demonstrating professionalism. There is a sense here that the participant expects that they are going to be exposed to deeply emotionally challenging situations and that they are committed to remaining empathic; but are simultaneously aware that they need to almost protect themselves from becoming too distressed themselves. The therapeutic relationship between radiographer and patient is a fundamental component of all health care interactions that enable the functioning of a positive professional-patient rapport. The very ethos of patient centred care cannot be achieved without the therapeutic engagement of health care giver with patients. (Kornhaber, 2016). Once again, the emotion work of a radiographer is acknowledged by this participant, in that they know the work will be emotionally demanding but they aspire to be empathic to the needs of the patient. Emotional regulation is acknowledged as a requirement and the participant hopes that the use of reflection will help them to process events and deal with

the impact. As an aspiring professional the student therapeutic radiographer is all too aware of the need to reflect on their development both pre and post registration. It is interesting that participant 8 exhibits an awareness of needing to emotionally regulate as a result of their previous life experience. Learning from experience in order to adapt and cope is an intrinsic human characteristic. The awareness and insight demonstrated here suggests that participant 8 already has high levels of emotional resilience.

The Professional Student

Sub – themes:

Being a student

The team

Being a student

All participants elude to the idea of being professional, whether this be in the context of being able to engage in appropriate personal emotional regulation, being a skilled practitioner or being accepted as part of the team. There is evidence of personal conflict when participants are asked to describe their thoughts and feelings around 'being a student therapeutic radiographer'.

Participant 10 describes how the experience of being a student has changed throughout their time completing the programme. The words, scary and intimidating are frequently used by participants:

'It's definitely changed as I've gone throughout placement initially when I first began it was quite scary, quite intimidating you felt a little bit at times like you were in the way but that soon sort of disappeared from my experience. I think as I've gained more experience and gained more time in placement you start to feel like one of the team'. (L3-6)

The radiotherapy department is a technical, clinical, fast paced environment, interspersed with a human being engaging in providing care to a huge variety of people with cancer (the patients). Such environments being described as scary and intimidating could suggest that perhaps a participant has not been appropriately supported in placement. However, it could be argued that the environment is in fact so alien and so different from anything they have ever experienced before beginning the programme that it is hardly surprising that they would feel scared and intimidated.

A degree of naivety when beginning the programme is acknowledged by participant 1:
'*Yeah, I think I was a little bit naive in first year, as to how hard it would be I think your attitudes change as well. I think you are more prepared and equipped to deal with it as you finish the course. I think in first year –it's a bit of a deer in the headlights in that first placement block because it was so early on. Erm and now I think you're more self-assured and confident as well so if I'm put in a situation I know how to handle it most of the time and if I can't then I know who to go to and ask for help'*. (L12-17)
Use of the phrase 'deer in the headlights' suggests that they experienced initial shock and fear associated with their experience, the participant considers that this might be due to inexperience rather than any lack of preparation or support. All participants seem to describe a period of shock and fear but accept this as a normal part of their pre-registration training experience. This idea is reaffirmed by participant 1, when they again reflect back on their experience:

'I think in 1st year it was oh my god, but you settle in quickly as well and you do just get into the swing of things. It is like a baptism of fire, but at the time you kind of, you just adjust to it and everyone is going through the same thing and the staff are really good, they know you are in first year and don't expect too much of you. They very much work at your pace'. (L93-96)

Participant 1 uses the emotive phrase 'a baptism of fire', suggesting again that their initial experience in the radiotherapy clinical environment was indeed shocking and difficult.

Interestingly they consider that this is a 'shared experience', perhaps in reference to fellow students at the same point in their training. Often there is a collective experience described by participants and to some extent this seems to offer comfort and a sense of knowing what each other is experiencing.

In contrast for some participants, having had previous life experience seems to enable them to deal more effectively with that first placement experience, however there is still reference made to an emotional impact and taking things home:

'I find it ok and even though some of the situations are really heart breaking, I'm dealing with it when I'm there completely fine. Sometimes by the time I get home I might have a little cry when I get in, but on the whole, I don't have any problems with it'. (Participant 3 L 62-64)

One participant spoke with passion about making the right career choice and that being in placement was a very positive experience:

'*Erm I think it's a really great way to keep up with my love of, it's a weird way of putting it, but my love of cancer. Because I was just so interested in it, it has completely like enthralled me all through the course. I think it's got a really great balance between clinical and learning, so you don't kind of too much feel pressured that it's all going to be academic and then you're going into the clinical world, but not knowing anything. You're going to have that good balance and I've absolutely loved being on clinical placemen*t'. (Participant 10 L 76-84)

The participant describes being 'enthralled' by the subject of cancer and appreciating the mix of placement and academic study. When referring to their first placement experience, they said:

'I said it to my Mum from my first placement, this is literally like what I want to do for the rest of my life. I absolutely love being on placement, love like being around radiographers and getting to know the patients as well. It's just absolutely amazing'. (Participant 10 L106-108)

When asked to describe being a student therapeutic radiographer to someone, many participants highlight that it is 'different' to the experience of other students:

'I would say it's a different experience to what your friends will experience because people don't appreciate the side of placement and the patient experience that you have. I think you have a different university experience to other people.
It's a lot easier to grow afterwards in relation to getting jobs, being independent, talking to new people and putting yourself out there a bit more'. Participant 9 (L25-28).
The combination of placement and academic study in a pre-registration allied health programme, equip learners with a unique skill set, designed to meet professional standards of education and practice. Such programmes offer graduates an opportunity to apply for registration as a band 5 practitioner and seek employment in the health care setting relevant to their professional registration. High rates of employability are often attractive to prospective students; who seek security and immediate employment post qualification. Reference is made to having experience in placement as well as in the academic setting, this is thought to be a positive and advantageous in that the programme enables the participant to 'grow afterwards'. It is possible that this so called 'baptism of fire' and exposure to an experience which is 'quite scary at times'; could in fact in many ways prepare the individual for the transition to qualified practitioner. Many participants when describing what it is to be a student Therapeutic Radiographer, highlight the lack of understanding among friends and family about what the profession is. Participant 2 describes what the programme and radiotherapy is:

'Course where we do a chunk of uni work and a chunk of placement, I'd explain what radiotherapy actually is-so treating cancer through radiation, you can add it alongside chemotherapy and things like that, that I will be going out on placement treating patients with a linac, treating palliative patients and a range of cancers, lung, breast'. (L90-93)

They then state: '*I feel like a lot of the time people confuse it with diagnostic radiography, x-rays and mammograms and things. I think that's what I explain more than anything, that it's a cancer treatment, it's a not a diagnostic thing, it's therapeutic*'. (L94-96)

Often lack of understanding and awareness of what the profession is can be frustrating. The confusion between Diagnostic and Therapeutic radiography is described here and participant

2 seems to suggest that understanding the difference is important to her as it's something she would want to explain. Perhaps this links to professional identity in some way and the need to be clearly respected and acknowledged as an Allied Health Professional (AHP), just in the same way that other AHPs are known.

The Team

Feeling supported and respected in the clinical learning environment is important to participants. Balancing internal emotional demands of a complex clinical load, fear associated with initial shock of the radiotherapy environmental pressures and an acute awareness of being a novice in the team can leave participants feeling that they need support from the team in order to effectively engage with clinical learning activities.
Participant 3 is most vocal in relation to their experience of interaction with members of the team:

'Yes, there are a couple of staff in my placement site, one in particular doesn't even acknowledge me when I'm there on the unit all day, they won't even say hello, even though I've said hello to them. They don't make no attempt to teach you, or interact with you in any way shape or form. And there's a couple like that'(L37-40)

Participant 3 describes a sense of feeling almost invisible in the placement setting, as if being in earshot of what is being said shouldn't affect them and that the team don't seem to care about the impact on the student of what is being discussed by them:
'And it's just little things like that, or when staff would openly say to other staff when you're stood there 'oh you know student X, I think they are brilliant and one of the best students we've had' and I'm like hello I'm kind of stood right here. By all means say that if that's how you feel but not really in front of another student who's not that person. I think some of them just don't think when we are around'(L45-49)

In contrast to this sense of being invisible, participants seem to tread a fine line, balancing being seen to want to engage with almost waiting to be invited to. Participant 3 struggles

with wanting to assert some control and feeling as though they have to step back and wait. When asked if they have control over their working day they respond:

'To a degree yes, but you kind of feel like you don't want to keep saying to them I want to do this, or I want to do that because at the end of the day it's their job, we are learning but it's still ultimately them who are signing and have to say this was done correctly and that. I don't want to, I don't feel I can be too pushy with them. Because I know sometimes it's like oh you can switch on for the next patient, then when it comes to it, it just slips their mind, because you're just busy, so you don't say anything and they say why didn't you say anything. It's because I don't want to be pushy. I just find it's a difficult balance to strike between being too pushy and then sort of standing back and letting it roll by (silence)' (L52-60)

Each participant describes a different experience in relation to how they have interacted with members of the clinical team, Participant 4 describes mixed experience in placement. Some clinical staff are described as being very supportive and some not wanting to know. Using the phrase 'really don't want to know' evokes a real sense of disappointment with the attitudes they may have experienced.
Participant 3 feels however that they have been lucky with the staff they have worked with:

'*Clinical it depends what machines you've got, what staff you've got. I mean some of them are really great at teaching you and kind of letting you lead on a patient. You do have that-it depends on who you are working with. Some radiographers are fantastic at getting you to do things, asking you questions, really trying to help you learn and then some just really don't want to know, you're just there because you've got to be there to get qualified and some kind of ignore you. Then you've got the ones in the middle who are trying to help you but they are just too busy to kind of give you that bit of effort. But then you've got some, I mean I've been really really lucky to be with a couple of people who have really wanted to help you and ask questions, quizzing me and helping me to try to get me to come out of my comfort zone and push me a little bit*'(L123-128)

Participant 3 uses the word luck in reference to having a supportive mentor. Interesting this is viewed as luck, not a necessity and that all mentors should be supportive, providing a positive learning experience as it is an expectation of their role. Worryingly they describe having experienced staff members who won't talk to you, ignore you and in doing so believe you're there to just wipe the bed and not to learn.

Participant 3 demonstrates maturity and confidence in taking control of their own learning. It must take strength and determination to step up and take action, especially if you are working with staff who ignore you.

There seems to be a period during their training where some participants feel they are getting in the way. Participant 7 describes with hesitancy how they felt:

'Erm, (long long pause). Once I'd kind of got, once I'd kind of worked it out, where everything was erm , (pause), I enjoyed it, I think erm I did feel like sometimes I was getting in the way of the radiographers kind of doing their job, erm and I was like I don't really know where I need to be or what I need to do. But I, the bit that was a highlight for me from that first clinical placement block was meeting the patients, erm there are a couple that stick in my head now that I just really enjoyed getting to know them, chatting to them erm, and then them telling me like oh you're learning, knowing that I was a student and knowing that I was there to learn, like that made me feel at ease, yeah, (nods and pauses)' (L64-71)

For participant 7, being seen by patients and accepted as a learner, helped them to feel at ease within the practice setting.

When asked to describe a little more about what they mean by 'getting in the way', they responded:

'Erm it was kind of they're kind of so focussed on the job at hand, like I'm not a priority which I'm not but that kind of, it does make you kind of super aware of like getting in the way of what they are doing because they seem to be so focussed erm and you feel like you can't ask loads of questions if they're, when they're so kind of absorbed in the task at hand. So it's finding the time to try and ask them about a patient or ask them about a treatment at the

same time trying to kind of not getting in the way of their concentration erm and it's kind of, it's a bit of a balancing act to work out when you can talk to them, when you can't, where you should stand in the room and which patients, there's some patients that maybe you don't come in with this patient. It's like ok, trying to stay out of the way and stuff'. (L83-91)

There is a sense of real difficulty here in finding the right time to ask a question as the radiographers are focussed on the task at hand and not what the student is doing. Participant 7 uses the phrase 'balancing act' to figure out when you can talk to staff and when you can't- this must add to a sense of discomfort in not knowing what you are doing and needing to ask for help. There is a real sense here of the participant needing to find their place in the setting and within the team:

'I think at the start I was kind of almost feeling like am I getting this wrong, like am I just being a bit of a nuisance.
*But you just kind of get into it, people know you are there to learn, so just being aware of your kind of, you get used to when is a good time to ask, a good rhythm, where to stand and then there's times when they might ask you to do something to get involved and that helps to know that they are welcoming you in to learn erm rather than just kind of getting in the wa*y'.(L93-97)

This was reiterated by participant 10 who describes a challenge in relation to finding their place:

'It's definitely changed as I've gone throughout placement, initially when I first began it was quite scary, quite intimidating you felt a little bit at times like you were in the way but that soon sort of disappeared from my experience. I think as I've gained more experience and gained more time in placement you start to feel like one of the team'. (L3-6)

Some participants can contextualise this feeling in relation to previous work or life experience and are able to use this to build confidence and effectively deal with the demands associated with attempting to integrate and find a place as a learner:

'Yeah I mean I'm used to working in teams obviously through my waitressing. Definitely coming as a new person to the nursery I have realised, it reminded me how hard it is to kind of fit in again and find your place and I definitely remember being like that as a student like I don't like to over step the mark, so I'd rather be told what to do and then build that kind of thing and work up my confidence slowly. But I know that's not always the way and sometimes you really do have to get stuck in, which I'm going to have to be open to and want to and yeah, I'm kind of, I'm happy to be a student a be told what to do but confident enough to like chat to patients and things like that and just find my place. So, fingers crossed that it works out but I am good working with a team, I'd rather work with a team than by myself'. (L94-102)

Co-existing with the ability to know your place seems to be a sense of personal confidence and being trusted by clinical colleagues and the patient. As participants grow in confidence throughout their training, they appear to struggle less with knowing how to behave as a student in the clinical setting in order to be accepted.

Impact of Covid-19 pandemic

Sub-themes

Identity & Risk

Working Practices & Personal Protective Equipment (PPE)

Referral Delays

Communication

Identity & Risk

Analysis of transcripts has uncovered an overwhelming sense of anxiety in relation to Covid-19, both personally and in the context of clinical learning. All participants were affected in March 2019 when clinical placements were temporarily suspended due to Covid related health and safety concerns. Some participants were attending placement as normal and were called into a common room and told placement was suspended for the foreseeable future. This impacted on some cohorts more than others in relation to the hours of placement lost. For the Year 3 cohort graduating in the summer of 2019, the impact of lost placement weeks had to be managed by the programme delivery team in order to ensure learning outcomes could be achieved. Some participants enrolled on the Covid temporary register and experienced working as a Band 4 practitioner in a variety of clinical settings.

Initial reactions to placement suspension varied across participants, for some there seemed a definite sense of relief:

Participant 1: '*It wasn't the most, I don't know it just didn't feel like we should have been there. I think we were taken out at the right time definitely. Yeah taken out of placement but it was quite a shock'* (L266-268)

The suspension of placement learning was a steep learning curve for all involved in pre-registration education. With many policies and procedures produced in rapid succession. At the beginning of the pandemic the government introduced emergency legislation which allowed nursing and allied health professionals to join an emergency register. (HCPC, 2022). Participants experienced variations in their learning experience depending on whether they chose to take up temporary registration and the role they were given by their training organisation. For some participants the experience was quite different to their usual role as a pre-registration student learner. Participant 1 explained that working as an 'aspirant radiographer':

'Yes, I was working as an aspirant radiographer so our contract was quite different, compared to what it would have been had it been normal circumstances and they made that very clear. We wouldn't be practising radiotherapy and we would be filling in other job roles. Which was fine I think we were all ok with that'. (L284-287)

'*Then we had a few clinical days where we learnt bloods and stuff like that, which was good I enjoyed that. Yeah it was a bit mismatched because it didn't feel like placement, but it didn't feel like work either. I think seeing other people in our year working as radiographers was hard as well because we weren't seeing any of that '*. (L290-294)

The role of aspirant radiographer is described as being very different to that of a student radiographer. The participant describes staff being confused as to whether or not they should be there and what was their actual role. Despite wearing their usual student uniform, they were not working with radiographers and were unknown to their new team:

'We were like no, there was a lot of confusion and we had to explain a lot why we were there and what we were going to be doing. Yeah and I suppose as well because I wasn't working with the radiographers they didn't really know who we were. Because we were in the same radiotherapy scrubs, so we didn't belong to them, we didn't belong to anybody really. It was ok'. (L313-316)

A study by Courtier et al (2021), explored expectations of TR students in Wales about transitioning to practice during the pandemic as registrants on the temporary register. Having been removed from placement, findings resonate with this study in that participants did not describe anxieties relating to their own safety, they were anxious about transitioning

from student to practitioner; but overall expressed a desire to practice and excitement at the prospect:

Participant 2: *'I think I'm more excited to start than I would have been before just because we've had that time out and I've had that kind of long gap now. I feel more ready to get back into it than I would have been if I'd finished in June like we were meant to. Yeah excited but I think nervous as well about having a gap and having a break and not seeing a linac or anything. I think it will be ok, I think we'll just fall back into it. I don't want to be like oh my god I don't know what I'm doing'.* (L53-58)

Research by Rainford et al., (2021) explored the impact of Covid-19 on student Diagnostic Radiographers and clinical training. Findings from 1277 respondents, from 12 different countries highlighted a variety of pandemic concerns relating to their own individual circumstances, ranging from anxieties associated with risk of infecting co-habitants as 92.7% of students cohabited with family and friends, some of who with underlying health conditions and were vulnerable. Many reported concerns relating to practicalities of travelling to and from placement related to the impact of public transport disruption. Interestingly over one third of participants indicated they were 'not worried at all about being a radiographer', however the majority expressed some level of anxiety associated with Covid and 'being a radiographer', which was significantly associated with their living or health situation. Similar findings were reported by Cushen-Brewster et al., (2021), who explored the experiences of final year nursing students who completed their final placement during the first phase of the covid-19 pandemic in 2020. Participants expressed concerns about working with potentially infected groups and then taking infection home to family and friends. Participant 8 described feeling exposed and risk when treating a 'red patient' (this is the term used to describe a covid positive patient). Although radiotherapy students were not part of treating team involved in the care of known covid positive patients, the impact of the change in daily routine to accommodate positive patients affected overall experience, Participant 8:

'I mean, I personally wouldn't have minded treating a covid patient and I think it would been quite an interesting experience to see how it is done, especially if it's going to be an issue in the future if there's any kind of other viruses that come about kind of thing. I do know that

obviously the risk that's associated is probably too much for students especially as we're not a paid member of staff kind of thing, but I think what was worse was if you were getting, if you were on a machine and you got kind of kicked off you had to try and find a place for those last few hours of the day and there was always another student on the machine so you felt like a kind of a spare part, so I always just took myself off to do work, but I felt like I was missing out on a bit of experience and I'd already had kind of so much placement cancelled, I was like oh a few extra hours would still be really helpful to see extra patients and stuff, but it was ok, it was fine'.(L458-467)

Here the participant considers that the risk associated with treating positive patients is too high for students as they are not paid members of staff. This connects perhaps with the theme of student identity as a learner and therefore not responsible or having the status required to be expected to treat patients who have tested positive for Covid-19. For some participants the conflict relating to how they perceive themselves and how they are perceived by the team is ever present, with descriptions of being in the way, not being given the chance to practice and develop common. Participant 5 when deliberating concerns regarding returning to placement during the pandemic, shows a willingness to accept that their learning experience will be affected:

'I'll fully understand if we go back to placement and they are like right we've got these issues and we kind of need you to take a little step back and I'll be like yeah that's absolutely fine like, I'm happy to make cups of tea for patients and kind of chat to them and see how they are getting on, because I'm never shy for a conversation'.(L102-105)

Again, this sense of knowing your place and accepting your position in the hierarchy of the clinical environment is reinforced by participant 2 who when asked how their placement experience was, described stressed and understaffed departments, however they felt supported and understood that the staff are the priority:

'I think staffing is a priority at the minute, people can't come in because of track and trace I think that might be putting a lot of , it's not coming across with patients or with me or anything like that but I think that the department as a whole is trying to make sure, the staff are the main thing at the minute but I wouldn't say it's coming across like anyone is stressed or not got time for me as a student because to be fair everyone has been lovely showing me

things and making sure I know what's going on so it's really nice that they are still making time even though they don't necessarily have all the time' (L69-75)

When looking to the literature to try and make sense of student status it is useful to refer to Wenger's 'Communities of Practice' theory(Wenger, 1998). This theory articulates the social process of negotiating competence in a domain over time. Student therapeutic radiographers undertaking learning in the context of the clinical department are subject to the structures and social process at play. Qualified staff have power, having had their claim to competence accepted. Student learners are working towards competence, trying to convince the community (HEI and Clinical Placement), that they have met expectations and should be accepted. (Farnsworth, Kleanthous, I and Wenger-Trayner, 2016). Knowing your place and committing to acting in a way in which ensures you are accepted in your 'team'. Learners seem to accept that their needs are not prioritised over staff and patients.

During the pandemic, participants would often refer to the sense of team and that the challenges of Covid generated a sense of team work:

Participant 6: *'I think it brought us all really close together I liked the team that I was working in, we were all quite, worked quite closely anyway but I think it certainly improved the dynamic in people when delegating responsibilities and everyone made sure we knew the patients really well and how to deal with things.*'(L284-287)

In interviews prior to participants returning to placement for the first time, participants expressed some uncertainty around how the clinical environment would be affected by Covid. This was a concern for participant 4 when they considered returning to placement, they express feelings of apprehension but simultaneously a sense of feeling ready to embrace the challenge:

'It's difficult at the moment, but I think that's just because of Covid. No one ever thought we would get to this place, people are still scared, cancer treatments are getting pushed back so they're even more worried than normal. It's kind of a bit apprehensive to go back to placement but kind of exciting because we don't know what we are going to go into.

We don't know how Covid is going to affect a patient in a years time. People who should have gone to the doctors straight away and looked at, they've just carried on and not gone because

they've got too much going on. So, it all depends on what's going to happen in 12 months time, 18 months time where you might get an influx of patients who are really poorly. So, it's kind of that apprehension about what's going to happen in the future especially with the pandemic going on. So, I don't know, I'm looking forward to it but it's going to be a challenge'. (L221-230)

This participant considers their future life as a qualified member of staff and the impact of the pandemic on cancer rates. With reported backlogs and impact on cancer diagnosis, stage of disease at presentation and impact on treatment outcomes; cancer services are set to experience a surge in demand with worsening survival rates predicted as a consequence of increased late stage presentation (Macmillan, 2020).

Working practices and Personal Protective Equipment (PPE)

Hours and shift patterns for learners in placement were adjusted, with participants describing a variety of working practices applied by individual Trusts with the aim of reducing footfall across the clinical environment. Many learners described a positive response from staff when they returned, however there was confusion relating to working hours:

Participant 3: '*The staff were really positive I mean the girls on my suite had all just discussed how they missed having students there and stuff and they said that it was a nice helping hand because when you'd start picking up patient lists again they did appreciate having us back and having that extra person to go to. I think they found it a bit strange the fact that we had to swop with the other student and kept like oh are you sure you don't want to stay and I'd been told you had to leave and make sure you didn't come into contact. I think they found it a bit strange and they knew that one person came and the other person left, it's just the way it is at the moment'*. (L229-235).

When considering the impact of Covid-19 on participant's return to placement, the use of personal protective equipment (PPE) features heavily in conversation. The negative impact on the ability to communicate effectively was highlighted by participant 1:

'I think PPE makes a big difference, I think that was a big factor when we came. The masks, it was so hard to read what they were thinking and just not getting that non-verbal cue from people's faces I found really difficult and even trying to reassure people with a mask on your face with just your eyes is hard. I think that was a big change and yeah it was weird at fist'. (L382-390)

Participant 1 acknowledges that communication is more challenging when wearing face masks. The ability to read and interpret a reaction or emotional response in others is impaired as the face cannot be seen. As is common with all participants, there is a desire to reassure and care for patients, with the participant describing trying to convey reassurance using eye contact.

Referral Delays

The impact of Covid on radiotherapy referral rates was acknowledged by participant 2: '*Well I think when we were there last it wasn't, well it was definitely reduced numbers, it was sort of a bit steadier. As we were leaving things were starting to pick up again, so I think it might be a different experience when we go back next time. I don't know, I heard something on the news someone was saying they couldn't get their specific radiotherapy because of waiting lists, or something like that I don't know where it was, or why but I assume maybe it's starting to make an impact in radiotherapy now. Which I just don't think it was as much before, I think the impact was in diagnosis and referrals and probably chemo. I think as well because I don't know what the department was like before covid, I don't know. From what radiographers have said, it was quieter, but I think it might be picking up now when I go out next time'*. (L162-170)

Participant 6 highlighted the reality of diagnosis delay and emotional impact of pathway delays on the patient:

'I have a few this time round, we had some really nice patients, we did have one particularly difficult patient that did stand out, but that was because of the covid. The scenario she hadn't had a good journey up to her diagnosis because of covid, she'd had delays in getting diagnosed and screening and stuff. So she was quite, quite upset and she was very, we

really felt for her, she came with like her kids as well so it was quite an emotional patient to have to see every day erm but we had some really lovely patients, patients that would really understand the situation at the moment and would try and do all they could do to like be on time and make sure things were as less stressful least stressful as possible'.(239-246)

For this participant this memory evoked an obvious emotional response:

'*I think I felt frustrated for her and completely understood the situation she was in. I couldn't yeah, I felt like I couldn't show that frustration because it wasn't my responsibility in what had happened, but I think if it had been someone I knew because she was only 30s 40s which is really is so young, I think about people I know my age and parents and just I do really sympathise with her and what she's been through. So, I just tried to keep it as professional as possible, and sympathetic for her and just tried to reassure her that now where she was now we were going to try and do the best that we could possibly do and make sure that from now on we were just going to try and take care of her really'*. (L275-282)

Again, reference is made to the impact of treating a patient who is young, or close in age to a parent which often resonates and results in an emotional reaction. The desire to care and reassure is evident in the words used by participant 6, an overriding sense of frustration is apparent however, this is superseded by the desire to remain professional. The impact on patient experience was an important consideration for many participant 3 who acknowledged the anxiety experienced:

'A lot feel uncomfortable because they feel very nervous over their treatment which is understandable, but it's just another barrier that we don't really need there that we are going to have to overcome'. (L185-187)

Communication

Many participants described modifying communication practice in order to meet the need of the individual:

'Erm I think we just tried to get on people's levels so rather than just standing over them while they were sitting down, we often brought chairs over and we sat with them talking face to face and because sometimes when you bring people into the treatment room they if are upset, you're still stood and look like you're walking and you are trying to get them onto the bed and rush them along. I think there was a lot more of we'll get a chair and we'll sit and clearly make time to stop and talk to you erm even though we can't come into direct contact with you we are going to take the time and gonna sort out the issue before we rush you along to the treatment bed'. (L338-344)

Here participant 6 describes significant changes to practice, adapting communication style and making a concerted effort to make time for patients and trying to compensate for PPE. Recent research has explored the impact of PPE on communication with patients. A survey of dental staff and patients identified that over 70% of respondents felt that mask wearing affected patient communication with staff, with many patients noting that it was difficult to hear staff and read facial expressions (Ashtari et al., 2022).

Whilst the use of PPE was accepted by patients, with high rates of compliance described; the impact on patient experience and adapting to meet individual patient needs was described by participant 6:

'*They were fine really, the patients were quite understanding, most of them were compliant with the masks and had them on in the waiting room and stuff. We might have had one or two that didn't quite always understand. We had a few patients that sometimes struggled understanding us erm because they were more hard of hearing and we had to find ways around that because obviously with the masks and the visors and being hard of hearing any way it made it quite challenging but we found ways around that so it was ok' (L206-211).*

The lack of physical contact with patients was described, this was found to be difficult particularly when patients were upset. Pre-Covid practitioners and learners would often offer

some physical empathy such as a tap on the arm, an arm around the shoulder. Patients will often wish to hug the treating team when a course of radiotherapy is complete. This type of physical contact was restricted during Covid, with patients and staff encouraged to distance from each other where possible.

Participant 7: *'I found that, I found it quite difficult, so we wore goggles most of the time but then I got given a visor and I found it quite difficult to hear like with the visor on, it kind of blocked some of the sound and I found that quite different and like you kind of with the big visor and the mask kind of echo a bit and erm it's just it's quite hard to erm hear people talking especially with them wearing the masks erm it took a while to adjust, erm and I think, it actually like people say that it, there's a big difference with the PPE on but it actually surprised me how much of a difference you kind of like smile at a patient and then realise they can't actually see that, so erm it's stuff like that really that is the biggest difference. Erm and like we had a couple of patients, it was one patient it was her first day of treatment and just coming into the gantry and just seeing it made her quite upset and I think it's, that's quite hard because you can't like, you've got that barrier and so it's quite difficult to kind of comfort a patient and talk to them with like masks on and quite like, with the aprons on and it's quite like surgical and yeah, quite hard to interact with them*.' (L 266-277).

Whilst difficulties were described, there is an overriding sense of commitment to ensuring patient communication remained effective and that barriers were overcome in order to ensure patients were cared for.

Managing Demands

Sub-themes

Support networks

The patient list and time

Professional resilience

Fatigue and guilt

Support Networks

The multiple demands of the pre-registration Therapeutic Radiography and Oncology programme are described by all participants. Having a support network of friends, peers and family is important to some. Workload, fatigue and pressure are linked to the demands of the patient list. The impact of work pace, patient throughput and time to learn are acknowledged as being difficult to manage. Positive relationships in the clinical setting with patients, peers and mentors are fundamental to participants; with all describing the need to be accepted and supported as both one of the team and a learner. Surprisingly participants appear to have quickly developed an ability to cope with the multiple often conflicting demands they face, describing a variety of off-loading mechanisms, none of which are prescribed or facilitated by the programme provider or clinical setting. Reflection appears to be an ad-hoc, un-structured process, with participants relying on friends and family to emotionally decompress.

Participants describe finding it helpful to talk to their peers about difficult experiences in placement. Fellow students are frequently referred to as the first preferred point of contact to talk through any experiences with. Having a physical space such as a student common room is highlighted as important by participant 1:

'*It's a really good space to have, to chat, to decompress about your day, so if something happens like that, something big, or something upsets or annoys you, or something funny that*

you've got to say then you can tell them, you know it's a safe space, you know it's confidential.' (L58-60)

Participant 6: 'Yeah *I mean there are patients in particular that you do find challenging because you do really get on with most of them. But I find in the student room upstairs, we don't do it in a breaking confidentiality way but if you want to go and talk to someone about something you've just experienced as students we all talk about things that we've found difficult or even good things and funny things in the department as well so that's good for managing that side of things*' (L 80-84)

The idea of being supported by peers but in an almost light-hearted way is eluded to by several participants, when asked do students talk to each other about emotions, participant 1 says:

'*Yeah, not any patient details, but we support each other without it being really serious, you know who is going to be in there and who you can talk to about it. I think it helps if you've had an issue on placement you can go and talk to them before you go and talk to anyone else about it.*

I chat to my friends a lot, especially my friends on the course because they get it the most and they understand it the most. Kind of like then to each other, if we've had a bad day, maybe we will tell each other what's been going on and then just try and do things that I like to do to relax'. (L62-65)

There is a real sense of camaraderie, a kind of 'we are all in this together', almost blitz sprit described by some participants, particularly after they have spent time together and feel that they know each other better: Yeah it's more so now that we know each other more, I think when you're in first year before Christmas when you're still getting to know each other you weren't as close. But now we'll all just go and sit and have a natter and talk about things that we have experienced. (participant 6). The concept of peer to peer learning is well documented in relation to pre-registration allied health professionals and nursing students,

with reported benefits in relation to increased confidence, knowledge and clinical skill development (Gray et al., 2019).

In addition, the peer to peer relationship can be therapeutic in the sense that peer to peer mentoring has been shown to help students adjust to the demands of clinical placement (Hogan et al., 2017). Findings from a study exploring diagnostic radiography students' perception of clinical stressors identified that peer support was integral to the development of coping strategies (Jeyandrabalanet al., 2022).

However, for mature students, the relationship with peers appears to be a little different:

Participant 4: *'I think so, especially the other students because they are all going through the same thing. I am a little bit older than everybody else, so their life experience isn't quite up to what mine is so sometimes it's difficult to talk to one when they don't have the life experience that you've got yourself. The Radiographers are brilliant, I'll speak to them because they're more my age, so I find I can talk to them a little bit easier, whereas the students who are 18, 19, 20 are a little bit harder to kind of talk to because you don't really have the same experiences, the same life experiences. So personally, I don't but I know of lot of them do talk within themselves and give a lot of support to each other. But I just try and keep myself to myself, but I will speak to them. But it's a little bit different for me'*. (L100-108)

Interestingly participant 4 identifies as being older than some peers and can speak more easily to members of staff who are similar in age. Mature students are not immune from the inherent stressors of undergraduate study and pre-registration clinical training; however, how and where they seek support to help them cope may differ to students who have less life experience. (Mawson, et al., 2022).

As HEIs attempt to increase diversity of the student population, through widening participation programmes, in order to better reflect the future patient population that the practitioner will serve. It is essential that support mechanisms in place to help the student navigate the demands of pre-registration clinical learning are relevant to them and their needs.

The Patient List

When describing experience in placement, many participants refer to the time pressures felt due to the workload or the 'list'. The list is the schedule of patients to be treated each day. Workload can vary from day to day, suite to suite, department to department. However, all participants were unified in their responses relating to the impact of their experience on the team and the patient.

All participants express a deep desire to provide the best possible patient care, there are times when they acknowledge that a patient experience has been negatively affected by a member of the team not giving the patient enough time and space to be heard and acknowledged:

Participant 1 when asked whether first day chats took place in a separate space responded:

'Not really, I've seen a few examples of staff who are stressed, who haven't listened to patients about, complaining about stuff. They've gone back through it after, but I think initially if you shut someone down like that, there confidence gets a bit knocked. Like I know if someone had said can we just talk about this after the treatment, I wouldn't say anything ever again, but that's just me. But I think it's hard to then gain that trust back from that person. They do always follow it up at some point, but it's just not that immediate. It's when we are behind quite a lot, or we have had a breakdown or there's someone who really needs to go in and stuff like that. It's always due to pressures, it's not due to being nasty or malicious it's due to just time pressures and yeah stress'. (L119-128) (*First day chat refers to patient information giving and consent check on the first day of treatment)

In contrast Participant 4 describes the collective team effort that ensures that all patients are 'fitted', without appearing to rush:

Q- how many clinical patients are you seeing in a day:

'On average about 35-40, it depends where you are. Some places on our clinical sites are a little bit smaller so one site you might see about 30 patients and if you go to one of the busy machines which has the more advanced techniques you might see 40. I think with the advanced ones you have less patients because you have more time for them. With some

machines you are touching 40, it's hard to fit them all in. The Radiographers are brilliant at fitting them all in and getting the times right, but still not making out like they are rushing to get the next one in. So, it's kind of team work I suppose that they all kind of work together to achieve that'. (L120-126)

When the list is running late, frustrations are described as staff attempt to catch up and ensure that the delays are minimised. Participant 10 reflects on this:
'but I think there are a few times where I've seen people have been a bit like oh come on they take so long, with someone being immobile or someone being anxious purely because of the pressures of the list, 30 patients to get through and we're still only on number 2 and it's 10 o'clock and we haven't got time for Mrs X to be wondering about something seemingly insignificant'. (L42-146)

When asked how it made them feel when they see that, they responded:
'Erm it's quite difficult position to be in as a student, it can make you feel quite angry towards that radiographer. I personally haven't experienced anything that I want to report. But I know that some of my peers have erm and it's not always been met that well when they have. I haven't got any personal experience of that. I a few, I've never seen anything you know like I say major but I do feel uncomfortable when people are rolling their eyes behind a patient, or saying oh God we've got that one. Even things like oh it's a 3 field breast with bolus, we're going to be imaging, it's going to take forever, like it is annoying sometimes when you've got a queue and you know that that's going to take half an hour rather than 15 minutes, but you know I think (sighs), it's easy to see that people lose sight of the patients sometimes and are just thinking about getting through them. yeah, I don't know, it's a bit frustrating feeling I think that it has to be that way, because I understand why it is that way, I understand why people get pressured about time because the time isn't there but it's frustrating because in an ideal world we'd have all the time in the world but then I also understand that that's not reality'. (L 148-160)
It is clear that participant 10 is aware of the impact of a high workload, but seems committed to not losing sight of the human being receiving treatment. They describe feeling uncomfortable when members of the team behave inappropriately when waiting for patients

who are perhaps taking a little longer to set up and treat. They acknowledge that it can be 'easy' for people to lose sight of the person and see the patient list as workload that they need to complete. It is almost that they feel conflicted in wanting to provide professional care whilst understanding that they themselves may be the team member who becomes frustrated when time is pressured.

Resilience and Fatigue

It is possible that student learners are conditioned to the environment in which they are training, thereby accepting the local workload as normal and manageable, as they haven't experienced anything other. This acceptance frequently manifests itself in descriptions of resilience and being able to cope. Participants often compare themselves to qualified staff and express a desire to be as resilient as they are:

Participant 7: Q – Do you feel as though you are resilient?

'I was, I think it's one of the things I thought I was and then towards the end I was like I'm so tired like, and I found it challenging and I think I was kind of getting guilty with myself I was like oh I can't keep up with it, I've only done 6 weeks placement and I'm absolutely knackered whereas all these radiographers are doing like every day like this, I think that really tests, it tested how much I was resilient and erm I know towards like in the last week I was like ok I've got to last for one more week and then I can have a week off, but obviously for radiographers they don't have that they just constantly working and so I think yeah it has worried me that I'm not as resilient as I thought I was and that I'm gonna need to find ways to erm you know work on my resilience and I think moving between machines a lot helped with that like that helped me to grow and even comparing from this placement to the next placement I think my resilience has been tested and I can see some growth in it but yeah definitely, it's definitely challenging me on how adaptable I am as a person'. (L564-575)

When asked to explain a little more the participant describes: *'Yeah, I think its kind of I want to be kind of super, like the best person I can be. Erm be able to you know, placement not, it not affect me and always enjoy it all the time and come in always like confident and optimistic about the day and positive but I think I noticed there were days when I was I like I really don't want to go in today, I'm really tired and Sunday nights I'd be like oh I've got a week to go. I*

think I felt guilty that I felt like that, I do enjoy it, but there are difficulties and challenges and I think I'm like feeling guilty that I should be enjoying it all the time and when I'm not I'm like oh no is that a bad thing, am I a bad person for feeling like that erm yeah'. (L 579-585)

The participant has high standards in relation to self, actions and how they are perceived. Participant 7 wants to be the 'perfect' radiographer perhaps-have all the attributes that she perceives to be essential. There are perhaps conflicting thoughts around whether they should be finding anything difficult and a sense of guilt associated with not enjoying placement all the time.

The concept of resilience is frequently researched in relation to health care professionals and pre-registration learners, with the connection made between diminished levels of resilience and burnout. Intertwined with concepts of identity and role, the student learner is a complex mix of novice practitioner and team player seeking acceptance.

Some participants reflect back on previous experience and how that has helped them to remain empathic but resilient:

Participant 10: '*As you know you can't live your life worrying about work and these things that you can't control.*

So, I think that helped me to go into this with a similar attitude I think, as I said before I think I would have found it a lot harder. If I'd gone into this straight from school at 18 I don't think I think I wouldn't have had that ability to detach whilst providing empathy. I think I would have either been like oh well I don't care or. That's just me personally, erm so I think, I think it's, I think I had it already but I think it developed in this setting. But I would never like to become completely detached, I hope I always sort of show empathy to patients. I know that there will always be patients that affect me more than others and I don't think that's a bad thing, I think it means that you are doing your job well' (L131-139)

Resilience is a characteristic determined as vital by health organisations, a desire not only justified by the requirement for health professionals to be of suitable character to withstand the usual pressures of practice, but also the need to compensate for current and future difficulties relating to recruitment and retention. (WHO, 2020). In a novel arts informed method, Maddock and Oates (2021) explored the concept of analysis and revealed that 'resilience' was founded on identity, connection, activity and protection. Interestingly

'resilience objects' were used in every day rituals and resilience was a characteristic that developed over time through the inhabiting of multiple identities. This resonates with the findings of this lived experience study, in that participants move through a range of identities, referencing the past and how they could or couldn't cope with certain clinical experiences. Although study participants may not use the word 'resilience', they frequently describe the characteristics that they feel are needed to be a professional and importantly be accepted by other professionals. This sometimes manifests itself in reference to fatigue and guilt, with the participant comparing themselves to the super being of the qualified radiographer:

Participant 7: *'Not really and I think that's part of it, because I think I see them and they seem to be doing really well, they're really great radiographers and they're really resilient and then I'm there like I'm so tired I'm only doing 5 1/2-hour days and you're doing an 8-hour day yeah. Yeah and I think that is really challenging cos it's just like am I gunna be in that position where I can come across, where my tiredness doesn't affect how I'm working and doesn't have an impact on the mistakes I make in a day erm'*. (L605-610)

The Professional Carer

Sub-themes

Giving back and Making a difference

Gratitude

The care package: care and humour

The compassionately detached professional

No Emotion

Giving Back and Making a Difference

All participants describe as real sense of enjoying being able to give back and make a difference. They enjoy being rewarded with gratitude and share their experiences of being seen by the patient. There are some interesting thoughts associated with a cancer diagnosis and often participants use their previous experience of cancer as a frame of reference. Above all, participants passionately attempt to see from the patient's perspective. However, there is an overriding understanding that whilst they should understand the patient perspective, they can never truly know what it is to be that person, nor should they be overly emotionally reactive to any patient case they deal with. The concept of professional carer, is proposed as a theme in order to describe this almost juxtaposition that participants find themselves in, of attempting to understand the patient and their needs, whilst providing care with no obvious impact of this interaction on themselves. There is little humour used in the clinical environment, with participants conscious at all times of the patient situation and the need to demonstrate professionalism to both patients and peers. Participants give their all, providing the ultimate care package which is underpinned by a framework of detached practical empathy. The Therapeutic Radiographer is a professional carer; providing practical empathy often to the point of being unable to see the long-term impact of care giving on themselves. Protecting and respecting the patient is put before self-care and preservation, with participants demonstrating selfless compassion for the patients in their care.

Cancer and radiotherapy focussed marketing campaigns frequently use words of 'battle' and 'hope'. Prospective students who are contemplating a career in radiotherapy are exposed to numerous campaigns designed to highlight the positive impact a therapeutic radiographer can have in a patient's 'cancer journey' and 'battle'. The use of such metaphors evokes a sense of doing good, in that the actions of a therapeutic radiographer are altruistic in their intent. Participant 10 uses the word 'beating' in reference to this: 'I think yeah we're doing a really good job, we're treating patients, we're hopefully giving them a really good chance, erm hopefully you know having some part, playing some part in giving them a really good chance of beating this. I don't like to use that word, but you know, you know of their treatment being effective, so I think that helps' (L115-119)

When asked whether it was important to them that they felt good, participant 10 responded: *'Yes, I think so yes yes. I think, I think that's part of the whole persona that you take on as a therapeutic radiographer. I think you think you know this is, I'm going, I know I'm going to really enjoy doing the job but a really nice part of it is thinking I'm doing a good thing here' (L121-123)*

The sense of making a difference can in some circumstances be very personal, where a participant relates back to their own life experience, putting themselves in the place of the patient and their family. Participant 8 frequently referred back to a previous experience of cancer and perhaps again made them feel as though they were making a difference: 'So yeah it just really stuck with me, it was so nice and the patient was so lovely and it kind of just like gave me a bit of a boost of confidence because all the way she said how important everyone had been to her care and that how much she'd appreciated me being there as well'(L170-173)When asked about how that made them feel, participant 8 described a sense of pride, but felt a little uncomfortable at admitting that:

'I just felt a bit choked up because it's very easy to kind of like self-deprecate like even as a student, you don't feel like you're that important and like you try to be, but sometimes you feel a bit in the way and stuff, but I just, I felt I don't know, I don't want to say proud, that's a bit heavy, but just the sense of kind of like pride that I'd helped and I'd been noticed by the patient' (L221-228)

The conflict perhaps highlights the participant own sense of worth and need to show that they are being selfless rather than seeking thanks for the care that they give. The feeling of

pride and sense of doing a good job is frequently described by participants who describe a sense of satisfaction in relation to the role they play and the care that they give.

Gratitude

Participants frequently describe being thanked by patients for what they have done for them. Radiotherapy departments are well known for the amount of chocolate gifts patients given to staff when they complete a treatment course.

Participant 10: *'I think what I didn't expect when I was going into this was that sort of and you'd never expect it but that like recognition and patients thanking you and bringing you gifts and chocolates. You know being specifically mentioned in cards and stuff like that it's been lovely, really really nice. Patients see you as a radiographer, you know they know you're a student, but you're just another member of staff to them and that's been great you know*' (L213-217)

The reward of being thanked by patients is often extremely motivating and during lockdown when students returned to placement for one participant they too were grateful for the role they could play:

Participant 7: *'I think when, when I'm you know really struggling to get up and tired but the patient's grateful that I was involved in their treatment, it feels good, it feels like yeah that's why I got up this morning erm to make that little bit of a difference today and erm and I'm grateful that I can go into placement today even though you know we're in a lockdown, I know a lot of people can't, aren't working or can't erm or yeah the situation in the world isn't great but at least I can go into placement and make that bit of a difference. And then I know towards the end of the placement as much as I was tired, I was really looking forward to a break, I'm like oh now I have to go back to on-line lectures and I'm gonna miss the patients and miss that team situation, yeah'*. (L749-756)

Discussing thoughts and emotions around the sense of reward was uncomfortable for participant 7 indicated by the response when asked 'you said it makes you feel good that you're making a difference:

'Erm, (pause), I think it's just (Pause), it's it's rewarding I guess, you know like the hard work that I am putting in or if I'm, if I'm not feeling like I am not working hard enough and I'm feeling a bit guilty from that (pause), the fact that I was able to have a little bit of an impact yeah in a patient's treatment pathway (pause), yeah, like that, that's worth it, yeah that's why I'm doing it erm (pause)'. (L759-762)

One participant reflects that the gratitude of the patients creates a positive environment:

Participant 6: *'I think it makes it, I find it's a really nice career to work in because you do feel like what you are doing, you can see the difference both like physically with people and mentally and it's one of those jobs where you know people are in a very difficult point in life but you can still see that you are doing something that's making that point of life better. Erm so yeah, I really enjoy it. I thought when I first started the course I think I had a lot of family and friends who when you tell them what you are doing they all go oh God, is that not like really depressing, but it is really not because I find it's such a positive atmosphere. Not all the time but I would say the majority of the time, there's such a huge positive team and patients are so thankful for all of your help and it probably did surprise me when I started because I'd been asked by people are you not worried about having to deal with like really tricky patients and stuff. So, it probably was a surprise sometimes yeah'*. (L422-428)

Again participants highlight the sense of reward for the job that they do in providing care for patients receiving radiotherapy. Here participant 6 describes that this was a surprise at first as there was an expectation among those outside radiotherapy practice that the role would prove difficult. Here it is apparent that a real positive of undertaking the role of a therapeutic radiographer is the sense of reward it brings.

The Care Package

Whilst literature suggests that in providing care to cancer patients, the care- giver is often burdened due to emotional distress, many participants expressed clarity in their thoughts around their role and function in the provision of care. Alongside the gratitude and recognition received by students for the care they provide; the toll of managing emotions in

response to the patient stories they are exposed to is evident, although often not deeply acknowledged by participants. The commitment of participants to providing care is uncompromising, with little acceptance of any potential emotional impact on themselves.

Care

The term 'health care' suggests that 'health' and 'care' are inter-connected. A relatively new phrase, coined in the 1940s, the term is synonymous with political and social discussion relating to the NHS, current care outcomes and future concerns relating to service provision and the health needs of the population. The title of 'Health Care Professional', given to pre-registration allied health learners and qualified staff highlights that the system of health care is powered by professionals, who are structurally and functionally organised to provide a service designed by those responsible for the overall organisation. Therapeutic Radiographers are registered allied health professionals, regulated by the Health and Care Professions Council (HCPC), whose main function is to protect the public. (HCPC, 2018). The expectation that Therapeutic Radiographers behave appropriately and 'put the patient at the heart of all that they do', is described in the Code of Professional Conduct produced by the Society of Radiographers, (SOR, 2008). The code refers to the concept of caring in it's very first expectation:

'You must provide the best compassionate care for patients based on up to date evidence'. (SOR, 2013).

The notion of 'best compassionate care', is somewhat ambiguous. In reality what does this mean to learners and practitioners carrying out their day to day duties as prescribed by organisation for which they work or study with. The definition of 'care' is 'the process of protecting someone or something and providing what that person or thing needs' (Cambridge Dictionary, 2022). Whilst the notion of caring is to do good, the idea of compassion extends this to a much deeper level, requiring practitioners to feel another's pain and want to help. The word itself derives from the Latin phrase 'suffer together'. The notion of student and patient suffering together feels uncomfortable. Whilst there is an ultimate need for patients to be cared for, should this require the care giver to suffer in order to show compassion? One participant describes a self-selection process that students have gone through to identify whether they would be able to cope with caring:

'I think it comes about through before you even start the course and before you even start placement there's a lot of discussion about it at university about you know these are cancer patients, some of them will be really poorly, some of them won't seem poorly, but you know might not have a great prognosis. We do, we did do a bit of that before we went on placement erm in those sort of those initial modules. Erm, I think it, I think most students you know will have before even embarking on this course will have thought you know can I deal with patients who are going to be quite unwell, can I work in cancer care, day in day out and that's the only kind of patient that I will see. Lots of people might say no no, this is going to be too depressing, this will affect me too much erm but erm, so I think that's a decision that people will have made before they even start.' (Participant 10 L 102-110).

For participant 3, previous life experience is key when determining whether a learner has resilience and develops more throughout their training:
'I think that some people are tougher when they come into the programme because of things they've experienced. But the toughness and the resilience develops as you continue on and as you continue in the workplace as well. It's not something that you're just naturally born with, because obviously you're not born seeing all these things and having all these experiences. It's just through experience that you develop this toughness, this resilience. I would imagine had I not gone through what I've got through with my X having X cancer the first time round seeing how ill X became the first time and then the second time X actually died. Having seen all of that I am coping quite well seeing the older patients, seeing the frail ones because I've seen and experienced that with my X. And to be honest seeing a stranger go through it, is nothing compared to seeing a X go through it' (L515-524)

Interestingly for this participant there is a distinct separation from the emotional impact of experiencing a loved one having cancer to experiencing a patient/stranger having cancer. This participant frequently used the word 'tough' to describe the clinical environment and the qualified staff. When asked do you think Therapeutic Radiographers are tough, they responded:

'A lot of them yeah. They may not realise it, but they are. From having a patient one day and they are ok to finding out the next week that they aren't coming in because they've died.

You've got to be tough because even though you don't, you're not related or anything you do build up a relationship with them, you do start to care about them and you know you like seeing them the next day. You like having a little chat with them, you like getting to know them as people. And then to hear that they have died, it does hit you and you feel sad. But as the years progress, you'll still feel that sadness but it just won't affect you as much as it does the first couple of times. As I said they are all lovely caring people, but I just don't think they realise that they have quite a thick skin' (Participant 3 L544-551)).

Whilst the word compassion is not used, there is a sense of caring described when the participant considers that they enjoy forming a relationship and want to see the patient again. Being affected by a patient dying is described as hitting you and making you feel sad; but there is an expectation that as your career progresses, you won't be affected as deeply by sadness. Many participants describe feeling a sense making a difference by being able to talk to patients and offer advice:

'Erm I think it's, that's kind of why I, I want to be in this, erm career I guess, just to be able to have conversations like that and make a difference. Erm you know when somebody's at their lowest you can try just like to chat to them and listen to them. Erm and yeah it just feels good and makes me want to keep going, even when there's uni work in the background, that actually like yeah' (Participant 7 L498-501).

When asked what caring means to them, participant 7 goes on to describe:

'Erm, I think it's making, it's all about the kind of giving the best erm, spending time with the patient, learning about the patient erm helping the patient in not just in their treatment but like how they are doing in their kind of job or how they are finding lockdown. Like all of that is part of the patients care, erm and I think just having, being caring is to (pauses) be engaged with the patient, listening to the patient, helping the patient with not just the treatment but like the holistic approach to a patient. I don't know if that makes sense'. (656-661)

Recent research undertaken by Taylor and Hodgson (2020) used a co-construction methodology to provide real life meaning to the findings and concept of compassion, in the

context of radiotherapy practice. The findings describe a conceptual framework of compassionate display, which resonate with some findings of this study. Interestingly, a behaviour domain described by Taylor and Hodgson encompasses three compassionate behaviour classifications:
1-embodied connection where there is an understanding between practitioner and patient, appreciating the importance of rapport
2- characteristic expression, described as being there, having empathy, reacting and adapting
3 – indicative communication describing active listening, tone and body language.

Participants frequently describe the patient relationship and how important this is to them in ensuring that care is optimised to meet the needs of the patient. They refer to both positive relationships and challenging relationships with patients in their care. By reacting and adapting, Taylor and Hodgson describe an empathic response which interconnects with the concept of compassionate intent underpinning all behaviours.

The principles of care ethics provide some structure around which to frame the relationships between humans, and the consequential risks and benefits of a course of actions. (Barnes, 2012). Interestingly, work by Tronto (1993), provides a further framework, identifying four principles that need to be integrated into a whole in order to achieve a concept described as 'integrity of care': attentiveness, responsibility, competence and responsiveness' (Tronto, 1993).
Interestingly, participant 1 describes a change in competency relating to care giving as they consider how they provide care as a year 3 student compared to how they provided care as a year 1 student: do you feel as though you care for your patients now to the same level that you did in Year 1?
'I think maybe more because I'm more confident and able to probe more as to like for example if a patient says they are fine, in first year I would have just taken it at that and been like yeah they told me they were fine. Then in the 3rd year now, following uni I've learnt you have to probe that bit more and say how's this, how's that and then they do tend to say well I actually do have this problem. It's more just not taking stuff on surface level so I think that gives a better level of care. I mean in first year someone else would have done that but for my care then I think that makes it better. I think I've always cared for them the same way I just

haven't gone the same way about it. I've always wanted to help and had that passion for helping but maybe not the right techniques as I know now'(L98-106)

Compassion satisfaction acknowledges that there is much to be gained from the therapeutic relationship between student and patient, many participants describe a sense of altruism and taking pride in the care that they provide. Whilst Therapeutic Radiography is considered a caring profession, the impact of caring can have a negative impact on the individual. The clinical environment can be demanding for learners, a recent study reported that student therapeutic radiographers from one institution reported an increase in secondary traumatic stress (a component of compassion fatigue), a decrease in compassion satisfaction and a slight increase in burn out throughout the 3 years of their study (Flinton et al., 2018). Whilst the findings of this lived experience study did not concur with these findings, the report highlights the importance of ensuring learners are supported in their clinical environment in order to benefit from a positive learning experience and maintain compassion satisfaction throughout their careers.

Humour

When caring in a highly pressured clinical environment, many participants reported that the use of humour was effective in ensuring they were able to off-load any emotional burden. Peer discussion away from the linear accelerator (treatment machine) was frequently referred to:

Question - you mentioned friendship and comradery, do you have any experience of humour being used?

'*Yeah in terms of what, the sort of things we were experiencing on placement, yeah Definitely particularly with regards to things that are unappealing you know fungating tumours and such like (laughs), there's be a little bit of like oh don't mention that fungating anal tumour when we're eating our sandwiches and things like that (laughs). Yeah definitely I think it kind of goes with the territory a little bit doesn't it while being respectful it would be the kind of thing you would never say out of that environment or you wouldn't, you would hope nobody would ever break confidentiality but talking about it in an abstract way to kind*

of make them more tolerable I think definitely, definitely you use humour' (Participant 10, (L342-348)

There is a distinct lack of research exploring the use of humour amongst radiotherapy health care professionals and radiotherapy learners. Much research in this field relates to emergency workers and serious incidents. Work by Scott (2007), explores the use of humour in emergency workers involved in sudden death incidents. This qualitative study highlights the value of humour as a stress reducing mechanism used by emergency workers on a daily basis and that it is accepted within the culture of the emergency care setting. Whilst sudden death is a rare occurrence in a radiotherapy care setting, undoubtedly the use of humour is common place between professionals, students and patients.

Findings from a quantitative survey of radiotherapy patients found that 86% of respondents said it was important to them to have health care practitioners use appropriate humour. The survey findings highlighted that humour reduced anxiety and that laughter was important to patients. Interestingly 4% of respondents listed a sense of humour as an important attribute they look for in healthcare professionals. (Samant et al., 2020). This correlates with the thoughts of participant 3: Question -do you ever see humour being used?

'Yes, all the time, particularly with patients and it's nice because the patient like it because you're not just treating them as a patient with cancer, you're treating them as a person and that's the way to be. One of them put it quite nicely yesterday, that if you can't have banter with the people that you work with and with the patient sometimes, depending on the patient, it's a miserable working life and I agree whole heartedly. You've got to have banter, you've got to have a bit of fun, because it's not the most joyful area to work in. It's not laughs, it's not giggles, it's quite serious, it's serious illnesses and if you can't have that bit of fun you'll be depressed. You'd go off with stress and depression and you just wouldn't be able to handle it, so you do need the little light heartedness' (Participant 3 L553-560)

Question - do you ever see humour being used

'I think you've got to sometimes, I think you've got to laugh before you cry sometimes because there's been, like there'd be a patient who was a bi-lateral breast you know had about 4-5 different fields. There's be about a 15 minutes gap for them and you'd know that wouldn't be long enough. There'd be about an hour wait after this patient and you'd try and give your

patients to other machines, we were like well what can you do. You just needed an hour and half to treat her and you'd be like ok just get on with it. They are so resilient there, anything they get thrown, they don't moan about it, they just like get on with it'. (Participant 2 L346-352).

Question - that sounds quite humorous, is humour used a lot in radiotherapy?
'100% I think it's used every day, I think it's between staff you're working with and between you and the patient, I think it's key to be honest '
Q- did that surprise you at all when you first started out
'Yeah, I think it did, I thought when I first started the course I think I had a lot of family and friends who when you tell them what you are doing they all go oh God, is that not like really depressing, but it is really not because I find it's such a positive atmosphere. Not all the time but I would say the majority of the time, there's such a huge positive team and patients are so thankful for all of your help and it probably did surprise me when I started because I'd been asked by people are you not worried about having to deal with like really tricky patients and stuff. So, it probably was a surprise sometimes yeah'. (Participant 6 L419-428).

Question - Do you experience humour kind of staff to staff member
'*Oh yeah they've all got inside jokes and stuff and I was just like, I think one of them ended up bringing in a like a musical Christmas tree pen in November or something, they relentlessly mocked her for it for like the whole time I was there because it would just go off all the time when they were writing notes and stuff. So yeah all the staff, there's like a group of staff that have obviously worked there for ages and they were all really good friends and they used to just like take the mick out of each other all the time and were always laughing and joking which was really nice because it's nice to know that that could be you in the future and you could have friends like that and stuff and you could tell how long they'd worked together because they just had a good flow, each one knew what the other one was doing and they didn't have to check because they just knew, yeah it was good'*.(Participant 8 L509-517).
Q- how does that make you feel then seeing that
'It's really, it's nice it's like optimistic again, I'm not very good at picking my words it's nice to know in the future that you can have that too because like you want to be able to part of like a nice friendly, funny team erm, I know that when I spoke to like another student at a different

placement site, they said the staff were slightly different I don't know if it's just their perception, but like they didn't seem, they were all very, not as kind of friendly, I don't know. I loved every member of staff that I met, I didn't meet a single one I didn't get on with kind of thing. It was nice because obviously X is the closest centre to where I'm from, probably where I'd like to work. It was just nice knowing the staff, everyone just got on with everyone, everyone just like, it didn't matter who you were working with you could get on with them, you could have a laugh and it's fine, you don't have to be friends but it just makes the environment a bit nicer'. (Participant 8 L519-528)

Research findings related to humour in the context of radiotherapy practice are limited. Findings from a quantitative survey of radiotherapy patients found that 86% of respondents said it was important to them to have health care practitioners use appropriate humour. The survey findings highlighted that humour reduced anxiety and that laughter was important to patients. Interestingly 4% of respondents listed a sense of humour as an important attribute they look for in healthcare professionals. (Samant et al., 2020)
The majority of evidence exploring humour, cancer, the oncology setting and patients relates to oncology nursing, with no specific reference made to Therapeutic Radiographers and their use of humour or the impact of patient-initiated humour on their practice. Research by Adamleet al., (2008), explored the impact of patient-initiated humour. What the patient said and their tone were found to be the most important predictors of patient-initiated humour. Non-verbal communication such as a wink, a nod or a smile were found not to be important by the nursing participants. The authors highlight that by reacting appropriately to patient-initiated humour, a nurse can pick up on subtle patient anxieties and concerns, addressing the needs of the patient and planning future effective care.

The lack of understanding of the use of humour within the radiotherapy care setting requires addressing. By equipping learners and professionals with an appreciation of the impact of humour used in the context of peer to peer and professional to patient; it's obvious benefits can be maximised and its potential misuse avoided. How to conceptualise humour is challenging, due to it's multifaceted character. Research exploring the concept of humour and sense of humour undertaken by Martin (2001) has identified four styles of humour: affiliative, self-enhancing, aggressive and self-defeating. Martin highlights that the affiliative

and self-enhancing have a positive impact on mental wellbeing; where as aggressive and self-defeating are potentially harmful. (Martin, 2001).

The therapeutic benefit of humour in patient and professional relationships is reported by Southam, (2003). This study examined attitudes and uses of humour by occupational therapists with their adult clients with physical disabilities. The cross - sectional survey of therapists found that all respondents had positive attitudes towards humour, using it in their treatment interactions and agreeing that it has a place in occupational therapy practice.(Southam, 2003).

Defining a sense of humour is complex and understanding how it is used in the context of radiotherapy clinical practice is under researched. It is not known whether all Pre-registration programmes for radiotherapy currently encompass the theoretical concepts and practical application of humour in the oncology setting. More research is required to better understand it's use, impact and future applications within the context of cancer, radiotherapy patient care and pre-registration radiotherapy education.

The 'compassionately detached professional'

When exploring the emotional context of radiotherapy practice, participants were asked about their experiences in relating to showing emotion. All participants described regulating their own emotions and observing regulation in others. They portrayed a great sense of needing to respect the gravity of each patient's situation and not adding to the burden or in any way undermining the significance of what was happening in the patient's life. Participant 1 when asked if they had ever been visibly upset in front of a patient answered with a very strong 'No Never' (L228). When asked whether they have ever seen staff become emotional, they answered 'only when patients are leaving and ringing the bell'. (L230)

Ringing the bell at the end of treatment is described as a 'love or hate thing', by participant 10:

'Yeah do you know I think it's definitely a love it or hate it thing, some patients are like oh no I'm not ringing that, I want to wait until I've got the all clear kind of thing erm because radiotherapy doesn't necessarily mean it's all gone and it's all good, you know to put it bluntly. Some patients love it and they hang onto that and obviously the radiotherapy for some is the end of the line, particularly with breast cancer patients they seem to really like it.

Even though that doesn't necessarily mean ok they are getting that kind of we can't see any more cancer, they see it as like the end of their treatment and will want to ring it, erm I've noticed people get quite upset, particularly elderly people who I think are quite isolated and I think this is just my interpretation and I may be just pulling this out of nowhere but I think it's quite hard especially of they've had like a really long few weeks of treatment and then they're like oh I don't know what I'm going to do with myself now, I'm going to miss you and they seem more upset. Their emotion seems to come from the fact they are going to miss coming into the centre every day, do you know what I mean, bizarre as that may sound it's suddenly like oh ok well that's it now, what the hell do I do, I just wait to see if it's gone. Yeah and I think that's quite hard to, I'm not sure how I feel about it, I feel like it's a little bit of a kind of Americanised idea, it's a little bit cheesy for want of a better word. Personally, I wouldn't want to ring it, it's not my cup of tea but I can see why people, some people love that and it gives something to hang onto and you know a nice sense of finality at the end then that's great'. (L377-395).

Here the participant tries to comprehend the patient's perspective and how they may be affected by coming to the end of treatment and what the ringing of the bell symbolises. There is limited if no research evidence relating the end of treatment bell except for a poster presentation by Isa et al., (2020), in which a patient satisfaction survey was presented which evaluated the patient's experience in relation to the end of treatment bell. The majority of patients reported that bell ringing was a positive experience for them and their families regardless of whether they were being treated with palliative or radical intent. A patient letter to the British Medical Journal demands that end of treatment bells are removed, citing that for patients with recurrent cancer of still undergoing treatment, hearing the bell being rung is upsetting and demoralising. (Taylor, 2019).

No Emotion

The idea that emotional regulation is required by Therapeutic Radiographers, is not surprising, given that the day to day workload is emotionally challenging. There is much published evidence relating to 'burn out' among Therapeutic Radiographers (Probst, 2012, Singh et al., 2017), with evidence suggesting that TRs experience high rates of burn out related to low job satisfaction and emotional exhaustion (Alakhraset al., 2022). How

exhaustion and burnout manifest itself in the observable reality of a radiographer performing their duties or communicating with colleagues, learners and patients is difficult to quantify. It is clear from participant testimony in this study that participants expect themselves to remain emotionally detached from the situations they find themselves; frequently using the word 'professional' as a means by which to explain their own behaviours. Participants express real empathy for the patients in their care, by appreciating the perspective of the patient, respecting their burden and professionally detaching in the act of care giving so as not to show visible emotion. This is done in order to behave as their mentors and qualified staff do, in a way modelling their behaviour; attempting to achieve the expected 'professional' status. Participant 10 when asked if it acceptable to off-load at work, responds:

'*I think to a point, I think erm you need to remain professional as much as you can, but you also because of the job that we are doing you need to be able to have somebody you can discuss the emotional sort of side of things with, because there are going to be by the very nature of the job, there are going to be patients that will trigger that emotion, those emotions in you. Obviously, you couldn't be kind of crying over every patient because that would be really impractical and you need to find a way to become detached to it to a point erm whilst kind of remaining that still really good, you need the empathy but you need to be able to manage that without becoming a crying mess because that would be a disaster (laughs)'*. (L93-100)

When discussing emotions, the idea of staying strong emerges as a strong theme: *'I'm not sure you know, if something really upset you while you were treating a patient –maybe you would have to take a deep breath and think right ok, we just need to focus on what is happening now and we can deal with it later sort of thing, talk to people afterwards, after it's happened. Not hide them forever, but hide them from the patient, be strong for them'*. (Participant 2 L83-86).

The effect of hiding emotions, switching them off, boxing them up and dealing with them later in order to 'be strong for them' is visible in the participants taking part in this study. The impact of emotional regulation on a pre-registration learner throughout their learning journey is clear.. Findings highlight the need to better understand the emotional impact of

the radiotherapy clinical environment on those practitioners and learners involved in delivering patient care. The culture of 'no emotion' and 'staying strong for them', whilst commendable; may perhaps take its toll on some individuals who have not developed emotional regulation skills or adopted a healthy approach to coping with emotional burden. Participant 3 when asked if they have ever seen staff showing emotion responded:
'A little bit yeah, once they are in the control room they'll go oh it's so heart breaking for this patient and things like that, but they won't actually start crying and getting upset in front of them. I do think that's something vitally important because we're not going through it, it's not us, it's the patient and if the patient is dealing with it then we should be able to deal with it while they are there'. (L78-81)

There is much to be learnt from the experience of pre-registration learners' experience. The act of delivering treatment and care pivots on the professionals' empathic response to provide practical care to meet the needs of the patient. The work of Edith Stein (Stein, 1921/89) explores our empathic abilities and accepts that there are limits in relation to what we can see in another person and what we can see in ourselves. As 'Radiographers', 'Learners' and 'Professionals', we are aspiring to be that identity, accepting of cultural practices, cultivating our performative behaviours in order to be accepted as a member of the team. Stein believes that when we see sadness in the face of another, we might try to understand what is happening for them and that this involves a move in which we turn away from them to face whatever it is that is happening for them. (Stein, 1921/89).
Stein considers that we are thinking of how we would feel if we had that experience and that we then need to again, face them to understand what that experience means for that patient. Taking the Stein model of empathy (Stein, 1921/89) and applying to this to context of student practice, enables some further sense to be made of the learner experience. When the student attempts to see the patients' perspective they consider their past and future of this other person. In doing so, they also connect to their own past and future, which includes having empathy for versions of their own self. A student may become more concerned for the future of the patient than themselves, or vice versa. Stein argues that our emotions can be both passive responses in an interactive process and an active stance that we take (Stein 1921/89). It could be argued that learners and practitioners in the radiotherapy clinical environment actively control their emotions, showing no visible sign of sadness to patients or

peers. They auto-regulate in order to achieve an expected 'professional detached compassion'. In doing so, they intend to protect the patient at all costs. Interestingly, Stein states that there is one object in the world that we can never walk around; that is our own body. Perhaps in the context of the emotional burden of radiotherapy practice this is a protector, in that in the act of practical empathy and provision of care we cannot as learners or professionals truly see the impact of our actions on our own self, only observe the impact of our actions on the patients in our care.

Progression and Transition

Sub-themes

Supervision and mentorship

Making Progress

Supervision andMentorship

Participants are concerned about their progression and transition to either the next stage of the programme or achieving their ultimate goal of becoming a Band 5 Therapeutic Radiographer. The impact of the mentor is immense, with experience described often forging or breaking levels of confidence and trust. Experience is varied, with some participants

describing a positive support network of mentors and team members, engaging with them and supporting their learning. Whilst others describe a negative experience of feeling ignored, under-valued and in the way. Participants are passionate about their future career, often stating they have made the best decision of their lives to become a qualified practitioner. In spite of previous negative experience, they are positive about the future and ready to embrace the challenge of practice. Interestingly many describe a desire to treat future learners in their care differently, building on their own experience, they want to ensure that they provide a positive learning experience for future learners.

For some participants, discussion around their experience gave them time to reflect on their learning journey. Participant 10 described:

'*Ok, erm it's definitely changes as I've gone throughout placement initially when I first began it was quite scary, quite intimidating you felt a little bit at times like you were in the way but that soon sort of disappeared from my experience. I think as I've gained more experience and gained more time in placement you start to feel like one of the team. I think it's really good that you remain at the same placement site, I think that's a really beneficial thing because you start to know the hospital that you're at and you start to become familiar with staff. Throughout the 2 years for example now I you know I look forward to seeing people, it's nice when they know little things about my life and you know I know little things about their life. You've kind of got that rapport with some members of staff, so generally it's a good experience I'd say, if that makes sense'* (L3-11).

The participant describes initial feelings of getting in the way reducing the more experience they gain and the more they are known to the team. Finding your place in the clinical team is important, with research suggesting that experience in clinical placement in relation to mentorship and support has a key impact on a learners' ability to succeed (McPake, 2021). The importance of a positive and consistent student-mentor relationship was highlighted by participant 3:

'Yes, there are a couple of staff in my placement site, one in particular doesn't even acknowledge me when I'm there on the unit all day, they won't even say hello, even though I've said hello to them. They don't make any attempt to teach you, or interact with you in any way shape or form. And there's a couple like that. One of my first mentors, was lovely some

days and some days wasn't. And it's just little things like that, or when staff would openly say to other staff when you're stood there 'oh you know student X, I think they are brilliant and one of the best students we've had' and I'm like hello I'm kind of stood right here. By all means say that if that's how you feel but not really in front of another student who's not that person. I think some of them just don't think when we are around' (L37-49)

This correlates with the findings of McPake, (2021), who reported that placement learning experience was shaped in a negative way by certain radiographer behaviours or attitudes, for example when students perceived that they were unwanted, in the way or ignored. Demonstrating how different one placement can be to the next, participant 4 describes the impact of an improved mentor experience:

'Yes, so I was on machine x for the first 2 weeks. I had a bit of apprehension about one of the team because she was in my very first placement block, my very first mentor. This time she was so different, she treated me like a proper person, it wasn't just like oh you know nothing'. (L312-314)

Checking whether recent achievements are acceptable, as a means of finding your place, is also described as a peer to peer discussion by participant 8:

'Yeah I mean I'm used to working in teams obviously through my waitressing. Definitely coming as a new person to the nursery I have realised, it reminded me how hard it is to kind of fit in again and find your place and I definitely remember being like that as a student like I don't like to over step the mark, so I'd rather be told what to do and then build that kind of thing and work up my confidence slowly. But I know that's not always the way and sometimes you really do have to get stuck in, which I'm going to have to be open to and want to and yeah, I'm kind of, I'm happy to be a student a be told what to do but confident enough to like chat to patients and things like that and just find my place. So, fingers crossed that it works out but I am good working with a team, I'd rather work with a team than by myself'. (L94-102)

It is essential that student learners are made to feel welcome in the clinical environment, a survey in 2016 reported that over 60% of 500 student respondents felt that they had been bullied in placement, with the main issues relating to feeling humiliated, being belittled,

being overly criticised and being ignored. (SOR, 2016). Participant 5 reflected on their experience in relation to mentors:

'There are some members of radiotherapy suites both at satellites and main sites who just don't like students, just don't want anything to do with students, even though they were once a student, they just see us as an inconvenience and that's fine. You just meet some of those people who don't like you for who you are and I've kind of grasped that. At the start it kind of upset me, like if I had a bad experience I'd be like oh why don't they like me, what have I done to offend them and then I kind of got a grip of myself and I thought you're not going to please everyone, you're doing the right things and you're doing the things correctly. It's just if they don't get on with you, they don't get on with you and that just happens. And in your working life you're never just going to get on with every single person that you meet. Some radiographers just don't want to be mentors, they just don't want to have to like spend that time with students and you just learned to navigate around them' (L335-342).

The apparent acceptance from participant 5 that 'there are some staff who just don't have the time of day for students and you just learned to navigate around them'; is quite shocking. The obvious resilience demonstrated by participant 5 is commendable, however, what would have been the impact of such experience on another student and could this have potentially led them leaving the programme? Where is the compassionate healthcare professional in this scenario?. It is difficult to comprehend how a professional could refuse to engage with student training and imply acknowledge the existence of another human being.

Feeling part of the team, wanted and not a hindrance is important to all learners. Confidence is gained and reinforced in the practice setting, facilitated in the most part by positive learner and mentor relationships. A survey by Armstrong-James, et al.,(2019), explored radiotherapy students' perceptions of support provided by clinical supervisors. Results reported a variable experience relating to mentor behaviours, interestingly students reported feeling that staff did not understand how the pressures of life outside of control impacted on their studies; perhaps suggesting that some mentors/clinical supervisors are lacking in compassion for the learner situation. On the whole the students reported a positive experience in relation to their clinical experience.

Participant 10 reflects on fitting in: *'once you've been on a particular set for a while, you know how the set works, you know how the different personalities gel together, you know what's*

expected of you and what's not expected of you. You're kind of happy to take initiative in doing things, well that's my personal experience I know not everybody finds that that easy, but after I've been there for like a settling in week I think oh ok I can start to say shall I get this patient drinking or shall I go and set up the room, you know obviously it's gone a little bit further than that because I'm qualifying in 4 days, but you know you start to get that erm just that confidence in yourself and you feel like you're erm being helpful and contributing to the team' (L14-21)

To establish yourself effectively as a team member is a complex process, requiring a learner to work out what is expected of them, what isn't expected and navigating the different personality types in the team. Taking initiative is a balancing act, note the 'shall I get …', where the participant has to seek approval from staff and show respect for their authority and their own position as a learner.

Making Progress.

During the process of learning feeling as though progress is being made is important to participants:

'I think when I look at my grades I'm like oh there's been a lot of 4s or I've not been getting that many erm, I've not really increased much just because one week I might have one mentor who might give me a 4 and work on this and then I might get them next week and they say oh you've worked on that I'll give you a 5 and then you see a different mentor and they're like you're still you know. I think that's been getting me down as well, just knowing that my scores, even though I know myself that I can see progression, even if its just how resilient I am or the fact that when I first arrived on placement I didn't even know how to use the handset and towards the end I was treating patients and having first day chats, I don't think my scores necessarily represent that and I think that's how then from that I've learnt ok I need to be constantly switched on so that I can prove I am progressing erm yeah'. (L687-696).

Participant 8 considers progression from one year of study to the next:

'But obviously you're constantly learning and everything is going to get more complicated as you get more involved with each placement. It's going to get harder, if it was getting easier you're probably not doing the right thing, because even when you graduate you're not, you're a radiographer but you've still got a lot to learn. And I think I realised that as well, talking to some of the newly qualified radiographers and then the ones doing extra courses and things like that, it's not a job that you ever stop learning, there's always new things to learn and so I don't think you can ever get too comfortable in the role and there's always going to be slight difficulty and that you've got to know things to get to grips with, so yeah'. (L610-617)

When considering the next stage of their development or progression to a qualified Band 5 Therapeutic Radiographer, all participants are positive about their future and career choice *'Oh, really good, I was a bit worried about placement being delayed and they said sometimes a few people start placement and realise it's not the job for them and I was like oh God, I hope that's not me. So, I'm really happy, I feel like it is a good fit to me, actually I enjoyed, even on my bad weeks, I really enjoyed placement and it's one of those where I wasn't like clock watching and waiting to go home, I enjoyed every minute of it and I would happily have stayed an extra half an hour you know if they hadn't told me to go. So erm I was really pleased, I'm just kind of relieved I feel like it was the right choice. Because you do have that pressure like oh what if I make the wrong decision and then it's one of those that leads you straight into a job so it's not like, there is a bit of room for manoeuvre but yeah. I'm happy'.* (Participant 8 L694-702)

As participant 1 reflects on being close to completing the programme they state:
'Yeah, I think it was the right one, well I know it was the right one. I don't regret it at all, it's definitely the right career' (L370-371)

Many participants expressed similar thoughts in relation to their career choice, seeing it as a positive that they are going to become a qualified therapeutic radiographer. The many challenges and rewards of clinical training and completing academic milestones are navigated in unique ways by participants, an overarching commonality is that they feel a great sense of self-worth and perhaps this contributes to their feelings that they have indeed made the right career choice for them.

Radiation

Sub-themes

Justification

Switching on

Justification

A surprising finding relates to justification of radiation treatment and the consideration of benefit versus toxicity in relation to the treatment intention. Some participants describe a sense of guilt associated with treatment related toxicity experienced by patients, describing difficulties justifying pain caused by treatment. All participants describe a monumental weight of responsibility associated with the delivery of potential lethal doses of high energy radiation. The high tech, fast paced patient list requires high levels of technical skill and concentration. The process of delivering a dose, referred to in the clinical setting as 'switching on', initiates a highly emotive response amongst some participants, with many describing fear and anxiety associated with potential treatment error. Participants referred to their first experience of switching on as horrendous, however as they progress through the programme they appear to be able to cope with the pressures associated with this area of practice. When considering being ultimately responsible as a qualified practitioner many describe fear, however some describe looking forward to the challenge and responsibility. Ultimately participants are positive about their future role and associated responsibilities.

When delivering radiation, learners and practitioners understand the radiobiological effect of the radiation dose being delivered, the intent with which it has been prescribed and the potential side-effects that may be result. Patients' give their consent to treatment and this is validated and checked by the treating team on a daily basis. Interestingly, some participants acknowledged the treatment related side-effects. Participant 10 states:

'I just think it must be absolutely awful, like when they are unable to swallow through the pain or even if they have a lot of mucous and they literally can't eat or you know can barely talk through the pain. I remember one woman actually on this placement she's just finished, and she had a lymphoma sort of here (points to neck), we were treating quite a big area from about here to here (points to head and neck), erm and I remember opening her mouth to

show me one day and the ulceration of her mouth was just unbelievable and she wasn't being tube fed or anything she was having you know build up drinks but how on earth she was swallowing and talking I just thought oh my goodness. She was amazing you know she was always just getting on with it and like you know you've got to get through this and come out the other side, but I just felt sorry for her I thought this is awful, poor patient and when you know you're kind of making it worse with every treatment, although you are hopefully making the cancer better, you think oh sorry it's going to get, and then I remember her saying on the day actually that she finished she said oh I'm so glad to finish but then you've got to say well you know that this will carry on for quite a while still, that's quite hard isn't it I think, you kind of think patients think oh yes I've finished radiotherapy I'm going to feel better, but it doesn't work like that does it.' (L422-436)

When asked to consider their response a little more the participant describes:
'Yes, so you're going to make for example for that lady with the really bad ulcers which were probably all the way down her throat as well I think, you know she was really really in a lot of pain. She still had about 5 fractions of treatment left so we know that that's going to get a lot worse. So that can feel, the justification as a radiographer you don't justify the treatment but that's the doctors decision but you, it's quite hard knowing that someone is going to be made to feel in a lot more pain, even though you know the benefits will outweigh this pain, that's quite hard isn't it as a healthcare giver/provider, to know that you are going to be causing somebody pain by giving them you know a shed load of radiation'. (L445-452)

Interestingly as a radiographer you are not responsible for the treatment choice, as an operator you have responsibility for delivering a safe dose. The impact on the radiographer/learner of having responsibility for delivering a dose that results in the development of acute and late side-effects associated with the radiation has not been explored in the literature. There is no documented evidence of the impact of this responsibility on the individual delivering the dose. National guidance, protocol and research papers focus on safety mechanisms and procedure designed to ensure safe delivery of a safe dose, in order to avoid dose errors of the past. (Chilkuri,Miller and Adams, 2022)

Switching on

Switching on is the term used by Therapeutic Radiographers in this region to describe delivering the radiation dose to the patient. Participants frequently refer to this when describing their learning experience. Being able to safely deliver dose is integral to the role of the Therapeutic Radiographer, with the potential catastrophic consequences of an incorrect dose, the therapeutic team, protocols, systems are procedures work together to reduce and remove error.

When asked which aspect of practice is most scary, participant 3 describes:

'I'd say probably the responsibility when it actually comes, because at the minute we're responsible because we're switching on, we're setting up, there's somebody there, they're making sure that we don't so anything really stupid, which we won't but there's that safety net. But once you're then there, I know for a few weeks we get shadowed until we're happy and settled, but it's still essentially, it's going to be our signature on the paperwork, we're going to have our own log ins, it's our responsibility. And it's still a big thing because at the end of the day it's radiation, it's not like oh I've taught the wrong session today, never mind it will be ok. It's if I give too much radiation or to the wrong place it can have massive implications and I think that's what's it, that's what scary. But I think over time instead of it being daunting and scary it will just be right, this is the way it is. That will go and just be replaced with diligence as opposed to not fear, but you know what I mean'. (L432-442).

It is clear that participant 3 feels that that are scared by the responsibility of delivering a radiation dose. They are very much aware of the implications of an error and giving a dose incorrectly. Such mistakes cannot be undone and can have serious life changing implications. The notion of moving from student to qualified practitioner when switching on is described and although the participant is perhaps reassured a little about a period of shadowing post qualification, they are still very open about their fear. Interestingly they feel that as they gain more experience they will feel less fear as this is replaced by diligence.

Programmes of education and clinical learning focus on development of knowledge and skill acquisition. The potential impact of feeling responsible for causing treatment related side-effects is not a consideration in programme design or models of support. Looking to evidence base, there is no published research exploring the learner or qualified staff experience in relation to delivering dose, the associated responsibilities and potential impact on the

patient. The highly charged emotional workload of the Therapeutic Radiographer, combined with strict working protocols, regimes and systems designed to reduce and eliminate the potential for lethal radiation dose error, create a unique work environment which warrants further research.

Having presented their analysis, the study lead will now highlight key strengths and limitations of the study design.

Strengths and Limitations

As a qualitative study, the results from this research cannot be generalised, they are specific to the participants only. However, the findings have provided unique insight into what it is to be a student therapeutic radiographer caring for patients with cancer in clinical placement. As interpretive research, this study could have been impacted by the researcher's bias, power and preconceptions. However, the robust analysis, discussion of findings with the study lead supervision team, as well as transparent audit trails that constitute the IPA technique ensure as far as possible that a reflexive, respectful and honest approach was followed.
A potential limitation could be that participants were studying at one higher education institution (HEI). Expanding the research to include participants from a number of HEIs may give a different insight into the lived experience of student therapeutic radiographers. However, IPA researchers usually try to find a fairly homogenous sample for whom the research question is significant (Smith, 2011). In providing open, honest and transparent research records of study transcripts, annotations, sense making and details relating to study participants it is hoped that reader is informed and can be assured of the quality of the findings presented.

A key strength of this research is that although it is not possible for researchers to access a direct route to other's experience (Smith, 2011), participants allowed the study lead to get very close through their sharing of experience and openness. There was little evidence of reluctance to answer questions, with participants frequently sharing their inner most thoughts, feelings, failures, success, memories of loved ones, life experience and experience of being a student therapeutic radiographer. Participants shared a spectrum of emotions

from laughter to fear and sadness. They openly recalled feeling guilty, scared and rewarded, describing the impact of fatigue, workload pressures and the impact of the Coid-19 pandemic.

IPA research produced rich and complex insight into lived experience of an individual, but they are extremely time intensive and context specific. A limitation to the study is that the study lead is a novice researcher, developing IPA analysis skills whilst undertaking this research. The research depends on open and transparent participants and an effective interview technique. Whilst every effort was made to ensure a compassionate and open interview process took place, it must be acknowledged that this is the first time the study lead has independently interviewed study participants. The study leads prior knowledge and proximity to the participants made it easier to ask pertinent questions and clarify discussion points. Insider and outsider perspectives and strengths and limitations. The study lead has taken a reflexive approach, paying close attention to prior assumptions and influence on the research design through to the reporting of findings (Burns et al., 2012).
The study lead reflected using a reflective diary throughout the research process and remained open and attentive to uncomfortable and challenging findings, which contradicted their own assumptions and experience (Vicary et al., 2016).

In the next chapter the study lead will formulate their conclusion, discussing the findings and future impact on policy making, education providers, radiotherapy providers and the wider caring health professional community.

6.0 Conclusion

This interpretative phenomenological analysis (IPA), explored the lived experience of student Therapeutic Radiographers (TR), when caring for cancer patients. Participants were interviewed multiple times, over several months during their pre-registration training; allowing a rich and unique discourse to be recorded.

This is the first IPA study to give a voice to the pre-registration TR learner experience and shine a light on the complexities of their relationships with those that they care for, with themselves as individuals, the teams in which they work and the emotional burden of meeting the demands of training in a unique clinical setting. This is the first IPA study identifying themes of the weight of responsibility felt by the student learner in relation to the use of high energy radiation causing toxicities, the lasting impact of that first 'switching on' experience and the fear of giving an incorrect dose.

Taking place during the Covid-19 pandemic, findings give unique insight into the adaptations in practice made by student learners and their impact. For the first time, connections between life experience, loss of loved ones, cancer and the everlasting memories of emotive patient cases are made.

Analysis identified that as well as feeling rewarded for making a difference, some learners feel uncomfortable and guilty accepting rewards. Whilst previous findings have established that learners mirror qualified practitioners. Findings from this study are unique in that not only was it found that emotional distress had to be hidden, in order to mirror qualified staff, but that this was done in order to ensure that the patient was protected at all times from the burden of shared visible emotions. This expectation to be emotionally frozen, to carry out treatment delivery, care and repeat this for every patient interaction; has not been established in any other work.

Implications for Education Providers

The analysis has demonstrated first and foremost that student Therapeutic Radiographers caring for cancer patients exhibit practical empathy, taking on the role of the professional carer during their pre-registration training. Previous research findings have demonstrated

that oncology health professionals demonstrate empathic traits (Di Lillo et al., 2017). However, this is often explored in relation to compassion fatigue and burnout (Hulsheger and Schawe, 2011, Probst et al.,, 2012, Hutton, 2012). There is no research which explores and establishes the concept of professional empathy in the context of the pre-registration Therapeutic Radiographer. Whilst all caring professionals are by the nature of their workload, exposed to emotional burden, the high stake setting of radiotherapy practice adds to the emotional load carried by therapeutic radiographers.

In the complex, intense radiotherapy clinical setting, participants develop unique coping strategies, adapting and flexing to survive the emotional sink hole. Such coping strategies could be described as emotional dissonance where participants describe distancing themselves from the patient and any emotional overload (Hayward and Tuckey, 2011, Probst and Griffiths 2007,2009). Elements of adapting and flexing can be encompassed by the term resilience, where evidence supports the use of resilience training with health care professionals, with a view to enabling them to be more emotionally robust and have capacity to cope with the challenges of the role they undertake (Probst, 2014).

Whilst personal beliefs on cancer vary, there is an overriding sense of a desire to do good. However, the promise of patient gratitude may prove uncomfortable to some learners. With many describing that they are simply doing their job and should not be rewarded. Indeed, some cite that being in a position to provide care, is reward in itself. The rewards associated with care giving are often researched in relation to the cancer patient and spouse/family relationship (Liand Lone, 2013). There is no research to date which explores the notion of reward in relation to pre-registration radiotherapy learners. This lived experience study has highlighted that participants have a deep desire to care, and benefit from a feeling of reward and of offering a service of value.

Career Choice

Although the points raised by the analysis may seem obvious, they have profound implications for how students should be understood and in turn supported in practice. The implications are profound, because the understanding of the student experience described by this research, differs so widely from those described in current literature.

The interpretive analysis shows that students choose the career because they have experience of cancer, often having lost a close family member or friend to the disease. They refer frequently, both consciously and sub-consciously to their cancer experience in order to

provide context and a framework for how they may be feeling at that time, the impact of their actions and the extent to which they feel they can cope. Drivers relating to career choice have not been reported previously, research relating to career choice focusses instead on why a professional or student might decide to leave a programme or profession (McAnulla,, Ball and Knapp , 2020)

Findings speak to previous research relating to confidence, trust and the ability of a learner to navigate the myriad of identity challenges grows exponentially., Students describe an ability to act as an effective member of the team in later periods of their training; whilst earlier placement experiences caused anxiety, fear and a sense of always being in the way of their mentors.(Probst, 2014).

Implications for clinical practice and the radiotherapy community.

There is a tangible, tacit sense that the impact of the Covid-19 pandemic has had both a negative and positive effect on the student experience. Reduced time in clinical placement, adversely affected staffing levels and stress has been difficult for some students to deal with. However, for some participants, out of adversity came opportunity and a renewed sense of feeling valued (Blackburn et al., 2022).

The analysis demonstrated that participants find their pre-registration training drains them physically, mentally and emotionally. Their support network of peers, friends and family enables them to function. Life experience and experience gained during training seems to ground them, enabling participants to deal with demands and never lose sight of why they do what they do and what they want to achieve.

The complexity of team dynamics and identity pose real difficulties in relation to building confidence and skills; being accepted as part of the team is key to a positive learning experience (McPake, 2021)

The use of radiation and associated danger is a weight of responsibility felt by all participants, the pressure of switching on, potential lethal effects of error and the balance of benefit-v-toxicity pose difficult questions for participants. However, the majority seem to be confident that treatment can be justified as benefits outweigh disadvantages. There is no literature exploring the impact of responsibility in relation to radiation, in this pre-registration group.

As might be anticipated, students refer to palliative and paediatric patients as the most emotionally challenging of all cases, often causing them to question the justice in a situation and their own mortality. Memories of such patient cases stay with students, with some

learners referencing cases from two years earlier in their training. Participants develop a desire to understand the patient, appreciate their perspective and use their own internal cancer framework to demonstrate comprehension of what the patient care needs are. There is very little humour used amongst members of the caring team, peer to peer support can vary as each individual describes the need to maintain a high level of professionalism and with that demonstrate an inherent ability to cope. There is a lack of research which explores the use of humour in the pre-registration therapeutic radiography practice setting.

Participants describe humour being used to positive effect, with peer to peer and patient to staff 'banter' frequently described as lifting the mood and improving morale; as observed in allied health professional and nursing students . ((Rylance-Graham, 2024). Further research must explore the use of humour, how models of humour can be taught in pre-registration education programmes and the impact of the use of humour in the clinical setting on learners, practitioners and radiotherapy patients.

The need to protect regardless of personal impact.

Moreover, the ability to care and maintain an acceptable professionally approved outward display of an emotional response to a challenging situation is key. Participants feel that to cry in front of a patient is unconscionable and would be the ultimate act of disrespect and professionally humiliating. The act of caring, remaining empathic whilst professional is described by the author of this research as practical empathy. Work by Edith Stein (Stein 1921/89) sought to understand the concept of empathy in the context of community, such as a community of Therapeutic Radiographers. There is an implicit understanding of each other's role and potential response in relation to an emotional challenge described by participants. An attempt to understand the patient's perspective and constantly being aware of other's emotions is described by all participants, underlining a need to recognise themselves in the context of the patient they are caring for. (Stein 1921-89)

There are no opportunities to regularly debrief after an emotionally challenging patient case, as the patient list demands that the team move quickly from one patient to the next. A knowing look may be exchanged, appreciating a peer may have found something difficult with a brief 'that was hard'. There seems to be almost an unwritten rule that conversations on set should not become too intense between members of the team, as this would disrupt efficient work flow. There is an acceptance that a radiographer needs to be tough and that skins will 'thicken' as training progresses. Emotional off-loading takes place outside of the

learning environment, however there is an expectation amongst learners that they should not 'take things home'. This leaves the question of where should it be taken, if it is not being dealt with in the workplace, it inevitably will be taken home by the learner. Further research must explore how learners can best manage off-loading effectively.

Despite the pressured, demanding clinical radiotherapy environment, there appears to be a persistent, consistent and irrevocable ethos of providing high quality care. Participants agree that they have made the right career choice and they are deeply committed to progressing and improving.

As health care professionals, participants appreciate the satisfaction that they gain from caring. The concept of compassion satisfaction has been explored in the literature in relation to Therapeutic Radiographers. There is no doubt that the act of caring and providing radiotherapy treatment gives the professional a sense of pride. (Gillies, 2014). Feeling appreciated by patients is often a welcome surprise and unexpected by participants when they begin their learning journey. The positive aspects of caring evoke a strong sense of professional identity in participants, enabling them to face challenges and feel a great personal reward for the care that they provide.

The focus of future research.

These research findings have highlighted the emotional difficulties experienced by students in placement. In doing so they have shone a light on current professional practice and behaviour of registered practitioners. Previous studies have focussed on models of student placement, perceptions of student support, compassion and fatigue, resilience and the attitude of mentors. No studies to date have sought to explore the lived experience of student therapeutic radiographers when caring for cancer patients. Findings will inform the evidence base of what it is to be a student therapeutic radiographer. This will ensure future pre-registration programmes are designed to equip learners and mentors with appropriate understanding of how a learner may be affected by their experience in practice. Programmes of education must acknowledge how the learner and professional practitioner frame of reference will be informed by their own personal experience. Previous research exploring communities of practice (Wenger, 1998) highlights that interacting with peers in the workplace fosters learning and information sharing. Formative experience of learners shapes the future workforce, as novices progress to experienced qualified staff, shifting from learner

to role model. Ensuring that there is an understanding of how the language and behaviour of not only mentors but the entire professional workforce can influence a learner, is key to reducing student attrition rates and nurturing learner experiences. Findings building on work undertaken by McPake (2021), reinforcing the need to inform the radiotherapy community about the impact that their behaviour can have on the learner. In addition, this IPA study has highlighted that pre-registration programme providers must appreciate that learners need to develop a greater understanding of themselves, the sum of who they are, their rucksack of adjectives and experience and how that impacts on their resilience, attitudes and behaviour toward each other, their patients and themselves.

The notion that all radiotherapy practitioners are selfless and unaffected by reward must be challenged. Further research is required to investigate the association of radiotherapy caring professions with patient gratitude and feeling rewarded. Pre-registration programmes must consider the complexity of reward, the notion of taking on a rewarding career and what in practice this means on an individual level, a community of practitioners and the wider cancer care team.

It is of paramount importance to establish a deeper understanding of the emotional burden not just simply associated with treating a cancer patient, young or old, but of the weight of responsibility associated with lethal doses of radiation. The fear of making a fatal error and the guilt associated with giving a treatment that induces acute and late toxicities impacting on quality of life must be acknowledged. In light of these findings, programmes of pre-registration should consider how they promote open discussion about the burden of responsibility. This should transcend sharing of safe working practice protocols, error reporting and regulatory body requirements and encompass the multi-layered, complex interplay of human response to emotional labour and professional expectations in practice. The Therapeutic Radiography workforce will be required to ask itself some difficult questions relating to its use of practical empathy and an expectation that professionals remain emotionally detached, whilst having no space, place or time to engage in supported debrief, either during training or as a qualified practitioner. The notion that teaching a student or practitioner to reflect on their practice and develop resilience is enough, is simply not good enough. Whilst reflection as a tool can be useful, and strategies can be taught to help develop resilience; programmes of pre-registration education must dive deeper into the

psychological, moral and emotional impact on the learner of caring for cancer patients in the radiotherapy setting.

The impact of professional expectations undoubtedly influences and moulds our practitioners of the future, the question needs to be posed of what do we require of our future Therapeutic Radiographers and how best can we support them throughout their training and beyond in order to achieve this holy trinity of high- quality patient care, job satisfaction and the desire to keep improving. Understanding the relationship between professional empathy and professional quality of life is essential, if we are to develop appropriate models of pre-registration education and support. If we can comprehend better the way in which pre-registration therapeutic radiography learners are being socialised to cope and project emotions in the clinical practice setting; we would be better able to develop strategic evidence-based models of support and education.

In order for findings to impact future radiotherapy student experience and radiotherapy care providers a robust dissemination strategy will be outlined, which aims to maximise impact and influence positive change and future research.

7.0 Dissemination Strategy

It is the aim of the study lead to share the findings of this research with relevant stakeholders including pre-registration education programme providers (HEIs), radiotherapy providers and professional bodies. It is hoped that findings will influence curricula development and mechanisms of support for students caring for patients with cancer in the radiotherapy clinical setting. The entire radiotherapy community must be aware of the integral role they play in nurturing and supporting students as they transition from student to qualified professional.

Target Audiences:

- Policy makers: government and institutional policy makers involved in radiotherapy education and clinical care provision
- Radiotherapy education community: pre-registration programme providers
- Radiotherapy Community: radiotherapy providers

- Professional Bodies: Society of Radiographers, Health and Care Professions Council and other healthcare associated bodies.
- Students and perspective students: perspective students and current students of pre-registration therapeutic radiography programmes.

Potential means of dissemination:

- Academic Journals: submit to peer reviewed cancer/education/radiotherapy /health education/qualitative research journals.
- Conferences: present at relevant conferences such as ESTRO, UKIO and others with a focus on cancer/education/radiotherapy/health education and or qualitative research.
- Professional Networks: share findings with peers through engagement with regional and national networks
- On-line Platforms: use social media and research platforms to share key findings

Having presented their findings the study lead will now personally reflect on their research journey. Highlighting the many highs and lows of the last seven years, this reflection is very honest, raw and discusses issues relating to both physical and mental health.

8.0 Personal Reflections

Reflecting back on my experiences over the last 7 years whilst completing my professional doctorate journey is difficult. Firstly there have been so many changes in my life, both personally and professionally which have impacted both positively and negatively on my ability to balance the many conflicting demands that life, employment and study throw at you. This process enabled me to disclose that I live with pre-menstrual dysphoria, which affects every aspect of my life. There have been many times in my life when I have felt worthless and that the world would be a better place without me. Facing those demons every month is exhausting. Completing this professional doctorate journey has both forced and given me permission to look at how I live and manage my condition, helping me make positive consistent change which draws on my resilience and strength.

Looking back on the very early stages of my learning journey, I was in all honesty totally oblivious to the reality of studying part-time, working full time, being a Mum to two young children, a wife, daughter and sister. I have thought long and hard about why I embarked on the programme in the first place, what were my drivers and have they changed? As ugly as this may sound, my main driver for undertaking the professional doctorate was promotion. I thought that having a professional doctorate would improve my chances of quick promotion in the organisation I am currently working in. I would love to be able to say that I was driven by an altruistic notion of giving voice to the participants, but I wasn't. Does hindsight now mean that I have sought forgiveness for my selfish act, no it doesn't. I have come to accept throughout this process, that it is ok to have goals, to complete a process with the aim of using the reward to assist with professional and personal change. What I do now believe is that I am a woman, a mother, a wife etc… I am all the adjectives and layers that have come together to make me the person I am. I am able to look at myself, my actions and the impact they have on me and others around me through a lens which I did not have before completing this process. I am able to acknowledge my imposter syndrome and try to tame it in order to use it with caution.

This process has tested the very limits of my personal resilience, harnessed a new ability to cope and given me the confidence I was so lacking in when I started out. Reflecting on the first classroom based sessions with my cohort, I remember feeling physically sick, anxiety screaming through my veins and I put my usual mask in place. When in situations that I find intimidating, which make me question my right to be there, I use the tool kit developed throughout my school and university years and I talk. I talk. I remember peers saying what a great presenter I am, how confident I appear. Underneath I melt. Whilst I am still a talker, the process of interviewing participants has allowed me to develop the skill of accepting silence and truly listening. This skill is something which has changed me both personally and professionally. I am able to sit with silence, look at the person in front of me and think about their body language, listen to the essence of what they are saying and how it is being said. I can sit with my response and not be quick as I once was to verbalise my reply.

When preparing my methodology I explored various qualitative methodologies, falling in love with interpretative phenomenological analysis (IPA). It spoke to me in a way that others didn't, reading findings from studies using IPA just seemed to both make sense and challenge me. The ability to try to understand the experience of others and its meaning to them, felt like the most pure way of giving voice to 'my' participants. They are not 'my' participants of course, they are people experiencing a similar phenomenon, they don't belong to me. I understand now more than ever, that I have been trusted with their inner most thoughts and I was determined to show respect and compassion in my analysis.

After completing the research methods module in the programme and pinning down my research focus I began to read more and more about power dynamics, ethical dilemmas, and privilege. I have never thought of myself as being in a position of power or privilege. As the girl from a council estate from a mining village in Yorkshire, educated in the state system and the first in my family to go to university, I see now that I always think of myself as the underdog, the one with a point to prove who needs to work harder than anyone else in the room to prove to myself and show everyone that I have a right to be there.

Reading work by True opened my eyes, heart and mind to the fact that I can question this attitude. I don't need to be afraid and that I need to acknowledge that as a woman, a mother,

a daughter, a sister and senior lecturer teaching students who are study participants; I do hold a position of power and privilege. Not only am I powerful, but I can harness this power by simply being alert and aware of it. Ready to put the fire out if my ego, personal emotions, guilt etc.. attempt to burn through my analytical thought.

Navigating the messiness of reflexivity has been and continues to be difficult. Finley (2002a) describes it as negotiating the swamp of interminable deconstructions, self- analysis and self-disclosure. Being reflexive didn't just begin as I began to analyse my findings, I had to attempt to find a reflexive framework that worked for me, from the very beginning of my research journey in order to use my subjectivity. When embarking on my first interviews, I had underestimated just how challenging the process of questioning and listening without preconceptions would be. However, I came to understand that I could not remove myself from the process. Finley (2002b) describes this as understanding that the researcher, the world and the researcher's experience of the world are intertwined. The key to reflexivity is to identify the lived experience that sits in the space between subject and object.
Prior to each interview I undertook a deep self-reflection in an attempt to untangle my own experience and accepting that in phenomenological research that I am part of the process and this can be used positively.
While transcribing each interview by hand, I became acutely aware that I began to consider one of the participants a little challenging and that my thoughts about them were quite negative. I knew I needed to stop, pause and reflect. I felt extremely disappointed with myself, how had I allowed my own beliefs, thoughts and emotions to come to the fore and clouded my thoughts. I questioned how could I continue to transcribe and embark on the complex analysis process without contaminating my findings. I had read that qualitative research can be very emotionally challenging. Clark and Sousa (2018) reported that qualitative research is extremely challenging and can sometimes impact on the researchers mental wellbeing. Whilst I did not feel that I couldn't cope with the workload or the process I had to follow, I did question my ability to remain balanced and open minded in my analysis. I understood that my emotional reaction was in part due to me feeling my identity as a researcher was under threat. The work of Down, Gerrety and Badham (2006) explored fear and loathing in the research field describing fear and shame as social emotions, generated in response to a researchers perceived evaluation of themselves as a researcher by others. I

benefited from reading Ciesielska (2018) and in particular their description of the emotional burdens faces by qualitative researchers as they attempt to straddle two worlds (their world and the world of the participant).
I developed a greater understanding throughout the research process that not all of my encounters with participants, time spent transcribing or analysing would be positive and fulfilling. I appreciated more and more that this 'discomfort' was and should be part of my research journey and that stepping away to work through my emotional turmoil and never ending self-analysis was and should be integral to a balanced and honest analysis.

I have challenged my own beliefs, thoughts, internal ethical and moral compass whilst exploring the lived experience of student therapeutic radiographers. In all honesty I have been shocked, disturbed, brought to tears and laughed throughout my analysis. I worry that some of my findings may be negatively received by some in the radiotherapy community, but I know that I have been true to the participant voice and that I will publish and present my findings in order for them to be heard. I will work tirelessly to ensure that education providers, clinical practice providers and professional bodies are aware of my findings and consider the implications for education and placement provision.

I feel I have developed confidence and a better understanding of myself in undertaking this programme. I am more comfortable with silence and can question my own discomfort. I am worthy, the world is a better place with me in it, I know that I have purpose and can continue to work hard to develop my understanding of IPA.

9.0 References

Adamle, K.N. *et al.* (2008) 'Oncology Nurses' Responses to Patient-Initiated Humor', *Cancer nursing*, 31(6), pp. E1–E9.

Andela, M., Truchot, D. and Borteyrou, X. (2015) 'Emotional Labour and Burnout: Some Methodological Considerations and Refinements', *Canadian journal of behavioural science*, 47(4), pp. 321–332.

Andela, M. and Truchot, D. (2017) "Emotional Dissonance and Burnout: The Moderating Role of Team Reflexivity and Re-Evaluation," *Stress and health*, 33(3), pp. 179–189.

Alakhras, M., Al-Mousa, D.S. and Lewis, S. (2022) 'Assessment and correlation between job satisfaction and burnout among radiographers', *Radiography (London, England. 1995)*, 28(2), pp. 283–287.

Armstrong-James, L. *et al.* (2020) "Radiotherapy students' perceptions of support provided by clinical supervisors," *Journal of radiotherapy in practice*, 19(1), pp. 15–19.

Ashong, G.G.N.A. *et al.* (2016) 'Effects of occupational stress and coping mechanisms adopted by radiographers in Ghana', *Radiography (London, England. 1995)*, 22(2), pp. 112–117.

Ashtari, P., Ormond, M. and Carey, B. (2022) 'Unmasking the impact of facemasks on healthcare professionals and patients during the COVID-19 pandemic', *Journal of the Irish Dental Association*, 68(2, April / May).

Aveyard, H., Payne, S. and Preston, N. (2021) *A post-graduate's guide to doing a literature review in health and social care / Helen Aveyard, Sheila Payne and Nancy Preston.* Second edition. Maidenhead: Open University Press.

Bakker, A.B. and Heuven, E. (2006) 'Emotional Dissonance, Burnout, and In-Role Performance Among Nurses and Police Officers', *International journal of stress management*, 13(4), pp. 423–440.

Barnes, M. (2012) *Care in everyday life : an ethic of care in practice / Marian Barnes.* Bristol: Policy.

Billups, F.D. (2021) *Qualitative data collection tools : design, development, and applications / Felice D. Billups.* Los Angeles, CA: SAGE Publications, Inc.

Blackburn, N.E. *et al.* (2022) 'Transitioning into the workforce during the COVID-19 pandemic: Understanding the experiences of student diagnostic radiographers', *Radiography (London, England. 1995)*, 28(1), pp. 142–147.

Bolderston, A., Lewis, D. and Chai, M.J. (2010) 'The concept of caring: Perceptions of radiation therapists', *Radiography (London, England. 1995)*, 16(3), pp. 198–208.

Bolier, M. *et al.* (2018) '"You put up a certain attitude": a 6-year qualitative study of emotional socialisation', *Medical education*, 52(10), pp. 1041–1051.

Burns E, Fenwick J, Schmied V, et al. (2012) 'Reflexivity in midwifery research: The insider/outsider debate'. *Midwifery* 28: 52–60.

Cancer Research UK (2015). One in 2 people will get cancer. Available at: https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-02-04-1-in-2-people-in-the-uk-will-get-cancer. Accessed 23.8.18.

Carminati, L. (2021) "Emotions, Emotion Management and Emotional Intelligence in the Workplace: Healthcare Professionals' Experience in Emotionally-Charged Situations," *Frontiers in sociology*, 6, pp. 640384–640384.

Charalambous, A. and Kaite, C. (2013) 'Undergraduate nursing students caring for cancer patients: hermeneutic phenomenological insights of their experiences', *BMC health services research*, 13(1), pp. 63–63.

Chilkuri, M., Millar, J. and Adams, G. (2022) "'With great power comes great responsibility': An impetus for quality and safety in radiation oncology," *Journal of medical imaging and radiation oncology*, 66(2), pp. 242–248.

Ciesielska, M., Jemielniak, D. and Śliwa, M. (2018) 'The Emotional Nature of Qualitative Research', in *Qualitative Methodologies in Organization Studies*. Switzerland: Springer International Publishing AG, pp. 159–171.

Clark, A.M. and Sousa, B.J. (2018) 'The Mental Health of People Doing Qualitative Research: Getting Serious About Risks and Remedies', *International journal of qualitative methods*, 17(1), pp. 16094

College of Occupational Therapists (RCOT) Complied Annual Monitoring report for the academic year 2015/16. Available at: https://www.rcot.co.uk/sites/default/files/Annual Monitoring of. Accessed 22.8.18

Cohen, M.Z. *et al.* (2010) 'What does it mean to be an oncology nurse? Re-examining the life cycle concepts', *Oncology nursing forum*, 37(5), pp. 561–570.

Courtier, N. *et al.* (2021) 'Expectations of therapeutic radiography students in Wales about transitioning to practice during the Covid-19 pandemic as registrants on the HCPC temporary register', *Radiography (London, England. 1995)*, 27(2), pp. 316–321.

Cullen J, Drabble D, Castellanos C and Brissett L (2014). 'Recommendations For Achieving a World Class Radiotherapy Service in the UK'. The Tavistock Institute. Available at: http://www.tavinstitute.org/wp-content/uploads/2014/05/Tavistock_Projects_Recommendations-for-achieving-a-world-class-radiotherapy-service-in-the-UK-.pdf. Accessed on 23.8.18

Cushen-Brewster, N. *et al.* (2021) 'The experiences of adult nursing students completing a placement during the COVID-19 pandemic', *British journal of nursing (Mark Allen Publishing)*, 30(21), pp. 1250–1255.

Cuthbertson, L.M., Robb, Y.A. and Blair, S. (2020) 'Theory and application of research principles and philosophical underpinning for a study utilising interpretative phenomenological analysis', *Radiography (London, England. 1995)*, 26(2), pp. e94–e102.

Davies, A. (2019) "Carrying out systematic literature reviews: an introduction," *British journal of nursing (Mark Allen Publishing)*, 28(15), pp. 1008–1014.

Delgado, C. *et al.* (2017) 'Nurses' resilience and the emotional labour of nursing work: An integrative review of empirical literature', *International journal of nursing studies*, 70, pp. 71–88.

Department of Health (2007). National Radiotherapy Advisory Group. Radiotherapy: developing a world class service for England (report to ministers). London, UK: Department of Health.

Di Lillo, M. *et al.* (2009) 'The Jefferson Scale of Physician Empathy: preliminary psychometrics and group comparisons in Italian physicians', *Academic medicine*, 84(9), pp. 1198–1202.

Dowling, M. (2007) 'From Husserl to van Manen. A review of different phenomenological approaches', *International journal of nursing studies*, 44(1), pp. 131–142.

Down, S., Garrety, K. and Badham, R. (2006) 'Fear and Loathing in the Field: Emotional Dissonance and Identity Work in Ethnographic Research', *Management (Paris, France : 1998)*, 9(3), pp. 95–115

Erikson, A. and Davies, B. (2017) 'Maintaining Integrity: How Nurses Navigate Boundaries in Pediatric Palliative Care', *Journal of pediatric nursing*, 35, pp. 42–49.

Eslick GD and Raj VV (2008) 'Occupational stress amongst Australian radiographers: prevalence, risk factors, job satisfaction and impact'. *The Radiographer: The Official Journal of the Australian Institute of Radiography*. 47,3,12-24.

Facchin, S., Tschan, F., Gurtner, A., Cohen, D., & Dupuis, A. (2006). 'Validation de la version française de l'échelle de réflexivité en groupe de Carter et West, 1998'. *Psychologie Du Travail et Des Organisations,* 12(4), 291–306.

Farnsworth, V, Kleanthous, I and Wenger-Trayner, E (2016). 'Communities of Practice as a Social Theory of Learning: a Conversation with Etienne Wenger'. *British Journal of Educational Studies*. 64 (2) 139-160.

Finlay, L. (2002a) 'Negotiating the swamp: the opportunity and challenge of reflexivity in research practice', *Qualitative research : QR*, 2(2), pp. 209–230. Available at: https://doi.org/10.1177/146879410200200205.

Finlay, L. (2002b) '"Outing" the Researcher: The Provenance, Process, and Practice of Reflexivity', *Qualitative health research*, 12(4), pp. 531–545.

Flinton, D, Cherry, P and Thorne R (2018) 'Compassion satisfaction and fatigue: an investigation into levels being reported by radiotherapy students'. *Journal of Radiotherapy in Practice*.17, 364-367.

French, H (2004). 'Occupational stresses and coping mechanisms of therapy radiographers - a qualitative approach'. *Journal of Radiotherapy in practice*. 4, 13-24.

Gillies C, Bristow, B, Gallant, F et al (2014) 'Results of a Canadian study examining the prevalence and potential for developing compassion fatigue and burnout in radiation therapists'. *Journal of radiotherapy in practice*, 13 (4) 383-392

Glaser B (2022) *The Discovery of Grounded Theory: Strategies for Qualitative Research (Grounded Theory)*. Routledge.

Goldblatt, H., Karnieli-Miller, O. and Neumann, M. (2011) “Sharing qualitative research findings with participants: Study experiences of methodological and ethical dilemmas,” *Patient education and counseling*, 82(3), pp. 389–395.

Grandey, A. A. (2000). ‘Emotional regulation in the workplace: A new way to conceptualize emotional labor’. *Journal of Occupational Health Psychology*, 5(1), 95–110.

Gray, S, Wheat, M, Christensen and Craft, J (2019). ‘Snaps+ : Peer to peer and academic support in developing clinical skills excellence in under-graduate nursing students: An exploratory study’. *Nurse Education Today*, 73, 7-12

Grondin, J. (2002) *The Philosophy of Gadamer*. 1st edition. Oxford: Taylor & Francis Group.

Harris, L.M., Cumming, S.R. and Campbell, A.J. (2006) ‘Stress and Psychological Well-being among Allied Health Professionals’, *Journal of allied health*, 35(4), pp. 198–207.

Hayward R and Tuckey M (2011). Emotions in uniform: How nurses regulate emotion at work via emotional boundaries. Human Relations The Tavistock Institute. 64 (11), 1501-1523
Health & Care Professions Council (HCPC) ‘Our approach to closing the Covid-19 temporary register(s). Available at: https://www.hcpc-uk.org/covid-19/temporary-register/our-approach-to-closing-the-covid-19-temporary-registers/. (Accessed 26.6.22)

Hesketh, I., Cooper, C.L. and Ivy, J. (2017) ‘Wellbeing and Engagement in Policing: The Key to Unlocking Discretionary Effort?’, *Policing : a journal of policy and practice*, 11(1), pp.25-30

Heidegger, Martin. 1927 [2010]. Being and time (trans: Joan Stambaugh). Albany: State University of New York Press

Hogan, R, Fox, D and Barratt-See, G (2017). ‘Peer to Peer mentoring: outcomes of third year midwifery students mentoring first year students’. *Women and Birth*: 30 (3), 206-213.

Hulley L et al (2016) 'Communicating with emotional patients: thoughts, skills and influencing factors for Ontario radiation therapists'. *Journal of Imaging and Radiation Sciences*. 47, 315-322

Hunt, P, Denieffe, S and Gooney, M (2019) Running on empathy: Relationship of empathy to compassion satisfaction and compassion fatigue in cancer healthcare professionals. European Journal of Cancer Care 28(5) 1-8

Hutton, D. *et al.* (2014) 'Audit of the job satisfaction levels of the UK radiography and physics workforce in UK radiotherapy centres 2012', *British journal of radiology*, 87(1039), pp. 32-38

Isa, N, Sole, S, Bakal, F et al (2020) 'Ringing the bell at the end of treatment: Assessment of patients' experiences in a Latin American Center'. *International Journal of Radiation Oncology, Biology and Physics.* 108 (3) 225

Jewell, S. *Therapeutic Radiography Attrition Update paper*. The College of Radiographers; February 2012. Unpublished

Jeyandrabalan, M, Punch, A, Rogers, J.M, Jimenez, Y.A (2022). Insights into Diagnostic Radiography students' perception of clinical stressors. Radiography, 28 (2) 499-505.

Kenworthy, J. *et al.* (2014) "A meta-analytic review of the relationship between emotional dissonance and emotional exhaustion," *Journal of applied social psychology*, 44(2), pp. 94–105.

King-Okoye, M and Arber, A (2014). 'It stays with me': the experiences of second and third year student nurses when caring for patients with cancer'. *European Journal of Cancer Care*. 23, 441-449

Kornhaber, R, Wlsh, K, Duff, J and Walker, K (2016). 'Enhancing adult therapeutic interpersonal relationships in the acute health care setting: an integrative review'. *Journal of multidisciplinary healthcare* (9) 537-546.

Kovacs M et al., (2010) Is emotional dissonance more prevalent in oncology care? Emotion work, burnout and coping. *Psycho-Oncology*. 19 (8) 855-862

Larkin, M., Shaw, R. and Flowers, P. (2019) "Multiperspectival designs and processes in interpretative phenomenological analysis research," *Qualitative research in psychology*, 16(2), pp. 182–198.

Lee, R.P. *et al.* (2016) 'Talking About Looking: Three Approaches to Interviewing Carers of People With Rheumatoid Arthritis About Information Seeking', *Qualitative health research*, 26(9), pp. 1229–1239.

Levers, M.-J.D. (2013) 'Philosophical Paradigms, Grounded Theory, and Perspectives on Emergence', *SAGE open*, 3(4)

Li, Q and lone, A (2013) 'The positive aspects of care giving for cancer patients: a critical review of the literature and directions for future research'. *Psycho-Oncology* 22, 2399-2047

Long, C.R. *et al.* (2019) "Health researchers' experiences, perceptions and barriers related to sharing study results with participants," *Health research policy and systems*, 17(1), pp. 25–25.

Merleau-Ponty, M 2002, Phenomenology of perception, Psychology Press, New York, USA

National Institute for Clinical Excellence (NICE) (2018 a) Evidence Search Occupational Burnout. Available at: https://www.evidence.nhs.uk/search?q=occupational%20burnout. Accessed on 24.8.18.

National Institute for Clinical Excellence (NICE) (2018 b). Evidence Search Emotional Exhaustion. Available at: https://www.evidence.nhs.uk/Search?q=emotional+exhaustion. Accessed 24.8.18

Macmillan (2020) The Forgotten 'C'? The impact of Covid-19 on cancer care. Available at: https://www.macmillan.org.uk/assets/forgotten-c-impact-of-covid-19-on-cancer-care.pdf. Accessed 29.6.22.

Maddock, A and Oates, J (2021) 'Connections, rituals and identities: healthcare students' descriptions of objects that represent resilience'. *Journal of mental health training, education and practice*. 17 (2) 274-287.

Martin, R.A. (2001). 'Humor, laughter and physical health: Methodological issues and research findings'. *Psychological Bulletin*, 127, 504-519.

Mawson, J.A, Miller, P.K, Booth L (2022) 'Stress, a reflective self and an internal locus of control: on the everyday clinical placement experiences of older undergraduate radiographers in the UK'. *Radiography* 28 (1) 55-60.

McAnulla, S.J., Ball, S.E. and Knapp, K.M. (2020) 'Understanding student radiographer attrition: Risk factors and strategies', *Radiography (London, England. 1995)*, 26(3), pp. 198–204.

McPake, M (2021) 'How the attitudes of therapeutic radiographers affect students' learning during practice placement'. *Radiography* 27 (1) 37-42

Noon, E.J. (2018) "Interpretive Phenomenological Analysis: An Appropriate Methodology for Educational Research?," *Journal of perspectives in applied academic practice*, 6(1), pp. 75–83.

Oliveira, G. *et al.* (2021) 'An exploratory study on the emergency remote education experience of higher education students and teachers during the COVID-19 pandemic', *British journal of educational technology*, 52(4), pp. 1357–1376.

Palmer, B.R. and Gignac, G. (2012) 'The impact of emotionally intelligent leadership on talent retention, discretionary effort and employment brand', *Industrial and commercial training*, 44(1), pp. 9–18.

Parker, S. K., & Axtell, C. M. (2001). 'Seeing another viewpoint: Antecedents and out-comes of employee perspective taking. *Academy of Management Journal*, 44(6),1085–1100

Peavey, V (1995) Career Counselling with native clients: understanding the context. Clearinghouse on Counselling and Student Services. Available at: http://www.ericdigests.org/1997-2/native.htm. Accessed 27.7.17

Pohl, S, Dal Santo, L and Battistelli, A (2015). 'Empathy and emotional dissonance: Impact on organisational citizenship behaviours'. *European Review of Applied Psychology,* 65 (6) 295-300.

Poerwandari, E.K. (2021) "Minimizing Bias and Maximizing the Potential Strengths of Autoethnography as a Narrative Research," *Japanese psychological research*, 63(4), pp. 310–323.

Merleau-Ponty M (2003) *Nature: Course Notes from the Collège de France*. Compiled with notes by Dominique Séglaard, trans. Robert Vallier. Evanston: Northwestern University Press.

Popay J, Roberts H, Sowden A, et al. (2006) Guidance on the conduct of narrative synthesis in systematic reviews. A product from the ESRC methods programme. Version 1. Lancaster University ESRC

Probst, H and Griffiths, S (2007). 'Retaining Therapy Radiographers: What's so special about us?'. *Journal of Radiotherapy in Practice* 6, 21-32.

Probst H and Griffiths S (2009). 'Job Satisfaction of therapy radiographers in the UK results of a phase I qualitative study'. *Radiography* 15, 146-157

Probst, H, Griffiths, S, Adams, R and Hill, C (2012) 'Burnout in therapy radiographers in the UK'. *The British Journal of Radiology*. 85, e760-e765.

Probst H et al., (2014). 'Early Career Resilience: Interdisciplinary insights to support Professional education of Radiation Therapists'. *Journal of Medical Imaging and Radiotherapy*. 45, 390-398

Rainford L.A, Zanardo, M, Buissink, C et al (2021). 'The impact of COVID-19 upon student radiographers and clinical training'. *Radiography*. 27, 464-474.

Richardson, K, Macleod R and Kent, B (2012). 'A Steinian approach to an empathic understanding of hope among patients and clinicians in the culture of palliative care'. *Journal of Advanced Nursing*. 68, 3, 686-694.

K. Roberts, A. Dowell, and J.-B. Nie, (2019)' Attempting rigour and replicability in thematic analysis of qualitative research data: a case study of code book development' *BMC Research Methodology*, vol. 19, no. 66, pp. 2–8

Robertson, I. and Cooper, C. (2011) *Well-Being: Productivity and Happiness at Work*. 1st edn. London: Palgrave Macmillan UK, pp. xv–xv. Available at: https://doi.org/10.1057/9780230306738.

Rohan E and Bausch J (2009) 'Climbing Everest: Oncology work as an expedition in caring'. *Journal of Psychosocial Oncology*. 27(1) 84-118.

Royal College of Occupational Therapists (RCOT) (2017) *Annual Monitoring of Accredited Pre-Registration Programmes. Compiled Annual Monitoring Report for the Academic Year 2016/17*. Available at: COLLEGE OF OCCUPATIONAL THERAPISTS (rcot.co.uk). Accessed: 27.2.24

Royal College of Radiologists (RCR) (2018) *Radiotherapy*. Available at: https://www.rcr.ac.uk/radiotherapy-0. Accessed: 22.8.18

Rutter DR, Lovegrove MJ.(2008) 'Occupational stress and its predictors in radiographers'. *Radiography*. 14 (2):138-143

Rushton, C.H, Kaszniak, A.W and Halifax, J.S (2013) 'A framework for understanding moral distress among palliative care clinicians'. *Journal of Palliative Medicine* 16 (9), 1074-1079.
Rylance-Graham, R. (2024) The Lived Experience of Play and How It Relates to Psychological Wellbeing: An Interpretive Phenomenological Analysis (IPA) Study Amongst Undergraduate Students from Medicine, Nursing, and Allied Health Professions' Programmes in the United Kingdom' *Nursing Research and Practice*, pp. 7871499–7871499.

Samant, R. *et al.* (2020) "The importance of humour in oncology: a survey of patients undergoing radiotherapy," *Current oncology (Toronto)*, 27(4), pp. e350-353.

Sarra, A. and Feuz, C., (2018). 'Examining the prevalence of compassion fatigue and burnout in radiation therapists caring for palliative cancer patients'. *Journal of medical imaging and radiation sciences*, *49*(1), pp.49-55.

Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S. E. (1996). The MBI-general survey. In Maslach, C., Jackson, S. E., & Leiter, M. (Eds.), Maslach burnout inventory(3rd ed. pp. 19–26). Palo Alto, CA: Consulting Psychologists Press.

Scott, T (2007) 'Expression of humour by emergency personnel involved in sudden death work'. *Mortality*. (12), 4, 350-364.

Singh, N, Knight, K, Wright, C, Baird, M, Schneider, M, Akroyd, D, & Adams, R 2017, 'Occupational burnout among radiographers, sonographers and radiologists in Australia and New Zealand: Findings from a national survey', *Journal Of Medical Imaging And Radiation Oncology*, 61, 3, p. 304-310

Smith, J.A. (2011) "Evaluating the contribution of interpretative phenomenological analysis," *Health psychology review*, 5(1), pp. 9–27

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In. J. A. Smith (Eds.), Qualitative Psychology (pp. 51–80). London, UK: Sage

Smith, J.A. and Osborn, M. (2007) 'Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain' *Psychology & health*, 22(5), pp. 517–534

Smith, B., Hamilton, S. and Grimard, L.J., 2014. 'The emotional and psychological impact on radiation therapists of treating children'. *Journal of medical imaging and radiation sciences*, *45*(3), pp.276-282.

Society of Radiographers (ScoR) 2010. Analysis of student clinical placement experience survey. Available at: https://www.sor.org/learning/document-library/analysis-student-clinical-placement-experience-survey. Accessed 22.8.18

Society and College of Radiographers (ScoR) (2016a) Careers Information. Available at: http://www.sor.org/about-radiography/career-radiography. Accessed 25.7.17

Society and College of Radiographers (ScoR) (2016b). Survey into student bullying on clinical placement. Available at: http://www.sor.org/sites/default/files/document-versions/student_bullying_on_clinical_placement_survey_2016_final_final_1.pdf. Accessed on 28.8.18.

Society and College of Radiographers (ScoR) (2020). Consent for radiographers and sonographers, reviewing guidance on consent. Available at: https://www.sor.org/news/scor/consent-for-radiographers-and-sonographers#:~:text=Radiographers%20should%20support%20patients%20during,about%20their%20care%20and%20treatment%E2%80%9D.Accessed 28.9.22

Sorrell, JM and Redmond GM (1995) 'Interviews in qualitative nursing research: differing approaches for ethnographic and phenomenological studies'. *Journal of Advanced Nursing* 21, 1117-1122.

Southam, M (2003) 'Therapeutic Humor: Attitudes and Actions by Occupational Therapists in Adult Physical Disabilities Settings', *Occupational Therapy In Health Care*, 17:1, 23-41.

Stein E. (1916–1917). The Collected Works of Edith Stein: on the Problem of Empathy (Stein W., trans.). (Vol. 3, 1989). ICS Publications, Washington, DC

Strudwick R.M., Cushen-Brewster N., Doolan C., Driscoll-Evans P.(2021) 'An evaluation of the experiences of academics and practice educators who supported radiography students working on the temporary HCPC register during the COVID-19 pandemic'. *Radiography.* 2021;27(4):1179–1184.

Tarfarosh, S. and Khan Achakzai, B. (2022) 'Promoting resilience in healthcare students through psychological interventions' *BJPsych advances*, 28(4), pp. 209–215.

Taylor, A and Hodgson D (2020). The Behavioural Display of Compassion in Radiation Therapy: Purpose, Meaning and Interpretation. Journal of Medical Imaging and Radiation Sciences. (51), 59-71.

Taylor, J (2019). It's time to call time on the 'end of treatment' bell. *British Medical Journal.* 365: 14236.

True, J (2008) The Ethics of Feminism. The Oxford Handbook of International Relations. Available at: http://www.oxfordhandbooks.com/view/10.1093/oxfordhb accessed on 27.7.17

Tronto, J Moral (1993) Moral boundaries: a political argument for an ethic of care, New York: Routeledge.

Tuohy, D. *et al.* (2013) 'An overview of interpretive phenomenology as a research methodology,' *Nurse researcher*, 20(6), pp. 17–20.

University of Liverpool (2024), Library Guides. Available at: Home - Allied Health Professions and Nursing - Library at University of Liverpool. Accessed 22.4.24.

Van Manen, M (1997) Researching Lived experience. New York: State University of New York Press.

Webb C and Kevern J (2001) 'Focus groups as a research method: a critique of some aspects of their use in nursing research'. *Journal of advanced Nursing* 33, 798-805.

Wenger, E. (1998). Communities of practice: Learning, meaning, and identity. New York, NY: Cambridge University Press.

West, M. A. (1996). Reflexivity and work group effectiveness: a conceptual integration. In West, M. A. (Ed.), Handbook of work group psychology (pp. 555–579). Chichester: John Wiley & Sons.

World Health Organisation (WHO) (2018). Occupational Health. Available at: http://www.who.int/occupational_health/topics/stressatwp/en/ Accessed 24.8.18.

Yardley,L (200) 'Dilemmas in qualitative health research' *Psychology and Health*, vol. 15, no. 2, pp. 215–228,

Appendix 1 – Interview Guide

Appendix 2 - Interview Guide.

Study title: The Lived Experience of the Student Therapeutic Radiographer

A reminder of the purpose of the study

The aim of the study is to find out what the experience of being a student therapeutic radiographer is. The study will use reflective diaries and then one to one interviews by telephone/video call (lasting no more than 2 hours), during and after a clinical placement block, over a period of 6 months.
You will be asked to keep a diary and add entries whenever they feel something significant has happened to them during clinical placement. The interviews will be audio recorded and all recordings will be anonymised. The recordings will be reviewed and analysed by the research team. The research findings will be published in journals and presented at national and international conferences.

Reflective Diaries
You will have been asked to send your reflective diaries by email to the research lead prior to the interview so that your descriptions can help to formulate points for discussion in the interview.

Interview Duration

Interview length depends on each participant and how long you wish to speak for. It is anticipated that interviews will last for up to 1 hour maximum

In addition, there the following possible interview discussion points which have been identified for all participants:

- what did you expect the (BSc/PGDip) programme to be like before you started?

- what is it to be a student Therapeutic Radiographer?

-do you ever feel that the emotions you express when caring for a patient are different from the emotions you really feel?

-do you have control over your working day?

-do you work at 100% work rate effort?

-do you feel the team you work with help you deal with a stressful event?

- is there something else you are thinking about that you wanted to share?

A reminder about confidentiality and your data

All information collected about you will be kept strictly confidential (subject to legal limitations). All interview recordings will be anonymised.
Research data will be kept securely at all times. Data generated by the study will be retained in accordance with the University's policy on Academic Integrity
Data generated in the course of the research will be kept securely in paper or electronic form for a period of ten years after the completion of a research project.

Appendix 2 -Consent Form

Study Consent Form

Full title of Project: The Lived Experience of the Student Therapeutic Radiographer

Researcher: Bridget Porritt

Participant ID: XXXX

	Please initial box
I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
I understand that my participation is voluntary and that I am free to withdraw at any time during taking part, without giving reason and I can withdraw my data for up to a month after taking part.	☐
I agree to take part in the above study by initialising the adjacent box and signing this form. I will email a copy of this signed form to the Study Lead	☐

	Please initial box	
	Yes	No
I agree to the interview being audio recorded	☐	☐
I agree to the use of anonymised quotes in publications or in conference presentations	☐	☐
I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research.	☐	☐
All information collected about you will be kept strictly confidential unless you report something illegal or poor/bad practice, in which case the researcher will have a duty to report to appropriate authorities	☐	☐

Name of Participant	Date	Signature

Name of Researcher	Date	Signature

Appendix 2- Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Study title: The Lived Experience of the Student Therapeutic Radiographer

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully

What is the purpose of the study?
The aim of the study is to find out what the experience of being a student therapeutic radiographer is, using one to one telephone/video call interviews and reflective diaries during and after a clinical placement block, over a period of 6 months (a maximum of 3 interviews). The interviews will be recorded and all recordings will be anonymised. The recordings will be reviewed and analysed by the Research Lead and Supervisors. The research findings will be published in journals and presented at national and international conferences.

Why have I been invited to participate?
You have been asked to participate in the study as you are a student studying on a pre-registration Therapeutic Radiography programme.

Do I have to take part?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form and email the signed consent form back to the Study Lead. If you decide to take part you are still free to withdraw at any time up to one month after your last participation in this project and without giving a reason.
Choosing to either take part or not take part in the study will have no impact on your relationships with academic/clinical staff, marks, assessments or future studies. Please also be assured that your participation is entirely voluntary and please do not feel that you should take part because you know the researcher or are aware of their position and please be assured that it will make no difference whatsoever if you decide not to take part.

What will happen to me if I take part?

One to one telephone interviews with the researcher during and after a clinical placement block, over a period of 6 months, with a total of up to 3 interviews across that time period. You will also be asked to keep a diary and add entries whenever you feel something significant has happened to you during clinical placement. You will provide your reflective diary to the researcher who will read this and identify some themes and areas for discussion in the interviews that follow. Your reflective diary must not make reference to real names of patients or staff, or the locations where incidents/events took place.

The interviews will be recorded and all recordings will be anonymised. The recordings will be reviewed and analysed by the research team. Interviews will take place by telephone/video call and at a time during the working day which is convenient to you and should last no longer than up to an hour.

What are the possible disadvantages and risks of taking part?

The study requires that you give up some of your free time to participate in the one to one interviews over a period of six months and with up to 3 interviews in total. If at any time any of the interviews make you feel uncomfortable, you are free to withdraw during taking part at any time and can also request the withdrawal of your diary and interview data for up to one month after taking part, without giving any reason. All information collected about you will be kept strictly confidential, unless you report something illegal or poor/bad practice, in which case the researcher will have a duty to report to appropriate authorities.
If you would like further support, please see information from the University Counselling and Support Service below:

Counselling Service
University of Liverpool
14 Oxford Street
Liverpool
L69 7WX
+44 (0)151 794 3304
counserv@liverpool.ac.uk

Student Support Service Webpage detailing where to access further help and support:
www.liverpool.ac.uk/studentsupport/
Mental Health Advisory Service via email at mhas@liverpool.ac.uk - Monday to Friday between the hours of either 8.30 am - 4.30 pm, or 9.00 am - 5.00 pm.
The Mental Health Advisory Service is based at:
Alsop Building
Brownlow Hill
Liverpool
L3 5TX
0151 794 2320.

What are the possible benefits of taking part?
The findings of the study will develop our understanding of what it is to be a student Therapeutic Radiographer. It will highlight both the positive and negative aspects of your learning journey. This will in the future contribute to the design of pre-registration programmes, recruitment strategies and the support made available to students on pre-registration programmes.

Will what I say in this study be kept confidential?

All information collected about you will be kept strictly confidential, unless you report something illegal or poor/bad practice, in which case the researcher will have a duty to report to appropriate authorities.

All interview recordings will be anonymised and each participant will be allocated a participant number.
Research data will be kept securely at all times on the student's secure university drive.
Data generated in the course of the research will be kept securely for a period of a minimum of three years after the completion of a research project.

What should I do if I want to take part?

If you wish to take part, please contact the study team using the Project email address below. The team will then organise a telephone/video call (on Teams or a suitable alternative) meeting to discuss the project with you, enabling you to ask any questions.

What will happen if I don't carry on?

If you don't wish to take part then you are free to withdraw during taking part at any time and can also request the withdrawal of your diary and interview data for up to one month after taking part, without giving any reason. If you no longer wish to take part in the study please email the study lead: Bridget Porritt (Email: bporritt@liverpool.ac.uk).

What will happen to the results of the research study?

The results of the study will be presented in the Professional Doctorate dissertation of the Study Lead Bridget Porritt. You will be invited to a presentation of the findings prior to any publication. Findings may be published and presented at national and international conferences or in journal papers. You can obtain a copy of the published research from the research lead.

Who is organising and funding the research?
The research is being conducted by Bridget Porritt, a Professional Doctorate student of Salford University.

Contact for Further Information

If you have any queries or questions please contact:
Principal investigator: Bridget Porritt
School of Health Science, Institute of Clinical Sciences, University of Liverpool
Address: 1.11 Johnston Building, The Quadrangle, Brownlow Hill, Liverpool L69 3GB
Tel: 44 (0)151 795 0394 M: +44 (0)7446826652

Email: bporritt@liverpool.ac.uk

If you are dissatisfied and wish to make a complaint you can contact:

Supervisor : Dr Rod Dubrow Marshall
School of Health and Society
C809, Allerton Building, University of Salford, Manchester M6 6PU
T: +44(0)161 295 6716 / r.dubrow-marshall@salford.ac.uk

And if you are still not happy you can also contact:

Chair of the Research Ethics Panel
Professor Andrew Clark
School of Health and Society, University of Salford.
Phone No: 0161 2954109
Email Address: a.clark@salford.ac.uk

Thank you

Thank you so much for taking time to read the information sheet.

Appendix 2- Recruitment Email

Example Email sent to students on pre-registration radiotherapy programmes university email accounts
Email Title: Invitation to participate in a research study investigating **The Lived Experience of the Student Therapeutic Radiographer**
Message Content:

The purpose of the study
The aim of the study is to find out what the experience of being a student therapeutic radiographer is. The study will use reflective diaries and then one to one telephone/video call interviews (lasting no more than 2 hours), during and after a clinical placement block, over a period of 6 months.
You will be asked to keep a diary and add entries whenever they feel something significant has happened to you during clinical placement.
The interviews will be audio recorded and all recordings will be anonymised. The recordings will be reviewed and analysed by the Research Lead Bridget Porritt.
The research findings will be published in journals and presented at national and international conferences.

Confidentiality and your data

All information collected about you will be kept strictly confidential (subject to legal limitations). All interview recordings will be anonymised.
Research data will be kept securely at all times. Data generated by the study will be retained in accordance with the University's policy on Academic Integrity
Data generated in the course of the research will be kept securely in paper or electronic form for a period of ten years after the completion of a research project.

If you are interested and would like to know more, please email: bporritt@liverpool.ac.uk

APPENDIX 3 – ETHICAL APPROVAL LETTERS

Research, Enterprise and Engagement
Ethical Approval Panel

Doctoral & Research Support
Research and Knowledge Exchange,
Room 827, Maxwell Building,
University of Salford,
Manchester
M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk

29 November 2019

Dear Bridget,

RE: ETHICS APPLICATION–HSR1819-080 – The Lived Experience of the Student Therapeutic Radiographer

Based on the information that you have provided, I am pleased to inform you that application HSR1819-080 has been approved.

If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,

Professor Andrew Clark

Amendment Notification Form

Please complete this form and submit it to the Health Research Ethics Panel that reviewed the original proposal: Health-ResearchEthics@Salford.ac.uk

Title of Project: The Lived Experience of Student Therapy Radiographers

Name of Lead Applicants: Bridget Porritt, Rod Dubrow-Marshall *School:* Health & Society

Are you the original Principal Investigator (PI) for this study? ***YES / ~~NO~~*** *(delete as appropriate)*

If you have selected 'NO', please explain why you are applying for the amendment:

Date when original approval was obtained: 30.10.2019 *Reference No:* HSR1819-080

Please outline the proposed changes to the project. ***NB.*** *If the changes require any amendments to the PIS, Consent Form(s) or recruitment material, then please submit these with this form highlighting where the changes have been made:*

The amendments to this research project are as a result of the COVID-19 pandemic. All campus activity at the University of Liverpool (where the research is being carried out) is suspended, with all teaching and assessment taking place on-line. One to one interviews will therefore now need to take place by telephone/video call (via Teams or a suitable alternative platform). The consent process will now take place by telephone/video call and participants will be asked to email a signed copy of the consent form to the study lead. The project timeline has also been amended to reflect delays to participant recruitment caused by the pandemic and the questions in the interview guide slightly amended to reflect this also. All of this is shown as minor amendments (highlighted in yellow) in the ethics documents and appendices.

Please say whether the proposed changes present any new ethical issues or changes to ethical issues that were identified in the original ethics review, and provide details of how these will be addressed:

No – a signed consent form will still be provided via email and the interviews will now be conducted by telephone/video call (via Teams or a suitable alternative platform).

Amendment Approved: **YES**

Date of Approval: ***13/07/2020***

Deputy Chair's Signature: S. Pearson

3 December 2019

Dear Miss Porritt

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	5044
Project Title:	The Lived Experience of student Therapeutic Radiographers
Principal Investigator/Supervisor:	Miss Bridget Porritt
Co-Investigator(s):	-
Lead Student Investigator:	-
Department:	School of Health Sciences
Approval Date:	03/12/2019
Approval Expiry Date:	Five years from the approval date listed above

The application was APPROVED subject to the following conditions:

Conditions of approval

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Health and Life Sciences Research Ethics Committee (Human participants, tissues and databases)

edreseth@liverpool.ac.uk

0151 795 4358

Central University Research Ethics Committees

13 October 2021

Dear Miss Porritt,

I am pleased to inform you that the amendment to your study has been approved. Amendment details and conditions of approval can be found below. If applicable, Appendix A contains a list of documents approved by the Committee.

Amendment details

Reference:	5044 (amendment)
Project Title:	The Lived Experience of student Therapeutic Radiographers
Principal Investigator:	Miss Bridget Porritt
Co-Investigator(s):	-
Student Investigator(s):	-
Department:	School of Health Sciences
Approval Date:	13/10/2021

The amendment was APPROVED subject to the following conditions:

Conditions of approval

Please note: this approval is subject to the University's research restrictions during the pandemic, as laid out on the research ethics webpages. Therefore, wherever possible, research should be conducted via remote means which avoid the need for face-to-face contact with human participants during the pandemic. The process for requesting an exemption to these restrictions is described on the research ethics webpages.

- All serious adverse events must be reported to the Committee (ethics@liv.ac.uk) in accordance with the procedure for reporting adverse events.
- If it is proposed to make further amendments to the study, please create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator or Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Central University Research Ethics Committees

ethics@liverpool.ac.uk

Central-review

APPENDIX 4 - DATA ANALYSIS – all participants

KEY

Underlined Transcription -text relates to emergent themes
Highlighted Transcription – text informs conceptual comments

KR PARTICIPANT 1
11.2.2020

Emergent themes	Original Transcript KR is a 3rd Year BSc student	Exploratory comments
	Q- what is it like to be a student Therapeutic Radiographer	
	I think it's quite busy, requires a lot of time management and organisation in terms of uni and clinical –we do a lot of both.	Suggests they think they have good time management skills and the programme requires a lot of attendance at placement and uni-perhaps compared to other programmes.
Emotional burden	I really enjoy it though, it's good, it's rewarding in a lot of ways both personally and generally. I think it's quite hard, I think you see a lot of stuff that is quite emotional and sometimes quite hard to deal with. Erm but you get to see a lot of different people as well, see them for like a continued amount of time so you get to know them.	Uses the word rewarding in the context of both personally and generally-I wonder what the generally refers to and whether this is something to do with society and generally doing a greater good. Refers to seeing lots of different people not patients so perhaps means both colleagues, peers and patients Getting to know them- no more detail given just that you see patients possibly for a period of time.
	Q – do you think you feel any different about it now to when you started in first year?	
'deer in the headlights'	Yeah I think I was a little bit naive in first year, as to how hard it would be I think your	Naivety in relation to difficulty of the course perhaps the hardness means

	attitudes change as well. I think you are more prepared and equipped to deal with it as you finish the course. I think in first year –it's a bit of a deer in the headlights in that first placement block because it was so early on. Erm and now I think you're more self assured and confident as well so if I'm put in a situation I know how to handle it most of the time and if I can't then I know who to go to and ask for help.	academic, clinical, emotional? Changing attitudes as experience evolves? More prepared and equipped towards the end of the programme. 'deer in headlights' is an emotive phrase emphasising the shock of that first placement experience. Describes increase in confidence and self-assurance, knowing how to handle situations and where to go to for assistance if needed.
	Q- you use the words hard and emotional, I wonder what you mean by that?	
Emotional burden	Erm I think sometimes, there's like a few different elements to it. Sometimes it's dealing with difficult patients in terms of some patients can be a bit aggressive or maybe not so nice all the time, so it's learning to deal with that and not letting it upset you because most of the time it's not a personal thing –it's like their reaction to treatment and stuff. And then also in an emotional way seeing palliative patients and sometimes seeing quite distressing patients and how that affects you.	Alluding to multiple factors connected to emotions and difficulties. Aggressive patients-perhaps P1 has had to deal with aggressive patients before. There is often a belief from those outside of clinical settings that all cancer patients must be lovely to deal with. That's not the case, all patients are human and some are 'not so nice all the time'. P1 separates out the personal and professional here, seeing that patients lashing out are not doing so to cause upset to P1 on a personal level, they are lashing out at P1the professional perhaps? Emotion connected to seeing palliative patients, visible indication of own mortality, knowledge that you cannot cure everyone and that

		patients are sometimes in pain and very unwell.
	Q- how does it affect you personally do you think?	
Stays with you and taking things home	I think sometimes at the time, it's not fine but I don't think it's affected me as much as it has. So when I was on placement we had a patient with SVCO, at the time I was really scared and I think all the staff were quite scared as well and they were quite honest which I appreciated rather than them playing it down. They were like this can be really dangerous and we would like you to stay out of the room, for a little bit in case something happens when we go back in. I think at the time you just get on with it, you go through the motions, you know what to do if something goes wrong. But afterwards it stayed with me a lot more than I thought it would.	Expressing here not being aware at the time of the effect of dealing with emotional demands of the job. Uses the word 'scared' describing staff being honest about feeling scared too and appreciating their honesty. Do staff often share their feelings in this way with each other? P1 was asked to stay out of the room and doesn't seem to react to this. P1 states 'you just get on with it' uses the phrase 'go through the motions' and knowing what to do if something goes wrong. P1 describes it staying with her a lot more than she thought it would. The use of 'stayed with me' evokes a strong sense of the deeper impact of seeing a patient with SVCO.
	Q – are there any other cases that have stayed with you?	
Palliative and Young patients	Yeah, young cases that are palliative are quite hard as well. Even not in a palliative sense, patients that are my age I found quite hard, not so much now but when I was 18, that was hard being in the same age group-it felt like I shouldn't have been there with them. It	Again difficulties associated with dealing with palliative patients described here. Young cases and patients the same age as K pose an emotional challenge, K describes 'it felt like I shouldn't have been there

Commented [MOU1]: SVCO is a superior vena cava obstruction-very dangerous condition which radiotherapy can be used to palliate

	felt like it must have been quite hard for them to see someone their age in the room treating them as well, but yeah	with them'. K demonstrates an awareness or trying to comprehend the emotions of the patient and considers whether it would be difficult for them to be treated by someone the same age as them.
	Q- do you ever feel that you express different emotions from what you are really feeling ?	
Putting on a face	Yeah I think sometimes you put on a bit of a brave face and pretend that you are not erm like with that woman with SVCO, trying to remain calm, talkative, kept the mood quite upbeat but I think we were all quite scared, quite worried for her and sad for her as well. She wasn't young, but it was still such a horrible position for her and her family to be in and I didn't want to make our mood really sombre and make her really worried cos she was really in quite a calm mood, quite joy full quite talkative and I think that helped us as well be a bit more yeah just more relaxed.	Putting on a brave face, talks again about treating the patient with the SVCO and feeling scared. Describes 'we' as in the team felt sad for her and again putting herself in the position of the patient and her family, seeing things from their perspective and trying to imagine their feelings.
	Q- how do you see other members of the team dealing with things like that?	
Peer to Peer support	I think like I said they put on a face at first and then they take time to decompress with each other. They're quite good at talking to each other when it's been really hard or something has been upsetting. Then they can talk to each other and it's not, it's quite superficial the talks they are having and I think it helps just briefly mentioning oh that was hard, it was scary, I think that helps	Again refers to putting a face on to deal with a situation. Makes reference to decompressing for the first time with other members of the team. The talking is described as superficial-just a quick acknowledgement that something was hard or scary. Team relationships are important in difficult situations. Is it generally acceptable in the profession

	acknowledging it wasn't a good situation to be in	to describe a situation as difficult?
	Q – any times when you see other members of the team maybe not dealing with things very well	
	Yeah I think there are some staff members who don't want to talk about it because I think they might think not-not professional but that it's not good to show emotions to colleagues in case they think maybe you are being weak. Especially some people in a senior position they don't want to think that everyone is relying on them and they are the ones that are getting upset. I think as well that a lot of people when they have seen it time and time again they don't want to be as open to being upset because it makes it harder to work with.	P1 uses 'professional' and whether showing emotion constitutes professionalism. Is showing emotion seen as weak? Considers hierarchy here and expectations of senior staff. Experience- as a radiographer gains more experience and is exposed more and more to difficult situations do they becomes less willing or able to sharing emotions? Does this happen in students too?
	Q – what's it like in the student common room	
Peer to Peer Support	It's a really good space to have, to chat, to decompress about your day, so if something happens like that, something big, or something upsets or annoys you, or something funny that you've got to say then you can tell them, you know it's a safe space, you know it's confidential.	Peer support and again used the phrase 'decompress'. Importance of the peer to peer relationship highlighted here by the words 'safe' and confidential' P1 is able to talk to peers and there is a mutual understanding that this is done in confidence.
	Q – do students talk to each other about things like that then	
Humour Peer to peer support	Yeah, not any patient details , but we support each other without it being really serious, you know who is going to be in there and who you can talk to about it. I think it helps if you've had an issue on placement you can go and talk	Suggestion here of support and humour Seeking support from peers before going to anyone else suggests how valued and trusted the peer relationship is.

	to them before you go and talk to anyone else about it.	
	Q – do you feel like you have control over your working day?	
Development & Support	Yeah I think it depends on what site you're at and what team you are working with. Some staff like to tell you when you have to go on your lunch and things like that and that's fine. Other places let you take your lunch when you want, which I quite like because sometimes when you're not hungry and someone says it's time for your lunch I think oh God –but erm yeah I think in terms of actual day to day working we are quite allowed to do what we want to do, but they are quite good at directing to show us what we need to do about how you can improve. They will say why don't you do this today, if you say oh can I do this today because I am working towards something, 9/10 unless it's really busy they will say of course, unless it's really busy. They will say what do you want me to do to help you to do that, they are very supportive in terms of learning.	Has limited control which is to be expected as often mentors and other members of the team have different ideas about how best to support learners in practice. P1 seems to accept this and acknowledges the different approaches she has experienced. Refers here to development and being directed in order to improve. Positive experience described here in relation to how staff help P1 to develop and learn.
	Q – do you have to work at 100% of your effort	
Working hard	Yeah, I think there's no slacking, I think it's in two halves, one half is the staff expect it from you and I expect it from myself as well. If I hadn't given a 100% in the day I'd feel a bit bad, I'd feel lazy because that's not what I'm there to do. The staff pick up on it and tell you if you are being lazy and it changes their opinion of you and they won't	Some interesting thoughts shared here and the different expectations placed upon P1 by herself and what she perceives to be the expectation of staff around her. P1 correlates perceptions of staff with being trusted to do things. The expectation that laziness will not be tolerated.

	trust you to do certain things. If you work harder they let you do more	P1 suggests that staff expect you to work hard and that by working hard you are allowed to do more.
	Q – in working hard how does that make you feel	
Fatigue-physical and mental	So tired, physically and mentally. Towards the end of the week, if it's been a hard week , hard patients, upsetting patients then I feel very emotionally drained. Tiredness as well, especially if I'm travelling somewhere	Metal and physical fatigue acknowledged here
	Q – you use the word 'decompress', how do you do that	
Peer to peer support Taking things home	I chat to my friends a lot, especially my friends on the course because they get it the most and they understand it the most. Kind of like then to each other, if we've had a bad day, maybe we will tell each other what's been going on and then just try and do things that I like to do to relax. I think it's easy to say that you leave work at work but most of the time you don't. You come home and think about what's happened in the day, whether they were good or they were bad and what you are going to do tomorrow.	P1 describes talking to peers because 'they get it the most and they understand it the most'. Talking things through seems to be important to P1, she describes too doing the things she likes to relax. Again P1 refers to taking things home and that this happens a lot of the time. Assessing whether things were good or bad describes an element of reflective practice and considering tomorrow could be an action plan of sorts.
	Q – Do you do that more now in your 3rd year or do you think you have always done that?	
Progression 'Baptism of fire' Shared experience	I think in 1st year it was oh my god, but you settle in quickly as well and you do just get into the swing of things. It is like a baptism of fire, but at the time you kind of, you just adjust to it and everyone is going through the same thing and the	Introduces here thought and feelings associated with experience and progression through the programme. An emotive phrased used 'baptism of fire', suggesting how difficult that first year is. Ideas around shared

	staff are really good, they know you are in first year and don't expect too much of you. They very much work at your pace.	experience and 'everyone is going through it'. Perhaps this accounts for strong feelings around peer to peer support.
	Q – do you feel as though you care for your patients now to the same level that you did in Year 1	
Confidence to care Progression Passion for caring	I think maybe more because I'm more confident and able to probe more as to like for example if a patient says they are fine, in first year I would have just taken it at that and been like yeah they told me they were fine. Then in the 3rd year now, following uni I've learnt you have to probe that bit more and say how's this, how's that and then they do tend to say well I actually do have this problem. It's more just not taking stuff on surface level so I think that gives a better level of care. I mean in first year someone else would have done that but for my care then I think that makes it better. I think I've always cared for them the same way I just haven't gone the same way about it. I've always wanted to help and had that passion for helping but maybe not the right techniques as I know now	P1 suggests here that as her confidence grows so too does her ability to provide care. Increase knowledge and skill identified here as P1 moves from Year 1 to Year 3 of the programme. By expanding her communication strategies P1 feels more confident to ask more probing questions enable her to establish whether a patient is experiencing any problems which need addressing. As a first year student you are more likely to take what the patient says initially as the whole truth. As a 3rd year you have a greater awareness of potential issues encountered by patients. With experience you increase in confidence and are able to probe, safe in the knowledge that you can deal with the response. As a 1st year student you are not expected to be able to do this and other members of the team will take on this responsibility. P1 for the first time refers to 'wanting to help' and having a 'passion' for helping, this suggests that delivering radiotherapy and supporting

		patients through treatment is a way in which P1 can help.
	Q- where do you think that passion came from?	
Passion for caring Love of people Perfect combination of science and people.	I don't know I've always been quite like a, I like looking after people, I enjoy just helping people, I love people, I like talking to people and meeting people. I really like science and medicine and through that as well it's like the perfect combination of both yeah.	P1 describes liking looking after people, again this suggests that the role of student radiographer enables P1 to do this. Positive words used: 'like' 'love' In reference to passion for helping, interestingly P1 uses the word people rather than patients. Does this suggest that P1 sees patients as people and does not label or identify them as simply patients.P1 refers to the combination of science, medicine and people. This suggests that the role of student radiographer provides a setting which combines science, medicine and people.
	Q- graduation soon, once you are qualified do you think anything is going to change?	
Progression Responsibility Time pressures	I think time pressures will be much more at the forefront of my mind because as a student you don't tend to have, well you don't have the same responsibilities as a paid member of staff because you can chat to the patient while the staff are doing other things. You're kind of there as that add on. You have the time to talk to the patients and you have that time. Where as because of stressors at the minute, not every patient will have that time, like first day chats and stuff we tend to do them all in the room now	P1 delineates the difference in responsibility between qualified staff and student. Interestingly P1 uses the term 'paid member of staff', highlighting perhaps that students are not paid. Time pressure acknowledged here, as student P1 has time to talk to patients. P1 suggests that this has changed recently, referring to 'stressors' and them impacting on practicalities such as first day chats
	Q- not in a separate space?	

Commented [MOU2]: A first day chat is the first conversation that takes place between the patient and the radiographer before the first treatment. At this point the radiographer needs to confirm consent and discuss the treatment, answering any questions posed.

Stress Gaining trust	Not really, I've seen a few examples of staff who are stressed, who haven't listened to patients about, complaining about stuff. They've gone back through it after, but I think initially if you shut someone down like that, there confidence gets a bit knocked. Like I know if someone had said can we just talk about this after the treatment, I wouldn't say anything ever again, but that's just me. But I think it's hard to then gain that trust back from that person. They do always follow it up at some point, but it's just not that immediate.	P1 describes for the first time seeing staff who are 'stressed' and perhaps not listening to patients and asking them to discuss things later. P1 suggests that it is important to address a patient's issue immediately, rather than trying to push the conversation back, as this will lead to patient's not trusting the radiographer.
	Q- if you see someone closing a patient down like that is that down to time	
Time pressures Stress	It's when we are behind quite a lot, or we have had a breakdown or there's someone who really needs to go in and stuff like that. It's always due to pressures, it's not due to being nasty or malicious it's due to just time pressures and yeah stress.	Time pressures of the patient list are eluded to here
	Q – is there much evidence of stress in the team	
Morale Honesty	Yeah I think erm I can't think of the word, I think morale was quite low. I think first or second summers the staff were so miserable. They were making us miserable because the work environment was so not nice. I think because it had a lot to do with, I think a lot was changing in their role which they weren't happy about in terms of hours, working longer days, always running over time, double booking and they had their	P1 looks back over the last 3 years of training and describes the impact of low morale on her and her peers. Staff were describing to P1 how they felt about proposed changes to their working day. Whilst P1 appreciates their honesty there is a significant negative effect on her, this can be seen by the vocabulary used describing how it made her feel: 'miserable, not so nice, feel a bit rubbish'.

Commented [MOU3]: This refers to situations where for example a patient has been transported from another hospital for treatment and needs treating quickly due – being in pain, needing transport back in timely manner. Other situations may be where a patient has had some pre-treatment preparation such as drinking a required amount of fluids, emptied bladder, emptied bowels
Patients who are extremely anxious or in pain/nausea may need taking in for treatment as soon as they arrive rather than being asked to wait in the waiting room.
Treatment units sometimes referred to as linacs are very time pressured, treating 1 patient every 10 minutes, with sometimes lists of 40-50 patients per day.

	break taken away from them. They weren't too happy and that reflected on us, they would tell us how they felt, which was good because they were being honest. They wanted us to know in case we wanted to work there and stuff like that, but it also made us feel a bit rubbish because if they are not happy and that's the job we are going into in 2 years or so	P1 considers the future and whether she will be happy in the job. Whilst the staff have been honest in their discussions they seem to have broken the student-staff boundary by detailing their frustrations and not considering the impact this may have on them.
	Q – did low morale affect patient care	
Difficult team dynamics	I don't think so, I don't think it affected patient care. I think it affected staff relationships with one another. I think staff were maybe not as patient as they would be and then a lot of new staff came in which solved a lot of the problems. But then people weren't as open to meeting new staff-it's settled now, so it's better now	Patient care is described as being unaffected, however it would be difficult for P1 to describe patient care bring affected as there is an expectation that students and staff maintain expected levels of care, irrespective of any internal negativity. If a student or staff member did experience any poor levels of care, they are duty bound to act by reporting it.
	Q – do you see yourself being a TR for a long time	
Progression	Yeah definitely, I think there's a few people who want to go into different things or different aspects like sales and stuff, but that's not why I came into it. It's not about branching out for me. If I wasn't having any sort of patient contact I wouldn't want to do the job. Just because I've been in different areas like planning and I just I enjoyed it and the teaching was really good but it's not something I would want to do as my career as I just don't have a passion for it. I think I'd like to expand my role and specialise in something more like	P1 is sure that she sees herself as a Therapeutic Radiographer long term. Her commitment to patient contact is evident and she acknowledges that she would like to progress to consultant level, but always working with patient contact as the focus.

	consultancy if I could get there. But always with the patients, never with management or anything like that. There's different rules for everyone isn't there.	
	Q- so how are you going to manage stress and avoid burnout	
Stress management Taking things home Peer to peer support	I think it's important to have that work-life balance and like I said leave work at work when you can. Just when you go home there's nothing more you can do that day, also having those colleagues you can talk to and vent to. If there's anything you're upset about you can talk to. Exercise is probably a good one, I don't do that to be honest so I'm not going to lie. But I think it would probably work for a lot of people. I know a few of my friends go to the gym and they say it really helps them mentally. But it's finding that time as well, if you're working long shifts, then it's kind of hard to go to the gym after a long shift. I think just doing things you enjoy.	P1 acknowledges the importance of having work life balance, again describing needing peers to talk to. Physical activity as a means of managing stress is described, but P1 does not personally use this but describes peers finding it beneficial. P1 describes doing things you enjoy as a way in which to manage stress.
	Q – you mentioned SVCO case, paeds, do you have any positive memories?	
Being appreciated Making a difference Personal recognition End of treatment bell ringing	Yes I've got loads. There are patients that I will always remember, having said that now none are coming to mind! Yeah there's a few people who really appreciate the effort you put in and you just feel like you've made a difference to that person. It's nice when people remember your name. Yeah there's so many patients that I have enjoyed treating and I've been upset when they've left and rung the bell- oh I find that so emotional.	P1 describes feeling appreciated and making a difference. Highlighting patient's remembering her name as being nice. Perhaps P1 feels this is important as it reflects the fact that she works hard and the patient has noticed her as an individual not simply a student or member of the team. P1 describes enjoying treating patients but does not elude as to why this is. The

Commented [MOU4]: Some departments have an end of treatment celebration bell which patients ring and everyone in the vicinity stops to applaud and recognise the moment.

	There's been loads of really nice times, but it seems that you remember the bad ones. Because I guess they are so rare, they stand out don't they more than the norm. Like I always, when I'm on placement there are loads of patients that I love treating, love talking to and are really nice. So yeah the negative ones kind of stand out a bit as there not as common.	memories of nice times are often blurred by negative experience as P1 states they are rare so tend to stand out. P1 introduces her thoughts and feelings associated with the end of treatment bell, describing feeling very emotional when the bell is rung. Her love of patients as people is evidenced here by her language
	Q – the bell ringing-what is it like when someone rings the bell?	
End of treatment bell ringing	It's very emotional, when you've been treating them all day, it's when they get emotional and you get emotional, just like oh my god, we've all said that even if I don't know the patient, if I hear the bell, everyone will always stop, stand up and clap, like the whole department and all the patients clap for each other which I think is really nice. I went somewhere where they didn't have a bell and they were quite against it. I had never heard of that and any negative connotations to it, it's just part of what we do at our work. So I was quite surprised that some people really don't like it, their reasons were fair enough and it was valid, that's that Trusts choice. But to me I don't think about it like that, I don't think about it as a cure bell or a I'm finished now I'm rubbing it in your face about it. It's a really nice thing, it's a I've achieved this, I been through this every day, I have gone through gone through side-effects and I'm done. I think that's really nice, especially because	The emotional significance of bell ringing signifying completion of a treatment course is described here. Seeing patients become upset is obviously difficult for P1 and she too becomes emotional. The bell itself is a contentious subject as some departments choose not to have one, feeling it is difficult for palliative patients to hear the end of treatment bell, knowing for them the treatment will not cure. P1 can see their point of view but doesn't view the bell as a 'cure bell'. P1 sees the bell as a sign of hope. P1 feels very strongly that the bell is a good thing and commits to applauding patients when they ring it. P1's words here suggest that she sees radiotherapy as a tough treatment, that completing a treatment course and dealing with the associated side-effects is a great achievement.

	radiotherapy is such like a, it can be a lot of people's like last treatment option. To say they've had surgery and then they have chemo and that's that kind of period done and I think it's really nice and I really like it. Whenever a patient is like oh will you come and ring the bell with me I'm like yes, I'm like running round, I really like it I think it's really nice. It's a nice feeling in the department as well, I think it gives that kind of, I think it gives hope to other patients as well. I don't think it's a negative thing at all. I can see why people would say that but I don't think in our department it's a negative thing	
	Q – would you say the radiotherapy department is a positive environment	
Work environment	Yeah I would it's quite open it's quite light. It's a bit confusing in terms of getting around. Yeah I think it's nice. I think practical issues crop up as you would get with any building. Heating can be either none existent or in summer it can be unbearably hot and I think that can have an effect on patient care, because they're miserable, especially if there's delays, especially because it's so hot then cold and you're not feeling very well. It's not the nicest place to be in terms of that but yeah I think in the smaller departments they have radios. That's quite nice just something in the background instead of just your own thoughts. Like I find if I'm ever in a waiting room it's nice to have a bit of a distraction. But because the departments so	Physical attributes of the department are described here rather than any detailed emotional perspectives.

	big, it's hard to have that in different waiting rooms but yeah, I think overall it's a nice place to be. They've got nice pictures and stuff and I think they've done a lot with furnishing to try and make it as appealing as it can be	
	Q – do you think other professional groups understand the emotional side of being a radiographer	
'I could never do what you do' Helping Emotional burden Making a positive difference Depressing place to be	Yeah I have spoken to a few different areas like Diagnostic and OTs and they say God I could never do what you do. I always think well I could never do what you do. They always mean it in the way of that must be so hard, how do you do that every day, how do you see these people, that must be so depressing, so gloomy. Well oh it isn't really, because you are doing something to help and you're making like a positive difference and yeah it is hard and you do have hard days, but you get that in any job I think. Especially in health care, there's always going to be people who you can't help or who don't want help and that's hard but I don't think it's a depressing place to be.	P1 describes again making a difference and helping, she acknowledges that sometime it is a hard job, like all other jobs especially in the health care sector. People outside of radiotherapy assume that the job of a therapeutic radiographer must be very depressing, but P1 disagrees acknowledging that despite not always being able to help everyone, it is not a depressing place to be.
	Q – over the 3 years have you in any way toughened up emotionally	
Emotional burden Progression 'put on your working hat'	Yeah I think you sort of have to let things not be as hard all the time, because I think if you sat down and looked at every patient you treated, you could probably cry at all of them. When you become more toughened to it, it makes it easier to just go on with every day like work. But you still care just as much but you put on your working hat and say	The phrase ' let things not be as hard all the time', suggests that P1 does find things hard at times or has in the past. P1 suggests that 'looking at each patient' would mean you could cry at all of them. By looking it could be that P1 means considering them as people, the context of their family life, roles and

	well this is what we are doing today. I think this is probably why when something upsets me now it's a lot harder because it's more than just the normal it's like a bigger deal to me emotionally than say it would have been.	impact of their diagnosis and treatment on the people around them-seeing the person not simply the patient. The phrase 'put on your working hat' –metaphor of a hat suggesting putting on another look, uniform, identity as a professional perhaps? In doing so this makes it easier to cope. P1 states that when something does upset her now it is very difficult to deal with as she has developed coping mechanisms throughout her training in order to deal with emotional demands. This suggests that an emotional response is triggered less than it was in the early days of her training. 'more than just the normal' suggests P1 sees all her work as emotionally demanding and that this is normal, however there are some rare cases and events which trigger a large emotional response.
Progression Maturity and Preparedness Emotional Burden The Patient and the Person Being Professional	I think in first year you're quite young, I was young, I was only 18 I think maybe I wasn't as prepared emotionally to see some of the stuff I saw , not through anyone's fault or mis-education. I think it was just I think you go into it quite naïve. I think you think people will be well, it sounds so silly but the majority of our patients come in skipping, chatty, happy and it's when you see the patients on the stretchers, so thin and	P1 considers here how her maturity impacted her preparedness to deal with the emotional demands of the role. P1 gives further insight into what causes the most emotional distress for her in terms of patient cases. P1 finds poorly patients, the ones who are semi-conscious the most difficult to handle. Again P1 alludes to the

	just not really with it, they are my hardest patients because you don't get to know the person. Also it's so sad seeing someone like that and you don't know who they once were that can be hard. But I think in first year, you quickly learn though that how to deal with that kind of thing. Even in first year towards the end I was definitely more tough than I was in the beginning. It doesn't make me any less emotional I'm just better at hiding it I think and dealing with it rather than having these big eyes and being like oh my God. You have to be more professional, you can't show that you are scared or upset because that's not want you want, it's not what the patient wants either because you can't show that. I think it's ok to share in their emotion and look back and be like I can see why you feel like this and that kind of thing but I don't think you should show your emotion because it's not very professional	importance of knowing the person, not just the patient ' it's so sad seeing someone like that and you don't know who they once were, that can be hard.' P1 reflects that you very quickly learn how to deal with it and hiding it from those around her. She states that this doesn't make her any less emotional but the professional requirements of the role demand that emotions are not visible to the patient. P1 uses the word professional to evoke a sense of what is expected and accepted. P1 uses imagery 'big eyes', symbolic of those images depicting shock or upset to stress how this is not acceptable. Again, P1 demonstrates her need to share in the person, share in the emotion and understand from their perspective and context; however again reiterates that it is not acceptable to show emotion to the patient because this would be unprofessional.
	Q – have you ever got visibly upset with a patient	
	No never	A very strong definitive response
	Q – have you ever seen any other members of staff	
End of treatment bell ringing Professional Not acceptable to show emotion in front of a patient. Progression	No only when people are leaving and ringing the bell. I've been upset then but in a nice way –in a happy way. I've never been upset about a patient in front of a patient. The only time I was really close was in first year I treated	'I've never been upset about a patient in front of a patient', P1 again stresses the importance of remaining 'professional' and not showing visible emotion to the patient.

Maturity and Preparedness Seeing things from the patient's perspective	a lady with lung cancer and she had 2 twin boys and she was only 30 something and she was really nice and I treated her for 4 weeks and got to know each other quite a bit. Then I was somewhere else and she came back for treatment for brain mets and I found that really hard because I recognised the name and I thought surely that's not the same patient. Then I looked at her notes and then I met her. She recognised me as well and we were both a bit like here we are. I wasn't upset in front of her I tried to be really friendly and nice and chatty. But when I came away from that situation I was quite upset. I don't know if it was because it was such a rubbish situation for her and her family. I don't know, you don't expect to see people again after they leave. To see her again 2 years down the line at such a different place in my life and her still having to deal with that and yeah I found that really hard and someone you recognise yeah it's just a bit rubbish. But I would never have shown that in front of her, I would never have been upset in front of her. I think that affected me more than I thought it would seeing her back there again. Because you just assume don't you that everyone's fine after they leave. You never really hear about any follow up or what happens afterwards and then I've heard a few times about when she came back , like it was just pure chance that I happened to be there. I've heard of a few young patients dying, you don't expect it, that	P1 describes a past experience with a patient who later returned for palliative treatment for brain metastases. Recognising the patient's name and thinking surely this can't be the same patient. P1 was upset when she came away from the situation and again shows that she sees the patient, the perspective and context of the impact of what is happening to them and their families. It is unusual to see and treat patients again in this context, however it can happen. This must have been an extremely emotionally challenging event for P1. She reflects on where she is in her own life and compares that to where this patient is, demonstrating huge emotional commitment and understanding. P1 reiterates again that she would never have shown any emotion in front of the patient 'I wold never have been upset in front of her'. There is a sense perhaps that P1 wants to protect her patient's and not cause any further upset, feeling that they have enough to contend with. P1 reflects on seeing patients return for further treatment and that this may happen more frequently when she has been working for a longer a period of time. This was her first experience of treating the same patient again when their treatment had changed from aiming to cure to palliation. P1 spoke of this with great clarity and

	sounds silly but you don't expect to hear about it I guess. Yeah I don't know I guess it's inevitable really that people come back especially when you have been working a long time. Like when I qualify that's probably going to happen more. I know it's happened to staff because they've said to me oh I treated him the first time so I think maybe just the first time it happened it was more emotional and because it was a really sad case to begin with, a young lady with kids, that made it harder I think.	the memory still appears to evoke an emotional response in her.
	Interview ends, well-being check and discussion	
	5.8.20	
	Q – can you tell me about the last couple of months in 3rd year	
Impact of Covid Progression- assessment	So we went back to placement in I think it was the end of February and we were doing assessment prep for the last term. I had a mock clinical assessment and it was ok, I think I was just really nervous about it so that affected my performance a little bit. I think with the assessment it's more just the idea of it, because they are so hyped up, I was like oh my God I'm doing a mock now. But yeah it was ok and then we started to hear more things about corona, all the staff were talking about it and I think we had a few patients asking about it and the Trust were releasing updates every now and again. Then we were hearing from you guys at uni about possibly being taken out of placement but we weren't	P1 describes assessment preparation and impact of covid on placements. Placement was suspended for all students in March 2020 and P1 reflects that although this was quite a shock, she felt this was the right thing to do. P1 describes the emergency register and the Trust where she was placed not calling them up. She was concerned at the time that other students were gaining more clinical experience than her and her peers based at the site. When she was eventually called up, the process was 'confusing and stressful'.

	sure about being there at the time. When it was all going on because we didn't really know what was happening at the time. It wasn't the most, I don't know it just didn't feel like we should have been there. I think we were taken out at the right time definitely. Yeah taken out of placement but it was quite a shock. We got the email about 10 I think and I went in to had in my badge. But yeah it was fine, I went home for lock down and then we started hearing about us being called up to the emergency register and stuff. I felt ok about it, I felt fine, I was kind of ready for us to go. But we just didn't hear anything from the Trust at all. Then people at X and X started to get contracts and start really and we still hadn't heard anything. So I think we were quite worried, thinking is everyone else going to get some more experience than we're gonna get. Nothing, I think this was when we had finished academic work, I think that had taken the forefront of our focus for then and that was fine. Working from home it was different but I found it ok and I think I probably worked more because there were no distractions. Yeah and then we did hear from them and they asked us to come back. There was a lot of confusion around it and it was quite stressful. Every time we got something sorted, something changed. It wasn't really in their control but it made finding accommodation quite difficult. Just sorting out plans, because I went up a few	

	days early to move in and on the day I was moving in they told us the contract had been cut. So they said you need to decide now whether you still want to do it and my train was in half an hour. So it was ok bite the bullet and go so yeah that's how it all started.	
	Q- so you went onto the emergency register and got a temporary post?	
Part of a team	Yes I was working as an aspirant radiographer so our contract was quite different, compared to what it would have been had it been normal circumstances and they made that very clear. We wouldn't be practising radiotherapy and we would be filling in other job roles. Which was fine I think we were all ok with that. Then we went back and we went in for Saturdays and Sundays and weekends and we did the on-line induction which was good, actually it was really helpful and we did a lot of workshops. We did one about MR, the telephone consultation was really good, about learning how to communicate better on the phone with patients which was good. Then we had a few clinical days where we learnt bloods and stuff like that, which was good I enjoyed that. Yeah it was a bit mismatched because it didn't feel like placement, but it didn't feel like work either. I think seeing other people in our year working as radiographers was hard as well because we weren't seeing any of that	P1 describes working as an 'aspirant radiographer' on the emergency covid register, which was overall a positive learning experience. However, her roles and responsibilities were different to students placed at other centres, who were placed in the radiotherapy department and therefore radiotherapy focussed. Uses 'we' when reflecting back on this experience, giving the sense of the importance of being part of a group and the collective experience.
	Q – so what has your role been over the last couple of weeks	
	A lot of screening, patient screening at the door, done a	P1 describes roles and experience

	few bloods, observations. I was split between X and X same role, just clinical support work stuff. Because we weren't trained to do clinical support we couldn't really do their role. So you know in terms of printing schedules, organising that kind of thing, we didn't really have much of that. So it was more just screening and odd jobs when they needed us. They were all really nice and really welcoming, it was just really nice.	
	Q – what have patients been like to deal with at this time	
	Good, very nice, very understanding if we were late. I've had a few kind of conflicts about mask wearing and patients refusing to wear them. Just kind of working out what we have to do if they refuse to wear one. But apart from that it's been good. It was different working with paediatric patients.	Nice patients and some conflict over mask wearing requirements.
	Q- where were you working with the paeds?	
	Screening them when they came in, they were very nice and their parents were very understanding as well.	
	Q- what's it been like working with different teams?	
Part of the team	I think they were quite confused because I don't think they knew we were coming back at all. Before we got pulled from placement they were all supportive and so nice. When we came back they were like oh what are you doing here, what are you doing basically and are you here in radiotherapy	Support of the team is important to P1
Identifying as a radiographer	We were like no, there was a lot of confusion and we had to explain a lot why we were	P1 connects uniform to belonging to the team

	there and what we were going to be doing. Yeah and I suppose as well because I wasn't working with the radiographers they didn't really know who we were. Because we were in the same radiotherapy scrubs, so we didn't belong to them, we didn't belong to anybody really. It was ok	
	Q- what's coming next, job interviews?	
Progression to band 5 Part of the team	I think I'll feel more secure when I'm a Radiographer band 5 not an aspirant one. I think that's because it's what I've been trained to do so I'll think I'll feel a bit more useful than I have done in the last few weeks. I have learnt new skills and stuff but I'm still not at that stage where I would feel competent enough. I got up to speed with my blood taking and I enjoyed doing that. With everything else I still feel like a needed a bit of guidance. So it will be nice to do stuff that I'm more competent in. Just to be, have more of a permanent position within the team because the team were great in X and X but you did feel as if you are only there for a while and the team are like you're not here forever, so it did just feel like a temporary	P1 describes her desire to be a band 5 radiographer and put her training into practice so that she is useful. P1 describes learning new skills and enjoying it; however not being competent enough and needing guidance. In her role as a Therapeutic Radiographer P1 feels more competent and connects this to being secure and useful. Her place within a team is discussed and the need to be in a more permanent team is important, so that it doesn't feel temporary.
	Q- thoughts about being a radiographer-has your thoughts and feeling changed because of your recent experience	
Progression Part of the team	I think I'm more excited to start than I would have been before just because we've had that time out and I've had that kind of long gap now. I feel more ready to get back into it than I would have been if I'd finished in June like we were	P1 is very excited about beginning her role as a fully qualified radiographer. Enforced time away due to the pandemic, she feels has enhanced this feeling of excitement. P1 acknowledges that having

	meant to. Yeah excited but I think nervous as well about having a gap and having a break and not seeing a linac or anything. I think it will be ok, I think we'll just fall back into it. I don't want to be like oh my god I don't know what I'm doing.	some time out makes her a little nervous and she worries about having forgotten what to do. Her positive language ' we'll just fall back into it' suggests that she does have confidence in her abilities. Again P1 uses 'we' suggesting that she sees herself as part of a team, her fellow cohort placed at the centre who have been offered jobs.
	Q – will you have an induction?	
	I think we will have to do the full induction, which is fine, I guess there are elements from the last one we can bring in. But yeah I think we'll do another induction which is good because I think we will need one.	
	Q- you've had some nice patients to deal with, not in the same capacity so I guess you haven't seen them daily	
Being part of the team.	Yes because I've been on the door I think a lot of the patients didn't know what my role was either. So I was wearing the same scrubs as the radiographers but I wasn't carrying out their treatment, I wasn't doing the treatment really so they didn't tell me things. A few of them told me I'm feeling like this-shall I just tell the team and I was like yeah and I'll mention it to the team and if you want to tell the team that's fine. I think I missed having that conversation with patients, it was very superficial just like how are you, any temperatures and stuff like. It wasn't as in depth and I felt like I didn't get to know them as much. That kind of changed with the paeds	Different experience described here and again P1 describes how important knowing her role is to her. Again wearing the same uniform but not delivering treatment was not a positive experience for P1. Being slightly removed from the usual patient care pathway did not appeal to P1 and she missed having the usual conversations with patients. P1 describes having only superficial conversations and not getting to know patients as she would do normally in her usual role.

	though, because the radiographers see the kids under GA most of the time, where as we were seeing them awake so it was really nice to get to know them as children. The radiographers would come down and say oh that's so and so-yeah they're really cute. So I did miss that relationship.	With paediatric patients she did get the chance to get to know the patients and this is obviously very important to P1. Again knowing the patient provides some context to the person and the person's experience. This seems to be the way in which P1 is able to connect emotionally to the patient and care.
	Q-anything you are missing about being a student?	
Progression Responsibility	No I quite enjoy having my own responsibilities. I think I'm trying to get used to no having to double check everything and be like is it ok if I do this and they are like yeah it's ok you don't have to keep checking. I guess just having someone to always check, because it has definitely been or you're doing this now and getting on with it, which is fine. I think always having someone over your shoulder is always nice to be like it's ok it's right	P1 describes the difficulty in transitioning from student to qualified member of staff and the need to ask if she is correct and be checked.
	Q- what's it like not to have to do any academic work	
Progression	Its nice, nice having that gap. I keep saying to everyone I keep thinking I need to go home and do something. I was talking to a friend yesterday and she's still at uni and she said I haven't done any uni work for ages and I said neither have I, then I was no wait, it's finished. I think it feels like we're kind of inbetween the 2 at the minute. Haven't quite moved on from it yet, but at the same time we haven't gone into anything else.	P1 describes almost a feeling of limbo as she waits to start her new job.
	Q- keeping in touch with peers	
Peer to peer support	Yes we are all waiting to hear about jobs. We all went with	P1 alludes to the importance of her peer group and the

	the idea of the temporary contract, that we would all be a bit more connected than we were. I think that was the big pull of it, that we would all be starting with people that we knew, the team we were familiar with and could rely on for support. Then I think once we got there the reality kind of hit that we weren't going to be with each other as much as we thought. Which is more realistic really of how you are going to work in the future. I think a few of us were spread over different sites and different departments, which we found difficult because we couldn't really talk. I think I saw less of my year than I thought I would.	support available. Perhaps her expectations were unrealistic and that real life as a radiographer means that you see your peers less. It is interesting to consider that at this point in the programme, the end of year 3 that P1 still feels she benefits greatly from peer support.
	Q- thinking back to initial decision to be a radiographer- any thoughts/feelings about this	
Progression Being part of the team Covid	Yeah I think it was the right one, well I know it was the right one. I don't regret it at all, it's definitely the right career. I think I did at the beginning of this asperent radiographer I did struggle a bit because I felt like I wasn't getting any satisfaction out of my job. It wasn't what I was used to doing. I thought is this what it's going to be like when I start for real. I spoke to my family and friends about it and they were like well it's not what you would normally be doing, so that was a big fact. It was questioning is this what it's going to be like forever. I think with the team situation as well, with people not being very welcoming was hard. I think we faced quite a lot of people being quite	Taking on the role of asperent radiographer really impacted on P1s confidence that the role of a radiographer was all that she thought it would be. She sought support from friends and family to discuss her situation and that she didn't feel satisfied in her role. She was reassured that this wouldn't be what it would be like as a band 5 radiographer. P1 describes not feeling welcome and supported by the team in this new role, despite having worked with staff before as student. She acknowledges that this was a stressful time for staff who had continued working throughout the pandemic.

	apprehensive about us. Not understanding or being very open to us. It was people we knew, who we had worked with before. I think that would have been different if we had been new band 5s in normal circumstances. You can understand why, it was a stressful time and they had been working the whole time	
	Q – when you do get the job, changes in response to Covid- what do you think about that	
Covid-impact of PPE Communication	I think PPE makes a big difference, I think that was a big factor when we came. The masks, it was so hard to read what they were thinking and just not getting that none verbal cue from people's faces I found really difficult and even trying to reassure people with a mask on your face with just your eyes is hard. I think that was a big change and yeah it was weird at fist. I think as well in X I had a patient who was really hard of hearing and it was a nightmare. It was so hard for him to work out what you were saying because he relied on lip reading. Because we were all wearing masks, for him it didn't matter how loud we spoke he couldn't work out what we were saying so it was like a barrier to communication for him it was really hard. I just really struggled with it, because I didn't know what to do, I didn't know how to help. Interview ends, welfare check	Difficulties of PPE and impact of communication are described here. P1 describes this as a big change. A specific example of a hard of hearing patient demonstrates the barrier to the effective communication that mask wearing imposes.

Emergent themes	Participant RCOD 17.9.20 Interview 1	Exploratory notes
	Q- how did you end up studying radiotherapy?	
Wanting to work in healthcare	When I was in 6th form I didn't really know what I wanted to do, I knew I wanted to be in health care work but I knew I didn't want to go down the doctor or nurse route. I studied biology and psychology for my undergrad. It was in the last couple of years when I was thinking about what to do next, my Mum is a breast cancer nurse, so she suggested radiotherapy. Then I went to the open days and did some clinical visit days. Then I thought this is what I want to do. That's how I ended up doing the post grad.	Participant 2 has obviously thought about being in a health care role suggesting it wasn't a rushed decision. Describes Mum suggesting radiotherapy due to her knowledge of the field from her work as a breast cancer nurse.
	Q- Any experience of people in your family or friends having radiotherapy treatment?	
Family member had radiotherapy/cancer	My Grandad did have some radiotherapy, I was a bit young when he had it. I don't know if it was lung or oesophageal, I experienced there. Heard it through when you are talking about chemotherapy. You don't really hear it as much, I didn't really know what it was until I started looking into it.	No real previous experience of radiotherapy other than describing her Grandad having treatment. As she was 'a bit young' when he had did, there is no emotion or memory described.
	Q – what is is like to be a radiotherapy student	
Learning new things Progression Patient focused	I think it's always in every lecture something new I am learning. If it is biology then I know a bit –but it's adding a bit on-specialist that I didn't know before. I can't speak too much about placement because I haven't been out yet. But I am excited to go, from the 2 clinical visits I have been on. They did make me realise this what I want to do. Patient	Participant 2 describes always learning something new She makes her first reference to face to face patient focused experience that she is excited to be part of in placement.

	focussed, face to face, so I am excited for that.	
	Q – from what you saw on your clinical visits what do you think it's going to be like being a student in placement?	
Impact of Covid Patient focussed Making a difference	Not sure you know. A bit different with everything going on with corona virus, things will have changed PPE wise, not going in uniform. But I'm hoping the main core bit about looking after patients and treating them is still the same even if it's sort of impacted by what's going on at the minute. Hopefully, you can still make a difference to their lives, which is one of the reasons why I wanted to go into it I think, but I am excited to go out. A bit nervous because it's been a long time coming, so it's a bit of a build up, but yeah I am excited	Participant 2 anticipates placement being a little different due to covid and use of PPE. Interesting she uses the phrase 'core bit' to reference the essential aspect of the role as she sees it as providing care and treating patients with radiotherapy. Participant 2 uses the phrase ' make a difference to their lives' for the first time here in reference to 'looking after' and 'treating' patients. This is her reason for wanting to be a radiographer. Excited features again and participant 2 is very positive about going into placement, but does acknowledge feeling nervous too.
	Q – Do you expect any of your clinical work to challenge you emotionally?	
Emotional burden Developing capacity to cope	Yeah I think that's one of the things that will probably happen, I know a lot of the lecturers talk about. There are cases, patients that will hit you in a different way, compared to, well in a different way. I know there is a lot of support and things like that available, I suppose it's a learning curve of how you cope with it all. How you get used to it day to day , I think it will be challenging, it comes with experience.	Participant 2 expects clinical practice to challenger her emotionally and describes lecturers talking about this. She expects to be affected by some patient cases differently to others. She is aware of support available and infers here that learning to cope will be a learning journey rather an immediate development. She expects that as she gains more

		experience she will be better at coping.
	Q – looking after patients, treating them and making a difference, what is it about that –that makes it important to you?	
Making a difference. Being rewarded	I think making a difference, I know it's a job obviously, but it makes it a reward, and something that you look forward to doing everyday. It's having an impact not just on that persons life, but the wider family and even if it's not a big difference, even if it just helps them have a better quality of life in their last couple of months, even if it's not curing the cancer, it's still rewarding. Rewarding is the biggest word I can use there	Participant 2 feels very strongly about the concept of making a difference. She describes the job being rewarding and that means that she can look forward to working every day. Participant 2 accepts in this statement that radiotherapy may not always cure, but can have a positive impact on quality of life. Again, the word 'rewarding' is used in the context of making a difference. It is difficult to extract from this whether the reward is the feeling that you are making a difference or whether the 2 ideas are separate?
	Q – do you have control over your working day	
Having control Fatigue	I'm quite an organised person, always have been, so I feel like I have control over what work to do when I need to do it, what extra reading I want to do, what extra reading I want to do. I feel like I have control at the minute. I think it might be a bit tougher if you have placement, it can be a bit draining if you have to come home and do work, but I haven't experienced that yet.	Participant 2 anticipates time management becoming a little more difficult and tiring once placement starts.
	Q – in clinical placement you spend most of your day working with a team-do you have any thoughts on that	
Team work Fitting in	Yeah I have quite a bit of team experience. I like working as part of a team compared to just by	Participant 2 describes enjoying being part of a team and having experience

- the team as a student.	myself, I did a lot of team sports growing up. I played water polo for most of my life, I still play now for the uni team. Working in a café I'm working as part of a team. I think it's about the dynamic, making sure you are being a good team player, to how it already functions. I don't know how different it is slotting into a team as a student because I've not done that yet. I think that will be one of the things-trying to slot in with everyone else because everyone is doing the different things, they are doing it as a full time job, you're coming in as a student, but hopefully it will be ok	of team sports and working in a team for her part-time job. She uses the words 'slotting' and 'slot' in reference to trying to fit into established teams and fitting in as a student.
	Q – any worries about next semester	
Impact of covid Putting learning into practice.	I wouldn't say I'm worried about, I guess the situation getting worse and not being allowed into placement again, because I think I' ready to go out, I'm ready to apply everything I've learnt over the last couple of months, so Yeah I think that's the biggest thing. Because then I'll be thinking about what's going to happen, how are we going to fit all the placements in, so we can graduate. So I think that will be the biggest worry	Participant 2 describes concerns about covid impacting on placement again and perhaps placement being suspended as it was before. It is interesting that participant 2 describes putting learning into practice by 'applying everything'. She obviously connects academic learning and clinical development. Concerns about future impact on the potential loss of placement experience and whether this will impact on her ability to graduate.
	Q- how have you found learning on line?	
Impact of covid Adapting to change	I've not found it too bad, I think when we first moved on line it was a bit stressful because of everything that was going on with corona virus. There was sort of panic from everyone, worry from everyone, the on-line learning was	Participant 2 uses: 'stressful', 'panic' and 'worry', to describe the impact of covid and the move to on-line learning. However on-line learning suited participant 2 and

	a bit of a worry but actually I found it good for keeping in a routine. While there wasn't much else happening I could still get up, do some exercise and do some uni work, which actually I quite enjoyed, because I don't like being out of a routine really. It's definitely a change, but I don't think it's been too hard. The lecturers have adapted quite well and put things in place to help me	helped to forge a routine, which is important to her.
	Q – excited, nervous –more of a positive feeling described-do you think you'll have to hide your emotions	
Emotional burden Staying strong Not hide them forever, but hide them from the patient, be strong for them	I'm not sure you know, if something really upset you while you were treating a patient – maybe you would have to take a deep breath and think right ok, we just need to focus on what is happening now and we can deal with it later sort of thing, talk to people afterwards, after it's happened. Not hide them forever, but hide them from the patient, be strong for them	Interesting thoughts here in relation to emotional demands and maintaining focus. Staying strong emerges here and acknowledging that emotions will need to be dealt with at some point but there is a requirement to stay strong for the patient.
	Q – describe being a student radiographer to friends from your undergrad course	
Demands of the programme What radiotherapy is	Course where we do a chunk of uni work and a chunk of placement, I'd explain what radiotherapy actually is-so treating cancer through radiation, you can add it alongside chemotherapy and things like that, that I will be going out on placement treating patients with a linac, treating palliative patients and a range of cancers, lung, breast,	
What radiotherapy is Identity	I feel like a lot of the time people confuse it with diagnostic radiography, x-rays and	Sometimes the lack of understanding in the public can be frustrating. The

	mammograms and things. I think that's what I explain more than anything, that it's a cancer treatment, it's a not a diagnostic thing, it's therapeutic	confusion between Diagnostic and Therapeutic radiography is described here and participant 2 seems to suggest that understanding the difference is important to her as it's something she would want to explain. Perhaps this links to professional identity?
	Interview 2 3.11.20	
	Q- experiences from last placement that you can recall?	
	Q – any experiences that spring to mind from the last couple of weeks of placement?	
Managing side-effects Identity as a student Role and Responsibility Learning and developing Awareness of own limitations Confidence to independently advise	I feel like a big one, definitely the start of placement I've had patients asking me about side-effects, I've always had sort of an idea but I've sort of referred them onto staff because I mean at this point I don't feel comfortable to be like yes/no or this might happen-have you tried this sort of thing. But I think by referring them on as well you kind of get an answer for what you could kind of say in the future, because one was a lady who was H&N cancer and she asked me sort of how long it would be, before her hair grew back and in my head I was like, it could start in 2-3 weeks, I know it depends on a lot of things, it could grow back different or something and be completely wrong. So I just asked the radiographer and she gave her an answer and asked if she had been referred for wigs and things like that so I kind of got an idea of what sort of things you can say for next time.	Managing side-effects reported by patients is described here and obviously has had an impact on participant 2. She describes referring to other members of staff as she does not feel in a position to advise at this point Participant 2 is aware of her limitations and wants to have the required level of knowledge for future practice and life as a professional.
	Q- how are you feeling confidence level wise?	

Developing confidence Managing side-effects Identity as a student Role and Responsibility	I don't know, I feel more confident on the sort of parts of the body that we have covered. So, pelvis I understand a bit more of side-effects that they get to do with their bladder or rectum or things like that. I don't know if I would be confident enough yet to say to sort of recommend things. Even though I've learnt about them I don't know if that makes sense, I don't know if I'd be yeah ready to kind of say that, but I feel like I've got more of an idea on those sort of things what I would say. We haven't covered head or neck and we are just about to cover breast so I wouldn't feel confident saying anything yet until we have sort of covered it.	Participant 2 reviews her knowledge levels and confidence. A great importance seems to be placed on giving patients the correct advice. Participant 2 sees this as a fundamental and important aspect of the role of the therapeutic radiographer. At present, participant 2, doesn't feel they have the confidence to give advice independently to patients.
	Q Was placement as you were expecting it to be?	
Prepared for Covid impact	I think so, I think I was sort of prepared for what the situation would be like covid wise, that it might be a bit up in the air with things if there was staffing issues, if people were off sick with it and things like that. All the PPE wise I think Uni did a good job of teaching us PPE wise so I was expecting that so I think it was as I was expecting	Describes feeling prepared for placement and the impact of covid on placement-staffing, PPE etc.
	Q- what's the workload like on the linac you were on?	
Workload Connecting theory and practice	Erm so I was in CT last week and that was quite different workload wise just because well they only had one CT on I think because of staffing issues. That was different because they needed obviously more time for certain patients. I was surprised actually how many people were involved in mark ups I don't know I didn't expect. You kind of hear when you are in lectures yeah there's physics, the mask room, the oncologist will be involved, but then to see it in a room was quite different. So	Participant 2 considers different areas of practice, time with patients and the multi-disciplinary team.

	workload on the first linac was mostly pelvic, so I found it was quite tight time wise. So we would get in a routine for a lot of patients, I guess because they were similar set ups for each one, I think most if not all were VMAT pelvis. I'm on head and neck this week, some of them have double slots depending on I think if they are anxious in their masks and different things like that	
	Q – who are you working with	
	Erm there is early and late shifts, per shift theres a band 5 and 6 and a band 7 that over sees throughout the day. Theres me and there might be another student depending. I think that's everyone, in CT there was the assistant practitioners aswell.	
	Q- any other students with you	
	Last week – there was and we just alternated patients, it was quite good as it was a PGDip Year 2 so I was asking lots of questions	
	Q- do you have long commutes	
Managing workload and fatigue associated with placement	It's only 35-40 mins, but I like being up an hour early, I like checking that none of the roads are closed and things like that. For the earlies I am getting up at 5:45am, because I like to make sure that I have a parking spot and then walking in is another 15 minutes and then getting changed, I just like to be early. I hate the thought of being late. It's not too bad when I get home, traffic hasn't been bad. I try to go to the gym ,but I won't be able to do that as of Thursday and then get some work done if I can. But I haven't been putting pressure on myself these first couple of weeks uni work wise. I've just been making sure I do it on my study day and on the weekend as well, just because it won't go in if you	Participant 2 describes daily routine here and the impact of being in placement on managing workload and ability to exercise.

	try and force it. I've sort of been doing bits that don't require too much thought, just because so I feel like I've done something and I'm keeping on top of it, but I suppose as the assessments come closer that might change a bit more and I might do a bit more and as I get used to placement I suppose I might not be as tired	
	Q – have you found it more tiring that an academic block?	
Fatigue and demands of the programme	Erm, I think so, I think it's just being on your feet all day that's the only thing, I think like my head hurts at the end of the day –I feel like I've learnt a lot and I need to write this down and take it in. But I feel like that when I'm in on-line uni, I think physically I am probably more tired because I'm not sat down at my computer all day , yeah	Physical demands of the job described here 'being on your feet all day' used, suggesting that the role of a radiographer is physically demanding, no time to sit down
	Q – it takes it out of you doesn't it	
	Q- any stressful events, thoughts and feelings you weren't anticipating?	
Shock-but not a shock Patient focussed Impact of observing impact of side-effects Patient's pain Emotional burden 'feeling sorry for the patient'	I don't think I've had anything stressful. Seeing some of the side-effects, I think this week for H&N, it's been quite, not a shock because I knew sort of what they could be but I think seeing them in person, I feel like it's a different thing. Seeing some of them which looked like they were in a lot of pain, which was not nice to see at all. I think some of them with thrush in their mouths or with burns, well erythema-but there had been a surgery as well so there had been a fold so that was quite sore. I think those sorts of things have come as a bit of a not as a surprise but I've been like I don't know what the word is – like a bit of a shock I suppose. Like I've been right ok that's what it looks like, it looks really painful, I sort of feel really sorry	Participant 2 is reluctant to use the word shock, however the way she describes the impact of seeing side-effects, suggests that it has been a surprise and has affected her. Despite being aware through her studies of the types of effects that can manifest, it does seem that seeing the effect on the patient has been difficult to deal with. Shock is used eventually, with participant 2 acknowledging that it is difficult to deal with the impact of radiotherapy and seeing the side-effects for real. Participant 2 empathises with the patient in pain,

	for them that they are having to go through this	stating they 'feel really sorry for them that they are having to go through this' The phrase 'going through this' could refer to the side-effects of the radiotherapy or could be a reference to the whole situation and diagnosis.
Patient centred Relating to how the patient is actually feeling 'I think as well it's made me sort of think when you are maybe asking them-have you experienced this, have you experienced that you can't sort of relate how they are, how they are actually feeling.' Empathy – wanting to know how the patient feels	I think as well it's made me sort of think when you are maybe asking them-have you experienced this, have you experienced that you can't sort of relate how they are, how they are actually feeling. If I ask have you had trouble going to the bathroom or have you had, are you feeling tired, this.. that.. not sort of listing them off, but actually thinking this is how they are feeling every day or every couple of days.	Participant 2 demonstrates here a desire to understand how the impact of treatment is actually making the patient feel. As a radiographer it's often common practice to reel off a list of questions to try and ascertain the physical status of the patient as efficiently as possible. Participant 2 seems to want to know more than just the sterile, factual response but rather seeks to know how the patient truly feels. This shows a sense of empathy developing towards the patient. Perhaps this is a general empathy for the situation the patient finds themselves in, or it's an empathic response triggered by seeing the physical effects of radiotherapy treatment. Is there even a possibility that participant 2 feels guilty that the treatment they are giving is causing these effects?
	Q- sometimes you don't feel like you can truly relate to how they are feeling-how does that make you feel?	
Balancing the pros and cons of treatment Empathic response	It makes me feel like really sorry for them and I really empathise with them, but then I'm also thinking what is the solution for these.	Participant 2 again uses 'feel really sorry for them'. However this sympathy is underpinned here by a desire to find a solution for

Solution focussed – managing the effects of treatment. Considering the patient situation as a whole, in the patient's shoes.	I'm thinking do the benefits, are the benefits going to outweigh what they are experiencing and that kind of reaffirms that we are doing the right thing, well hopefully the treatment is going to work and that will be better in the long run, it's just it must be hard to sort of cope with it as it is now, especially with the stress of diagnosis and treatment and coming in every day as well.	the problems they are experiencing. Participant 2 considers whether the treatment effects are outweighed by the overall aim to cure. This is an interesting consideration, particularly as participant 2 has only had a limited amount of clinical experience. Evidently the patients she has seen have really made her think and reflect on the impact of radiation treatment and side-effects caused. Participant 2 considers not just the effect of treatment, but the wider context of the patient's journey and impact of a cancer diagnosis.
	Q- you feel as though you can kind of justify what we are doing?	
	Yes definitely	
	Q- you see that there is a reason why and as long as you can take some control and manage things for the person Yes	Confirms but doesn't elaborate
	Q- any positives from your recent placement experience	
Being rewarded Building up relationships with patients	Quite a few patients who seem to have built up relationships with the staff and they come in with cakes and things. They've been really happy to bring them in and said oh my wife made these and that sort of thing is really nice, because I imagine if you are on that machine every day and you get to treat them every day you get to know them and I think that will be quite nice if I'm on that machine for a long amount of time, to build up relationships like that with patients	Often in radiotherapy this is an example used to distinguish therapeutic radiography from diagnostic radiography-the opportunity to build up relationships with patients over a number of weeks of treatment. Participant 2 appears to look forward to having the opportunity to build relationships with patients. Being able to see a patient daily over a period of time will enable participant 2 to

		get to know the person perhaps.
	Q- it's often one of the nicest parts of the job-seeing them go from beginning to end and meeting their families	
Impact of covid	I think I don't know if we are missing out on a bit of that as they are coming on their own to appointments. The little café isn't open at the minute, I had a member of staff tell me it's normally hustling and bustling , with patients socialising. It's not the same at the minute, but it is what it is situation wise	
	Q- I bet that makes the difference –it must be quiet	
Impact of covid	I haven't got much to compare it too, there are less chairs and people are sat apart, so I don't know if that's impacting on patients socialisation? I know obviously it's not for every patient but some patients might like coming in and having a chat, seeing the same people every day. It's a bit sad that that's sort of not happening	Highlights here that covid is limiting patient's ability to socialise in the waiting areas as they would have done in the past.
	Q- are staff being tested for covid?	
	Yes I was tested too, I don't know how frequent it is, they are asymptomatic testing	
	Q- whats the mood of the staff and the team you are working with	
Impact of covid Team working Support of team Positive learning experience Praising mentors	I think staffing is a priority at the minute, people can't come in because of track and trace I think that might be putting a lot of , it's not coming across with patients or with me or anything like that but I think that the department as a whole is trying to make sure, the staff are the main thing at the minute but I wouldn't say it's coming across like anyone is stressed or not got time for me as a student because to be fair	Participant 2 describes impact of covid on fluctuating staffing levels, they are keen to emphasise that this has not impacted on their learning experience and uses the phrase 'to be fair everyone has been lovely'. It seems that participant 2 is surprised or relieved that

	everyone has been lovely showing me things and making sure I know what's going on so it's really nice that they are still making time even though they don't necessarily have all the time	staff are making time for her, despite being busy.
	Q – nice you are feeling that way	
	Q- last time you were feeling confident in the choice you have made-do you still feel that way	
Wanting to be a radiographer Positive learning journey Keeping up with the pace of the qualified staff	I feel like every day I learn something that bit more, I think at the end of last week beginning of this one I felt like how am I ever going to learn all the technical aspects like, bed controls, hand sets, linacs and things like that. They do it so quickly, how do they press a button and know where they are setting up to but even today I got shown like go through all the controls, gantry rotations and now I feel like a little more confident and that's only after a day sort of thing, as every day goes on and I do more I think I can sort of do this and it is what I want to do, yeah	Participant 2 describes a positive learning experience, being able to get to grips with the demands of the technology used. Staff are seen to be able to do things so quickly and as a student perhaps participant 2 feels that they are unable to keep up with the pace. After receiving some teaching, participant 2 felt more confident and able, she describes being able to think that she can do the role and she sees herself doing the job in the future and is happy with her career choice.
	Q- any aspects of what you have seen or experienced make you think twice about your choice?	
	I don't think so, I don't think there has been anything	
	Q- how are your family and people around you –how are they thinking and feeling about you being in a hospital setting	
	I live with my Mum she's in the NHS in palliative care, she's been throughout Covid in work, when there was PPE struggles. She knows when I say when we are changing PPE and sort of thing, my sister is a physio, she's sort of been through it as well. I feel as though I have a good support	Participant 2 describes her family having a positive attitude towards her being in a hospital setting during covid. Perhaps her Mum and sisters career choice have influenced her own?

	network so I can ask if I am confused about anything PPE wise or anything like that. I have a younger brother too but he's in 6th form	
	Q- good network, do you use anybody else, have contact with anyone else on the programme?	
Good network of support	Yeah we have a group chat of everyone in our year and we've got one for just our placement, we put anything in there if there is a meeting or someone has told us to do this, or if anyone is lost or doesn't know where a machine is. On lunches/breaks we catch up if we collide	
	Q- break times can be supportive- talking things through	
Peer to peer support Being accepted as a student Finding your place Knowing your place	Yeah definitely, in the first week talking about what have you done so far I suppose in the first week I didn't know if I was doing enough or too little. I was trying to look like I wanted to be involved but not over stepping my mark because I wasn't trying to do that either. I think finding your place when you first come in it can be challenging in some respects because you don't want to do the wrong thing obviously erm and you want to look as interested as possible without being sort of annoying and in the way sort of if that makes sense	The support of peers is important to participant 2 as she describes benefiting from being to talk things through. Interestingly the conflict created by wanting to appear interested but not 'over stepping the mark' is described. It seems that generating an acceptable student persona in the clinical environment is important to participant 2. She uses the phrase 'finding your place' and 'challenging'. It could be that as participant 2 is still in her first year of training that she has yet to find a comfortable 'place' in the clinical environment. Needing to be accepted is important and not wanting to annoy staff is highlighted.
	Q- striking a balance21.1.21	
	Q – memories from last placement block	

Confidence Answering the phone	I've tried to note some things down, I think overall from when we last spoke in the middle of my placement. I think I've definitely increased in confidence in stuff like using the equipment, talking to patients, talking to staff. Silly things like answering the phone, I think for everyone as well it gets quite nerve wracking, you just don't know who is going to be at the end of the line, if you are going to be able to deal with it, when radiographers are busy treating and you're there on your phone it can sometimes be a bit daunting. Things like that I think I have increased in confidence with for sure.	Describes increase in confidence when speaking to patients and staff. A basic act such as answering the phone whilst staff are involved in treatment is described as 'nerve wracking'. This highlights how difficult the role of the student can be and how important it is that confidence increases in order to enable the student to undertake their responsibilities without fear.
	Q- what were the team like you were working with?	
Team work Positive learning experience Being shown Putting theory into practice	Erm I think I think when we had our last meeting I was just about to go to 'X' placement site that was quite a bit different. Everyone was really lovely there, it was a different sort of work flow, a different sort of routine. Like in the first week I was on the quieter machine, we had about 5 patients in the morning and then that was it for the whole day. So that was different, I think because it's the older one, but because they are moving to the new site. They are getting a new one when they move to the new site, so I think they try and treat most patients on the Truebeam, which I was on the second week. I think just seeing an older machine was quite different. On the first day she was showing me sort of fields how to shrink them and make them bigger. You get taught in physics –the field size of this, where's the isocentre, moving the collimators but you don't really see it when you're treating because. Well I found on Elekta you do the	Participant 2 describes benefiting from a mentor spending time with her, teaching, explaining and demonstrating equipment. Being able to connect theory and practice is again described and this is important to participant 2.

Keeping up with the pace of the qualified radiographers	automated moves and things like that and you just don't think oh this is the field size and the MLCs are going to be here/there in that sense. I think I probably learnt a lot even on an older machine and definitely on the true beam that was a lot different. Especially with the automated moves as well because I was used to them with Elekta. I was a bit confused on the first day I was thinking why do they have to calculate which way are they going, why don't they just press a button that sort of thing. I think that made me appreciate automatic couch moves. I think as well I was a bit sort of nervous because some of the radiographers would be like that (clicks fingers), they already knew the answer. I was thinking oh gosh, my mental maths, it takes me a couple of seconds to figure out what I'm adding to what and subtracting to what. It was definitely interesting.	Keeping up with the pace of work is highlighted again, staff work quickly and participant 2 describes feeling nervous about whether they could perform the task quickly enough.
	Q- any patients you can recall/any memories?	
Memories of patients	There was one man who was treated for Head & Neck, who had a trachy-is that what you call it, so obviously he couldn't really talk. But one of the days he signed to me that he wanted me to take a video of him putting his mask on, it was for his grown up children to watch. I asked him what they thought of it and he said oh they were like this sort of thing (does surprised face). So it was sort of nice, to say that he was in loads of pain and such an awful treatment- he was still sort of as positive as he could be, he couldn't communicate with us, that was nice	A positive patient experience described and participant 2 acknowledges that although the patient was in pain he was still very positive. Participant 2 shows a genuine interest in the patient and having filmed him putting on his treatment mask, she asks him what his family thought.
	Q – how did that make you feel- the communication side of it	

Adapting communication style to meet the individual needs of the patient. A learning curve Seeing things from the patient's perspective Empathy for the patient	I think it was definitely something I hadn't really experienced before and I had another case of it when I was back at X site. There was a man who was deaf so they had a card a things to ID and stuff and I hadn't seen that before. So I think it's definitely a learning curve, especially with the man who had the trachy, because he would sign things out to you, but obviously not using sign language so you would have to figure out what he was saying. Obviously I assume that can be quite frustrating for him as well. But it was definitely a good thing to sort of see for the future I'd sort of know a bit more about how to approach it probably.	Participant 2 describes adapting practice to meet communication needs of the patient. Participant 2 tries to look at the impact of this from the perspective of the patient, thinking that the process would be frustrating for them, this shows again participant 2 is empathic and tries to understand the patient's situation. Considering also that this is important for her future development and practice
	Q- what's life like in relation to Covid	
Impact of covid	Well I think when we were there last it wasn't, well it was definitely reduced numbers, it was sort of a bit steadier. As we were leaving things were starting to pick up again, so I think it might be a different experience when we go back next time. I don't know, I heard something on the news someone was saying they couldn't get their specific radiotherapy because of waiting lists, or something like that I don't know where it was, or why but I assume maybe it's starting to make an impact in radiotherapy now. Which I just don't think it was as much before, I think the impact was in diagnosis and referrals and probably chemo. I think as well because I don't know what the department was like before covid, I don't know. From what radiographers have said, it was quieter, but I think it might be picking up now when I go out next time.	Participant 2 describes reduced patient numbers due to covid and impact on cancer services.

	Q- what's life like in relation to academic part of your studies	
Stressful Managing workload Expectations of level 7 study.	It's ok, it's definitely been a stressful couple of weeks trying to get the work done. Especially because we've moved up to level 7 now. It's just because it's our first time being assessed when we get the feedback from this work it will sort of help a bit. Because at the minute I'm sort of like is this good enough sort of thing, like compared to what I would have written in the summer when it was level 6 so I think that's quite a big step up. Hopefully I'm not too far off in the wrong direction, I think the feedback will definitely help	Participant 2 seems to have some anxiety associated with writing and assessment at level 7. She describes wondering whether her standard of work is good enough and that feedback will help.
	Q – anything else you want to tell me about your experience	
Setting goals, taking control of own learning experience. Confidence to undertake certain tasks.	I think I'm going to start and set goals for my next placement, with starting to switch on and things like that. I think doing first day chats and things seems very daunting right now but hopefully by the end of the next 5 weeks it won't seem as daunting doing things like that	Participant 2 describes planning to set goals for her next placement, perhaps this is an indication that she feels she needs to be more proactive and take control of her learning and development experience. Again communication with the patient (the first day chat), is described as potentially daunting and that perhaps after spending more time in placement they will feel more confident. The first day chat and telephone calls seem to evoke fear and concern. As these are often the first time a student is expected to communicate independently with patients, it is not surprising that they can be seen to be daunting.
	Q-what was life like using LIFTUPP?	
Move to continuous assessment	It was ok, there was definitely some teething problems in terms of the criteria, I think some of	Participant 2 describes her experience of using the

Meeting expectations Being seen to be doing enough Continuous learning journey	them –one was about keeping records, with everything moving onto an electronic database that was a tough one to sort of assess. Even when you are asked to put notes into mosaic they are sort of checked before you submit anything. So I think that was a bit difficult to assess and I think, I was sort of, I'd stress every week about whether I was meeting the criteria. I think a lot of people felt that too, you'd be like am I doing enough ID checks, but sometimes if you stay in the room and clean and say good bye to the patient, you're not there to bring the next patient in. Even though you can ID check, you're not showing that you are every moment of the day if that makes sense. I think it didn't make you stress about them as such but you're always thinking in the back of your mind have I shown my assessor that I can do this enough times, which is sort of a difficult thing but I think the continuous assessment works well definitely and it sort of shows your progression more than assessing maybe for a couple of hours on one day when you might have a bad day or bad patients or completely forget something under stress. So I think that aspect is definitely good especially for placement where it is sort of an on-going learning curve. I think from one day to the next you can learn sort of learn so much that you didn't know the day before so I think that really helps.	Liftupp continuous clinical assessment strategy. Again the theme of meeting expectations emerges and whether participant 2 is seen to be doing enough to please her assessors. There is an acknowledgement that the system will show progression in development of clinical skills. A continuous learning journey is described
	Q – anything positive you can recall from clinical experience?	
Positive learning experience Increase in confidence	Erm, trying to think of specific ones, I think overall by the end of the 6 weeks it was a positive and I felt confident. I think the things	Confidence again appears and it is important to the participant that she feels her confidence levels

Being shown, mentor spending time demonstrating/teaching	like panels, hand panels. There was one day where we had some time and one of the radiographers went through every button with me and I was sort of able to do like things I hadn't done before. I think sometimes the little diagrams on the hand panels just don't correspond to what they do. Going through it helped it make sense	increasing. Perhaps this is related to her perceived sense of ability and achievement. Again the importance of having some time given to her by a member of the team is highlighted. This is described as a positive learning experience and improving the participants understanding of the imaging equipment.
	Q – anything challenging emotionally	
Emotional burden 'things like that were difficult to see'	I think when I was on the H&N machine, I definitely saw a lot more poorly patients than when I was on the prostate machine. I think that was a bit more difficult to deal with. There would be patients who had trachys and feeding tubes. They sort of have all these other things that would have to be considered. There was a few patients that when they had been laying down with their masks on, when they got up they would have to cough up lots of phlegm, I don't know what the medical word for it would be. Things like that were definitely difficult to see.	Difficulties of seeing more poorly patients is described.
	Q – how did it make you feel having to deal with that	
Emotional burden 'there's not much you can say' Helping Feeling sorry for the patient	I think it was hard because I didn't, obviously there's not much you can say in that situation apart from help, sort of get tissue and there would always be another radiographer there so they would always take charge of it. But it just made me feel sorry for them having to go through something like that. Especially some of them were getting thrush and it looked so painful and I thought I don't	Again the participant describes difficulties in dealing with seeing the impact of treatment on the patient. Using the phrase ' it just made me feel sorry for them having to go through something like that'. She wonders how some of the patients manage to keep going.

	know how you are getting through this to be honest, yep.	
	Q – some of the acute effects for H&N are horrific aren't they	
	Yes well I think because we haven't learnt about it yet I was like obviously I didn't know a lot about them, but just seeing them and I thought erm..	
	Q – how do the team deal with it?	
Managing side-effects Empathy Caring for the patient Time pressure of the patient list	I think because a lot of them are experienced and have been on the H&N machine for a while they would ask to see the thrush in the mouth so they could then go on and refer for review of get them the medicine they need. But they were also very sympathetic to them especially with things like putting masks on. If they need to give them time to get up after or take a minute before they put the mask on I think they were really good at that and patient. There was a couple of times a patient would say you're going to have to take it off I just can't cope. Obviously when you are dealing with time pressures of treating list and how many patients you've got to get through, it could be easy to get frustrated but I never saw anyone say why are they taking so long or anything like that. It was sort of yeah, not a problem, give them the time they need and then carry on after	The theme of managing side-effects again emerges. Participant 2 describes how it can be difficult for some patients to tolerate wearing a mask and that staff show patience and kindness. Time pressure of the treatment list is highlighted and that staff managed to continue with care and patience despite the pressure. I wonder whether participant 2 worries about this and whether she will be able to remain patient when dealing with such cases under the time pressures of the radiotherapy department.
	Interview ends	

Emergent theme	Participant 3 (CE)	Exploratory Notes
	Q – what did you expect from the programme, what were your thoughts about starting ?	

Expectations of the programme Cancer experience	I didn't really have many expectations to be honest I knew what radiotherapy was before I started because my Mum had been through several lots of cancer treatment. But in terms of the actual programme itself I wasn't sure. Because I've done a PGCE before so I actually thought it would be along the same lines as the PGCE. But other than that, no pre-conceptions, honestly not	Describes Mum having had cancer treatment, ? radiotherapy. Not having many expectations perhaps describes some degree of open mindedness and no pre-conceptions.
	Q – what do you think attracted you to it then?	
Giving back to society Cancer experience	A mix of wanting a career change and wanting to do something that is giving back to society and I think cancer treatment is something that rings quite close to home because of my own personal experiences with it, so I kind of thought this is what I would like to do	Refers to personal experience of cancer in relation to her Mum. Makes a point referring to 'wanting to give back to society'.
	Q- how has it been over the last- how long have you been on the programme now?	
Considers future as a qualified practitioner. Positive learning journey Mixed experience in relation to clinical staff Negative experience in relation to academic aspects of the programme	A year and a half just over, it's proper scary to think in 6 months we are going to be finished but on the whole I've really enjoyed it. I've loved being at clinical placement and interacting with the patients, some times the staff not so much but you get that anyway in every workplace. Some of the course hasn't been great and that was from the very beginning right up until the start of obviously the issues with covid. But I don't know if that's because I come from a teaching background so Iook at it slightly differently to being a brand new undergrad because I used to teach. So when I've been on training courses I've kind of sat and though really-we're doing this, ok, because I've taught some of it before now. But the majority of the lectures I've really enjoyed and I wouldn't say none of them didn't know their subject content, they're	Describes feeling scared that the end of the programme is 6 months away. Participant 3 uses the word 'loved' in reference to placement and interacting with patients. However she is not so positive in relation to her experience with staff members. A mixed experience too in relation to the academic aspects of the programme. Makes reference to her teaching background and how this informs her judgement of her experience.

	all a wealth of subject knowledge it's just trying to get some of them to talk about it a bit more. But on the whole I've enjoyed it.	
	Q- if I take you back to what you said about placement and you like being with patients, you like the clinical environment, can you tell me a bit more about that?	
Interacting with patients Being there for the last fraction Not knowing what happens to the patient at the end of treatment	I just really enjoy interacting and talking to people and getting to talk to patient you know when I'm bringing them into the changing cubicles and when I'm bringing them into the treatment room, you get to find out a whole host of information about them. To the point where one patient and his wife got so comfortable with me they said as we used to live in Liverpool, you and your X will have to come and visit us at some point. I was like yeah that's great- but like no, it's not going to happen. But you know they would make a point that even if they weren't on the treatment machine I was on, they would stop me and say hi, I would say hello to them and we would have a little chat. It was like that and it was lovely and I had a couple of patients who were like that. It's just really nice but when you don't get to see them finish the treatment, I do find that quite disappointing because you don't get to say goodbye or anything and you don't find out how they get on.	Participant 3 describes the enjoyment they get from interacting with patients. One example of becoming close to a patient and his wife and being invited to stay Relationships with patients seem to be important to participant 3. Being there for the last fraction of treatment is described as being important as when participant 3 misses this last treatment, she feels disappointed that she was unable to say goodbye. Is participant 3 missing out on being thanked by the patient, hence the disappointment? At the end of a treatment course the patient will leave and does not return to the department for follow-up. Therapeutic Radiographers do not generally find out what happens to the patient in relation to cure, recovery or recurrence, it is possible that participant 3 finds this difficult.
	Q- I guess we don't get involved in follow up do we, you may do later in other roles, depending on which direction you take your career. You	

	mentioned clinical staff and not enjoying some aspects of dealing with some staff, can you tell me a bit more about that?	
Difficulties relationships with some clinical staff 'I think some of them just don't think when we are around'.	Yes there are a couple of staff in my placement site, one in particular doesn't even acknowledge me when I'm there on the unit all day, they won't even say hello, even though I've said hello to them. They don't make no attempt to teach you, or interact with you in any way shape or form. And there's a couple like that. One of my first mentors, was lovely some days and some days wasn't. They seemed the hold X against me and even though I'd seen the manager and asked if it was ok and they said yes, that wasn't enough for the mentor-on my first feedback form a comment was made. I was like why what was the need. I've told you your boss has said it's fine, so it's just one of those things. A couple of them are like that-are you sure it's ok to have X and I'm like yeah I'm positive it's fine. And it's just little things like that, or when staff would openly say to other staff when you're stood there 'oh you know student X, I think they are brilliant and one of the best students we've had' and I'm like hello I'm kind of stood right here. By all means say that if that's how you feel but not really in front of another student who's not that person. I think some of them just don't think when we are around.	Not being acknowledged by a member of the team must be extremely difficult. Participant 3 describes some clashes with members of staff Hearing staff praise other students is described as being difficult
	Q it is difficult, when you are in placement or studying do you feel like you have control over your working day	
Taking control Perception of staff Being accepted as a student	To a degree yes, but you kind of feel like you don't want to keep saying to them I want to do this, or I want to do that because at the end of the day it's their job, we are learning but it's still ultimately	Participant 3 describes the difficulties she experiences with striking the right balance between appearing eager to learn and not being perceived as pushy

	them who are signing and have to say this was done correctly and that. I don't want to, I don't feel I can be too pushy with them. Because I know sometimes it's like oh you can switch on for the next patient, then when it comes to it, it just slips their mind, because you're just busy, so you don't say anything and they say why didn't you say anything. It's because I don't want to be pushy. I just find	
	Q- that sounds difficult	
Striking a balance Roll of student	I just find it's a difficult balance to strike between being too pushy and then sort of standing back and letting it roll by (silence)	
	Q – being in a radiotherapy department you treat people with cancer, what's that like?	
Emotional burden Caring Helping Adapting to meet the individual needs of the patient	I find it ok and even though some of the situations are really heart breaking, I'm dealing with it when I'm there completely fine. Sometimes by the time I get home I might have a little cry when I get in, but on the whole I don't have any problems with it. Even when patients are having a bad time I try to make them more at ease, relax them a bit more, to help them through it and if they need 5 minutes for me to sit with them and have a little cry then I'll sit with them and let them have a little cry. If they need me just to completely ignore them, which a lot of people do prefer that then you just ignore them and carry on.	Describes coping with emotional challenges in placement, perhaps need to cry at home. Caring and helping seem important to participant 3. Interesting descriptions here describing adapting to the individual needs of the patient
	Q- how do you learn how to adapt yourself in that way?	
Adapting to meet the individual needs of the patient.	I think that's just come from previous experience in schools and work training adults, that there are just some people who although they are upset, on the verge of tears, they want you to ignore it and carry on as normal and then there are others who do need that couple of moments just to have a little melt	Previous work and life experience has enabled participant 3 to adapt her communication strategies to meet the needs of the individual patient. Participant 3 seems quite confident in her abilities to

	down and then are right then lets carry on, don't mention that again please. Then you can go to the opposite end where there are those who need constant attention and constant reassurances. You sort of get a feel for people when you've met them a couple of times, you get a feel for how far you can go with them so to speak.	deal with complexities of patients ' you sort of get a feel for people' ….
	Q- do you ever see staff upset or showing emotion of any kind?	
Emotional burden Managing emotions in front of patients Not getting upset in front of patients	A little bit yeah, once they are in the control room they'll go oh it's so heart breaking for this patient and things like that, but they won't actually start crying and getting upset in front of them. I do think that's something vitally important because we're not going through it, it's not us, it's the patient and if the patient is dealing with it then we should be able to deal with it while they are there.	Interestingly there is an acknowledgement between staff that some patient cases are emotionally challenging ' oh it's so heart breaking'. Here for the first time participant 3 describes how important it is to her that staff should never show emotions in front of patients. Using the words 'vitally important'. Interestingly participant 3 suggests that as we are not going through what the patient is going through then we should be able to deal with it 'while they are there'. This could mean then that it is acceptable to go home and be emotional- so long as this is not occurring in front of the patient.
	Q-what helps you relax or deal with emotions outside of placement	
Managing emotional burden	Reading and playing video games, to be honest I think since we have been in lock down I've read about 20 books, that's not including all the journals we've read as well. I love to read and am getting back into video games now which I just find relaxing and a good way to	Describes ways in which she relaxes and switches off

	switch off, cuddling the cat as well as much as she'll let me, that helps as well. Our cat is 15 she's got diabetes and pancreatitis, she's up against it but if you looked at her she looks like a 5 year old cat. She is a little old lady … discussion about the cat	
	Q – is there much evidence of team work in the radiotherapy department?	
Team work	Long pause, yeah there is loads of team work, because all the staff are working on the machine together, looking at the patient history, if there's an issue with the patient it won't necessarily be the 2 who are meant to treat them that day that deals with it, it will be the off-set team as well. Even then sometimes they get some of the team from CT scanner in just to ask questions about set-up, sometimes the doctors can be involved, everyone is involved. So yeah the team works really well together.	The pause before response suggests participant 3 is thinking deeply about her reply, considering her response. Could this be because she has had some negative experiences in the past?
	Q – do you feel part of the team?	
Feeling part of the team Student identity Being trusted	Not sometimes, sometimes no, not always, because when I'm a student things happen and sometimes it's a case of step back, let us deal with it and we can talk to you about it afterwards if you want. Which is fine because at the end of the day we are the students we are there to learn and there are some situations where they need, the staff need to take over and for us to watch and observe, that's fine. But a lot of them do try to get us involved and do try to get us to do some things like last time I was there, there was a patient who was really really poorly. One minute they were coming down and one minute they weren't. The staff said can you chase it for us, can you find out what's happening and so I did. So they do try to get us involved in the	Sometimes doesn't feel part of the team as they are not involved in all activities as a student. Participant 3 accepts that is ok and that there are times when staff have to take over some situations and a student observes. Feeling involved and having the opportunity to do things seems to be important to participant 3

	limited capacity that we can be involved.	
	Q – how does it make you feel not having a certain amount of control sometimes	
Having control	I find it ok the majority of time because if it was something that I knew a lot about and then people started telling me what to do and actually I might know better, then actually it's uncomfortable and I'm as experienced as you are please stop treating me like a fool. Then when I don't know as much as them and I'm not as experienced then I'm happy to be told what I need to be doing and this is when you need to step back that's fine	Acknowledges that it is important to know when to step back. Uses 'stop treating me like a fool', I wonder if this is in reference to a situation that has occurred?
	Q- are you viewed any differently being a post grad student	
Perception of staff Having responsibilities	No I would say we're not, we're just viewed as a student. Despite the fact that some of us are older than some of the staff, there's no difference between us and the undergrads, we are students, we're there to learn and we are there to do our own little jobs.	Doesn't feel she is looked upon any differently
	Q –if I was to ask you what does it mean to be a therapeutic radiographer, what does it mean to you at this point in your training?	
'Helping people on their cancer battle journey' Not just getting them in the room, treating them and sending them on their way	To me it means helping people on their cancer battle journey. Not just getting them in the room, treating them and sending them on their way. It's looking a how they are feeling in general, are they coping, not just with side-effects, but are they coping generally, emotionally, financially, have they got a support system in place. It's the whole package as opposed to just the one aspect of it.	Emphasises helping people holistically. Interesting reference made to treating and sending on their way-has she seen this being done?
	Q – you mentioned cancer battle journey-what do you mean by that?	
Cancer battle	As in their treatment for their cancer, they are trying to cure their	Participant 3 chooses to use 'their' in reference to

The patient's cancer, treatment, journey. Cancer beliefs	cancer. I know we do treat a lot of palliative patients but even they see it as it's me versus the cancer, I want to improve even though they know they are not going to, they still see it as their own little battle and most 99% want to win it and we are there to help them. There was one patient he was an ex-police man and his words were when I asked him how are you coping he said oh I'm fine it's not me that's having to deal it's you guys, my body is just a host, you are the guys who are tackling the cancer on my behalf so how are you guys coping? And I'm like, I'm fine yeah. But it was just such a unique way to look at it, he's like yeah I'm good it's you doing battle against it. I'm like yeah ok that's a better way to look at it, instead of oh my god I don't think I'll be able to get through this, kind of approach.	treatment, not that she or we as in the team are treating the cancer. The patient owns their cancer and their treatment and she is helping them. Perhaps contextualising in this way helps her to cope with the emotional burden of the role? The patient described has a unique view on their treatment and this seems to contradict the 'their' treatment opinion. The patient believes the team are tackling the cancer on his behalf and participant 3 sees this is a positive approach.
	Q- did that make you feel differently about what you are doing?	
'we are the ones treating it' Responsibility for the treatment	A little bit yeah, because it does feel like we are the ones treating it. Ok it's happening in the patient's body and the response is down to them, but seeing it as we are facilitating that for them it's like yeah ok that's what we're here to do	Interesting thoughts here on responsibility 'that's what we are here to do'
	Q –it is a unique way of looking at it	
	If he hadn't had said that to me I would probably have never looked at it that way	
	Q- no one has ever said that to me before	
Cancer beliefs	No it was just so odd and I'm like I actually took a step back and looked at him and he said what and I said I've never heard that said before. He said well it's true and I said it might be true it's just refreshing to have someone look at it that way	

	Q- it is and you mentioned about treating the whole person, the whole package what do you mean by that?	
The whole patient The cancer is not just the tumour and the area it affects, it's the person themselves	The cancer is not just the tumour and the area it affects, it's the person themselves . So if they loose the will to keep going a part of that does affect the outcome of their treatment. If we're not looking at the whole person, the psycho-social, the mental effects of having cancer then we're not doing our jobs properly because they need to have the support, that reassurance and confidence that this is the best thing for them and they can overcome the disease	Holistic care emphasised here, does this come from her own experience of the disease and the care her Mum received? Does that make her more determined that the patients under her care should be cared for in a truly holistic manner?
	Q- do you see that as your job to offer that	
Holistic approach to care	Yes in so far as what we know within our boundaries to do and if we can't do it, lets just say it's a financial issue, having been within the adult unemployed sector teaching I know quite a bit about benefits so if someone said to me I'm really struggling with money I don't know where to go, well I would say have you applied for PIP, have you applied for this, have you applied for that. If they were to say no I haven't how do I go about it I would say well you need to go to Macmillan and they will help you fill out the forms. If someone hadn't been down the same career path as I have they wouldn't know necessarily but it is something that people need to be aware of because some people can't work while they are having treatment. Ok a lot of employers are very good and do 100% pay throughout their treatment, but a lot don't. Once you go down to 50% pay then after 6 months you've got no pay , they can't cope but won't say anything.	Importance of providing holistic care further described here
	Q- it's tough, you've described what it is to be a Therapeutic	

	Radiographer, you've described what it is to you to be a student TR, has that changed at all over time?	
Changing perception of what it is to be a therapeutic radiographer Holistic approach to care	Yeah a little bit, because originally you just thought it was about treatment, giving them the radiotherapy, making them understand about that aspect of their treatment and over time having met patients and talked about HNAs with them, it's kind of like well no, we need to be looking at more than just side-effects from the treatment it's more than just that, it's everything else that's going on. If a patient is stressed at home because of something else, that can affect any manner of systems in their body. I know if I get stressed, my IBS kicks off. So if that was to kick off when I was having radiotherapy for say bowel cancer, you might mistake that for a side effect of the treatment as opposed to what it is which is stress. So yeah it is something that needs to be looked at on the whole.	Interesting thoughts on how perceptions change during the programme about what is most important. Initially students focus on the treatment technique, understanding the physics and biological principles underpinning radiotherapy. Again participant 3 stresses the importance of holistic care
	Q – so you think your thoughts on what it is to be a radiographer might change once you graduate?	
Evolution as a qualified radiographer	Probably yes because it's a role that should be constantly evolving because of the changing technology and the way society changes. It should in our minds be right this is not it, this is what we do, this is how we interact, it should change all the time	Commitment to continued development is stressed here, as technology and 'society' changes so too must the radiographer in response
	Q- how has it changed during covid? How has life as a student changed?	
Impact of covid	It's changed dramatically, I miss going in and seeing people. Even the lecturers, I mean teams is great but it's not quite the same as being in the lecture hall or the lecture theatre with everyone bouncing ideas off each other. I'm not looking forward to the on-line sessions in September because I'm	Misses contact with other people and being in a physical lecture theatre

	going to miss meeting up with people.	
	Q- how do you think it might affect you in placement	
Impact of covid	I think it's going to quite dramatically affect us in placement because we have got the masks on ,screens on as well, ok they are not as bad as you can see everything that's going on, but to have the surgical masks on as well, the gloves and sometimes the plastic gowns. That's several barriers you are putting up for communication that will straight away make a lot of patients feel uncomfortable.	PPE-impact on communication is a concern
Impact of covid	A lot feel uncomfortable anyone because they feel very nervous over their treatment which is understandable, but it's just another barrier that we don't really need there that we are going to have to overcome.	Wonders how anxious patients will cope with another potential barrier to communication
	Q – anything else you want to talk about in relation to your experience	
	No	
	Q- you recalled treating the ex-police man, are there any other patients that stand out in your memory?	
Patient stories	Yes there was a lady and before I met her all the radiographers were she's very awkward and difficult to deal with, she is non-compliant and things like that. My initial thoughts were when she was on our list to treat I thought oh my God no. So I went and called her in and she wasn't in the best of moods because she had been kept waiting because we were backed up for whatever reason. So I started chatting with her, asking how she was and after that initial hostility, well I thought you're not that bad. Yes you're a little bit odd with your lovely coloured jumpers which match the socks sort of things. But I found her quite pleasant to get on with, but a lot of the radiographers	Participant 3 describes her effectiveness in dealing with a 'difficult' patient. Describes the patient as a little bit odd but pleasant. Recounts a story about this particular patient being

Patient reduced to tears by member of staff	found her a bit of a chore to deal with to the point where one, I didn't witness this but I was told by another student that a radiographer reduced the patient to tears one day. I said to that student you need to tell someone about that because you shouldn't be making your patients cry, no way shape or form. I said if you want you can say that I've witnessed them being hostile towards her and not particularly nice, you can mention that as well if you want to back up what you are saying. But I found the lady lovely, I mean yeah ok she had issues drinking when she was supposed to drink, but I've got over that very quickly as I'd stand over her and say right you need to drink this very quickly and drink it now. She was right oh I thought I could sip it for half an hour and I was right no you need to drink it all now because it takes some time to get to your bladder for us. That's why we have to keep getting you on and off the machine because it's not filling quickly enough. She's like oh if someone had told me I'd have done that days ago. I was like well now you know, knock it back and we'll see you in a few minutes. So after that she was just quite pleasant and chatty with me and when she wasn't on my machine I'd see her in the corridor and I'd ask how she was and she'd ask how I was. I just didn't seem to have the issues that others had with her	reduced to tears by a member of staff. Participant 3 is clearly appalled by this and does not think this is acceptable.
	Q- you mentioned hostility towards patients, have you seen that or felt it	
Hostility towards patients Inappropriate comments from patients	Yeah there was an older gentleman probably 70s or 80s and he was just a little bit inappropriate with some of the things that he said. He didn't mean it in a derogatory way, just he was from an older generation and what popped into his head he said	Describes inappropriate behaviour from an elderly patient. Participant 3 describes talking back to the patient,

	it. It's like one time he said to me, ah if I was a few years younger you wouldn't stand a chance and I was well no you would still be too old. But it was just little things he would say like that and he would call you sweet heart and darling and baby. For me having worked with an older generation of people who do say things like that, it doesn't bother me. But I know some of the other staff found it quite offensive to the point when he would start saying things like that I would say no Mr X you can't be saying things like that it's not appropriate and he would be like ah I'm sorry sweet cheeks and I would be like you can't say that either.	in a sense standing up for herself. This demonstrates confidence-perhaps associated with her maturity and previous life experience?
	Q – how do you feel about the way other staff dealt with that?	
Thoughts on other staff's ability to deal with patients	Erm they were just quite uncomfortable around him, they weren't keen on treating him, getting him in, getting him out as quick as feasibly possible but given he was in a wheel chair that wasn't very quick at all	
	Q- patient population is very different and diverse	
Diversity of the patient population	Yeah you've got some who are very conservative wouldn't say boo to a goose and then you've got the likes of him who will just say anything	
	Q- characters like that stick in your mind?	
Makes the day more interesting	Yes I think it just breaks up the day a little, it brings that little bit of spontaneity that you don't actually get. I just think it makes the day a bit more interesting	
	Q- every day is different	
	Yes	
	Q- do you find people around you understand what it is you actually do? Is there any misunderstanding?	
	All the time, all the time, because I work part-time so when they go oh what are you studying at uni and I	

	say radiotherapy and they say what's that is it taking x-rays and I say no. So the easiest way I've found of explaining and describing it is 'it's a cancer treatment' that's all I say to them and they say ah I know now and I'm like you don't, you're just saying you know	
General public understanding of radiotherapy	I mean my ex-partners family were convinced for months that I was going to be a radiologist and I'm like no it's a radiotherapist. When I told them that because a couple of them are in radiology they go ah we know what that is, why wasn't I told that before. I'm like well that's what I told my partner's Mum so I don't know, you tell me.	
	To be honest I didn't know about this course until I randomly came across it, I was looking for a radiology course. I was looking at a home study one and then I was just randomly looking to the UoL and this popped up but the closing date had been and gone. So I wondered if I could still apply, so I emailed in and I think it was X that send yes send us your CV and tell us why you want to do it and we will go from there. I got offered an interview and a place on the course before I'd even filled in the application form. I was so lucky, I was one of the last interviews that took place, I was just so grateful that you allowed me to have an interview.	Desire to do the progamme
	Q- so how do you feel about your decision to start the programme	
Decision to be a radiographer and undertake the programme.	It was scary at the time, giving up a full time job to go back to university pretty much full time, at the time I had a partner who was more than willing to support me but then as it was a month later, after I accepted my place I was made redundant anyway, so the fact that I had a university course was a relief because it meant that I didn't have	Describes the decision as scary-giving up a full time job to go back to university

	to go and job search. Me and my partner have actually split up and I've moved back home, so the support I had from him which wasn't very much anyway, I've now got from my Dad. So yeah it was very scary at the time but I'm so glad I did it. I would recommend to anyone if you are considering it to take the plunge	
	Would you?	
	Yes because if you are truly that unhappy in your job and you are considering it then just go for it, what's the worst that could happen	
	Q- I guess you don't want to regret not trying	
	Exactly, you don't want to get to the age of 50 and think I wish I would have done that	
	Q – very wise words	
	It happens occasionally, not often but it happens	
	Q – what do you do part-time	
	I work part-time at QVC, inbound call centre taking customers orders over the phone	
	Q – interesting orders?	
Life and work experience enabling development of communication skills	Not really we just get some weird and wonderful people who ring. We've got a couple of regulars they are know as make up man or under wear man. They ring up just to get you to talk about makeup or underwear. The underwear man will go on until he gets you to say bottom, once you say bottom he's right cheers and he's off	Ability to communicate and deal with difficult patients is probably partly due to life and work experience
	Q – that's why you can handle patients	
	Is there anything else you wanted to tell me at this point,	
	No I don't think so	
	5.2.20	
	You're in a placement block at the minute, do you have any memories, experiences that you would like to talk about?	

Patient memories Seeing things from the patient's perspective Being remembered by the patient Gratitude –being thanked by the patient	Yeah we had a really nice patient, she finished on Tuesday, she was breast cancer, not the 5 day one, the 15 and I only saw her on her 2nd day but then for most of her treatment after that I saw her. She was very nervous, to be honest I don't think she even wanted the treatment. She brought her daughter who came right into the room, because apparently if her daughter didn't do that she wouldn't come in. Every day she was so tense that we were setting her up like 2 or 3 times because she just couldn't relax. Obviously everything was out of tolerance then and obviously we couldn't just keep re-scanning. So we just set her up, we would get her up, get her to take some breaths, have a drink of water and get her to lie back down again. Her and her daughter remembered my name from like the 2nd day and every time I saw them in the waiting they would say hello to me and obviously I would have a chat with them. I wouldn't ignore them or anything. At one point she said she appreciated everything I had done for her and she would remember me even after the treatment had finished, which was really nice. So on her last day, even though I wasn't on her machine I made an effort to come and see her just at the end to see if she was alright and wish her good luck for the future and stuff. So I just thought it was nice, they left me a nice little feedback from and left quite nice comments on there and I think she even mentioned me on the hospital feedback, because I've got that now	Seeing things from the perspective of the patient 'to be honest I don't think she even wanted the treatment'. Reference to being remembered by a patient and her relative-this may be important validation for the participant and perhaps adds to her sense of doing the right thing. Received positive feedback
	Q How did that make you feel?	

Making a difference Being remembered by name	It made it, the job feel a lot nicer and better that you are making a difference. I noticed a difference going from a pelvic machine to a breast machine. The breast ladies tend to remember you, they remember your name they say hi to, even though we've got our masks on. The pelvis's the men just don't. The odd one does, but most are just like I'm sure I've met you and I'm like yeah you saw me yesterday and the day before and all week.	Felt validated by the gratitude expressed by the patient Patients referred to by tumour site
	Q- does that feel different then treating that type of patient?	
Inappropriate patient behaviour Being remembered	It does, but you still get on with them, still have nice chats with them. Some of them are inappropriate, but that is the way with older men I've found. But no it's no different it's just sort of nicer that you are remembered and that they know your name	Being remembered and shown gratitude is important to the participant
	Q- what does it feel like to be remembered?	
Being remembered	It's nice because you feel like you have made an impact on them and they actually valued what you have done for them. Even though it's not much, it's more it's just what you can do	Feeling validated and that you have made an impact
	Q- the team you have been working with the last couple of weeks , have you any memories, experiences?	
Being accepted as a student Perception of staff regarding maturity	Yes so I was on machine x for the first 2 weeks. I had a bit of apprehention about one of the team because she was in my very first placement block, my very first mentor. This time she was so different, she treated me like a proper person, it wasn't just like oh you know nothing, it's as if it all clicked in her head and she actually found out I'm a mature student and in fact older than her, so I do think that helped as well. I do think some of the department actually thought I was younger than I am. They didn't realise I was in my mid 30s. So I	Refers to being treated like a 'proper person' by her mentor Describes being seen and respected as a mature student, as if the status of being older means that staff treat her like an adult

Positive learning experience Control over learning experience	think that has changed some of their attitudes towards me because they are like oh she is an adult, she is a proper adult, older than some of us, so that's been nice. But the team were just a lovely team, they were brilliant, really helpful and would let me pretty much do what I wanted. If I wanted to switch on all day, if I wanted to mix it up I could do that. They basically left me to it, still watched but obviously not right over my shoulder keeping a really hawk eye on me. They were just so supportive, sort of right you're nearly qualified so just do.	A positive learning experience described here and having control over daily activities
	Q – was that quite different then to your last placement	
Having control and more freedom over learning experience Being observed Transition to qualified staff	Yeah because they were still last time, well you need to be doing this, you need to be doing that and keeping us on a short reign. It was like you're nearly qualified, just go and do. I found that quite liberating as you don't feel as pressured as when they are literally standing over your shoulder watching. There are a couple who still do that, but I think that's just the way they are, that's their mind set. They think you're still a student so I'm going to keep a close eye on you and make sure you don't do anything silly.	Doesn't seem to enjoy being told what to do and prefers to be trusted and given some freedom Being observed and monitored Wants to be respected and trusted as a qualified member of staff not a student
	Q- what's your workload like at the minute	
workload	It's quite light, instead of having 4 an hour they do 3, have a 15 min break, do 3 then have 15 minutes. So instead of treating about 40 odd patients, they are down to 20 -25. I mean yesterday, due to staffing we only actually had 9 patients	
	Q- has staffing been an issue with covid	

Impact of covid	I think it has but they try not to let it show so much in the department. So one of the staff who is supposed to be on there all the time is off long term sick and it's been with stress and I can understand that so he's not there. I don't think they've got the funding to get another bank member of staff because there are agency staff already being used. I do think they are struggling, because yesterday they were struggling to have enough staff to have in planning, calcs, CT and all the machines.	Depleted staffing levels
	Q- what does it feel like to be in that place when staffing is like that?	
Wanting to help the team and be seen and accepted as part of the team	You feel like you want to do more, but you can't because you're not qualified and you're not registered. It sort of, you do, I've said before if you need me to do things that are not on set, like going and doing some admin work while you guys treat I said I'm more than happy to do that. Just any way we can help. I've said I want to help with whatever you need me to do. I think it was week 3 and there was a meeting to say we would like you to start taking temperatures of people when they come in. Our first question was are we allowed to because originally we were told no, so I said as long as I'm allowed to I don't mind doing it. Because it's actually quite nice , you get to stand there and talk to the patient as they come in and are waiting for their transport home and stuff. So it's not too bad and there's a chair there so we get to sit down for an hour which is always nice. But yeah it's just little things, anyway we can help, just let us help	Wanting to be seen as part of the team Keen to 'help'
	Q- why is it that you want to help?	
Wants to make things easier for the rest of the team	Just to make things easier for the rest of the staff. Obviously there are things that we can't do, we can't	Acknowledges here limits of own practice and desire to help

help Impact of covid	treat on our own with them, they have to have a 3rd person there if we are there. So things that we can do un-supervised it's better that we can do it, just to help them out a bit and ease the workload and ease the stress and the tensions. Because I think tensions are running high and it's one of those, if we can ease it we might as well try.	Tensions running high due to covid
	Q – what do you think and feel about stress and tension	
Team dynamics and impact of covid	I think from what I've heard and seen there is a little bit of anymosity towards the band 7s, so on my 2nd week I had a message from one of the band 7s to ask if I would do some point cleaning. So the waiting areas, the changing rooms and stuff like that. So I was like yeah we've got a gap, so I'll clean for an hour that's fine. As I was cleaning I ran into a band 6 who was cleaning and I said which bit have you done and I won't do that area. She said what are you doing, I said I'm cleaning. She said do X and X know you are cleaning. I said I don't know I've not asked. She said right come with me, she went to a phone rang X and X and said do you know students have been asked to do point cleaning. The answer was no, she was very much like they shouldn't be doing it. They don't know who's been in there, they don't know if they are positive for Covid or not. So apparently there was a massive kick off because of it and the girl who did it said it's nothing to do with you, it's the principle of it. If band 7s are walking round sitting in the areas where they sit and having chats are not pitching in and she said they should be doing it before we are getting students off machines when you are so close to qualifying. I'm like ok but just let it be known I was quite happy to do	Describes a shift in team dynamics due to covid Felt the need to emphasise that she wanted to do the job she was asked to do- perhaps doesn't want to be

	it, so I think it's just little things like that. When they say this needs doing, that needs doing , but they are not actually pitching in to help. So I can understand the frustrations and stuff.	seen as complaining or refusing to do something- perhaps fearful of this affecting her reputation
	Q- have working practices changed a fair bit since Covid.	
Impact of covid Assessment experience	Yes it's very much a focus on cleaning, hygiene and PPE now, but not necessarily all staff follow that, which I find quite frustrating. I was marked down in my last block for not washing my hands every time because I was using alco-gel instead. There's only 1 sink in the room and for 3 of you to wash your hands and dry and then go out to treat it's not realistic, there's a delay and then the patient, it's not necessary for the patient. Where as one or 2 could wash and the 3rd one alcogel, so that's what I was doing. I was just trying to be out of the way, I got marked down for that. They moved me down for moving my name badge because it kept catching and falling off so I just moved it to another pocket at the top here of the tunic and I'm like yeah but at least it's on-there are some people walking round with their name badges in their pocket and stuff like that. It's like you're telling me to change my gloves, change my apron, put my visor on when I'm going in the room but you guys don't do the same. You know the number of time I've seen a member of staff just going in the room to get the patient off the bed without any gloves on. It's kind of like, I know we've got to do it and I wouldn't not do it, but you need to do it as well. But then you can't actually pick on me for forgetting my visor one time when you don't where it at all when you're going in and out of the room.	Impact of PPE and cleaning regime described, not all staff adhering to the same protocols which participant 3 finds frustrating. Participant 3 describes being marked down and seems quite annoyed Frustrated by this experience Uses the words 'pick on me', suggesting upset and frustration

	Q – that sounds frustrating, do you see any evidence of frustration amongst team members ?	
Impact of covid Team dynamics Not taking it personally	Yeah the review radiographers because obviously they're doing Covid swabs for every new patient and some they are doing them once a week. So when you've got a new patient and you say can you do this swab, some of them do snap at you. Like one snapped at me the other week and I didn't take it personally because I knew she was completely stressed, she was the only one in, it was 2pm, she still hadn't had her lunch yet and was just swamped. To be fair to her she did apologise when she came round to do the swab and I'm like X you don't have to apologise, I'm fine. It wasn't directed at me, you were just frustrated so don't worry. She said no, it's no excuse we shouldn't be snapping at each other. I'm like ok but, yeah and that is happening a lot with the review radiographers. Another one snapped at me when another member of staff was there. The staff was like did she just give you attitude. I'm just like I'm gonna stand back here out of the way, I'm say nothing, I hear nothing and things like that.	
	Q - How does that feel?	
A normal workplace	It actually feels like a normal workplace, yeah it's sort of what happens in work places isn't it. People snap at each other, tensions rise and things like that happen, they are happening more because of covid and the strain the departments under-but generally in normal workplaces, people do get annoyed with each other, they snap at each other and then it's forgotten about, it's fine.	Perhaps previous work experience has led participate 3 to expect some stress and tension in the workplace
	Q- how do you deal with that then? How do you manage that?	
	If it involves me, I will tend to say nothing and just vent when I get	Describes dealing with workplace tensions –by

Managing workplace tensions 'vent when I get home'	home and if it doesn't I'll hear it but I won't repeat it, I won't gossip about it. I won't be like oh do you know what happened on machine x this morning. Because you don't need to be spreading it around, when I've been on lunch and a couple of staff members are moaning about another one, they've said this stays in this room. I've said I don't know what you're on about, can't hear what you're saying kind of thing. Because if they want to vent to they need to be able to vent as if they're not going to be tattled on and snitched on	venting when she gets home. It is interesting that participant 3 does not speak up for herself if she is snapped at, but vents later. She is keen to stress that she does not gossip and has heard members of staff complaining about each other. Uses the words 'vent', 'tattled' and 'snitched'
	Q – do you have your breaks in the staff room?	
	No we've been asked because of the shortage of space not to use the staff room, so we're actually in VERT at the minute. There are some new staff, the newer qualified members of staff tend to go in VERT as well because that's where they've always gone. There's a few that do go in but not many, it is mainly students who stick to VERT	
	Q- what happens in the VERT room	
	Most of the time it's quite empty, once the room was filled with 6 people. We just have a little chat, we chill and eat our lunch.	
	Q- you're close to qualifying, any thoughts and feelings about that	
Transition to qualified	It's quite scary, it's exciting because 2 years are done and that's a great feeling and especially getting our marks. I know they are only provisional but I've done so much better these last couple of semesters than I did the first few. So I think having the on-line lectures and working from home has benefited me so I think I've got more work done and it's been better quality. So I've got to now be an adult again. I've finished 2	

	years of uni and I've got to get proper job now again, do the long applications, do the personal statements again and yeah it's a bit daunting and a bit like oh I don't want to do it again.	
	Q- what is it that scares you most	
Responsibility of being qualified Responsibility of delivering radiation it's going to be our signature on the paperwork, we're going to have our own log ins, it's our responsibility Fear replaced by diligence But I think over time instead of it being daunting and scary it will just be right, this is the way it is. That will go and just be replaced with diligence as opposed to not fear, but you know what I mean	I'd say probably the responsibility when it actually comes, because at the minute we're responsible because we're switching on, we're setting up, there's somebody there making sure that we don't so anything really stupid, which we won't but there's that safety net. But once you're then there, I know for a few weeks we get shadowed until we're happy and settled, but it's still essentially, it's going to be our signature on the paperwork, we're going to have our own log ins, it's our responsibility. And it's still a big thing because at the end of the day it's radiation, it's not like oh I've taught the wrong session today, never mind it will be ok. It's if I give too much radiation or to the wrong place it can have massive implications and I think that's what's it, that's what scary. But I think over time instead of it being daunting and scary it will just be right, this is the way it is. That will go and just be replaced with diligence as opposed to not fear, but you know what I mean	Describes the responsibility of being qualified. Signing, delivering radiation-the responsibility and fear associated. Participant 2 acknowledges the dangers of delivering incorrectly and the serious consequences this can have. Uses words: 'it's going to be our signature, it's our responsibility, it's still a big thing, scary, massive implications, daunting, diligence, fear' Interesting thoughts here- fear changing to diligence once participant 2 becomes more experienced

	Q –what's the most exciting part of qualifying	
Transition to qualified staff Wants to be in same uniform as staff	No more uni work, that's it, that's it and getting out of the scrubs. I hate our scrubs, I want proper trousers and a proper top that breathes and doesn't make me warm all the time	Perhaps the desire to be in the same uniform as staff indicates a need to be seen and accepted finally as a member of the team? A different identity to that of a student
	Q- have you seen anything over the last couple of weeks that you have found emotionally challenging?	
Emotional burden Holding back difficult information Young palliative patient with young children	No I think being on the breast machine and seeing the ladies who obviously had similar conditions to my Mum, that has helped a lot. Because I don't know, I just, originally I did get quite upset about a couple of things and things that I would see. I did experience real sympathy for one lady. She came in and she was having whole brain treatment and on the side-effects all the things were ticked and specifically under other, the Dr had written risk of death from radiotherapy. And so I'm going through it and right the staff are saying do not mention that one under any circumstances. Mention the normal ones, the hair loss, the skin reaction, the fatigue, but don't mention that one. I said, no I wouldn't dream of mentioning that one. So I did the first day chat and I was like so do you remember having a chat with the Dr about the side effects and she was like yeah sure, I know there's a risk of death, but if I don't have treatment, there's a risk of dying so I might as well just give it a go. She was very much aware that this was her last chance and she's got young children and she was just like, we're just going to give it a go and see what happens. And she was quite young and that did upset me, the fact that she was someone so	Surprisingly feels helped by being on a treatment machine that is treating patients with the same cancer that her Mum had, I would have thought this would have been more difficult to deal with. Experienced real sympathy Recounts an instance where risk of death is detailed on consent information, but that she is instructed not to discuss this with the patient during the first day chat. Participant 3 complies and seems to agree with the omission. She seems shocked by the patient being aware and verbalising the risk of death. Obviously affected by the age of the patient and that they had young children. Describes the patient as a 'trooper',

Not showing emotion in front of patients But I kind of feel like it's not our job to be upset, because it's not us it's happening to it's them. And if they're not going to come in crying every day, we shouldn't be getting upset in front of them. We should at least wait until we're on break or lunch or after work and have the feelings then.	young and with young kids was more than likely going to die and probably soon and it was quite devastating for her. But she was like a little trooper she was like right lets do this, lets get on with it, lets get it done and We're like right ok. But I kind of feel like it's not our job to be upset, because it's not us it's happening to it's them. And if they're not going to come in crying every day, we shouldn't be getting upset in front of them. We should at least wait until we're on break or lunch or after work and have the feelings then.	Some strong feelings expressed in relation to show emotion in front of the patient. Staying strong for the patient is obviously important for the patient.
	Q- do you have any experience of any staff or students being visibly upset in placement	
Showing emotion in front of patients Maturity and ability to cope	Students yes, staff no. Staff hold it together quite well and I think it's because they've just been doing the job for so long. You sort of become a little bit numb to it because you see it all day every day. But some of the students find it hard, some of the students have found it quite difficult when they've had cases or tumours that have been fungating or looked absolutely horrendous, they've found it quite difficult and needed 5/10 minutes just away from it all to collect themselves and come back. But that's	Uses the phrase' you sort of become a little bit numb to it' indicating that she believes that over time due to exposure staff become numb to the emotional impact of the work they are undertaking. Participant 3 describes some students finding it hard-but not in reference to herself. She suggests that is because they are young and this is their first degree,

	understandable because a lot of them are just out of their first degree so they are quite young and probably haven't seen or experienced much emotional upheaval in their lives.	where as she is mature perhaps
	Q-just taking you back-you used the words you had real sympathy for this lady, can you tell me a bit more about that	
Feeling empathy	Yeah for want of a better word I did feel sorry for her. It's a horrible thing to go through for anyone to have cancer, but to know the prospect is bleak and to have such a young family must be horrendous for her and I said I did feel sympathy for her and if I could I'd make it better for her but we do what we can and that's giving her radiotherapy treatment	Describes feeling sorry for her patient and the desire to make things better, but that 'we do what we can and that's giving her radiotherapy treatment', this somehow attempting to navigate emotional difficulties experienced perhaps.
	Q- how does that make you feel	
Justifying the decision to treat-Are we doing the right thing but there are some patients I look at and think are we doing the right thing, is it worth their while us doing this?	If in the long run it helps her it's worthwhile, but there are some patients I look at and think are we doing the right thing, is it worth their while us doing this? If it's actually not going to have too much of an impact to them. And sometimes you think, particularly if they're in a lot of pain and they are struggling to get on and off the couch. And I know ultimately the radiotherapy is there to help the pain, but if they're in that much pain initially it will help, but is it enough to justify getting them in that position every day even if its just for a week. And I sometimes think, I think personally that it's not worth it. But obviously if the person wants to give it a go and the Dr thinks it's worth it then that's what the patient wants	Questions here justifying treatment and considering individual patient cases, weighing up benefits against side-effects. Again participant 3 considers the individual patient, their pain and impact of treatment. Perhaps she feels compromised?
	Q-and is that difficult to deal with?	
Wanting to help	It is because you just want to help them in any way you can sometimes that means, obviously we can't influence them in their decision making about radiotherapy	Some interesting thoughts here about influencing the patient and wanting to emphasise to patients that they have a choice, but still

	so you just ask them again do you still want to continue and just remind them that they can change their mind if they want. But just make sure that you say it is up to you, if you want to continue we will continue, if you want us to stop we will stop and just not influence them in any way	wanting to ensure she doesn't over step her role boundaries.
	Q-you mentioned as well that you feel it's not our job to be upset I wonder if you could explain that a little bit more	
Showing emotions in front of patients. Yeah, it's not happening to us. They're not our family members, they're not our friends and they need us there sometimes to be the strong people, to be their support, to basically do our job for them Being strong for the patient	Yeah, it's not happening to us. They're not our family members, they're not our friends and they need us there sometimes to be the strong people, to be their support, to basically do our job for them. And that's what we're there for, we're not there to get upset on their behalf. If they want to be upset and have our shoulder to cry on that's what we need to be there, we need to be strong for that. And although situations may be similar to things we've experienced or gone through ourselves, at least we can empathise with them and say, we know what you're going through, I understand. But to actually get physically upset and start crying I don't think is right. I know some people have to do that to deal with it but I don't think we should be doing it particularly in front of the patient	Very strong statements here in relation to not showing emotion in front of the patient. Always being 'the strong people', 'to be their support' 'to basically do our job for them' There's a real sense of wanting to be strong for the patient. Interestingly she acknowledges the impact of previous life experience, but that this should not be an excuse to cry or in some way justifies showing emotion. But that the life experience enables you to empathise with the situation. Participant 3 feels very strongly that it is wrong to show emotion in front of a patient.
	Q- what would you think about a member of your team if they did do that?	
Thick skin needed They don't need to see how you see them	I wouldn't, my opinions for them wouldn't change, but for want of a better word I'd say they need to toughen up a bit. To sort of grow a thicker skin, because that's what's needed, it's a tough area to work in particularly when you get patients in that are really frail and really poorly. They don't need to see how you see them. Because if you're	Powerful statements here, again emphasising it is unacceptable to participant 3 to show emotions in front of patients and that this is almost perhaps a way of protecting the patient 'they don't need to see how you see them' In order to ensure

	getting upset and you worry too much they begin to think am I sicker than I am and that can impact their mental health and the way they are seeing things. And that's something that they don't need. They need you to be as positive and as strong as you can, because sometimes that's what motivates them to carry on.	the patient can remain positive and carry on
	Q- do you think, you've used the tough a few times, tough area to work in, you've got to be strong you've got to toughen up. Is that something that comes naturally or is it something that has developed over time?	
Being tough Developing resilience And to be honest seeing a stranger go through it, is nothing compared to seeing a parent go through it.	I think that some people are tougher when they come into the programme because of things they've experienced. But the toughness and the resilience develops as you continue on and as you continue in the workplace as well. It's not something that you're just naturally born with, because obviously you're not born seeing all these things and having all these experiences. It's just through experience that you develop this toughness, this resilience. I would imagine had I not gone through what I've got through with my Mum having breast cancer the first time round seeing how ill she became the first time and then the second time she actually died. Having seen all of that I am coping quite well seeing the older patients, seeing the frail ones because I've seen and experienced that with my Mother. And to be honest seeing a stranger go through it, is nothing compared to seeing a parent go through it. Because my Grandmother at the minute, she went into hospital September time with covid. She came out, she was in hospital about 3 months, she came out just before Christmas and	Describes developing resilience through life and work experiences. Refers to own experience of cancer and how this has shaped her ability to cope Highlights that seeing a parent go through it is far more difficult than seeing a 'stranger' go through it. Almost by staying personally disconnected from the patient and remaining the professional offers some protection to the professional and gives them the ability to cope?

	it wasn't looking good. So I went to see her and she looked thin, she looked frail, she looked old, because obviously she is old, but she looked older and she looked really ill. It reminded me of the couple of weeks before my Mum died and how ill she looked. My Dad because he'd been through it with my Mum, he could see the signs and he knew she wasn't gonna be here much longer. Not sure how long because it can vary but, he's prepared because he's seen it before. I'm prepared but his brothers and sisters aren't prepared for the fact that their Mum's gonna die. And you know to the point where last week, she was put on end of life care. She's got like the morphine syringe and that on the go to keep her comfortable. And he had to sit down and tell one of his brothers and sisters this is it, it might take a few days, it might take a few weeks, it might take a couple of months, but this is end of life care, she's not gonna be with us years it's gonna be hardly a year at the most. They got really upset and couldn't handle it, because they've not experienced it, even though they are older, they've not had relatives die, they've had older relatives die obvisouly. But when you're younger you don't. I think a lot of people on our course haven't been through that up until recently , because I know some have lost family to Covid and it's only really now that they are starting to experience it. It's a tough learning curve but they will be better for it in the long run and that is what will build their resilience, build their tougher skin. And it is mainly just life lessons and living life that teaches you that.	Increased life experience will assist with development of a thicker skin 'and they will be better for it'
	Q – do you think Therapeutic Radiographers are tough?	

Being tough	A lot of them yeah. They may not realise it, but they are. From having a patient one day and they are ok to finding out the next week that they aren't coming in because they've died. You've got to be tough because even though you don't, you're not related or anything you do build up a relationship with them, you do start to care about them and you know you like seeing them the next day. You like having a little chat with them, you like getting to know them as people. And then to hear that they have died, it does hit you and you feel sad. But as the years progress, you'll still feel that sadness but it just won't affect you as much as it does the first couple of times. As I said they are all lovely caring people, but I just don't think they realise that they have quite a thick skin.	Describes radiographers as tough because of what they deal with Acknowledges here that relationships are built with patients and that you do start to care about them-this contradicts above thoughts Staff don't realise it-but they are tough. As you gain more experience 'it won't affect you as much'
	Q – do you ever see humour being used	
Use of humour Having banter	Yes all the time, particularly with patients and it's nice because the patient like it because you're not just treating them as a patient with cancer , you're treating them as a person and that's the way to be. One of them put it quite nicely yesterday, that if you can't have banter with the people that you work with and with the patient sometimes, depending on the patient, it's a miserable working life and I agree whole heartedly. You've got to have banter, you've got to have a bit of fun, because it's not the most joyful area to work in. It's not laughs, it's not giggles, it's quite serious, it's serious illnesses and if you can't have that bit of fun you'll be depressed. You'd go off with stress and depression and you just wouldn't be able to handle it, so you do need the little light heartedness.	Not just a patient, it's a person-but how does this fit with the not showing emotion thoughts? Having 'banter' is important as the workplace is so serious it is needed to ensure you don't go off with stress and depression

	Q – what strategies do you use to manage your emotions	
	Reading and video games, that's what I do and I always have done and my cute cuddleys (holds up a teddy bear)	

	Participant 4 (DP)	
	6.8.20	
	Q- what made you decide to do the programme?	
Personal experience of cancer Fulfilling a promise	Erm I didn't actually know anything about radiotherapy to be honest, I didn't even know how you became one. But my Mum had terminal cancer and we were at X where she was getting treated and she just turned round to me one day and said you'd be really good at this you know. I said yeah ok yeah Mum whatever you say. She was like you should really try for it you know, I want you to promise me that you'll have a look into it at least. So I was like ok that's fine, so we went back home and she got it all up on the computer for me because she knew I wouldn't do it on my own. Then we realised I'd have to go to a uni to do it as well and she said I think you should do it, I think you should really try for it. She made me promise her before she passed away to do it. So that's what I've done, that's how I really got into it.	Participant 4 has a recent experience of her mouther dying due to cancer. There is obviously a deep seated desire to carry out her Mum's wishes and succeed and qualify as a radiographer. This may give participant 4 a real push and drive whilst simultaneously putting them under immense pressure and be fearful of failing as they don't want to renege on their promise and let their Mum down
	Q- how do you feel about that decision	
Positive decision, making the right choice	Erm it's probably one of the best decisions I've made in my life to be honest. I feel like now I'm doing the course and I've met patients, I feel like it's the right thing that I've done completely.	Feels the choice to undertake the course was the right decision for her.

	Before I was doing this, because I'm a mature student I've kind of gone from job to job and travelled and never really found myself where I'd say yeah this is for me. But as soon as I had my first placement in first year I instantly knew it was definitely knew it was what I wanted to do. I feel like this is the right thing, definitely the best decision I've made, I'm really happy that I stuck with it and she pushed me to do it to be honest.	
	Q- can you talk to me a little bit about what's been happening the last couple of months	
Impact of covid Multiple demands on time Commitment and determination	So we were quite lucky to be honest because we did our whole placement block just before Covid and the pandemic began. So we finished in February, just end of February for our placement. We were actually going back to Uni to start doing our work. So training wise we were very lucky that we could get all the training we could get. However the pandemic through all sorts of curve balls our way. With having a house and a little boy and trying to work out how I was going to learn, try and study at the same time so I found it difficult, but it just meant in the end I found a way around it. I had to get up at 4am start doing my essays until around 7am in the morning when he woke up and then in the afternoon do maybe a couple of extra hours if he was watching the tele and settled. Then I'd do a few more in the evenings and that's how I kind of got around it in the end. But it was tough.	Describes effect of covid on placement attendance Managed to deal with impact, manage home schooling, working, university work. There are multiple demands on the participants time Shows huge determination and commitment getting up at 4am to complete assignments and then home school.
	Q- that sounds like a really hard routine	
Demanding, tough routine	Very much so when you know my husband got in from work about 8/9pm and he wanted to sit up and	Again shows great determination and strength. Could this be

	see me for a couple of hours, so I wasn't getting to bed until 11am and then getting up at 4am to my work, but you have to do what you've got to do I suppose.	the participants personality or is the drive coming from her desire to fulfil her promise to her Mum
	Q- have you been working part-time as well	
Balancing demands on time Working part-time	I have yes during the pandemic I work as a waitress so I haven't actually been in work and I'm still not back at work yet so I should be starting next week. So during the pandemic I haven't actually worked at all. But since I've started this course and I've done the foundation year as well, I've worked part-time or done up to about 30 hours a week usually just to try and make ends meet with everything.	Working part-time must make time management difficult. Meeting the demands of the programme, working part-time and managing her family must be difficult.
	Q- how have you managed to balance everything?	
Managing multiple demands Family life Supportive family network Being different to most other university students	The first year was a bit difficult I was just trying to get the routine together. Trying to work out how we had to get baby sitters because my parents have passed away so we only have one set of grandparents to help us. So it was kind of work around each other, but my husband has been really supportive and my family have been really supportive. They've kind of helped us get round everything but you don't have much of a social life which is fine by me, which is different to most uni students, but I've managed to get, what I try and do is do 6 days and get 1 day off for family time. That's how I've tried to work it at least.	It must have been difficult to manage the multiple demands placed upon her. Participant 4 describes a supportive family network She feels that she is different to other students as she doesn't have much of a social life
	Q- from your perspective at this moment in time what is it to be a student TR	
Need to have empathy Understanding the patient journey-seeing things from the patient's perspective	I think you've got to have a massive amount of empathy and you've got to have, you've got to understand the patient journey I think because if you didn't, I	Participant 4 makes reference to having experienced cancer and how this relates to her thoughts that you have

Doing your best for the patient Getting the best outcome for the patient Seeing things from the patient's perspective Being a student Patient's seek support Building relationships/rapport with patients	think a lot of people who do this course have had someone who has had cancer in their back ground or have someone who has been affected by it , so you kind of understand where the patient is coming from to a degree, but to be a radiographer I really think you need to have those skills that you should do in the medical profession but you also need to know what you're doing to try and get the best outcome for the patients. I think the patient side of it is incredibly important, especially where people are going through probably the worst time in their lives and have had this horrendous diagnosis thrown on them and they can't do anything about it, they've just got to try and manage it. I find especially being a student, I feel like you're the one they come and talk to. So you learn that empathy and you learn how to talk to people and build that rapport with patients, much better than I think you would with other disciplines maybe.	to understand the patient journey and have empathy. 'so you can kind of understand where the patient is coming from to a degree' 'you need to know what you're doing to try and get the best outcome fro the patients'. It is so important to participant 4 that she sees things from the perspective of the patient. This may again be grounded in her own life experience. Participant 4 demonstrates a sense of her own empathy towards the patients in the words she uses to describe their diagnosis and building relationships with patients
	Q- do you ever find the job can be emotional, do you feel something different inside but maybe don't portray that?	
Emotional burden/demands Ringing the bell-emotional response Horrific stories Put on professional face Not showing emotions Understand the patient	Yes definitely, there's definitely been one time with a patient when I cried so far with a patient when they rang the bell because they were just so lovely and they brought all the family too. It really was emotional and you do find some of the stories just horrific and I think you've got to put that professional face on, you can't look like you're being emotional, especially if they are upset as well, you've got to kind	Describes the end of treatment bell ringing experience with one patient. Perhaps not just because they were thought to be lovely, but that they also brought family members with them. Perhaps seeing the patient, with their family made the situation more

Empathise Give the best advice possible without building their hopes up	of understand what they are talking about, empathise with them but try and give them the best advice possible without building their hopes up. Try and give them advice in how to look after themselves and how to make the side-effects less and yeah I think it's definitely emotional but you've got to kind of deal with it and kind of put it to the back of your mind and try not to get emotional yourself.	emotional as often seeing the patient with family, highlights how the diagnosis impacts on not just the patient but the whole family around them. Again this may well remind participant 4 of the death of her mother and the impact on her family. Participant 4 describes some patient stories as horrific. She uses the phrase ' put that professional face on' which means not showing emotions. Uses the phrase ' you've got to kind of deal with it and kind of put it to the back of your mind and try not to get emotional yourself'. Again there is a requirement to not show emotion, but an expectation that as a professional you understand what is happening from the patient's perspective. Interesting thoughts around giving advice and not building hopes up. Participant 4 feels there is a need to be realistic and honest perhaps again coming from her own personal experience.
	Q- do any members of the team ever show any emotion?	

Emotional burden Paediatric patients Palliative patients Time to process 'oh that was horrible, but they kind of get straight on with it for the next patient because you haven't got time to process it all' Talking to peers Taking it home 'I think it's kind of good to talk about it with people but not take everything home, otherwise you're just going to be emotional all the time with some of the stuff that you hear'	It depends what kind of a day you've had, if you've had back to back paediatric patients and then you've had someone who is palliative, really poorly and they're really struggling with side-effects. You get one after another, it's kind of tough, with the student side, the radiographers are amazing and they will sometimes go oh that was horrible but they kind of get straight on with it for the next patient because you haven't got time to process it all. So I think it's really important you kind of talk about it to an extent with you peers and with your colleagues. Then when you get home you obviously don't want to bring it up at home, that emotion. I think it's kind of good to talk about it with people but not take everything home, otherwise you're just going to be emotional all the time with some of the stuff that you hear.	Uses paediatric, palliative cases and those struggling with side-effects as examples of when it is emotionally challenging. Participant 4 describes supportive staff acknowledging that something was horrible, but quickly getting on with the next patient as you haven't got time to process it all. She feels it's really important that you have the chance to talk to peers as you don't want to take the emotion home. Despite describing her family as supportive, it is interesting that participant 4 doesn't seek support from family in relation to dealing with the emotional burden of the role. Is there a need to protect her family from the emotional challenges of the role? Or is she protecting herself by only requiring to open up a certain degree to her peers who she may not be completely open and honest with?
	Q- how do you process it all, how do you deal with it	
Emotional burden	I think I would maybe speak to someone on the team or one of the Radiographers and I'll kind of say oh that was really sad because they normally know a bit more	Participant 4 will seek support from staff or peers. She likes to know the 'back story'

Understanding the patient's context-their perspective 'the back story' Empathy Personal experience of cancer Emotional trauma Feeling Understanding I try not to hold onto it too much because I've already got the image in my head from a previous time.	background than I do, because they might have known them a bit longer. It's kind of, I like the back story and to get to know the patients well. I think because I've been through it and I saw from my Mum, my Mum had cancer twice you see. The first time she had it she was cured and then the second time it happened a couple of years later and that's when it was palliative. So I've been through oh thank God she's ok and I've been through well this isn't going to go the way we want it to. And I've watched that unfold and Mum become more poorly and poorly to the end really, and watched someone pass away. So I kind of compare a lot of that stuff to that situation, because I know how strong she was, well I can feel, I can just kind of understand what it is. I try not to hold onto it too much because I've already got the image in my head from a previous time. So I just try and breathe, try and get on with it, keep all of that in the workplace and try not to bring it home to my family. Work gets switched off then and I can try and enjoy family time then.	Understand the context of the patient links to an empathic response. Again makes reference to personal experience of her Mum's cancer diagnosis. She acknowledges that she compares much of what she sees to her experience which has enabled her to 'feel' and 'understand' Participant 4 describes 'trying not to hold onto it too much because I've already got the image in my head from a previous time' Again emphasises not bringing any emotional difficulties home and keeping it all in the workplace. Previous life experience provides an ability to understand but also possibly challenges her emotionally
	Q- do the team around you offer support at all in placement	
Peer support Status as a mature student More life experience Support from staff	I think so, especially the other students because they are all going through the same thing. I am a little bit older than everybody else, so their life experience isn't quite up to what mine is so sometimes it's difficult to talk to one when they don't have the life experience that you've got yourself. The Radiographers are brilliant, I'll speak to them because they're more my age, so I find I can talk to them a little bit easier, where as	Describes getting support from peers As a mature student she feels she has more life experience that other students and therefore sometimes difficult to talk to them Participant 4 values support from staff

Life experience 'But I just try and keep myself to myself, but I will speak to them. But it's a little bit different for me'	the students who are 18, 19, 20 are a little bit harder to kind of talk to because you don't really have the same experiences, the same life experiences. So personally I don't but I know of lot of them do talk within themselves and give a lot of support to each other. But I just try and keep myself to myself, but I will speak to them. But it's a little bit different for me.	She sees herself as different from other students, this I feel is due to her personal life experience and losing her mother to cancer
	Q- what's the workload like in placement?	
Workload Feeling supported Shifts to accommodate child care routine	It hasn't been too bad to be honest, because we get half a study day and do bits of work where we can. But I think with my last placement I don't feel like we've had a lot of work to do around placement. There's been obviously your reading towards essays and stuff but there hasn't been a lot of deadlines around placement, so we've had it relatively easy to be honest ourselves. It depends what is going to happen as you go into 3rd year, when you've got your dissertation to write and you've got placement on, it will be a bit of a learning curve that way. But so far so good for me, the workload hasn't been too bad at all. The shifts are good because they are pretty flexible especially with myself picking my son up from nursery or his Nan and Grandads. They've been particularly good with me, making sure I've got the right shifts as much as I can really	Feeling less pressured at this point in the programme.
	Q- how many clinical patients are you seeing in a day	
Workload	On average about 35-40, it depends where you are. Some places on our clinical sites are a little bit smaller so one site you	Describes fluctuating workload and patient numbers depending on machines/technology

Rushing Fitting them all in Team work	might see about 30 patients and if you go to one of the busy machines which has the more advanced techniques you might see 40. I think with the advanced ones you have less patients because you have more time for them. With some machines you are touching 40, it's hard to fit them all in. The Radiographers are brilliant at fitting them all in and getting the times right, but still not making out like they are rushing to get the next one in. So it's kind of team work I suppose that they all kind of work together to achieve that.	Team work here highlighted as the way in which radiographers work together to get through the patient list, but try not to appear to be rushing to the patient
	Q- you mentioned before seeing a variety of different techniques and patients, are most days similar or do they vary?	
Techniques and technology Feels part of things	It depends what kind of machine you're on to be honest, I mean I've been on machines that have had just the most bizarre treatment techniques, like a thigh. I mean I never even thought you could get cancer in your thigh and you've got a big leg cast. Then you've got your SABREs and you've got all the band 7s in watching. So it's kind of I feel like I've seen a lot of different things lately. My 2nd year ones I've seen so much that I never thought I'd see when I was a student and been a part of as well.	Details different techniques which are sometimes surprising to the participant
	Q- you mentioned a patient ringing a bell, are there any other patients that you remember	
Getting attached to patients Seeing patients through the course of treatment Building up a relationship Memories of patients	Yes I think I get quite attached to patients at times, especially if I've seen them through the course of the treatment. I mean there was one gentleman who was really kind and always made sure he came and saw me and I'd always catch him before I went on a break, he was always lovely to me.	Feels she gets attached to patients, especially if she has seen them throughout the course of their treatment

Memories of patients Getting attached ‘patient orientated’ ‘getting to know patients and helping them along’ Wanting to help Being rewarded Boost of confidence	There was a lady who was lovely as well and at some point I ended up staying after my shift to see her and take her to the ambulance as well, so I think I get a little bit attached to them at some points but I am patient orientated. A lot of people are about the science side, but I am very patient orientated, I like the patient care side of it. I like getting to know the patients and helping them along, so a lot of patients I know I can remember. One of the first patients I saw wrote a letter to the uni and thanked me for all my hard work and it was my first placement of first year, so we were there for 2 weeks. I got such a confidence boost from it and a nice email from the uni, which was really nice and that will always stick in my mind.	Feels she gets attached to patients – describes herself as being patient orientated Wants to help Describes receiving a thank you letter-being rewarded in this way boosted her confidence
	Q- do you think those thoughts and feelings are going to change over your next year and when you qualify	
Loves meeting patients Considers transition to qualified Looking forward to the future	I hope not, I love the profession as it is at the minute. I love going to meet the patients, what it will be like when you’re actually a qualified is different but I feel like for myself because I am a little bit older I’ll be ok. I’m not going to be changing my mind at any point now, I think I am looking forward to next year and all the different things I can learn and all the other people I am going to meet and stuff with uni and placement	Is confident that the transition to qualified will be different but it won’t fundamentally change her
	Q- does anything worry you about the next stage	
Covid concerns	Erm I don’t think so, I mean obviously the pandemic is still on-going, I did struggle with learning at home because of the other things I’ve got going on at home as well. But I think, well my boys going to primary school in September, so I had my	Struggled with learning at home –has multiple demands on time

Maintains a positive outlook	husband at home, I had him at home, trying to write all these essays. I think it will be a lot easier in September, the organisation seems to be a lot better for this semester so everyone will kind of know what's going on. So I'm hoping it won't be too bad. But when you think you're not going to see anyone from uni until may be March time, if we get to go back to campus, it's just a little bit strange, especially with everything that's going on at the moment.	Acknowledges that not going to campus and seeing peers will be strange.
	Q- what do you think about going back to placement soon	
Looking forward to placement and some contact time Positive learning opportunities 'because every time I go back somethings changed' Sees change as a positive	I can't wait, really looking forward to it. Because we finished the end of March beginning of February it feels like such a long time that we've not been on placement for and we've not had any contact time with anybody. I am really looking forward to it, we had an email from our clinical tutor today to tell us what's going on and give us our rotas for the next block. So it's kind of becoming a bit more exciting that we are going back and going back to see all the different things that's going on. Because every time I go back somethings changed, some different protocols come into place and obviously there will be a lot more with covid, there will be a lot more changes going on, so it's just kind of adapting to that and seeing what's going on in the centres really.	Desires some contact time and enjoys placement very much Looking forward to embracing what has changed, seeing different things. Change doesn't seem to concern her, it's seen as a positive learning opportunity which may well be due to her learning style, personality, resilience and maturity.
	Q- I guess PPE and the environment is going to be different	
Impact of covid-PPE	That's it, I mean the masks themselves aren't very comfortable, even to go to the shops in so wearing it all day for	

	clinical should be interesting, but we will see how it goes.	
	Q- how much control do you have over your working day	
Control over working day Covid had a negative impact on ability to have some control Enjoys routine Learning levels-transition from year to year of training Taking responsibility for own learning Not knowing everything Learning	Erm yes and no, I like to be quite organised, I like to have my deadlines and know what's going on, it's the only way I can survive at the minute. If I just kept it day to day it would fall apart. So I feel better planning everything in advance, whether it goes to plan or not it gives me an idea where I am going. I kind of feel in a controlled way that's the only way I have control by planning out, then when it got to the pandemic and we were learning from home, all my planning went out of the window and it was kind of just fight for whatever I could get in at that time. But do you mean workload? I think I just like routine, if stuff is given to us, I like to plan out. But obviously you can't control what is given to us to write or anything like that. It's jut trying to get used to the steps of university, because obviously in first year it's a little bit spoon fed but you have to go off and do a lot of independent reading. 2nd years just a little bit more, so it's just kind of getting if you're not understanding something to get to learn it on your own. I think especially with doing the essays and learning a whole kind of cancer group on your own, you had to try read or you wouldn't understand anything and there's only so much tutors can give you. I feel that was a struggle for me because, I think everything with the pandemic made everything 10 times harder, but it was kind of a struggle thinking oh I don't actually know what this means so I'll have to go and look it up.	Likes to feel organised, describes needing to plan in advance in order to be able to manage multiple demands on her time. She describes learning levels, expectations of herself at different stages of the programme Struggled with the impact of the pandemic

	Q- do you have any control in clinical	
Control over working day Support from clinical staff No support from clinical staff 'some really just don't want to know' Being ignored Some radiographers are fantastic at getting you to do things, asking you questions, really trying to help you learn and then some just really don't want to know, you're just there because you've got to be there to get qualified and some kind of ignore you Lucky You're not there to learn Being ignored But I know other people haven't been so lucky and I have had the people who won't talk to you, kind of ignore you and you're someone there to just wipe the bed and you're not there to learn Taking control of own learning	Clinical it depends what machines you've got, what staff you've got. I mean some of them are really great at teaching you and kind of letting you lead on a patient. You do have that-it depends on who you are working with. Some radiographers are fantastic at getting you to do things, asking you questions, really trying to help you learn and then some just really don't want to know, you're just there because you've got to be there to get qualified and some kind of ignore you. Then you've got the ones in the middle who are trying to help you but they are just too busy to kind of give you that bit of effort. But then you've got some, I mean I've been really really lucky to be with a couple of people who have really wanted to help you and ask questions, quizzing me and helping me to try to get me to come out of my comfort zone and push me a little bit. So I've been very lucky in that sense and I've had people like that. But I know other people haven't been so lucky and I have had the people who won't talk to you, kind of ignore you and you're someone there to just wipe the bed and you're not there to learn. I mean so I have been quite lucky in that sense. But you kind of control your own learning. If you don't want to learn and stand in the background then they'll let you stand in the background. But if you want to get stuck in that's the way you're gonna learn. I'm quite hands on anyway so I'm quite happy to talk to patients, so I'll do the moves. I think the control lies within yourself, so it's there to take, it just depends what kind of person you are.	Describes a mixed experience in placement. Some clinical staff being very supportive and some not wanting to know. Using the phrase 'really don't want to know' evokes a real sense of disappointment with the attitudes she may have herself experienced. Feels however that she has been lucky with the staff she has worked with-encouraging and supporting her learning and development. Uses the word luck in reference to having a supportive mentor. Interesting that she this as luck, not a necessity that all mentors should be supportive. She describes having experienced staff members who won't talk to you, IGNORE you and you're there to just wipe the bed Demonstrates again maturity and confidence in taking control of own learning. You must have to be a strong and determined individual to step up and take action, especially if you

		are working with staff who ignore you
	Q –how do you think and feel about being that radiographer who is going to be responsible for teaching a student	
Thoughts on transition to qualified staff 'we are the workforce who are coming in' Attitude to being the future mentor to students Responsibility to teach Being a mature student Perception of staff Motherly instincts	I think from what I've heard from peoples experiences I don't think I could ever be that person who was too busy. I think we're the workforce who are coming in and when you've got some of the older radiographers who are like well we had to do this back in our day, we had to carry film, well it's like it's all different now, everything is changing so quickly, technologies advancing so quickly, so they probably know more than you do at some points the students. So I think if you work with students, training them wouldn't be a bad thing at all. I feel like you've got that responsibility to have to teach them, but maybe that's my older head I suppose rather than someone who was younger. I think sometimes when you've got the younger radiographers who are just qualified, 23, 24 and then I come in who's older than them, they don't know how to take me. They don't know how to –oh go on you can do this if you want but because I'm older than them it's a little bit strange for them. Because I'm a little bit older and I have got a child I feel like I would take some of them away and try and help them out.	Clearly participant 4 wants to be the radiographer who is never too busy to care. She reflects on being the future workforce and her description of attitudes of older radiographers may have come from her own experience of dealing with them Participant 4 feels that staff have a responsibility to teach and considers whether this is due to her maturity. Being this mature student can sometimes cause problems in how she is perceived and related to in placement. This is a point made frequently by post grad students. Her motherly instincts are evident in her last sentence here
	Q- what is it like to be you in the shoes of a student radiographer	
Impact of covid Delayed diagnosis-impact on cancer services	It's difficult at the moment, but I think that's just because of Covid. No one ever thought we would get to this place, people are still scared, cancer treatments are getting pushed back so they're	Describes impact of covid on cancer care and potential changes to practice environment

Thoughts on transition to qualified	even more worried than normal.It's kind of a bit apprehensive to go back to placement but kind of exciting because we don't know what we are going to go into. We don't know how Covid is going to affect a patient in a years time. People who should have gone to the doctors straight away and looked at, they've just carried on and not gone because they've got too much going on. So it all depends on what's going to happen in 12 months time , 18 months time where you might get an influx of patients who are really poorly. So it's kind of that apprehension about what's going to happen in the future especially with the pandemic going on. So I don't know, I'm looking forward to it but it's going to be a challenge. We are going to be qualifying in June/July next year so we could be the ones with all these patients if we get a job straight away. We could be treating patients who have missed things from covid, so we don't know what the late effects of covid are going to be. It's going to be an interesting year.	Looking to the future and potential impact of covid on patients in relation to delayed diagnosis Thoughts on transition to qualified
	Q- how do you deal with that uncertainty	
Managing uncertainty Personal experience of cancer She taught me you've just got to take it one day at a time, just see how things go, you can't plan for something as uncertain as cancer, you can't plan for it, you've just got to see what happens.	I think you've just got to take each day as it comes, because if you sat and worried about everything you're not going to get anywhere. I kind of took that from when my Mum was around and she was poorly, I mean we never knew like how things were going to happen. I was going to get married in Jamaica, and my Mum found out she was terminal so we got married in England. Even then it was are you going to get to the wedding, how well are you going to be at the wedding.	Attitude shaped by personal experience of cancer. Not knowing what was going to happen and dealing with that-has that given participant 4 the inner strength to be able to cope with anything that is thrown at her.

	She taught me you've just got to take it one day at a time, just see how things go, you can't plan for something as uncertain as cancer, you can't plan for it, you've just got to see what happens. Especially with the pandemic, we don't know what's going to happen at the end of winter when there could be a second spike and everything goes back to lockdown again and how it was in the Spring, so take each day as it comes and get as much out of it as you can	Commits to taking each day as it comes and making the most of it
	Interview stopped-long discussion about emotions, memories and support available to participant	
	Second interview 20.1.21	
	Q – I know you've been in placement since the last time we spoke-so what was that like	
Impact of covid Move to liftupp (continuous clinical assessment)	Very different, very different , from what it was last year. Obviously our clinical time has reduced a lot now and we're going for quality not quantity. It's just a case of trying to get the most out of placement, you don't really have any time to get yourself involved again. You were just thrown in especially because we are doing lift up now, there's no margin of error, you're just trying to keep it at the highest level all the way through, so it's a bit different now but not too bad	Describes reduced hours in placement due to covid and attempts to reduce footfall Moved to continuous clinical assessment as well as getting to grips with changes in working due to covid. Uses the words: 'you're just trying to keep it all at the highest level all the way through' Wants to maintain levels of achievement and do well
	Q- how are you finding Liftupp	

Experience of continuous clinical assessment	I got quite good marks on it, so I was quite happy with my marks, but I know other people weren't. So you've just got to make sure you're on your toes, make sure you are constantly active, where as sometimes when you'd had your SOCRA, you'd put all your work into that SOCRA and then you'd have a week off after and you'd be like I'm just going to take my time now and back off a little bit and let everyone else do the work-but you can't do that this time. Its more mentally exhausting but I think in a way better than the 3 hour exam.	Reflects on experience of summative and continuous clinical assessment and the need to now 'make sure you're on your toes, make sure you are constantly active' Interesting thoughts on working hard for your summative assessment and then backing off after you have completed it.
	Q- how was placement different to last year	
Patient workload due to covid Impact of covid on staff morale	I was at X, it was a lot quieter, I found patient numbers were lower than they were and more patients were coming in with more advance cancers. There were more breast patients with SCF and nodes and more spread than whatever has been that I've done. I think everyone was a bit more on edge, I think everyone had just got over the summer and just slowly coming down, schools had reopened again and you could just see it was still a bit, the PPE protocols were changing while we were there so it was just trying to keep up with everything.	Describes patients being treated as having more advanced disease than usual, this could be attributed to impact of the pandemic on cancer services. Staff described as being a bit more on edge
	Q- what was it like to be treating more advanced disease and more palliative patients?	
Advanced techniques Mentally draining	It was, it gave me a bit more of an insight into the advanced techniques and the advanced treatments. Rather than having a simple breast patient, you had to move the gantry you had to move bolus and it was kind of remembering all the steps that you had to do. It was a lot of different techniques over the time, it was very mentally draining	Sees it as a positive that she had the opportunity to treat more advanced disease with a range of techniques Uses the words 'mentally draining', to describe being back in placement after a period of time out

	especially because we hadn't been in placement for 6 months prior to that.	
	Q- how was it emotionally	
Emotional demands	It was ok, I mean I think over the pandemic going on and everything with the pandemic going on we didn't know how it was going to be. I think we were the first students back and the staff hadn't had students in for 6 months. So I think everyone was happy to see us, so it was a lot to take on and it was emotionally draining I would say	Describes uncertainty due to the pandemic and the staff having to accommodate to the students being back Uses the words 'emotionally draining'
	Q- any particular patients or incidents that you remember	
Patient memories Young breast cancer patients Reduced continuity due to working schedules Building up relationships	We treated a covid patient without realising it was a covid patient which was interesting. After that everyone was in a mad panic. He got told he had to self-isolate and we had been treating him for days before that so he was covid positive so they had different protocols. So obviously band 7s treated them rather than us, but I did find it was a lot more younger women who had breast cancer. It was a lot of breasts, it must have been out of the 30 odd patients we had a day it was at least 15 of them were breast patients. But because of where we were we were quite, we didn't see every patient, every day like we used to and then one was breaking down. So you'd have someone else on a different machine trying to cut down the queues. It was kind of like you'd see one person for 3 days then you'd see them at the end of their treatment. It wasn't as fluid as it normally is where you'd see one person from beginning to end and build up a relationship with them, but this time you couldn't really build a relationship up. I found you'd be on one machine one day and	Describes treating a positive covid patient- but at the time of treating they were unaware of their status Describes seeing more young breast cancer patients than normal Reduced continuity due to shift patterns brought in, in response to covid No opportunity to build up a relationship Participant 4 places a great deal of importance on building up relationships with patients in her care. I imagine not being able to do this would be difficult for her and reduce the satisfaction she feels from being able to do this

	because of the queues then you'd be on another machine, then another machine, then they'd get put on the private machine they had more space. Then you just wouldn't see them again then you'd see them in the corridor and you'd be like hello are you ok and that would be it. I think you didn't get the relationship as much as you used to. I think because of where I was based more than anything yeah that's what I found this time	
	Q- how did that feel then this time	
Importance of building up relationships with patients Managing side-effects Know the back stories	I didn't like it, I like building up my relationships with patients, I like getting to know them, it helps them open up a bit more to us if you see them every day, especially being a student they feel they can talk to you more than they can the radiographers sometimes. I always talk to them on the way in, it just felt like I couldn't do that as much. Then I'd have another patient from another machine, because the machines were so close you'd just swap patients. You'd kind of just get patients who you didn't know, or you'd miss something. They'd talk about a side-effects that they've been suffering for ages and you couldn't really help as you didn't know the back stories, or you went outside and had another look. It wasn't the best of placements that I've had so far	Building a rapport with patients is extremely important to participant 4, it feels very much that for her, being able to do this is the very essence of care that she provides Managing side-effects is a big concern for participant 4. Again reference is made to knowing back stories, being aware of the patient context in order to be able to truly care
	Q- what was it like being in the team in that situation	
Frustration	I think everyone felt a bit frustrated, but I think because we	Frustrations and fear described here, wanting

Machine break down Impact of covid Lack of team continuity due to covid Fitting into the team	had a lot of machine breaks and just wanted to get the patients through. I think there were frustrations, there were no vaccines in sight back then. Everyone was on their toes, there were people off sick because the schools had just gone back. So there were kids off school, you wouldn't really work with the same team all the time because there was that much sickness, people would be coming in and out. It was more manic than it ever had been. But in general with the team I felt like I fitted in and I could do well, it just wasn't the same as it had been.	to get the patients through. This is not the usual practice of participant 4 who enjoys getting to know the patients over time and building up rapport. Uses the words ' everyone was on their toes' Staff sickness levels were high and uses the phrase 'it was more manic than it ever had been'
	Q- how did the team deal with things, you mentioned people being on their toes, being worried, were there open conversations about this?	
Impact of covid on staff Team continuity Cleaning PPE use	Because obviously when you find someone who has to self-isolate or has a text from track and trace then everyone would go into panic mode. One of the patients who had covid was actually wandering round the hospital touching everything. No one, because of being on different machines, no one had communicated to him that he had to stay in one room, so he was wandering round the hospital touching bannisters. So I had to go and clean and wipe everything down where we knew he had been, just so it was safe for everyone. But they only had, they said up until June/July they didn't have masks they were just still treating as normal. Then when I was there they introduced aprons as well for anyone who was rolling or touching a patient.	Describes the impact of covid on staffing levels Negative effect of the lack of continuity of care linked to events outlined here Describes cleaning down surfaces throughout the hospital where the positive patient had been in an attempt to make it safe for everyone. Use of PPE changed over the weeks that participant 4 was in placement as new

Fluctuating staffing levels due to covid	Everything was getting more of a kind of on their toes, yeah grandparents, parents, no one wanted to get covid. There was a lot of people off at the same time with it or with kids being off school. It was more, definitely more manic and because there are only 3 machines, there wasn't as many staff there and they wanted staff to stay in the same centres because of contamination. So people couldn't really come over to us to help and vice versa	guidance was introduced
	Q- sounds very different, what's it like being a student radiographer now	
Transition from year to year Thoughts on progression to qualified Right ok I need to start thinking like a real radiographer not a student now	I think I didn't realise the jump from 2nd to 3rd year. To be on placement in 2nd year to honest you could get away with being a little bit lazy and just do the same thing all the time, you know you talk to patients, you go out, you don't really do more than what you're told. But I think 3rd year they are expecting a lot more of you and that was more of a shock than anything. It was like right now you've got to start doing the list, you've got to start organising patients and once I got stuck into it I thought ok I've got to do this on my own now, I'm not far from graduating and I could have a job in 6 months/12 months time. Right ok I need to start thinking like a real radiographer not a student now. That was the biggest thing I felt when I was there.	Increasing expectations in year 3 Describes feeling shocked at what was expected of her, but again her matter of fact commitment to succeed kicks in and she said 'I need to start thinking like a real radiographer not a student now' This is an interesting phrase – real radiographer.
	Q-how do you deal with the stress and pressure of that	
Coping with pressures Support network Support from the team	I would have said drink, but not now. I think it's just making sure you're talking to people, I've got quite a good support network at home. I've got my husband, I've got his family, my brother and friends. So I've got someone that I can talk to if I need to if I've had	Describes network of support Support from home and the team is important to participant 4

Being 'helped along' by the team	a stressful day. The team I've worked with them a few times in the past, so it was nice that I knew them as well and they knew me from being a 1st year student to now so they were helping me along. If they felt I was struggling with something we could talk about it together. I felt like I was more part of the team than I ever had been. I felt like because I was actually the only student there for 2 weeks as well, no other students in, so I felt like I was more part of their team than I was, which was nice	Describes feeling more of the team than ever due to being the only student there. Having worked with the same staff in previous years of study-sees this as a positive. Almost a sense of continuity and an opportunity to build up a relationship and rapport, much like how participant 4 describes enjoying building relationships with patients over time.
	Q- do you ever see humour being used	
Use of humour I think you've got to sometimes, I think you've got to laugh before you cry sometimes Patient workload, time pressures Staff are resilient	I think you've got to sometimes, I think you've got to laugh before you cry sometimes because there's been, like there'd be a patient who was a bi-lateral breast you know had about 4-5 different fields. There's be about a 15 minutes gap for them and you'd know that wouldn't be long enough. There'd be about an hour wait after this patient and you'd try and give your patients to other machines, we were like well what can you do. You just needed an hour and half to treat her and you'd be like ok just get on with it. They are so resilient there, anything they get thrown, they	Describes humour as being needed. Patient lists are time pressured and describes a sense of humour as helping managing that pressure

	don't moan about it, they just like get on with it.	
	Q- do you hear any complaining or moaning	
Staff complaining-but not in front of me	They do complain, yeah but they try and not complain in front of me. They have a good moan before they say right we've got to get on with it anyway. They were behind with weekly checks because one of the new band 5 was in there and she couldn't do them yet. They said they were falling behind so badly with them and they said there's nothing we can do we can't just stop and do it. So they'd have a good moan and they would just get on with it.	Just get on with it-this is an attitude that seems to be expressed by participant 4 in multiple situations. Staff complaining doesn't seem to be viewed as a bad thing, it is accepted by participant 4.
	Q- any positive patient stories	
Patient memories Rewarding Getting patients to open up Relationship with patients that's it –it's right we've cracked this one	Yeah we had a couple of prostate patients who were really nice. I love them anyway, talking about the window of drinking and it's getting them to open up because at first they don't want to talk about it and the bladder and incontinence. By the end of it, when you're getting them to open up a little bit, I found that so rewarding especially when if they wouldn't say. You'd be like Hi are you ok and they'd be like yeh I'm ok. And then by the end of it they are on full-on chat, first name basis, you're best friend and we're talking about football and we talking about all sorts of what's going on in life and that's it –it's right we've cracked this one	Again participant 4 describes really enjoying talking to patients. She uses the word 'rewarding' in reference to getting them to open up. It is so important to participant 4 that she feels she knows the person, this perhaps forms the foundation of her empathy. She obviously feels that if a positive relationship is formed she has fulfilled the requirements of the role and perhaps her own expectations of herself in caring for the patient
	Q- what is it that you love about getting them to open up	
Trust Impact o covid	Just so then they trust you, I know that I think it's such a big thing, especially in oncology that they've got to trust you. Especially with everything like the pandemic and then panicking about catching covid because they	Participant 4 wants to feel that she is trusted by patients. This may well come from her own personal experience and also come from her belief in

Impact of covid-patients not wanting to be in the department due to fear of contracting covid Reward Young patients Context of the patient-seeing things from the patient's perspective Gaining patient trust Getting them to be like you know you can trust us here were not going to put you in an unsafe environment, that's what I love. 'That's what I love' No physical contact with patients Being rewarded with gifts	are not as fighting fit as they were. I think that's a lot of their concerns, everyone was quite worried. Erm and you could see that they just wanted to get in and get out. I think getting them to open up to you and trust you and they know they safe in your hands, I think that was so rewarding because they were scared at the beginning and they feel more relaxed the more and more they go along. Especially with the women, the breast patients as well because there was a couple of young ones who were my age or between 30 and 40 and you're looking at them and thinking that could be me because they are so young and you could see the nerves in them and they've gone through chemo in the pandemic and they've had their surgery, they've been immune-suppressed so they haven't left the house for so long. Getting them to be like you know you can trust us here were not going to put you in an unsafe environment, that's what I love. And then when it comes to the end of it and they were really nice and they give you chocolate and they were dying to give you a hug but they couldn't so you just kind of waved to them.	what being a professional should mean Patient relationships are so important to participant 4, it seems to be that she measures her success on the standard of relationships formed Again using the word rewarding Again sees things from the patients perspective. Relates to the patients age and thinks 'that could be me' Gaining trust is so important to participant 4 No physical contact with patients-describes the difficulties associated with this
Unable to provide physical comfort	That was another thing, you just couldn't touch them. Patients want a reassuring arm around the shoulder sometimes and you couldn't do that this time.	
	Q- how did that feel then not being able to do that	
Unable to provide physical comfort	It wasn't nice, I'm not a touchy feely person but if someone wasn't feeling great just to put your hand on their hand just to reassure them a little bit, we couldn't really do that, you're not meant to do that. If they are	Describes difficulties associated with being unable to touch patients in the same way you would have done pre-pandemic

Gaining trust under difficult circumstances Satisfaction	crying at you then you instinctively go to them, but I felt it was a lot more impersonal than it used to be. Which I think is why when you got them round to actually trusting you without having to do that, it was a lot more satisfying.	Again gaining trust is highlighted
	Q- you mentioned a couple of times that could have been me, you connected with them, do you often put yourself in other peoples shoes like that	
Connecting with the patient story Personal experience of cancer Why is a young person going though this? Empathy for young patients Treating patients like they are a relative	Yeah I think I do, because my Mum died of cancer and I know people that are going through it at the moment as well, you do kind of sit there and think God they're my age, why is it them going through this. Then you'd see someone who would remind you of someone who had passed away and you'd be like right they're too young, they should be fighting fit. It does, it makes it more I don't know, not rewarding. I think you feel like it hits them a lot more. I treat everyone like it's my relative, just because I'm like that. I think if that was my Mum, Auntie I'd want them to have the best treatment, so I feel if I can give them that best treatment then they are going away thinking they have looked after me here and I think that's one of my biggest things.	Reflects on personal experience of cancer and how this has influenced her ability to consider things from the patients perspective Questions why a young person is going through this Seems to empathise with young patients in particular. Wants to share that she treats everyone like it's her relative and again refers to her Mum Wants to care, it provides some reward
	Q- block of academic coming and then your final placement-any thoughts about that	
Impact of covid	No I think, I spoke to my CT recently and I'm being put back in the same place where I was this time. So I'm going to know everything again, but at least people having the vaccine now with the spike coming back down,	Unable to control future

Thoughts on transition to qualified Liftupp thoughts Working patterns due to covid Not seeing patients Adapt and get on with it	everyone will be a bit more relaxed. I'm hoping, we don't know what's around the corner do we. You can't even plan week by week for what it's going to be like. I think the closer I get to actually finishing uni, the more responsibility is going to be thrown on me. Which I'm looking forward to, it's just getting my head around it. Because we've had another big gap between placement now and the next one, which is in 8-9 weeks, so I've got another gap. A least the gap between the other 2 is quite small. I feel like that will be just a bit of a warm up to get you back up to speed again, but you haven't really got time because you've got Liftupp. So you can't take a week to get yourself up to speed again, you've got to get up to speed quick, but again you've only got ½ days so as much as you want to be there all day and you want to get as much of it as you can, you've only got ½ a day to do it. Then you don't see ½ your patients, that's one of the main things actually, we are doing like a morning shift and then an afternoon shift. The patients, you wouldn't see all the patients. Morning patients have morning appointments every day. If you were on 3 morning shifts, you wouldn't see the late afternoon ones if you know what I mean and then vice versa. So you don't really see that patient all the time. It's going to be the same this time and you've just got to adapt and get on with it	More responsibility expected the closer she gets to qualifying Again emphasises that there is no warm up period, you have to be up to speed as you are being continually assessed Again highlights lack of continuity Again highlights you have to adapt and get on
	Q- any thoughts about once you do complete the programme and qualified	
Thoughts on qualifying	I would say get a job as soon as I can, that would be my goal. Honestly with things with me at	Thoughts on getting a job

	the minute it's a bit different but I aim to be in work in 2022. All depends on the place where I want to work and whether there will be vacancies, so I just have to wait and see. So the main thing is is trying to get myself a job, but it will be a lot more difficult now that it was.	
	Q- Anything you are thinking or feeling	
Wants to be back in placement Learning on line –v- face to face	I feel like I just want to get back to it, I feel like we're suffering from such a big gap because I don't know. Because you don't see anyone now, it's all on screen and you don't feel like you're connecting much, where at least when you're on placement you're face to face and you're learning face to face. When you're just behind a screen and you've got everything going on around you it's different. I feel like I can't wait to get back just to have that face to face interaction and adult conversations.	Wants to be back in placement and learning face to face
Impact of covid Managing demands	I think it's been a lot harder than anyone imagined this year and I think trying to do the degree and trying to do work at home and you've got everything going on and you're trying to concentrate. At least when you're actually out you can do it, you can budget your time. If you're at home you think, oh I'll just do that and I'll just do that. I'll go and make myself a drink, you just don't have that constant flow and I can't wait to get back to it. That 6 week placement I can't wait for, it's going to be like a whole new revelation. Just to get back to work again.	Difficulties managing demands described. Being in placement offers something of a retreat, a physical space to be that requires you to focus and concentrate-there are fewer distractions.
	Interview ends	

EMERGENT THEMES	Participant 5 (CW)	EXPLORATORY NOTES
	Q- think back to when you first start out on the radiotherapy programme-what drew you to radiotherapy?	
Decision to start the programme	So mines a bit odd, its to do with my undergrad dissertation. I did a dissertation on brain cancer trying to weighted MRI to try and differentiate between 2 types of cancers. They have different reactions to chemotherapy and radiotherapy and I found that really, really interesting. I thought oh I'd like to do something with cancer and was always interested in patient care, patient pathways. Then we got an email from Sarah Jane, just kind of being like come to a radiotherapy taster day. So I went to the radiotherapy taster day and I was just like yes this is what I want to do	Enjoys learning about cancer
	Q- how do you feel about the decision that you made then, how do you feel now?	
Positive about decision to undertake the programme	Yeah it was the best decision I've ever made, definitely yeah without a doubt. Like I can't imagine doing anything else. When I look back on it now I don't know what I would have done if I hadn't done radiotherapy.	Can't imagine doing anything else
	Q – ok why do feel it's still the best decision you've made then?	

Learning about cancer Positive learning experience Loves clinical placement	Erm I think it's a really great way to keep up with my love of, it's a weird way of putting it, but my love of cancer. Because I was just so interested in it, it has completely like enthralled me all through the course. I think it's got a really great balance between clinical and learning, so you don't kind of too much feel pressured that it's all going to be academic and then you're going into the clinical world, but not knowing anything. You're going to have that good balance and I've absolutely loved being on clinical placement.	Describes loving to learn more about cancer and finding it an enthralling subject Feels the mix of subjects, academic and clinical learning offers the right balance for her. Describes loving clinical placement
Wants to do this for the rest of her life 'this is literally like what I want to do for the rest of my life. I absolutely love being on placement, love like being around radiographers and getting to know the patients as well. It's just absolutely amazing'	I said it to my Mum from my first placement, this is literally like what I want to do for the rest of my life. I absolutely love being on placement, love like being around radiographers and getting to know the patients as well. It's just absolutely amazing.	
	Q- what is it like being a student therapeutic radiographer ?	
Pre-conceptions of the programme Mix of oncology, clinical and physics Supportive learning environment	I think it's different from what I thought it was going to be kind of training. I thought it was going to be all clinical and oncology, but there's a lot of physics behind it. But if I was talking to another student thinking about it, I'd be like don't be worried about the physics, because there's a lot of support going on and I think the support kind of makes the course. Because if that wasn't there, I definitely would have got lost on the physics side of things. Just because I had absolutely no idea.	More physics content in the programme than anticipated Feels supported – particularly in relation to physics teaching Despite initial concerns, now feels she can cope

Time in placement Thoughts of transition to qualified	One of our first lectures was on anti-neutrinos and I have absolutely no idea, I literally was like what have I walked into. But like it was, it was just really great, because they did see the look of panic in some of our eyes who had come from biology backgrounds and were just like don't panic, this is just a basic physics lecture, we're not going to be expecting you to know everything about anti-neutrinos. It's that great balance, the amount of time you get on clinical, I don't think I would have got that anywhere else if I'd tried to do radiotherapy anywhere else. I think getting that time with patients and it's kind of the lengths of the blocks as well I really appreciated because you get into the flow and you get into kind of what is my life going to be like after I finish this course. You kind of get that especially with the block last summer, you didn't have any exams to prep for, it was between the 2 semesters and it was kind of like oh this is what my life is going to be like after I finish the course. My day to day kind of tasks and things like that, even though we were kind of like doing rudimentary tasks, you kind of got the idea of what you were going to be doing. Erm so yeah,	Feels she benefits from time in placement, with patients and considers that getting into the routine of clinical placement enables her to think that this is what her life is going to be like once she completes the programme.
	Q- you talk about clinical placement and loving it, can you explain a little more about that, what is it about placement that you love?	
Positive learning experience in clinical placement Supported by clinical education team	Obviously I'm at X and I cannot fault the clinical support team out there because they are just amazing. I'm sure this is the same in other clinical sites, but they get everyone to like understand every	Really enjoys being in the placement environment Feels supported by the clinical education team

Developing understanding of the MDT and cancer pathway Developing an understanding of patient related issues Being thrown in at the deep end 'they don't baby you'	bit of the patient pathway. So we have inter-professional learning weeks, where I spent some time in brachy, in chemo, with the porters and it was kind of understanding every job that is in the hospital. It was kind of understanding every role that everyone plays in a patient's pathway and it's not just your department that's the only thing that affects that patient. Kind of it helped when patients were coming in, if they were mentioning chemo side-effects and things they were struggling with outside of their radiotherapy that I could kind of understand where they were coming from. If they were talking about patient transport, then I kind of understand how I could help and kind of join up all the different things. With clinical placement, when you're on radiotherapy set, they don't kind of baby you, which I really like. I like the fact that they throw you in the deep end. I mean obviously they are there to support you, but they're not afraid to say ok no you take the lead and we'll kind of step in if you need us or if you feel that you need help. I really appreciated that because there is always the chance that when you go back on clinical placement you're going to kind of think oh have I lost it. Then instead of not necessarily like babying it , but instead of kind of encouraging you to take a back step. They will be like no, get involved straight away, like you do know this because you did well in your assessments last semester. We've worked with you before and kind of you do make close relationships with staff members as well because they will remember you from previous placements and they will be like	Describes IPL weeks and developing an understanding of the MDT and cancer pathway An appreciation of others, their roles and contribution to the patient pathway Developing understanding of how to advise and manage patient issues Likes to be given some independence, perhaps this comes from her maturity and the fact she has undertaken a previous degree? Describes responding positively to staff attitude to learning, building up relationships with them and an understanding of what needs to be done in order to improve and develop

Relationships with team members 'you do make close relationships with staff members Being remembered by staff and treated with respect and understanding-sharing a mutual background	well this is what you needed to work on las time, how are you doing with it. Things like that, it's just really appreciated and obviously there is a lot of students going through and you kind of expect to blend into a crowd and be like oh who are you , but it's like oh hi, how's your course going, have you got any assignments, They kind of know because of their backgrounds where you're at with your academic things and they always ask about the assignments outside of things.	Being known, not just a student seems to be important to participant 5-sharing of previous training and understanding the pressures of the programme
	When you're in placement do you have control over your working day?	
Control over working day	So we have set shifts, we either do an 8-4 or an 11-7, that's at the X, I'm not sure what it's like at the other clinical sites. We also have a ½ day and it's up to us when we have a ½ day, but we have to work around if there's another student on set, then you have to organise not to take it on the same day. Or if you are taking it the same day, you're not taking it the same time, so one in the morning and the other like student will take it in the afternoon.	Describes shift pattern Working around other students on set
	In that sense and you can kind of, if you're on set with another student then you can organise your shifts around that and kind of make sure that you're both not doing all earlies or lates. But if you're the only student on set you kind of have the freeness to do what you want to, if you kind of have a job outside uni it kind of works great because you can finish when you want to on certain days within the parameters of those shifts.	

	Q- thinking back to your placement are there any particular patients or cases that you can remember that stay with you?	
Patient memories Paediatric patient 'what I can only say is the shining light of how patient's deal with an illness. Because he just didn't let it bug him, he went to school, he had chemo on a Tuesday and he just kind of took it all in his stride' Connecting with a patient	There's a couple of patients that stick with me. The first we had a paeds patient sarcoma, the reason it sticks out to me is I was treating him when my Grandad became terminally ill and then passed away quite quickly. He, over the week period that that happened, I'd treat the patient and he was, what I can only say is the shining light of how patient's deal with an illness. Because he just didn't let it bug him, he went to school, he had chemo on a Tuesday and he just kind of took it all in his stride. He was learning Spanish at school and we would chat in Spanish, because I did a bit of Spanish in school. I could kind of use certain phrases which I knew were the basics that he would have learnt when he was on the table so I could kind of put him at ease and he was just kind of thinking about school and stuff. And on the Friday that my Grandad passed away, on the Thursday he had come into his treatment and was like X I'm getting these shoes tomorrow and I was like you'll have to show me.	Reflects on recent patient memory and death of her Grandad Connected with the patient and seems to admire the way in which he dealt with things
Personal experience- loss of a Grandparent due to cancer I've got a patient coming in who is showing me his shoes like, it's just the silly little things but because we made the bond through his treatment and I saw him from	My Grandad passed away in the early hours of the morning and I slept through my alarm I rang my clinical placement and said I'm going to come in, this has happened just so you know. They were like you don't need to come in don't be silly and I was like no I've got a patient coming in who is showing me his shoes like, it's just the silly little things but because we made the bond through his treatment and I saw	Clinical education team did not expect participant 5 to come in but she wanted to. 'we made the bond through his treatment and I saw him from start to finish I didn't want to not turn up'

start to finish I didn't want to not turn up 2 way street So it's kind of like a 2 way street with us helping them and them helping us and that's why that case has stuck out to me because I don't think I would have got through that day without the patients that I saw. 'I always remember him'	him from start to finish I didn't want to not turn up. And it wasn't, it kind of got me through the day as well , it wasn't just about him bringing his shoes, it kind of helped me deal with the fact my Grandad had cancer and things like that. So it's kind of like a 2 way street with us helping them and them helping us and that's why that case has stuck out to me because I don't think I would have got through that day without the patients that I saw. It wasn't just him, there's obviously other patients that just make comments throughout the day that kind of picked up my mood and things like that but I always remember him, being in the morning like I've got to go in because he's going to show me his shoes. And X was just like that is just the most bizarre thing I have ever heard and I was kind of yeah.	Describes this as helping her get through the day 'us helping them and them helping us'
Patients reminding you of a loved one Admiring a patient Making a positive connection with a patient Helping	And then another patient was a lady who had rectal cancer she really reminded me of my Grandad but she was just so matter of fact and I think that's she was just one of their generation. There dealing with her, she was really struggling, she had lots of side-effects, she had a really bad skin reaction, but she kind of didn't want to let anyone in at all. She didn't want to let people know that she was suffering but I remember just walking through the waiting room and she kind of gave like a little wince. I was like are you ok, are you feeling ok, is there something wrong. And she kind of just let that wall down and chatted to me and I was like no problem I'll let the radiographers know and we can just get some things in place and things like that. She really appreciated having, although she	Common for patients to remind us of loved ones Seems to admire the patient's strength Describes being able to connect with the patient

	didn't want to let the wall down, she appreciated having the opportunity to let it down even though she was reluctant if that makes sense. I remember her, yeah she just stuck out to me.	
	They are 2 special patients	
	Q – do you ever feel like the emotions you are expressing are different to what you are actually feeling inside?	
Emotional demands Paediatric patients –not deserving this Older patients Different wit paeds patients-they get on with it because it's all they've ever know Processing emotions outside of work Being reminded of relatives – 'oh keep it in don't let it out'	Erm I think in some senses yeah, like particularly with paeds patients you kind of get that like they don't really deserve this at all, they've never like, they've not had like a life yet they do you know what I mean like. With elderly patients they always go on like, oh I've had a great life, it is what it is like, especially with prostate patients they are like oh it doesn't really affect me I just get up in the night. But like with paeds patients it's a little bit more difficult but again their attitude is completely different to adults. They kind of just get on with it because it's all they know and in that sense it makes it easier to kind of mask your emotions because they are being positive it's easier to be positive and then you kind of go home and you're like oh that was a difficult day like that's when it kind of processes. But other than especially with bowel cancer and rectal cancer patients, other than when they remind me of my Grandad that's the only time that I find I'm like oh keep it in don't let it out, because the patient will be just like why are you upset on set and then I'd have to explain it, but that's the only reason that I would think I'd have to mask my emotions.	Describes it being evident with paediatric patients compared to older patients. Suggests older patients justify what is happening by saying they have had a great life. Different with paeds patients-they get on with it because it's all they've ever known. This evokes a sense of sadness and frustration It's easier to be positive when the patient is being positive- but does acknowledge that when you go home, you process it Doesn't want to have to explain to a patient why they are upset 'oh keep it in, don't let it out'

	Q- would you describe radiotherapy as emotionally challenging?	
Emotional challenges Learning curve 'cancer doesn't mean death' Not a depressing career Patients are so grateful that you are helping them Positivity of patients Necessary positivity of staff Don't need to brace yourself for it	Long pause. I think it's a learning curve, in the sense that you learn that not cancer, that cancer doesn't mean death and I think a lot of people go into thinking and still a lot of people are like isn't that a really depressing career because you are treating people with cancer. I'm like no it's one of the most positive departments I've ever, because I've been in surgery and done like experience weeks in places. But radiotherapy is one of the most positive departments because the patients are so grateful that you are helping them and kind of that lessens the emotional challenges I think because you're not surrounded by people who are miserable about their cancer. Like say if it is terminal, even then they are still really positive and they are kind of like well this is what I'm going to do for the rest of my life, it is was it is. You don't get that many patients and even when you do get the odd patient it's kind of made up for by the positive attitudes of the other patients. And obviously the radiographers themselves aren't there to make people feel miserable by being like oh it's so sad that we treat cancer every day, so they've got a really positive attitude. Although in a sense you go into it kind of bracing yourself for it, I don't, I feel like I didn't need to brace myself for it because the patients and the radiographers.	Describes learning curve and that the career is not as depressing as people may think Positive department because patients are son grateful that you are helping them. Is the positivity felt by participant 4 due to the gratitude expressed by patients? Feels the gratitude lessens the emotional challenges. That because the patient is grateful for treatment there is less of an emotional burden felt. Patients are described as being very positive and that radiographers are not there to make people feel miserable so they too must remain positive Interesting that she felt she had to brace herself for it being difficult emotionally, but now because of the staff and patients she doesn't.
	Q- you mentioned the team being positive, what is it like working	

	with the team, I guess you're constantly surrounded by people.	
Team working – positive relationships with team members Feeling supported by the team Observed/watched Making a mistake	I absolutely love working in a team, like I'll work on my own if I have to. I remember in school I was told I was too much of a chatter box, so I absolutely love working with patients and in the team as well because you can kind of bounce off the people you are with. If you've got any uncertainty, they're kind of your safety net to be your kind of , no I can ask the person stood literally 2ft behind me. You just kind of, you don't have to worry in that sense that like if you make a mistake it's going to make a massive difference because there is always people in the room who could be like oh you could do it this way or they can just kind of catch you before you fall, if that makes sense.	Loves working in a team and seems to prefer this to working alone, describes 'bouncing off' the people you are working with Feels supported by the team and interesting that she refers to the person standing 2ft behind me. It is usual for qualified staff to stand behind a student during a set-up, supervising and checking what they are doing at all times. This seems to reassure her that there shouldn't be any consequential mistakes
Positive learning experience Understanding of student learning due to staff having been through the training themselves Encourage independent learning Be given time	The team at the X are just amazing, they'll kind of spot where you need to work before you do. Because obviously they have been through it, they can kind of see if you're struggling but you don't want to mention it because it's a busy day or something. They can kind of point out resources, we got X and stuff so if I'm struggling to understand a patients pathway or why they've got a certain treatment they will point me towards X or the clinician so I can have a discussion with them. They've got the review radiographers they are great for kind of discussing other things in the patient pathway that if I'm not entirely sure what's happening they will make sure that they'll make the time to explain things to me which is great.	A very positive learning experience described which is felt in part to be due to staff understanding what is needed because they have been through training

	Q- do the team ever show any emotions when they are dealing with people	
Impact of treating paeds cases 'the emotional walls come down again' Staff showing emotion	Yeah and I think it's when specific cases hit a bit too close to home. I think that's when the emotional walls come down again with paeds patients everyone takes it a bit harder than kind of you would do if an adult walked in, but like we are all human. We all kind of have those days where it's more difficult than others. You don't kind of point it out and be like oh why are you upset, but at the same time you just let them know that you are there for them and they do the same for us as students, so it's kind of good in that sense.	Challenges of treating paeds described and the phrase 'we are all human' It would seem that staff and students do sometimes show emotion and that this isn't pointed at, but support offered to the individual
	Q- you mentioned before like when you come home, oh that was a difficult day how do you guess offload, or what do you do to kind of help with that feeling?	
Coping with emotional burden Support network	I'm a complete gym addict, so I'm always sorted by an endorphins fix so I just go and let out my stressors in the gym, I'll go and switch my music on and have a good sing song, I don't care if people judge me on the bikes, but like I'm always there and that's always helped me. If I need to vent then my Mums there and you keep things confidential, but the support network is always there and my partners great, he'll always understand if I need to go in the zone at the gym he's like ok she's had a tough day I'll probably buy her a pudding on the way home. But yeah so yeah	Uses exercise as a stress buster Feels supported by family
	Q- has the way in which you deal with things changed since you started the programme?	

Dealing with emotional demands Strategies and tools used to cope Resilience Grow up 'the course has made me grow up a lot'	It has and it hasn't in the sense that I had a really interesting 3rd year experience of my UG degree which gave me a need to go to counselling and in that it gave me kind of coping mechanisms and kind of those have developed since kind of if I've had like a tough day or anything I now kind of know how to employ certain things, like the tools that they've given me to cope. And I kind of not rely on them more, but I'm more kind of intuitive in using them kind of throughout the day if I've had like a rough day and a certain case has got to me then I'm kind of I'll break it down throughout the day so I haven't got to go home and think oh now I need to off load in that sense I've kind of changed the way in which I deal with things and that's since the start of this course. The course has made me grow up a lot, because its Masters learning, there's lots more emphasis on independent learning in that sense I've grown up a lot and I now think right you can now deal with this as an adult if you know what I mean. The course kind of gives you room to do that with the academic advisors, they are there if you need them and like I've lent on X loads of times, she's great I'll just kind of give her a message and be like oh I need to discuss something and she's like great for getting back to me. It's kind of like admitting that you need to talk about something and that's what the course has given me, admitting when you need help, so yeah.	Reflects on previous experience and how that has shaped her ability to cope using various strategies and tools Feels that the course has required her to 'grow up' become more independent and responsible for own learning

	Q- how are you thinking and feeling about returning to placement soon	
Gaps between placement Impact of covid Confidence in team support	I think I'm a little nervous, for multiple reasons. Obviously it's been like a long time since January when we were on placement and that's not the usual case because usually we would have had like the 2 blocks in the summer. Obviously they've got the covid spike and for people at the X, they are kind of a bit more worried about whether we are going to go back because obviously X has the issue which X doesn't. So I think there are some underlying worries which aren't worries that I would usually have if the pandemic hadn't happened. But with regards to going back into the team, I'm not worried at all. I know if I've got any concerns they will kind of help me get back to where we were in January just before we were about to do our clinical assessments. In that sense I'm not that worried, I think it's more kind of pandemic worries that are kind of yeah.	Gaps between placement cause anxiety as there is often a fear that there will be a loss of knowledge and skills Concerned about impact of covid
	Q- I wonder if you've got any concerns relating to the pandemic when you're back in placement	
Impact of covid Aware of limitations	Yeah I think kind of, I'm volunteering at X, having that kind of experience of the fact that not much has changed on the radiographer side of things. Obviously they wear PPE with some patients and they don't have to with others if they have tested negative. That's kind of helped me not worry that much about how my role will change and obviously I'll fully understand if we go back to placement and they are like right we've got these issues and we kind of need you to	PPE requirements Has been working as a volunteer so is aware of changes in clinical settings so not too worried about going back Willing to acknowledge limitations and wants to meet the needs of others

Wanting to fit into the team Meet the needs of the team and patients	take a little step back and I'll be like yeah that's absolutely fine like, I'm happy to make cups of tea for patients and kind of chat to them and see how they are getting on, because I'm never shy for a conversation. So in that sense I'm not that worried about what my role will entail, but I think that's been helped by the fact that I'm at X volunteering, I think probably if I hadn't been at X, I'd have been like oh what are they going to have us doing, are we going to be doing the same things as last time, but having that experience, interacting with the radiographers there, I'm like well not much has changed they are still doing the same day to day and jobs and things like that so yeah that's kind of helped.	
	Q – what made you volunteer	
Volunteering role Needing patient contact	Erm I was interested in what X would be like, I was a little bit nosy. They do things a lot differently they've got X and they all do X. So I was really interested in how that works and they were talking it through with us and I missed patients as well. Kind of interacting with people, it was just me and X in our flat for the whole of lockdown. So it was both of our birthdays and we didn't see anyone so I was just like I need some contact. In that sense it was wanting to get back out there and get some experience because it's all going to help with dealing with patients anyway, even if I'm not down in radiotherapy I'm still going to get patient contact time. Even if I'm up in chemo, I'm still going to get some experience of what it's like for them there. It has been great, I've been on the wards and I've been in chemo and I've	Reflects on volunteering role providing some patient and people contact

	kind of seen all the different parts of the patient pathway now so if somebody brings a concern I'll know how to deal with it better than if I hadn't had that experience. It's been great, I've absolutely loved it.	
	Q- I was thinking you have a few more months left to go before you qualify as a band 5, what do you think and feel about that?	
Transition to qualified	I'm a bit nervous, just because it's always like oh are they really going to let me loose, do you know what I mean. I do once I've got these placements out of the way I feel like I will be prepared. I think even now I could go onto a radiography set and do my job but I would always look to someone behind me and I'd be like yeah I am doing the right thing aren't I.	A little nervous about qualifying, uses the phrase 'are they really going to let me loose' Will be prepared and can do the job Needing someone behind her to supervise
Confidence Transition to qualified Feeling trusted	I think with the kind of 2 6 week blocks it will just give me that confidence that I don't always need to check and that will help me go into kind of job life, because you can lean on the team when you need to but you also have to have that confidence in your own decisions and I think these last 6 weeks are gonna inforce that slightly, because I got that sense before when we did our 5 week block just after Christmas before all the pandemic. The team that I was in on the suite were just so, they were like we fully trust you as a radiographer you're like very competent so in that sense I had already started on that journey of not questioning my decisions and I had learnt the kind of intuition to go and get patients if we were running behind I'd like make cups of tea and just have a chat with them just to make sure that they knew what was	Mature thoughts in relation to qualifying Aware that she will be supported by the team but will need to have confidence in the decisions she makes and takes responsibility for Already feeling trusted and has started the journey of 'not questioning her decisions' having some intuition

Being accepted by the team Student identity- student uniform	happening and why they were running behind. I could do it on my own and I didn't need prompting by the set, to be like oh can you put the late sign up, can you go and tell the patients we're running behind and I think they really appreciated that. It was nice because it didn't feel like it was a student and then radiographer like group, it was kind of a team as a whole. That was really nice and it was kind of a glimpse of oh yeah this is what it's going to be like, I'm just going to be a member of the team and no ones gonna be looking at me in a grey uniform and like you're the student.	Describes here feeling that they are not a student, but are part of the team. This gave her a glimpse of what it's going to be like to be qualified
	Q- you mentioned trust a lot, do you think it's important	
Trust and confidence Personal and professional growth Over my shoulder Being able to give the right advice Having approval of the team	I think it is , I think it kind of as a student it gives you a lot of confidence if you know that the radiographers trust you to make decisions that will be right for the patient and for the experience on set. Kind of over all of the placement blocks my confidence in the decisions that I've made on set has grown and you can see that the radiographers confidence in the decisions that I make grows as well. Erm I know it's like a certain level of walking onto a set and thinking yeah I can do this, but kind of having the radiographers backing you up does help you a lot. I am always one to check over my should and be like I am right aren't I ? it's great when you know that they trust what you are saying is right. Even when you are doing a chat and they walk into the set and you're getting the patient which is like a massive thing in our clinical assessments, even just knowing that when you give advice to the	Feeling trusted by the team to do the right thing is important in promoting confidence Describes growth in own confidence Over the shoulder phrase used again-the supervision provided and checking if you are right Enjoys knowing that they are giving the right information, doing the right

	patient , knowing you are giving the right advice, you're not kind of giving them the wrong advice and then 2 days later they are going to get a different bit of advice, so knowing that you have learnt what you have learnt and they can trust that you are giving the right, because like I was not being supervised at the end when I was walking patients in and it was nice to know that they could trust me. It kind of made the experience for that clinical block, because by the end I was taking them in, I was just then taking them out. No one was kind of not supervising me but they weren't just behind me and like yep that's right, they were just keeping an eye on me from afar and they were just like we can trust her. It was just like a massive, it was nice.	thing and have the approval of the team
	Q – how do you feel about being that person that supervises students in the future?	
Becoming the mentor Negative learning experience 'some people just don't like students' Impact of a good mentor	I think I would look forward to it, I kind of I like kind of getting involved because I've had such a good experience I want to give a good experience to someone else. I know the impact that like a good mentor can have. Don't get me wrong I've had some iffy mentors like, some people just don't like students and that's kind of the way it is. But the impact that a good mentor can have on your learning and your learning on clinical placement is like so profound, so like in that sense I'd look forward to like kind of giving someone that opportunity as well. So yeah I am quite looking forward to that.	Wants to provide a positive learning experience for students. From their own experience they know the impact this can have Has had some negative experiences with ineffective mentors Highlights the profound impact a good mentor can have

	Q- so you mentioned that some people just don't like students, I wonder if you could elaborate on that	
Some people just don't like students You're not going to please everyone	There are some members of radiotherapy suites both at satellites and main sites who just don't like students, just don't want anything to do with students, even though they were once a student, they just see us as an inconvenience and that's fine. You just meet some of those people who don't like you for who you are and I've kind of grasped that. At the start it kind of upset me, like if I had a bad experience I'd be like oh why don't they like me, what have I done to offend them and then I kind of got a grip of myself and I thought you're not going to please everyone, you're doing the right things and you're doing the things correctly. It's just if they don't get on with you, they don't get on with you and that just happens. And in your working life you're never just going to get on with every single person that you meet. Some radiographers just don't want to be mentors, they just don't want to have to like spend that time with students. That's fine, like they are just, it is what it is like, we had a member of the team at X and there was like a group of students there. We had a couple of UGs who were in their final year and then there was me and X from our year. X for some reason liked me and I was so pleased about that, but X hated the other students and just wouldn't give them the time of day. X wouldn't, was not about giving them the time of day on set, or anything. I just kind of breezed in with the confidence of well I know what I'm doing so	Being seen as an inconvenience by some staff Describes being upset at first by this but now thinking that you just can't please everyone. It could be that as participant 5 grew in confidence so too did her ability to remain resilient in the face of this. She feels that this reflects the work environment and that there will always be people that you don't get on with

Navigating negative staff Learning curve Standing your ground	that's it and it kind of, I don't know whether it shocked X, or it was just like oh well ok she's got the confidence I don't need to supervise her and like the other member of staff was giving me a bit of help on the side. I don't know whether it just shocked X into oh well I'll be nice to her then, but it kind of just levelled the playing field I think. But X just didn't like the other students and I think that was just it really. Nothing they did, no matter how great they were as students or how much another member of staff liked them, it was just X opinion and it happened just the same at X site. But I think everyone that I've spoken to from other clinical sites has had a couple of members of staff who just don't have the time of day for students and you just learned to navigate around them. It is a good learning curve you have to understand that you are going to meet those people in life, you are going to have to deal with them in your working career and you are going to have to learn to work around them and kind of not let them ruin your day as such, but also you can stand your ground and know that you are doing the right thing. So yeah, that's it	
	Q- thanks X , is there anything else you would like to discuss	
	No, I don't think so	
	Interview ends	
	Participant 6 (AP)	
EMERGENT THEMES	17.8.20	EXPLORATORY NOTES

	Q- I wondered if you could start by telling me where you are in the programme?	
	I'm going into the 3rd year of my radiotherapy programme and we are starting back on placement in early September so I've just been starting to look into my dissertation, researching literature over the summer so I can get started with that for 3rd year.	
	Q- so you are going back into placement in September-do you have any thoughts about that? Was your placement cancelled?	
	We did all of our placement in March it's a fairly decent gap between March and September . I'm looking forward to going back because I've missed it, I just hope I haven't forgotten too much, but I'm sure it will all come back	
	Q-I'm sure it will, I'm sure it will, thinking about where you are now, what made you make the decision to start the programme in the first place?	
Wanting to undertake the programme	I wanted to do a healthcare course, it was just which one, I liked radiotherapy because it combined the technology and there's the scientific background but also patient care. It's not just all patient care , there's anatomy and physics as well	Likes the combination of technology, anatomy, physics and patient care
	Q- how do you feel about the decision you made to start the programme?	
Happy with decision	Happy, I've really enjoyed it,	
	Q- so looking back over the last 2 years, how have you found it	
Enjoys placement	I've loved it, I don't regret picking the course at all. I really enjoy placement, going to different sites, erm the university experience has been great, and all	Happy with the decision to undertake the programme citing placement and university experience

	the lecturers have been great, we've had loads of support and feedback has been really helpful.	
	Q- so if I was to ask you then to describe to somebody what is it like to be a student therapeutic radiographer?	
Different to other students	Long pause and giggle-that's a question, I would say it's a different experience to what your friends will experience because people don't appreciate the side of placement and the patient experience that you have. I think you have a different university experience to other people. It's a lot easier to grow afterwards in relation to getting jobs, being independent, talking to new people and putting yourself out there a bit more. Long pause	Different experience to other students due to placement and the patient experience. Describes being easier to 'grow afterwards', perhaps suggesting that the course has given her knowledge, skills and independence which will help her in the future
	Q- so picking up on placement experience-how have you found that?	
Clinical placement experience Getting feedback	It feels like a long time since I was on placement, but both X and X sites, I thought X helped because you were able to have the machine to yourself, I did feel quite confident and could get stuck in a bit more. The satellite centres are really helpful in that way, really good at giving you feedback, it's hard to get your forms back, but they do go through your forms whilst you are there.	Feels more able to get stuck in and increase in confidence at smaller sites
	Q- so are there any patient cases that you can remember?	
Patient memories	Oh yeah, yeah, there's the ones that have got distinctive personal backgrounds that you get on with, then there's the ones where the diagnosis is quite shocking, or something to do with their presentation is quite shocking.	Outlines why she remembers some patients-something about their background or diagnosis/presentation, the patients you get on with. Indicates that as a radiographer you get to know the patient case
	Q- can you remember any specifics of them?	

Patient memories Shocking presentation	I think one of mine, it was my very first placement and in my very first week, I got told to go and collect someone from the waiting room and I'd only briefly gone through the notes and then rushed out. I hadn't fully realised this lady she'd had, she'd had metastatic cancer and then got melanoma in her eyeball and had an eyeball removed. So I went out and spoke to her and she had no eyeball there and I was like ohh, but she was such a lovely lady, we got on really well and for the next 4 weeks when she was coming for treatment oh she was a really really nice lady, but that did stick with me because I wasn't quite expecting it.	Honestly describes being shocked seeing the patient without an eye. Describes getting on really well and she was such a lovely lady
	Q- sometimes you are shocked by some of the physical things you see	
	Yeah, yeah silence	
	Q- what's it like to work in the clinical environment	
Experience –at first quite intimidating Feeling included Being accepted Just a student	I think it gets easier as you get through the course, I think at first when you turn up it's quite an intimidating experience that's because it's something new. I think you kind of want to get stuck in but you don't know anything, after those first 2 weeks you do feel quite included. It's actually in 2nd year I felt really accepted by all the teams that I worked in. They would talk to you as if you were a member of staff rather than just a student who didn't know what you were doing.	Found clinical environment quite intimidating at first Wanting to get stuck in After a period of time feels more included and in year 2 feels accepted by all the teams she has worked with Being accepted-'not just a student who didn't know what you were doing'
	Q- you used the word intimidating –what did you mean by that?	
Benefits of simulation	I think it's just a sense that when I went on placement we did the simulation weeks but I did simulation weeks after I'd been on placement and I wasn't really sure what to expect with regards to the linac and how to use it. I	Benefits of simulation

	think the students which had the simulation first and then placement after felt a lot more comfortable and they were getting stuck in. I think a lot of us that when the first time should kind of stood there, do we get involved or do we just stand here (laughs). Silence	
	Q- you said the more you go on through the course the more you feel included	
Being included Being independent	I think it's just your slightly less intimidated by them and feel you can speak to them more on a personal level and feel you can volunteer to be useful, so you're not just waiting for someone to ask. You're like oh shall I go and get this patient from the waiting room and I'll go and get this patient, you're having more active conversations and putting yourself out there a bit more rather than just sitting there waiting for someone to give you a task to do	Feeling less intimidated by staff. Describes feeling more independent and able to do things without being instructed.
	Q- do you feel like you have control over your working day when you are in placement?	
	In what sense	
	Like can you control what you do in the day in placement	
Having control over working day	I think so yes , I know at X we've been using daily task forms and things like that and gone through with a mentor at the start of the day what I wanted to work on and what clinical assessments to prepare for and what you want to get done. I think you get to do most of it during the day but some patients can take over an hour so you don't have time but I think on the whole you do yeah	Daily task forms assist with positive learning experience
	Q- and just thinking about the emotional side of treating cancer patients do you ever find it's a challenge at all?	
Emotional demands	Yeah I mean there are patients in particular that you do find	Some patients are challenging

Get on with patients Peer support Use of humour	challenging because you do really get on with most of them. But I find in the student room upstairs, we don't do it in a breaking confidentiality way but if you want to go and talk to someone about something you've just experienced as students we all talk about things that we've found difficult or even good things and funny things in the department as well so that's good for managing that side of things	'You do get on with most of them', interesting how participant 6 describes getting on with most patients, not all patients Describes benefiting from talking to peers about experiences
	Q- has that always happened as students	
	I think so	
	Q –have you always done that	
Increasing peer support	Yeah it's more so now that we know each other more, I think when you're in first year before Christmas when you're still getting to know each other you weren't as close. But now we'll all just go and sit and have a natter and talk about things that we have experienced.	
	Q- I guess you get support form that then?	
	Yeah	
	Q- do you ever feel the emotions you're expressing when you're caring for someone are different from those that you're feeling inside?	
	Long pause	
	Q-so when you're dealing with a patient do you deal with them in a certain way but inside you might be feeling angry, upset or	
Emotional burden Patient memories Patient issues out of your control	Yeah I've had certain ones who have had safe guarding issues where it's been flagged up on the X about stuff going on at home and it can be quite hard because you want to try and make sure that they are ok but at the same time there's also stuff that you can't. I'm trying to think of a way to describe it, like we had a lady	Describes some difficult emotionally challenging patients

	who came in and had loads of difficulties at home but she didn't' want to talk about it and it was trying to be supportive but not making her upset, those are quite difficult	
Paediatric patients	I think a lot of ones who are quite young or who have younger children can be quite hard as well sometimes because you're trying to support them and I think they find it very difficult finding people to talk to	Describes finding paediatric patients challenging
	Q- do you ever see any members of the team getting upset about anything	
Emotional challenge Staff don't show visible emotion	On the whole no I mean we talk about when we find certain patients upsetting I'll be like oh it's a real shame that this has happened to them and that. But I've never seen a member of staff like properly cry or anything like when we are switching on	Discuss when things have been difficult, but don't show visible emotion
	Q- are departments quite busy	
	I think where I've been it's always been busy yeah	
	Q- is it tiring	
Not too tiring	Erm I like being busy, I don't like sitting around all day I find it really boring so I quite like the fact that you've constantly got something to do and you're going for people, I don't find it too tiring no.	Enjoys being busy
	Q- do you enjoy being part of a team	
	Yeah	
	Q- why is that	
Being part of a team Talking to patients Having more than a working relationship with staff 'feeling like you have an actual relationship'	I think I knew I wanted a job where I could spend my day talking to people and I knew I wanted to talk to patients about what they are doing. But I also like when you go back into the control room and you get to just sit and have like a normal conversation with the rest of the staff and feel like you've an actual relationship with them, rather than	Wanted to talk to people, enjoys talking to patients Wants more than a working relationship with staff

	just a working relationship kind of thing.	
	Q- sometimes when I talk about what I did clinically people can be a bit shocked, what do your family and friends think about the career that you're embarking on?	
Perception of the job	They think it's really good, it's a lot different to what the rest of my family do because none of them are really in health care at all. Erm they don't really, they were quite shocked when I first came back from placement and told them what I'd done. They all think it's great and they are quite proud of me I think, well I hope so.	Interesting that she chose to do something different to the rest of her family Wants family approval for what she is doing
	Q- how are you feeling about going back to placement	
Return to placement after a gap Impact of covid	I'm not worried in the sense, so I've been back working these last couple of weeks so I've got used to PPE and I've been around other people and got that experience, so it's not like I'm going to be going back to something completely different. I just, I don't know what to expect in terms of how we can interact with patients and if we are going to be in full PPE, how it's going to affect the dynamic of the department. We don't really know quite what it's going to be like, I'm also not sure how many patients are being treated whilst this is going on. How many people have had their treatment postponed. I think we're all a bit, because we're in unknown territory I guess.	Feeling confident about the use of PPE as she uses it in her part-time job Not sure how new covid working will impact on ability to interact with patients, patient numbers, dynamics of the department
	Q- are you looking forward to starting academic studies again	
	Yeah definitely, yeah.	
	Q- do you enjoy learning about radiotherapy	
	Yeah yeah silence	
	Q- why is that?	

	Silence and smiles	
Enjoys academic component	I like the fact that it's not all just one topic and the combination of having professionalism with the anatomy and then the physics as well means you're not just doing one area and you're learning all of them if that makes sense, it's varied so you're not just having to do the same thing every day.	Varied content of the course is something she enjoys
	Q- I guess no day is the same, especially in the clinical department and the world of cancer is a huge world isn't it. What are you thinking of doing for your dissertation?	
Research dissertation thoughts	I was originally going to do a study on the transgender population, in regards to breast screening but I've now changed that and I'm going to do it on cervical screening instead because I was really struggling to find enough literature because there hadn't been that much done in the breast screening, I found a lot more on cervical cancer. I've talked to X about it.	
	Q- that will be really interesting, have you treated any transgender patients before	
	No I haven't actually, I haven't come across any	
	Q- no I can probably count on one hand how many transgender patients I have treated before	
	Q- if you think ahead then, you're going into 3rd year so hopefully you will be qualifying by the end of June, how do you feel about that?	
Thoughts on transition to qualified	Erm, it's a strange idea that we're just not going to be in education any more, but I feel quite ready for working and do really really enjoy placement, I said to Mum a couple of weeks back I actually really want to go back and get stuck in and have something to do. Erm I don't know what it's	Positive thoughts on her future working life

	going to be like applying for jobs, one because I've never applied for a healthcare job any way and two because of what's going on anyway, how difficult it's going to be to get them. So I'm a bit nervous about applying for jobs and interviews and stuff but I'm looking forward to working.	
	Q- where do you see yourself after qualification, what sort of practice do you want to develop into, what are your plans?	
Thoughts on future career	I intend to stay around here if I can do, I really like being around the X and between being in X or X, I'm not too bothered. I ideally I am hoping to get a flat in X, erm but I don't mind commuting to work because I've got a car, yeah	
	Q- any areas of practice that you can see yourself wanting to focus on, or is it too soon to decide?	
	It's probably too soon but I do like to be on a linac so I imagine going more into external beam straight away. I enjoy brachy when I went, but I'm not sure whether it's something I would go into straight away. I think I'll probably stick to being on a linac.	
	Q- thanks for answering my questions	
	Discussion around preparation for job applications and interviews	
	Interview 2 19.1.21	
	Q- so I guess we last met in August, have you been in placement since then	
	Yes we met before early September before my placement	
	Q- so if we start with your last block of placement how was that?	
Positive learning experience	Oh I had a really good placement, I think I did 5 or 6 weeks and I was at X. We used the ipads for the first time for our assessments. I did one week in pre-treatment and 4/5 weeks on set.	

	Q- was it busy	
Patient workload reduced due to covid	No it's not, I think when we fist got there it was quieter because we still had quite a lot of reduced patient lists and the staff said for us to go and find other work wo do and normally we'd be working to the end of the student shift, because even the staff were going home like an hour or 2 hours early. That was probably only the first half of the placement and probably in the first part of October the patient list picked back up again and we were running to more like 7/8pm as we would normally do rather than like 6/6pm.	Patient numbers decreased at this point due to covid during the first half of her placement block
	Q- any changes with covid in the workplace	
Impact of covid	I mean the most dramatic one was the PPE, we've never used PPE before but that all got explained really clearly and X had given us all our goggles and stuff and we were all responsible for taking control of that which is probably the biggest change.	Use of PPE
	Q- remind me what do you have to wear?	
	So we wore a plastic apron, then we wore, I wore goggles and a visor and then a mask yeah that was it	
	Q- and that's for every patient	
	Yeah	
	Q- what's it like working with the PPE on?	
Working with PPE	Erm to be honest I kind of got used to it at the end, it was kind of challenging at first I had to get used to positioning your mask in relation to your goggles because I found that it kept steaming up because of breathing, but once you'd figured out where to place them it was fine. I think a lot of us were used to it anyway because we'd been having to go out to supermarkets and stuff and other	Describes impact of using PPE being challenging at first

	places. I think we only did 4-5 hours each day at the X because we were on reduced time, so that was it, it wasn't that bad.	
	Q- how did patients respond to you	
	In regards to covid or PPE	
	Q- both really	
Impact of covid Adaption to communication in response to PPE	They were fine really, the patients were quite understanding, most of them were compliant with the masks and had them on in the waiting room and stuff. We might have had one or two that didn't quite always understand. We had a few patients that sometimes struggled understanding us erm because they were more hard of hearing and we had to find ways around that because obviously with the masks and the visors and being hard of hearing any way it made it quite challenging but we found ways around that so it was ok.	Describes patients as compliant Adaption to communication due to PPE use
	Q- ok, so what's it like being a student radiographer at this time, at this point in the course?	
Enjoys placement Impact of covid on shifts Used to longer hours	Erm I mean I still really enjoyed my placement, I didn't feel like it had hindered my learning or my assessment. I think it was strange for us having the different format of the day, because at X the way we did it was we had like 4-5 hours on set and then about another 3 hours to make up the time difference of doing off set working that X had set for us. So I think it was strange we were used to long well not a long day but a longer day and then having to like drive home and go home to do your work rather than be in was kind of strange. We still felt we made the most of it and we all enjoyed the meetings where we fed back what we had learnt in the week, so we still felt like we were having like useful off-set time, it	Changes in working hours due to covid Made the most of the learning opportunities available

	was just strange having a lot less than we were used to.	
	Q- quite a big difference from what was your normal working day	
Shorter working day due to covid	Yeah I think definitely because we had done it for 2 years as well it just felt like even more of a change because we were coming into 3rd year now and we should kind of hopefully know what we are doing now and we were going in for like 4 hours and I was like oh God I felt like I could do a lot more and sometimes like when we were on pre-treatment they did let you stay a bit longer because there's only like one of you on pre-treatment so we didn't have to swop with the other student, so that was quite nice because you get an extra hour or 2 and can get stuck in	Shorter days due to newcovid shift pattern
	Q How did the staff respond to you being there?	
Perception of staff Changes to work environment due to covid Change to continuous clinical assessment	The staff were really positive I mean the girls on my suite had all just discussed how they missed having students there and stuff and they said that it was a nice helping hand because when you'd start picking up patient lists again they did appreciate having us back and having that extra person to go to. I think they found it a bit strange the fact that we had to swop with the other student and kept like oh are you sure you don't want to stay and I'd been told you had to leave and make sure you didn't come into contact. I think they found it a bit strange and they knew that one person came and the other person left, it's just the way it is at the moment. Some of them were a bit iffy about the ipads but I mean that's a change so people are going to have to get used to it. But	Positive response from staff Not always positive about use of liftupp

	it was mostly a good response I think to us coming back.	
	Q- any patient memories that stick out and stand out?	
Patient memories – impact of covid Emotionally challenging	I have a few this time round, we had some really nice patients, we did have one particularly difficult patient that did stand out, but that was because of the covid. The scenario she hadn't had a good journey up to her diagnosis because of covid, she'd had delays in getting diagnosed and screening and stuff. So she was quite, quite upset and she was very, we really felt for her, she came with like her kids as well so it was quite an emotional patient to have to see every day erm but we had some really lovely patients, patients that would really understand the situation at the moment and would try and do all they could do to like be on time and make sure things were as less stressful least stressful as possible.	Reflects on a patient who had a delayed diagnosis due to covid Uses the phrase 'we really felt for her' It must have been difficult to see the patient with her young children Again uses 'lovely patients' who were very understanding
	Q- ok so take me back to that lady, you said she's experienced some delays in her diagnosis	
Patient memories	Yeah, she'd been told that I think it was her GP or Oncologist or whoever was in charge of her diagnosis that because she was early stage that he didn't want to follow up and look more into it. Then about the time that she came for her pre-treatment scan it had like, the staging had increased that much that people weren't expecting, like she wasn't expecting, she felt like it was the health professionals fault for choosing to leave it for several months rather than acting on it straight away.	Reflects on the patients experience
	Q- how did that make you feel	
Patient memories Emotional challenge	I think we felt like we had to erm, not over compensate, I can't think what the word is, we wanted to try	Interesting that participant uses 'we' as in the team wanted to try and

Wanting to compensate Apologise for what the patient had gone through	and just compensate for all that she had been through and try and give this, like make this a better experience, so when she came in we very much gave it a lot of time to talk about what she had been through and she wanted people to understand the impact on her family. So we'd discuss for her what we were going to do in regards to treatment times and how this was going to make it work and just apologise for what she had gone through, so I think she just needed a lot more support than other patients did. Erm so we just made sure that we had the time to talk to her, I helped on the pre-treatment chat, I'd gone through her patient notes and understood what she'd been through and she was a really lovely lady, she was also really nervous we had to make sure we got some water and stuff, she felt a bit faint so.	compensate for the patient's poor experience Apologises for what the patient had gone through and gave more support
	Q- you use the word we, we felt like we had to compensate and give her a better experience for her, was it a team thing then a collective decision	
Team decision 'we' Team work 'joint effort'	Yeah it was, we read the notes before hand and I think we'd been given, I think one of the oncologists had phoned up and said that when she had done the consultation for radiotherapy that she'd already explained, so we had the heads up. I wasn't sure whether I should go into the room just in case it might have been too much. So I asked whether it was suitable or not and they asked the patient and she said it was fine so, we kind of made a mutual decision that we were going to take certain roles. I spent quite a bit of time talking to her and making sure she was comfortable whilst they were setting up some	It was a team decision

	of the equipment and stuff, so it was kind of a joint effort.	
	Q- did you ever feel during that situation that you had to send out a different message in terms of any emotions you might have been thinking or feeling?	
Emotionally challenging Understanding the patient's perspective Felt frustrated Couldn't show the frustration but sympathised Sympathy/Empathy Tried to maintain professionalism Caring	I think I felt frustrated for her and completely understood the situation she was in. I couldn't yeah I felt like I couldn't show that frustration because it wasn't my responsibility in what had happened, but I think if it had been someone I knew because she was only 30s 40s which is really is so young, I think about people I know my age and parents and just I do really sympathise with her and what she's been through. So I just tried to keep it as professional as possible, and sympathetic for her and just tried to reassure her that now where she was now we were going to try and do the best that we could possibly do and make sure that from now on we were just going to try and take care of her really.	Shows a desire to understand the patient's perspective and feeling frustrated on her behalf. Felt they couldn't show the frustration and sympathised with her and what she had experienced Taking care of the patient
	Q- how did it feel working in the team in that situation?	
Positive team dynamics	I think it brought us all really close together I liked the team that I was working in, we were all quite, worked quite closely anyway but I think it certainly improved the dynamic in people when delegating responsibilities and everyone made sure we knew the patients really well and how to deal with things.	Challenging situation which brought the team even closer
	Q- do you feel that the team help you deal with any stress at all	
Managing stress Team support Being given time to be shown something	Yeah definitely when I was on set, I had one day where I think I was just a bit, I was having a bad day, I think I'd done something like, well I can't even remember, I did something and felt oh I shouldn't have done that, I'm in	Felt supported by the team around her even when she felt like she had made a mistake

Positive learning experience	3rd year what have I done. They were just like it's fine people do it all the time. I think I was just like, just needed to be like yeah I know you're in 3rd year but don't expect that you'll be like doing everything perfect like 100% of the time. So yeah they were very supportive which was very nice and they were supportive of the off-set work too which was really generous because they were having to take time when they were on set to still support us with off-line work. So some of the questions that X would set up would be like talk to a band 5 on your machine and ask them about smoking cessation referrals and things like that. So we'd ask them and what their experiences were and how we would refer someone and they'd have time to go through it on X and show us a different form, so it took time out of their workflow so it was just really generous of them but it was definitely really useful.	
	Q- that's good, that's good, is placement tiring	
Fatigue	I found it less tiring than last time with the shorter days, I also found it easier this year because now I've got a car where as before I had to use trains and buses and have a much earlier start so that's been easier for me personally this year. Erm I still felt like I had plenty of work to do, but I'd probably say it felt like a less, it did feel like, I'm trying think how to describe it, it was less tiring I probably would say because we were in shorter days and once you were home you could get your cup of tea and just sit in front of laptop and do what you needed to do.	Less tiring due to shorter days Demands on time due to lots of work to be done
	Q-is it tiring in terms of emotional demands	

Emotional demands Gap between placements Impact of covid Palliative patients Aware of the person-the context of the patient, them as a whole Take a step back from Disconnect	Erm, I think so yeah,I think when we first went back it was a bit of a shock because it had been such a long time since placement and I think a lot of us hadn't expected certain changes that there had been, especially with patients and like covid, also staff it was interesting to see how many staff had been off themselves, certain staff which couldn't be working and people you were expecting to come back to. Erm but in regards to emotions and patients, yeah some of them were quite challenging, we had a few palliative patients this time round and erm that were particularly tricky that were on wards and had multiple complex issues in regards to mental health and family scenarios so there were a few that you had to kind of not take a step back from but try not to take it home with you, just do your best when you're in there and when you left try and just, yeah.	Surprised by some of the changes due to covid Describes 'tricky' palliative patients-some with complex issues, again showing that she looks at the whole patient-not just their diagnosis Need to disconnect slightly in order to deal with what had to be done Try not to take it home
	Q- when you say take a step back from, what do you mean by that?	
Not taking it home with you Being reminded of family member Palliative patient Appreciative patients Unable to hug a patient on last day due to PPE	As in like not taking it home with you, because there are quite a few (plays with hair), we had one particular lady and she was actually really lovely and she reminded me of my Nan. She was a very head strong lady she was very lovely, but she wasn't that, she was probably early 60s, but she was palliative and she had such a lovely attitude and she'd come in every day smiling and she was very appreciative and she really, she really struggled when it was time to leave. I think because I had spoken to her over the time of her treatment and stuff, she was very upset about leaving and wanting to come and thank everyone and she really wanted to	Trying not to take emotional challenges home-but is reminded of a relative Palliative patients are challenging emotionally and here describes the patient reminding her of her Nan Patient didn't want to say goodbye Unable to show physical emotion due to PPE

	come and give everybody hugs and like kisses and stuff and we were wearing our masks and shouldn't be. I think she found it quite upsetting because she couldn't do the things she wanted to do. Erm so that was a bit upsetting because in a normal situation you'd be like, give a hug before you're leaving. But having to be a bit like oh no having to make sure I don't put people at risk it was a bit challenging	
	Q- I guess it's not normally how you would express yourself	
Unable to show physical emotion due to PPE	That was the other thing, the other lady from before who was late diagnosed she did start crying when we first brought her in and obviously your natural normal instinct is to go and comfort them so we did do that as much as we possibly could do but it was a lot more difficult trying to restrain yourself from doing like those physical things that you would normally do with people. It was very strange, yeah	Unable to console using physical gestures as you would do normally- described as strange
	Q- do you do other things then if you can't do things physically is there other things that you have to try and do	
Trying to compensate for lack of physical interactions with patients Adapting communication style to compensate for use of PPE Aware of emotional Making time for patients	Erm I think we just tried to get on people's levels so rather than just standing over them while they were sitting down, we often brought chairs over and we sat with them talking face to face and because sometimes when you bring people into the treatment room they if are upset, you're still stood and look like you're walking and you are trying to get them onto the bed and rush them along. I think there was a lot more of we'll get a chair and we'll sit and clearly make time to stop and talk to you erm even though we can't come into direct contact with you we are going to take the	Significant changes to practice-adapting communication style, concerted effort to make time for patients and trying to compensate for PPE

Not rushing them to the bed	time and gonna sort out the issue before we rush you along to the treatment bed	
	Q- are the team any more stressed or is the workload any harder, have they expressed any thoughts or feelings about what they are experiencing at the minute?	
Impact of covid	Erm I don't think they particularly seem any more stressed erm we had a few people go off sick both covid and erm just illness in general so there was a few times where we had band 7s trying to sort out somebody to come onto the machine for the morning or the afternoon. I know X had quite a few people missing and therefore people going over from X to make up for numbers. So I think they did have a few times where we probably were understaffed erm but I wouldn't say they were hugely more stressed than I'd last seen. I know they told me they had been but when we came back they were like oh you must be so glad you've come back now and not 2 months ago-you wouldn't be happy. It looked like they had been but in September October they were ok.	Fluctuating staffing levels described
	Q- are you aware of any changes in your own workload when staffing changes	
	What do you mean sorry	
	Q- if staff are off sick and they are coming round looking for cover	
Pushing yourself forward Taking control of own learning Asserting self	I think it's just you realise you need to do a lot more to push yourself forward to do what you want to do. If it's the same staff they know what your targets are and they know what you've done last week. For example we had a few days where we had completely different staff who didn't know what level we were working at so we had to introduce	Describes needing to take control of own learning and pushing herself

	yourself and making sure you were carrying on with that progress , otherwise they wouldn't know where you were up to and some staff didn't even know what year students we were so. I don't think it was anything that we weren't able to manage and we weren't able to discuss with people.	
	Q- ok you mentioned before taking a step back so you don't take things home with you, do you ever feel like you do take things home with you?	
Taking things home with you Learn to manage emotions over the 3 years	I think you always have 1 or 2 patients that you always think oh I wonder how they are getting on over this weekend or now they've finished I hope they are doing ok. I feel like I manage emotionally quite well, but that's something I've learnt over 3 years. I think if you'd asked me in 1st year I think it would be a different answer. But I feel like now after all the help uni have given and X and stuff I feel like I'm able to kind of leave work at work and still have like a nice, still be able to de-stress at the end of the day basically	Describes still thinking about patients when they have completed treatment or during the weekend Developed ability to manage over the 3 years – couldn't do this in 1st year but can now
	Q- ok so how have you learnt to do that	
Support network help manage emotions and stress	Erm there's different things, my Mum is very, is an advocate for health and well being so we often do yoga and she's always done her meditations and stuff but my main one that I've done over the past 2 years is my exercise. And to be honest I wasn't very fit, especially after my first year at uni and freshers week and stuff I didn't do anything at all. But in the past year I've enjoyed getting back into my walking and going to the gym a couple of times a week and erm this month I'm	Talks to Mum, exercise helps to manage stress

	doing a 50 mile run for Maggie's which has been really nice. It's been strange because I've not been on placement since October and I'm not going back until March you really feel like you miss being in the hospital and around the patients so it's been really nice, they've got a facebook page everyone who is doing the run all posted updates and the reasons why they are doing it. Everyone messages offering support to one another, it's really nice, it's a really positive thing to be coming out of this year so far, so I've enjoyed doing my running as well.	
	Q- why did you decide to do the run then	
	To be honest I really enjoyed Maggies, I wen to Maggie's last year for a couple of days to see what was going on, I took a patient that I's been treating over with me because they hadn't been before and I think after I'd seen the impact it had on that patient in particular, I realised how much Maggies does have a massive impact on patients. If you ask any of them most say that they have been over there and family members and stuff. So I follow a couple of different radiotherapy pages on facebook and this came up in December advertising it so I just thought well why not. Laughs	
	Q- so when you were in 1st year then, how did you cope with the emotional demands of the job?	
Peer support No common room access due to covid	I think in 1st year I was probably more reliant on talking to other students in the student room, which obviously we can't do anymore erm because we're not allowed to meet. So we probably all just kind of talked through what we'd experienced on like lunch breaks and dinner breaks	Got a lot of support from peers in earlier years of training-but not so much now

	and stuff which we do kind of miss this year because it's not quite the same.	
	Q- I bet it is different, so if you haven't got that room, that space to be and talk to each other, who do you talk things through with now, or what opportunities do you have to do that?	
Peer support facilitated in weekly meetings	Well we're still able to talk it through as a group, but we do it over our weekly meetings with X and X. which is really nice and it gives us a good opportunity to do it and we still do once or twice a week with X as well, so we do still have the opportunity to talk. Erm but it just means that you're always talking like when other people are there, not that you don't want other people to hear, but sometimes you just want to go to like a couple of other girls in your year and talk about it rather than in front of like the post grads and in front of other people, but it still is a good opportunity	Not beneficial to talk in front of the whole group
	Q- yeah I guess it's a bit different isn't it if it's not in front of your peers who you have quite a close relationship with and you feel like you can say what you want I guess	
	Exactly	
	Q – ok anything else that stands out from that last placement block in terms of memories both good and bad, I know you mentioned that a lot of the patients were really extra helpful how did that manifest itself then, how did you know that that's what they were doing or trying to be	
Humour-finding patient's actions funny	To be honest it was quite humorous, because a lot of them were quite vocal about what they were doing and would like to explain multiple times, so they'd come in and go don't worry I've got my face mask on and my hand	Patients trying to be helpful during the pandemic-which participant found quite funnt

	sanitiser in my bag (laughs), and it's like (laughs) and I've made sure to do this and this. So a lot of them were very much like, they didn't want to make us feel uncomfortable and they often went out of their way to over compensate in reassuring that they were following guidelines and stuff, so they were quite funny	
	Q- that sounds quite humerous, is humour used a lot in radiotherapy	
Use of humour	100% I think it's used every day, I think it's between staff you're working with and between you and the patient, I think it's key to be honest	
	Q- did that surprise you at all when you first started out	
Use of humour Positive environment of the radiotherapy department Patients are so thankful Positive team	Yeah I think it did, I thought when I first started the course I think I had a lot of family and friends who when you tell them what you are doing they all go oh God, is that not like really depressing, but it is really not because I find it's such a positive atmosphere. Not all the time but I would say the majority of the time, there's such a huge positive team and patients are so thankful for all of your help and it probably did surprise me when I started because I'd been asked by people are you not worried about having to deal with like really tricky patients and stuff. So it probably was a surprise sometimes yeah.	Department is positive Gratitude of patients
	Q you describe it as a positive atmosphere, that patients are very thankful for what you are doing	
	Yeah how would say so	
	Q- how does that make you feel?	
Gratitude of patients Feel like you are making a difference physically and mentally	I think it makes it, I find it's a really nice career to work in because you do feel like what you are doing, you can see the difference both like physically with people and mentally and it's	Making a difference

	one of those jobs where you know people are in a very difficult point in life but you can still see that you are doing something that's making that point of life better. Erm so yeah I really enjoy it,	
	Q-that's lovely to hear, has that enjoyment changed throughout the course	
Making a difference Thoughts of transition to qualified	Erm I think probably just grown to be honest, I think I've always enjoyed it but I've now got to that point now where as much as I love doing it, I am ready now to qualify and get stuck in, in more of a working life and actually be busy, I think I am looking forward to that. The responsibility is slightly daunting.	Future responsibility quite daunting
	Q- do you think that level of enjoyment will change once you qualify and start out	
Positive about the future	I doubt it, I mean I think if you just keep up your attitude and I think that the staff make a huge difference and just getting to know the staff and having a relationship with them because a lot of them are all really nice. I'm looking forward to meeting new people and I think that's going to influence how I feel about work as well.	Keep up your attitude
	Q- a nice positive note to end on	
	Interview ends	
	Participant 7 (LM).	
EMERGENT THEMES	11.8.20 interview 1	EXPLORATORY NOTES
	Q- if we could start by talking about how you decided to join the programme?	
Decision to undertake the programme Wanted to go into a caring profession	It was actually when I was quite young, I knew I wanted to go into a caring profession and I was kind of looking at a lot of different types of healthcare science degrees and professions and I kind of I was 13 and my parents had a friend who's daughter was at Liverpool studying	Wanted to go into a caring profession

	therapeutic radiography and I was an eager 13 year old, I kind of took some questions that I had about the course and I took them to her and I kind of sat there with my pen and paper kind of asking her these questions. And then from then I kind of was stuck on it really, nothing else seemed as right as therapeutic radiography so yeah. (laughs)	
	Q- you decided very young, what do you think drew you to it?	
Caring, physics, biology and science mix Wanting patient contact Seeing through treatment	Pause, I think partly just is the caring and the science like I loved physics and biology and erm it was just like the perfect combination of the physics and the science but then also the caring and the contact with people, because I'd also looked at diagnostic and it didn't have the same level of contact with the patients, you kind of saw a patient and then they went, you didn't have to keep up to date with that patient, they were somebody that you just see for 5 minutes and off they went, and I really thought like the unique nature of seeing a patient and seeing them all the way through their treatment I really loved that about the job, so yeah	Enjoys the mix of caring and science Contact with people- explored diagnostic radiography but the patient contact in that profession wouldn't be enough for her
	Q- what do you feel about the choice you made now	
Happy with programme choice	Erm still loving it, it's kind of what I, I think it's what I expected it to be, I did a lot, a lot of research before I came into the course erm so the kind of the ½ a day at the hospital I then did some work experience on the diagnostic radiography to see the kind of difference . so I had a lot of kind of background knowledge before going in so I think I was pretty,	

	yeah it's been what I expected really.	
	Q- you mentioned caring , what is it about wanting to care for people –why do you think that's important to you and you wanted to do it?	
Wanting to care for people Working in a team Having an impact Job satisfaction Helping somebody	Erm I love kind of chatting to people I'm kind of quite an extrovert so the level of kind of communication with people working in a team just being able to have an impact on somebody's life in such a positive way and the kind of the job satisfaction, I thought yeah, nothing else, why would I want to do anything else and I could impact on somebody else's life and help somebody.	Uses very positive language in relation to caring- communication, team work, positive impact on somebody's life, job satisfaction, help
	Q- ok so where are you up to now on the programme	
	So I've just finished 1st year	
	Q- if I was to ask you to describe to somebody else what's it like to be a first year student?	
Demanding programme Moving around between placement and university	Erm it's quite demanding, I think there's been a lot of all over the place this year kind of with placement and then being at uni, because I'm not at placement in Liverpool I'm at X. Erm yeah so there's the kind of moving around, so it's quite full on and there's a lot of you can't really just settle, it's not, you're can't really just settle, when I've looked at my other student friends who are studying other things, it's not the same. They are kind of, it's not the same experience, it's more full on, yeah	Moving between locations means participant 7 feels they can't settle. Feels the experience is different for students on other programmes –uses phrase 'full on'

	Q- ok so you have to move around to placement and different accommodation?	
Commuting Getting through	Yeah so there's the kind of travelling from uni to, I actually live at home when I'm at the X because it's just closer than uni, but it's still a commute to get there, so there's a lot of kind of travelling and getting there, but I kind of see it as a short term thing. Like at the end of the day it's another 2 years now and then I've pretty much finished, hopefully I'll have a job at the end of it, but it's short term.	Sees the difficulties as short term –something to get through to complete the programme
	Q- you use the word full on and I wonder what you mean by that?	
Full on Doing a full time job and studying	Erm , so alongside moving around a lot of working and studying on the side, basically it's like doing a, the best way I explain it to people it's like doing a full time job as well as revising and studying for exams when you're on placement pause	Programme is demanding – working full time and studying on top
	Q- ok	
Different identities-the placement student and the university student-dual identity	When it's not placement, I'm kind of a typical student, but when I'm on placement it does feel like I'm doing a full time job as well as studying	Dual identity
	Q- thinking back to your first placement experience, what was that like?	
First placement experience-daunting Needing peer support	I actually started it later than the other people on that placement block because I was waiting to be allowed to go on through occy health and stuff and there was a delay so I think it was a lot of like, I felt like I was, I started feeling like I needed to catch up, like what do they say on the back foot, on the wrong foot. I was just kind of, I felt like I had to pick things up quickly, to be at where everybody else was at, erm I think in terms of being on the set, being on the suite it was quite daunting to start with	Felt she needed to catch up-has she got high expectations of herself-wanting and needing to achieve? No peer support

Supportive staff	because erm, there was no other students on and I know other people had kind of another student an older student alongside them and I think I was a bit jealous of that, I was a bit like oh I really wish I had a 2nd year to come alongside me and like show me what to do, but yeah the staff were really nice so they kind of helped me learn the ropes and stuff, but I was definitely jealous of the other students who had a 2nd year with them but yeah, pauses	
	Q- how did you find that clinical environment, what was it like to be in?	
Getting in the way Not knowing what to do or where to be Highlight was meeting patients Patient memories Patient knowing that she is a student and there to learn	Erm, (long long pause). Once I'd kind of got, once I'd kind of worked it out, where everything was erm , (pause), I enjoyed it, I think erm I did feel like sometimes I was getting in the way of the radiographers kind of doing their job, erm and I was like I don't really know where I need to be or what I need to do. But I, the bit that was a highlight for me from that first clinical placement block was meeting the patients, erm there are a couple that stick in my head now that I just really enjoyed getting to know them, chatting to them erm, and then them telling me like oh you're learning, knowing that I was a student and knowing that I was there to learn, like that made me feel at ease, yeah, (nods and pauses)	A sense from language used and pauses in speech that she felt very uncomfortable in her first placement – felt that she was 'getting in the way' and didn't know where to be or what to do Meeting patients is described as a highlight
	Q- so you can remember a couple of key patients then?	
	Yeah they stick in my mind	
	Q- can you remember much about them	
Patients easy to talk to Patient gratitude	Erm I just remember kind of (pause), they were kind of easy to have a conversation with, I asked them about their day and they just were happy that I was there, that I	Describes patients as easy to talk to Sense that patients were just grateful to be having a

	was able to have a conversation with them, erm and they, it was almost as if like I didn't really know what I was doing, but me being there, like I don't know, (pause) yeah	conversation-this helped appease the participant as she felt she didn't really know what she was doing
	Q- you mentioned feeling like you were getting in the way –can you talk me through that a little bit more?	
	Erm, was that getting in the way	
	Q- Yeah	
Getting in the way Where should you stand in the room 'where you should stand in the room and which patients, there's some patients that maybe you don't come in with this patient. It's like ok, trying to stay out of the way and stuff'	Erm it was kind of they're kind of so focussed on the job at hand, like I'm not a priority which I'm not but that kind of, it does make you kind of super aware of like getting in the way of what they are doing because they seem to be so focussed erm and you feel like you can't ask loads of questions if they're, when they're so kind of absorbed in the task at hand. So it's finding the time to try and ask them about a patient or ask them about a treatment at the same time trying to kind of not getting in the way of their concentration erm and it's kind of, it's a bit of a balancing act to work out when you can talk to them, when you can't, where you should stand in the room and which patients, there's some patients that maybe you don't come in with this patient. It's like ok, trying to stay out of the way and stuff	Sense of real difficulty here in finding the right time to ask a question as the radiographers are focussed on the task at hand and not what the student is doing Uses 'balancing act' to figure out when you can talk to staff and when you can't-this must add to a sense of discomfort in not knowing what you are doing and needing to ask for help Is it possible to learn how to do this over time?
	Q- How did it feel trying to balance all of that?	
Being a nuisance Finding your place (knowing where to stand, what to do, when to ask) Being welcomed into the team to learn	Erm I think at the start I was kind of almost feeling like am I getting this wrong, like am I just being a bit of a nuisance. But you just kind of get into it, people know you are there to learn, so just being aware of your kind of, you get used to when is a good time to ask, a good rhythm, where to stand and then there's times when they might ask you to do	Sense that over time the participant became more skilled in knowing when and how to ask questions, where to be and what to do Feeling part of the team and welcome in the

	something to get involved and that helps to know that they are welcoming you in to learn erm rather than just kind of getting in the way	environment as a learner is important
	Q- ok one of the things that you talk about a lot or that comes through in conversation is that you enjoy caring, the caring side of things, is that challenging in any way for you?	
Patient memories Being reminded of a relative Emotionally challenging It was so, it just kind of sticks in my mind, yeah you took what you saw home with you and it was hard to kind of separate the kind of caring and wanting to do the best then coming home and having all the kind of weight of that on you	Erm I remember kind of at the end the first placement, it was the 2nd placement but I think erm, because I, you get so kind of (pause), you see a lot of patients, there was one at the end of the 2nd block you kind of I related to kind of, like, almost like a, like a, I don't know what the right term is, like I just really related to him because he was kind of like my Grandad and he was kind of like obviously not very well and it just kind of when I came home it was quite kind of emotionally draining. It was so, it just kind of sticks in my mind, yeah you took what you saw home with you and it was hard to kind of separate the kind of caring and wanting to do the best then coming home and having all the kind of weight of that on you (pause)	Recalls a patient who reminds her of a patient Related to the patient – reminded of Grandad and describes it as being 'quite emotionally draining' The patient has made an impact, uses words 'sticks in my mind, you took what you saw home with you, hard to spate the kind of caring and wanting to the best, then coming home and having all the kind of weight of that on you' The word weight evokes a real sense of how difficult this has been-a physical and emotional weight
	Q- was that the first time that has happened where you've met someone that has triggered those kinds of feelings?	
Separating home and placement	Yeah, there's, I think it does happen with a lot of patients, but it's all about, with some it's kind of just finding the ways to separate home and being on placement and I think because, because of everything, like the 2nd placement	Acknowledges that she needs to separate home and placement

Impact of covid-didn't cope as well as previously	block we'd just entered a pandemic, with everything going on it was quite like very strange, so I think I didn't cope as well with that one as I have done previously	A lot going on, impact of pandemic makes participant feel she didn't cope as well as she has done before
	Q- I'm interested in this separation of home and placement and how do you do that, do you have any ways in which you keep things separate, how do you manage that?	
Managing emotional burden Reflective practice Supportive family network	I don't think I've managed it, like I'm not really, I don't think I've got any special way that I've managed to do it, erm I think to start with I did journal a little bit just to kind of write down my thoughts at the end of the day, like compartmentalise all my thoughts and how I was feeling and that helped me to put them down erm somewhere. I think as well because I was living at home during placement, my parents were able to cook for me and I know that's quite like, it's kind of a luxury, because I know not all students are able to do that, if I living in hospital accommodation I wouldn't have my parents there to cook for me, so that was kind of a blessing and helped me kind of switch off and have a meal time with my family erm and I think I would have struggled a lot more if I didn't have that.	Doesn't feel she has managed to effectively separate placement and home Has used journaling –a form of reflective practice Found support from family and being at home
	Q- I can see that, you also used the words emotionally draining and I wonder if you could explain a little more about that?	
New emotions Emotional burden	Erm I there's a lot, erm, there's a lot to kind of take in on the first few weeks of placement and there's the new kind of surroundings, there's the patients, the radiographers and there's a lot of kind of new things to learn erm plus sort of new experiences, a lot of kind of emotions and taking them all on in a very short period of time erm it's, it's quite hard to	Hard to deal with new environment, new roles, things to learn in a short period of time

	like deal with them all, so yeah it can be quite, if yeah, just (pauses, shakes head).	
	Q- I understand what you are saying, I do understand. Do you think that working in a team, does that have any impact on how you are thinking and feeling at all?	
Team working	Erm I think seeing other radiographers kind of treating and coming alongside the patient, I think, I think that helps to, I don't know, I've lost my thoughts now.	Being part of a team is important
	Q- that's fine, we were talking about the job being emotionally draining and whether working in a team has any effect or impact in any way on you and how you are feeling	
Team working Working alongside other people They were students once Talking things through	Yeah so I think working alongside other people, them being there and kind of going through it as well it does help to, you're kind of almost, they're almost there beside you, so they've kind of gone through the same thing erm and they can relate to you because they were students once. Erm and also they are treating a patient that you kind of have very similar experiences so it's helpful to kind of have other people to talk through things, erm that they are going through as well, or have gone through.	Team working and a sense of being in it together seems important to participant 7
	Q- did you ever talk to any members of the team or do they ever talk to you about how you/they were feeling or how they were feeling about a certain patient?	
Not talking about feelings	Not really, erm, I think, I think, again we didn't really, there wasn't anybody really talking about feelings, it was just kind of get, it's almost kind of a get the job done kind of thing, but just knowing that they were also experiencing it helped, but erm, I think they did say like, they kind of first year is quite a lot of new, I think they did	A sense of an unspoken support from experiencing the same things at the same time No emotions discussed

	kind of, they related to me but they didn't really talk about feelings.	
	Q- and I was thinking about the pandemic and how that might have changed or affected your experience and I wondered if you could take me back to March and talk me through what happened.	
Impact of covid Reduced time in placement Less experience due to covid	Yeah so I was at, so actually for that placement block I was living with a family friend who lives closer to X than I do and so I was kind of there on my own kind of walking to the X every day, so obviously not home for that one. I remember kind of being, it's been a long time, I was only kind of there 2 weeks I think before we got told to go home. But I remember kind of, like it kind of, there was a lot, so yeah, so I wasn't living at home and I think, so I was kind of going through it a lot on my own, I couldn't kind of come home and have family round me to talk through, or have their wisdom on the pandemic and stuff, I do remember thinking kind of like I hope we get to stay in placement because I do remember thinking we were only gonna have kind of 7 weeks in first year which I know the 2nd and 3rd years were already telling me was not very much placement compared to what they had, so I felt like ok like, I wanna make sure I have all this placement so I have all this experience erm and kind of I definitely feel like I'm left in a position that I don't have as much experience that first years would normally have at this point. I think well I hope it doesn't affect my learning too much in the future but yeah I just remember wanting to stay erm and then erm, (pause) and then kind of we got told that we would be staying and a couple of days later they were	Has positive supportive relationships with family so found it hard being away from home. Concerned she will have less clinical experience than other cohorts Fears it may impact on future learning

Wanting to help	putting action plans in for what would happen if we stayed. I think the university kind of pulled us out and it kind of happened very quickly and it was kind of like a, it had gone kind of like a ok so we're staying and then it had gone from that to ok we're not staying quite quickly. I do remember feeling kind of disappointed to start with because I was like this is the best thing to do, but I remember feeling like I wanted to help out and to stay, erm but then because I was like oh what do I now and obviously feeling kind of that I'd only had a few weeks in first year in placement. Also a lot of the radiographers were like oh so how many weeks in placement have you had and they were being like oh well that's not very much. Ok so that fills me with confidence (laughing).	
	Q- ok so how do you feel about going back to placement?	
Gap from one placement to the next Anxious – won't know anything Getting in the way Impact of covid Fear of the unknown (covid)	I hope I haven't forgotten everything (laughs) cos I think it was all very new and I think , it just like, I do get quite anxious thinking about it, will I, I feel like I'll be back to the first week of placement, feel like I'm gonna get in the way, it's going to take me a while to kind of remember everything. I remember leaving thinking I was just beginning to get the hang of things and then I wasn't there anymore. I think, I think it's gonna, I think, I just feel a bit like I'm back to square one again in that i'm gonna have to pick things up again, also that I don't know it's the kind of unknown of what placement will look like now, because I think there will be changes to what it was like, how it's gonna be with the pandemic and everything erm	Fearful of forgetting everything when she returns to placement Again uses the phrase 'getting in the way', suggesting she has not yet found her place as a student or for each new placement she has to try and establish herself in the team yet again

	and I think it's kind of the unknown, the fear of the unknown erm like yeah.	
	Q- I think it will be quite different won't it, you will be well looked after and well supported. I'm thinking about you going to placement and how people change when they transition from one year to an other year and whether you think you will be changing as you go into year 2 or whether you think you will stay kind of the same with the same thoughts and feelings.	
Progression in learning	I think I'll definitely kind of hopefully progress in what I'm learning, I think erm, I think having, they'll be a lot of new things to pick up with erm the changes so erm I think erm (long pause)	
	Q – I guess it's hard to know at this point	
Wanting more time in placement	I think, I think I'm looking forward to having more time so longer blocks so I think having those longer blocks I think having just a long block of just placement will really help to solidify, pick up the things that I've kind of forgotten about and solidify those things and working on things, and getting used to being back on placement, yeah	Correlates length of placement with success perhaps? This may link with concerns over establishing herself again in a new team and new environment and needing time to get to grips with everything
	Q- good, good, well it's lovely hear that you are looking forward to going back and I know the clinical tutors are desperate to have you all back, because they say the department is really weird without students there, the staff have missed you so you will be very welcome because you do such a lot of work while you are there, you might feel as though you are in the way but you really are supporting them and helping them massively and they really do appreciate it.	

	Is there anything else that you want to tell me at this point about want it's like to be you as a student	
	Pause, I don't think so, I'm sure there's lots I could but nothing is coming to mind right now	
	Interview ends	
	21.1.21	
	Q- since we last met have you had any placement	
	Yes 6 weeks	
	Q- ok if we start with that and any experiences that maybe just stick in your head?	
Reduced shift time due to covid	It was very different in terms of, we only had 5 hour shifts, for 4 days and had to make up 10 hours off-site, off-set learning to get up to the hours erm	
	Q- which is quite different isn't it	
Challenging time management (on set and off-set learning)	Yeah quite a challenge actually, erm it needed a lot of time management and there was a lot of calls with the education team there that I needed to join. Sometimes that meant actually going off set, even though I had limited time on set I had to go off set to join the calls so I knew what my offset learning would be about that week if that makes sense	
	Q- yeah I get what you mean, what was the patient workload like?	
Patient workload	I think it seemed to be quite normal in terms of the amount of patients coming through, compared to back in March, it was quite similar I think. I went to X this placement block and that was really interesting, surprisingly very quiet. (discussion around machines which would identify the centre).	
Reduced patient numbers due to covid	There would be a couple of hours in the shift where there wouldn't be anything to do which was really frustrating, like it was really, I was very thankful to have that	Already feeling behind in terms of development due to having to suspend the last placement.

Frustration Skill and knowledge level	opportunity but I think it was quite frustrating because I felt behind as it was and then to be put there on a machine where you didn't have any patients, it felt really, I didn't see a patient or there wouldn't be much to do and I find that quite frustrating at times, but, yeah	Get a sense that participant 7 is quite anxious about her skill and knowledge level and she feels she is not where she should be for this point in the programme
	Q- so patient number wise is it quiet?	
	I think it was quite, from what I remember in March, quite normal, I was placed at the busy hours so didn't see what it was like in the evening. I think they had patients not as late, but because I was there it kind of, in the morning at a busy time normally, it was quite busy. I didn't really notice any difference there.	
	Q- are there any patients that you can recall treating that were particularly challenging in any way	
Patient memories Paediatric patients Emotional demands Adapt communication Increased confidence with experience	Long pause, I'm trying to think back now. I think a lot of paediatric patients which erm, I'd not seen any before and I think I found that quite emotionally challenging and also I definitely had to adapt to how I spoke to them and I was quite aware of that. But I think after 2 weeks of treating a lot of paediatric patients when I went back onto X, we had a paediatric patient come through and it felt, because I think normally if you have a younger patient I would step back and let the radiographers do it, but then after normally treating paediatric patients that just became quite normal so when I went back to X, we had a paediatric patient and I was getting involved, kind of talking to her and quite, it was a normal patient, like I felt I was engaged in her care and as involved as I would be with a normal patient, like an adult patient.	Describes treating paediatric patients as emotionally challenging Had to adapt communication style Being exposed to more paediatric patients increased her confidence and she felt more able to be involved, not stepping back as she may have done in the past

	Q- in what way was it emotionally training dealing with the paediatric patients?	
Emotional burden – paediatric patients	Erm I think, I think that they were just so young and a lot of them were just so poorly and I think erm like you kind of you, after seeing like lots of older patients and then going to see younger patients, it's quite a shock and you can forget that when you just mainly treat adults erm,	Majority of patients in a department are adult, participant 7 feels it's quite a shock to see younger patients –describes them as 'poorly' I wonder if it is easier to accept an older patient being poorly than a younger patient?
	Q- what sort of age range did you see?	
	Erm, I saw, I didn't see many really young ones because they had general anaesthetic so we weren't able to go in for that. Although we did get a placement with the nurses and play specialists so we did see like 2-3year olds, but actually in the treatment room treating maybe like between the ages of 10 upwards erm.	
	Q- How are the team in X, are they any different to what you would experience on X, do they work any differently, or talk to each other any differently	
Reduced patient numbers	I wouldn't say they talk any differently, I think erm, I think they were kind of realising how it was quiet for them too and they definitely noticed much more, at times just them chatting about life, or they would talk about dogs, they would show me pictures of their dogs it was that kind of stuff that you wouldn't normally do in a busy radiography department and also I noticed that a lot of them were kind of like, they were like trying to get patients, like they wanted to treat patients and some of them had only seen, like been involved in 2 patients that day, they'd be trying to get in and treat more patients. I think they were, they were, maybe frustrated, I don't know, but it was a lot quieter	

	so they wanted to erm , to kind of fill their day with things.	
	Q- did you get to see any of the patient's relatives or family	
Impact of covid	Erm a lot of parents of the children but again because of covid, there was less kind of interactions with family members and in main site there wasn't any at all	Covid footfall restrictions mean the waiting room environment and opportunity to meet patient's families/carers/friends is very much reduced
	Q- what's it like communicating with the PPE on and the inability to have any physical contact	
Impact of wearing PPE on communication Adjusting communication strategies Patient's can't see you smiling at them Providing comfort with PPE restricting physical contact	I found that, I found it quite difficult, so we wore goggles most of the time but then I got given a visor and I found it quite difficult to hear like with the visor on, it kind of blocked some of the sound and I found that quite different and like you kind of with the big visor and the mask kind of echo a bit and erm it's just it's quite hard to erm hear people talking especially with them wearing the masks erm it took a while to adjust, erm and I think, it actually like people say that it, there's a big difference with the PPE on but it actually surprised me how much of a difference you kind of like smile at a patient and then realise they can't actually see that, so erm it's stuff like that really that is the biggest difference. Erm and like we had a couple of patients, it was one patient it was her first day of treatment and just coming into the gantry and just seeing it made her quite upset and I think it's, that's quite hard because you can't like, you've got that barrier and so it's quite difficult to kind of comfort a patient and talk to them with like masks on and quite like, with the aprons on and it's quite like surgical and yeah, quite hard to interact with them	Described as difficult Adjust comms to cope with change Was surprised by the impact of having to use PPE PPE described as a barrier to providing comfort to a distressed patient

	Q- I bet it is, does it make any difference when you're trying to communicate with the rest of the team?	
Adjusting to PPE	Erm I think the first kind of week , couple of days it was a bit kind of a –can you say that again, but I think think I did quite quite quickly adjust to it	
	Q- ok, ok any other thoughts about, any nice things from placement any positive memories	
Fitting in Finding your place Moving from one machine to another Getting involved Part of the team Being given time to be shown things	Erm there was on the final week I got placed on a new machine and I was quite nervous because I'd gone from being on one machine and to X and then back to a different machine so it was a complete, it was a completely new team and I was kind of worried that I wouldn't fit in and I would only have a week to kind of fit in erm but actually they were really really lovely there, kind of it was quite nice because I quickly joined in the conversations and just chatting about stuff and they were really lovely and brought me into the team so I really felt I made a lot of progress in that week in terms of erm just getting involved and they got me switching on as well, they took a real kind of, took time with me to	Impact of having to move to a new team every few weeks is significant for participant 7-she is concerned that she 'wouldn't fit in' Describes staff as lovely and that she is able to get involved in conversations, feels she part of the team and was able to make progress. Feeling part of the team is important to her, without it I wonder whether she feels she can still make progress in terms of her own learning and development

Positive team dynamics Team work Use of humour Fitting in Making progress	go through stuff and were really kind of engaged in my learning and I think as well you could tell that that team got on particularly well and they all kind of like there was lots of like joking and they all just got on well and I think it was just really easy to fit in and yeah they, I felt like I made a lot of progress just in that week	This recurs the need to be given time by the team and have things shown to her. This generates a sense of staff being engaged in her learning The team are described as getting on and using humour and again this idea of 'fitting in'
	Q- you mentioned humour do you see hour being used	
Humour Positive team dynamics Confidence	Erm yeah quite a lot, definitely in X there were times there and when I go moved onto that machine there was just like chatting about what we've been doing in the evening and what have you been watching. I think part of it was just like me having the confidence to be like if they would say like and I could like say, by that point I felt like I had the confidence to say oh I've watched that, really enjoyed it and like yeah	Feeling part of the conversation-having confidence to interact with the staff
	Q- how does it make you feel then when you're in a team like that?	
Being part of the team Create a positive team Positive team dynamics Being in the way Helping Feeling needed	I really enjoyed it and it is kind of like I hope that I create that kind of team when I graduate and erm just the way that they interacted with me as a student and just how they interacted with each other it just made the day go much faster you kind of, you were looking forward, like I've always wanted to go into placement anyway but it just kind of, that big difference knowing that like you being there, like you weren't in the way when I arrived like I could go and really be part of that and like help out and feel needed and it made the whole	Already thinking of transition to qualified and the type of team she wants to create. Again mentions 'being in the way'. It is really important to participant 7 to feel that she is not in the way

	experience more enjoyable and yeah I enjoyed it	
	Q- if I could take you back to the paediatric patients, you used the words emotionally challenging, how do you manage that kind of challenge	
Emotional demands Talking to the team about emotional challenges Time to reflect	Pauses, I think, I do find it difficult, sometimes I, let me think what do I do, I think I, we were able to kind of talk with the radiographers about any, just talk about the patients and then when I finished I was able to kind of walk back to where I was staying and kind of shut off a little bit, but yeah I do find it hard to shut off and I don't always do when I get back from placement, herm, I don't think I do anything	Describes it difficult to manage emotional challenges. Uses staff members to talk to and in some ways the walk home is almost an opportunity to reflect. Uses words 'shutting off'
	Q- in what way do you mean shut off a little bit –is it get your own space	
Shutting off Getting through each day Too busy to reflect Managing workload and time pressures	Yeah you kind of, I think you're so busy just getting through each day, like there wasn't much time to look back, like a few times I did and it was quite difficult but then you're just, I think I'm just so busy, like I had uni work and I had exams after Christmas, had all the kind of off-set learning things to think about as well and zoom calls and all of that to go to. I think like I had to keep going, keep focussing on what was coming up in my day, my week, just get on with uni work and things like that, it as just so busy, I don't really have loads of time to reflect on the day	Work days are busy and demanding so there is little time to reflect. When she does reflect it is described as difficult. Is it easier not to reflect too deeply as this generates thoughts and emotions which may be uncomfortable
	Q- when you are treating people, of any age, do you feel as though you have to suppress any emotions that you are feeling	
Patient memories Paediatric patients	Pauses , I think so yeah, cos I remember one patient, I was with, I was placed with the nurses and the play specialists for the day over in X. erm and I was able to go into like watch a young patient go to	Emotionally challenging watching a parent being upset

Emotional demands Being brave for the patient Yeah you definitely kind of have just be brave I guess and just yeah, support in ways you can	sleep and so I was with her Mum and I found that quite difficult because her Mum got quite a bit upset like after we'd left. But being with the nurse like she sees it every day and was really positive that really helped. Yeah you definitely kind of have just be brave I guess and just yeah, support in ways you can	Describes having to be 'brave'
	Q-and do you think that has changed over time like from first year to now	
	Pauses, I think sorry in what way	
	Q- I'm just thinking about the way in which you deal with things, whether you dealt with things very differently when you were new to it, whether your thoughts have changed or how you manage it is different, does it affect you any less or any more now?	
Learning and development Getting in the way Time with patients Confidence	I think it may affect me more just because in placement before you're so focussed on yourself just trying to, because it's all very new. Just where should I be, you're so focussed on am I getting in the way. But I think when you can spend more time with a patient which I could this time, because you kind of have the confidence to go and talk to them and go and like see the parents of the paediatric patients and speak to them, you, yeah it's more time to, I think I got more time to yeah (pauses)	Early stage of the programme the focus is on where the student is in relation to learning and skill development Again uses 'getting in the way' has participant 7 had an experience that has led her to believe she gets in the way or has done in the past? With experience comes confidence
	Q- how do you think you'll deal with things when you qualify?	
	Pauses, I'm not sure (laughs), erm yeah I don't know	
	Q- do you see any role models and think, I wasn't to deal with things in that way and I like how that person talks about things	
No time to reflect Focus on the job at hand	I think, I think what I've noticed is a lot of radiographers, like sometimes they'll talk about a patient, but a lot of the time it's kind of just focussing on getting	Radiographers focus on the job at hand and don't reflect

	through the day that they don't really reflect too much on like a patient, so	
	Q-so focussed on the here and now	
No emotion shown	Yeah and I don't really, don't really see the emotional side of that pauses	No emotion expressed by the team
	Q- do you think any more or any differently about your decision to join the programme?	
Positive decision to undertake the programme Managing demands on time Challenges of the programme Impact of covid-reduces control	Erm, I don't, I think I'm just really enjoying it, in terms of the training and the uni work and the placement it's all harder than I, well I think I was expecting it to be hard, but I didn't expect it to be stressful just in terms of workload and managing time and I think I'm quite like a, I like to have things, I like to be in control and I think a lot of the time Covid just shown me that that's easier said than done, you don't really know what your days gonna look like and so that's quite I think, I don't know. (Pauses)	The programme is described as hard, with multiple demands on time Uses 'stressful' when describing managing time
	Q- it can be hard can't it when you feel like you've got no control over what's going to happen next	
Moving to the next machine/department – anxiety	Yeah and I think it's the worry about kind of like for example I'm now in X and I haven't been before and I don't know what the staff are like and if it's gonna, how many patients there will be. I think I can't control that and I think that's obviously, I find that quite stressful and there's a bit of anxiety towards that and I think I've found that more than I thought I would	The requirement to move is worrying for participant 7 as she is concerned whether she will fit in perhaps, know what she is doing and won't be in the way.
	Q- how do you manage that then how do you deal with it	
Managing demands of moving from one site to another Positive support network	I think there's certain things that have made it easier, my parents have got me a car so I don't have to stay in X I can live here, they can support me with cooking and when I get back they make me dinner so I feel very lucky to have that because I know not everyone	Having a supportive family network is important to participant 7

Commuting	can. I know a couple of other people actually, other students have recently got cars, especially with public transport and covid, it's just easier and it takes a lot of stress off. So I feel very lucky to be able to have a car now, so that helps to manage that. Yeah just being at home is quite like a big thing, I'm quite like a home bug anyway like I'd rather be here than living away. Just with especially with covid and stuff, especially when I'm on placement and just with when I'm doing uni and stuff it's fine like, but I think particularly with placement to have like people to talk to and my dog.	
	Q- do you enjoy radiotherapy	
	Yeah, yeah I'm really enjoying it	
	Q- why do you enjoy it?	
Talking to patients Science Team work	Pauses, I just, I just enjoy kind of talking to the patients erm, learning and erm kind of the science behind it, but then also just the fact that you're around people and working in a team it's, it yeah (pauses)	
	Q- has that level of enjoyment changed, does it fluctuate, come and go	
Stress Managing demands on time Fitting in Being given time	It depends on how stressed I am, depends on how much work I've got, or exams, but yeah I think I think if I can fully focus on placement it's, then it's, I really enjoy it. If I'm placed with a team that I really get on with and I find it easy to erm make like, easy to fit in and they really take their time with me and like teach me and I can learn. Then that's yeah, it's great, but I think there's times when it's just stressful with uni work, or it's quite like in X, erm it's a bit like ahh,	Demands of the programme are made easier if she has a supportive team who take time to teach her Considers that life will be easier when qualified
	Q- ok so if I was to ask to what is it like to be a student radiographer now could you describe that to me	
	Pauses –	
	Q- from your perspective	

	Erm, pauses, in terms of what I do	
	Q- everything really	
Academic and clinical mix	Ok, erm I guess, erm it's a balance between like academic learning and erm placement erm where its very practical and it's quite a full on course but erm, yeah	Uses 'full on'
	Q- what do you mean by full on	
Demands on time-workload, demanding programme	Erm (pauses), when you're not at uni in lectures, you're in placement and then when you're, like when it's the holiday you're revising, erm and it's just a lot to kind of keep up with erm, yeah	Multiple demands on time described
	Q- keeps you busy	
	Yeah (pauses)	
	Interview ends	
	Interview 3 9.3.21	
	Q- so you've just finished a block of placement where was it	
	It was a 6 week block of placement	
	Q- and where were you	
	It was at X and X	
	Q- how was it	
Moving from machine/site Adjusting to new team dynamics Progression Positive learning experience	Really good, I really enjoyed it, I think it definitely had it's challenges just because I'd not been at a different site, I'd never been to a site that's not the main site and they use X there so I felt like the kind of, the team situation was a bit, needed a bit of adjusting to. I think it's because it's a bit erm much smaller department, I think the first kind of couple of weeks I was like oh I'm not gonna get used the machine, the way that they, the way that they kind of erm bring patients in, all the kind of little like quirks of a department, I was like I'm never gonna get it. But towards the end I really felt like I came into my own, being able to, it was erm seeing the progress, because by the end they were like oh just like pretend that you're the band 5 and I'm the band 6 and just like go and	Moving to a new site again is described as challenging –having to again establish herself in a new team A positive learning experience where she was surprised by her own development –felt she would never get to this point

	treat a patient, go and bring a patient in and talk about the side-effects and I'd have never thought at the start of that placement that I'd get to that point because like I was really struggling but yeah, I really enjoyed it	
	Q- good, what were the team like to work with	
Team dynamics Staff not engaging in student learning Being given time Feeling part of the team Making a difference	Really nice, I think there was a couple of people who I struggled with in terms of, I didn't feel like they were engaged with my learning I think they were like just wanna crack on get through the list of patients and get home. But I think there were some I just really got on with, particularly there were 2 band 5s they really kind of took me under their wing, showing me kind of how to use the machine and spend that extra bit of time with me, which I really appreciated. I had some really good mentors as well who were like get stuck in, push me out of the way and do what you want to do and I think I really, I've not really had that before in a team and so I think I really did feel part of a team in that I was making a difference in that department.	Mixed experience –some staff very supportive and some not interested Being given time is so important to participant 7 and she is very appreciative Felt part of the team and supported Felt she made a difference – this is significant as participant 7 hasn't described this feeling before
	Q- yeah, you mentioned some of the staff didn't engage in your learning, could you explain what you explain that a bit more to me?	
Negative learning experience Getting in the way	Erm so I kind of arrive and be like hello how are you and then that was it then, so instead of it being like what do you want to do today, do you want to get hands on, do you want to bring the patients in, they were just kind of like, they would just get on with it and didn't really give you an opportunity to kind of step in and I know kind of some of the radiographers were like do you want to be on the	Staff that weren't engaged in her development are described here. Not having the opportunity to express what she wanted to do, her action plan, again she uses 'getting in the way'

	rolling side of the patient do you want to set them up for treatment. Where as I felt like I couldn't get in there and do that because they didn't give me the opportunity to and I also felt that sometimes there was like a bit of impatience, it might just be me in my head thinking it because I know that because they hadn't shown an interest in my learning erm in terms of not wanting, they didn't really ask me to do anything or suggest that I did anything, I felt that if I did, I would get in the way but in terms of if I was stood by the computer about to read out from the plan I would feel like I would need to do it perfectly and I would feel like I had to rush and do it because I was in the way of what they were doing, because they didn't really give, like invite me to do it, if that makes sense	
	Q- have you ever experienced that before?	
Not being given time Learning not a priority Getting in the way	Erm, I felt when the department was busy but I think there was that mutual understanding that communication with the staff being like it's really busy today, I remember there was a day when mosaic wasn't working across the site, so they were like we're running an hour behind and there was this mutual conversation of like it's busy, could you just concentrate on bringing the patients in from the waiting room and getting them changed and you just focus on that and we'll just get through the patients in the room and I felt like, I felt like yeah I'm not gonna get in the way but I'll have to just like stand back. I think that was, like I understood that, I think it was just when it didn't seem that busy and there could be and then I think then if I knew a	Mutual understanding that there may be times when her learning is not a priority

Presence of a staff member makes you feel down	staff member would be on that day then I think I would go into the department being like I dunno, just feeling a bit down and then that had an impact on my performance in the day. But then there'd be some days where I'd be like, I really oh I'm enjoying this team I'm with erm and I' really excited to kind of get in erm and yeah just get in and start treating	When department isn't busy-she feels she should be given some time and support.
	Q- you use the words getting in the way, what do you mean by that?	
Getting in the way Take a step back Not wanting to slow work flow down	So erm, that kind of I'm slowing, I'm slowing people down and I'm erm I'm getting in the way of their work flow and erm because I need to take a little bit longer to go over things that and its probably mostly, probably in my head because I'm very aware that there's certain things that I'm taking my time, erm and I don't want to rush it but I think knowing that we are like running 10 minutes late, I'm like doing it really fast and that's when I'm making mistakes or I just I might be like I'm just gonna observe this and step back completely and not getting involved because erm I don't want to have an impact on the patient's care, making the department run behind or yeah affect the radiographers work flow.	Aware that she takes longer to do tasks than staff and feels she doesn't want to slow the workflow down and add to any existing delays Doesn't want to rush perhaps as she doesn't want to make a mistake
	Q- ok and how does that feel then to feel that sense of or awareness of not wanting to interrupt the workflow?	
Emotional impact of not wanting to get in the way	Erm, I think it has an impact on how I feel coming in to the department and how I feel my placement is going and kind of the progress I'm making, yeah, I think it's like oh I'd just rather step back and observe rather than get in the way, that seems to be the easier thing to do where I know that's not necessarily going to be the thing	It may be easier to step back but she knows she must push herself forward in order to learn and progress

	that's going to help me progress in my learning and give me the opportunities to grow.	
	Q- ok you mentioned that a couple of staff were good and supportive and that you've had some good mentors and you not had that before erm that kind of experience before, can you just explain that a little bit?	
God mentors Being given time Positive team dynamics	Erm, I think I've had good mentors who have been like erm this is what you know, have given me feedback, but I felt erm I could have I think, I think, they'd really, I don't know if it was a quieter department sometimes, sometimes it was really busy. Sometimes there'd be that time and they'd be like ok lets pretend to like set up a head and neck patient, put the mask on, lets go through that and you can be the band 5, I'll be the band 6 and lets just go through and they took that time with me and erm also kind of I felt like between patients, if there was time to chat, I felt like they were asking me questions like what are you up to at the weekend and having an interest in me personally, which I think really helps kind of the team, the team atmosphere and becomes quite like a positive and you want to go into work because you want to meet people, especially in a lockdown. Erm yeah.	Connects workload of department with quality of mentorship experienced
	Q- you said as well that 'I felt for the first time I was making a difference'	
Making a difference Patient memories Listening	Yeah I think there were, I can think back to a certain erm, a couple of patients who erm I was able to spend that bit of extra time with them so there was a lady who had erm, who was having her breast treated erm, she said to me oh I'm really kind of struggling with the side-effects. And even though I couldn't, I couldn't give like loads	Spending time with patients Felt useful –able to support the patient

Talking to patients Feeling I made a difference	of advice about it I could be like, I could listen erm and ask her questions and I could then feed that back to the radiographer to kind of talk to her more in detail and then also on that same day, the machine broke, all the MLCs wouldn't come out when we were trying to set her up. Erm and so the radiographers kind of had to leave the room to talk to physics and the engineers and I could just stand with her and chat to her about what are you planning to do at the weekend, do you have any pets like, how are you finding work at the moment and just having that chat with her, erm because I think she was a bit upset and struggling with the treatment. I think to have that time to ask her about her week and she said to me coming to treatment is like a day out, because there's nothing else to do, I'm isolating otherwise. Here I can talk to people and I just felt that I was making a difference to that patient, where as before I think, I don't think it was me personally that was making a difference to the patient, I think it was like the team as a whole. But in that situation, I could spend that time with her when they needed to sort the machine out, I was able to stay with her and spend that time. Erm yeah	Demonstrates here that she has developed comms skills and communication in order to be able to talk to patients in this way Feels here that she is having an impact-she is making a difference
	Q- and how did it feel to make that difference, how did it feel to you?	
Making a difference Talking and listening Rewarding –feels good Keeps you going	Erm I think it's, that's kind of why I, I want to be in this, erm career I guess, just to be able to have conversations like that and make a difference. Erm you know when somebody's at their lowest you can try just like to chat to them and listen to them. Erm and yeah it just feels good and makes me want to keep going, even when there's uni	Suggests making a difference was a driver to undertake the programme and pursue the career Feels rewarded-feels good

	work in the background, that actually like yeah.	
	Q- so you mentioned that there's a couple of patients that you can remember from that time, are there any others that spring to mind?	
Patient memories Adapting comms style –for claustrophobic patient	Erm, yeah so there was erm a lady who came in for a CT scan erm and she was really struggling with kind of claustrophobia and I think she was just very anxious, but I was able to talk to her about what to expect whilst the other radiographers were loading up her information and putting on PPE, I was able to bring her in whilst she was feeling a bit anxious in the waiting room, I could bring her in, show her the machine, like talk her through what to expect, a bit about, she didn't know about the tattoo marks, I was able to get a pen like, draw it out what we are doing, it's not going to be too big, and just talk to her about that, so yeah, what else I can't remember now (laughs).	Felt she made a positive impact here
	Q- patients who are claustrophobic, do you have to deal with that very often?	
Managing claustrophobic patients	I've heard it come up quite a bit , particularly in the CT scanner, I think just because it was their first kind of, for a lot of them, their first kind of experience erm yeah the very start of their pathway. And so it was just kind of about giving them techniques to cope, so breathing, kind of closing your eyes and taking your mind off erm where I think by the time you're kind of in the treatment room, they've kind of got used to it a bit more. But at the start, there's a lot that come in and say oh I'm a bit claustrophobic, a bit worried and you can have a conversation at the start and yeah	Used a variety of techniques/information giving to manage claustrophobic patients

	Q- I wonder what's the workload like at the minute, what kind of general patients are you seeing?	
Paitent workload Repetition of techniques improves confidence and skills	It was I think, I think I was in CT for the last 2 weeks, that could get really busy, erm and I think the work days seemed shorter, so they would only have patients in from 8am in the morning to 4-5pm. I don't know if that's normal for that centre, but it didn't seem like a super long day like the erm, the radiographers on a late shift would start at 10am,where as I know at main site sometimes they would start at 12pm and do 12 til 8. But I think in terms of like if you look at the list it's kind of pretty consistently and I saw kind of a lot of on the final 2 weeks when I was on a linac, it was a machine with mostly prostate patients and I felt by the end of that they I could you know get involved in all the treatment, like the treatment aspects. I know they're doing a trial at the minute, a bowel prep trial and I could get involved in asking the patients how they were finding that and so yeah I saw a lot of them and that was kind of repetitive but still good because it would be like 6 in a row and by the time you've done 6 you're like ok I can do that now. I saw some SRS treatments and they don't do that at main site so I found that interesting, quite different and yeah, sort of learnt a lot about the pre-treatment of them, the pre-treatment CT kind of mould room and stuff the masks, those masks are a bit different yeah.	
	Q- are they using PPE in the same way that they were before?	
Impact of covid-PPE	I think they were actually, a few people wouldn't put the goggles on, some of the radiographers, there'd be some that didn't put it on. But I felt that there were a lot	Varying practice in relation to PPE adherence

	more kind of wearing all , everyone was wearing aprons and gloves but I did feel a lot more compared to X, who were wearing goggles and visors as well. I think, yeah, I think it's difficult because erm obviously a lot of what we are doing is looking at a computer screen and finding little tattoo dots on a patient and when you've got the goggles on and a visor it's very difficult so I can understand why radiographers weren't wearing them, but when you're on a machine and they are not wearing them you feel oh should I wear them if they're not wearing them but there were a few times when everyone was just wearing them so yeah	As a student should you wear PPE or try and behave like the rest of the staff?
	Q- we work don't we in a team as radiographers, we are never really by ourselves, do you ever see any challenging behaviour in any teams that you work in, have you experienced that recently?	
Team dynamics Mood of the team Happy mood aids enjoyment	Erm, I think there'd be not too much I think I've notice that how kind of the mood of the team so the mood of the individual people within the team can have a impact on kind of the atmosphere and how nice it is to work in. So I know that there were a couple of times when erm the 2 radiographers would erm, didn't have the same conversations erm and fun as another couple would have and that would have an impact on how the morning would feel just kind of in that team environment. In that team if you would get 2 people who really kind of enjoyed working together you could really feel that erm where as kind of erm, yeah just a happier mood and it was enjoyable to be part of the team and treat the patients and yeah	Observed that team dynamics are affected by mood of individuals

	Q- do you have to adapt to fit into a team?	
Fitting into a team Moving from machine to machine	Yeah definitely because I think there's some people who and it's actually funny because I moved so every 2 weeks I would move a treatment machine so I think it tested my resilience and adaptability because I'd just be getting used to a team situation and the way the lianc worked and if a linac didn't enjoy going round one way but it enjoyed going round the other and just stuff like that and then I'd move onto a different machine and a new team and a new kind of linac to work and use. I think yeah it did test how like adaptable I was erm but yeah cos I'd just be getting used to it and I'd feel like I'd take a few days just to get used to a new machine and the people I was working with erm, yeah and getting used to kind of who you know was easy to kind of work with and those who were a bit more challenging because they didn't seem as engaging in my learning but erm yeah (pauses)	Again infers the impact of moving from machine to machine is considerable in terms of having to find ways in which to adapt to a new team and fit in
	Q –do you feel as though you are resilient?	
Fatigue Resilience Guilty Wanting to keep up with staff Manage resilience	I was I think it's one of the things I thought I was and then towards the end I was like I'm so tired like, and I found it challenging and I think I was kind of getting guilty with myself I was like oh I can't keep up with it, I've only done 6 weeks placement and I'm absolutely knackered where as all these radiographers are doing like every day like this, I think that really tests, it tested how much I was resilient and erm I know towards like in the last week I was like ok I've got to last for one more week and then I can have a week off, but obviously for radiographers they don't have that they just constantly constantly working and so I think	Fatigue meant she didn't feel as resilient as she thought she was Feeling guilty for not being able to keep up with staff Thinks she will have to develop resilience in the

Moving between machines develops resilience Challenging adaptability	yeah it has worried me that I'm not as resilient as I thought I was and that I'm gonna need to find ways to erm you know work on my resilience and I think moving between machines a lot helped with that like that helped me to grow and even comparing from this placement to the next placement I think my resilience has been tested and I can see some growth in it but yeah definitely, it's definitely challenging me on how adaptable I am as a person	future as a qualified radiographer
	Q- yes practice is challenging isn't it, you used the words challenging guilty and sad and I wondered if you could explain that a little bit more? It was in relation to levels of resilience and feeling fatigued and tired	
Wanting to be the best you can be Fatigue Guilt-not enjoying it all the time	Yeah I think it's kind of I want to be kind of super, like the best person I can be. Erm be able to you know, placement not, it not affect me and always enjoy it all the time and come in always like confident and optimistic about the day and positive but I think I noticed there were days when I was I like I really don't want to go in today, I'm really tired and Sunday nights I'd be like oh I've got a week to go. I think I felt guilty that I felt like that, I do enjoy it, but there are difficulties and challenges and I think I'm like feeling guilty that I should be enjoying it all the time and when I'm not I'm like oh no is that a bad thing, am I a bad person for feeling like that erm yeah.	Has high standards in relation to self, actions and how she is perceived Wants to be the 'perfect' radiographer perhaps-have all the attributes that she perceives to be essential Conflicting thoughts around whether she should be finding anything difficult-should she be enjoying placement all the time. I guess when you are qualified you are in placement-the clinical environment is your workplace and to admit to not liking it at times may cast doubt on that original decision to undertake the programme and strive to be that qualified therapeutic radiographer

	Q- ok you say that you want to try and feel positive and confident and enthusiastic all the time, are they kind of your natural personality traits, is that how you would describe yourself?	
Confidence Positivity and confidence linked to a better learning experience Self-awareness	Erm I think no, I wouldn't say I'm a confident person and I think that's something that placement has grown in me because I think yeah, like yeah before I'd just be like yeah I just don't feel confident, but I think it kind of gets you out of your shell. I feel like the more confident and positive you are the better it goes and the more you can get out of placement and so I think as much as sometimes I'm like ahh don't know what I'm doing erm kind of super self-aware of erm myself and that that doesn't always help my learning but if I'm more confident when I'm going into placement and be like I can learn lots today, I feel like that has an impact on, yeah I am doing really well, I can do this erm yeah	Placement has provided an opportunity to grow-to develop confidence and 'get out of your shell' Being too self aware hinders progress
	Q- ok you mentioned tiredness and feeling tired, do you feel that placement does make you tired?	
Physical fatigue and guilt	Yes and it's funny because I think part of the guilt is because we've only been doing 51/2 hour days and so I'm not doing the full day and so, I feel the guilt is like oh I'm not even doing a full day and I feel tired erm yeah, and I think just having to get up that little bit earlier to commute, it takes anywhere from 45 minutes to an hour to drive to placement and I've only just started, I only got a car before Christmas and I passed my test like a few years ago, so having erm to, I've had to learn to drive on a motorway and that kind of stuff and just towards the end I was like I don't even know how I'm getting home I'm so tired, I need to	Commuting and the day is tiring –but seems to feel guilty for feeling this way

	concentrate on the road.Yeah I just think, just get really tired.	
	Q- do other staff members talk about feeling tired?	
Staff never discuss feeling tired	Not really and I think that's part of it, because I think I see them and they seem to be doing really well, they're really great radiographers and they're really resilient and then I'm there like I'm so tired I'm only doing 51/2 hour days and you're doing an 8 hour day yeah. Yeah and I think that is really challenging cos it's just like am I gunna be in that position where I can come across, where my tiredness doesn't affect how I'm working and doesn't have an impact on the mistakes I make in a day erm (pauses)	Doesn't feel able to talk openly about feeling tired as she doesn't hear staff discussing feeling tired
	Q- ok when you look at them, when you look at the team you use the words they are great, they are really resilient and I wonder what do you mean by that?	
Positive team dynamics Staff just seem to get on with it	Erm, that obviously they must have like challenges because they've been working through covid and there's been a lot of changes in the department with PPE and erm and also just like home situations with covid, erm but I don't think it has, that can all be happening in the background but when I, but I don't see that, you don't see it. You just see them coming in and treating, having a laugh with a patient, kind of really caring and if they're tired you don't notice that it's having an impact on their erm how they're performing or how they're treating a patient erm yeah, they just seem to get on with it, it doesn't affect them, so yeah.	Some positive memories of staff working under covid
	Q- ok you use the phrase, am I going to be in that position, I wonder if you could tell me a bit more about that?	
Perceives staff as resilient	I think I see that, I see the way that, how like they're resilient and then	Sees staff as resilient

Emotional burden Wants to cope better Patient care provided	I see kind of how if I'm tired I just feel like I want to sit back and observe (laughs) and not get as involved or erm you know it might take me a bit longer to do something erm because I'm not as switched on erm and I would love to be in a place where I could cope better with my kind of tiredness and just if I'm not feeling good like my emotions so that doesn't, that I don't feel like, yeah so I don't have to feel like it's affecting my day because that's then going to have an impact on the patients and I don't want my how I fee to impact the care that the patients I'm treating feel erm or the quality, the quality of (pauses) care I'm giving to the patient.	If she is tired she wants to sit back Wants to be able to cope better so that fatigue, emotions don't affect the quality of care she provides for patients
	Q- ok you mentioned and made reference to tiredness and making mistakes, I wonder if you could explain that a little bit more?	
Making mistakes	Erm, so I think if I look at kind of the final week that I was probably at my most tired, I think so I'd forget to, if there was a head and neck patient, I'd forget to kind of put the tape they have the yellow tape to stick onto the mask I'd forget to erm put that, prepare that for the radiographers. Or erm, during a pre-CT scan chat, I might forget to ask them about their mobility or I might, it might take me just a little bit longer to get the words out yeah if I'm struggling with my words erm, to find the words that I need to say and I think yeah I'm stuttering more of whatever and I don't want that patient to feel, oh she doesn't know what she's doing (laughs), she's tired, yeah.	Fatigue linked to making minor mistakes
	Q- ok you mentioned you don't want how you feel to impact on patient care, I wondered if you could explore that a little bit more for me?	

Providing high quality patient care –being the professional	Ok, so I think how you feel, so if I'm feeling you know really can't be bothered today, you don't want a patient to be like oh this person really can't be bothered to treat me today, she's just doing the bare minimum. I want to, even if I'm not feeling ok, I want to come across as this person, this radiographer is doing everything they can to help in my treatment and they really are engaging and caring about my treatment, erm yeah	Disconnecting how you are thinking and feeling in order to maintain high quality patient care
	Q- ok, and you describe sometimes that the radiographers are very caring and I wonder what do you mean by that?	
Caring	Just like the conversations that they have, asking how they are doing, how they are finding their day, asking the patients how they are finding their day. Are they doing ok with treatment and kind of, you know giving as much as they can to kind of support the patient in their treatment erm I think within different radiographers there seems to be a different level of that. I think there are some radiographers who kind of, I notice they're not having as much of a conversation with the patient, they're just bringing them in, getting them treated, getting them out again. But I think overall yeah, they seem to be kind of giving the best quality of care that I've noticed.	Describes staff as caring – but that there are different levels of it Some radiographers engage less with patients
	Q- ok in terms of caring, what does that mean to you?	
Meaning of caring The whole of the patient Seeing things from the patients perspective Listening	Erm, I think it's making, it's all about the kind of giving the best erm, spending time with the patient, learning about the patient erm helping the patient in not just in their treatment but like how they are doing in their kind of job or how they are finding lockdown. Like all of that is part of the	Eludes to care meaning taking into consideration the whole of the patient- seeing the context of the patient

Helping	patients care, erm and I think just having, being caring is to (pauses) be engaged with the patient, listening to the patient, helping the patient with not just the treatment but like the holistic approach to a patient. I don't know if that makes sense	
	Q- it does, do you ever find then that you have to hide any of your emotions, that you have to put a face on, or portray yourself in a certain way that's different to what you're actually feeling inside	
Emotional burden Fatigue Continuous assessment-needing to be perceived as active and engaged all the time Exhaustion from having to act Putting on a front-not appearing tired, being switched on 'I don't want them to feel like I don't care about my learning'	Yeah I think if you're feeling really tired I don't just want to sit there like oh I'm tired I want to erm you know find some energy from somewhere even if it's just on the outside and if it's just kind of yeah, the energy I'm trying to give it's just yeah, even if I'm not feeling it I just be like do you want me to bring in the next patient or like constantly kind of I think as well knowing that the way we are being assessed is quite continuous, if I'm not, if I spend the whole like like just sat there not doing anything I know that's going to impact on my grade that I'll get at the end of the week so if I'm feeling tired I know that I still need to you know be really engaged, you know communicate well with the patient, communicate well to the team erm ask questions if I don't understand a technique erm yeah and like show that I'm really engaged. And I think at times that can be exhausting in itself because knowing that I'm, what I do, even if it's for 5 minutes I'm just say there not doing anything, I know at the end of the week that can be assessed and I think that there's a level of having to be constantly switched on erm which can be quite exhausting, like even to I don't want to take, we're allowed a	Hiding fatigue occurs again here Finding energy and appearing to be enthusiastic in front of the staff even when you're not feeling the same inside. Links to continuous assessment and the perception of staff As a student are you acting?

Liftupp	15 minute break on our 5 ½ shift and I don't want to even just to kind of the way I ask to go on my break, I don't want them to feel like I don't care about my learning. I don't know I think I'm super self-aware of how I come across as well to the radiographers because I know that that could have an impact on how I do or the scores that I get	
	Q- so there's been a move to the continuous approach, your need to be or feeling that you have to be switched on, is that new or has it always been there	
Perceived as a professional student Pressure to do well as you move from one year to the next Experience of Liftupp- frustration	Erm, I think it's always been there but I think as I'm progressing throughout the year I'm feeling that there's more pressure to do well. And I think as much as I'm glad that we have this continuous assessment because I don't think I'd perform well under pressure I think there's still that low lying pressure you know to do well still. And as well at the end of the week if I, the grades that I get can change and I feel like if I look at my scores now I don't feel like I've shown progression just because well throughout each week they all mark differently. I think when I look at my grades I'm like oh there's been a lot of 4s or I've not been getting that many erm, I've not really increased much just because one week I might have one mentor who might give me a 4 and work on this and then I might get them next week and they say oh you've worked on that I'll give you a 5 and then you see a different mentor and they're like you're still you know. I think that's been getting me down as well, just knowing that my scores, even though I know myself that I can see progression, even if its just how resilient I am or the fact that	Feels the pressure to do well, uses 'low lying pressure' in reference to Liftupp Describes frustrations with the liftupp system but that it is down to her to show she is switched on and progressing

	when I first arrived on placement I didn't even know how to use the handset and towards the end I was treating patients and having first day chats, I don't think my scores necessarily represent that and I think that's how then from that I've learnt ok I need to be constantly switched on so that I can prove I am progressing erm yeah	
	Q- ok thank you, you said that, or you've used the word super self-aware, I wonder what do you mean by that in the context of how you come across to the radiographers?	
Self-aware Perception of staff Being the professional student Grateful	I think I don't want to come across like I don't care or that I'm, I, that I wanna come across like I'm really enthusiastic, like I really want to be there and that I'm really grateful that they are doing my LiftUPP scores at the end of the week, so I think I'm just, I kind of can over think how I am coming across. Like oh I didn't say thank you when they showed me how to do that, are they going to think I'm a really bad person and that I don't care that they did that. Or just stuff like that, which I know is probably just in my head but I think yeah, erm yeah	Wants to be perceived as a professional-perhaps even a professional student Wants to appear enthusiastic, grateful-does she think staff expect this?
	Q- ok so you're very much aware of what you are portraying to them	
The professional student Wants patients to have confidence in her ability	Yeah and even to a patient, like if I was rolling a patient and I was struggling, I was like oh I can't, I'm struggling. I don't want that patient to be like oh she can't get me in the right position or whatever or she's clearly not very good at it. Erm I very self aware that erm oh no I said oh dear in front of a patient and now they think they might go away thinking oh no something is wrong with my treatment. Erm yeah,	Wants to be liked-by patients and staff-wants all to perceive her as professional Doesn't want to impact negatively on the patient experience
	Q- and why is that important to you?	

Being the professional student Caring	Erm, because, I want, the patient, because I dunno, (laughs), I want to feel (pauses) that I don't want them to be over thinking about their treatment, I, I think, I think, I think we're kind of a thinking culture so aware of what people think about us, so that's just why, so yeah	Pauses in conversation seems to indicate this is difficult to talk about
	Q- ok I wonder if I could ask you the question what does it mean to you now, at this point in your training what is it to be you in the shoes of a student therapeutic radiographer, what does it mean to you at the minute	
Making a difference – patient care and society Stress-the sense that she is making a difference compensates for the stress	Erm (pauses), at the moment I'm feeling like it's, I feel like at the moment I do feel like I'm making a difference but I know it might be only a small thing at this stage, I do feel like I'm making a difference in (pauses) a patients treatment or in society and I think it is hard erm you know the stress of uni and erm and all of that, I'm just like holding onto the fact that I am making a difference and that even though a lot of people were like at home and working from home I was able to kind of go out and meet patients erm help, help patients in their treatment and yeah	Feels she is making a difference –to patients and society During covid she carried on going to work and providing a service and this is important to her and compensates in some way for the difficulties and stress experienced
	Q- you've not used the words making a difference in our last interview I wonder why are you feeling that way now?	
Making a difference Getting in the way	Erm, I think, I think it's a very kind of small feeling that I get because I think there is part of me that is like oh I could be getting in the way, but there are a few times I feel like yeah I was able to have that conversation with that patient when the machine broke and I was able to make them laugh or yeah or erm I was able to focus on bringing patients into the waiting room when the machine was broke and erm the department was really busy	Again always conscious that she doesn't want to get in the way Is feeling that she is making a difference to patients and the team

	but at least I could wipe down the baskets that they were putting their clothes into and I could bring in a patient. Even though it's a small thing, I did feel that would, that could make a difference. Erm yeah	
	Q- ok so do you ever think beyond that in terms of the patients cancer, the diagnosis and what you are doing	
Making a difference Patient care Little things-being the professional student Negative impact on patient care-mistakes Gratitude-being thanked Slowing things down	Smiles Yeah , I think, I think part of it's like I do feel like (pauses), I feel like I am making that little bit of a difference in terms of that pathway like, if I asked somebody you know we've got a patient coming into the waiting room and I asked them how their day is going, that, that's me being interested in that patient and they don't feel like oh no one really spoke to me today, at least I can do that little thing. But I think, I think there's also the other side of it where erm I feel like am I, if I'm making like a little mistake, am I having a bad impact on that patients care am I, if I'm taking that little bit longer to set up a patient are they gonna be like oh it took ages today to get me set up because I had a student setting me up. (laughs). Erm and that obviously does worry me as well, but I've had a lot of patients just being grateful and just saying thankyou and I think I'm just holding onto that really when I'm feeling like oh I was spending ages setting that patient up today, I was really struggling, but they still said thank you when they got off the bed and so they were grateful that I was involved in their care and I think that's just amazing and yeah.	Aware of how she is impacting on the patient experience Both positively and negatively Aware of patient perspective and how she is viewed as a student Being thanked by patients and feeling that they were happy for her to be part of their treatment is important
	Q- ok so you used the words that you're holding onto that, that they are grateful and thankful, I wonder what you mean by that and how does it feel?	

Fatigue Patient gratitude Grateful Making a difference	Erm I think when, when I'm you know really struggling to get up and tired but the patient's grateful that I was involved in their treatment, it feels good, it feels like yeah that's why I got up this morning erm to make that little bit of a difference today and erm and I'm grateful that I can go into placement today even though you know we're in a lockdown, I know a lot of people can't, aren't working or can't erm or yeah the situation in the world isn't great but at least I can go into placement and make that bit of a difference. And then I know towards the end of the placement as much as I was tired, I was really looking forward to a break, I'm like oh now I have to go back to on-line lectures and I'm gonna miss the patients and miss that team situation, yeah.	Feeling that the patient is grateful and happy with their treatment helps with her sense of fatigue Grateful they can go into placement and make a difference
	Q- ok so you said it makes you feel good that you're making a difference, I wonder what you mean by that?	
Rewarding	Erm, (pause), I think it's just (Pause), it's it's rewarding I guess, you know like the hard work that I am putting in or if I'm, if I'm not feeling like I am not working hard enough and I'm feeling a bit guilty from that (pause), the fact that I was able to have a little bit of an impact yeah in a patient's treatment pathway (pause), yeah, like that, that's worth it, yeah that's why I'm doing it erm (pause)	Feeling that they are making a difference is rewarding
	Q- have your thoughts and feelings around feeling rewarded, have they changed over time?	
Being rewarded Making a difference	Erm it feels weird to say like I'm being rewarded, cos, it, a patient who, like you don't wish that treatment on anyone so I feel like say that, that's really, I don't know if I mean that, but I guess, I guess you know, if, if a patient has to go through that then I can make as	Difficult to consider that as a radiographer you feel rewarded by the patient Again pauses and laughs- indicates she is finding it hard to talk about this

	much of a difference as I can. Erm, yeah cos it's a hard time for that patient and so yeah, yeah (pause and giggle)	
	Q- do you feel more like a radiographer now and less like a student	
Identity as a student Progression Positive learning experience Confident	Yes, but I've just been in CT I felt very much like a student then, but before that if I just look at the 4 weeks I was on a treatment machine, from the start very much like a student (laughs) and not really knowing what I'm doing and then towards the end (laughs), it was like a jokey comment but one of the new band 5 radiographers was like, oh you don't even need me now. It just, that was funny, we could have a laugh and I was like no I do need that support, but just that little laughy comment did make me feel like oh I am able to do this erm yeah	Showing she is feeling more confident and has progressed
	Q- and how did that feel	
Feeling confident Use of humour Progressing Sense of achievement	The fact that he could have that joke with me erm and that he yeah I did feel like that treatment that from bringing that patient in to switching on I felt like that went well, there was a sense of achievement in that and just a I am progressing and erm even though you know at the start that had it's challenges and I felt like I'll never be able to get it and then to have that to have someone to be able to say that to me was like ah I have progressed then in such a short space of time really, 4 weeks so imagine if I had placement, if that placement kept going what could I do then, so yeah	Shows she is feeling as though she is progressing Viewed by staff as having progressed
	Q- can I ask a little bit about side-effects of treatment and how you deal with patients who are experiencing side-effects and whether you can recall any patient's where you've had to	

	intervene I guess and support them?	
Patient memories Side-effect management	Yeah so erm, so with the, there was a breast skin reaction that she was only kind of half way through her treatment and she was having quite you know, before half way through her treatment quite a severe skin reaction and so obviously we were a bit concerned about that and so I was a bit like you know from the sounds of things I was able to say that does sound normal, but I will talk to the radiographers, because I don't want to concern her and he like oh it's only half way through that sounds a bit extreme, I was just like it , the treatment will make your skin red and itchy erm and you know keep putting cream on it unless it starts to break and then I was able to go feed that back to the radiographers. This is what the patient told me, this is what I told them, they then called the review team because they were like oh this is quite severe for her point in treatment and then the review team came in and they saw her. They asked do you smoke and she said yes I do and I think they were like ok, we'll talk to you after your treatment but they clearly just seeing that pathway, I picked that up I was then able to give a bit of you know support, but then I was able to feed that back and then see the review team meeting and then that patient would, is then able to go and be seen and get what they need too.	Having an impact on side-effect management described here
Patient memory Copying qualified staff	Then erm, I was able to with a prostate patient, a lot of them were talking about kind of erm the frequency and urgency of needing to go to the toilet so we were able to kind of, I heard a lot of those conversations going on and I was able to pick up little bits of advice. So like double voiding and making	

	sure you're not drinking before you go to bed, erm and drinking, making sure you're not drinking lots of caffeine because that can irritate your bladder but still drinking plenty of water and then we were, lots of conversations because of the I think, I don't think it was just because of the bowel prep trial that they were doing, erm I think you know they were noticing lots of gas in the patients rectum, so they were able to give dietary advice and so I was able to kind of as much as I wasn't able to give them advice. I'd be able to probe them with questions, so I could feed that back to the radiographers so I was like what does your diet look like, are you eating lots of greens and then I was able to feed that information back to the radiographers and they could take over then and give a bit more advice and support on that	
	Q- how does that feel then, being able to do that?	
Offering patient advice Progression	Erm ,it , it felt good, I think I've been at the main site when it's busy and not seen that many conversations that go on, but here there was much more conversations into treatment side-effects and I was able to pick up words and phrases that the patients were saying, that the radiographers were saying to the patients to get kind of probing questions and stuff and so I did feel like, it was another area of progression that I was able to pick up on those words and yeah ask the patient probing questions and build up a picture of the patient drinking not very much water and drinking loads of coffee and tea and then I could feed that back to the radiographer and they could intervene and yeah	Describes it as feeling good to be able to do this Picking up on practice and then using it –showing confidence and progression
	Q- have you got enough time to continue?	

	Yeah	
	Q- if it asked you about radiation and what are your thoughts and feelings about radiation?	
Radiation dangers Radiation gives life Side-effects	Erm, I think (pause), that's a good question, I think it's obviously it has it's dangers, it's funny actually I watched a film recently on amazon prime it was about Marie Curie and about radiation and stuff-it was very interesting, I recommend. It's just interesting the views of people at this new kind of radiation and it scared a lot of people and erm it did a lot of harm and erm kind of like the nuclear explosions and all of that kind of radiation, but I think and so that obviously can be very dangerous but I think that erm in the right situation it is , it can you know, it gives life if it's used correctly and obviously it does have, it can have side-effects and obviously I was looking at some notes of patients, of Doctors consenting patients and erm they were kind of saying I've spoke to the patient about erm radiation side-effects and one of the things that might be listed is erm could possibly give a secondary cancer in 10 years time like the chances are 50% of a cancer. And obviously like there's like, you know for all patients it might not be suitable because hearing that, they might be like that's too much of a risk or I know one of the patients erm Mum's and her Mum had radiation probably when there wasn't any modern techniques and she had a rib fracture and obviously that's you know a risk of radiotherapy, the potential risk of rib fractures and damage to the heart and all of that, but I think you know it's come a long way and for some people surgery is a bigger risk. Erm and so actually this is, this is better, less	Conflicting thoughts on radiation

	kind of, just a better treatment and the risks are worth having radiation treatment erm, so like the diagnostic uses of it aswell are, can in turn help patients be diagnosed early and so you know you're giving that tiny bit of dose, so yeah	
	Q- ok so do you feel comfortable giving the doses that you give?	
Switching on fear Pressure Getting it right	Erm, switching on for the first time is absolutely terrifying, (laughs), it's ah have I done everything right, you're asking the radiographers are you ok are you happy, can I press that button (laughs). Yeah, no, it's, it's not, I don't see it as like a really light hearted like ah just press that button, it's fine, it is, I do feel like the pressure of I need to get this right, I need to make sure that everyone's happy and I think that, that's the importance of team work actually, having that other person to be accountable for giving the patient a dose yeah, it's kind of, doubly checking it, triply checking it, if it's not right yeah	Weight of responsibility switching on described here
	Q- so you used the words and many of us have used the same phrase, switching on is absolutely terrifying-can you explain why is that?	
Switching on – consequences	Erm, because there are consequences if it's wrong, your, you could you know give, there's so many things that could go wrong, you could have the wrong patient, they could be set up wrong erm there's the wrong monitor units on the screen, there's interlocks, like there's so many things that could go wrong and that's why there's lots of switching on processes and checks that you do, because it can be, the impacts of radiation can be very severe.	Serious consequences described here of making a mistake
	Q- and so how does it feel to have that responsibility	

Responsibility Error reporting	Erm (long pause), I think there's the security of knowing that I'm not doing it by myself and I've got 2 other people there with me who are you know experienced and obviously things can go wrong and we were in some off-set learning about when things do go wrong and you need to erm there's that filling out the datex form and erm letting the appropriate people know and talking to a patient and being open you know not hiding things from a patient and erm because things can go wrong. But (pause) yeah, just, what was the question	Importance of having support of the team
	Q- it was the level of responsibility and how it feels to have that	
Responsibility Confidence in team and checking protocols	But I think knowing that there are you know things in place so that there are checks, you've got other people around you supporting you and checking as well and the importance of actively checking so you know when you're reading out things, actively checking it with the other radiographer. There are things in place, that responsibility, it's still a big responsibility but it kind of it just doesn't feel like oh I'm just not going to switch on ever, it helps to be kind of like ok we've done everything, are we happy, we're all happy, ok we can switch on now	
	Q- ok so it's not just as an individual it's as a team, what's coming up next for you placement wise	
	Discussion around timing of next block	
	Q- how are you feeling about the next stage	
	I don't know, but I think yeah, I dunno, I think, I'm hoping I'll show, at least my liftupp scores will show some progression in that 3 week placement block yeah. And I'm excited for 3rd year because I think there's quite a lot of	

	placement in 3rd year so I think having lots of time to go through it all will be really good as well, so (pauses)	
	Interview ends-checks on wellbeing –discussion around benefits of the interview and reflecting in this way	

EMERGENT THEME	Participant 8 (EM)	EXPLORATORY NOTES
	13.8.20	
	Q – if you wouldn't mind taking me back, you started the programme in January, I wondered if you would describe what attracted you to the programme	
Decision to undertake the programme Was a nursing student Was a biomedical students-studied cancer and developed an interest Wants to work with patients	So I've kind of come through quite a weird route, erm when I first started my undergraduate degree it was 2015 and I actually started as a nursing student, which I did really enjoy, I did the full year, but due to kind of external factors that I couldn't control, in terms of like my family life and things, I just couldn't manage the commute to placement and things like that and it was just getting a bit too much. So I decided I didn't want to leave uni, I had found out about the biomedical course, which I found really interesting and I switched through to that and I studied biology and it's like cancer, cancer, cancer, pretty much. I got one of the emails when I finished, is still wasn't	Wanted to be a nurse-perhaps patient care focussed Enjoys knowing more about cancer

Not aware of radiotherapy Happy with decision to undertake the programme Gratitude –given thank you cards Patient relationships	sure what I wanted to kind of definitely health care kind of working with patients. I got an email about the therapeutic radiography course which I don't know why I'd never even kind of considered it, it was definitely one of those things where I hadn't really separated like diagnostic and therapeutic even though obviously I was so interested in cancer, erm, so I cam across it, I met with X and we just had a coffee and a chat and he really like not sold it to me because I was definitely interested anyway, but he definitely sparked my interest a bit more, increased my confidence so I thought this is probably something I could do, it sounds really interesting and I like the idea of a 2 year MSc where you have placement and things like that and you know you have a definitive job that you go into at the end of it. So yeah I started in January and I've absolutely loved it so far, I've really enjoyed it, even the physics side of things which I definitely didn't think I would enjoy, but it's been really interesting. Obviously it's been strange with going into lockdown but I have got on with the e-learning so far and obviously I did my taster session at X and my placements going to be at X and the staff were just so kind. I love the way, like the rapport that they had with the patients, those who they've seen for quite a long time. They showed me all like the thank you cards and all that kind of thing, just seemed so interesting , like still so grounded in science but you also have that chatty patient side of things which I really like. So it's been going really well	Enjoying the programme including the physics Observing radiographers and like the rapport with patients

	Q- good, so have you, did you have any placement at all	
Placement suspended due to covid	No so our placement was due to start in April which got cancelled, so they were hoping it would start but then it got pushed back. We go back 3rd week of September I think we have 2 weeks of study then we go straight into placement after that.	
	Q- any thoughts about going into placement then?	
Apprehensive about placement Maturity and life experience gives confidence Impact of covid Reduced time in placement Applying learning in practice	I'm definitely apprehensive, I think because I have had that nursing placement experience before I'm a little bit more confident than maybe I would have been if I'd gone in as an 18 year old undergrad. But it's more kind of how will it all have changed because of covid, just things like PPE and rapport with patients, how much time you have to spend with them, stuff like that. I'm just a bit nervous that it just adds that extra barrier to kind of learning anyway. And we've just been told that obviously we are cutting down to 4 days a week placement and we're not always gonna be on the accelerator so sometimes you'll have to be like learning in the library and things and I'm just a bit like worried that obviously you only have so many hours to cram in the post grad course, it's obviously condensed but with being pushed back and missing placement, I'm just worried that I'm not going to be able to catch up or there's going to be a bit more expected of me that I'm not ready for type of thing. Other than that I am looking forward to going in and applying my learning because I don't really want to forget it because I feel like placement really consolidates that.	Considers previous experience to have given her more confidence Thinks covid PPE/working may be a barrier to building rapport with patients and learning

	Q- good –are you going to be living in X or commuting	
Commuting	So I've actually moved to X, I was living in Liverpool but I've decided to move back because in terms of placement it's obviously easier to kind of get to placement and commute to uni, rather than the other way round because you are in so much.	
	Q- and do you have to work part-time at all	
Working part-time alongside studying	Yeah so I've got a full time job at a nursey at the moment and they've actually agreed to let me drop down to 1 day a week while I'm on placement because I'll be doing 4 days already. I just can't manage financially without it at the minute	
	Q- ok so have you worked in child care settings before or is this something new	
Transferable skills	It's new to me I kind of did like a bit of play assistant, but before that I've been a waitress for the last 7 years. It's just a bit different, a new job in X, but I'm really enjoying it so far and I just, I hope it will help in placement, because if you can make conversation with a toddler you can make conversation with anyone (laughs), so yeah and definitely my waitressing	Transferable skills from previous work experience
	Q – I was just thinking the same thing, if you've kept customers happy as a waitress and you're working with children you've got advanced communication skills	
	I hope so	
	Q- workload wise then what's it been like since the start of the programme?	
Workload Balancing workload	Erm, definitely I felt like it was a bit of a slow start and then it hit us all and once, erm I did manage over lockdown and I was made furloughed from my job which I think helped, so I managed to	Balancing workload

Positives of lockdown	keep on top of it. I think definitely being in uni and working part-time I felt I was constantly trying to catch up with myself, so I think lockdown did help me get back on track so I'm hoping to be a bit more organised this time. With having like weekends off because it's Monday to Friday work and on placement I'm hoping that will help to like balance my life and everything	
	Q- ok, so do you anticipate any emotional challenges whilst you're in placement	
Family members had cancer Emotional burden- being emotional, taking things home Being professional Shut off a little bit more Empathic Taking it home with you	Oh yeah, absolutely, I mean I had a family member that was treated at X so I do have some of that kind of, I'm a bit apprehensive about going in. in like a placement setting, because I've taken them in before, yeah I've had a couple of family members who have had cancer so I'm a bit worried that I'll kind of draw on that a bit, or may be slightly more emotional but I think I can handle it, I mean I'm obviously handled a lot when I was doing nursing anyway and I'm hoping that I can you know bring that professionalism with me, that you just kind of shut it off a little bit more. Obviously still empathetic, but not too over emotional, but yeah I think it can, like taking it home with you, but that's what I was hoping like a reflective diary might help with just kind processing everything that's happened and you're dealing with it a bit better.	Has experience of cancer – family member had cancer and was treated at one of the placement sites –concerned that she will 'draw' on this, doesn't want to be over emotional –but still wants to be empathic Mentions taking things home and seems concerned about handling potentially difficult emotions
	Q- when you were a nursing student, how did you deal with things that were emotionally challenging	
Peer support Emotional demands	Erm I mean I think it definitely helps that erm I was living with a lot of health care students, I lived with a doctor and a bio-chemist	Helped by a network of peer support

	and physios and stuff like that. We kind of, we discussed placement obviously within a certain degree, but I think just chatting and like I did this and it was embarrassing, or this happened and it was horrible today, I felt like chatting with people really did help, but obviously now living back in X I feel like I need a different kind of	
Emotional demands	Because I did find nursing really overwhelming, so I'm hoping finding a different tactic a little bit and using a reflective diary will help with that	Found nursing 'overwhelming' and concerned about how she will cope with radiotherapy
	Q- yeah, does anyone else in your family do anything healthcare related, are you living with family members?	
	Erm no I'm living with X, my Mum is in childcare, but no not really I'm trying to think if anyone is actually healthcare, I mean all I've got is friends who are in healthcare,	
	Q- the other questions are around team work and what you anticipate experience to be in your first placement	
Team work Finding your place Confidence Getting stuck in Being a student Team working	Yeah I mean I'm used to working in teams obviously through my waitressing. Definitely coming as a new person to the nursery I have realised, it reminded me how hard it is to kind of fit in again and find your place and I definitely remember being like that as a student like I don't like to over step the mark, so I'd rather be told what to do and then build that kind of thing and work up my confidence slowly. But I know that's not always the way and sometimes you really do have to get stuck in, which I'm going to have to be open to and want to and yeah I'm kind of, I'm happy to be a student a be told what to do but confident enough to like chat to patients and things like that and	Previous work experience will help –able to work in a team Aware that as a student she doesn't want to be seen to be over-stepping the mark- would rather be told what to do and build from there- perhaps previous nursing experience has influenced this coping strategy Again refers to 'finding her place'

	just find my place. So fingers crossed that it works out but I am good working with a team, I'd rather work with a team than by myself	Shows self-assurance here- 'I am good working with a team'
	Q- another question around emotions, do you ever feel the emotions you express when you're caring for a person might be different to the ones you are feeling inside	
Emotional burden Professional Inappropriate patients True to self Seeing the patient's perspective professional	Erm, sometimes, occasionally obviously you have to put on a bit of a strong front sometimes and you have to keep professionalism, with some things that some people do or say, I've had patients say racist thing and you have to be a bit, just get on with it, stay professional kind of things, but I think more often that not, I'm very true to myself in terms of I do think I'm quite a nice person and empathetic and I try to understand peoples points of view so occasionally when with certain comments you have to express something different to how I'm feeling.	Describes putting on a 'strong front' 'keep professionalism' Shows self-assurance again –states she is 'very true to myself' and sees herself as a nice empathic person Tries to understand people's points of view-see the patient's perspective which is integral to caring. Will act differently to how she is feeling if required
	Q- so if I was to ask you then to describe to someone else, what is it like to be a student therapeutic radiographer	
Busy Scary Making a difference- Have a purpose Playing an important role in the future of healthcare	Erm I'd probably say busy, a little bit scary sometimes but like you feel like you've got a purpose kind of thing, like you're working towards a really positive goal and you're gonna play like an important role in like the future of healthcare, with cancer increasing, radiotherapy is becoming more and more like used and yeah. It's definitely, like people are hearing about it a lot more now, rather than just chemotherapy and	Describes it as busy and scary but is very positive about what she is doing-has a 'purpose', 'positive goal', 'important role'

	surgery, it is actually getting a bit of a voice, like I'm not sure	
	Q- I agree, you said it's busy, you used the word interesting-why did you use that word	
Interesting –changing technology Continuous development –always more to learn Cancer is fascinating	I think it's just because like it doesn't stop, you know like proton beam now, they are finding new uses for it that I just think it's a role that you're never going to get bored, you can never get complacent, you have to just keep moving with like the developing research if you're going to be a good radiotherapist anyway. Definitely I find cancer fascinating whilst we are studying it it's hard to fathom how big it is and how complex and I think there's always more to learn about it, so yeah really interesting.	Positive about the changing technology and feels this means she will never become bored by radiotherapy practice Finds cancer fascinating
	Q- you use the words a bit scary as well	
Scary Big responsibility you know people's lives are kind of like in your hand, you have to look after them. These are people's relatives these are people who other people really really care about so it's a lot of responsibility. You know you wanna do the right thing, you wanna know you want to treat people properly so it is a bit scary	Oh yeah definitely, I obviously you know people's lives are kind of like in your hand, you have to look after them. These are people's relatives these are people who other people really really care about so it's a lot of responsibility. You know you wanna do the right thing, you wanna know you want to treat people properly so it is a bit scary.	Feels the weight of responsibility Sees the patient as a person, someone's relative, someone who is cared for Wanting to do the right thing, treat people properly-wants to care and wants to be professional
	Q- you said it's an increasingly important role with the cancer burden and people being more aware of radiotherapy, I wonder if you explain what you mean by that	

Developing technology/techniques Side-effects	I mean obviously the techniques are developing more and more every year, so it's becoming more useful for radiotherapy. Obviously, although there's side-effects with it becoming more targeted and conformal to the tumour you are seeing people being put forward for radiotherapy more and they might choose it as an option as patients get more saying what they are choosing radiotherapy, so it literally is becoming more important, more people are using it.	Aware of changing technology and techniques. Acknowledges that radiotherapy causes side-effects Available to more and more people
	Q- so far, are you happy with the choice you've made	
Happy with decision to undertake the programme Being a mature student	Yeah really happy, I was so concerned obviously coming as a mature student I really didn't want to change my mind and have a bit of a wobble, but it's been nothing but kind of positive for me, I feel more and more passionate about it and want to learn more and more as the course goes on	Being a mature student- wanted to be happy with her decision –perhaps as she has undertaken previous study – may have debt, getting older and so wants to get on with the programme. Perhaps previous experience has taught her that life is short and you must make the most of it
	Q- that's lovely –it's been really nice talking to you- well being check and discussion to book in around next placement block.	
	5.2.21	
	Q- I wonder if you have any memories from your last placement block?	
	I've got my diary entries with me, if you want me to read those out	
	Q- yes ok	
Patient memories Seeing a patient all the way through Ring the bell Being reminded of her own personal experience	I think the first significant incident is that when I first started I was on the same machine for like 2 weeks so I treated them all the way through, they'd started before I got there erm but it was the first patient that I'd seen erm like ring the bell. It was just really nice, they brought in some pictures and stuff that their child had drawn and it was just really so emotional,	Seeing patients all the way through to the end of treatment and running the bell This must have been emotionally challenging

Emotionally challenging Mum had cancer Resonated Rewarding Gratitude –being thanked Being a student Emotional challenge Missing the patient once they have completed treatment Placement a bit of a blur	because when I was younger about the same age as this patients child, that was when my Mum was ill as well and I'd kind of done the same thing for her, the people that had looked after her and stuff and it just kind of was such a nice moment to have and we were chatting about like how they were going to celebrate and stuff and it just kind of really resonated with me, just kind of how important the role was and it made me really excited for the career ahead of me because they were like talking about how much it had meant to them and the support they'd had over the last few weeks and they were saying you know even you as a student you know, you've been integral to my care and things. It just, it was just such a nice moment I think emotional and kind of sad that we weren't going to see them again, it was great to know that they were finished and they were kind of done with it, that was kind of one of the moments that really stood out to me. Because it's all a bit of a blur when you first start placement	A very powerful moment described-realising how important the role of the therapeutic radiographer is, feeling excited for her future career Perhaps felt a sense of reward as she was thanked 'even as student'
	Q- so was your Mum ill then?	
Personal experience of cancer Resonated	Yeah she had acute myloid leukaemia and she was treated at the X, she's fine you know, I think it's coming up to her 21st anniversary of her bone marrow transplant this year, yeah but it just really resonated with me, they were talking about the child and how they'd tried to explain the whole process to them as they were going on and how it had been quite difficult because they were quite young, but erm it was really nice and the child was like I want to be a nurse when I grow up and she'd like drawn us all as nurses with like hero capes on and	Recounts her own experience of Mum having cancer Being reminded of herself as a child and her Mum's cancer treatment

	stuff like that, it was just really really cute.	
	Q- how old was the little girl-were you the same age?	
Reflecting on personal experience of cancer Making a difference Gratitude Feeling needed	Yeah she was like 3, so I was the same age when my Mum was ill as well, so yeah it just really stuck with me, it was so nice and the patient was so lovely and it kind of just like gave me a bit of a boost of confidence because all the way she said how important everyone had been to her care and that how much she'd appreciated me being there as well (pauses)	This experience boosted her confidence- felt gratitude from the patient –perhaps making a difference
	Q- that's really nice isn't it	
	Yes really nice, it was just kind of a good way to start placement	
	Q- did you talk to your Mum about it	
Personal reflection of cancer 'sticks with me a bit more'	Yeah we did actually, on the way home I rang her and I just said obviously I didn't disclose any patient details. I chatted about it a little bit and she said that's what always got me interested in healthcare because I was always at the hospital because she had a lot of complications afterwards, so I was always at the hospital with her. I became obsessed with like the doctors and nurses, watching them and stuff like that and obviously as I got older I was more like biology and chemistry and as I got to uni I focussed a lot on cancer in my modules when I chose them because I just found it so interesting. I don't know if it's because it's personal to me, it kind of sticks with me a bit more, I have a bit more interest in it I think.	Talked through with Mum Personal experience of cancer influenced her interest in healthcare and cancer
	Q- you said it resonated with you about how important the role is, the role of a radiographer, can you explain that a bit more?	
Young patient	It was just, the way the patient had talked about it she was like you	Young patients may be difficult to deal with-

Built up a relationship with the patient Making a difference to the patient's experience	know, because the patient was fairly young in the grand scheme of the patients you see, she was like sometimes I was just having really difficult days and it was just nice that there were familiar faces all the time and she was like I feel like I could talk to any of you about anything and especially I think with me because I walked her in and out of the room and we had little chats afterwards. She was just like you're all so friendly, you made it so much easier for me, like it was such a hard process to go through, I've loved everyone along the way, but I've just felt like the team here were so lovely with me, and she was like it's just made the process 10 times easier. I was so scared before I came and now I feel like there's nothing to be worried about and if anyone talks to me about it I'd tell them the same thing, there's nothing to be worried about, the team are so amazing here.	because they are closer in age to the participant or may remind her of her Mum Obviously built up a meaningful relationship with the patient Made a difference to the patient
	Q-and how did that make you feel	
Making a difference Emotional challenge Made the right decision to undertake the programme Patient relationships-rapport, building up relationships, Being a student-having more time to talk	Just really good, a bit emotional but also just really, it was just so nice because that's, when I first decided to join the radiotherapy course and I'd talked to X and stuff and other people and they'd all kind of said you know it's nice, you have a lot more patient contact, you get to see them more, especially as students you have even more time to chat to patients and it just kind of consolidated that for me and I was like yeah you do get that, this is the really nice part of the job type of thing, so it was good.	Felt this was an emotional experience Pleased to experience the building up of relationships , patient contact Sees the role as a positive
	Q- you said it made you feel emotional	
Being in the way Making a difference	Just like, I just felt a bit choked up because it's very easy to kind of like self-deprecate like even as a student, you don't feel like you're	Overall I get the impression that she feels very grateful to have had the experience.

Being noticed Pride Gratitude	that important and like you try to be, but sometimes you feel a bit in the way and stuff, but I just, I felt I don't know, I don't want to say proud, that's a bit heavy, but just the sense of kind of like pride that I'd helped and I'd been noticed by the patient.	The experience has been emotional Proud of what she has achieved and how the patient views her As a student can sometimes feel that she is not that important-being in the way
	Q- did you, were you visibly emotional?	
Emotional demands Visibly emotional Being professional	I don't know, I think I was tearing up a bit but I don't know if it was more of a prickle in my eye type of thing, but I tried my best to stay composed and just you know just kept it as professional as possible because of how happy I was for them. We had a little chat, about how they were going to celebrate with their partner in lockdown	Admits to 'tearing up', but wouldn't go as far as saying actually crying, uses the words 'prickle in my eye' Uses 'keep it as professional as possible' to portray a sense of needing to keep it together
	Q- do you think it's necessary to stay composed?	
Emotional demands Remaining composed Positive emotions are acceptable-show how invested you are Patients mean something-not just another number	Erm, I think it kind of depends, obviously in certain situations you have to stay composed, like if a patients panicking, it is a panicky situation you can't show that you're panicky. It's probably nice for the patient as well to see at the end when it's a positive kind of emotion how invested you are in their care as well. I don't think it shows any weakness it just kind of shows how like, how each individual patient means to you, you're not just like another number to the staff.	Remaining composed is important to participant 8 Positive emotions are acceptable –show how invested you are Showing a positive emotion demonstrates to the patient that you are invested in their care and the patient means something to you as a member of staff
	Q- do you ever see any other members of the team showing any emotion?	
Visible emotion 'whole team seemed a little bit teary'	Yeah I mean actually for this particular patient when they were about to ring the bell, everyone goes out and claps but I think the whole team seemed very similar to me, they all felt choked up and stuff and obviously we couldn't	Describes the whole team as feeling 'choked up' PPE and covid working reduced physical contact permitted

Covid-PPE reduced physical contact permitted Team described as a little bit teary	have a hug because of covid and PPE which made it quite hard, but the whole team seemed a little bit kind of teary. I didn't see that many patients ringing the bell after that, I don't know why, it's just the way that I cycled through. But that one in particular everyone in the corridor stopped and were kind of clapping and stuff, but yeah you see especially afterwards when we were all kind of in the control room and stuff, they were like a bit teary and reading the cards and things like that, but not really in front of the patient.	Team show emotion in front of each other-but not in front of the patient
	Q- is that the first time you've seen that?	
	Yeah yeah, first time I'd seen that.	
	Q- was that what you were expecting, did you think you'd be in that situation	
Personal experience of cancer End of treatment bell Emotional response to bell ringing	I don't know, kind of, because I remember with my Mum like when she'd gone into remission and stuff, she said the team that had looked after her and stuff, it was all a bit emotional. I kind of knew it, but I know that some people, some people don't even like ringing the bell because for some of them like you know this is it, I'm off out into the world and I don't have this support anymore. I wasn't kind of really sure how it's going to be, it took me by surprise how emotional everyone was and I'm glad I wasn't alone. (laughs) especially for the staff who've been working there for much longer and so they've seen patients finishing their treatment and ringing the bell and nice that they still kind of got emotional about it and felt quite invested.	Aware of potential emotional reactions due to personal experience 'taken by surprise' how emotional it is Pleased to see that staff still have an emotional response

	Q- ok, do you think that investment and showing emotion, do you think that changes over time	
Emotional demands Becoming hardened People change over time Patients coming back for more treatment	I can imagine how it would, erm I did a year of nursing when I first started my under grad and I can see how some staff became, I don't want to say hard, I can't think of the word, but they were just kind of less susceptible to emotion I think almost about it, just like this is your job, you just kind of get on with it. I kind of imagined the same thing that staff would be like oh you know it's just another one, but they weren't, they didn't seem to be, my team anyway. But yeah I could definitely see how people kind of change over time. Especially if you're seeing patients come back as well after treatment, we had a couple of patients while I was there where it was the 2nd or 3rd time of radiotherapy in different areas and stuff. Like I could see how you'd get a bit like you know, might work, might not	Reflects on previous experience as a student nurse and observing staff becoming less emotional From her experience in this team-all members show emotion Considers dealing with patients coming back for more treatment
	Q- do you think the team deal with that differently?	
Impact of covid-unable to read emotions	I think erm, it's hard to say especially because everyone's in PPE so you can't always see their emotions that well. But I think some staff definitely seemed more emotional and others are like yeah that's nice type of thing, obviously they were happy but it didn't seem to bother them much, yeah.	
	Q- did you have any other examples then or any other notes?	
Patient memory	Yeah, so I had another one, I didn't really know if this was a significant experience or not but it was kind of significant to me. So in my first couple of weeks, I'd been on the same machine and I'd seen a lot of like prostate patients,	

Moving from linac to linac Machine breakdown Dealing with change Confidence Finding your place Being a student Liftupp	I'd become quite familiar with the setup, I kind of studied that in uni so I kind of knew it a bit better. I moved onto a linac that mainly treated patients with head and neck tumours, but unfortunately in the first few days there was a fault with the machine and it was taking ages to fix, so they kind of just sent me off and were just go and find another linac and you know we'll contact you if we can get you back on this one. So I ended up from Monday, I think for the first 3 days I was bouncing between machines a lot, meeting a lot of staff from like morning to afternoon. I'm one of those where my kind of confidence builds as I get to know people a bit better, I'm not naturally like an extrovert so I found it a bit hard, kind of trying to fit into the team and definitely I noticed some staff preferred you to be really stuck in, other staff prefer you to be oh take a step back kind of be a bit more observational and see how we go. So I was just really struggling that week in that I just couldn't seem to settle down and when I finally got back onto the linac I was supposed to be it was like a Thursday so I was learning all these new set ups for head and neck patients, and obviously the staff are brilliant and were trying to ask me questions and see where my knowledge is at and then obviously because we do liftupp on the Friday I had my scoring and it had dropped quite a lot from the week before, I'd kind of finished last week on quite a high, my scores had gone up and they were saying how well I was doing and it just felt like a bit of like a knock back, like not really, it's not that my skill set had dropped from last week it's just that I hadn't had	Moved to a machine that treated a different oncology site –machine broke down Finding her place and being a student-meeting the expectations of different staff Dealing with scores going down Difficulties of continuous assessment described here, when scores go down from the previous week Wanted to show what she could do

Liftupp Finding place in the team Understanding staff nuances	chance to kind of show the staff what I could do and I wasn't really sure I was still trying to find my place so I finished the week and I felt a bit kind of like disappointed like a bit down, I was kind of beating myself up, I was like oh I should have tried harder, I should have done this, I should have done that, I should have been able to show that I could do better. Erm, and I just felt like that was kind of a flaw in the liftupp system and that like, you're only getting a little snap shot you know from that member of staff and it was just kind of, I just felt like consistency especially when you first start placement can be really important for your learning because there is so much to take on board. But like having to understand all those staff nuances and how they like what they like you to do, it can be overwhelming sometimes and I don't think it's the best to kind of learn and improve on what you're doing because you don't have the consistency, you don't have the same staff member picking up the little things that you do and giving you tips on how to improve. But yeah that was just a bit of hard time	Felt disappointed, down and beating herself up Thinks there may be a flaw in the Liftupp system- opportunity to demonstrate skills and knowledge, consistency of staff
	Q- how did you manage your emotions around that?	
Emotional challenge Liftupp score High expectations of self	I think a member of staff had done my liftupp and I felt a bit kind of like I didn't want to argue with them but I wanted to try and say oh you know I've done that but it was this member of staff and that kind of thing, but you don't really want to like disagree with the people who are giving it because they're just giving you what they've seen which is absolutely fair enough. It was right at end of my shift, so I went home and I	Went home and was upset- got support from family 'felt I really let myself down'

Anxious about next placement Getting stuck in Liftupp-not the end of the world	was a bit upset and I'd spoken to my mum about it and I was like I just felt like I really let myself down and I've not shown them what I can do kind of thing. And then even more anxious because the next week I was starting on pre-treatment CT and I knew that it was kind of hard, especially with CT as a student you can't get as stuck in, so I was like then I'm doing CT and my scores are going to be low, it was really playing on my mind. But actually the next week, because I was like oh well you've had a bad week last week, what are you gonna do about it, you have to get on with it. So I really got stuck in, just did everything I could I was asking staff like can I do this for you, can I do that for you like, what can I do today you know erm what kind of things could I work towards to meet these, because obviously liftupp gives you like a bit of criteria that they want you to meet for each section and it actually worked out in my favour in the end because actually feeling so disappointed the week before spurred me on that I actually did really well in CT I actually got really good feedback from it and erm it kind of made me realise it was just a bit of a blip and it was just circumstances and it was fine. I ended up back on that machine later on and I really enjoyed it and the staff were lovely and it definitely made me realise in the end it wasn't the end of the world and sometimes you just kind of have to take little knock backs on the chin and just move on from it kind of thing.	Anxious about next placement Got stuck in-more positive mindset Shows positivity and resilience
	Q- have you always been able to show resilience like that?	

Resilience Maturity Resilience Difficult experience with a patient You've just got to get on with it Self-critical	I think it's definitely something that I've built up over the last few years as I've got older. I think when I was 18 and doing nursing I'd had a few really hard placements you know in hospitals and quite like just different circumstances, like I'd had a patient who had attached me just out of the blue and stuff and I really found it difficult and it kind of all contributed to me finishing the nursing course and deciding not to do it anymore and I feel like since then, my resilience has increased a lot more and I've learnt a lot from when I was younger to now, even though it's only been what like 3 years or something (laughs), no longer than 3 years, it's been 6 (laughs). I think it's just helped me to just learn that you've just got to get on with it sometimes and in the end it will come good if you keep putting the effort in. But I definitely have a tendency to just kind of criticise myself and over think it, oh you should have done this, should have done that, but in the end I guess that's kind of reflection and you just learn from it and I improve from it. It's just hard in that moment to like put it to one side and carry on, so yeah, definitely not always been resilient .	Feels she has developed resilience over the years and has come with maturity Reflects back on nursing experience as an 18 year old Shows resilience and determination here 'get on with it' Sometimes feels she is quite hard on herself –will over think and criticise
	Q- do you have much peer to peer support or any team support when you're in placement?	
Peer to peer support	Well all the students that go to X from our cohort we have a group chat so we always chat with each other and be like oh I've just had a rubbish week this week and I had a rubbish week too and you kind of like bounce off each other a little bit. But I think it is difficult as well because obviously you're split up from each other and then	Group chat support

Covid restrictions – reduce student face to face contact Liftupp Developing	now as well you can't socialise as much kind of like staff rooms and lunch, covids become a bit of a barrier, you can't travel together and things like that, so erm that was kind of a barrier. So I'm just lucky that we had banded together and got a group chat anyway, but I think it took me til like the week after to speak to the other girls about like their liftupp scores and they kind of said similar things to me and they'd been getting similar scores to me and it did make me feel better, I think sometimes you feel like you're, especially with liftupp being so new to us in general it's kind of hard to know where you're supposed to be at and obviously you want to achieve high scores, but you can't always do that straight away kind of thing, so it was nice to know that I was on the same level as everyone else definitely.	Unable to have contact with other students Couldn't discuss her liftupp scores immediately-this is obviously something that has affected her quite significantly
	Q- is there anything else	
Patient memories – patient withdrawing from treatment Claustrophobic patient Team work Adapting management	I have one more, so it was towards the end and I was the head and neck machine, it was the first time that I'd had a patient withdraw from treatment all together. They decided that they weren't going to have any more treatment. They'd been suffering with like mask claustrophobia, I'd been there for the first day, he seemed bad, but not as bad as I'd seen other people who literally it took a lot of people to calm them down and a few hours to get back on again. They'd been struggling, they'd been using stress balls and all that kind of thing, it was just progressively getting worse and worse. All the team were trying really hard and kind of adapted the mask and they were talking about meds and different techniques, even to the point where I knew that their family member outside really	Describes a patient withdrawing from treatment Claustrophobic patient-not as bad as some other patients she had seen Getting worse Team trying hard Adapted techniques Involving family member

Wanted to stop having treatment Should have been able to do more Wanting to help Let the patient down Reflected on learning from this experience	helped to calm them down, so as soon as the treatment finished, I'd go grab the family member, they'd go get the patient off the bed and we'd meet them in the middle so that they just had a bit of support. And it was just really hard because it was only from the period Monday to Friday and then on the Friday I think that's when they decided that they weren't doing radiotherapy absolutely any more. They discussed it with the clinician and they discussed it with their family and it was just, it was just really really difficult. It just felt like we should have been able to do more, but they were absolutely, their mind was made up, they weren't doing it, they didn't want to. So it was just kind of like it made me feel helpless, like I felt like I should have been able to help them more, but I knew in reality there was probably nothing else that I personally could have done. And the team, I'd seen everyone try absolutely everything, they'd tried adaptations, moving around the appointment slots, there wasn't anything else they could do. But you feel like you've let the patient down, do you know what I mean, erm so yeah that just kind of stuck with me, resonated with me. But I felt like hopefully next time, now that I've had that experience of such severe like mask claustrophobia, that I might be able to like contribute a bit more to like the team discussions next time because I've seen so many different options being used that when the team were like chatting about it for this patient, I feel I could get more involved in the discussion if it happens again with another patient, do you know what I mean.	Very difficult –felt like the team should have been able to do more Felt helpless Felt that both her and the team had done all they could, exhausted all options Reflected on what she has learnt

	Q- did the team talk about it much	
Team work Team work Wanting to help	Yeah a lot it was like that whole week it was just a constant point of discussion, when you knew their appointment was coming up, we'd talk about how they dealt with it last time, how they would deal with it this time and what could we try type of thing. Erm and obviously they got HNAs involved and then there's a really good like consultant radiographer at X and they tried to get her, she'd been involved as well in conversations with the patient. And basically like literally everyone's rally around trying to get this patient through treatment, which I think is why it was so rubbish that we couldn't because it felt like we put everything into it and they still just couldn't, couldn't do it. Sometimes if you can just get over that first few fraction barriers, it's like oh it's alright actually and I've made it through the first couple, but he kept getting worse and you could see like a visible decline in the patient, like you could see the effect it was having on them. You'd get them off the bed and they'd be kind of shaking and it was quite upsetting to see, because you don't want to upset your patient and you don't want them stressed and that's the opposite of what you want to do, you just want to help them, but yeah.	Team worked together to try and problem solve
	Q – did the team talk about the patient's decision after	
Team discussion	Yeah a little bit, I mean it was literally I think it was the last day of my placement oh no it might have been a couple of days. It was the 2nd to last week they decided not to do it anymore and I think they were still hoping that the next week they might have been able to convince them to change their	Frustrated that they could not support the patient to keep going

Emotional demands	mind the patient. Erm and I remember there was one radiographer in particular and she was only just qualified, I think she'd been in the role like a year and she was really upset because she'd tried to make sure she was there for every single one of his treatments even though they do like an on=set off-set switch, she knew consistency seemed quite important to her so she tried to make sure she was there for every single one of his fractions and kind of she thought she'd cracked it a little bit with him. I think she took it quite hard as well, I mean deciding that they weren't gonna do treatment anymore. Like she'd even stayed late when they kind of rescheduled one of his fractions, so she even stayed late so she could go to the treatment machine that he'd moved onto and stuff.	
	Q- how did she show that emotion, was it just what she said	
Visible emotion Wanting to help-frustrated	Yeah the way she was talking, you could see that she was like quite disappointed, she was just saying like and she kept thinking of different things we could try. Erm and then I think she ended up speaking to the consultant radiographer as well and they had quite a long chat, I wasn't there for it. When I chatted to her afterwards, we were both talking about it and she just said that like she was like I still feel like we could get him to do it, I feel like we could still get him to get through the treatment if we could just try him to get this one other thing. But the patient was quite elderly and I think the medication was taking a bit of a toll on him as well like, the medication they had given him to calm him down. He just seemed really, like when he first went for his first treatment	No visible emotion shown- but language and body language probably indicated frustration and upset

Justifying treatment and patient choice	he walked in and by the time he was leaving he was using a walking aid and stuff which I think he'd had anyway, but you could just see that decline in his health and everyone was kind of like is it worth pushing it that much more when it's making him, he seems like so unwell. And I think he'd had some previous chemotherapy as well, erm so it's not like this was his first treatment or, but yeah	Perhaps justifying patient decision here and considering whether the side-effects are worth it
	Q- were you surprised at all in how it made you feel?	
Emotional demands Wanted to help-wanted to do more	Yeah I was like I don't know (sighed), I knew that I was getting not more stressed as the week went on, but I was getting more and more invested in it and I was like oh we can do it, we can make it work for the patient and then when we just couldn't I just felt a bit upset isn't the word to describe it but it's just (pause and sigh), I just felt a bit kind of despondent kind of why couldn't we help him, why isn't there more we could do. And then I was thinking because obviously the patient had a mask on but I think it was erm I'm trying to remember where the treatment site was, I think it was in his mouth so basically they could cut the eyes out of the mask, but they couldn't change the mask too much more and I was like could we have adapted it in another way so the patient didn't stop treatment altogether, was there not something else we could do more palliative, but obviously I don't know a lot about that technique, I was like is there no way we could do it without the mask. But obviously there's so much movement in the head, you have to keep them still, you're very limited in what you can do. But I felt because I didn't have a	Difficult to accept that the team had failed to support the patient through treatment Goes through aspects of the scenario questioning whether she could have done things differently

	lot of knowledge about that area that I was a bit is there not something else we could try, is there not something else out there? So yeah, I was just disappointed	
	Q- yeah, it's hard, it's a difficult situation and you always remember those patients I think, I know I did, do because they don't happen very often	
Patient memories	Yeah I was gonna say like I'm surprised that I'd seen, because I knew obviously sometimes treatment had been cancelled. I had a few patients where they were just too poorly and treatment had been cancelled right as you were about to start the first fraction type of thing. But I'd never had a patient that was like I just don't want to do it anymore	
	Q- yeah it's difficult, what's it like now if the department with PPE	
Impact of covid-use of PPE No communal lunches No space to 'have a natter' with peers PPE –hindrance and annoyance Unable to see facial expressions	Interesting because I've never seen it without that, that's all that's like normal for me, but from speaking to staff I think 1. Staff are finding it quite frustrating, like at lunch times and stuff because you can't go to the staff room anymore it's all split up. Everyone's like feeling the impact of that, you can't just have a natter at lunch anymore and you're all split out and have to eat in front of the toilets and stuff and that's like your break of the day and you kind of you can't enjoy it the way you used to be able to and I think really little things like, if a patient just needs like a little bit of help but you've not got your gown on you have to quickly get gowned up as fast as possible or get your PPE on and it feels like it's just a constant little hindrance and kind of annoyance for everyone. But obviously every one knows it's to keep safe and keep the patients	Uses PPE in her job-so didn't find the experience too difficult

Doesn't know what staff look like	safe. I think what's weird as well is you can't see anyone's facial expressions, like it's weird that I don't know what half the staff really look like, because all I've ever seen is their eyebrows and their eyes, erm but yeah I think everyones kind of they know it's a necessary annoyance like but it's definitely hard constantly having to PPE up for absolutely everything	
	Q- yeah I bet it is	
	It's the only way I know it	
	Q- yes I guess what you're saying is you don't know what the staff look like and you're not having breaks with them as you would do normally you don't get a chance to speak to them	
	No,	
	Q- where are you getting the chance to off-load anything or just have a general chat	
Peer to peer chat Covid-extra cleaning The patient list Big patient workload Covid positive patients I think like there's just no give in the day it's just constant. Staff frustration due to covid	We don't really have chance to have like a general chat, I mean sometimes erm if I'm in early and there's a member of staff just running up the machine and stuff you have a bit more of a chance for a chat then, but obviously like there's so much extra cleaning and things going on now like you don't even really have that long to just have a quick chat in the control room because you're obviously just trying to get through it and there's a lot of like workload. I think as well, if you're on treatment machines that they've got red patients on, you kind of stop treating by 3pm, but it's a proper push to get all patients through and you've got to move all the equipment now, I think like there's just no give in the day it's just constant. And I know a lot of the staff, there seemed like a bit of staff frustration about who was	No chance to chat to staff Extra cleaning due to covid 'trying to get though it' High workload-meaning little time to spare Frustration between staff

Treating covid positive patients	switching between treating red patients as well because you have to have the FFP3 masks as well and I think people were finding it kind of there'd been a few issues with the machine and it had been running a lot longer than they expected it to and some of the staff seemed really frustrated that they were treating the same patients every day, like always had the red patients and I think they were finding it a bit exhausting. Obviously it is that you are so close to a patient with covid, you are kind of, you feel quite exposed and stuff erm there seemed like a little frustration over that, because I think if you had to treat the red patients, you had to be trained in the PPE and not everyone had had the additional training so it was kind of like the same staff treating covid patients over and over.	Impact of treating covid positive patients-feeling exposed, risk
	Q- as students you don't treat red patients do you	
	No you got moved off the machine before then, which was obviously good	Perhaps relieved that she doesn't have to treat positive patients
	Q- hoe does that make you feel then that you can't be part of that	
Treating positive patients	Erm I mean, I personally wouldn't have minded treating a covid patient and I think it would been quite an interesting experience to see how it is done, especially if it's going to be an issue in the future if there's any kind of other viruses that come about kind of thing. I do know that obvisouly the risk that's associated is probably too much for students especially as we're not a paid member of staff kind of thing, but I think what was worse was if you were getting, if you were on a machine and you got kind of kicked off you had to try and find a place for those last few hours of	Aware of the risk but wouldn't have minded Not a paid member of staff-an interesting view that this is related to risk
Affected learning experience		Upset that she had to find another space-which if it

Reduced placement time	the day and there was always another student on the machine so you felt like a kind of a spare part, so I always just took myself off to do work, but I felt like I was missing out on a bit of experience and I'd already had kind of so much placement cancelled, I was like oh a few extra hours would still be really helpful to see extra patients and stuff, but it was ok, it was fine.	had another student made her feel like a 'spare part' Concerned about impact of reduced clinical placement hours
	Q- what's the workload like in terms of patient numbers, is it busy?	
Workload impact-covid High work rate 'all go all the time'	Well I've been told, I mean I felt like it was quite busy but I've been told that, I thought it was busy in the day but a lot of the staff have said oh well it's great for you because you get a bit more time with the patients and the workloads not as much now. That really took me by surprise because I was like how could you physically fit any more patients in because we are already kind of go all the time, so I thought it was ok, manageable, a bit hectic at times, but like there was a good flow like a good rate of patients coming in, but yeah it took me by surprise when staff said oh it's normally so much busier than this.	Covid has affected patient numbers Surprised to hear that the machines are usually busier as she feels it's 'all go all the time'
	Q- yeah, do you ever see times where humour is being used	
	Hmmm,	
	Q- any kind of banter, either with patients or other staff members	
Humour and banter	Yeah, like there's always, there was a brilliant patient actually, it was my 2nd week in and like I said I treated a lot of patients with prostate tumours so I was very much more familiar with that. There was this patient, they were brilliant, absolutely funny and lovely and erm I was in the room and they were like oh this is our student and I introduced myself	Recalls a prostate patient Taking the lead Banter with the patient

Time pressure-wanting to be quick and not slow things down Perception of patients Building up a relationship Maturity and life experience	and someone reiterated that I was the student radiographer and they were like come on are you gonna treat me then and I was like are you sure and he was like well yeah. So the radiographer was like ok so you take the lead and obviously there was someone at my side, so I kind of set up the lasers to the tattoo and was doing the movements and things and I was like and they were just joking along with me like don't get this wrong or I'll be mad at you. And it was just, it was really nice they were such a lovely patient to start off with because you don't, you do feel like you have to be quick and you don't want to waste too much time. Obviously it's a bit of an inconvenience for the patients as well and I think some people get a bit nervous as well when you're a student and are like are you gonna mess this up. They were just so lovely and there was a lot of like I think most of the staff had really great rapport with erm the patients and you could see how consistency really helped. If a patient had been treated on the same linac, we had one erm and one of the radiographers was really in to motorbikes and so was the patient so they always used to chat about that and things like and they were always like oh no my bikes better than yours kind of thing. Erm but yeah it was kind of a general theme like all the staff seemed, had kind of an easy going manner with the patients, they just seemed to pick it up quite quickly, like the chat and little things they said and they could pick up on that and talk about it especially when the patients were nervous you could see how the staff were kind of like keeping them distracted and were just getting on	Reflects on whether some patients see students as a concern-get nervous when they are involved in the set-up Relationships are important to the participant Recalls positive staff-patient interactions

	with their jobs seamlessly. That's what I was really impressed by, because sometimes you panic a little bit and think what can I chat to this patient about, I'm a bit more used to it being a waitress, I'm so used to chatting to anyone about anything erm, but I think definitely when I was younger and I did nursing I found it a lot more difficult to chat to patients then than I do now. I spoke to one of the undergrads actually who was on the same treatment machine as me and they said to be like just what can you talk to the patients about, they were like I just feel so awkward sometimes I don't know what to say. I was like oh just anything, just ask them how their day is, ask them about the weather, you just have to start the conversation and then just let it do whatever it wants kind of thing.	Again describes feeling more able to talk to patients due to life experience
	Q- do you experience humour kind of staff to staff member	
Humour Teams- friendship Future life as a professional	Oh yeah they've all got inside jokes and stuff and I was just like, I think one of them ended up bringing in a like a musical Christmas tree pen in November or something, they relentlessly mocked her for it for like the whole time I was there because it would just go off all the time when they were writing notes and stuff. So yeah all the staff, there's like a group of staff that have obviously worked there for ages and they were all really good friends and they used to just like take the mick out of each other all the time and were always laughing and joking which was really nice because it's nice to know that that could be you in the future and you could have friends like that and stuff and you could tell how long they'd worked together because they just had a good flow, each	Staff to staff humour described Looks to the future and sees this as a positive that you can have a friendship group comprising colleagues

	one knew what the other one was doing and they didn't have to check because they just knew, yeah it was good.	
	Q- how does that make you feel then seeing that	
Transition to qualified Positive relationships with staff Transition to qualified-future workplace	It's really, it's nice it's like optimistic again, I'm not very good at picking my words it's nice to know in the future that you can have that too because like you want to be able to part of like a nice friendly, funny team erm, I know that when I spoke to like another student at a different placement site, they said the staff were slightly different I don't know if it's just their perception, but like they didn't seem, they were all very, not as kind of friendly, I don't know. I loved every member of staff that I met, I didn't meet a single one I didn't get on with kind of thing. It was nice because obviously X is the closest centre to where I'm from, probably where I'd like to work. It was just nice knowing the staff, everyone just got on with everyone, everyone just like, it didn't matter who you were working with you could get on with them, you could have a laugh and it's fine, you don't have to be friends but it just makes the environment a bit nicer	Wants to be part of a positive and friendly team Considers future workplace
	Q- if I could take you back to that first example, the Mum and the little girl, you used words like being proud, a bit choked up and just picking up this theme around emotion and what you think is acceptable about what you show and what you don't show	
	Oooh as in like depending on what emotion you are feeling	
	Yeah	
Visible emotion	Oh I feel like when it comes to things like stress that's the kind of thing where you should not be	Only certain emotions are acceptable to show

Hide unacceptable emotions Professionalism Professional composure Peer to peer support Visible emotion-showing you're not a robot Professional self-lessness Hide anger and stress	showing it to patients particularly, but also to other members of staff. I don't think that you should let your stress dictate how you act with other members of staff, I feel like also there's this level of professionalism you have to kind of keep a bit of a composed manner. Obviously with staff you can chat to them a bit more and oh this is really frustrating in a way you wanna like bounce off them and see if there's a solution but I think with patients it's great to show happiness. It's alright if you're feeling a bit choked up to kind of show that to the patient because it's not, it's not a bad thing that they know that you're not a robot, that you're a human and you know you're happy that you've looked after them and you're happy that they've finished the treatment and things like that. But I think obviously anger, stress that kind of thing is where you have to draw the line and kind of work on it yourself before affecting anyone else and showing it.	Hide frustration Maintain professional composure Can seek peer to peer support and talk things through to facilitate solution finding Show you're not a robot Selfless and professional self-lessness High standards of self expected here
	Q- so you mentioned a level of professionalism and I wonder what do you mean by that?	
being a professional leave it at the door there's a line that you don't cross	I just mean well, this is the attitude I've always had about it , if you've got something else going on in your life that's upsetting you or is frustrating you or something like that when you come into work you kind of leave it at the door, you don't let that infiltrate like the way that you think and act with other people. I don't know how else to describe it, it's just it's hard to try and out into words but you just kind of have that line that you don't cross and I think for me it's showing positive emotions is	Gives a very clear definition of what being professional means to her. There is a line that you don't cross

Show positive emotions and hide negative emotions Rules of rapport-patient dictates the type of relationship/banter Inappropriate patient comments	great, having a laugh and smiling and you know mucking around I think you can bring that in, but negative emotions is where you kind of draw the line. Because even when I was choked up it was more of a positive thing, it was like, like I said it was like pride you know, feeling good. But even then I guess, even when you're having a laugh with the patient, you don't want to take it too far you kind of wanna let the patient kind of dictate as to where you go. You don't want to take the mick out of them you know what I mean and you don't want to, there's certain topics that you don't want to talk about. I think a patient had made a joke about one of the members of staffs bum or something like that and it was like very light hearted and I wasn't there but I think I heard another member of staff talking about it and they were like, I think they just said to them oh don't be talking about her bum. Just carried on, changed the conversation and it wasn't a telling off it was oh you can't talk about that, that's where we are drawing the line kind of thing.	It's ok to show emotion so long as it's within a positive context-so in this situation sharing the happiness with the patient that they could ring the bell as they had completed treatment There is an expectation that as a professional you read the patient and allow them to direct the type of conversation permitted, you navigate the conversation-verbal and non-verbal ques Patient dictates how far you go
	Q- do you think that your level of professionalism, do you think that's something you developed for radiotherapy or do you think it's something that's been an on-going development from your other work	
Being a professional Rules of rapport-team work -Negative	Definitely from my other lines of work, I think it's just something that I've always been taught by my parents, how to act around other people, I think working full-time and I've worked part-time as a student and it's just something I just, I don't like to see it in other people when they kind of take their negative emotions out on	Evokes a strong sense here that her upbringing, life experience, personal moral compass have enabled her to develop a strong professional identity

emotions are unacceptable between team members Professional common sense Professional moral compass- maintain the middle ground	other people and they stress and they snap, to me that's always just, to me that's always seemed very unprofessional. So that's something that I've never done and then obviously like as you come into healthcare and they teach you about the HCPC guidelines and things like to me it seems common sense that you just act appropriately and you know you don't take anything too far, there's like a middle ground that you can meet and extremes either way just don't seem beneficial to anyone, don't seem beneficial to staff or patients so that's just how I've always been.	Believes that professionalism is somehow inherent-not learnt and that guidelines and teaching are in a sense unnecessary as we should act appropriately.
	Q- do you think you can be professional and still care?	
Professional care Curing and Palliating Palliative patients – not all treatment will be successful 'you can care but you can't let it get to you too much' Never knowing the outcome- Unaware of Treatment outcomes-Not seeing a patient after treatment is complete No time to stop Getting on with it-Professional Resilience-getting on with the job even after hearing some difficult news	Yeah absolutely, yeah I think (sighs), I don't see why it would be unprofessional to kind of care about your patient, if anything that makes you better at your job and more invested in your job. I think obviously you have to understand that erm especially if you're treating patients with cancer, not everything is going to end well you know, not every patients is necessarily going to survive and things like that so I think you can care but you can't let it get to you too much, which is obviously a bit of a difficult balance. Especially with radiotherapy when a patient finishes treatment like you don't see them very much after that, so I guess you kind of don't see that aspect unless your patient passes away during treatment which can be quite emotional, but again if you find out a patient passed away during treatment, they're not coming in for their fraction that day and then you've got to treat the next patient so you just kind of	To care means that you are invested Accepting that not all patients treated will survive-so there is a sense here that again it is acceptable to have positive emotions but not negative. That there has to be a line 'you can care but you can't let it get to you too much' Radiographers don't see their patients after treatment is completed unless they return for further treatment. They are therefore unaware of whether treatment has been successful or not. They do not know whether the toxicity (side-effects) that they have played a part in managing and providing support and information to

'put on your happy face and do your job'	have to kind of put on a happy face and do your job kind of thing	the patient for have subsided post treatment or whether further intervention in the community was required. When a patient dies during treatment or treatment is suspended, radiographers involved in the care of the patient are aware of the outcome-even here participant 8 describes 'putting on your happy face' and 'getting on with it'. That there is a patient list to get through and so no time to stop.
	Q- how do you balance that then, how do you manage that kind of emotion, do you have different strategies, or people or do you think it's just a natural process?	
Emotional burden Managing emotions – natural process rather than prescribed and managed Maintaining confidentiality Talking to supportive partner Use of reflective diary Frustration Looking to the future	I think it's a bit of a natural process, but definitely I like to chat to people, talking about things helps. Obviously you're a bit limited in your role in that you can't disclose too much information to other people but I do chat to my boyfriend if I've had a bad day, I'll just talk to him and it will make me feel better, just getting it out sometimes. I think as well like, obviously doing the reflective diary especially for the patient that withdrew from treatment it helped me reflect on it a little bit because when I was writing it out I was like what can I gain from this, how is this going to help me in the future? Which I think helped me process it a bit more, it let me get rid of some of my frustration towards the situation, because I was like well	Describes managing emotions as a natural process-therefore not prescribed or structured-but just happens Likes to talk to people about what is happening – conscious of needing to maintain confidentiality Use of reflective diary has been helpful Taking a pragmatic positive approach to learning from events and thinking about

Talking about bad days	in the future this is going to help me this can only benefit how I'm going to look after other patients who are struggling with mask claustrophobia, so I think it's a mixture of techniques. But I'd be surprised if everyone doesn't talk about their bad days and the things that happen, I just think talking therapy is the best kind of therapy sometimes.	how experience can be used in the future
	Q- I agree, do you expect things to get easier or more difficult as you progress in the programme	
Future thoughts Moving to the next department/machine Transition from year to year Expectations Confidence – feeling more confident Taking control of own learning Constantly learning Expects to be learning after qualification-life long learning	Oh definitely more difficult erm I just feel like because obviously you have to with the accelerated PGDip course you have to pick up a lot of skills very quickly and I know I'll be moving onto switching on erm but what I'm particularly worried about is that I'm starting out in in X and they have different machines and I know we are expected to meet kind of 2nd year expectations but in reality I've only got 5 weeks 1st year experience. So erm, I'm more worried that people will expect a bit too much of you, but I think I've got the confidence now to be like well you know because of covid I have only got 5 weeks experience but what can I do to work towards that goal. If I don't think I can achieve it immediately I think I'd feel confident enough about it to chat to the member of staff and be like I just don't think I can do that right now but what steps can we do in between to get me to that point. But obviously you're constantly learning and everything is going to get more complicated as you get more involved with each placement. It's going to get harder, if it was getting easier you're probably not doing the right thing, because even when you graduate you're	Worries about expectations of staff and her reduced clinical experience Concerned again about reduced placement in year 1 due to covid Feeling more confident to be more assertive-open about experience Feeling more able to take control of own learning and development plan-has this come from experience in placement or own life experience or a combination of the two Expects the programme to get increasingly difficult as she becomes more involved in clinical activities. Life-long learning-CPD-a professional requirement

Life-long learning 'you never stop learning'	not, you're a radiographer but you've still got a lot to learn. And I think I realised that as well, talking to some of the newly qualified radiographers and then the ones doing extra course and things like that, it's not a job that you ever stop learning, there's always new things to learn and so I don't think you can ever get too comfortable in the role and there's always going to be slight difficulty and that you've got to know things to get to grips with, so yeah	Expects to be constantly learning throughout her career
	Q- where do you think your confidence has come from to be able to deal with that	
Increasing confidence Positive learning experience Impact of a positive mentor experience Permission to ask a question Missed placement due to covid	I think actually one of the radiographers that I worked with a lot on my last placement she was really good in that she was my mentor for a couple of weeks and she would just chat to me and she was like you know do you feel like you can reach your goals and I was like yeah course I can and then I was like erm actually I'm not entirely sure if I can and she was like well why don't we just break them down. And she was like, she'd done the under grad at Liverpool and she was like you don't have to be able to everything straight away, you're just gonna feel like you're drowning, you break it down into smaller pieces. She was like and don't be too scared to ask question, if you don't ask you'll never learn. Sometimes it's nice to know that the qualified radiographers don't expect you to just be able to do everything and that they know that you are still learning and obviously because it's covid and we've missed placement and stuff it was all new for us anyway and for them. So they weren't really sure where we were up to and we	This experience has been significant for participant 8 and helped shaped her view of herself, her expectations and growth Reaching goals is important to participant 8 As the staff member was newly qualified participant 8 felt there was a mutual understanding of the pressures The staff member gives permission to participant 8 to ask questions

Continuous clinical assessment Communication with staff Student identity (not an undergrad-a post grad but working towards the same registration)	weren't really sure where we were supposed to be up to, so it was a bit kind of like it took communication to work out what level we were kind of supposed to be at. I think I kind of learnt from that last placement block that it's alright to just kind of ask and break things down and I think especially with Liftupp there are a few issues with the goals that they'd ask the students to do. So it took a bit of communication between us the staff and the clinical educators and things to actually work out the right level for us especially as we don't really fit into the undergrad kind of bands so yeah	
	Q- ok going forwards, what do you think patients expect of you	
	Pauses	
	As a student	
	Yes	
Patient expectations Patient preference- Accepted by patients Not accepted by patients Student roles	I'm not sure I think it depends on the patient, some patients don't really expect you to be involved at all I think they just expect you to be a bit observational like you're not involved in my care. But there's some like who are definitely a lot friendlier as well I don't know if it's because maybe they've been teachers or health care professionals or whatever, but they kind of like expect you to be involved in their care and they're like yeah come on, like that guy I told you about he said are you treating me today kind of thing. I think a lot of them know that you're there for a bit of chat as well, they knew that they could keep my time a bit more than	Offers thoughts on patient expectations Some patients expect you to take a step back and not be hands on-has participant 8 experienced this? Some actively encourage students to take part in their care Feels patients think students are there to talk and have more time to do that 'you're there for a bit of a chat as well'

There to chat to patients Students have more time	other peoples, which was fine, I'm happy with that. But I think it just completely depends on the patient but I definitely felt like sometimes especially with like an older generation of patient it was more they just expected you to stand back and watch, or that's what it felt like any way, definitely patient dependent I imagine	
	Q- what do clinical staff expect of you	
Expectations of clinical staff Opinions of staff Navigating expectations of staff Covid impact- revised expectations	Erm, where that's where I kind of found it a bit confusing because each staff kind of want different things. There is some staff with very strong opinions especially in the first few weeks like and feel like it should be a lot more observational before you kind of dive in. But then there are others who are like come on and I was like oh I didn't know I was supposed to do this. There are some that have a nice balance, they kind of let me say what I wanted from it, especially a few really lovely radiographers in the morning they'd be like right what do you want to do, like what do you want to achieve, how can we do that for you. Erm I think a lot of them, just, especially because it was just a weird circumstances and how we missed placement they were just happy for us to go at a pace that was just comfortable for us and just kind of start to get involved and do the basic things like just setting up the beds, like cleaning bits, offering to help, I think they just expected us to at least to just talk to them about what we wanted, I don't think they expected anything in particular of us.	Unsure of what clinical staff expect-as expectations seem to vary 'some staff with very strong opinions' Difficult to navigate the different expectations of clinical staff Expectations revised due to covid
	Q- ok so the academic lecturers what do they expect of you?	
	(Laughs), erm I'm not sure, do you mean in placement	

	Q- I think just in general	
Expectations of academic staff Learning level expectations Confused lecturers Order of subjects taught Expectations of assessors Assessment anxiety	I think they just expect us to be able to consolidate our learning a lot and pull it together ourselves, especially like at MSc level, we're not spoon fed. I think they want us to be able to draw information from a lot of sources and put it together but I think that's what I sometimes struggle with. I think there's a bit of confusion between the lecturers about what we are doing, what we've learnt. They are like oh you've covered this, and I'm like oh we haven't covered that and they would go into loads of detail and I'm like we've covered that. It's weird because we've finally had our block of placement so they will finally stop saying oh you'll learn this on placement. In the first couple of weeks of lectures me and my friend were talking it and we were like oh this would have been really helpful if we'd known this before the last placement but it's so hard to split it up and learn like, know when to teach you different things. They expect a lot of us I think, I know I felt quite overwhelmed like I said with assessment, even the first week they were talking about the next assignment which was due in April and we were talking about it like it was so immediate and it had to be done now and I was like ooh so panicked, especially with erm treatment planning I find it quite difficult, I don't know if it's just the way my brain works, I find it so difficult to get my head around and that was the assignment we were talking about. I was like oh thank god for that, I was having cold sweats, (laughs), it was the stress, the pressure of it.	Independent learning expected Describes lecturers not being aware of overall learning Order of subjects taught could be better

Pros and Cons of an accelerated post graduate programme Managing programme content and pace	Erm but I think I'm getting to grips with it, it's just a lot to take in, doing something at MSc level but you haven't necessarily done the undergraduate kind of side of things is a very unusual experience, I feel like sometimes I speak to the undergraduates and I feel like I've missed out certainly I don't know if it's anatomy or what but because they take it a bit of a more spread out pace, they are like you've covered this and like yeah so much has passed since then so it's hard to take it all in.	Feels not having done a BSc Radiotherapy may be a disadvantage
	Q- last question then, what do you expect of yourself	
Expectations of self Doing my best Being a good radiographer Being patient You can't know everything when you graduate	Ooh, I expect myself to do well, I think like it's my downfall, I give myself really high like standards to achieve and then I put myself under too much pressure. But at the minute my main priority is just, just doing the best I can and knowing enough to be a good radiographer. You know I keep having to tell myself that it's one of those things that comes with experience and you learn on the job and you know you can't know everything when you graduate. So at the minute my expectation is just putting in the work and hoping that it comes good.	Wants to achieve, sets high standards for self and feels under pressure to meet own expectations Wants to do her 'best' to be a 'good radiographer' Get the sense that participant 8 is in a rush to achieve and meet her expectations
	Q- how do you feel about the decision you made to join the programme	
Decision to undertake the programme Impact of covid Enjoys placement Placement is a good fit	Oh really good, I was a bit worried about placement being delayed and they said sometimes a few people start placement and realise it's not the job for them and I was like oh God, I hope that's not me. So I'm really happy, I feel like it is a good fit to me, actually I enjoyed, even on my bad weeks, I really enjoyed placement and it's one of those	Happy with decision to undertake the programme Placement has reinforced her decision-it's a good fit

Graduation to employment	where I wasn't like clock watching and waiting to go home, I enjoyed every minute of it and I would happily have stayed an extra half an hour you know if they hadn't told me to go. So erm I was really pleased, I'm just kind of relieved I feel like it was the right choice. Because you do have that pressure like oh what if I make the wrong decision and then it's one of those that leads you straight into a job so it's not like, there is a bit of room for manoeuvre but yeah. I'm happy.	Qualification leads to registration – a job ultimately and participant 8 is relieved that she has made the right decision. Perhaps this is because she is a mature student and wants to make the most of the time she has to establish herself in a career, workload and balancing a part-time job probably add to this too and wanting to feel the sacrifices are worth it
	Interview ends –discussion around having a copy of the diary.	
	Participant 9 (KSG)	
	12.8.20	
	Q- I'll start by asking where you are up to since we last spoke, the last couple of weeks and months of year 3	
Final placement block Transition to qualified	Yeah erm, so we finished our dissertations last January I think it was and I can't remember what we've done we went and we had like a big block of placement, that felt like the most important block, like when we were doing the most of our learning and really getting ready for our OCRA. And then just before that	Recalls last placement and academic block Final block felt most important –perhaps as this was the final assessment and where preparation for band 5 was near to completion

	we were in uni getting ready for the seen questions and then after we came off placement it was just working towards those seen questions and the OSCE	
	Q- ok and what happened immediately after-so you've completed the programme now	
	Yeah,	
	Q- just thinking back then to what it was like to be a student in 3rd year, how was that last year	
Student identity Part of the team Thoughts of transitioning to qualified Ready to take on final clinical assessment Training at the same centre for 3 years Relationship with staff Confident in own capabilities	It definitely you felt like a proper member of staff, you felt very much like you would be comfortable being a band 5. All the 3rd years said it before but we never really believed them. They were saying by the time you come to do you MOCRA and your OCRA, you're not even stressed about it any more because you know you can do it and you just wanna do it and that is exactly how it felt like it was one of those things that we had been stressing about having to do it for all these years and then when it came to, it was like I'll do it what ever day, it doesn't matter, you know just stick me on a machine I'll do it. So that was really nice, I think it's nice that we trained at same centre for 3 years because we got to know the staff really well and the centre really well, it's a really nice atmosphere and you go to the staff room after you've done your MOCRA and everyone was like oh how did it go , everyone is excited for you and it is really nice like knowing everyone. And pretty much by 3rd year whichever site you're at you already know quite a few staff and they know you its really nice, but yeah it definitely felt like the block we were in, it felt like we	Feeling capable to transition to band 5 and qualified status By year 3 and the last placement block felt ready to take on the final clinical assessment Staff supportive and positive

	really did know what we were doing by then. It was really nice	
	Q- that's good, so you feel part of the team then	
Feeling part of the team	Definitely, definitely	
	Q- ok what was the work load like in the last bit of the programme	
Impact of covid	I think because of covid, it was obviously, the workload became less and I think had we not had Covid we would have been on placement trying to put together the seen questions and all of that, but when we were still on placement I think we still had the seen questions, so I think we were thinking, put them off for a bit, focus on the MOCRA to start with and then think about them a little bit. But we hadn't done too much on them, we did have our reflections to do, so that wasn't too bad, and when we were taken off placement, we just had all day every day to do work on the seen questions which was well more than enough time. Like we had weeks in advance to do them, but I think had we been on placement as well, it would have been quite a heavy workload.	Placement being suspended due to covid helped with managing academic workload as participant 9 was able to focus on academic work
	Q- what's it like being a band 5 now then	
Transition to qualified Feels part of the team Transition to qualified and feeling more needed once through preceptorship period	It feels, I thought it would feel the same, because in 3rd year we sort of felt like band 5s anyway and now that I'm actually a band 5, I've gone through all the supernumerary periods, there's just like, I feel like I know so much more and I feel like as well, I feel properly, properly part of the team. It's better being not supernumerary, because we were supernumerary for a while, you felt quite 'studenty', but now it's sort of you're on the rota, you need to be there like as part of the team. Like a lot of the stuff you	Having gone through supernumerary period, participant 9 feels very much more part of the team- more so than when she was a 3rd year student Positive learning experience in transition

Feeling of belonging and contributing	learn stuff like, how to order bloods and loads of x stuff, then you can like show other people what to do if they've forgotten because their x training was ages ago and like you definitely do feel more part of the team and the more stuff you get signed off for as well. Calc training so then like I'll set off and I'll do some dose calcs and you feel like your contributing more and you're more actually a part of it and like because obviously you've been on placement and had big blocks, like we had 7 weeks in 3rd year, like all day, every day you really do feel like you belong there.	
	Q- Yeah	
	You know the patients and that	
	Q- yeah I was just going to ask the patients, have your thoughts and feelings towards the patients, has that changed in any way?	
Less fatigued now completed the programme Workload Fatigue Frustration	Erm I think definitely more just to do with being less, much less tired as a member of staff. Like as a student because you'd be on set all day every day and often be like travelling and be really tired, so I think you get like more irritated or wanting to work faster like that kind of thing, obviously still like be polite to the patients and stuff like you would never be rude, but inside you'd be like ahhh will they just carry on but working now, I'm much less tired, spending time off set, I feel like I have more time to speak to people and also you know like being somebody in the room and the patient's taking ages and I'm on set, I'm like oh I'll take this patient to the changing room, have a chat with them and you've got that opportunity to have that conversation with them and be there for them and stuff that you	Less tired as a member of staff

	never really did as a student because you were always on set.	
	Q- do you feel like you've got more control over your workload	
Control over workload Assertive Confidence	Yeah it's really being able to say on the list right we're gonna do this next and this person next and I think that's actually you're right that's one of the things that I prefer most about being a member of staff, something that makes you feel like part of the team a bit more, because even as a student you sort of knew oh we should get them drinking and stuff but like you always had to be shall we get them drinking or shall we see if the other machines busy and can take this person, where as now I'd be like right we're behind, get him drinking, I've gonna go over to X and take them, you can just do it by yourself a bit more.	Has more say in running of the linac
	Q- so if I was to ask you what is it like to be a student therapeutic radiographer, thinking back over your time on the programme what would you say	
Fatigue Intense	I think it's really good, I've enjoyed it, it is very tiring and quite intense I think, I actually think I find it easier as qualified staff than I did as a student. I think I didn't realise how tired being on set made me	
Working part-time Positive experience being a student Consolidate learning in practice Enjoy practical learning 'learn by doing'	And also having no work in the evening where as in the evenings there was always something to do, but I did really enjoy it and like getting to like talk to patients all the time, see people all the time, like I did really enjoy it and I think it's like personally I worked much better with like practical things and like learning practically, being able to go on placement and learn by doing I think has been really helpful to me. It consolidates what you	Positive learning experience being a student

	learn in university so you kind of like do get it when you do the exams and then you kind of like see it in practice that's when you understand what's going on.	
	Q- that's great, so any patients that stick in your memory from your last placement?	
Patient memories Copying practice – learning from another member of staff	I remember there was one lady, I was in 1st year and she had dementia and I hadn't done any dementia training yet and I went out and sat with her and she, because I remembered a little bit of stuff like they would remember things from the past more so I started to talking to her about her kids and she was like telling me all their names, she said she had 5 kids, she named 3 of them and then she couldn't remember the other 2 and I just had no idea how to deal with it. But I think I saw another radiographer and then listened to what they did and then I'd like feel now comfortable dealing with that kind of situation in the future. Yeah but I think I probably shouldn't have been sat out with her by myself in first year anyway so yeah	Communicating with a patient with dementia Learnt from another member of staff how to deal with the patient with dementia
	Q- any patients that you remember just recent patients	
Patient memories Building up a rapport with patients Claustrophobic patient Problem solving	Erm not any like any particular reasons just we've had some really nice patients that you get on really well with but we've got a man on treatment at the minute who he really really struggled with the mask we had a couple of nights where we had to get the supers round, he just wouldn't put it on for his treatment. We cut out part of the mouth, part of the eyes and then we started like, we put a pad in and then we started talking to him and now he's managing, you can tell he's still really stressed out but he's	Recalls how problem solving has helped a patient with claustrophobia

Team work Adapting practice to support the patient Satisfaction	managing treatment which is really nice and nice that as a team we've come together to find ways. So like we found out that he likes, that he just wants to be spoken to constantly so we've just been like, I just treated him today just before I came home in fact and I was literally on the speaker just reading out a list of animal facts, just so he had something. That was quite weird but it's nice to see that he's getting through and he's only got 3 left now and we know that he's going to make it to end now, but we were thinking he's not going to make it.	An act of care
	Q- how do you feel being part of that then?	
Satisfaction Building experience Part of the team Pride	It feels really good and it just feels like now other people were suggesting stuff at the start and you know the supers said we're gonna add a pad, we're gonna cut this bit out. I know if I have another patient like that I'll be like ok do you want us to speak to you the whole time I can read you a chapter of a book, or I can suggest ok shall we cut out the eyes, I feel, I just feel like everything I do now, I'm just learning more, I'm picking up little things all the time and I do feel like, I really do feel like I'm part of the team, I was really proud to see him get through treatment	Feels good to have supported a patient through treatment
	Q- which is lovely, it's really nice to hear, have any of the cases, the work been emotionally challenging in any way?	
Emotional burden Same year of birth as you-	Erm you know what, I think everyone's been pretty ok at the moment, no in fact we've had one girl and she was born in the same year as me which is difficult, because I've met a paediatric like young patients and	When a patient has a similar DOB to you, it can pose an emotional challenge-almost a mortality check 'being the same kind of place in life'

Similar date of birth to yourself can pose emotional challenge Shocking Paediatric Young patients Building rapport	like maybe like patients in their 30s, but I've never met anybody, any patients my age before so it was a little bit like shocking, not shocking but she was really lovely and she's doing really well. I felt like I could connect with her better and have like a chat with her, she's on my level and we are the same kind of place in life kind of thing. But it was a little bit difficult.	
	Q- I think it always is, I think every time you meet a patient with a similar date of birth or somebody that reminds you of a member of your family, yeah it does trigger things for you doesn't it. If you were to be finding things difficult, I know you've talked a lot about feeling part of the team, do you think you'd get support from that team	
Supportive team Part of the team	Definitely and I know and I think the managers as well, we've got X and X and they're always over on the set just making sure we are ok in the morning and then when the late super comes in always comes round to make sure everything is ok, make sure everything is running smoothly at the end of the day. It's quite nice on the late shift, at the end of the day we all like leave together, everyone gets changed together, we all meet up at the entrance so we can all like walk out together and it's just really nice, yeah I do feel very supported and I know that I could chat to anybody in the team as well, any of the radiographers if I was feeling a bit rubbish about something I could talk to them	Feels supported by the team around her
	Q- that's good to know, has that support, that feeling of support has that changed then from student to now	

Support sources	Definitely I think it's very interesting who you would turn to, before I would turn to X and X if I felt completely overwhelmed like I know I've been in Xs office loads of times. Erm it feels more like peer support rather than like teacher support if you know what I mean	
	Q- yeah I know what you mean, what's it been like working in the clinical environment with covid, with PPE and changes in practice	
Impact of covid Accepted use of PPE in practice	It's honestly not been, it was a little bit weird going back to start with, but it hasn't been that much different at all. Like wearing the masks all the time was the strictest thing , but we're just so used to them now it's just how things are. Other than that we all, you know we always gelled our hands on the way out of the linac anyway, like wash hands before we go to break and stuff so it's pretty much stayed the same it's just making sure that we do it on entering the building just so the patients can see that we are doing it kind of thing. Erm and yeah we've not really had that many covid patients at all in radiotherapy. There's been a couple like there's the odd one but I think especially now in the past month I don't think I've had a single covid patient on my machine	Has adapted to changes in practice and now feels they are just a normal part of the routine
	Q- I wonder how you feel about being responsible for students now	
Being responsible for students –from student to mentor Changing status- from peer to mentor	That's one thing that I'm feeling a bit, they've not come back yet so obviously I'm not sure how I'll feel. But I do feel like a bit like I don't really know how to act and stuff, because I remember the 3rd years when we were in 1st year and the 3rd years graduated and became staff, they were	Considers how she will feel when students return to placement and becoming a mentor

	being like a bit off and bit rude with us now, we're like why like, we were literally just in the common room with them like 2 months ago. But now I do feel like I get it, because I'm like, it's a bit weird, I think especially with the now 3rd year who were like just a year below us and like have been the 3rd years and 2nd years, I think that is going to be a little bit weird. It's quite nice the students haven't been in whilst we've been training and have been supernumerary. Like we've had the time to be on set, to learn everything and feel a bit more like a proper band 5 when they come back, rather than if I'd been like, there'd been students there and I'd been trying to transition from being a student and trying to learn everything and get signed off I think it would have been a lot more stressful. But at this position I know what I'm talking about, it feels like a bit weird thinking how can I explain things to like the year below me kind of thing, it does feel weird but we'll navigate it when it comes to it.	Relationships change once you transition from student to staff
	Q- I'm sure you will and they'll look to you, they'll probably approach you more easily	
	Yeah that will be nice, I always felt like confident, if I had a student question I didn't want to ask a member of staff I'd be like oh X I just don't get this kind of thing.	
	Q- so if I was to ask you then to describe to somebody who doesn't know anything about radiotherapy, what is it like to be a therapeutic radiographer now?	
Patient centred	Erm, gosh, I'd definitely say it's really patient centred, I think you definitely have to love being with people and being with patients to do the job. And erm and like as	Patient centric

Team work Perfect mix of science and people Future career options Never going to get bored	well because we work in, obviously we work in teams, it is really like a people centred job with like your colleagues and with patients. I think it's a really nice, really perfect mix of the science and physicsy side of things and biology, like medical and seeing people. I think it's the absolute perfect mix of that and think a lot of the radiographers said they wouldn't like to be a nurse or anything I think it's like the perfect perfect mix of that I think it's a really good career to go in to, there's so many options you can do. Like you can work your way up, become a 7 or a super, research or OTR, that kind of thing. There's such a varied thing that you go into, you're never going to get bored, there's so many opportunities to go for new things and learn new things	Role offers the perfect mix of science and people Positive about future career prospects
	Q- yeah the worlds your oyster now isn't it	
	Definitely	
	Q- it will be nice to see where you go over the next couple of years, do you think your thoughts about it might change with time	
Learning and evolving Negativity from some staff-getting worn down	Maybe, just if I've been there for longer but I think if I keep pushing myself to do new things and learn new things, then I won't be bored and I think obviously not at the moment. I've been a student there, but I haven't been staff there for that long. Some of the staff complain about oh I don't really see that, maybe I'll get like a little bit more worn down with like management and stuff like that, but I'll wait and see. But yeah at the moment it feels completely different being staff that being student. I feel like a fresh face and I feel like I need to do everything.	Positive about continued opportunities to learn and grow Feeling positive and not expecting to change

	Q- you're obviously very positive about your choice and your career	
	It's wonderful,	
	Q- do you see that same passion and positivity in all people that you work with	
Passion for radiotherapy	Erm, on the whole yeah. I think people have like off periods, leave and then some periods where you see all the staff complaining about things going on. But I think because there are only X linacs at X, there's a good team of us. Everyone there is quite upbeat and positive so it's been a really nice environment to be in. XXX it's quite exciting	
	Q- that's lovely –is there anything else you would like to talk about	
	Just about being a student I think it would be quite nice to practice like working as a 2 because that's the thing I found most difficult going into practice. Even if you've been setting up as a 2, there's always someone getting someone else drinking, or sorting something out. Getting signed off (longs discussion about working as a pair and multi-tasking, being the hardest transition.	
	Q- you talked about the job being patient centred and a balance between science and people-what do you mean by patient centred?	
Science and making people feel better-science and care Rapport and humour	I don't think it would be , if you weren't a people person it wouldn't be right, it's definitely not the job to go into. Because like obviously like we are doing the technical stuff, but a very large part of it is making someone feel better. Some of the patients, it's the highlight of the day, they love coming in and chatting to us and I think it's important to be able to laugh and chat to them and not just to get	

Get on the bed and treat-it's more than that	them on the bed and treat them. I think that's so important such a big part of the job.	
	Q- you're right, ok that's great thanks	

	Participant 10. (RH)	
	Q- what is it to be a student therapeutic radiographer?	
Scary and intimidating Getting in the way 'start to feel like one of team' One placement centre Building up relationships Relationships with peers and staff	Ok, erm it's definitely changes as I've gone throughout placement initially when I first began it was quite scary, quite intimidating you felt a little bit at times like you were in the way but that soon sort of disappeared from my experience. I think as I've gained more experience and gained more time in placement you start to feel like one of the team. I think it's really good that you remain at the same placement site, I think that's a really beneficial thing because you start to know the hospital that you're at and you start to become familiar with staff. Throughout the 2 years for example now I you know I look forward to seeing people, it's nice when they know little things about my life and you know I know little things about their life. You've kind of got that rapport with some members of staff, so generally it's a good experience I'd say, if that makes sense.	With more time in placement and more experience comes a sense of greater belonging 'start to feel like one of the team' Having one placement base provides a solid network-a chance to build familiarity with surroundings and with staff Building rapport and relationships where you have shared personal things is important to participant 10
	Q- it does, it does make sense, so you say that you feel like one of the team, what do you mean by that?	
Feeling part of the team Knowing what is expected of you Understanding team dynamics	Erm I mean, eerm once you've been on set for a while, once you've been on a particular set for a while, you know how the set works, you know how the different personalities gel together, you know what's expected of you and what's not expected of you. You're kind of happy to take initiative in doing	To establish yourself effectively as a team member is a complex process-requiring you to work out what is expected of you, what isn't expected and the different personality types in the team

Confidence to manage own learning – taking the initiative – balancing act Being helpful and contributing to the team	things, well that's my personal experience I know not everybody finds that that easy, but after I've been there for like a settling in week I think oh ok I can start to say shall I get this patient drinking or shall I go and set up the room, you know obviously it's gone a little bit further than that because I'm qualifying in 4 days, but you know you start to get that erm just that confidence in yourself and you feel like you're erm being helpful and contributing to the team.	Taking initiative –this is a balancing act, note the 'shall I get …', where the participant has to seek approval from staff and show respect for their authority and her position
	Q- yeah ok, can you take me back to when you started the programme and the reasons why?	
Decision to undertake the programme	Erm so I actually had a place on a radiotherapy BSc many many many years ago, when I was 21 and family circumstances changed and I wasn't able to actually carry that place on. Lots of years passed and I ended up kind of falling into teaching and having some children and I still always sort of hankered after the radiotherapy. I started, I did one term of it and I really really loved it, I wasn't able to go back for very complicated reasons which I won't go in to erm, but I always wanted to go to get back into it. And then I did some googling and I came across the university of Liverpool post grad diploma programme and it was accelerated, it was 2 years so that was very attractive to me because I had already done a BSc at the time when I'd applied way back then I don't think there was an accelerated course available, or if there was it wasn't in the area, in the geographical area where I wanted to study. So it seemed quite like good luck really that I stumbled across it erm and yeah I just I haven't really got a better	Recounts history of decision to undertake the progamme

Mix of science and caring	answer other than I've always wanted to come back to it and the reason it appealed to me at the beginning was just the fact it combined just the sort of caring and scientific side of things together. If that makes sense, is that ok?	
	Q- it does make sense, thinking about this last placement or any placement block that you've experienced are there any patients that you can remember	
Patient memories Young patients Privileged to be part of the patient journey Relationships and rapport Poorly/palliative patients Paediatric patients Close to home Remember patients with a DOB of a family member	Yes definitely, erm so this last placement block or the block that I'm in, there's definitely going to be patients that I will remember. There's a very young patient being treated for breast cancer who is very very anxious. And it's been really a privilege to be involved in her treatment journey and I've actually, I was talking about this today in my interview. I've actually been able to be that kind of consistent person because the staff change quite rapidly, staff turnover, yeah the teams, the teams change quite quickly, where as I seem to always be there. So that's been quite nice for the patient, so I will always remember her definitely because I think I really developed a good relationship and a good ability to reassure her. There's obviously been some quite poorly patients that I've seen, and some children which I've seen. I definitely, there's one child in particular will always stay with me because her birthday was exactly the same date as my little boys and she was going through a hell of a time and was an amazing little girl. Yeah and I'll always remember her, she was unbelievable in the way she coped with it. When it kind of is relatable it kind of sticks with you doesn't it.	Feels she is 'privileged to be part of her treatment journey' Remembers the patients that she has built a rapport with 'there's one child in particular will always stay with me'

	Q- I think it does, you used the words it's a privilege to be involved in her journey	
	Yes	
	Q- can you explain a little more about what that means to you?	
Privilege to be part of patient care Contributing Valuable Seeing the patient perspective Being trusted Comfort and support	Yeah so erm what I mean by that is, I suppose it kind of comes back to this acting as part of the team. So if you feel that you can be valuable to that person and to feel that you are able to contribute something to their cancer pathway, through their journey they are going through with their cancer treatment. It's you know, it's a lot of these patients are in a really difficult situation, but lots of them aren't. Lots of them seem to be able to get through it and be absolutely fine. Sometimes there are patients who are in a really difficult place and for them to kind of trust you and for you to be that comfort and support for them I think is a real privilege.	Making a difference eluded to Sees things from patient perspective Sense of duty, professionalism here, but underpinned by a sense of privilege that a patient has invested trust in her so that she can offer comfort and support
	Q yeah, yes	
	Q- so the patients that you can relate to because they remind you of somebody or they have the same birthday as your children, how does that affect you emotionally when you're at work?	
Emotional burden Visible emotion	So the only time I've been affected emotionally by a patient is that little girl that I mentioned. I first, the first couple of fractions that she was treated for, I had to sort of say can I just step back a bit and I was able to say and this was my last placement block not the one that I'm in at the moment. I had a really good relationship with the radiographers on the set and you know I said oh my goodness this is the same birthday	Able to take a step back as this scenario was too emotionally challenging. Describes having a good relationship with staff so felt able to do so

Taken by surprise/shocked Peer network support Maturity and life experience-ability to manage emotional challenges	as my little boy and this poor little girl. They were very forthcoming in saying you know you don't have to be involved in this at all if it's too emotionally difficult for you and I didn't think it would be so it took be by surprise. So the first couple of times I sort of was like oh (shocked faced), I did, they said just go and have a break and have a little moment. And that was ok so I was able to manage that at work, I think erm because I kind of communicated that to the team it was easier to manage. It could been difficult if I'd suddenly sort of come across this patient and then been emotional. I think as well perhaps if I'd been a bit younger I don't think I'd have dealt with it as well had I been doing this 15 years ago. I think life experience, I wouldn't have had a child but I think life experience has kind of helped me you know know that I need to manage my emotions and also recognise them if you get me	Expected that she wouldn't be affected so quite surprised at the personal impact this had Felt support from the team Shows understanding of the need to manage emotions and feels this has come with maturity and life experiences
	Q – how did the rest of the team deal with that	
Emotional demands Palliative child being treated Team support-talking through emotional demands	Yeah we all found that patient quite difficult, she wasn't difficult, she was amazing, she was probably one of the easiest patients you've ever had to treat in terms of set up and just getting on with it kind of thing. Erm I think because of that we perhaps found it difficult, she was an amazing little girl, full of energy, she was you know being treated for her whole brain, she was wearing a cast, she was 5 years old and she managed the set up without any anaesthetic for 13 fractions, which was incredible, I don't know many 5 year olds who could do that. I think we were all a bit, it was a GBM tumour so	All the team found this difficult (appears a little emotional when talking about this) The child was so full of energy-so full of life which contradicted her terminal prognosis

'her prognosis was not great, she's not going to be here for much longer' 'this is someone so full of life, such an amazing child, she should be going on and setting the world on fire' No visible emotions shown to patient Off-load at work so you don't bring it home	her prognosis was not great, she's not going to be here for much longer probably so everyone really sort of thought this is someone full of life, such an amazing child, she should be going on and setting the world on fire erm and we had quite a few conversations as a team about that you know, but I don't remember anyone get particularly upset, but it was all like yeah that little girl, she's really got to me kind of thing. She was definitely discussed a lot more than other patients were at the time. I think, I think they dealt with it by talking, saying oh my goodness this has really got to me this patient, you can do that and you can off load to each other at work so that you don't bring it home.	The team had conversations about the patient No visible emotion shown to patient or team Off-loading referred to here in order to avoid 'bringing it home'
	Q- so do you think it's acceptable then to off load at work	
Professional off-loading Off-loading to work peers Emotional burden-emotional triggers Professional detachment – empathic without being a crying mess Practical Empathy 'you couldn't be crying over every patient	I think to a point, I think erm you need to remain professional as much as you can, but you also because of the job that we are doing you need to be able to have somebody you can discuss the emotional sort of side of things with, because there are going to be by the very nature of the job, there are going to be patients that will trigger that emotion, those emotions in you. Obviously you couldn't be kind of crying over every patient because that would be really impractical and you need to find a way to become detached to it to a point erm whilst kind of remaining that still really good, you need the empathy but you need to be able to manage that without becoming	Participant 10 believes it is acceptable to off-load to work peers so long as it is done professionally. Empathy and detachment are considered here. There is a sense that participant 10 believes you can still have empathy whilst being detached enough in order to keep going and prevent you from crying over every patient

because that would be really impractical' 'you need to find a way to become detached to a point' 'you need the empathy but you need to be able to manage that without becoming a crying mess because that would be a disaster	a crying mess because that would be a disaster (laughs).	Laughs after her last statement-perhaps out of dealing with the uncomfortable nature of the conversation or the thoughts of how work would come to a stop if all staff were emotional all the time
	Q- how does that come about then the development of that	
Inherent resilience – Emotional burden awareness Self-selection Asking yourself are you up to the challenge Placement confirmation of capacity to cope Daunting –all these people have got cancer	I think it comes about through before you even start the course and before you even start placement there's a lot of discussion about it at university about you know these are cancer patients, some of them will be really poorly, some of them won't seem poorly, but you know might not have a great prognosis. We do, we did do a bit of that before we went on placement erm in those sort of those initial modules. Erm, I think it, I think most students you know will have before even embarking on this course will have thought you know can I deal with patients who are going to be quite unwell, can I work in cancer care, day in day out and that's the only kind of patient that I will see. Lots of people might say no no ,this is going to be too depressing, this will affect me too much erm but erm, so I think that's a decision that people will have made before they even start. I think as you get on placement it is quite daunting and you do think oh my goodness all these people have got cancer. And I remember being shocked at how well a lot of people were and this is something that we talked about at university right at the	Describes developing resilience through life experience and being discussed as a part of programme teaching Thinks most students are aware of the emotional nature of the role before they start the programme Describes a self-selection process where students will have asked themselves are they up to the job? Can they cope with treating and caring for cancer patients The first placement experience confirms whether you have capacity to cope Shocked at the number of cancer patients and surprise that not all fit the

Image of the cancer patient Making a difference-playing a part, giving them a chance	beginning you know your kind of stereotypical image of a cancer patient, with a drip and no hair, you know looking very sick. It's not really how most cancer patients are is it, most of them are quite fit and well. So I think that kind of helps you and I think yeah we're doing a really good job, we're treating patients, we're hopefully giving them a really good chance, erm hopefully you know having some part, playing some part in giving them a really good chance of beating this. I don't like to use that word, but you know, you know of their treatment being effective, so I think that helps. That's a really long answer, sorry	stereotypical image of a cancer patient Playing a part in treatment and hopefully giving them a chance of surviving somehow helps participant 10 to cope –she is doing something positive Uses 'beating this', suggesting she sees it as a challenge, a battle that she is helping the patient to win
	Q- laughs, is it important for you to feel as though you are doing good	
Making a difference-doing good Professional identity-persona of a radiographer Rewarded	Yes, I think so yes yes. I think, I think that's part of the whole persona that you take on as a therapeutic radiographer. I think you think you know this is, I'm going, I know I'm going to really enjoy doing the job but a really nice part of it is thinking I'm doing a good thing here	Interesting that participant 10 uses the phrase 'persona', perhaps feeling that all radiographers take on the identity of a professional-an alter-ego perhaps –'the professional' Doing a good thing is important-perhaps a reward for dealing with the difficulties of the job
	Q- you use some interesting words when you talk about empathy and being able to detach to a point, has that changed for you, that ability to do that since you started on the programme or do you think you've always had it?	
Emotional burden -detaching Maturity-life experience	I think I think I've developed it as I've grown older. The job I did previously erm I worked in a very deprived school and I had a lot of children that I was involved in like team around the family meetings that had a lot of horrible	Developed the ability to detach and deal with emotional demands –due to life experience

Affecting home Worry and control Maturity is an advantage 'ability to detach whilst providing empathy' Developing ability to cope Total detachment-fear of detaching too much and not caring	horrible issues going on at home. I went through a period there that was really affecting me and you know affecting my home life because I'd be worrying about them constantly and you can't do that. As you know you can't live your life worrying about work and these things that you can't control. So I think that helped me to go into this with a similar attitude I think, as I said before I think I would have found it a lot harder. If I'd gone into this straight from school at 18 I don't think I think I wouldn't have had that ability to detach whilst providing empathy. I think I would have either been like oh well I don't care or. That's just me personally, erm so I think, I think it's, I think I had it already but I think it developed in this setting. But I would never like to become completely detached, I hope I always sort of show empathy to patients. I know that there will always be patients that affect me more than others and I don't think that's a bad thing, I think it means that you are doing your job well.	Couldn't detach at this point in her life and it impacted on her home life-learnt that she needed to adapt in order to survive Used the experience –and feels she couldn't have done this if she undertook the programme age 18 The radiotherapy setting develops emotional resilience in the participant Aware that there is a fine line –becoming too detached would result in loss of ability to care-be empathic Expects to always be affected by some patients
	Q- do you ever see evidence in other members of the team where they've detached may be a bit more?	
Total detachment-in peers Pressure of the patient list Patience and frustration	Yes I think so yes yes, in total honesty I would think it's not common, but I think there are a few times where I've seen people have been a bit like oh come on they take so long, with someone being immobile or someone being anxious purely because of the pressures of the list, 30 patients to get through and we're still only on number 2 and it's 10 o'clock and we haven't got time for Mrs	Wants to reiterate it's not a common occurrence Has seen staff being impatient and not listening to patient's needs-this is put down to the pressure of the patient list

	X to be wondering about something seemingly insignificant. Yeah,	
	Q- how does it make you feel when you see that	
Position of a student- speaking up Uncaring behaviours- staff Pressures of the patient list-time Seeing the patient- not just the technique or how long the treatment will take 'easy to see that people lose sight of the patients sometimes and are just thinking about getting through them'	Erm it's quite difficult position to be in as a student, it can make you feel quite angry towards that radiographer. I personally haven't experienced anything that I want to report. But I know that some of my peers have erm and it's not always been met that well when they have. I haven't got any personal experience of that. I a few, I've never seen anything you know like I say major but I do feel uncomfortable when people are rolling their eyes behind a patient, or saying oh God we've got that one. Even things like oh it's a 3 field breast with bolus, we're going to be imaging, it's going to take forever, like it is annoying sometimes when you've got a queue and you know that that's going to take half an hour rather than 15 minutes, but you know I think (sighs), it's easy to see that people lose sight of the patients sometimes and are just thinking about getting through them. yeah I don't know, it's a bit frustrating feeling I think that it has to be that way, because I understand why it is that way, I understand why people get pressured about time because the time isn't there but it's frustrating because in an ideal world we'd have all the time in the world but then I also understand that that's not reality.	It is difficult as a student or staff member to speak out- you are fearful of negative consequences Other students have reported things but haven't had a good experience Feels 'uncomfortable' when she observes unprofessional/un-caring behaviour Aware of the pressures of the patient list and how this can make you forget that you are treating a person- not just a task/a treatment, perhaps this level of detachment is more than just a way in which to increase efficiency and get through the list, it's also a way of detaching emotionally from the pressures of the role
	Q yeah, do you feel as though you've got control over your working day	
	Erm, yes I think so. Erm do you mean in terms of like time management or	
	Q- yeah anything really	

Control over working day Impact of covid-affecting staffing	Yeah so I think yeah I think in the department where I am it's really, they really adhere to erm, you know it's really good that they adhere to sort of set shift times and break. We know who's on the early, we know who's on the late and they've been really good with me about how a student fits into that. Erm it can be, it has been a little bit difficult since we've been back since the pandemic because the shifts are a little bit different and we're like oh we don't know what you're doing because you're doing half days, so that's been a little bit tricky. But I think it's just been everybody learning, yeah I think yeah, it's been good, I do feel in control of it.	Feels she has control, aware of shifts in advance, Staffing has been affected by the pandemic
	Q- how has covid changed things in practice, has it affected you in any way.	
Impact of covid-affecting placement hours Balancing demands-placement and childcare Feeling part of the team	Yeah it's erm, it hasn't hugely affected placement experience apart from the length of time that we are allowed on placement, so we're definitely doing less hours in the day because we're doing half days and things, so we're doing you know 5 hours a day rather than 7 I suppose. It's more tricky you know getting in for the really early start and the later finish just in terms of you know managing outside of work commitments and for me child care and things like that, but it's been fine and you know that's what it will be like when I'm working. Erm it's in some ways it's a bit better because the teams of radiographers have been more consistent because they've encouraged less moving around so that's been really nice. I think I definitely, I think as I said before I've felt more part of the team in these last 2 blocks and I don't know whether that's more	Reduced time in placement due to covid and reducing footfall Has to balance multiple demands-childcare, placement

	experience or you know just through becoming familiar with the centre and the job, or through the fact that the team members have remained consistent.	
	Q- ok, do you ever feel, just going back to emotions again, do you ever have to hide your emotions	
Emotional burden Hiding negative emotions Knowing more than qualified staff Being trusted Getting in the way – hiding negative emotions	Erm, I've felt frustration a few times (laughs), erm it's sometimes difficult if you are erm I don't know how to say this without sounding like I know things like, like I know what I'm talking about more than qualified staff because I absolutely don't think that. You know the wealth of experience of the qualified staff have is far beyond what I have at the moment. Occasionally you'll get radiographers you know stepping in to treat a patient you know just as a one off kind of thing and you'll have treated the patient for 10 fractions for example so you know them quite well and sometimes you'll be like ok well they did it this way yesterday and their not able to trust your judgement on that and it's quite difficult. I think some radiographers would trust my judgement on that now because they know me and I've been there a lot longer, but maybe a year ago they wouldn't and then they'll end up calling a band 7 and it will happen that, it will result that that's what I said because I've seen it happen for 10 fractions. Which I understand you know that's all about accountability and things, but that's quite frustrating as a student. Erm sometimes you feel a little bit like people are annoyed with you, like you're getting in the way a little bit, so you have to hide that emotion a little bit when you're getting oh frustrated again I guess.	Sometimes as a student –she knew more than qualified staff but couldn't break the rules of hierarchy and felt frustrated by this Being trusted is important – generates confidence, self-assurance, perhaps even a sense of being accepted by the team Getting in the way-this cause frustration, perhaps that she is sensing from members of staff that they feel she is slowing things down-this may again link to the pressure of the patient list

Sadness Hiding negative emotions-frustration Supportive peer network	Sadness I think is ok to say, I've felt really sad seeing that patient like I said as long as you don't sort of over egg it. But I haven't ever felt like I've had to hide that and I've felt like I've been able to talk about that to other students really well. I think that support network is really important, erm yeah I think that's the only, frustration is the only thing I'd say.	Felt sad about the paediatric patient-uses the phrase 'as long as you don't over egg it', almost saying it's ok to feel sad, so long as you don't take that too far and you keep control of that sadness Is able to talk about things to her student peers
	Q- ok do you have any patients that you remember, obviously a lot of patients are challenging in terms of emotions that are caused through supporting them and wanting to care for them, any more positive kind of happier patients that come to mind	
Patient memories Positive feedback Patient rapport Gratitude –receiving thanks from the patient Gratitude and recognition	Yeah absolutely, erm yeah quite a few really. There's loads actually, probably too many to mention. I've had some really, last couple of patients just to use it because it's close by, I've had some really nice feedback. One patient was amazing in the last block, she was a breast cancer patient and she erm you know kind of really talked to me about erm you know when I was going to qualify and where I was going to apply for jobs and things and I spoke to her as much as I could with that. And she was just really, when she finished she said oh you know you're going to be an amazing radiographer, you know it's been a pleasure getting to know you, you've made my treatment really enjoyable, as had other members of the team. Erm there's been a few, there's been lots of patients, it's been so nice to have. I think what I didn't expect when I was going into this was that sort of and you'd never expect it but that	Recalls a breast cancer patient Made a strong connection to this patient-'really talked' Patient said she had made a difference 'made my treatment really enjoyable' Didn't expect to have the recognition and thanks from patients

Being seen as a radiographer	like recognition and patients thanking you and bringing you gifts and chocolates. You know being specifically mentioned in cards and stuff like that it's been lovely, really really nice. Patients see you as a radiographer, you know they know you're a student, but you're just another member of staff to them and that's been great you know.	Being seen as a radiographer is important to participant 10-no longer just a student-but accepted as one of them
	Q- yeah definitely, how does it make you feel when you get that kind of recognition?	
Recognition	Really good, it's really nice, yeah yeah, makes you feel like you're doing something right (call interrupted by children)	Feels good to have recognition from patients
	Q- ok and then the other questions are about expectations- what you expect of yourself, just in general really	
High expectations of self Wanting to achieve Wanting to be liked (accepted) Continuous clinical assessment	So ok I've, I think I've put quite a lot of pressure on myself academically, I've been really disappointed in myself when I've got lower marks in a couple of essays which is silly because it's a pass or fail. But I've had a word with myself now, I think I set myself very high standards at the beginning erm and I've, I've achieved them really throughout most of it, but I have beaten myself up a bit when I haven't done quite as well. Erm, I think in terms of placement as well, I've also wanted to achieve quite highly, I wanted to, I want people to like me (laughs), I want to think you know, they'll think that I'm nice to work with and things like that and yeah. I think with the assessments, the assessments have changed half way through the placement for us because we were doing the OCRAs and all that and then we changed to the continuous assessment. So with the continuous assessment, I've	Pressure to do well-setting high personal standards Perhaps as a mature student needing to prove you have made the right decision and that the financial sacrifices, managing multiple demands have been worth it Wants to be accepted, part of the team-perhaps thinking ahead to future employment

Being mature-being professional	been really, I want to get good scores at the end of it. Erm yeah, wanted to seem professional as well, wanted to be taken seriously, not just like oh a student, I think especially I've found as I'm older I don't want, I want people to know that you know I'm serious about doing this, not just sort of going to uni for a laugh, not that anyone is (laughs).	Again considers being mature and wanting to be taken seriously that she is professional,
	Q I think I know what you mean, what do you think the staff expect of you	
Expectations of staff	Erm it varies hugely, I think some staff expect you to go in there, sorry just to clarify do you mean the staff on placement or the staff at uni	
	Q- both really	
Expectations of staff Finding your place-judging expectations High expectations can be motivating	Ok so staff on placement I think it varies massively, I think some just want you to get stuck in there and take initiative and do what you can do without waiting to be prompted at all. They don't want to say oh do you want to set this patient up, they don't want you to wait for them to say set this patient up. Some are the opposite and say what goals are you going to set for yourself this week, I think we should start getting you doing this set up or get you switching on or get you managing the queue. And they'll lay out their expectations where as others will kind of get you to just do it and then they'll assess you based on that. And I think staff at uni, yeah have really high expectations of us but I think that's great and very motivating. Erm yeah	Staff expectations seem to vary and the participant has to judge what they want and adjust their behaviours accordingly in order to please the staff
	Q- ok, what do you think patients expect of you	
Patient expectations	To be honest I don't think, I think 90% of them don't expect any different from us to what they	Expect the same of students as they do qualified staff

Confidence, trust Feel valued 'safe in your hands'	expect of a qualified radiographer. I think they expect to have, they have confidence in you and expect to have confidence in you and expect erm good treatment basically, they want to feel, they want to feel important, they want to feel valued and they want to feel that they can have confidence in you and that they are safe in your hands. I don't think they distinguish often between the student and the radiographer.	Feels patients don't separate student and qualified staff
	Q- and what does it feel like to be that person who is providing that for them	
Making a difference- feeling good Scary Position of providing good care	Erm I think in most cases it feels really good, it can get a little bit scary if you feel out of your depth and often you do have to sort of defer to a qualified member of staff, erm but I think it's nice to be thought of as someone you know who is in this position you know of providing really good care.	Feels good to be able to provide care, sometimes scary when you are asked to do something outside of your comfort zone –but aware of own limitations and will seek help
	Q- and just for you personally, what does it mean to care	
What it means to care Patient at the centre	It means to erm, to make sure somebody's needs are met, to make sure they feel valued and dignified, erm yeah I think that's it really. To make sure you're meeting their needs is fundamental really isn't it and putting them at the centre of what you're doing. They are the most important focus.	Seeing what the person needs, ensuring they are valued and shown dignity Patient is your focus
	Q- I've been reading some things around burn out, stress, whether anything has changed in terms of levels of stress you're observing or whether it's changed in your own personal circumstances. Are there any thoughts or feelings around stress or burnout?	
Stress	Personally I found the most stressful bit of the course, I'll talk about stuff I've observed in a	Describes the most stressful point in the programme

Burnout	minute but I found about half way through the course, I think it was about November in our first year, I thought I cannot do this anymore. I was like there's not enough hours in the day, I was on placement, I had essays and I cried and cried and I ended up having a week off uni because I thought I can't do this, I just can't do it, it's not possible. And that was complete burn out, but I need that time to recuperate. Erm and that was a result of academic study and what is effectively full time work while we are in placement and having a family,	Managing demands of the programme
Covid induced stress	there was a lot going on, oh and my husband was in America so there was a lot going on at that time. Erm I think people's stress levels have risen recently in some ways because there's a lot of people who are you know have children at home and wouldn't have had children at home all day.	Observed increasing stress in the team due to covid – staffing, home schooling
Balancing demands	So I think that was quite hard amongst students with children when we had all the on-line learning and probably for lecturers as well. I've certainly found that quite difficult managing and attending lectures,	
End is in sight	I really found that stressful but I think because I was close to the end I knew it was going to be ok, it was just a case of get through it, get essays written some how, even if I don't sleep for a month. You know we'll get there, but I think I would have found that a lot harder if it had been the beginning of the course and I'd probably, I don't even know if I would have been able, I would have had it in me to continue, which is really lucky for me that	
Covid impacting on patient stress levels	all this happened at the end. I think staff are stressed at the hospitals at the moment, erm I	

	think patients are as well. I think patients are finding it quite stressful because they can't have face to face appointments with so many people. I think that's frustrating in particular for older patients, you know telephone and video appointments just aren't something they are used to, that's causing stress definitely	
	Q- definitely, you're qualifying soon	
	Yes	
	Q- do you anticipate that your stress levels are going to change at all	
Transition to qualified	Erm yes I do, I think, I think I'm probably going to get more stressed before I get less stressed until I secure a job. It's really stressful at the moment for me actually at the moment, I'm somebody who likes to have a plan I like to know what's happening and I don't know probably what I'm going to be doing this time next month and whether I'll have a job which is really stressful and I think you know that may continue for a few weeks, I'm trying to stay positive and know I will get a job eventually. But I think that's stressful, you know in terms of time management and stuff it's going to be nice to have a bit more time on my hands, erm while I wait for that but whether or not I'll be able to relax I and enjoy that is a different kettle of fish because I erm yeah, I don't know whether I'll just be stressing that I haven't got a job. I don't know, I don't really anticipate them changing hugely I think it's just an unknown time for me is always stressful, that kind of period of limbo I find really difficult. I think that is common across my year group,	Anticipates further stress until she secures her first post

	we're all a bit like, the ones who haven't got jobs, most of us are a little bit like ooh come on jobs. But I'm sure all the years are like that all the time.	
	Q- yes I think you're right, any thoughts about being qualified then	
Transition to qualified Increased responsibility Induction programme Defined role-clear defined role as a qualified radiographer-less clearly defined as a student Signing your name-scary and exciting	Yeah I think erm, I think the responsibility initially might be a bit scary, but I think from what I observe from radiographers who are new starters, there's a really good induction programme at the centre that I'm working at. Speaking to other students there seems to be really good induction programmes at other centres for band 5s. So I'm anticipating that that will be ok from what I've heard anecdotally it seems that they really kind of you're not sort of classed as an actual member of staff, you're supernumerary for a while until you have gained that confidence for a few weeks so, actually really looking forward to it, I think it will be less stressful in some ways than being a student because you have a clearly defined role. Yeah clearer expectations, I think when you are first able to sign your name to something that must be quite scary, but I think that's what we've been prepping for, so I don't anticipate it being stressful as such, it's exciting	Expects more responsibility when qualified to be 'scary' Induction programme expected to help ease the transition from student to qualified The role and identity of a qualified radiographer is more clearly defined than that of a student radiographer-so anticipates less stress-does this go back to having to deal with those differing staff expectations she had to deal with as a student
	Q- ok	
	I may be wrong, ask me in 2 months (laughs)	
	Q- it would be nice wouldn't it just to do another one just to see how your thoughts and feelings have changed possibly	
	Q- do you feel more or less confident now than you did when you first started the programme	

More confident	Hugely more confident, by a country mile, really really really do yeah	
	Q- and is that just in relation to your practice and academic skills or do you think it's made any difference anywhere else	
Proud of achievement Tough Increased confidence	Do you know what actually I was talking to my Mum about this just last week and I said to her I just think I feel really proud of myself that I've got to this point and I think you know no matter what happens over the next couple of years I feel ok, I can do this I can do anything, I can get through these last few years, they've been really tough, enjoyable most of the time but tough and demanding. But I think it's definitely increased my confidence in my abilities to manage lots of things at once really.	'if I can do this, I can do anything' Proud of her achievements tough
	Q- definitely, I think you should be very proud of yourself	
	Ah we all are, we've survived haven't we	
	Q- any other sort of lasting memories of life as a student radiographer	
Close peer support network	Oh goodness there are lots, erm let me think, I think the thing that will always stick with me and I think erm is the way the students on my placement we've become a really close knit, there's 7 of us, erm we are all really different, really different, from really different backgrounds, and all over the country, but we've just all become so close and particularly at the beginning at X we had like a common room that we could sit in and you know kind of like oh my goodness I feel really stupid, guess what I just did and you know guess what I just asked and that kind of sense of comradery has been brilliant and I	Seems to have developed close bond with peer group

	really hope that we all stay in touch, I'm sure we all will but I definitely will remember those 6 other women as being a really important part of this and that's the main thing I think that will stick with me.	
	Q- you mentioned friendship and comradery, do you have any experience of humour being used	
	Yeah in terms of what, the sort of things we were experiencing on placement, yeah	
Humour – (disgusting humour) Respectful, professional humour Making things abstract to make them more tolerable	Definitely particularly with regards to things that are unappealing you know fungating tumours and such like (laughs), there's be a little bit of like oh don't mention that fungating anal tumour when we're eating our sandwiches and things like that (laughs). Yeah definitely I think it kind of goes with the territory a little bit doesn't it while being respectful it would be the kind of thing you would never say out of that environment or you wouldn't, you would hope nobody would ever break confidentiality but talking about it in an abstract way to kind of make them more tolerable I think definitely, definitely you use humour.	Humour used to help deal with something that in most other circumstances would be quite abhorrent Only acceptable in the environment and must remain professional- respectful, maintaining confidentiality Making things abstract makes them more tolerable
	Q- do you hear it being used, I know you do it peer to peer, do qualified members of staff use it	
Respectful humour	Yeah, definitely I think most qualified members of staff use it in a respectful way like you know I don't think it would ever be sort of shaming a patient or anything like that. I've certainly never heard that but it will sometimes be like that the person I just mentioned will always stick in my mind actually, that's the patient who had a fungating anal tumour and that was on my very first placement and I had never seen anything like it in my life and I	Again refers to 'respectfully'

Making it ok for day to day 'you can't be horrified by something so I think finding the humour in it makes it easier to accept'	haven't since. But you know that would be like, ok patient x is coming, you know get ready, lets spray some air conditioner around the room because the smell was you know revolting and like the poor poor man, I can't imagine how he must have felt but you know it was a very very very very disgusting smell. So you know that would be a little bit like oh he's finished lets go and spray the room and things like that or you know put some hand sanitiser on your hands so you can smell that instead kind of thing. So a bit sort of, definitely a bit humorous to kind of just make it, you've got to make it ok haven't you for you day to day. You're doing it every day, it's got to be, you can't be horrified by something so I think finding the humour in it makes it easier to accept. I hope that doesn't sound like I'm being really horrible and disrespectful	Conscious that she doesn't want to appear unprofessional
	Q- no not at all, I think many of us develop a unique sense of humour, I don't think I did in my early student days but later, I think initially I was in a permanent state of shock (laughing and agreement). As you normalise things, I think the humour comes with that	
Normalise the world of radiotherapy	Yeah definitely if you think about what you do on a day to day basis, sometimes if you think oh yeah, imagine coming home and saying that you'd be shocked wouldn't you. But like you said it does definitely normalise it.	
	Q- it's weird isn't it what you accept or just becomes part of your job	

Normalising activities- finding tattoos in intimate anatomical places	Yeah, I remember being horrified by trying to find tattoos in pubic hair on my first placement because I thought this is bizarre rummaging around in someone's pubic hair, but you do it without thinking now don't you. You just get a wipe on there and you don't think twice about it, you know if you describe that as your daily job, people would think it was a very different job wouldn't they.	Once shocking activities become normal, accepted part of the job
	Q- describing it to people that you live with, partners and family, they, I remember my Mum being completely appalled by some of the things that I would describe and talk about	
	Definitely my husbands like I don't need to know about this thank you (laughing)	
	Q- a lot of conversations with participants have been around bell ringing at the end of treatment-do you have a bell?	
	Yes we do	
	Q- have you got any experience around that	
End of treatment bell Seeing things from the patient's perspective	Yeah do you know I think it's definitely a love it or hate it thing, some patients are like oh no I'm not ringing that, I want to wait until I've got the all clear kind of thing erm because radiotherapy doesn't necessarily mean it's all gone and it's all good, you know to put it bluntly. Some patients love it and they hang onto that and obviously the radiotherapy for some is the end of the line, particularly with breast cancer patients they seem to really like it. Even though that doesn't necessarily mean ok they are getting that kind of we can't see anymore cancer, they see it as like the end of their treatment and will want to ring it, erm I've noticed people get quite upset, particularly elderly people who I	Different perspectives on the end of treatment bell Radiotherapy isn't always the final management Emotional response to bell ringing Sees things from the patients perspective

Isolated patients completing treatment End of treatment bell- personal preference	think are quite isolated and I think this is just my interpretation and I may be just pulling this out of nowhere but I think it's quite hard especially of they've had like a really long few weeks of treatment and then they're like oh I don't know what I'm going to do with myself now, I'm going to miss you and they seem more upset. Their emotion seems to come from the fact they are going to miss coming into the centre everyday, do you know what I mean, bizarre as that may sound it's suddenly like oh ok well that's it now, what the hell do I do, I just wait to see if it's gone. Yeah and I think that's quite hard to, I'm not sure how I feel about it, I feel like it's a little bit of a kind of Americanised idea, it's a little bit cheesy for want of a better word. Personally I wouldn't want to ring it, it's not my cup of tea but I can see why people, some people love that and it gives something to hang onto and you know a nice sense of finality at the end then that's great.	
	Q- it's a new thing isn't it and lots of people have lots of different thoughts about it, I think like you say it's a love or hate kind of feeling towards it. You're right about what you said about some patients not knowing what to do with themselves, feeling abandoned or a bit lost	
Gruelling	Yeah, yeah definitely I think that's how I'd feel to be honest because I think you've got, it's a security almost isn't it, radiotherapy can be very gruelling, long you know dose and fractionation I think there's that routine isn't it, becomes part of their life you know some patients for like 7 weeks it's a really long time isn't it and then	

	it's gone and it's right wait until you get your consultant appointment or phone call even sometimes now, yeah	
	Q- yeah it can be a gruelling regime can't it and I wondered what are you thoughts and feelings around toxicity	
Toxicity	I think it's not as bad the side-effects don't seem as bad as I was expecting from what I imagined. I don't know if that's come from the very limited experience I had of radiotherapy all those years ago when I was initially going to do that BSc that I imagined I think I remember seeing breast cancer patients with really bad skin reactions and I hadn't really seen that since I started here. You know there's been a few where their skins broken down (sorry I always demonstrate), I was doing that in my interview today I was like don't grab things (laughs). I think everyone does –we're like oh left breast. I've seen skins reactions for example now seems to be that reddening of the skin, you know there's a few where it breaks down but that doesn't seem to happen, it might be 1 in 7 patients that's a completely random number it might be completely wrong. Erm the toxicity erm for head and neck patients like they seem to have really horrible side effects and that was more than I was expecting, the trouble they have with swallowing, ulcers and yeah that's, I really really feel for those patients. It looks awful and unbearable and the amount of weight they loose and things throughout treatment is quite hard. Erm but I think it's all managed really well, they have these on treatment review radiographers who are really good	Skin reactions-not high incidence
Head and neck toxicity		Head and neck treatment associated toxicity is worse
		Feels for the patients-uses 'horrible', 'really really feel for those patients', 'looks awful', 'unbearable'
Managing toxicity		Feels toxicity is managed well

	at managing side-effects and I think are specialised you know in a particular area like prostate or breast and kind of able to prescribe stuff if necessary.	
	Q- you mentioned and used the words that you feel for those patients	
	Sighs yes	
	Q- what do you mean by that	
Empathy Seeing things from the patients perspective Balancing benefits and toxicity – 'when you know you're kind of making it worse with every treatment, although you are hopefully making the cancer better'	I just think it must be absolutely awful, like when they are unable to swallow through the pain or even if they have a lot of mucous and they literally can't eat or you know can barely talk through the pain. I remember one woman actually on this placement she's just finished, and she had a lymphoma sort of here (points to neck), we were treating quite a big area from about here to here (points to head and neck), erm and I remember opening her mouth to show me one day and the ulceration of her mouth was just unbelievable and she wasn't being tube fed or anything she was having you know build up drinks but how on earth she was swallowing and talking I just thought oh my goodness. She was amazing you know she was always just getting on with it and like you know you've got to get through this and come out the other side, but I just felt sorry for her I thought this is awful, poor patient and when you know you're kind of making it worse with every treatment, although you are hopefully making the cancer better, you think oh sorry it's going to get, and then I remember her saying on the day actually that she finished she said oh I'm so glad to finish but then you've got to say well you know that this will carry on for quite a while still, that's quite hard isn't	Feels sorry/sympathy Seeing things from the patients perspective Empathic and emotional response to this patient's situation Aware that the treatment she is giving is exacerbating the side-effects but hopefully making the cancer better, does this help her to justify what is happening?

	it I think, you kind of think patients think oh yes I've finished radiotherapy I'm going to feel better, but it doesn't work like that does it.	
	Q- sometimes that conversation that you've had it can be the first time they've acknowledged and taken that information in	
	I've definitely seen that in patients, you can see that in their faces when you say oh these symptoms or side-effects will carry on for 2 weeks/10 days and they will kind of looked shocked and think oh ok yes of course and most people say ok ok, but you can read it in people's faces can't you when they're shocked.	
	Q- you used some really interesting words about the treatment, about making things worse, but making the cancer better	
Justifying treatment Justifying causing pain 'hard to know that you are going to be causing somebody pain by giving them a shed load of radiation'	Yes so you're going to make for example for that lady with the really bad ulcers which were probably all the way down her throat as well I think, you know she was really really in a lot of pain. She still had about 5 fractions of treatment left so we know that that's going to get a lot worse. So that can feel, the justification as a radiographer you don't justify the treatment but that's the doctors decision but you, it's quite hard knowing that someone is going to be made to feel in a lot more pain, even though you know the benefits will outweigh this pain, that's quite hard isn't it as a healthcare giver/provider, to know that you are going to be causing somebody pain by giving them you know a shed load of radiation	Acknowledges the difficulties in trying to justify giving treatment which causes toxicity 'benefits will outweigh this pain' '
	Q-definitely	
	And I guess that's all in the balance isn't it when people	

Balancing the benefits and toxicity	decide if side effects so become too severe then they may not carry on with treatment that's why it's always important to make sure they are really happy to carry on with their treatment if they are feeling unwell and that side of things	
	(interrupted by children)	
	Q- interview ends – welfare check, asked for reflective diaries	
	Participant said, 'it's quite good to talk through all these things, it's quite cathartic'	

Appendix 5 Transcripts

PARTICIPANT 1

1. 2 11.2.2020

3

4. 4 Q- what is it like to be a student Therapeutic Radiographer
5. 5 I think it's quite busy, requires a lot of time management and organisation in terms of uni and clinical
6. 6 –we do a lot of both.
7. 7 I really enjoy it though, it's good, it's rewarding in a lot of ways both personally and generally. I think
8. 8 it's quite hard, I think you see a lot of stuff that is quite emotional and sometimes quite hard to deal
9. 9 with. Erm but you get to see a lot of different people as well, see them for like a continued amount
10. 10 of time so you get to know them.
11. 11 Q – do you think you feel any different about it now to when you started in first year?
12. 12 Yeah I think I was a little bit naive in first year, as to how hard it would be I think your attitudes
13. 13 change as well. I think you are more prepared and equipped to deal with it as you finish the course. I
14. 14 think in first year –it's a bit of a deer in the headlights in that first placement block because it was so
15. 15 early on. Erm and now I think you're more self assured and confident as well so if I'm put in a
16. 16 situation I know how to handle it most of the time and if I can't then I know who to go to and ask for
17. 17 help.
18. 18 Q- you use the words hard and emotional, I wonder what you mean by that?
19. 19 Erm I think sometimes, there's like a few different elements to it. Sometimes it's dealing with
20. 20 difficult patients in terms of some patients can be a bit aggressive or maybe not so nice all the time,
21. 21 so it's learning to deal with that and not letting it upset you because most of the time it's not a
22. 22 personal thing –it's like their reaction to treatment and stuff. And then also in an emotional way
23. 23 seeing palliative patients and sometimes seeing quite distressing patients and how that affects you.
24. 24 Q- how does it affect you personally do you think?
25. 25 I think sometimes at the time, it's not fine but I don't think it's affected me as much as it has. So
26. 26 when I was on placement we had a patient with SVCO, at the time I was really scared and I think all

27. 27 the staff were quite scared as well and they were quite honest which I appreciated rather than them
28. 28 playing it down. They were like this can be really dangerous and we would like you to stay out of the
29. 29 room, for a little bit in case something happens when we go back in. I think at the time you just get
30. 30 on with it, you go through the motions, you know what to do if something goes wrong. But
31. 31 afterwards it stayed with me a lot more than I thought it would.
32. 32 Q – are there any other cases that have stayed with you?
33. 33 Yeah, young cases that are palliative are quite hard as well. Even not in a palliative sense, patients
34. 34 that are my age I found quite hard, not so much now but when I was 18, that was hard being in the
35. 35 same age group-it felt like I shouldn't have been there with them. It felt like it must have been quite
36. 36 hard for them to see someone there age in the room treating them aswell, but yeah
37. 37 Q- do you ever feel that you express different emotions from what you are really feeling ?
38. 38 Yeah I think sometimes you put on a bit of a brave face and pretend that you are not erm like with
39. 39 that woman with SVCO, trying to remain calm, talkative, kept the mood quite upbeat but I think we

40. 40 were all quite scared, quite worried for her and sad for her as well. She wasn't young, but it was still
41. 41 such a horrible position for her and her family to be in and I didn't want to make our mood really
42. 42 sombre and maker her really worried cos she was really in quite a calm mood, quite joy full quite
43. 43 talkative and I think that helped us as well be a bit more yeah just more relaxed.
44. 44 Q- how do you see other members of the team dealing with things like that?
45. 45 I think like I said they put on a face at first and then they take time to decompress with each other.
46. 46 They're quite good at talking to each other when it's been really hard or something has been
47. 47 upsetting. Then they can talk to each other and it's not, it's quite superficial the talks they are having
48. 48 and I think it helps just briefly mentioning oh that was hard, it was scary, I think that helps
49. 49 acknowledging it wasn't a good situation to be in
50. 50 Q – any times when you see other members of the team maybe not dealing with things very well
51. 51 Yeah I think there are some staff members who don't want to talk about it because I think they
52. 52 might think not-not professional but that it's not good to show emotions to colleagues in case they

53. 53 think maybe you are being weak. Especially some people in a senior position they don't want to
54. 54 think that everyone is relying on them and they are the ones that are getting upset. I think as well
55. 55 that a lot of people when they have seen it time and time again they don't want to be as open to
56. 56 being upset because it makes it harder to work with.
57. 57 Q – what's it like in the student common room
58. 58 It's a really good space to have, to chat, to decompress about your day, so if something happens like
59. 59 that, something big, or something upsets or annoys you, or something funny that you've got to say
60. 60 then you can tell them, you know it's a safe space, you know it's confidential.
61. 61 Q – do students talk to each other about things like that then
62. 62 Yeah, not any patient details , but we support each other without it being really serious, you know
63. 63 who is going to be in there and who you can talk to about it. I think it helps if you've had an issue on
64. 64 placement you can go and talk to them before you go and talk to anyone else about it.
65. 65 Q – do you feel like you have control over your working day?
66. 66 Yeah I think it depends on what site you're at and what team you are working with. Some staff like
67. 67 to tell you when you have to go on your lunch and things like that and that's fine. Other places let
68. 68 you take your lunch when you want, which I quite like because sometimes when you're not hungry
69. 69 and someone says it's time for your lunch I think oh God –but erm yeah I think in terms of actual day
70. 70 to day working we are quite allowed to do what we want to do, but they are quite good at directing
71. 71 to show us what we need to do about how you can improve. They will say why don't you do this
72. 72 today, if you say oh can I do this today because I am working towards something, 9/10 unless it's
73. 73 really busy they will say of course, unless it's really busy. They will say what do you want me to do to
74. 74 help you to do that, they are very supportive in terms of learning.
75. 75 Q – do you have to work at 100% of your effort
76. 76 Yeah, I think there's no slacking, I think it's in two halves, one half is the staff expect it from you and I
77. 77 expect it from myself as well. If I hadn't given a 100% in the day I'd feel a bit bad, I'd feel lazy
78. 78 because that's not what I'm there to do. The staff pick up on it and tell you if you are being lazy and
79. 79 it changes their opinion of you and they won't trust you to do certain things. If you work harder they
80. 80 let you do more

81. 81 Q – in working hard how does that make you feel

82. 82 So tired, physically and mentally. Towards the end of the week, if it's been a hard week , hard
83. 83 patients, upsetting patients then I feel very emotionally drained. Tiredness as well, especially if I'm
84. 84 travelling somewhere
85. 85 Q – you use the word 'decompress', how do you do that
86. 86 I chat to my friends a lot, especially my friends on the course because they get it the most and they
87. 87 understand it the most. Kind of like then to each other, if we've had a bad day, maybe we will tell
88. 88 each other what's been going on and then just try and do things that I like to do to relax. I think it's
89. 89 easy to say that you leave work at work but most of the time you don't. You come home and think
90. 90 about what's happened in the day, whether they were good or they were bad and what you are
91. 91 going to do tomorrow.
92. 92 Q – Do you do that more now in your 3rd year or do you think you have always done that?
93. 93 I think in 1st year it was oh my god, but you settle in quickly as well and you do just get into the swing
94. 94 of things. It is like a baptism of fire, but at the time you kind of, you just adjust to it and everyone is
95. 95 going through the same thing and the staff are really good, they know you are in first year and don't
96. 96 expect too much of you. They very much work at your pace.
97. 97 Q – do you feel as though you care for your patients now to the same level that you did in Year 1
98. 98 I think maybe more because I'm more confident and able to probe more as to like for example if a
99. 99 patient says they are fine, in first year I would have just taken it at that and been like yeah they told
100. 100 me they were fine. Then in the 3rd year now, following uni I've learnt you have to probe that bit
101. 101 more and say how's this, how's that and then they do tend to say well I actually do have this
102. 102 problem. It's more just not taking stuff on surface level so I think that gives a better level of care. I
103. 103 mean in first year someone else would have done that but for my care then I think that makes it
104. 104 better. I think I've always cared for them the same way I just haven't gone the same way about it.
105. 105 I've always wanted to help and had that passion for helping but maybe not the right techniques as I
106. 106 know now
107. 107 Q- where do you think that passion came from?
108. 108 I don't know I've always been quite like a, I like looking after people, I enjoy just helping people, I
109. 109 love people, I like talking to people and meeting people. I really like science and medicine and

110. 110 through that as well it's like the perfect combination of both yeah.
111. 111 Q- graduation soon, once you are qualified do you think anything is going to change?
112. 112 I think time pressures will be much more at the forefront of my mind because as a student you don't
113. 113 tend to have, well you don't have the same responsibilities as a paid member of staff because you
114. 114 can chat to the patient while the staff are doing other things. You're kind of there as that add on.
115. 115 You have the time to talk to the patients and you have that time. Where as because of stressors at
116. 116 the minute, not every patient will have that time, like first day chats and stuff we tend to do them all
117. 117 in the room now
118. 118 Q- not in a separate space?
119. 119 Not really, I've seen a few examples of staff who are stressed, who haven't listened to patients
120. 120 about, complaining about stuff. They've gone back through it after, but I think initially if you shut
121. 121 someone down like that, there confidence gets a bit knocked. Like I know if someone had said can

122. 122 we just talk about this after the treatment, I wouldn't say anything ever again, but that's just me. But
123. 123 I think it's hard to then gain that trust back from that person. They do always follow it up at some
124. 124 point, but it's just not that immediate.
125. 125 Q- if you see someone closing a patient down like that is that down to time
126. 126 It's when we are behind quite a lot, or we have had a breakdown or there's someone who really
127. 127 needs to go in and stuff like that. It's always due to pressures, it's not due to being nasty or malicious
128. 128 it's due to just time pressures and yeah stress.
129. 129 Q – is there much evidence of stress in the team
130. 130 Yeah I think erm I can't think of the word, I think moral was quite low. I think first or second
131. 131 summers the staff were so miserable. They were making us miserable because the work
132. 132 environment was so not nice. I think because it had a lot to do with, I think a lot was changing in
133. 133 their role which they weren't happy about in terms of hours, working longer days, always running
134. 134 over time, double booking and they had their break taken away from them. They weren't too happy
135. 135 and that reflected on us, they would tell us how they felt, which was good because they were being
136. 136 honest. They wanted us to know in case we wanted to work there and stuff like that, but it also
137. 137 made us feel a bit rubbish because if they are not happy and that's the job we are going into in 2

138. 138 years or so
139. 139 Q – did low morale affect patient care
140. 140 I don't think so, I don't think it affected patient care. I think it affected staff relationships with one
141. 141 another. I think staff were maybe not as patient as they would be and then a lot of new staff came in
142. 142 which solved a lot of the problems. But then people weren't as open to meeting new staff-it's
143. 143 settled now, so it's better now
144. 144 Q – do you see yourself being a TR for a long time
145. 145 Yeah definitely, I think there's a few people who want to go into different things or different aspects
146. 146 like sales and stuff, but that's not why I came into it. It's not about branching out for me. If I wasn't
147. 147 having any sort of patient contact I wouldn't want to do the job. Just because I've been in different
148. 148 areas like planning and I just I enjoyed it and the teaching was really good but it's not something I
149. 149 would want to do as my career as I just don't have a passion for it. I think I'd like to expand my role
150. 150 and specialise in something more like consultancy if I could get there. But always with the patients,
151. 151 never with management or anything like that. There's different rules for everyone isn't there.
152. 152 Q- so how are you going to manage stress and avoid burnout
153. 153 I think it's important to have that work-life balance and like I said leave work at work when you can.
154. 154 Just when you go home there's nothing more you can do that day, also having those colleagues you
155. 155 can talk to and vent to. If there's anything you're upset about you can talk to. Exercise is probably a
156. 156 good one, I don't do that to be honest so I'm not going to lie. But I think it would probably work for a
157. 157 lot of people. I know a few of my friends go to the gym and they say it really helps them mentally.
158. 158 But it's finding that time as well, if you're working long shifts, then it's kind of hard to go to the gym
159. 159 after a long shift. I think just doing things you enjoy.
160. 160 Q – you mentioned SVCO case, paeds, do you have any positive memories?
161. 161 Yes I've got loads. There are patients that I will always remember, having said that now none are
162. 162 coming to mind! Yeah there's a few people who really appreciate the effort you put in and you just

163. 163 feel like you've made a difference to that person. It's nice when people remember your name. Yeah
164. 164 there's so many patients that I have enjoyed treating and I've been upset when they've left and rung
165. 165 the bell-oh I find that so emotional. There's been loads of really nice times, but it seems that you

166. 166 remember the bad ones. Because I guess they are so rare, they stand out don't they more than the
167. 167 norm. Like I always, when I'm on placement there are loads of patients that I love treating, love
168. 168 talking to and are really nice. So yeah the negative ones kind of stand out a bit as there not as
169. 169 common.
170. 170 Q – the bell ringing-what is it like when someone rings the bell?
171. 171 It's very emotional, when you've been treating them all day, it's when they get emotional and you
172. 172 get emotional, just like oh my god, we've all said that even if I don't know the patient, if I hear the
173. 173 bell, everyone will always stop, stand up and clap, like the whole department and all the patients
174. 174 clap for each other which I think is really nice. I went somewhere where they didn't have a bell and
175. 175 they were quite against it. I had never heard of that and any negative connotations to it, it's just part
176. 176 of what we do at our work. So I was quite surprised that some people really don't like it, their
177. 177 reasons were fair enough and it was valid, that's that Trusts choice. But to me I don't think about it
178. 178 like that, I don't think about it as a cure bell or a I'm finished now I'm rubbing it in your face about it.
179. 179 It's a really nice thing, it's a I've achieved this, I been through this every day, I have gone through
180. 180 gone through side-effects and I'm done. I think that's really nice, especially because radiotherapy is
181. 181 such like a, it can be a lot of people's like last treatment option. To say they've had surgery and then
182. 182 they have chemo and that's that kind of period done and I think it's really nice and I really like it.
183. 183 Whenever a patient is like oh will you come and ring the bell with me I'm like yes, I'm like running
184. 184 round, I really like it I think it's really nice. It's a nice feeling in the department as well, I think it gives
185. 185 that kind of, I think it gives hope to other patients as well. I don't think it's a negative thing at all. I
186. 186 can see why people would say that but I don't think in our department it's a negative thing
187. 187 Q – would you say the radiotherapy department is a positive environment
188. 188 Yeah I would it's quite open it's quite light. It's a bit confusing in terms of getting around. Yeah I
189. 189 think it's nice. I think practical issues crop up as you would get with any building. Heating can be
190. 190 either none existent or in summer it can be unbearably hot and I think that can have an effect on
191. 191 patient care, because they're miserable, especially if there's delays, especially because it's so hot

192. 192 then cold and you're not feeling very well. It's not the nicest place to be in terms of that but yeah I
193. 193 think in the smaller departments they have radios. That's quite nice just something in the
194. 194 background instead of just your own thoughts. Like I find if I'm ever in a waiting room it's nice to
195. 195 have a bit of a distraction. But because the departments so big, it's hard to have that in different
196. 196 waiting rooms but yeah, I think overall it's a nice place to be. They've got nice pictures and stuff and
197. 197 I think they've done a lot with furnishing to try and make it as appealing as it can be
198. 198 Q – do you think other professional groups understand the emotional side of being a radiographer
199. 199 Yeah I have spoken to a few different areas like Diagnostic and OTs and they say God I could never
200. 200 do what you do. I always think well I could never do what you do. They always mean it in the way of
201. 201 that must be so hard, how do you do that every day, how do you see these people, that must be so
202. 202 depressing, so gloomy. Well oh it isn't really, because you are doing something to help and you're
203. 203 making like a positive difference and yeah it is hard and you do have hard days, but you get that in
204. 204 any job I think. Especially in health care, there's always going to be people who you can't help or
205. 205 who don't want help and that's hard but I don't think it's a depressing place to be.
206. 206 Q – over the 3 years have you in any way toughened up emotionally

207. 207 Yeah I think you sort of have to let things not be as hard all the time, because I think if you sat down
208. 208 and looked at every patient you treated, you could probably cry at all of them. When you become
209. 209 more toughened to it, it makes it easier to just go on with every day like work. But you still care just
210. 210 as much but you put on your working hat and say well this is what we are doing today. I think this is
211. 211 probably why when something upsets me now it's a lot harder because it's more than just the
212. 212 normal it's like a bigger deal to me emotionally than say it would have been.
213. 213 I think in first year you're quite young, I was young, I was only 18 I think maybe I wasn't as prepared
214. 214 emotionally to see some of the stuff I saw , not through anyone's fault or mis-education. I think it
215. 215 was just I think you go into it quite naïve. I think you think people will be well, it sounds so silly but
216. 216 the majority of our patients come in skipping, chatty, happy and it's when you see the patients on

217. 217 the strechers, so thin and just not really with it, they are my hardest patients because you don't get
218. 218 to know the person. Also it's so sad seeing someone like that and you don't know who they once
219. 219 were that can be hard. But I think in first year, you quickly learn though that how to deal with that
220. 220 kind of thing. Even in first year towards the end I was definitely more tough than I was in the
221. 221 beginning. It doesn't make me any less emotional I'm just better at hiding it I think and dealing with
222. 222 it rather than having these big eyes and being like oh my God. You have to be more professional, you
223. 223 can't show that you are scared or upset because that's not want you want, it's not what the patient
224. 224 wants either because you can't show that. I think it's ok to share in their emotion and look back and
225. 225 be like I can see why you feel like this and that kind of thing but I don't think you should show your
226. 226 emotion because it's not very professional
227. 227 Q – have you ever got visibly upset with a patient
228. 228 No never
229. 229 Q – have you ever seen any other members of staff
230. 230 No only when people are leaving and ringing the bell. I've been upset then but in a nice way –in a
231. 231 happy way. I've never been upset about a patient in front of a patient. The only time I was really
232. 232 close was in first year I treated a lady with lung cancer and she had 2 twin boys and she was only 30
233. 233 something and she was really nice and I treated her for 4 weeks and got to know each other quite a
234. 234 bit. Then I was somewhere else and she came back for treatment for brain mets and I found that
235. 235 really hard because I recognised the name and I thought surely that's not the same patient. Then I
236. 236 looked at her notes and then I met her. She recognised me as well and we were both a bit like here
237. 237 we are. I wasn't upset in front of her I tried to be really friendly and nice and chatty. But when I
238. 238 came away from that situation I was quite upset. I don't know if it was because it was such a rubbish
239. 239 situation for her and her family. I don't know, you don't expect to see people again after they leave.
240. 240 To see her again 2 years down the line at such a different place in my life and her still having to deal
241. 241 with that and yeah I found that really hard and someone you recognise yeah it's just a bit rubbish.
242. 242 But I would never have shown that in front of her, I would never have been upset in front of her. I
243. 243 think that affected me more than I thought it would seeing her back there again. Because you just

244. 244 assume don't you that everyone's fine after they leave. You never really hear about any follow up or
245. 245 what happens afterwards and then I've heard a few times about when she came back , like it was
246. 246 just pure chance that I happened to be there. I've heard of a few young patients dying, you don't
247. 247 expect it, that sounds silly but you don't expect to hear about it I guess. Yeah I don't know I guess it's
248. 248 inevitable really that people come back especially when you have been working a long time. Like
249. 249 when I qualify that's probably going to happen more. I know it's happened to staff because they've
250. 250 said to me oh I treated him the first time so I think maybe just the first time it happened it was more

251. 251 emotional and because it was a really sad case to begin with, a young lady with kids, that made it
252. 252 harder I think.
253. 253 Interview ends

254
255 5.8.20 256

257. 257 Q – can you tell me about the last couple of months in 3rd year
258. 258 So we went back to placement in I think it was the end of February and we were doing assessment
259. 259 prep for the last term. I had a mock clinical assessment and it was ok, I think I was just really nervous
260. 260 about it so that affected my performance a little bit. I think with the assessment it's more just the
261. 261 idea of it, because they are so hyped up, I was like oh my God I'm doing a mock now. But yeah it was
262. 262 ok and then we started to hear more things about corona, all the staff were talking about it and I
263. 263 think we had a few patients asking about it and the Trust were releasing updates every now and
264. 264 again. Then we were hearing from you guys at uni about possibly being taken out of placement but
265. 265 we weren't sure about being there at the time. When it was all going on because we didn't really
266. 266 know what was happening at the time. It wasn't the most, I don't know it just didn't feel like we
267. 267 should have been there. I think we were taken out at the right time definitely. Yeah taken out of
268. 268 placement but it was quite a shock. We got the email about 10 I think and I went in to had in my
269. 269 badge. But yeah it was fine, I went home for lock down and then we started hearing about us being
270. 270 called up to the emergency register and stuff. I felt ok about it, I felt fine, I was kind of ready for us

271. 271 to go. But we just didn't hear anything from the Trust at all. Then people at X and X started to get
272. 272 contracts and start really and we still hadn't heard anything. So I think we were quite worried,
273. 273 thinking is everyone else going to get some more experience than we're gonna get. Nothing, I think
274. 274 this was when we had finished academic work, I think that had taken the forefront of our focus for
275. 275 then and that was fine. Working from home it was different but I found it ok and I think I probably
276. 276 worked more because there were no distractions. Yeah and then we did hear from them and they
277. 277 asked us to come back. There was a lot of confusion around it and it was quite stressful. Every time
278. 278 we got something sorted, something changed. It wasn't really in their control but it made finding
279. 279 accommodation quite difficult. Just sorting out plans, because I went up a few days early to move in
280. 280 and on the day I was moving in they told us the contract had been cut. So they said you need to
281. 281 decide now whether you still want to do it and my train was in half an hour. So it was ok bite the
282. 282 bullet and go so yeah that's how it all started.
283. 283 Q- so you went onto the emergency register and got a temporary post?
284. 284 Yes I was working as an aspirant radiographer so our contract was quite different, compared to what
285. 285 it would have been had it been normal circumstances and they made that very clear. We wouldn't
286. 286 be practising radiotherapy and we would be filling in other job roles. Which was fine I think we were
287. 287 all ok with that. Then we went back and we went in for Saturdays and Sundays and weekends and
288. 288 we did the on-line induction which was good, actually it was really helpful and we did a lot of
289. 289 workshops. We did one about MR, the telephone consultation was really good, about learning how
290. 290 to communicate better on the phone with patients which was good. Then we had a few clinical days
291. 291 where we learnt bloods and stuff like that, which was good I enjoyed that. Yeah it was a bit
292. 292 mismatched because it didn't feel like placement, but it didn't feel like work either. I think seeing

293. 293 other people in our year working as radiographers was hard as well because we weren't seeing any
294. 294 of that
295. 295 Q – so what has your role been over the last couple of weeks
296. 296 A lot of screening, patient screening at the door, done a few bloods, observations. I was split

297. 297 between X and X same role, just clinical support work stuff. Because we weren't trained to do clinical
298. 298 support we couldn't really do their role. So you know in terms of printing schedules, organising that
299. 299 kind of thing, we didn't really have much of that. So it was more just screening and odd jobs when
300. 300 they needed us. They were all really nice and really welcoming, it was just really nice.
301. 301 Q – what have patients been like to deal with at this time
302. 302 Good, very nice, very understanding if we were late. I've had a few kind of conflicts about mask
303. 303 wearing and patients refusing to wear them. Just kind of working out what we have to do if they
304. 304 refuse to wear one. But apart from that it's been good. It was different working with paediatric
305. 305 patients.
306. 306 Q- where were you working with the paeds?
307. 307 Screening them when they came in, they were very nice and their parents were very understanding
308. 308 as well.
309. 309 Q- what's it been like working with different teams?
310. 310 I think they were quite confused because I don't think they knew we were coming back at all. Before
311. 311 we got pulled from placement they were all supportive and so nice. When we came back they were
312. 312 like oh what are you doing here, what are you doing basically and are you here in radiotherapy
313. 313 We were like no, there was a lot of confusion and we had to explain a lot why we were there and
314. 314 what we were going to be doing. Yeah and I suppose as well because I wasn't working with the
315. 315 radiographers they didn't really know who we were. Because we were in the same radiotherapy
316. 316 scrubs, so we didn't belong to them, we didn't belong to anybody really. It was ok
317. 317 Q- what's coming next, job interviews?
318. 318 I think I'll feel more secure when I'm a Radiographer band 5 not an aspirant one. I think that's
319. 319 because it's what I've been trained to do so I'll think I'll feel a bit more useful than I have done in the
320. 320 last few weeks. I have learnt new skills and stuff but I'm still not at that stage where I would feel
321. 321 competent enough. I got up to speed with my blood taking and I enjoyed doing that. With everything
322. 322 else I still feel like a needed a bit of guidance. So it will be nice to do stuff that I'm more competent
323. 323 in. Just to be, have more of a permanent position within the team because the team were great in X
324. 324 and X but you did feel as if you are only there for a while and the team are like you're not here

325. 325 forever, so it did just feel like a temporary
326. 326 Q- thoughts about being a radiographer-has your thoughts and feeling changed because of your
327. 327 recent experience
328. 328 I think I'm more excited to start than I would have been before just because we've had that time out
329. 329 and I've had that kind of long gap now. I feel more ready to get back into it than I would have been if
330. 330 I'd finished in June like we were meant to. Yeah excited but I think nervous as well about having a
331. 331 gap and having a break and not seeing a linac or anything. I think it will be ok, I think we'll just fall
332. 332 back into it. I don't want to be like oh my god I don't know what I'm doing.

333. 333 Q – will you have an induction?
334. 334 I think we will have to do the full induction, which is fine, I guess there are elements from the last
335. 335 one we can bring in. But yeah I think we'll do another induction which is good because I think we will
336. 336 need one.
337. 337 Q- you've had some nice patients to deal with, not in the same capacity so I guess you haven't seen
338. 338 them daily
339. 339 Yes because I've been on the door I think a lot of the patients didn't know what my role was either.
340. 340 So I was wearing the same scrubs as the radiographers but I wasn't carrying out their treatment, I
341. 341 wasn't doing the treatment really so they didn't tell me things. A few of them told me I'm feeling like
342. 342 this-shall I just tell the team and I was like yeah and I'll mention it to the team and if you want to tell
343. 343 the team that's fine. I think I missed having that conversation with patients, it was very superficial
344. 344 just like how are you, any temperatures and stuff like. It was as in depth and I felt like I didn't get to
345. 345 know them as much. That kind of changed with the paeds though, because the radiographers see
346. 346 the kids under GA most of the time, where as we were seeing them awake so it was really nice to get
347. 347 to know them as children. The radiographers would come down and say oh that's so and so-yeah
348. 348 they're really cute. So I did miss that relationship.
349. 349 Q-anything you are missing about being a student?
350. 350 No I quite enjoy having my own responsibilities. I think I'm trying to get used to no having to double
351. 351 check everything and be like is it ok if I do this and they are like yeah it's ok you don't have to keep
352. 352 checking. I guess just having someone to always check, because it has definitely been or you're doing

353. 353 this now and getting on with it, which is fine. I think always having someone over your shoulder is
354. 354 always nice to be like it's ok it's right
355. 355 Q- what's it like not to have to do any academic work
356. 356 Its nice, nice having that gap. I keep saying to everyone I keep thinking I need to go home and do
357. 357 something. I was talking to a friend yesterday and she's still at uni and she said I haven't done any
358. 358 uni work for ages and I said neither have I, then I was no wait, it's finished. I think it feels like we're
359. 359 kind of inbetween the 2 at the minute. Haven't quite moved on from it yet, but at the same time we
360. 360 haven't gone into anything else.
361. 361 Q- keeping in touch with peers
362. 362 Yes we are all waiting to hear about jobs. We all went with the idea of the temporary contract, that
363. 363 we would all be a bit more connected than we were. I think that was the big pull of it, that we would
364. 364 all be starting with people that we knew, the team we were familiar with and could rely on for
365. 365 support. Then I think once we got there the reality kind of hit that we weren't going to be with each
366. 366 other as much as we thought. Which is more realistic really of how you are going to work in the
367. 367 future. I think a few of us were spread over different sites and different departments, which we
368. 368 found difficult because we couldn't really talk. I think I saw less of my year than I thought I would.
369. 369 Q- thinking back to initial decision to be a radiographer-any thoughts/feelings about this
370. 370 Yeah I think it was the right one, well I know it was the right one. I don't regret it at all, it's definitely
371. 371 the right career. I think I did at the beginning of this asperent radiographer I did struggle a bit
372. 372 because I felt like I wasn't getting any satisfaction out of my job. It wasn't what I was used to. I
373. 373 thought is this what it's going to be like when I start for real. I spoke to my family and friends about
374. 374 it and they were like well it's not what you would normally be doing, so that was a big fact. It was

375. 375 questioning is this what it's going to be like forever. I think with the team situation as well, with
376. 376 people not being very welcoming was hard. I think we faced quite a lot of people being quite
377. 377 apprehensive about us. Not understanding or being very open to us. It was people we knew, who we
378. 378 had worked with before. I think that would have been different if we had been new band 5s in

379. 379 normal circumstances. You can understand why, it was a stressful time and they had been working
380. 380 the whole time
381. 381 Q – when you do get the job, changes in response to Covid-what do you think about that
382. 382 I think PPE makes a big difference, I think that was a big factor when we came. The masks, it was so
383. 383 hard to read what they were thinking and just not getting that none verbal cue from people's faces I
384. 384 found really difficult and even trying to reassure people with a mask on your face with just your eyes
385. 385 is hard. I think that was a big change and yeah it was weird at fist. I think as well in X I had a patient
386. 386 who was really hard of hearing and it was a nightmare. It was so hard for him to workout what you
387. 387 were saying because he relied on lip reading. Because we were all wearing masks, for him it didn't
388. 388 matter how loud we spoke he couldn't work out what we were saying so it was like a barrier to
389. 389 communication for him it was really hard. I just really struggled with it, because I didn't know what
390. 390 to do, I didn't know how to help.

391 392 393

Participant 2

1 Participant 17.9.20 Interview 1
2 Q- how did you end up studying radiotherapy?

3

4 When I was in 6th form I didn't really know what I wanted to do, I knew I wanted to be in health care
5 work but I knew I didn't want to go down the doctor or nurse route. I studied biology and psychology
6 for my undergrad. It was in the last couple of years when I was thinking about what to do next, my
7 Mums a breast cancer nurse, so she suggested radiotherapy. Then I went to the open days and did
8 some clinical visit days. Then I thought this is what I want to do. That's how I ended up doing the
9 post grad.

10

11 Q- Any experience of people in your family or friends having radiotherapy treatment?
12 My Grandad did have some radiotherapy, I was a bit young when he had it. I don't know if it was
13 lung or oesophageal, I experienced there. Heard it through when you are talking about
14 chemotherapy. You don't really hear it as much, I didn't really know what it was until I started
15 looking into it.

16
17 Q – what is is like to be a radiotherapy student 18

19 I think it's always in every lecture something new I am learning. If it is biology then I know a bit –but
20 it's adding a bit on-specialist that I didn't know before. I can't speak too much about placement
21 because I haven't been out yet. But I am excited to go, from the 2 clinical visits I have been on. They
22 did make me realise this what I want to do. Patient focussed, face to face, so I am excited for that.

23

24 Q – from what you saw on your clinical visits what do you think it's going to be like being a student in
25 placement?

26

27 Not sure you know. A bit different with everything going on with corona virus, things will have
28 changed PPE wise, not going in uniform. But I'm hoping the main core bit about looking after
29 patients and treating them is still the same even if it's sort of impacted by what's going on at the
30 minute. Hopefully you can still make a difference to their lives, which is one of the reasons why I
31 wanted to go into it I think, but I am excited to go out. A bit nervous because it's been a long time
32 coming, so it's a bit of a build up, but yeah I am excited
33 Q – Do you expect any of your clinical work to challenge you emotionally?
34 Yeah I think that's one of the things that will probably happen, I know a lot of the lecturers talk
35 about. There are cases, patients that will hit you in a different way, compared to, well in a different
36 way. I know there is a lot of support and things like that available, I suppose it's a learning curve of
37 how you cope with it all. How you get used to it day to day , I think it will be challenging, it comes
38 with experience.

39 Q – looking after patients, treating them and making a difference, what is it about that – that makes
40 it important to you?
41 I think making a difference, I know it's a job obviously, but it makes it a reward, and something that
42 you look forward to doing everyday. It's having an impact not just on that persons life, but the wider
43 family and even if it's not a big difference, even if it just helps them have a better quality of life in
44 their last couple of months, even if it's not curing the cancer, it's still rewarding. Rewarding is the
45 biggest word I can use there

46

47 Q – do you have control over your working day
48 I'm quite an organised person, always have been, so I feel like I have control over what work to do
49 when I need to do it, what extra reading I want to do, what extra reading I want to do. I feel like I
50 have control at the minute. I think it might be a bit tougher if you have placement, it can be a bit

51. 51 draining if you have to come home and do work, but I haven't experienced that yet.

52

53. 53 Q – in clinical placement you spend most of your day working with a team-do you have any thoughts
54. 54 on that

55

56. 56 Yeah I have quite a bit of team experience. I like working as part of a team compared to just by
57. 57 myself, I did a lot of team sports growing up. I played water polo for most of my life, I still play now
58. 58 for the uni team. Working in a café I'm working as part of a team. I think it's about the dynamic,
59. 59 making sure you are being a good team player, to how it already functions. I don't know how
60. 60 different it is slotting into a team as a student because I've not done that yet. I think that will be one
61. 61 of the things-trying to slot in with everyone else because everyone is doing the different things, they
62. 62 are doing it as a full time job, you're coming in as a student, but hopefully it will be ok

63

64 Q – any worries about next semester 65

66. 66 I wouldn't say I'm worried about, I guess the situation getting worse and not being allowed into
67. 67 placement again, because I think I' ready to go out, I'm ready to apply everything I've learnt over the
68. 68 last couple of months, so Yeah I think that's the biggest thing. Because then I'll be thinking about
69. 69 what's going to happen, how are we going to fit all the placements in, so we can graduate. So I think
70. 70 that will be the biggest worry
71. 71 Q- how have you found learning on line?
72. 72 I've not found it too bad, I think when we first moved on line it was a bit stressful because of
73. 73 everything that was going on with corona virus. There was sort of panic from everyone, worry from
74. 74 everyone, the on-line learning was a bit of a worry but actually I found it good for keeping in a
75. 75 routine. While there wasn't much else happening I could still get up, do some exercise and do some
76. 76 uni work, which actually I quite enjoyed, because I don't like being out of a routine really. It's
77. 77 definitely a change, but I don't think it's been too hard. The lecturers have adapted quite well and
78. 78 put things in place to help me

79

80. 80 Q – excited, nervous –more of a positive feeling described-do you think you'll have to hide your
81. 81 emotions

82

83. 83 I'm not sure you know, if something really upset you while you were treating a patient – maybe you
84. 84 would have to take a deep breath and think right ok, we just need to focus on what is happening
85. 85 now and we can deal with it later sort of thing, talk to people afterwards, after it's happened. Not
86. 86 hide them forever, but hide them from the patient, be strong for them

87
88 Q – describe being a student radiographer to friends from your undergrad course 89

90. 90 Course where we do a chunk of uni work and a chunk of placement, I'd explain what radiotherapy
91. 91 actually is-so treating cancer through radiation, you can add it alongside chemotherapy and things
92. 92 like that, that I will be going out on placement treating patients with a linac, treating palliative
93. 93 patients and a range of cancers, lung, breast,
94. 94 I feel like a lot of the time people confuse it with diagnostic radiography, x-rays and mammograms
95. 95 and things. I think that's what I explain more than anything, that it's a cancer treatment, it's a not a
96. 96 diagnostic thing, it's therapeutic

97 98 99

100 101 102

Participant 3

1. 2 Q – what did you expect from the programme, what were your thoughts about starting ?
2. 3 I didn't really have many expectations to be honest I knew what radiotherapy was before I started
3. 4 because my Mum had been through several lots of cancer treatment. But in terms of the actual
4. 5 programme itself I wasn't sure. Because I've done a PGCE before so I actually thought it would be
5. 6 along the same lines as the PGCE. But other than that, no preconceptions, honestly not
6. 7 Q – what do you think attracted you to it then?
7. 8 A mix of wanting a career change and wanting to do something that is giving back to society and I
8. 9 think cancer treatment is something that rings quite close to home because of my own personal
9. 10 experiences with it, so I kind of thought this is what I would like to do
10. 11 Q- how has it been over the last-how long have you been on the programme now?
11. 12 A year and a half just over, it's proper scary to think in 6 months we are going to be finished but on
12. 13 the whole I've really enjoyed it. I've loved being at clinical placement and interacting with the
13. 14 patients, some times the staff not so much but you get that anyway in every workplace. Some of the
14. 15 course hasn't been great and that was from the very beginning right up until the start of obviously
15. 16 the issues with covid. But I don't know if that's because I come from a teaching background so look
16. 17 at it slightly differently to being a brand new undergrad because I used to teach. So when I've been
17. 18 on training courses I've kind of sat and though really-we're doing this, ok, because I've taught some
18. 19 of it before now. But the majority of the lectures I've really enjoyed and I wouldn't say none of them
19. 20 didn't know their subject content, they're all a wealth of subject knowledge it's just trying to get
20. 21 some of them to talk about it a bit more. But on the whole I've enjoyed it.
21. 22 Q- if I take you back to what you said about placement and you like being with patients, you like the
22. 23 clinical environment, can you tell me a bit more about that?
23. 24 I just really enjoy interacting and talking to people and getting to talk to patient you know when I'm
24. 25 brining them into the changing cubicles and when I'm brining them into the treatment room, you get
25. 26 to find out a whole host of information about them. To the point where one patient and his wife got
26. 27 so comfortable with me they said as we used to live in Liverpool, you and your X will have to come

and visit us at some point. I was like yeah that's great-but like no, it's not going to happen. But you know they would make a point that even if they weren't on the treatment machine I was on, they would stop me and say hi, I would say hello to them and we would have a little chat. It was like that and it was lovely and I had a couple of patients who were like that. It's just really nice but when you don't get to see them finish the treatment, I do find that quite disappointing because you don't get to say goodbye or anything and you don't find out how they get on.

Q- I guess we don't get involved in follow up do we, you may do later in other roles, depending on which direction you take your career. You mentioned clinical staff and not enjoying some aspects of dealing with some staff, can you tell me a bit more about that?

Yes there are a couple of staff in my placement site, one in particular doesn't even acknowledge me when I'm there on the unit all day, they won't even say hello, even though I've said hello to them. They don't make no attempt to teach you, or interact with you in any way shape or form. And there's a couple like that. One of my first mentors, was lovely some days and some days wasn't. They seemed the hold X against me and even though I'd seen the manager and asked if it was ok and they said yes, that wasn't enough for the mentor-on my first feedback form a comment was made. I was like why what was the need. I've told you your boss has said it's fine, so it's just one of those things. A couple of them are like that-are you sure it's ok to have X and I'm like yeah I'm positive it's fine. And it's just little things like that, or when staff would openly say to other staff when you're stood there 'oh you know student X, I think they are brilliant and one of the best students we've had' and I'm like hello I'm kind of stood right here. By all means say that if that's how you feel but not really in front of another student who's not that person. I think some of them just don't think when we are around.

Q it is difficult, when you are in placement or studying do you feel like you have control over your working day

To a degree yes, but you kind of feel like you don't want to keep saying to them I want to do this, or I want to do that because at the end of the day it's their job, we are learning but it's still ultimately

54. 54 them who are signing and have to say this was done correctly and that. I don't want to, I don't feel I
55. 55 can be too pushy with them. Because I know sometimes it's like oh you can switch on for the next
56. 56 patient, then when it comes to it, it just slips their mind, because you're just busy, so you don't say
57. 57 anything and they say why didn't you say anything. It's because I don't want to be pushy. I just find
58. 58 Q- that sounds difficult
59. 59 I just find it's a difficult balance to strike between being too pushy and then sort of standing back
60. 60 and letting it roll by (silence)
61. 61 Q – being in a radiotherapy department you treat people with cancer, what's that like?
62. 62 I find it ok and even though some of the situations are really heart breaking, I'm dealing with it when
63. 63 I'm there completely fine. Sometimes by the time I get home I might have a little cry when I get in,
64. 64 but on the whole I don't have any problems with it. Even when patients are having a bad time I try to
65. 65 make them more at ease, relax them a bit more, to help them through it and if they need 5 minutes
66. 66 for me to sit with them and have a little cry then I'll sit with them and let them have a little cry. If
67. 67 they need me just to completely ignore them, which a lot of people do prefer that then you just
68. 68 ignore them and carry on.
69. 69 Q- how do you learn how to adapt yourself in that way?
70. 70 I think that's just come from previous experience in schools and work training adults, that there are
71. 71 just some people who although they are upset, on the verge of tears, they want you to ignore it and
72. 72 carry on as normal and then there are others who do need that couple of moments just to have a
73. 73 little melt down and then are right then lets carry on, don't mention that again please. Then you can
74. 74 go to the opposite end where there are those who need constant attention and constant
75. 75 reassurances. You sort of get a feel for people when you've met them a couple of times, you get a
76. 76 feel for how far you can go with them so to speak.
77. 77 Q- do you ever see staff upset or showing emotion of any kind?
78. 78 A little bit yeah, once they are in the control room they'll go oh it's so heart breaking for this patient
79. 79 and things like that, but they won't actually start crying and getting upset in front of them. I do think
80. 80 that's something vitally important because we're not going through it, it's not us, it's the patient and
81. 81 if the patient is dealing with it then we should be able to deal with it while they are there.
82. 82 Q-what helps you relax or deal with emotions outside of placement

83. 83 Reading and playing video games, to be honest I think since we have been in lock down I've read
84. 84 about 20 books, that's not including all the journals we've read as well. I love to read and am getting
85. 85 back into video games now which I just find relaxing and a good way to switch off, cuddling the cat
86. 86 as well as much as she'll let me, that helps as well. Our cat is 15 she's got diabetes and pancreatitis,
87. 87 she's up against it but if you looked at her she looks like a 5 year old cat. She is a little old lady ...
88. 88 discussion about the cat
89. 89 Q – is there much evidence of team work in the radiotherapy department?
90. 90 Long pause, yeah there is loads of team work, because all the staff are working on the machine
91. 91 together, looking at the patient history, if there's an issue with the patient it won't necessarily be
92. 92 the 2 who are meant to treat them that day that deals with it, it will be the off-set team as well. Even
93. 93 then sometimes they get some of the team from CT scanner in just to ask questions about set-up,
94. 94 sometimes the doctors can be involved, everyone is involved. So yeah the team works really well
95. 95 together.
96. 96 Q – do you feel part of the team?
97. 97 Not sometimes, sometimes no, not always, because when I'm a student things happen and
98. 98 sometimes it's a case of step back, let us deal with it and we can talk to you about it afterwards if
99. 99 you want. Which is fine because at the end of the day we are the students we are there to learn and
100. 100 there are some situations where they need, the staff need to take over and for us to watch and
101. 101 observe, that's fine. But a lot of them do try to get us involved and do try to get us to do some things
102. 102 like last time I was there, there was a patient who was really really poorly. One minute they were
103. 103 coming down and one minute they weren't. The staff said can you chase it for us, can you find out
104. 104 what's happening and so I did. So they do try to get us involved in the limited capacity that we can
105. 105 be involved.
106. 106 Q – how does it make you feel not having a certain amount of control sometimes
107. 107 I find it ok the majority of time because if it was something that I knew a lot about and then people
108. 108 started telling me what to do and actually I might know better, then actually it's uncomfortable and
109. 109 I'm as experienced as you are please stop treating me like a fool. Then when I don't know as much as

110. 110 them and I'm not as experienced then I'm happy to be told what I need to be doing and this is when
111. 111 you need to step back that's fine
112. 112 Q- are you viewed any differently being a post grad student
113. 113 No I would say we're not, we're just viewed as a student. Despite the fact that some of us are older
114. 114 than some of the staff, there's no difference between us and the undergrads, we are students, we're
115. 115 there to learn and we are there to do our own little jobs.
116. 116 Q –if I was to ask you what does it mean to be a therapeutic radiographer, what does it mean to you
117. 117 at this point in your training?
118. 118 To me it means helping people on their cancer battle journey. Not just getting them in the room,
119. 119 treating them and sending them on their way. It's looking a how they are feeling in general, are they
120. 120 coping, not just with side-effects, but are they coping generally, emotionally, financially, have they
121. 121 got a support system in place. It's the whole package as opposed to just the one aspect of it.
122. 122 Q – you mentioned cancer battle journey-what do you mean by that?

123. 123 As in their treatment for their cancer, they are trying to cure their cancer. I know we do treat a lot of
124. 124 palliative patients but even they see it as it's me versus the cancer, I want to improve even though
125. 125 they know they are not going to, they still see it as their own little battle and most 99% want to win
126. 126 it and we are there to help them. There was one patient he was an ex-police man and his words
127. 127 were when I asked him how are you coping he said oh I'm fine it's not me that's having to deal it's
128. 128 you guys, my body is just a host, you are the guys who are tackling the cancer on my behalf so how
129. 129 are you guys coping? And I'm like, I'm fine yeah. But it was just such a unique way to look at it, he's
130. 130 like yeah I'm good it's you doing battle against it. I'm like yeah ok that's a better way to look at it,
131. 131 instead of oh my god I don't think I'll be able to get through this, kind of approach.
132. 132 Q- did that make you feel differently about what you are doing?
133. 133 A little bit yeah, because it does feel like we are the ones treating it. Ok it's happening in the
134. 134 patient's body and the response is down to them, but seeing it as we are facilitating that for them
135. 135 it's like yeah ok that's what we're here to do
136. 136 Q –it is a unique way of looking at it
137. 137 If he hadn't had said that to me I would probably have never looked at it that way
138. 138 Q- no one has ever said that to me before

139. 139 No it was just so add and I'm like I actually took a step back and looked at him and he said what and I
140. 140 said I've never heard that said before. He sais well it's true and I said it might be true it's just
141. 141 refreshing to have someone look at it that way
142. 142 Q- it is and you mentioned about treating the whole person, the whole package what do you mean
143. 143 by that?
144. 144 The cancer is not just the tumour and the area it affects, it's the person themselves . So if they loose
145. 145 the will to keep going a part of that does affect the outcome of their treatment. If we're not looking
146. 146 at the whole person, the psycho-social, the mental effects of having cancer then we're not doing our
147. 147 jobs properly because they need to have the support, that reassurance and confidence that this is
148. 148 the best thing for them and they can overcome the disease
149. 149 Q- do you see that as your job to offer that
150. 150 Yes in so far as what we know within our boundaries to do and if we can't do it, lets just say it's a
151. 151 financial issue, having been within the adult unemployed sector teaching I know quite a bit about
152. 152 benefits so if someone said to me I'm really struggling with money I don't know where to go, well I
153. 153 would say have you applied for PIP, have you applied for this, have you applied for that. If they were
154. 154 to say no I haven't how do I go about it I would say well you need to go to Macmillan and they will
155. 155 help you fill out the forms. If someone hadn't been down the same career path as I have they
156. 156 wouldn't know necessarily but it is something that people need to be aware of because some people
157. 157 can't work while they are having treatment. Ok a lot of employers are very good and do 100% pay
158. 158 throughout their treatment, but a lot don't. Once you go down to 50% pay then after 6 months
159. 159 you've got no pay , they can't cope but won't say anything.
160. 160 Q- it's tough, you've described what it is to be a Therapeutic Radiographer, you've described what it
161. 161 is to you to be a student TR, has that changed at all over time?
162. 162 Yeah a little bit, because originally you just thought it was about treatment, giving them the
163. 163 radiotherapy, making them understand about that aspect of their treatment and over time having

164. 164 met patients and talked about HNAs with them, it's kind of like well no, we need to be looking at
165. 165 more than just side-effects from the treatment it's more than just that, it's everything else that's

166. 166 going on. If a patient is stressed at home because of something else, that can affect any manner of
167. 167 systems in their body. I know if I get stressed, my IBS kicks off. So if that was to kick off when I was
168. 168 having radiotherapy for say bowel cancer, you might mistake that for a side effect of the treatment
169. 169 as opposed to what it is which is stress. So yeah it is something that needs to be looked at on the
170. 170 whole.
171. 171 Q – so you think your thoughts on what it is to be a radiographer might change once you graduate?
172. 172 Probably yes because it's a role that should be constantly evolving because of the changing
173. 173 technology and the way society changes. It should in our minds be right this is not it, this is what we
174. 174 do, this is how we interact, it should change all the time
175. 175 Q- how has it changed during covid? How has life as a student changed?
176. 176 It's changed dramatically, I miss going in and seeing people. Even the lecturers, I mean teams is great
177. 177 but it's not quite the same as being in the lecture hall or the lecture theatre with everyone bouncing
178. 178 ideas off each other. I'm not looking forward to the on-line sessions in September because I'm going
179. 179 to miss meeting up with people.
180. 180 Q- how do you think it might affect you in placement
181. 181 I think it's going to quite dramatically affect us in placement because we have got the masks on
182. 182 ,screens on as well, ok they are not as bad as you can see everything that's going on, but to have the
183. 183 surgical masks on as well, the gloves and sometimes the plastic gowns. That's several barriers you
184. 184 are putting up for communication that will straight away make a lot of patients feel uncomfortable.
185. 185 A lot feel uncomfortable anyone because they feel very nervous over their treatment which is
186. 186 understandable, but it's just another barrier that we don't really need there that we are going to
187. 187 have to overcome.
188. 188 Q – anything else you want to talk about in relation to your experience
189. 189 No
190. 190 Q- you recalled treating the ex-police man, are there any other patients that stand out in your
191. 191 memory?
192. 192 Yes there was a lady and before I met her all the radiographers were she's very awkward and
193. 193 difficult to deal with, she is non-compliant and things like that. My initial thoughts were when she
194. 194 was on our list to treat I thought oh my God no. So I went and called her in and she wasn't in the

195. 195 best of moods because she had been kept waiting because we were backed up for whatever reason.
196. 196 So I started chatting with her, asking how she was and after that initial hostility, well I thought you're
197. 197 not that bad. Yes you're a little bit odd with your lovely coloured jumpers which match the socks sort
198. 198 of things. But I found her quite pleasant to get on with, but a lot of the radiographers found her a bit
199. 199 of a chore to deal with to the point where one, I didn't witness this but I was told by another student
200. 200 that a radiographer reduced the patient to tears one day. I said to that student you need to tell
201. 201 someone about that because you shouldn't be making your patients cry, no way shape or form. I
202. 202 said if you want you can say that I've witnessed them being hostile towards her and not particularly
203. 203 nice, you can mention that as well if you want to back up what you are saying. But I found the lady
204. 204 lovely, I mean yeah ok she had issues drinking when she was supposed to drink, but I've got over
205. 205 that very quickly as I'd stand over her and say right you need to drink this very quickly and drink it

206. 206 now. She was right oh I thought I could sip it for half an hour and I was right no you need to drink it
207. 207 all now because it takes some time to get to your bladder for us. That's why we have to keep getting
208. 208 you on and off the machine because it's not filling quickly enough. She's like oh if someone had told
209. 209 me I'd have done that days ago. I was like well now you know, knock it back and we'll see you in a
210. 210 few minutes. So after that she was just quite pleasant and chatty with me and when she wasn't on
211. 211 my machine I'd see her in the corridor and I'd ask how she was and she'd ask how I was. I just didn't
212. 212 seem to have the issues that others had with her
213. 213 Q- you mentioned hostility towards patients, have you seen that or felt it
214. 214 Yeah there was an older gentleman probably 70s or 80s and he was just a little bit inappropriate
215. 215 with some of the things that he said. He didn't mean it in a derogatory way, just he was from an
216. 216 older generation and what popped into his head he said it. It's like one time he said to me, ah if I was
217. 217 a few years younger you wouldn't stand a chance and I was well no you would still be too old. But it
218. 218 was just little things he would say like that and he would call you sweet heart and darling and baby.
219. 219 For me having worked with an older generation of people who do say things like that, it doesn't

220. 220 bother me. But I know some of the other staff found it quite offensive to the point when he would
221. 221 start saying things like that I would say no Mr X you can't be saying things like that it's not
222. 222 appropriate and he would be like ah I'm sorry sweet cheeks and I would be like you can't say that
223. 223 either.
224. 224 Q – how do you feel about the way other staff dealt with that?
225. 225 Erm they were just quite uncomfortable around him, they weren't keen on treating him, getting him
226. 226 in, getting him out as quick as feasibly possible but given he was in a wheel chair that wasn't very
227. 227 quick at all
228. 228 Q- patient population is very different and diverse
229. 229 Yeah you've got some who are very conservative wouldn't say boo to a goose and then you've got
230. 230 the likes of him who will just say anything
231. 231 Q- characters like that stick in your mind?
232. 232 Yes I think it just breaks up the day a little, it brings that little bit of spontaneity that you don't
233. 233 actually get. I just think it makes the day a bit more interesting
234. 234 Q- every day is different
235. 235 Yes
236. 236 Q- do you find people around you understand what it is you actually do? Is there any
237. 237 misunderstanding?
238. 238 All the time, all the time, because I work part-time so when they go oh what are you studying at uni
239. 239 and I say radiotherapy and they say what's that is it taking x-rays and I say no. So the easiest way I've
240. 240 found of explaining and describing it is 'it's a cancer treatment' that's all I say to them and they say
241. 241 ah I know now and I'm like you don't, you're just saying you know
242. 242 I mean my ex-partners family were convinced for months that I was going to be a radiologist and I'm
243. 243 like no it's a radiotherapist. When I told them that because a couple of them are in radiology they go
244. 244 ah we know what that is, why wasn't I told that before. I'm like well that's what I told my partner's
245. 245 Mum so I don't know, you tell me.

246. 246 To be honest I didn't know about this course until I randomly came across it, I was looking for a
247. 247 radiology course. I was looking at a home study one and then I was just randomly looking to the UoL
248. 248 and this popped up but the closing date had been and gone. So I wondered if I could still apply, so I
249. 249 emailed in and I think it was X that send yes send us your CV and tell us why you want to do it and

250. 250 we will go from there. I got offered an interview and a place on the course before I'd even filled in
251. 251 the application form. I was so lucky, I was one of the last interviews that took place, I was just so
252. 252 grateful that you allowed me to have an interview.
253. 253 Q- so how do you feel about your decision to start the programme
254. 254 It was scary at the time, giving up a full time job to go back to university pretty much full time, at the
255. 255 time I had a partner who was more than willing to support me but then as it was a month later, after
256. 256 I accepted my place I was made redundant anyway, so the fact that I had a university course was a
257. 257 relief because it meant that I didn't have to go and job search. Me and my partner have actually split
258. 258 up and I've moved back home, so the support I had from him which wasn't very much anyway, I've
259. 259 now got from my Dad. So yeah it was very scary at the time but I'm so glad I did it. I would
260. 260 recommend to anyone if you are considering it to take the plunge
261. 261 Would you?
262. 262 Yes because if you are truly that unhappy in your job and you are considering it then just go for it,
263. 263 what's the worst that could happen
264. 264 Q- I guess you don't want to regret not trying
265. 265 Exactly, you don't want to get to the age of 50 and think I wish I would have done that
266. 266 Q – very wise words
267. 267 It happens occasionally, not often but it happens
268. 268 Q – what do you do part-time
269. 269 I work part-time at QVC, inbound call centre taking customers orders over the phone
270. 270 Q – interesting orders?
271. 271 Not really we just get some weird and wonderful people who ring. We've got a couple of regulars
272. 272 they are know as make up man or under wear man. They ring up just to get you to talk about
273. 273 makeup or underwear. The underwear man will go on until he gets you to say bottom, once you say
274. 274 bottom he's right cheers and he's off
275. 275 Q – that's why you can handle patients
276. 276 Is there anything else you wanted to tell me at this point,
277. 277 No I don't think so
278. 278 5.2.20
279. 279 You're in a placement block at the minute, do you have any memories, experiences that you would
280. 280 like to talk about?
281. 281 Yeah we had a really nice patient, she finished on Tuesday, she was breast cancer, not the 5 day one,
282. 282 the 15 and I only saw her on her 2nd day but then for most of her treatment after that I saw her. She

283. 283 was very nervous, to be honest I don't think she even wanted the treatment. She brought her

284. 284 daughter who came right into the room, because apparently if her daughter didn't do that she
285. 285 wouldn't come in. Every day she was so tense that we were setting her up like 2 or 3 times because
286. 286 she just couldn't relax. Obviously everything was out of tolerance then and obviously we couldn't
287. 287 just keep re-scanning. So we just set her up, we would get her up, get her to take some breaths,
288. 288 have a drink of water and get her to lie back down again. Her and her daughter remembered my
289. 289 name from like the 2nd day and every time I saw them in the waiting they would say hello to me and
290. 290 obviously I would have a chat with them. I wouldn't ignore them or anything. At one point she said
291. 291 she appreciated everything I had done for her and she would remember me even after the
292. 292 treatment had finished, which was really nice. So on her last day, even though I wasn't on her
293. 293 machine I made an effort to come and see her just at the end to see if she was alright and wish her
294. 294 good luck for the future and stuff. So I just thought it was nice, they left me a nice little feedback
295. 295 from and left quite nice comments on there and I think she even mentioned me on the hospital
296. 296 feedback, because I've got that now
297. 297 Q How did that make you feel?
298. 298 It made it, the job feel a lot nicer and better that you are making a difference. I noticed a difference
299. 299 going from a pelvic machine to a breast machine. The breast ladies tend to remember you, they
300. 300 remember your name they say hi to, even though we've got our masks on. The pelvis's the men just
301. 301 don't. The odd one does, but most are just like I'm sure I've met you and I'm like yeah you saw me
302. 302 yesterday and the day before and all week.
303. 303 Q- does that feel different then treating that type of patient?
304. 304 It does, but you still get on with them, still have nice chats with them. Some of them are
305. 305 inappropriate, but that is the way with older men I've found. But no it's no different it's just sort of
306. 306 nicer that you are remembered and that they know your name
307. 307 Q- what does it feel like to be remembered?
308. 308 It's nice because you feel like you have made an impact on them and they actually valued what you
309. 309 have done for them. Even though it's not much, it's more it's just what you can do

310. 310 Q- the team you have been working with the last couple of weeks , have you any memories,
311. 311 experiences?
312. 312 Yes so I was on machine x for the first 2 weeks. I had a bit of apprehention about one of the team
313. 313 because she was in my very first placement block, my very first mentor. This time she was so
314. 314 different, she treated me like a proper person, it wasn't just like oh you know nothing, it's as if it all
315. 315 clicked in her head and she actually found out I'm a mature student and in fact older than her, so I
316. 316 do think that helped as well. I do think some of the department actually thought I was younger than
317. 317 I am. They didn't realise I was in my mid 30s. So I think that has changed some of their attitudes
318. 318 towards me because they are like oh she is an adult, she is a proper adult, older than some of us, so
319. 319 that's been nice. But the team were just a lovely team, they were brilliant, really helpful and would
320. 320 let me pretty much do what I wanted. If I wanted to switch on all day, if I wanted to mix it up I could
321. 321 do that. They basically left me to it, still watched but obviously not right over my shoulder keeping a
322. 322 really hawk eye on me. They were just so supportive, sort of right you're nearly qualified so just do.
323. 323 Q – was that quite different then to your last placement
324. 324 Yeah because they were still last time, well you need to be doing this, you need to be doing that and
325. 325 keeping us on a short reign. It was like you're nearly qualified, just go and do. I found that quite

326. 326 liberating as you don' feel as pressured as when they are literally standing over your shoulder
327. 327 watching. There are a couple who still do that, but I think that's just the way they are, that's their
328. 328 mindset. They think you're still a student so I'm going to keep a close eye on you and makesure you
329. 329 don't do anything silly.
330. 330 Q- what's your workload like at the minute
331. 331 It's quite light, instead of having 4 an hour they do 3, have a 15 min break, do 3 then have 15
332. 332 minutes. So instead of treating about 40 odd patients, they are down to 20 -25. I mean yesterday,
333. 333 due to staffing we only actually had 9 patients
334. 334 Q- has staffing been an issue with covid
335. 335 I think it has but they try not to let it show so much in the department. So one of the staff who is
336. 336 supposed to be on there all the time is off long term sick and it's been with stress and I can

337. 337 understand that so he's not there. I don't think they've got the funding to get another bank member
338. 338 of staff because there are agency staff already being used. I do think they are struggling, because
339. 339 yesterday they were struggling to have enough staff to have in planning, calcs, CT and all the
340. 340 machines.
341. 341 Q- what does it feel like to be in that place when staffing is like that?
342. 342 You feel like you want to do more, but you can't because you're not qualified and you're not
343. 343 registered. It sort of, you do, I've said before if you need me to do things that are not on set, like
344. 344 going and doing some admin work while you guys treat I said I'm more than happy to do that. Just
345. 345 any way we can help. I've said I want to help with whatever you need me to do. I think it was week 3
346. 346 and there was a meeting to say we would like you to start taking temperatures of people when they
347. 347 come in. Our first question was are we allowed to because originally we were told no, so I said as
348. 348 long as I'm allowed to I don't mind doing it. Because it's actually quite nice , you get to stand there
349. 349 and talk to the patient as they come in and are waiting for their transport home and stuff. So it's not
350. 350 too bad and there's a chair there so we get to sit down for an hour which is always nice. But yeah it's
351. 351 just little things, anyway we can help, just let us help
352. 352 Q- why is it that you want to help?
353. 353 Just to make things easier for the rest of the staff. Obviously there are things that we can't do, we
354. 354 can't treat on our own with them, they have to have a 3rd person there if we are there. So things that
355. 355 we can do un-supervised it's better that we can do it, just to help them out a bit and ease the
356. 356 workload and ease the stress and the tensions. Because I think tensions are running high and it's one
357. 357 of those, if we can ease it we might as well try.
358. 358 Q – what do you think and feel about stress and tension
359. 359 I think from what I've heard and seen there is a little bit of annymosity towards the band 7s, so on
360. 360 my 2nd week I had a message from one of the band 7s to ask if I would do some point cleaning. So
361. 361 the waiting areas, the changing rooms and stuff like that. So I was like yeah we've got a gap, so I'll
362. 362 clean for an hour that's fine. As I was cleaning I ran into a band 6 who was cleaning and I said which
363. 363 bit have you done and I won't do that area. She said what are you doing, I said I'm cleaning. She said
364. 364 do Paul and Piral know you are cleaning. I said I don't know I've not asked. She said right come with

365. 365 me, she went to a phone rang Paul and Piral and said do you know students have been asked to do
366. 366 point cleaning. The answer was no, she was very much like they shouldn't be doing it. They don't
367. 367 know who's been in there, they don't know if they are positive for Covid or not. So apparently there

368. 368 was a massive kick off because of it and the girl who did it said it's nothing to do with you, it's the
369. 369 principle of it. If band 7s are walking round sitting in the areas where they sit and having chats are
370. 370 not pitching in and she said they should be doing it before we are getting students off machines
371. 371 when you are so close to qualifying. I'm like ok but just let it be known I was quite happy to do it, so I
372. 372 think it's just little things like that. When they say this needs doing, that needs doing , but they are
373. 373 not actually pitching in to help. So I can understand the frustrations and stuff.
374. 374 Q- have working practices changed a fair bit since Covid.

375

376. 376 Yes it's very much a focus on cleaning, hygiene and PPE now, but not necessarily all staff follow that,
377. 377 which I find quite frustrating. I was marked down in my last block for not washing my hands every
378. 378 time because I was using alco-gel instead. There's only 1 sink in the room and for 3 of you to wash
379. 379 your hands and dry and then go out to treat it's not realistic, there's a delay and then the patient, it's
380. 380 not necessary for the patient. Where as one or 2 could wash and the 3rd one alcogel, so that's what I
381. 381 was doing. I was just trying to be out of the way, I got marked down for that. They moved me down
382. 382 for moving my name badge because it kept catching and falling off so I just moved it to another
383. 383 pocket at the top here of the tunic and I'm like yeah but at least it's on-there are some people
384. 384 walking round with their name badges in their pocket and stuff like that. It's like you're telling me to
385. 385 change my gloves, change my apron, put my visor on when I'm going in the room but you guys don't
386. 386 do the same. You know the number of time I've seen a member of staff just going in the room to get
387. 387 the patient off the bed without any gloves on. It's kind of like, I know we've got to do it and I
388. 388 wouldn't not do it, but you need to do it as well. But then you can't actually pick on me for forgetting
389. 389 my visor one time when you don't where it at all when you're going in and out of the room.

390. 390 Q – that sounds frustrating, do you see any evidence of frustration amongst team members ?
391. 391 Yeah the review radiographers because obviously they're doing Covid swabs for every new patient
392. 392 and some they are doing them once a week. So when you've got a new patient and you say can you
393. 393 do this swab, some of them do snap at you. Like one snapped at me the other week and I didn't take
394. 394 it personally because I knew she was completely stressed, she was the only one in, it was 2pm, she
395. 395 still hadn't had her lunch yet and was just swamped. To be fair to her she did apologise when she
396. 396 came round to do the swab and I'm like X you don't have to apologise, I'm fine. It wasn't directed at
397. 397 me, you were just frustrated so don't worry. She said no, it's no excuse we shouldn't be snapping at
398. 398 each other. I'm like ok but, yeah and that is happening a lot with the review radiographers. Another
399. 399 one snapped at me when another member of staff was there. The staff was like did she just give you
400. 400 attitude. I'm just like I'm gonna stand back here out of the way, I'm say nothing, I hear nothing and
401. 401 things like that.
402. 402 Q - How does that feel?
403. 403 It actually feels like a normal workplace, yeah it's sort of what happens in work places isn't it. People
404. 404 snap at each other, tensions rise and things like that happen, they are happening more because of
405. 405 covid and the strain the departments under-but generally in normal workplaces, people do get
406. 406 annoyed with each other, they snap at each other and then it's forgotten about, it's fine.
407. 407 Q- how do you deal with that then? How do you manage that?
408. 408 If it involves me, I will tend to say nothing and just vent when I get home and if it doesn't I'll hear it
409. 409 but I won't repeat it, I won't gossip about it. I won't be like oh do you know what happened on
410. 410 machine x this morning. Because you don't need to be spreading it around, when I've been on

411. 411 munch and a couple of staff members are moaning about another one, they've said this stays in this
412. 412 room.I've said I don't know what you're on about, can't hear what you're saying kind of thing.
413. 413 Because if they want to vent to they need to be able to vent as if they're not going to be tattled on
414. 414 and snitched on
415. 415 Q – do you have your breaks in the staff room?
416. 416 No we've been asked because of the shortage of space not to use the staff room, so we're actually in

417. 417 VERT at the minute. There are some new staff, the newer qualified members of staff tend to go in
418. 418 VERT aswell because that's where they've always gone. There's a few that do go in but not many, it
419. 419 is mainly students who stick to VERT
420. 420 Q- what happens in the VERT room
421. 421 Most of the time it's quite empty, once the room was filled with 6 people. We just have a little chat,
422. 422 we chill and eat our lunch.
423. 423 Q- you're close to qualifying, any thoughts and feelings about that
424. 424 It's quite scary, it's exciting because 2 years are done and that's a great feeling and especially
425. 425 getting our marks. I know they are only provisional but I've done so much better these last couple of
426. 426 semesters than I did the first few. So I think having the on-line lectures and working from home has
427. 427 benefited me so I think I've got more work done and it's been better quality. So I've got to now be
428. 428 an adult again. I've finished 2 years of uni and I've got to get proper job now again, do the long
429. 429 applications, do the personal statements again and yeah it's a bit daunting and a bit like oh I don't
430. 430 want to do it again.
431. 431 Q- what is it that scares you most
432. 432 I'd say probably the responsibility when it actually comes, because at the minute we're responsible
433. 433 because we're switching on, we're setting up, there's somebody there there making sure that we
434. 434 don't so anything really stupid, which we won't but there's that safety net. But once you're then
435. 435 there, I know for a few weeks we get shadowed until we're happy and settled, but it's still
436. 436 essentially, it's going to be our signature on the paperwork, we're going to have our own log ins, it's
437. 437 our responsibility. And it's still a big thing because at the end of the day it's radiation, it's not like oh
438. 438 I've taught the wrong session today, never mind it will be ok. It's if I give too much radiation or to
439. 439 the wrong place it can have massive implications and I think that's what's it, that's what scary. But I
440. 440 think over time instead of it being daunting and scary it will just be right, this is the way it is. That will
441. 441 go and just be replaced with diligence as opposed to not fear, but you know what I mean
442. 442 Q –what's the most exciting part of qualifying
443. 443 No more uni work, that's it, that's it and getting out of the scrubs. I hate our scrubs, I want proper
444. 444 trousers and a proper top that breathes and doesn't make me warm all the time

445. 445 Q- have you seen anything over the last couple of weeks that you have found emotionally
446. 446 challenging?
447. 447 No I think being on the breast machine and seeing the ladies who obviously had similar conditions to
448. 448 my Mum, that has helped a lot. Because I don't know, I just, originally I did get quite upset about a
449. 449 couple of things and things that I would see. I did experience real sympathy for one lady. She came
450. 450 in and she was having whole brain treatment and on the side-effects all the things were ticked and
451. 451 specifically under other, the Dr had written risk of death from radiotherapy. And so I'm going

452. 452 through it and right the staff are saying do not mention that one under any circumstances. Mention
453. 453 the normal ones, the hair loss, the skin reaction, the fatigue, but don't mention that one. I said, no I
454. 454 wouldn't dream of mentioning that one. So I did the first day chat and I was like so do you
455. 455 remember having a chat with the Dr about the side effects and she was like yeah sure, I know
456. 456 there's a risk of death, but if I don't have treatment, there's a risk of dying so I might as well just give
457. 457 it a go. She was very much aware that this was her last chance and she's got young children and she
458. 458 was just like, we're just going to give it a go and see what happens. And she was quite young and
459. 459 that did upset me, the fact that she was someone so young and with young kids was more than likely
460. 460 going to die and probably soon and it was quite devastating for her. But she was like a little trooper
461. 461 she was like right lets do this, lets get on with it, lets get it done and We're like right ok. But I kind of
462. 462 feel like it's not our job to be upset, because it's not us it's happening to it's them. And if they're not
463. 463 going to come in crying every day, we shouldn't be getting upset in front of them. We should at least
464. 464 wait until we're on break or lunch or after work and have the feelings then.
465. 465 Q- do you have any experience of any staff or students being visibly upset in placement
466. 466 Students yes, staff no. Staff hold it together quite well and I think it's because they've just been
467. 467 doing the job for so long. You sort of become a little bit numb to it because you see it all day every
468. 468 day. But some of the students find it hard, some of the students have found it quite difficult when
469. 469 they've had cases or tumours that have been fungating or looked absolutely horrendous, they've

470. 470 found it quite difficult and needed 5/10 minutes just away from it all to collect themselves and come
471. 471 back. But that's understandable because a lot of them are just out of their first degree so they are
472. 472 quite young and probably haven't seen or experienced much emotional upheavle in their lives.
473. 473 Q-just taking you back-you used the words you had real sympathy for this lady, can you tell me a bit
474. 474 more about that
475. 475 Yeah for want of a better word I did feel sorry for her. It's a horrible thing to go through for anyone
476. 476 to have cancer, but to know the prospect is bleak and to have such a young family must be
477. 477 horrendous for her and I said I did feel sympathy for her and if I could I'd make it better for her but
478. 478 we do what we can and that's giving her radiotherapy treatment
479. 479 Q- how does that make you feel
480. 480 If in the long run it helps her it's worthwhile, but there are some patients I look at and think are we
481. 481 doing the right thing, is it worth their while us doing this? If it's actually not going to have too much
482. 482 of an impact to them. And sometimes you think, particularly if they're in a lot of pain and they are
483. 483 struggling to get on and off the couch. And I know ultimately the radiotherapy is there to help the
484. 484 pain, but if they're in that much pain initially it will help, but is it enough to justify getting them in
485. 485 that position every day even if its just for a week. And I sometimes think, I think personally that it's
486. 486 not worth it. But obviously if the person wants to give it a go and the Dr thinks it's worth it then
487. 487 that's what the patient wants
488. 488 Q-and is that difficult to deal with?
489. 489 It is because you just want to help them in any way you can sometimes that means, obviously we
490. 490 can't influence them in their decision making about radiotherapy so you just ask them again do you
491. 491 still want to continue and just remind them that they can change their mind if they want. But just
492. 492 make sure that you say it is up to you, if you want to continue we will continue, if you want us to
493. 493 stop we will stop and just not influence them in any way

494. 494 Q-you mentioned as well that you feel it's not our job to be upset I wonder if you could explain that
495. 495 a little bit more
496. 496 Yeah, it's not happening to us. They're not our family members, they're not our friends and they
497. 497 need us there sometimes to be the strong people, to be their support, to basically do our job for

498. 498 them. And that's what we're there for, we're not there to get upset on their behalf. If they want to
499. 499 be upset and have our shoulder to cry on that's what we need to be there, we need to be strong for
500. 500 that. And although situations may be similar to things we've experienced or gone through ourselves,
501. 501 at least we can empathise with them and say, we know what you're going through, I understand. But
502. 502 to actually get physically upset and start crying I don't think is right. I some people have to do that to
503. 503 deal with it but I don't think we should be doing it particularly in front of the patient
504. 504 Q- what would you think about a member of your team if they did do that?
505. 505 I wouldn't, my opinions for them wouldn't change, but for want of a better word I'd say they need to
506. 506 toughen up a bit. To sort of grow a thicker skin, because that's what's needed, it's a tough area to
507. 507 work in particularly when you get patients in that are really frail and really poorly. They don't need
508. 508 to see how you see them. Because if you're getting upset and you worry too much they begin to
509. 509 think am I sicker than I am and that can impact their mental health and the way they are seeing
510. 510 things. And that's something that they don't need. They need you to be as positive and as strong as
511. 511 you can, because sometimes that's what motivates them to carry on.
512. 512 Q- do you think, you've used the tough a few times, tough area to work in, you've got to be strong
513. 513 you've got to toughen up. Is that something that comes naturally or is it something that has
514. 514 developed over time?
515. 515 I think that some people are tougher when they come into the programme because of things they've
516. 516 experienced. But the toughness and the resilience develops as you continue on and as you continue
517. 517 in the workplace as well. It's not something that you're just naturally born with, because obviously
518. 518 you're not born seeing all these things and having all these experiences. It's just through experience
519. 519 that you develop this toughness, this resilience. I would imagine had I not gone through what I've
520. 520 got through with my Mum having breast cancer the first time round seeing how ill she became the
521. 521 first time and then the second time she actually died. Having seen all of that I am coping quite well
522. 522 seeing the older patients, seeing the frail ones because I've seen and experienced that with my
523. 523 Mother. And to be honest seeing a stranger go through it, is nothing compared to seeing a parent go

524. 524 through it. Because my Grandmother at the minute, she went into hospital September time with
525. 525 covid. She came out, she was in hospital about 3 months, she came out just before Christmas and it
526. 526 wasn't looking good. So I went to see her and she looked thin, she looked frail, she looked old,
527. 527 because obviously she is old, but she looked older and she looked really ill. It reminded me of the
528. 528 couple of weeks before my Mum died and how ill she looked. My Dad because he'd been through it
529. 529 with my Mum, he could see the signs and he knew she wasn't gonna be here much longer. Not sure
530. 530 how long because it can vary but, he's prepared because he's seen it before. I'm prepared but his
531. 531 brothers and sisters aren't prepared for the fact that their Mum's gonna die. And you know to the
532. 532 point where last week, she was put on end of life care. She's got like the morphine syringe and that
533. 533 on the go to keep her comfortable. And he had to sit down and tell one of his brothers and sisters
534. 534 this is it, it might take a few days, it might take a few weeks, it might take a couple of months, but
535. 535 this is end of life care, she's not gonna be with us years it's gonna be hardly a year at the most. They
536. 536 got really upset and couldn't handle it, because they've not experienced it, even though they are
537. 537 older, they've not had relatives die, they've had older relatives die obvisouly. But when you're
538. 538 younger you don't. I think a lot of people on our course haven't been through that up until recently ,

539. 539 because I know some have lost family to Covid and it's only really now that they are starting to
540. 540 experience it. It's a tough learning curve but they will be better for it in the long run and that is what
541. 541 will build their resilience, build their tougher skin. And it is mainly just life lessons and living life that
542. 542 teaches you that.
543. 543 Q – do you think Therapeutic Radiographers are tough?
544. 544 A lot of them yeah. They may not realise it, but they are. From having a patient one day and they are
545. 545 ok to finding out the next week that they aren't coming in because they've died. You've got to be
546. 546 tough because even though you don't, you're not related or anything you do build up a relationship
547. 547 with them, you do start to care about them and you know you like seeing them the next day. You
548. 548 like having a little chat with them, you like getting to know them as people. And then to hear that

549. 549 they have died, it does hit you and you feel sad. But as the years progress, you'll still feel that
550. 550 sadness but it just won't affect you as much as it does the first couple of times. As I said they are all
551. 551 lovely caring people, but I just don't think they realise that they have quite a thick skin.
552. 552 Q – do you ever see humour being used
553. 553 Yes all the time, particularly with patients and it's nice because the patient like it because you're not
554. 554 just treating them as a patient with cancer , you're treating them as a person and that's the way to
555. 555 be. One of them put it quite nicely yesterday, that if you can't have banter with the people that you
556. 556 work with and with the patient sometimes, depending on the patient, it's a miserable working life
557. 557 and I agree whole heartedly. You've got to have banter, you've got to have a bit of fun, because it's
558. 558 not the most joyful area to work in. It's not laughs, it's not giggles, it's quite serious, it's serious
559. 559 illnesses and if you can't have that bit of fun you'll be depressed. You'd go off with stress and
560. 560 depression and you just wouldn't be able to handle it, so you do need the little light heartedness.
561. 561 Q – what strategies do you use to manage your emotions
562. 562 Reading and video games, that's what I do and I always have done and my cute cuddleys (holds up a
563. 563 teddy bear)

564
565
566
567
568

Participant 4

1 Participant 4
3 6.8.20
4

5. 5 Q- what made you decide to do the programme?
6. 6 Erm I didn't actually know anything about radiotherapy to be honest, I didn't even know how you
7. 7 became one. But my Mum had terminal cancer and we were at X where she was getting treated and
8. 8 she just turned round to me one day and said you'd be really good at this you know. I said yeah ok
9. 9 yeah Mum whatever you say. She was like you should really try for it you know, I want you to
10. 10 promise me that you'll have a look into it at least. So I was like ok that's fine, so we went back home
11. 11 and she got it all up on the computer for me because she knew I wouldn't do it on my own. Then we
12. 12 realised I'd have to go to a uni to do it aswell and she said I think you should do it, I think you should
13. 13 really try for it. She made me promise her before she passed away to do it. So that's what I've done,
14. 14 that's how I really got into it.
15. 15 Q- how do you feel about that decision
16. 16 Erm it's probably one of the best decisions I've made in my life to be honest. I feel like now I'm doing
17. 17 the course and I've met patients, I feel like it's the right thing that I've done completely. Before I was
18. 18 doing this, because I'm a mature student I've kind of gone from job to job and travelled and never
19. 19 really found myself where I'd say yeah this is for me. But as soon as I had my first placement in first
20. 20 year I instantly knew it was definitely knew it was what I wanted to do. I feel like this is the right
21. 21 thing, definitely the best decision I've made, I'm really happy that I stuck with it and she pushed me
22. 22 to do it to be honest.

23. 23 Q- can you talk to me a little bit about what's been happening the last couple of months
24. 24 So we were quite lucky to be honest because we did our whole placement block just before Covid
25. 25 and the pandemic began. So we finished in February, just end of February for our placement. We
26. 26 were actually going back to Uni to start doing our work. So training wise we were very lucky that we
27. 27 could get all the training we could get. However the pandemic through all sorts of curve balls our
28. 28 way. With having a house and a little boy and trying to work out how I was going to learn, try and
29. 29 study at the same time so I found it difficult, but it just meant in the end I found a way around it. I
30. 30 had to get up at 4am start doing my essays until around 7am in the morning when he woke up and
31. 31 then in the afternoon do maybe a couple of extra hours if he was watching the tele and settled. Then
32. 32 I'd do a few more in the evenings and that's how I kind of got around it in the end. But it was tough.
33. 33 Q- that sounds like a really hard routine
34. 34 Very much so when you know my husband got in from work about 8/9pm and he wanted to sit up
35. 35 and see me for a couple of hours, so I wasn't getting to bed until 11am and then getting up at 4am
36. 36 to my work, but you have to do what you've got to do I suppose.
37. 37 Q- have you been working part-time as well
38. 38 I have yes during the pandemic I work as a waitress so I haven't actually been in work and I'm still
39. 39 not back at work yet so I should be starting next week. So during the pandemic I haven't actually
40. 40 worked at all. But since I've started this course and I've done the foundation year as well, I've

41. 41 worked part-time or done up to about 30 hours a week usually just to try and make ends meet with
42. 42 everything.
43. 43 Q- how have you managed to balance everything?
44. 44 The first year was a bit difficult I was just trying to get the routine together. Trying to work out how
45. 45 we had to get baby sitters because my parents have passed away so we only have one set of
46. 46 grandparents to help us. So it was kind of work around each other, but my husband has been really
47. 47 supportive and my family have been really supportive. They've kind of helped us get round
48. 48 everything but you don't have much of a social life which is fine by me, which is different to most
49. 49 uni students, but I've managed to get, what I try and do is do 6 days and get 1 day off for family
50. 50 time. That's how I've tried to work it at least.

51. 51 Q- from your perspective at this moment in time what is it to be a student TR
52. 52 I think you've got to have a massive amount of empathy and you've got to have, you've got to
53. 53 understand the patient journey I think because if you didn't, I think a lot of people who do this
54. 54 course have had someone who has had cancer in their back ground or have someone who has been
55. 55 affected by it , so you kind of understand where the patient is coming from to a degree, but to be a
56. 56 radiographer I really think you need to have those skills that you should do in the medical profession
57. 57 but you also need to know what you're doing to try and get the best outcome for the patients. I
58. 58 think the patient side of it is incredibly important, especially where people are going through
59. 59 probably the worst time in their lives and have had this horrendous diagnosis thrown on them and
60. 60 they can't do anything about it, they've just got to try and manage it. I find especially being a
61. 61 student, I feel like you're the one they come and talk to. So you learn that empathy and you learn
62. 62 how to talk to people and build that rapport with patients, much better than I think you would with
63. 63 other disciplines maybe.
64. 64 Q- do you ever find the job can be emotional, do you feel something different inside but maybe
65. 65 don't portray that?
66. 66 Yes definitely, there's definitely been one time with a patient when I cried so far with a patient when
67. 67 they rang the bell because they were just so lovely and they brought all the family too. It really was
68. 68 emotional and you do find some of the stories just horrific and I think you've got to put that
69. 69 professional face on, you can't look like you're being emotional, especially if they are upset as well,
70. 70 you've got to kind of understand what they are talking about, empathise with them but try and give
71. 71 them the best advice possible without building their hopes up. Try and give them advice in how to
72. 72 look after themselves and how to make the side-effects less and yeah I think it's definitely emotional
73. 73 but you've got to kind of deal with it and kind of put it to the back of your mind and try not to get
74. 74 emotional yourself.
75. 75 Q- do any members of the team ever show any emotion?
76. 76 It depends what kind of a day you've had, if you've had back to back paediatric patients and then
77. 77 you've had someone who is palliative, really poorly and they're really struggling with side-effects.

78. 78 You get one after another, it's kind of tough, with the student side, the radiographers are amazing
79. 79 and they will sometimes go oh that was horrible but they kind of get straight on with it for the next
80. 80 patient because you haven't got time to process it all. So I think it's really important you kind of talk
81. 81 about it to an extent with you peers and with your colleagues. Then when you get home you
82. 82 obviously don't want to bring it up at home, that emotion. I think it's kind of good to talk about it

83. 83 with people but not take everything home, otherwise you're just going to be emotional all the time
84. 84 with some of the stuff that you hear.
85. 85 Q- how do you process it all, how do you deal with it
86. 86 I think I would maybe speak to someone on the team or one of the Radiographers and I'll kind of say
87. 87 oh that was really sad because they normally know a bit more background than I do, because they
88. 88 might have known them a bit longer. It's kind of, I like the back story and to get to know the patients
89. 89 well. I think because I've been through it and I saw from my Mum, my Mum had cancer twice you
90. 90 see. The first time she had it she was cured and then the second time it happened a couple of years
91. 91 later and that's when it was palliative. So I've been through oh thank God she's ok and I've been
92. 92 through well this isn't going to go the way we want it to. And I've watched that unfold and Mum
93. 93 become more poorly and poorly to the end really, and watched someone pass away. So I kind of
94. 94 compare a lot of that stuff to that situation, because I know how strong she was, well I can feel, I can
95. 95 just kind of understand what it is. I try not to hold onto it too much because I've already got the
96. 96 image in my head from a previous time. So I just try and breathe, try and get on with it, keep all of
97. 97 that in the workplace and try not to bring it home to my family. Work gets switched off then and I
98. 98 can try and enjoy family time then.
99. 99 Q- do the team around you offer support at all in placement
100. 100 I think so, especially the other students because they are all going through the same thing. I am a
101. 101 little bit older than everybody else, so their life experience isn't quite up to what mine is so
102. 102 sometimes it's difficult to talk to one when they don't have the life experience that you've got
103. 103 yourself. The Radiographers are brilliant, I'll speak to them because they're more my age, so I find I

104. 104 can talk to them a little bit easier, where as the students who are 18, 19, 20 are a little bit harder to
105. 105 kind of talk to because you don't really have the same experiences, the same life experiences. So
106. 106 personally I don't but I know of lot of them do talk within themselves and give a lot of support to
107. 107 each other. But I just try and keep myself to myself, but I will speak to them. But it's a little bit
108. 108 different for me.
109. 109 Q- what's the workload like in placement?
110. 110 It hasn't been too bad to be honest, because we get half a study day and do bits of work where we
111. 111 can. But I think with my last placement I don't feel like we've had a lot of work to do around
112. 112 placement. There's been obviously your reading towards essays and stuff but there hasn't been a lot
113. 113 of deadlines around placement, so we've had it relatively easy to be honest ourselves. It depends
114. 114 whats going to happen as you go into 3rd year, when you've got your dissertation to write and you've
115. 115 got placement on, it will be a bit of a learning curve that way. But so far so good for me, the
116. 116 workload hasn't been too bad at all. The shifts are good because they are pretty flexible especially
117. 117 with myself picking my son up from nursery or his Nan and Grandads. They've been particularly good
118. 118 with me, making sure I've got the right shifts as much as I can really
119. 119 Q- how many clinical patients are you seeing in a day
120. 120 On average about 35-40, it depends where you are. Some places on our clinical sites are a little bit
121. 121 smaller so one site you might see about 30 patients and if you go to one of the busy machines which
122. 122 has the more advanced techniques you might see 40. I think with the advanced ones you have less
123. 123 patients because you have more time for them. With some machines you are touching 40, it's hard
124. 124 to fit them all in. The Radiographers are brilliant at fitting them all in and getting the times right, but

125. 125 still not making out like they are rushing to get the next one in. So it's kind of team work I suppose
126. 126 that they all kind of work together to achieve that.
127. 127 Q- you mentioned before seeing a variety of different techniques and patients, are most days similar
128. 128 or do they vary?
129. 129 It depends what kind of machine you're on to be honest, I mean I've been on machines that have
130. 130 had just the most bizarre treatment techniques, like I thigh. I mean I never even thought you could

131. 131 get cancer in your thigh and you've got a big leg cast. Then you've got your SABREs and you've got all
132. 132 the band 7s in watching. So it's kind of I feel like I've seen a lot of different things lately. My 2nd year
133. 133 ones I've seen so much that I never thought I'd see when I was a student and been a part of aswell.
134. 134 Q- you mentioned a patient ringing a bell, are there any other patients that you remember
135. 135 Yes I think I get quite attached to patients at times, especially if I've seen them through the course of
136. 136 the treatment. I mean there was one gentleman who was really kind and always made sure he came
137. 137 and saw me and I'd always catch him before I went on a break, he was always lovely to me.
138. 138 There was a lady who was lovely as well and at some point I ended up staying after my shift to see
139. 139 her and take her to the ambulance as well, so I think I get a little bit attached to them at some points
140. 140 but I am patient orientated. A lot of people are about the science side, but I am very patient
141. 141 orientated, I like the patient care side of it. I like getting to know the patients and helping them
142. 142 along, so a lot of patients I know I can remember. One of the first patients I saw wrote a letter to the
143. 143 uni and thanked me for all my hard work and it was my first placement of first year, so we were
144. 144 there for 2 weeks. I got such a confidence boost from it and a nice email from the uni, which was
145. 145 really nice and that will always stick in my mind.
146. 146 Q- do you think those thoughts and feelings are going to change over your next year and when you
147. 147 qualify
148. 148 I hope not, I love the profession as it is at the minute. I love going to meet the patients, what it will
149. 149 be like when you're actually a qualified is different but I feel like for myself because I am a little bit
150. 150 older I'll be ok. I'm not going to be changing my mind at any point now, I think I am looking forward
151. 151 to next year and all the different things I can learn and all the other people I am going to meet and
152. 152 stuff with uni and placement
153. 153 Q- does anything worry you about the next stage
154. 154 Erm I don't think so, I mean obviously the pandemic is still on-going, I did struggle with learning at
155. 155 home because of the other things I've got going on at home as well. But I think, well my boys going
156. 156 to primary school in September, so I had my husband at home, I had him at home, trying to write all
157. 157 these essays. I think it will be a lot easier in September, the organisation seems to be a lot better for

158. 158 this semester so everyone will kind of know what's going on. So I'm hoping it won't be too bad. But
159. 159 when you think you're not going to see anyone from uni until may be March time, if we get to go
160. 160 back to campus, it's just a little bit strange, especially with everything that's going on at the moment.
161. 161 Q- what do you think about going back to placement soon
162. 162 I can't wait, really looking forward to it. Because we finished the end of March beginning of February
163. 163 it feels like such a long time that we've not been on placement for and we've not had any contact
164. 164 time with anybody. I am really looking forward to it, we had an email from our clinical tutor today to
165. 165 tell us what's going on and give us our rotas for the next block. So it's kind of becoming a bit more
166. 166 exciting that we are going back and going back to see all the different things that's going on. Because

167. 167 every time I go back somethings changed, some different protocols come into place and obviously
168. 168 there will be a lot more with covid, there will be a lot more changes going on, so it's just kind of
169. 169 adapting to that and seeing what's going on in the centres really.
170. 170 Q- I guess PPE and the environment is going to be different
171. 171 That's it, I mean the masks themselves aren't very comfortable, even to go to the shops in so
172. 172 wearing it all day for clinical should be interesting, but we will see how it goes.
173. 173 Q- how much control do you have over your working day
174. 174 Erm yes and no, I like to be quite organised, I like to have my deadlines and know what's going on,
175. 175 it's the only way I can survive at the minute. If I just kept it day to day it would fall apart. So I feel
176. 176 better planning everything in advance, whether it goes to plan or not it gives me an idea where I am
177. 177 going. I kind of feel in a controlled way that's the only way I have control by planning out, then when
178. 178 it got to the pandemic and we were learning from home, all my planning went out of the window
179. 179 and it was kind of just fight for whatever I could get in at that time. But do you mean workload? I
180. 180 think I just like routine, if stuff is given to us, I like to plan out. But obviously you can't control what is
181. 181 given to us to write or anything like that. It's jut trying to get used to the steps of university, because
182. 182 obviously in first year it's a little bit spoon fed but you have to go off and do a lot of independent
183. 183 reading. 2nd years just a little bit more, so it's just kind of getting if you're not understanding
184. 184 something to get to learn it on your own. I think especially with doing the essays and learning a

185. 185 whole kind of cancer group on your own, you had to try read or you wouldn't understand anything
186. 186 and there's only so much tutors can give you. I feel that was a struggle for me because, I think
187. 187 everything with the pandemic made everything 10 times harder, but it was kind of a struggle
188. 188 thinking oh I don't actually know what this means so I'll have to go and look it up.
189. 189 Q- do you have any control in clinical
190. 190 Clinical it depends what machines you've got, what staff you've got. I mean some of them are really
191. 191 great at teaching you and kind of letting you lead on a patient. You do have that-it depends on who
192. 192 you are working with. Some radiographers are fantastic at getting you to do things, asking you
193. 193 questions, really trying to help you learn and then some just really don't want to know, you're just
194. 194 there because you've got to be there to get qualified and some kind of ignore you. Then you've got
195. 195 the ones in the middle who are trying to help you but they are just too busy to kind of give you that
196. 196 bit of effort. But then you've got some, I mean I've been really really lucky to be with a couple of
197. 197 people who have really wanted to help you and ask questions, quizzing me and helping me to tryget
198. 198 me to come out of my comfort zone and push me a little bit. So I've been very lucky in that sense
199. 199 and I've had people like that. But I know other people haven't been so lucky and I have had the
200. 200 people who won't talk to you, kind of ignore you and you're someone there to just wipe the bed and
201. 201 you're not there to learn. I mean so I have been quite lucky in that sense. But you kind of control
202. 202 your own learning. If you don't want to learn and stand in the background then they'll let you stand
203. 203 in the background. But if you want to get stuck in that's the way you're gonna learn. I'm quite hands
204. 204 on anyway so I'm quite happy to talk to patients, so I'll do the moves. I think the control lies within
205. 205 yourself, so it's there to take, it just depends what kind of person you are.
206. 206 Q –how do you think and feel about being that radiographer who is going to be responsible for
207. 207 teaching a student
208. 208 I think from what I've heard from peoples experiences I don't think I could everbe that person who
209. 209 was too busy. I think we're the workforce who are coming in and when you've got some of the older

210. 210 radiographers who are like well we had to do this back in our day, we had to carry film, well it's like

211. 211 it's all different now, everything is changing so quickly, technologies advancing so quickly, so they
212. 212 probably know more than you do at some points the students. So I think if you work with students,
213. 213 training them wouldn't be a bad thing at all. I feel like you've got that responsibility to have to teach
214. 214 them, but maybe that's my older head I suppose rather than someone who was younger. I think
215. 215 sometimes when you've got the younger radiographers who are just qualified, 23, 24 and then I
216. 216 come in who's older than them, they don't know how to take me. They don't know how to –oh go
217. 217 on you can do this if you want but because I'm older than them it's a little bit strange for them.
218. 218 Because I'm a little bit older and I have got a child I feel like I would take some of them away and try
219. 219 and help them out.
220. 220 Q- what is it like to be you in the shoes of a student radiographer
221. 221 It's difficult at the moment, but I think that's just because of Covid. No one ever thought we would
222. 222 get to this place, people are still scared, cancer treatments are getting pushed back so they're even
223. 223 more worried than normal.It's kind of a bit apprehensive to go back to placement but kind of
224. 224 exciting because we don't know what we are going to go into. We don't know how Covid is going to
225. 225 affect a patient in a years time. People who should have gone to the doctors straight away and
226. 226 looked at, they've just carried on and not gone because they've got too much going on. So it all
227. 227 depends on what's going to happen in 12 months time , 18 months time where you might get an
228. 228 influx of patients who are really poorly. So it's kind of that apprehension about what's going to
229. 229 happen in the future especially with the pandemic going on. So I don't know, I'm looking forward to
230. 230 it but it's going to be a challenge. We are going to be qualifying in June/July next year so we could be
231. 231 the ones with all these patients if we get a job straight away. We could be treating patients who
232. 232 have missed things from covid, so we don't know what the late effects of covid are going to be. It's
233. 233 going to be an interesting year.
234. 234 Q- how do you deal with that uncertainty
235. 235 I think you've just got to take each day as it comes, because if you sat and worried about everything
236. 236 you're not going to get anywhere. I kind of took that from when my Mum was around and she was
237. 237 poorly, I mean we never knew like how things were going to happen. I was going to get married in

238. 238 Jamaica, and my Mum found out she was terminal so we got married in England. Even then it was
239. 239 are you going to get to the wedding, how well are you going to be at the wedding. She taught me
240. 240 you've just got to take it one day at a time, just see how things go, you can't plan for something as
241. 241 uncertain as cancer, you can't plan for it, you've just got to see what happens. Especially with the
242. 242 pandemic, we don't know what's going to happen at the end of winter when there could be a
243. 243 second spike and everything goes back to lockdown again and how it was in the Spring, so take each
244. 244 dayasitcomesandgetasmuchoutofitasyoucan
245. 245 Interview stopped-long discussion about emotions, memories and support available to participant
246. 246 Second interview 20.1.21
247. 247 Q – I know you've been in placement since the last time we spoke-so what was that like
248. 248 Very different, very different , from what it was last year. Obviously our clinical time has reduced a
249. 249 lot now and we're going for quality not quantity. It's just a case of trying to get the most out of
250. 250 placement, you don't really have any time to get yourself involved again. You were just thrown in
251. 251 especially because we are doing lift up now, there's no margin of error, you're just trying to keep it
252. 252 at the highest level all the way through, so it's a bit different now but not too bad

253. 253 Q- how are you finding Liftupp
254. 254 I got quite good marks on it, so I was quite happy with my marks, but I know other people weren't.
255. 255 So you've just got to make sure you're on your toes, make sure you are constantly active, where as
256. 256 sometimes when you'd had your SOCRA, you'd put all your work into that SOCRA and then you'd
257. 257 have a week off after and you'd be like I'm just going to take my time now and back off a little bit
258. 258 and let everyone else do the work-but you can't do that this time. Its more mentally exhausting but I
259. 259 think in a way better than the 3 hour exam.
260. 260 Q- how was placement different to last year
261. 261 I was at X, it was a lot quieter, I found patient numbers were lower than they were and more
262. 262 patients were coming in with more advance cancers. There were more breast patients with SCF and
263. 263 nodes and more spread than whatever has been that I've done. I think everyone was a bit more on
264. 264 edge, I think everyone had just got over the summer and just slowly coming down, schools had

265. 265 reopened again and you could just see it was still a bit, the PPE protocols were changing while we
266. 266 were there so it was just trying to keep up with everything.
267. 267 Q- what was it like to be treating more advanced disease and more palliative patients?
268. 268 It was, it gave me a bit more of an insight into the advanced techniques and the advanced
269. 269 treatments. Rather than having a simple breast patient, you had to move the gantry you had to
270. 270 move bolus and it was kind of remembering all the steps that you had to do. It was a lot of different
271. 271 techniques over the time, it was very mentally draining especially because we hadn't been in
272. 272 placement for 6 months prior to that.
273. 273 Q- how was it emotionally
274. 274 It was ok, I mean I think over the pandemic going on and everything with the pandemic going on we
275. 275 didn't know how it was going to be. I think we were the first students back and the staff hadn't had
276. 276 students in for 6 months. So I think everyone was happy to see us, so it was a lot to take on and it
277. 277 was emotionally draining I would say
278. 278 Q- any particular patients are incidents that you remember
279. 279 We treated a covid patient without realising it was a covid patient which was interesting. After that
280. 280 everyone was in a mad panic. He got told he had to self-isolate and we had been treating him for
281. 281 days before that so he was covid positive so they had different protocols. So obviously band 7s
282. 282 treated them rather than us, but I did find it was a lot more younger women who had breast cancer.
283. 283 It was a lot of breasts, it must have been out of the 30 odd patients we had a day it was at least 15 of
284. 284 them were breast patients. But because of where we were we were quite, we didn't see every
285. 285 patient, every day like we used to and then one was breaking down. So you'd have someone else on
286. 286 a different machine trying to cut down the queues. It was kind of like you'd see one person for 3
287. 287 days then you'd see them at the end of their treatment. It wasn't as fluid as it normally is where
288. 288 you'd see one person from beginning to end and build up a relationship with them, but this time you
289. 289 couldn't really build a relationship up. I found you'd be on one machine one day and because of the
290. 290 queues then you'd be on another machine, then another machine, then they'd get put on the
291. 291 private machine they had more space. Then you just wouldn't see them again then you'd see them

292. 292 in the corridor and you'd be like hello are you ok and that would be it. I think you didn't get the
293. 293 relationship as much as you used to. I think because of where I was based more than anything yeah
294. 294 that's what I found this time

295. 295 Q- how did that feel then this time
296. 296 I didn't like it, I like building up my relationships with patients, I like getting to know them, it helps
297. 297 them open up a bit more to us if you see them every day, especially being a student they feel they
298. 298 can talk to you more than they can the radiographers sometimes. I always talk to them on the way
299. 299 in, it just felt like I couldn't do that as much. Then I'd have another patient from another machine,
300. 300 because the machines were so close you'd just swap patients. You'd kind of just get patients who
301. 301 you didn't know, or you'd miss something. They'd talk about a side-effects that they've been
302. 302 suffering for ages and you couldn't really help as you didn't know the back stories, or you went
303. 303 outside and had another look. It wasn't the best of placements that I've had so far
304. 304 Q- what was it like being in the team in that situation
305. 305 I think everyone felt a bit frustrated, but I think because we had a lot of machine breaks and just
306. 306 wanted to get the patients through. I think there were frustrations, there were no vaccines in sight
307. 307 back then. Everyone was on their toes, there were people off sick because the schools had just gone
308. 308 back. So there were kids off school, you wouldn't really work with the same team all the time
309. 309 because there was that much sickness, people would be coming in and out. It was more manic than
310. 310 it ever had been. But in general with the team I felt like I fitted in and I could do well, it just wasn't
311. 311 the same as it had been.
312. 312 Q- how did the team deal with things, you mentioned people being on their toes, being worried,
313. 313 were there open conversations about this?
314. 314 Because obviously when you find someone who has to self-isolate or has a text from track and trace
315. 315 then everyone would go into panic mode. One of the patients who had covid was actually wandering
316. 316 round the hospital touching everything. No one, because of being on different machines, no one had
317. 317 communicated to him that he had to stay in one room, so he was wandering round the hospital
318. 318 touching bannisters. So I had to go and clean and wipe everything down where we knew he had

319. 319 been, just so it was safe for everyone. But they only had, they said up until June/July they didn't
320. 320 have masks they were just still treating as normal. Then when I was there they introduced aprons as
321. 321 well for anyone who was rolling or touching a patient. Everything was getting more of a kind of on
322. 322 their toes, yeah grandparents, parents, no one wanted to get covid. There was a lot of people off at
323. 323 the same time with it or with kids being off school. It was more, definitely more manic and because
324. 324 there are only 3 machines, there wasn't as many staff there and they wanted staff to stay in the
325. 325 same centres because of contamination. So people couldn't really come over to us to help and vice
326. 326 versa
327. 327 Q- sounds very different, what's it like being a student radiographer now
328. 328 I think I didn't realise the jump from 2nd to 3rd year. To be on placement in 2nd year to honest you
329. 329 could get away with being a little bit lazy and just do the same thing all the time, you know you talk
330. 330 to patients, you go out, you don't really do more than what you're told. But I think 3rd year they are
331. 331 expecting a lot more of you and that was more of a shock than anything. It was like right now you've
332. 332 got to start doing the list, you've got to start organising patients and once I got stuck into it I thought
333. 333 ok I've got to do this on my own now, I'm not far from graduating and I could have a job in 6
334. 334 months/12 months time. Right ok I need to start thinking like a real radiographer not a student now.
335. 335 That was the biggest thing I felt when I was there.
336. 336 Q-how do you deal with the stress and pressure of that

337. 337 I would have said drink, but not now. I think it's just making sure you're talking to people, I've got
338. 338 quite a good support network at home. I've got my husband, I've got his family, my brother and
339. 339 friends. So I've got someone that I can talk to if I need to if I've had a stressful day. The team I've
340. 340 worked with them a few times in the past, so it was nice that I knew them as well and they knew me
341. 341 from being a 1st year student to now so they were helping me along. If they felt I was struggling with
342. 342 something we could talk about it together. I felt like I was more part of the team than I ever had
343. 343 been. I felt like because I was actually the only student there for 2 weeks as well, no other students
344. 344 in, so I felt like I was more part of their team than I was, which was nice
345. 345 Q- do you ever see humour being used

346. 346 I think you've got to sometimes, I think you've got to laugh before you cry sometimes because
347. 347 there's been, like there'd be a patient who was a bi-lateral breast you know had about 4-5 different
348. 348 fields. There's be about a 15 minutes gap for them and you'd know that wouldn't be long enough.
349. 349 There'd be about an hour wait after this patient and you'd try and give your patients to other
350. 350 machines, we were like well what can you do. You just needed an hour and half to treat her and
351. 351 you'd be like ok just get on with it. They are so resilient there, anything they get thrown, they don't
352. 352 moan about it, they just like get on with it.
353. 353 Q- do you hear any complaining or moaning
354. 354 They do complain, yeah but they try and not complain in front of me. They have a good moan before
355. 355 they say right we've got to get on with it anyway. They were behind with weekly checks because one
356. 356 of the new band 5 was in there and she couldn't do them yet. They said they were falling behind so
357. 357 badly with them and they said there's nothing we can do we can't just stop and do it. So they'd have
358. 358 a good moan and they would just get on with it.
359. 359 Q- any positive patient stories
360. 360 Yeah we had a couple of prostate patients who were really nice. I love them anyway, talking about
361. 361 the window of drinking and it's getting them to open up because at first they don't want to talk
362. 362 about it and the bladder and incontinence. By the end of it, when you're getting them to open up a
363. 363 little bit, I found that so rewarding especially when if they wouldn't say. You'd be like Hi are you ok
364. 364 and they'd be like yeh I'm ok. And then by the end of it they are on full-on chat, first name basis,
365. 365 you're best friend and we're talking about football and we talking about all sorts of what's going on
366. 366 in life and that's it –it's right we've cracked this one
367. 367 Q- what is it that you love about getting them to open upo
368. 368 Just so then they trust you, I know that I think it's such a big thing, especially in oncology that
369. 369 they've got to trust you. Especially with everything like the pandemic and then panicking about
370. 370 catching covid because they are not as fighting fit as they were. I think that's a lot of their concerns,
371. 371 everyone was quite worried. Erm and you could see that they just wanted to get in and get out. I
372. 372 think getting them to open up to you and trust you and they know they safe in your hands, I think
373. 373 that was so rewarding because they were scared at the beginning and they feel more relaxed the

374. 374 more and more they go along. Especially with the women, the breast patients as well because there
375. 375 was a couple of young ones who were my age or between 30 and 40 and you're looking at them and
376. 376 thinking that could be me because they are so young and you could see the nerves in them and
377. 377 they've gone through chemo in the pandemic and they've had their surgery, they've been immune-
378. 378 suppressed so they haven't left the house for so long. Getting them to be like you know you can
379. 379 trust us here were not going to put you in an unsafe environment, that's what I love. And then when

380. 380 it comes to the end of it and they were really nice and they give you chocolate and they were dying
381. 381 to give you a hug but they couldn't so you just kind of waved to them.
382. 382 That was another thing, you just couldn't touch them. Patients want a reassuring arm around the
383. 383 shoulder sometimes and you couldn't do that this time.
384. 384 Q- how did that feel then not being able to do that
385. 385 It was nice, I'm not a touchy feely person but if someone wasn't feeling great just to put your hand
386. 386 on their hand just to reassure them a little bit, we couldn't really do that, you're not meant to do
387. 387 that. If they are crying at you then you instinctively go to them, but I felt it was a lot more
388. 388 impersonal than it used to be. Which I think is why when you got them round to actually trusting you
389. 389 without having to do that, it was a lot more satisfying.
390. 390 Q- you mentioned a couple of times that could have been me, you connected with them, do you
391. 391 often put yourself in other peoples shoes like that
392. 392 Yeah I think I do, because my Mum died of cancer and I know people that are going through it at the
393. 393 moment as well, you do kind of sit there and think God they're my age, why is it them going through
394. 394 this. Then you'd see someone who would remind you of someone who had passed away and you'd
395. 395 be like right they're too young, they should be fighting fit. It does, it makes it more I don't know, not
396. 396 rewarding. I think you feel like it hits them a lot more. I treat everyone like it's my relative, just
397. 397 because I'm like that. I think if that was my Mum, Auntie I'd want them to have the best treatment,
398. 398 so I feel if I can give them that best treatment then they are going away thinking they have looked
399. 399 after me here and I think that's one of my biggest things.
400. 400 Q- block of academic coming and then your final placement-any thoughts about that

401. 401 No I think, I spoke to my CT recently and I'm being put back in the same place where I was this time.
402. 402 So I'm going to know everything again, but at least people having the vaccine now with the spike
403. 403 coming back down, everyone will be a bit more relaxed. I'm hoping, we don't know what's around
404. 404 the corner do we. You can't even plan week by week for what it's going to be like. I think the closer I
405. 405 get to actually finishing uni, the more responsibility is going to be thrown on me. Which I'm looking
406. 406 forward to, it's just getting my head around it. Because we've had another big gap between
407. 407 placement now and the next one, which is in 8-9 weeks, so I've got another gap. A least the gap
408. 408 between the other 2 is quite small. I feel like that will be just a bit of a warm up to get you back up to
409. 409 speed again, but you haven't really got time because you've got Liftupp. So you can't take a week to
410. 410 get yourself up to speed again, you've got to get up to speed quick, but again you've only got 1⁄2 days
411. 411 so as much as you want to be there all day and you want to get as much of it as you can, you've only
412. 412 got 1⁄2 a day to do it. Then you don't see 1⁄2 your patients, that's one of the main things actually, we
413. 413 are doing like a morning shift and then an afternoon shift. The patients, you wouldn't see all the
414. 414 patients. Morning patients have morning appointments every day. If you were on 3 morning shifts,
415. 415 you wouldn't see the late afternoon ones if you know what I mean and then vice versa. So you don't
416. 416 really see that patient all the time. It's going to be the same this time and you've just got to adapt
417. 417 and get on with it
418. 418 Q- any thoughts about once you do complete the programme and qualified
419. 419 I would say get a job as soon as I can, that would be my goal. Honestly with things with me at the
420. 420 minute it's a bit different but I aim to be in work in 2022. All depends on the place where I want to
421. 421 work and whether there will be vacancies, so I just have to wait and see. So the main thing is is trying
422. 422 to get myself a job, but it will be a lot more difficult now that it was.

423. 423 Q- Anything you are thinking or feeling
424. 424 I feel like I just want to get back to it, I feel like we're suffering from such a big gap because I don't
425. 425 know. Because you don't see anyone now, it's all on screen and you don't feel like you're connecting
426. 426 much, where at least when you're on placement you're face to face and you're learning face to face.

427. 427 When you're just behind a screen and you've got everything going on around you it's different. I feel
428. 428 like I can't wait to get back just to have that face to face interaction and adult conversations.
429. 429 I think it's been a lot harder than anyone imagined this year and I think trying to do the degree and
430. 430 trying to do work at home and you've got everything going on and you're trying to concentrate. At
431. 431 least when you're actually out you can do it, you can budget your time. If you're at home you think,
432. 432 oh I'll just do that and I'll just do that. I'll go and make myself a drink, you just don't have that
433. 433 constant flow and I can't wait to get back to it. That 6 week placement I can't wait for, it's going to
434. 434 be like a whole new revelation. Just to get back to work again.
435. 435 Interview ends

Participant 5

1 Participant 5 (CW) 2

3. 3 Q- think back to when you first start out on the radiotherapy programme-what drew you to
4. 4 radiotherapy?

5

6. 6 So mines a bit odd, its to do with my undergrad dissertation. I did a dissertation on brain
7. 7 cancer trying to weighted MRI to try and differentiate between 2 types of cancers. They
8. 8 have different reactions to chemotherapy and radiotherapy and I found that really, really
9. 9 interesting. I thought oh I'd like to do something with cancer and was always interested in
10. 10 patient care, patient pathways. Then we got an email from Sarah Jane, just kind of being like
11. 11 come to a radiotherapy taster day. So I went to the radiotherapy taster day and I was just
12. 12 like yes this is what I want to do

13

14 Q- how do you feel about the decision that you made then, how do you feel now? 15

16. 16 Yeah it was the best decision I've ever made, definitely yeah without a doubt. Like I can't
17. 17 imagine doing anything else. When I look back on it now I don't know what I would have
18. 18 done if I hadn't done radiotherapy.

19

20. 20 Q – ok why do feel it's still the best decision you've made then?

21 Erm I think it's a really great way to keep up with my love of, it's a weird way of putting it,
22 but my love of cancer. Because I was just so interested in it, it has completely like enthralled
23 me all through the course. I think it's got a really great balance between clinical and
24 learning, so you don't kind of too much feel pressured that it's all going to be academic and
25 then you're going into the clinical world, but not knowing anything. You're going to have
26 that good balance and I've absolutely loved being on clinical placement.
27 I said it to my Mum from my first placement, this is literally like what I want to do for the
28 rest of my life. I absolutely love being on placement, love like being around radiographers
29 and getting to know the patients as well. It's just absolutely amazing.

30
31 Q- what is it like being a student therapeutic radiographer ? 32

33 I think it's different from what I thought it was going to be kind of training. I thought it was
34 going to be all clinical and oncology, but there's a lot of physics behind it. But if I was talking
35 to another student thinking about it, I'd be like don't be worried about the physics, because
36 there's a lot of support going on and I think the support kind of makes the course. Because if
37 that wasn't there, I definitely would have got lost on the physics side of things. Just because
38 I had absolutely no idea. One of our first lectures was on anti-neutrinos and I have
39 absolutely no idea, I literally was like what have I walked into. But like it was, it was just
40 really great, because they did see the look of panic in some of our eyes who had come from
41 biology backgrounds and were just like don't panic, this is just a basic physics lecture, we're
42 not going to be expecting you to know everything about anti-neutrinos. It's that great
43 balance, the amount of time you get on clinical, I don't think I would have got that
44 anywhere else if I'd tried to do radiotherapy anywhere else. I think getting that time with
45 patients and it's kind of the lengths of the blocks as well I really appreciated because you get

46. 46 into the flow and you get into kind of what is my life going to be like after I finish this
47. 47 course. You kind of get that especially with the block last summer, you didn't have any

48 exams to prep for, it was between the 2 semesters and it was kind of like oh this is what my 49 life is going to be like after I finish the course. My day to day kind of tasks and things like
50 that, even though we were kind of like doing rudimentary tasks, you kind of got the idea of 51 what you were going to be doing. Erm so yeah,

52
53 Q- you talk about clinical placement and loving it, can you explain a little more about that, 54 what is it about placement that you love?
55
56 Obviously I'm at X and I cannot fault the clinical support team out there because they are 57 just amazing. I'm sure this is the same in other clinical sites, but they get everyone to like 58 understand every bit of the patient pathway. So we have inter-professional learning weeks, 59 where I spent some time in brachy, in chemo, with the porters and it was kind of 60 understanding every job that is in the hospital. It was kind of understanding every role that 61 everyone plays in a patient's pathway and it's not just your department that's the only thing 62 that affects that patient. Kind of it helped when patients were coming in, if they were
63 mentioning chemo side-effects and things they were struggling with outside of their 64 radiotherapy that I could kind of understand where they were coming from. If they were 65 talking about patient transport, then I kind of understand how I could help and kind of join 66 up all the different things. With clinical placement, when you're on radiotherapy set, they 67 don't kind of baby you, which I really like. I like the fact that they throw you in the deep end. 68 I mean obviously they are there to support you, but they're not afraid to say ok no you take 69 the lead and we'll kind of step in if you need us or if you feel that you need help. I really
70 appreciated that because there is always the chance that when you go back on clinical 71 placement you're going to kind of think oh have I lost it. Then instead of not necessarily like 72 babying it , but instead of kind of encouraging you to take a back step. They will be like no, 73 get involved straight away, like you do know this because you did well in your assessments 74 last semester. We've worked with you before and kind of you do make close relationships 75 with staff members as well because they will remember you from previous placements and 76 they will be like well this is what you needed to work on las time, how are you doing with it. 77 Things like that, it's just really appreciated and obviously there is a lot of students going
78 through and you kind of expect to blend into a crowd and be like oh who are you , but it's 79 like oh hi, how's your course going, have you got any assignments, They kind of know 80 because of their backgrounds where you're at with your academic things and they always 81 ask about the assignments outside of things.
82
83 When you're in placement do you have control over your working day?
84

85 So we have set shifts, we either do an 8-4 or an 11-7, that's at the X, I'm not sure what it's 86 like at the other clinical sites. We also have a 1⁄2 day and it's up to us when we have a 1⁄2 day, 87 but we have to work around if there's another student on set, then you have to organise not 88 to take it on the same day. Or if you are taking it the same day, you're not taking it the same 89 time, so one in the morning and the other like student will take it in the afternoon.
90 In that sense and you can kind of, if you're on set with another student then you can
91 organise your shifts around that and kind of make sure that you're both not doing all earlies 92 or lates. But if you're the only student on set you kind of have the freeness to do what you 93 want to, if you kind of have a job outside uni it kind of works great because you can finish
94 when you want to on certain days within the parameters of those shifts.

95 Q- thinking back to your placement are there any particular patients or cases that you can 96 remember that stay with you?
97
98 There's a couple of patients that stick with me. The first we had a paeds patient sarcoma, 99 the reason it sticks out to me is I was treating him when my Grandad became terminally ill

100 and then passed away quite quickly. He, over the week period that that happened, I'd treat 101 the patient and he was, what I can only say is the shining light of how patient's deal with an 102 illness. Because he just didn't let it bug him, he went to school, he had chemo on a Tuesday 103 and he just kind of took it all in his stride. He was learning Spanish at school and we would 104 chat in Spanish, because I did a bit of Spanish in school. I could kind of use certain phrases 105 which I knew were the basics that he would have learnt when he was on the table so I could 106 kind of put him at ease and he was just kind of thinking about school and stuff. And on the 107 Friday that my Grandad passed away, on the Thursday he had come into his treatment and 108 was like X I'm getting these shoes tomorrow and I was like you'll have to show me.

109 My Grandad passed away in the early hours of the morning and I slept through my alarm I 110 rang my clinical placement and said I'm going to come in, this has happened just so you
111 know. They were like you don't need to come in don't be silly and I was like no I've got a 112 patient coming in who is showing me his shoes like, it's just the silly little things but because 113 we made the bond through his treatment and I saw him from start to finish I didn't want to 114 not turn up. And it wasn't, it kind of got me through the day aswell , it wasn't just about him 115 bringing his shoes, it kind of helped me deal with the fact my Grandad had cancer and things 116 like that. So it's kind of like a 2 way street with us helping them and them helping us and 117 that's why that case has stuck out to me because I don't think I would have got through that 118 day without the patients that I saw. It wasn't just him, there's obviously other patients that 119 just make comments throughout the day that kind of picked up my mood and things like 120 that but I always remember him, being in the morning like I've got to go in because he's

121 going to show me his shoes. And X was just like that is just the most bizarre thing I have ever 122 heard and I was kind of yeah.
123 And then another patient was a lady who had rectal cancer she really reminded me of my 124 Grandad but she was just so matter of fact and I think that's she was just one of their

125 generation. There dealing with her, she was really struggling, she had lots of side-effects, 126 she had a really bad skin reaction, but she kind of didn't want to let anyone in at all. She 127 didn't want to let people know that she was suffering but I remember just walking through 128 the waiting room and she kind of gave like a little wince. I was like are you ok, are you

129 feeling ok, is there something wrong. And she kind of just let that wall down and chatted to 130 me and I was like no problem I'll let the radiographers know and we can just get some
131 things in place and things like that. She really appreciated having, although she didn't want 132 to let the wall down, she appreciated having the opportunity to let it down even though she 133 was reluctant if that makes sense. I remember her, yeah she just stuck out to me.

134 They are 2 special patients
135
136 Q – do you ever feel like the emotions you are expressing are different to what you are
137 actually feeling inside?
138
139 Erm I think in some senses yeah, like particularly with paeds patients you kind of get that 140 like they don't really deserve this at all, they've never like, they've not had like a life yet they 141 do you know what I mean like. With elderly patients they always go on like, oh I've had a

142 great life, it is what it is like, especially with prostate patients they are like oh it doesn't 143 really affect me I just get up in the night. But like with paeds patients it's a little bit more 144 difficult but again their attitude is completely different to adults. They kind of just get on 145 with it because it's all they know and in that sense it makes it easier to kind of mask your 146 emotions because they are being positive it's easier to be positive and then you kind of go 147 home and you're like oh that was a difficult day like that's when it kind of processes. But 148 other than especially with bowel cancer and rectal cancer patients, other than when they 149 remind me of my Grandad that's the only time that I find I'm like oh keep it in don't let it 150 out, because the patient will be just like why are you upset on set and then I'd have to 151 explain it, but that's the only reason that I would think I'd have to mask my emotions.

152
153 Q- would you describe radiotherapy as emotionally challenging?
154
155 Long pause. I think it's a learning curve, in the sense that you learn that not cancer, that
156 cancer doesn't mean death and I think a lot of people go into thinking and still a lot of

157 people are like isn't that a really depressing career because you are treating people with
158 cancer. I'm like no it's one of the most positive departments I've ever, because I've been in 159 surgery and done like experience weeks in places. But radiotherapy is one of the most
160 positive departments because the patients are so grateful that you are helping them and 161 kind of that lessens the emotional challenges I think because you're not surrounded by
162 people who are miserable about their cancer. Like say if it is terminal, even then they are 163 still really positive and they are kind of like well this is what I'm going to do for the rest of 164 my life, it is was it is. You don't get that many patients and even when you do get the odd 165 patient it's kind of made up for by the positive attitudes of the other patients. And obviously 166 the radiographers themselves aren't there to make people feel miserable by being like oh 167 it's so sad that we treat cancer every day, so they've got a really positive attitude. Although 168 in a sense you go into it kind of bracing yourself for it, I don't, I feel like I didn't need to
169 brace myself for it because the patients and the radiographers.
170
171 Q- you mentioned the team being positive, what is it like working with the team, I guess you 172 constantly surrounded by people.
173
174 I absolutely love working in a team, like I'll work on my own if I have to. I remember in
175 school I was told I was too much of a chatter box, so I absolutely love working with patients 176 and in the team as well because you can kind of bounce off the people you are with. If
177 you've got any uncertainty, they're kind of your safety net to be your kind of , no I can ask 178 the person stood literally 2ft behind me. You just kind of, you don't have to worry in that 179 sense that like if you make a mistake it's going to make a massive difference because there 180 is always people in the room who could be like oh you could do it this way or they can just 181 kind of catch you before you fall, if that makes sense.
182 The team at the X are just amazing, they'll kind of spot where you need to work before you 183 do. Because obviously they have been through it, they can kind of see if you're struggling 184 but you don't want to mention it because it's a busy day or something. They can kind of
185 point out resources, we got X and stuff so if I'm struggling to understand a patients pathway 186 or why they've got a certain treatment they will point me towards X or the clinician so I can 187 have a discussion with them. They've got the review radiographers they are great for kind of

188 discussing other things in the patient pathway that if I'm not entirely sure what's happening 189 they will make sure that they'll make the time to explain things to me which is great.
190
191 Q- do the team ever show any emotions when they are dealing with people

192
193 Yeah and I think it's when specific cases hit a bit too close to home. I think that's when the 194 emotional walls come down again with paeds patients everyone takes it a bit harder

than 195 kind of you would do if an adult walked in, but like we are all human. We all kind of have 196 those days where it's more difficult than others. You don't kind of point it out and be like oh 197 why are you upset, but at the same time you just let them know that you are there for them 198 and they do the same for us as students, so it's kind of good in that sense.
199
200 Q- you mentioned before like when you come home, oh that was a difficult day how do you 201 guess offload, or what do you do to kind of help with that feeling?
202
203 I'm a complete gym addict, so I'm always sorted by an endorphins fix so I just go and let out 204 my stressors in the gym, I'll go and switch my music on and have a good sing song, I don't 205 care if people judge me on the bikes, but like I'm always there and that's always helped me. 206 If I need to vent then my Mums there and you keep things confidential, but the support
207 network is always there and my partners great, he'll always understand if I need to go in the 208 zone at the gym he's like ok she's had a tough day I'll probably buy her a pudding on the 209 way home. But yeah so yeah
210
211 Q- has the way in which you deal with things changed since you started the programme? 212
213 It has and it hasn't in the sense that I had a really interesting 3rd year experience of my UG 214 degree which gave me a need to go to counselling and in that it gave me kind of coping
215 mechanisms and kind of those have developed since kind of if I've had like a tough day or 216 anything I now kind of know how to employ certain things, like the tools that they've given 217 me to cope. And I kind of not rely on them more, but I'm more kind of intuitive in using
218 them kind of throughout the day if I've had like a rough day and a certain case has got to me 219 then I'm kind of I'll break it down throughout the day so I haven't got to go home and think 220 oh now I need to off load in that sense I've kind of changed the way in which I deal with
221 things and that's since the start of this course. The course has made me grow up a lot,
222 because its Masters learning, there's lots more emphasis on independent learning in that 223 sense I've grown up a lot and I now think right you can now deal with this as an adult if you 224 know what I mean. The course kind of gives you room to do that with the academic
225 advisors, they are there if you need them and like I've lent on X loads of times, she's great 226 I'll just kind of give her a message and be like oh I need to discuss something and she's like 227 great for getting back to me. It's kind of like admitting that you need to talk about
228 something and that's what the course has given me, admitting when you need help, so 229 yeah.
230
231 Q- how are you thinking and feeling about returning to placement soon
232
233 I think I'm a little nervous, for multiple reasons. Obviously it's been like a long time

since 234 January when we were on placement and that's not the usual case because usually we

235 would have had like the 2 blocks in the summer. Obviously they've got the covid spike and 236 for people at the X, they are kind of a bit more worried about whether we are going to go 237 back because obviously X has the issue which X doesn't. So I think there are some 238 underlying worries which aren't worries that I would usually have if the pandemic hadn't 239 happened. But with regards to going back into the team, I'm not worried at all. I know if I've 240 got any concerns they will kind of help me get back to where we were in January just before 241 we were about to do our clinical assessments. In that sense I'm not that worried, I think it's 242 more kind of pandemic worries that are kind of yeah.

243
244 Q- I wonder if you've got any concerns relating to the pandemic when you're back in 245 placement
246 Yeah I think kind of, I'm volunteering at X, having that kind of experience of the fact that not 247 much has changed on the radiographer side of things. Obviously they wear PPE with some 248 patients and they don't have to with others if they have tested negative. That's kind of
249 helped me not worry that much about how my role will change and obviously I'll fully 250 understand if we go back to placement and they are like right we've got these issues and we 251 kind of need you to take a little step back and I'll be like yeah that's absolutely fine like, I'm 252 happy to make cups of tea for patients and kind of chat to them and see how they are
253 getting on, because I'm never shy for a conversation. So in that sense I'm not that worried 254 about what my role will entail, but I think that's been helped by the fact that I'm at X
255 volunteering, I think probably if I hadn't been at X, I'd have been like oh what are they going 256 to have us doing, are we going to be doing the same things as last time, but having that
257 experience, interacting with the radiographers there, I'm like well not much has changed 258 they are still doing the same day to day and jobs and things like that so yeah that's kind of 259 helped.
260
261 Q – what made you volunteer
262
263 Erm I was interested in what X would be like, I was a little bit nosy. They do things a lot 264 differently they've got X and they all do X. So I was really interested in how that works and 265 they were talking it through with us and I missed patients as well. Kind of interacting with 266 people, it was just me and X in our flat for the whole of lockdown. So it was both of our
267 birthdays and we didn't see anyone so I was just like I need some contact. In that sense it 268 was wanting to get back out there and get some experience because it's all going to help 269 with dealing with patients anyway, even if I'm not down in radiotherapy I'm still going to get 270 patient contact time. Even if I'm up in chemo, I'm still going to get some experience of what 271 it's like for them there. It has been great, I've been on the wards and I've been in chemo and 272 I've kind of seen all the different parts of the patient

pathway now so if somebody brings a 273 concern I'll know how to deal with it better than if I hadn't had that experience. It's been 274 great, I've absolutely loved it.
275
276 Q- I was thinking you have a few more months left to go before you qualify as a band 5,
277 what do you think and feel about that?
278
279 I a bit nervous, just because it's always like oh are they really going to let me loose, do you 280 know what I mean. I do once I've got these placements out of the way I feel like I will be

281 prepared. I think even now I could go onto a radiography set and do my job but I would 282 always look to someone behind me and I'd be like yeah I am doing the right thing aren't I. 283 I think with the kind of 2 6 week blocks it will just give me that confidence that I don't 284 always need to check and that will help me go into kind of job life, because you can lean on 285 the team when you need to but you also have to have that confidence in your own decisions 286 and I think these last 6 weeks are gonna inforce that slightly, because I got that sense before 287 when we did our 5 week block just after Christmas before all the pandemic. The team that I 288 was in on the suite were just so, they were like we fully trust you as a radiographer you're 289 like very competent so in that sense I had already started on that journey of not questioning 290 my decisions and I had learnt the kind of intuition to go and get patients if we were running 291 behind I'd like make cups of tea and just have a chat with them just to make sure that they 292 knew what was happening and why they were running behind. I could do it on my own and I 293 didn't need prompting by the set, to be like oh can you put the late sign up, can you go and 294 tell the patients we're running behind and I think they really appreciated that. It was nice 295 because it didn't feel like it was a student and then radiographer like group, it was kind of a 296 team as a whole. That was really nice and it was kind of a glimpse of oh yeah this is what it's 297 going to be like, I'm just going to be a member of the team and no ones gonna be looking at 298 me in a grey uniform and like you're the student.
299
300 Q- you mentioned trust a lot, do you think it's important
301
302 I think it is , I think it kind of as a student it gives you a lot of confidence if you know that the 303 radiographers trust you to make decisions that will be right for the patient and for the
304 experience on set. Kind of over all of the placement blocks my confidence in the decisions 305 that I've made on set has grown and you can see that the radiographers confidence in the 306 decisions that I make grows as well. Erm I know it's like a certain level of walking onto a set 307 and thinking yeah I can do this, but kind of having the radiographers backing you up does 308 help you a lot. I am always one to check over my should and be like I am right aren't I ? it's 309 great when you know that they trust what you are saying is right. Even when you are doing 310 a chat and they walk into the set and you're getting the patient which is like a massive thing 311 in our clinical assessments, even just knowing that when you give advice to the patient ,
312 knowing you are giving the right advice, you're not kind of giving them the wrong advice 313 and then 2 days later they are going to get a different bit of advice, so knowing that you 314 have learnt what you have learnt and they can trust that you are giving the right,

because 315 like I was not being supervised at the end when I was walking patients in and it was nice to 316 know that they could trust me. It kind of made the experience for that clinical block,
317 because by the end I was taking them in, I was just then taking them out. No one was kind 318 of not supervising me but they weren't just behind me and like yep that's right, they were 319 just keeping an eye on me from afar and they were just like we can trust her. It was just like 320 a massive, it was nice.
321
322 Q – how do you feel about being that person that supervises students in the future?
323
324 I think I would look forward to it, I kind of I like kind of getting involved because I've had 325 such a good experience I want to give a good experience to someone else. I know the 326 impact that like a good mentor can heave. Don't get me wrong I've had some iffy mentors 327 like, some people just don't like students and that's kind of the way it is. But the impact that

328 a good mentor can have on your learning and your learning on clinical placement is like so 329 profound, so like in that sense I'd look forward to like kind of giving someone that 330 opportunity as well. So yeah I am quite looking forward to that.
331

332 Q- so you mentioned that some people just don't like students, I wonder if you could 333 elaborate on that
334
335 There are some members of radiotherapy suites both at satellites and main sites who just 336 don't like students, just don't want anything to do with students, even though they were 337 once a student, they just see us as an inconvenience and that's fine. You just meet some of 338 those people who don't like you for who you are and I've kind of grasped that. At the start it 339 kind of upset me, like if I had a bad experience I'd be like oh why don't they like me, what 340 have I done to offend them and then I kind of got a grip of myself and I thought you're not 341 going to please everyone, you're doing the right things and you're doing the things

342 correctly. It's just if they don't get on with you, they don't get on with you and that just 343 happens. And in your working life you're never just going to get on with every single person 344 that you meet. Some radiographers just don't want to be mentors, they just don't want to 345 have to like spend that time with students. That's fine, like they are just, it is what it is like, 346 we had a member of the team at X and there was like a group of students there. We had a 347 couple of UGs who were in their final year and then there was me and X from our year. X for 348 some reason liked me and I was so pleased about that, but X hated the other students and 349 just wouldn't give them the time of day. X wouldn't, was not about giving them the time of 350 day on set, or anything. I just kind of breezed in with the confidence of well I know what I'm 351 doing so that's it and it kind of, I don't know whether it shocked X, or it was just like oh well 352 ok she's got the confidence I don't need to supervise her and like the other member of staff 353 was giving me a bit of help on the side. I don't know whether it just shocked X into oh well 354 I'll be nice to her then, but it kind of just levelled the playing field I think. But X just didn't 355 like the other students

and I think that was just it really. Nothing they did, no matter how 356 great they were as students or how much another member of staff liked them, it was just X 357 opinion and it happened just the same at X site. But I think everyone that I've spoken to
358 from other clinical sites has had a couple of members of staff who just don't have the time 359 of day for students and you just learned to navigate around them. It is a good learning curve 360 you have to understand that you are going to meet those people in life, you are going to 361 have to deal with them in your working career and you are going to have to learn to work 362 around them and kind of not let them ruin your day as such, but also you can stand your 363 ground and know that you are doing the right thing. So yeah, that's it
364
365 Q- thanks X , is there anything else you would like to discuss
366
367 No, I don't think so
368
369 Interview ends
370
371

Participant 6

1. 1 Participant 6 (AP)
2. 2 17.8.20

3
4 Q- I wondered if you could start by telling me where you are in the programme? 5

6. 6 I'm going into the 3rd year of my radiotherapy programme and we are starting back on placement in
7. 7 early September so I've just been starting to look into my dissertation, researching literature over
8. 8 the summer so I can get started with that for 3rd year.
9. 9 Q- so you are going back into placement in September-do you have any thoughts about that? Was
10. 10 your placement cancelled?

11

12. 12 We did all of our placement in March it's a fairly decent gap between March and September . I'm
13. 13 looking forward to going back because I've missed it, I just hope I haven't forgotten too much, but
14. 14 I'm sure it will all come back
15. 15 Q-I'm sure it will, I'm sure it will, thinking about where you are now, what made you make the
16. 16 decision to start the programme in the first place?

17

18. 18 I wanted to do a healthcare course, it was just which one, I liked radiotherapy because it combined
19. 19 the technology and there's the scientific background but also patient care. It's not just all patient
20. 20 care , there's anatomy and physics as well
21. 21 Q- how do you feel about the decision you made to start the programme?

22. 22 Happy, I've really enjoyed it,
23. 23 Q- so looking back over the last 2 years, how have you found it
24. 24 I've loved it, I don't regret picking the course at all. I really enjoy placement, going to different sites,
25. 25 erm the university experience has been great, and all the lecturers have been great, we've had loads
26. 26 of support and feedback has been really helpful.
27. 27 Q- so if I was to ask you then to describe to somebody what is it like to be a student therapeutic
28. 28 radiographer?
29. 29 Long pause and giggle-that's a question, I would say it's a different experience to what your friends
30. 30 will experience because people don't appreciate the side of placement and the patient experience
31. 31 that you have. I think you have a different university experience to other people. It's a lot easier to
32. 32 grow afterwards in relation to getting jobs, being independent, talking to new people and putting
33. 33 yourself out there a bit more. Long pause
34. 34 Q- so picking up on placement experience-how have you found that?
35. 35 It feels like a long time since I was on placement, but both X and X sites, I thought X helped because
36. 36 you were able to have the machine to yourself, I did feel quite confident and could get stuck in a bit

37. 37 more. The satellite centres are really helpful in that way, really good at giving you feedback, it's hard
38. 38 to get your forms back, but they do go through your forms whilst you are there.
39. 39 Q- so are there any patient cases that you can remember?
40. 40 Oh yeah, yeah, theres the ones that have got distinctive personal backgrounds that you get on with,
41. 41 then there's the ones where the diagnosis is quite shocking, or something to do with their
42. 42 presentation is quite shocking.
43. 43 Q- can you remember any specifics of them?
44. 44 I think one of mine, it was my very first placement and in my very first week, I got told to go and
45. 45 collect someone from the waiting room and I'd only briefly gone through the notes and then rushed
46. 46 out. I hadn't fully realised this lady she'd had, she'd had metastatic cancer and then got melanoma in
47. 47 her eyeball and had an eyeball removed. So I went out and spoke to her and she had no eyeball
48. 48 there and I was like ohh, but she was such a lovely lady, we got on really well and for the next 4
49. 49 weeks when she was coming for treatment oh she was a really really nice lady, but that did stick with
50. 50 me because I wasn't quite expecting it.
51. 51 Q- sometimes you are shocked by some of the physical things you see
52. 52 Yeah, yeah silence

53. 53 Q- what's it like to work in the clinical environment
54. 54 I think it gets easier as you get through the course, I think at first when you turn up it's quite an
55. 55 intimidating experience that's because it's something new. I think you kind of want to get stuck in
56. 56 but you don't know anything, after those first 2 weeks you do feel quite included. It's actually in 2nd
57. 57 year I felt really accepted by all the teams that I worked in. They would talk to you as if you were a
58. 58 member of staff rather than just a student who didn't know what you were doing.
59. 59 Q- you used the word intimidating –what did you mean by that?
60. 60 I think it's just a sense that when I went on placement we did the simulation weeks but I did
61. 61 simulation weeks after I'd been on placement and I wasn't really sure what to expect with regards to
62. 62 the linac and how to use it. I think the students which had the simulation first and then placement
63. 63 after felt a lot more comfortable and they were getting stuck in. I think a lot of us that when the first
64. 64 time should kind of stood there, do we get involved or do we just stand here (laughs). Silence
65. 65 Q- you said the more you go on through the course the more you feel included
66. 66 I think it's just your slightly less intimidated by them and feel you can speak to them more on a
67. 67 personal level and feel you can volunteer to be useful, so you're not just waiting for someone to ask.
68. 68 You're like oh shall I go and get this patient from the waiting room and I'll go and get this patient,
69. 69 you're having more active conversations and putting yourself out there a bit more rather than just
70. 70 sitting there waiting for someone to give you a task to do
71. 71 Q- do you feel like you have control over your working day when you are in placement?
72. 72 In what sense
73. 73 Like can you control what you do in the day in placement
74. 74 I think so yes , I know at X we've been using daily task forms and things like that and gone through
75. 75 with a mentor at the start of the day what I wanted to work on and what clinical assessments to

76. 76 prepare for and what you want to get done. I think you get to do most of it during the day but some
77. 77 patients can take over an hour so you don't have time but I think on the whole you do yeah
78. 78 Q- and just thinking about the emotional side of treating cancer patients do you ever find it's a
79. 79 challenge at all?
80. 80 Yeah I mean there are patients in particular that you do find challenging because you do really get
81. 81 on with most of them. But I find in the student room upstairs, we don't do it in a breaking

82. 82 confidentiality way but if you want to go and talk to someone about something you've just
83. 83 experienced as students we all talk about things that we've found difficult or even good things and
84. 84 funny things in the department as well so that's good for managing that side of things
85. 85 Q- as that always happened as students
86. 86 I think so
87. 87 Q –have you always done that
88. 88 Yeah it's more so now that we know each other more, I think when you're in first year before
89. 89 Christmas when you're still getting to know each other you weren't as close. But now we'll all just go
90. 90 and sit and have a natter and talk about things that we have experienced.
91. 91 Q- I guess you get support form that then?
92. 92 Yeah
93. 93 Q- do you ever feel the emotions you're expressing when you're caring for someone are different
94. 94 from those that you're feeling inside?
95. 95 Long pause
96. 96 Q-so when you're dealing with a patient do you deal with them in a certain way but inside you might
97. 97 be feeling angry, upset or
98. 98 Yeah I've had certain ones who have had safe guarding issues where it's been flagged up on the X
99. 99 about stuff going on at home and it can be quite hard because you want to try and make sure that
100. 100 they are ok but at the same time there's also stuff that you can't. I'm trying to think of a way to
101. 101 describe it, like we had a lady who came in and had loads of difficulties at home but she didn't' want
102. 102 to talk about it and it was trying to be supportive but not making her upset, those are quite difficult
103. 103 I think a lot of ones who are quite young or who have younger children can be quite hard as well
104. 104 sometimes because you're trying to support them and I think they find it very difficult finding people
105. 105 to talk to
106. 106 Q- do you ever see any members of the team getting upset about anything
107. 107 On the whole no I mean we talk about when we find certain patients upsetting I'll be like oh it's a
108. 108 real shame that this has happened to them and that. But I've never seen a member of staff like
109. 109 properly cry or anything like when we are switching on
110. 110 Q- are departments quite busy
111. 111 I think where I've been it's always been busy yeah
112. 112 Q- is it tiring

113. 113 Erm I like being busy, I don't like sitting around all day I find it really boring so I quite like the fact

114. 114 that you've constantly got something to do and you're going for people, I don't find it too tiring no.
115. 115 Q- do you enjoy being part of a team
116. 116 Yeah
117. 117 Q- why is that
118. 118 I think I knew I wanted a job where I could spend my day talking to people and I knew I wanted to
119. 119 talk to patients about what they are doing. But I also like when you go back into the control room
120. 120 and you get to just sit and have like a normal conversation with the rest of the staff and feel like
121. 121 you've an actual relationship with them, rather than just a working relationship kind of thing.
122. 122 Q- sometimes when I talk about what I did clinically people can be a bit shocked, what do your
123. 123 family and friends think about the career that you're embarking on?
124. 124 They think it's really good, it's a lot different to what the rest of my family do because none of them
125. 125 are really in health care at all. Erm they don't really, they were quite shocked when I first cam back
126. 126 from placement and told them what I'd done. They all think it's great and they are quite proud of me
127. 127 I think, well I hope so.
128. 128 Q- how are you feeling about going back to placement
129. 129 I'm not worried in the sense, so I've been back working these last couple of weeks so I've got used to
130. 130 PPE and I've been around other people and got that experience, so it's not like I'm going to be going
131. 131 back to something completely different. I just, I don't know what to expect in terms of how we can
132. 132 interact with patients and if we are going to be in full PPE, how it's going to affect the dynamic of the
133. 133 department. We don't really know quite what it's going to be like, I'm also not sure how many
134. 134 patients are being treated whilst this is going on. How many people have had their treatment
135. 135 postponed. I think we're all a bit, because we're in unknown territory I guess.
136. 136 Q- are you looking forward to starting academic studies again
137. 137 Yeah definitely, yeah.
138. 138 Q- do you enjoy learning about radiotherapy
139. 139 Yeah yeah silence
140. 140 Q- why is that?
141. 141 Silence and smiles
142. 142 I like the fact that it's not all just one topic and the combination of having professionalism with the
143. 143 anatomy and then the physics as well means you're not just doing one area and you're learning all of
144. 144 them if that makes sense, it's varied so you're not just having to do the same thing every day.

145. 145 Q- I guess no day is the same, especially in the clinical department and the world of cancer is a huge
146. 146 world isn't it. What are you thinking of doing for your dissertation?
147. 147 I was originally going to do a study on the transgender population, in regards to breast screening but
148. 148 I've now changed that and I'm going to do it on cervical screening instead because I was really
149. 149 struggling to find enough literature because there hadn't been that much done in the breast
150. 150 screening, I found a lot more on cervical cancer. I've talked to X about it.

151. 151 Q- that will be really interesting, have you treated any transgender patients before
152. 152 No I haven't actually, I haven't come across any
153. 153 Q- no I can probably count on one hand how many transgender patients I have treated before
154. 154 Q- if you think ahead then, you're going into 3rd year so hopefully you will be qualifying by the end of
155. 155 June, how do you feel about that?
156. 156 Erm, it's a strange idea that we're just not going to be in education any more, but I feel quite ready
157. 157 for working and do really really enjoy placement, I said to Mum a couple of weeks back I actually
158. 158 really want to go back and get stuck in and have something to do. Erm I don't know what it's going
159. 159 to be like applying for jobs, one because I've never applied for a healthcare job any way and two
160. 160 because of what's going on anyway, how difficult it's going to be to get them. So I'm a bit nervous
161. 161 about applying for jobs and interviews and stuff but I'm looking forward to working.
162. 162 Q- where do you see yourself after qualification, what sort of practice do you want to develop into,
163. 163 what are your plans?
164. 164 I intend to stay around here if I can do, I really like being around the X and between being in X or X,
165. 165 I'm not too bothered. I ideally I am hoping to get a flat in X, erm but I don't mind commuting to work
166. 166 because I've got a car, yeah
167. 167 Q- any areas of practice that you can see yourself wanting to focus on, or is it too soon to decide?
168. 168 It's probably too soon but I do like to be on a linac so I imagine going more into external beam
169. 169 straight away. I enjoy brachy when I went, but I'm not sure whether it's something I would go into
170. 170 straight away. I think I'll probably stick to being on a linac.
171. 171 Q- thanks for answering my questions
172. 172 Discussion around preparation for job applications and interviews

173

174. 174 Interview 2 19.1.21
175. 175 Q- so I guess we last met in August, have you been in placement since then
176. 176 Yes we met before early September before my placement
177. 177 Q- so if we start with your last block of placement how was that?
178. 178 Oh I had a really good placement, I think I did 5 or 6 weeks and I was at X. We used the ipads for the
179. 179 first time for our assessments. I did one week in pre-treatment and 4/5 weeks on set.
180. 180 Q- was it busy
181. 181 No it's not, I think when we fist got there it was quieter because we still had quite a lot of reduced
182. 182 patient lists and the staff said for us to go and find other work wo do and normally we'd be working
183. 183 to the end of the student shift, because even the staff were going home like an hour or 2 hours
184. 184 early. That was probably only the first half of the placement and probably in the first part of October
185. 185 the patient list picked back up again and we were running to more like 7/8pm as we would normally
186. 186 do rather than like 6/6pm.
187. 187 Q- any changes with covid in the workplace

188. 188 I mean the most dramatic one was the PPE, we've never used PPE before but that all got explained
189. 189 really clearly and X had given us all our goggles and stuff and we were all responsible for taking
190. 190 control of that which is probably the biggest change.
191. 191 Q- remind me what do you have to wear?
192. 192 So we wore a plastic apron, then we wore, I wore goggles and a visor and then a mask yeah that was
193. 193 it
194. 194 Q- and that's for every patient
195. 195 Yeah
196. 196 Q- what's it like working with the PPE on?
197. 197 Erm to be honest I kind of got used to it at the end, it was kind of challenging at first I had to get
198. 198 used to positioning your mask in relation to your goggles because I found that it kept steaming up
199. 199 because of breathing, but once you'd figured out where to place them it was fine. I think a lot of us
200. 200 were used to it anyway because we'd been having to go out to supermarkets and stuff and other
201. 201 places. I think we only did 4-5 hours each day at the X because we were on reduced time, so that
202. 202 was it, it wasn't that bad.
203. 203 Q- how did patients respond to you
204. 204 In regards to covid or PPE
205. 205 Q- both really
206. 206 They were fine really, the patients were quite understanding, most of them were compliant with the

207. 207 masks and had them on in the waiting room and stuff. We might have had one or two that didn't
208. 208 quite always understand. We had a few patients that sometimes struggled understanding us erm
209. 209 because they were more hard of hearing and we had to find ways around that because obviously
210. 210 with the masks and the visors and being hard of hearing any way it made it quite challenging but we
211. 211 found ways around that so it was ok.
212. 212 Q- ok, so what's it like being a student radiographer at this time, at this point in the course?
213. 213 Erm I mean I still really enjoyed my placement, I didn't feel like it had hindered my learning or my
214. 214 assessment. I think it was strange for us having the different format of the day, because at X the way
215. 215 we did it was we had like 4-5 hours on set and then about another 3 hours to make up the time
216. 216 difference of doing off set working that X had set for us. So I think it was strange we were used to
217. 217 long well not a long day but a longer day and then having to like drive home and go home to do your
218. 218 work rather than be in was kind of strange. We still felt we made the most of it and we all enjoyed
219. 219 the meetings where we fed back what we had learnt in the week, so we still felt like we were having
220. 220 like useful off-set time, it was just strange having a lot less than we were used to.
221. 221 Q- quite a big difference from what was your normal working day
222. 222 Yeah I think definitely because we had done it for 2 years as well it just felt like even more of a
223. 223 change because we were coming into 3rd year now and we should kind of hopefully know what we
224. 224 are doing now and we were going in for like 4 hours and I was like oh God I felt like I could do a lot
225. 225 more and sometimes like when we were on pre-treatment they did let you stay a bit longer because
226. 226 there's only like one of you on pre-treatment so we didn't have to swop with the other student, so
227. 227 that was quite nice because you get an extra hour or 2 and can get stuck in

228. 228 Q How did the staff respond to you being there?
229. 229 The staff were really positive I mean the girls on my suite had all just discussed how they missed
230. 230 having students there and stuff and they said that it was a nice helping hand because when you'd
231. 231 start picking up patient lists again they did appreciate having us back and having that extra person to
232. 232 go to. I think they found it a bit strange the fact that we had to swop with the other student and kept

233. 233 like oh are you sure you don't want to stay and I'd been told you had to leave and make sure you
234. 234 didn't come into contact. I think they found it a bit strange and they knew that one person came and
235. 235 the other person left, it's just the way it is at the moment. Some of them were a bit iffy about the
236. 236 ipads but I mean that's a change so people are going to have to get used to it. But it was mostly a
237. 237 good response I think to us coming back.
238. 238 Q- any patient memories that stick out and stand out?
239. 239 I have a few this time round, we had some really nice patients, we did have one particularly difficult
240. 240 patient that did stand out, but that was because of the covid. The scenario she hadn't had a good
241. 241 journey up to her diagnosis because of covid, she'd had delays in getting diagnosed and screening
242. 242 and stuff. So she was quite, quite upset and she was very, we really felt for her, she came with like
243. 243 her kids as well so it was quite an emotional patient to have to see every day erm but we had some
244. 244 really lovely patients, patients that would really understand the situation at the moment and would
245. 245 try and do all they could do to like be on time and make sure things were as less stressful least
246. 246 stressful as possible.
247. 247 Q- ok so take me back to that lady, you said she's experienced some delays in her diagnosis
248. 248 Yeah, she'd been told that I think it was her GP or Oncologist or whoever was in charge of her
249. 249 diagnosis that because she was early stage that he didn't want to follow up and look more into it.
250. 250 Then about the time that she came for her pre-treatment scan it had like, the staging had increased
251. 251 that much that people weren't expecting, like she wasn't expecting, she felt like it was the health
252. 252 professionals fault for choosing to leave it for several months rather than acting on it straight away.
253. 253 Q- how did that make you feel
254. 254 I think we felt like we had to erm, not over compensate, I can't think what the word is, we wanted to
255. 255 try and just compensate for all that she had been through and try and give this, like make this a
256. 256 better experience, so when she came in we very much gave it a lot of time to talk about what she
257. 257 had been through and she wanted people to understand the impact on her family. So we'd discuss
258. 258 for her what we were going to do in regards to treatment times and how this was going to make it
259. 259 work and just apologise for what she had gone through, so I think she just needed a lot more

260. 260 support than other patients did. Erm so we just made sure that we had the time to talk to her, I
261. 261 helped on the pre-treatment chat, I'd gone through her patient notes and understood what she'd
262. 262 been through and she was a really lovely lady, she was also really nervous we had to make sure we
263. 263 got some water and stuff, she felt a bit faint so.
264. 264 Q- you use the word we, we felt like we had to compensate and give her a better experience for her,
265. 265 was it a team thing then a collective decision
266. 266 Yeah it was, we read the notes before hand and I think we'd been given, I think one of the
267. 267 oncologists had phoned up and said that when she had done the consultation for radiotherapy that
268. 268 she'd already explained, so we had the heads up. I wasn't sure whether I should go into the room
269. 269 just in case it might have been too much. So I asked whether it was suitable or not and they asked
270. 270 the patient and she said it was fine so, we kind of made a mutual decision that we were going to

271. 271 take certain roles. I spent quite a bit of time talking to her and making sure she was comfortable
272. 272 whilst they were setting up some of the equipment and stuff, so it was kind of a joint effort.
273. 273 Q- did you ever feel during that situation that you had to send out a different message in terms of
274. 274 any emotions you might have been thinking or feeling?
275. 275 I think I felt frustrated for her and completely understood the situation she was in. I couldn't yeah I
276. 276 felt like I couldn't show that frustration because it wasn't my responsibility in what had happened,
277. 277 but I think if it had been someone I knew because she was only 30s 40s which is really is so young, I
278. 278 think about people I know my age and parents and just I do really sympathise with her and what
279. 279 she's been through. So I just tried to keep it as professional as possible, and sympathetic for her and
280. 280 just tried to reassure her that now where she was now we were going to try and do the best that we
281. 281 could possibly do and make sure that from now on we were just going to try and take care of her
282. 282 really.
283. 283 Q- how did it feel working in the team in that situation?
284. 284 I think it brought us all really close together I liked the team that I was working in, we were all quite,
285. 285 worked quite closely anyway but I think it certainly improved the dynamic in people when delegating
286. 286 responsibilities and everyone made sure we knew the patients really well and how to deal with

287. 287 things.
288. 288 Q- do you feel that the team help you deal with any stress at all
289. 289 Yeah definitely when I was on set, I had one day where I think I was just a bit, I was having a bad day,
290. 290 I think I'd done something like, well I can't even remember, I did something and felt oh I shouldn't
291. 291 have done that, I'm in 3rd year what have I done. They were just like it's fine people do it all the time.
292. 292 I think I was just like, just needed to be like yeah I know you're in 3rd year but don't expect that you'll
293. 293 be like doing everything perfect like 100% of the time. So yeah they were very supportive which was
294. 294 very nice and they were supportive of the off-set work too which was really generous because they
295. 295 were having to take time when they were on set to still support us with off-line work. So some of the
296. 296 questions that X would set up would be like talk to a band 5 on your machine and ask them about
297. 297 smoking cessation referrals and things like that. So we'd ask them and what their experiences were
298. 298 and how we would refer someone and they'd have time to go through it on X and show us a
299. 299 different form, so it took time out of their workflow so it was just really generous of them but it was
300. 300 definitely really useful.
301. 301 Q- that's good, that's good, is placement tiring
302. 302 I found it less tiring than last time with the shorter days, I also found it easier this year because now
303. 303 I've got a car where as before I had to use trains and buses and have a much earlier start so that's
304. 304 been easier for me personally this year. Erm I still felt like I had plenty of work to do, but I'd probably
305. 305 say it felt like a less, it did feel like, I'm trying think how to describe it, it was less tiring I probably
306. 306 would say because we were in shorter days and once you were home you could get your cup of tea
307. 307 and just sit in front of laptop and do what you needed to do.
308. 308 Q-is it tiring in terms of emotional demands
309. 309 Erm, I think so yeah,I think when we first went back it was a bit of a shock because it had been such
310. 310 a long time since placement and I think a lot of us hadn't expected certain changes that there had
311. 311 been, especially with patients and like covid, also staff it was interesting to see how many staff had
312. 312 been off themselves, certain staff which couldn't be working and people you were expecting to

313. 313 come back to. Erm but in regards to emotions and patients, yeah some of them were quite

314. 314 challenging, we had a few palliative patients this time round and erm that were particularly tricky
315. 315 that were on wards and had multiple complex issues in regards to mental health and family
316. 316 scenarios so there were a few that you had to kind of not take a step back from but try not to take it
317. 317 home with you, just do your best when you're in there and when you left try and just, yeah.
318. 318 Q- when you say take a step back from, what do you mean by that?
319. 319 As in like not taking it home with you, because there are quite a few (plays with hair), we had one
320. 320 particular lady and she was actually really lovely and she reminded me of my Nan. She was a very
321. 321 head strong lady she was very lovely, but she wasn't that, she was probably early 60s, but she was
322. 322 palliative and she had such a lovely attitude and she'd come in every day smiling and she was very
323. 323 appreciative and she really, she really struggled when it was time to leave. I think because I had
324. 324 spoken to her over the time of her treatment and stuff, she was very upset about leaving and
325. 325 wanting to come and thank everyone and she really wanted to come and give everybody hugs and
326. 326 like kisses and stuff and we were wearing our masks and shouldn't be. I think she found it quite
327. 327 upsetting because she couldn't do the things she wanted to do. Erm so that was a bit upsetting
328. 328 because in a normal situation you'd be like, give a hug before you're leaving. But having to be a bit
329. 329 like oh no having to make sure I don't put people at risk it was a bit challenging
330. 330 Q- I guess it's not normally how you would express yourself
331. 331 That was the other thing, the other lady from before who was late diagnosed she did start crying
332. 332 when we first brought her in and obviously your natural normal instinct is to go and comfort them so
333. 333 we did do that as much as we possibly could do but it was a lot more difficult trying to restrain
334. 334 yourself from doing like those physical things that you would normally do with people. It was very
335. 335 strange, yeah
336. 336 Q- do you do other things then if you can't do things physically is there other things that you have to
337. 337 try and do
338. 338 Erm I think we just tried to get on people's levels so rather than just standing over them while they
339. 339 were sitting down, we often brought chairs over and we sat with them talking face to face and
340. 340 because sometimes when you bring people into the treatment room they if are upset, you're still

341. 341 stood and look like you're walking and you are trying to get them onto the bed and rush them along.
342. 342 I think there was a lot more of we'll get a chair and we'll sit and clearly make time to stop and talk to
343. 343 you erm even though we can't come into direct contact with you we are going to take the time and
344. 344 gonna sort out the issue before we rush you along to the treatment bed
345. 345 Q- are the team any more stressed or is the workload any harder, have they expressed any thoughts
346. 346 or feelings about what they are experiencing at the minute?
347. 347 Erm I don't think they particularly seem any more stressed erm we had a few people go off sick both
348. 348 covid and erm just illness in general so there was a few times where we had band 7s trying to sort
349. 349 out somebody to come onto the machine for the morning or the afternoon. I know X had quite a few
350. 350 people missing and therefore people going over from X to make up for numbers. So I think they did
351. 351 have a few times where we probably were understaffed erm but I wouldn't say they were hugely
352. 352 more stressed than I'd last seen. I know they told me they had been but when we came back they
353. 353 were like oh you must be so glad you've come back now and not 2 months ago- you wouldn't be
354. 354 happy. It looked like they had been but in September October they were ok.
355. 355 Q- are you aware of any changes in your own workload when staffing changes

356. 356 What do you mean sorry
357. 357 Q- if staff are off sick and they are coming round looking for cover
358. 358 I think it's just you realise you need to do a lot more to push yourself forward to do what you want
359. 359 to do. If it's the same staff they know what your targets are and they know what you've done last
360. 360 week. For example we had a few days where we had completely different staff who didn't know
361. 361 what level we were working at so we had to introduce yourself and making sure you were carrying
362. 362 on with that progress , otherwise they wouldn't know where you were up to and some staff didn't
363. 363 even know what year students we were so. I don't think it was anything that we weren't able to
364. 364 manage and we weren't able to discuss with people.
365. 365 Q- ok you mentioned before taking a step back so you don't take things home with you, do you ever
366. 366 feel like you do take things home with you?

367

368. 368 I think you always have 1 or 2 patients that you always think oh I wonder how they are getting on

369. 369 over this weekend or now they've finished I hope they are doing ok. I feel like I manage emotionally
370. 370 quite well, but that's something I've learnt over 3 years. I think if you'd asked me in 1st year I think it
371. 371 would be a different answer. But I feel like now after all the help uni have given and X and stuff I feel
372. 372 like I'm able to kind of leave work at work and still have like a nice, still be able to de-stress at the
373. 373 end of the day basically
374. 374 Q- ok so how have you learnt to do that
375. 375 Erm there's different things, my Mum is very, is an advocate for health and well being so we often
376. 376 do yoga and she's always done her meditations and stuff but my main one that I've done over the
377. 377 past 2 years is my exercise. And to be honest I wasn't very fit, especially after my first year at uni and
378. 378 freshers week and stuff I didn't do anything at all. But in the past year I've enjoyed getting back into
379. 379 my walking and going to the gym a couple of times a week and erm this month I'm doing a 50 mile
380. 380 run for Maggie's which has been really nice. It's been strange because I've not been on placement
381. 381 since October and I'm not going back until March you really feel like you miss being in the hospital
382. 382 and around the patients so it's been really nice, they've got a facebook page everyone who is doing
383. 383 the run all posted updates and the reasons why they are doing it. Everyone messages offering
384. 384 support to one another, it's really nice, it's a really positive thing to be coming out of this year so far,
385. 385 so I've enjoyed doing my running as well.
386. 386 Q- why did you decide to do the run then
387. 387 To be honest I really enjoyed Maggies, I wen to Maggie's last year for a couple of days to see what
388. 388 was going on, I took a patient that I's been treating over with me because they hadn't been before
389. 389 and I think after I'd seen the impact it had on that patient in particular, I realised how much Maggies
390. 390 does have a massive impact on patients. If you ask any of them most say that they have been over
391. 391 there and family members and stuff. So I follow a couple of different radiotherapy pages on
392. 392 facebook and this came up in December advertising it so I just thought well why not. Laughs
393. 393 Q- so when you were in 1st year then, how did you cope with the emotional demands of the job?
394. 394 I think in 1st year I was probably more reliant on talking to other students in the student room, which
395. 395 obviously we can't do anymore erm because we're not allowed to meet. So we probably all just kind

396. 396 of talked through what we'd experienced on like lunch breaks and dinner breaks and stuff which we
397. 397 do kind of miss this year because it's not quite the same.

398. 398 Q- I bet it is different, so if you haven't got that room, that space to be and talk to each other, who
399. 399 do you talk things through with now, or what opportunities do you have to do that?
400. 400 Well we're still able to talk it through as a group, but we do it over our weekly meetings with X and
401. 401 X. which is really nice and it gives us a good opportunity to do it and we still do once or twice a week
402. 402 with X as well, so we do still have the opportunity to talk. Erm but it just means that you're always
403. 403 talking like when other people are there, not that you don't want other people to hear, but
404. 404 sometimes you just want to go to like a couple of other girls in your year and talk about it rather
405. 405 than in front of like the post grads and in front of other people, but it still is a good opportunity
406. 406 Q- yeah I guess it's a bit different isn't it if it's not in front of your peers who you have quite a close
407. 407 relationship with and you feel like you can say what you want I guess
408. 408 Exactly
409. 409 Q – ok anything else that stands out from that last placement block in terms of memories both good
410. 410 and bad, I know you mentioned that a lot of the patients were really extra helpful how did that
411. 411 manifest itself then, how did you know that that's what they were doing or trying to be
412. 412 To be honest it was quite humourus, because a lot of them were quite vocal about what they were
413. 413 doing and would like to explain multiple times, so they'd come in and go don't worry I've got my face
414. 414 mask on and my hand sanitiser in my bag (laughs), and it's like (laughs) and I've made sure to do this
415. 415 and this. So a lot of them were very much like, they didn't want to make us feel uncomfortable and
416. 416 they often went out of their way to over compensate in reassuring that they were following
417. 417 guidelines and stuff, so they were quite funny
418. 418 Q- that sounds quite humerous, is humour used a lot in radiotherapy
419. 419 100% I think it's used every day, I think it's between staff you're working with and between you and
420. 420 the patient, I think it's key to be honest
421. 421 Q- did that surprise you at all when you first started out
422. 422 Yeah I think it did, I thought when I first started the course I think I had a lot of family and friends
423. 423 who when you tell them what you are doing they all go oh God, is that not like really depressing, but

424. 424 it is really not because I find it's such a positive atmosphere. Not all the time but I would say the
425. 425 majority of the time, there's such a huge positive team and patients are so thankful for all of your
426. 426 help and it probably did surprise me when I started because I'd been asked by people are you not
427. 427 worried about having to deal with like really tricky patients and stuff. So it probably was a surprise
428. 428 sometimes yeah.
429. 429 Q you describe it as a positive atmosphere, that patients are very thankful for what you are doing
430. 430 Yeah how would say so
431. 431 Q- how does that make you feel?
432. 432 I think it makes it, I find it's a really nice career to work in because you do feel like what you are
433. 433 doing, you can see the difference both like physically with people and mentally and it's one of those
434. 434 jobs where you know people are in a very difficult point in life but you can still see that you are doing
435. 435 something that's making that point of life better. Erm so yeah I really enjoy it,
436. 436 Q-that's lovely to hear, has that enjoyment changed throughout the course

437. 437 Erm I think probably just grown to be honest, I think I've always enjoyed it but I've now got to that
438. 438 point now where as much as I love doing it, I am ready now to qualify and get stuck in, in more of a
439. 439 working life and actually be busy, I think I am looking forward to that. The responsibility is slightly
440. 440 daunting.
441. 441 Q- do you think that level of enjoyment will change once you qualify and start out
442. 442 I doubt it, I mean I think if you just keep up your attitude and I think that the staff make a huge
443. 443 difference and just getting to know the staff and having a relationship with them because a lot of
444. 444 them are all really nice. I'm looking forward to meeting new people and I think that's going to
445. 445 influence how I feel about work as well.
446. 446 Q- a nice positive note to end on
447. 447 Interview ends

Participant 7

1 Participant 7 (LM). 2

3. 3 11.8.20 interview 1
4. 4 Q- if we could start by talking about how you decided to join the programme?
5. 5 It was actually when I was quite young, I knew I wanted to go into a caring profession and I was kind
6. 6 of looking at a lot of different types of healthcare science degrees and professions and I kind of I was
7. 7 13 and my parents had a friend who's daughter was at Liverpool studying therapeutic radiography
8. 8 and I was an eager 13 year old, I kind of took some questions that I had about the course and I took
9. 9 them to her and I kind of sat there with my pen and paper kind of asking her these questions. And
10. 10 then from then I kind of was stuck on it really, nothing else seemed as right as therapeutic
11. 11 radiography so yeah. (laughs)
12. 12 Q- you decided very young, what do you think drew you to it?
13. 13 Pause, I think partly just is the caring and the science like I loved physics and biology and erm it was
14. 14 just like the perfect combination of the physics and the science but then also the caring and the
15. 15 contact with people, because I'd also looked at diagnostic and it didn't have the same level of
16. 16 contact with the patients, you kind of saw a patient and then they went, you didn't have to keep up
17. 17 to date with that patient, they were somebody that you just see for 5 minutes and off they went,
18. 18 and I really thought like the unique nature of seeing a patient and seeing them all the way through
19. 19 their treatment I really loved that about the job, so yeah
20. 20 Q- what do you feel about the choice you made now
21. 21 Erm still loving it, it's kind of what I, I think it's what I expected it to be, I did a lot, a lot of research

22. before I came into the course erm so the kind of the 1⁄2 a day at the hospital I then did some work
23. experience on the diagnostic radiography to see the kind of difference . so I had a lot of kind of
24. background knowledge before going in so I think I was pretty, yeah it's been what I expected really.
25. Q- you mentioned caring , what is it about wanting to care for people –why do you think that's
26. important to you and you wanted to do it?
27. Erm I love kind of chatting to people I'm kind of quite an extrovert so the level of kind of
28. communication with people working in a team just being able to have an impact on somebody's life
29. in such a positive way and the kind of the job satisfaction, I thought yeah, nothing else, why would I
30. want to do anything else and I could impact on somebody else's life and help somebody.
31. Q- ok so where are you up to now on the programme
32. So I've just finished 1st year
33. Q- if I was to ask you to describe to somebody else what's it like to be a first year student?
34. Erm it's quite demanding, I think there's been a lot of all over the place this year kind of with
35. placement and then being at uni, because I'm not at placement in Liverpool I'm at X. Erm yeah so
36. there's the kind of moving around, so it's quite full on and there's a lot of you can't really just settle,
37. it's not, you're can't really just settle, when I've looked at my other student friends who are studying
38. other things, it's not the same. They are kind of, it's not the same experience, it's more full on, yeah
39. Q- ok so you have to move around to placement and different accommodation?

40. Yeah so there's the kind of travelling from uni to, I actually live at home when I'm at the X because
41. it's just closer than uni, but it's still a commute to get there, so there's a lot of kind of travelling and
42. getting there, but I kind of see it as a short term thing. Like at the end of the day it's another 2 years
43. now and then I've pretty much finished, hopefully I'll have a job at the end of it, but it's short term.
44. Q- you use the word full on and I wonder what you mean by that?
45. Erm , so alongside moving around a lot of working and studying on the side, basically it's like doing a,
46. the best way I explain it to people it's like doing a full time job as well as revising and studying for
47. exams when you're on placement pause
48. Q- ok
49. When it's not placement, I'm kind of a typical student, but when I'm on placement it does feel like
50. I'm doing a full time job as well as studying
51. Q- thinking back to your first placement experience, what was that like?

53. 53 I actually started it later than the other people on that placement block because I was waiting to be
54. 54 allowed to go on through occy health and stuff and there was a delay so I think it was a lot of like, I
55. 55 felt like I was, I started feeling like I needed to catch up, like what do they say on the back foot, on
56. 56 the wrong foot. I was just kind of, I felt like I had to pick things up quickly, to be at where everybody
57. 57 else was at, erm I think in terms of being on the set, being on the suite it was quite daunting to start
58. 58 with because erm, there was no other students on and I know other people had kind of another
59. 59 student an older student alongside them and I think I was a bit jealous of that, I was a bit like oh I
60. 60 really wish I had a 2nd year to come alongside me and like show me what to do, but yeah the staff
61. 61 were really nice so they kind of helped me learn the ropes and stuff, but I was definitely jealous of
62. 62 the other students who had a 2nd year with them but yeah, pauses
63. 63 Q- how did you find that clinical environment, what was it like to be in?
64. 64 Erm, (long long pause). Once I'd kind of got, once I'd kind of worked it out, where everything was
65. 65 erm , (pause), I enjoyed it, I think erm I did feel like sometimes I was getting in the way of the
66. 66 radiographers kind of doing their job, erm and I was like I don't really know where I need to be or
67. 67 what I need to do. But I, the bit that was a highlight for me from that first clinical placement block
68. 68 was meeting the patients, erm there are a couple that stick in my head now that I just really enjoyed
69. 69 getting to know them, chatting to them erm, and then them telling me like oh you're learning,
70. 70 knowing that I was a student and knowing that I was there to learn, like that made me feel at ease,
71. 71 yeah, (nods and pauses)
72. 72 Q- so you can remember a couple of key patients then?
73. 73 Yeah they stick in my mind
74. 74 Q- can you remember much about them
75. 75 Erm I just remember kind of (pause), they were kind of easy to have a conversation with, I asked
76. 76 them about their day and they just were happy that I was there, that I was able to have a
77. 77 conversation with them, erm and they, it was almost as if like I didn't really know what I was doing,
78. 78 but me being there, like I don't know, (pause) yeah

79. 79 Q- you mentioned feeling like you were getting in the way –can you talk me through that a little bit
80. 80 more?

81. 81 Erm, was that getting in the way
82. 82 Q- Yeah
83. 83 Erm it was kind of they're kind of so focussed on the job at hand, like I'm not a priority which I'm not
84. 84 but that kind of, it does make you kind of super aware of like getting in the way of what they are
85. 85 doing because they seem to be so focussed erm and you feel like you can't ask loads of questions if
86. 86 they're, when they're so kind of absorbed in the task at hand. So it's finding the time to try and ask
87. 87 them about a patient or ask them about a treatment at the same time trying to kind of not getting
88. 88 ion the way of their concentration erm and it's kind of, it's a bit of a balancing act to work out when
89. 89 you can talk to them, when you can't, where you should stand in the room and which patients,
90. 90 there's some patients that maybe you don't come in with this patient. It's like ok, trying to stay out
91. 91 of the way and stuff
92. 92 Q- How did it feel trying to balance all of that?
93. 93 Erm I think at the start I was kind of almost feeling like am I getting this wrong, like am I just being a
94. 94 bit of a nusance. But you just kind of get into it, people know you are there to learn, so just being
95. 95 aware of your kind of, you get used to when is a good time to ask, a good rhythm, where to stand
96. 96 and then there's times when they might ask you to do something to get involved and that helps to
97. 97 know that they are welcoming you in to learn erm rather than just kind of getting in the way
98. 98 Q- ok one of the things that you talk about a lot or that comes through in conversation is that you
99. 99 enjoy caring, the caring side of things, is that challenging in any way for you?
100. 100 Erm I remember kind of at the end the first placement, it was the 2nd placement but I think erm,
101. 101 because I, you get so kind of (pause), you see a lot of patients, there was one at the end of the 2nd
102. 102 block you kind of I related to kind of, like, almost like a, like a, I don't know what the right term is,
103. 103 like I just really related to him because he was kind of like my Grandad and he was kind of like
104. 104 obviously not very well and it just kind of when I came home it was quite kind of emotionally
105. 105 draining. It was so, it just kind of sticks in my mind, yeah you took what you saw home with you and
106. 106 it was hard to kind of separate the kind of caring and wanting to do the best then coming home and
107. 107 having all the kind of weight of that on you (pause)
108. 108 Q- was that the first time that has happened where you've met someone that has triggered those

109. 109 kinds of feelings?
110. 110 Yeah, there's, I think it does happen with a lot of patients, but it's all about, with some it's kind of
111. 111 just finding the ways to separate home and being on placement and I think because, because of
112. 112 everything, like the 2nd placement block we'd just entered a pandemic, with everything going on it
113. 113 was quite like very strange, so I think I didn't cope as well with that one as I have done previously
114. 114 Q- I'm interested in this separation of home and placement and how do you do that, do you have
115. 115 any ways in which you keep things separate, how do you manage that?
116. 116 I don't think I've managed it, like I'm not really, I don't think I've got any special way that I've
117. 117 managed to do it, erm I think to start with I did journal a little bit just to kind of write down my
118. 118 thoughts at the end of the day, like compartmentalise all my thoughts and how I was feeling and
119. 119 that helped me to put them down erm somewhere. I think as well because I was living at home
120. 120 during placement, my parents were able to cook for me and I know that's quite like, it's kind of a

121. 121 luxury, because I know not all students are able to do that, if I living in hospital accommodation I
122. 122 wouldn't have my parents there to cook for me, so that was kind of a blessing and helped me kind of
123. 123 switch off and have a meal time with my family erm and I think I would have struggled a lot more if I
124. 124 didn't have that.
125. 125 Q- I can see that, you also used the words emotionally draining and I wonder if you could explain a
126. 126 little more about that?
127. 127 Erm I there's a lot, erm, there's a lot to kind of take in on the first few weeks of placement and
128. 128 there's the new kind of surroundings, there's the patients, the radiographers and there's a lot of
129. 129 kind of new things to learn erm plus sort of new experiences, a lot of kind of emotions and taking
130. 130 them all on in a very short period of time erm it's, it's quite hard to like deal with them all, so yeah it
131. 131 can be quite, if yeah, just (pauses, shakes head).
132. 132 Q- I understand what you are saying, I do understand. Do you think that working in a team, does that
133. 133 have any impact on how you are thinking and feeling at all?
134. 134 Erm I think seeing other radiographers kind of treating and coming alongside the patient, I think, I
135. 135 think that helps to, I don't know, I've lost my thoughts now.
136. 136 Q- that's fine, we were talking about the job being emotionally draining and whether working in a

137. 137 team has any effect or impact in any way on you and how you are feeling
138. 138 Yeah so I think working alongside other people, them being there and kind of going through it as well
139. 139 it does help to, you're kind of almost, there almost there beside you, so they've kind of gone through
140. 140 the same thing erm and they can relate to you because they were students once. Erm and also they
141. 141 are treating a patient that you kind of have very similar experiences so it's helpful to kind of have
142. 142 other people to talk through things, erm that they are going through as well, or have gone through.
143. 143 Q- did you ever talk to any members of the team or do they ever talk to you about how you/they
144. 144 were feeling or how they were feeling about a certain patient?
145. 145 Not really, erm, I think, I think, again we didn't really, there wasn't anybody really talking about
146. 146 feelings, it was just kind of get, it's almost kind of a get the job done kind of thing, but just knowing
147. 147 that they were also experiencing it helped, but erm, I think they did say like, they kind of first year is
148. 148 quite a lot of new, I think they did kind of, they related to me but they didn't really talk about
149. 149 feelings.
150. 150 Q- and I was thinking about the pandemic and how that might have changed or affected your
151. 151 experience and I wondered if you could take me back to March and talk me through what happened.

152

153. 153 Yeah so I was at, so actually for that placement block I was living with a family friend who lives closer
154. 154 to X than I do and so I was kind of there on my own kind of walking to the X every day, so obviously
155. 155 not home for that one. I remember kind of being, it's been a long time, I was only kind of there 2
156. 156 weeks I think before we got told to home home. But I remember kind of, like it kind of, there was a
157. 157 lot, so yeah, so I wasn't living at home and I think, so I was kind of going through it a lot on my own, I
158. 158 couldn't kind of come home and have family round me to talk through, or have their wisdom on the
159. 159 pandemic and stuff, I do remember thinking kind of like I hope we get to stay in placement because I
160. 160 do remember thinking we were only gonna have kind of 7 weeks in first year which I know the 2nd
161. 161 and 3rd years were already telling me was not very much placement compared to what they had, so I
162. 162 felt like ok like, I wanna make sure I have all this placement so I have all this experience erm and kind

163. 163 of I definitely feel like I'm left in a position that I don't have as much experience that first years
164. 164 would normally have at this point. I think well I hope it doesn't affect my learning too much in the
165. 165 future but yeah I just remember wanting to stay erm and then erm, (pause) and then kind of we got
166. 166 told that we would be staying and a couple of days later they were putting action plans in for what
167. 167 would happen if we stayed. I think the university kind of pulled us out and it kind of happened very
168. 168 quickly and it was kind of like a, it had gone kind of like a ok so we're staying and then it had gone
169. 169 from that to ok we're not staying quite quickly. I do remember feeling kind of disappointed to start
170. 170 with because I was like this is the best thing to do, but I remember feeling like I wanted to help out
171. 171 and to stay, erm but then because I was like oh what do I now and obviously feeling kind of that I'd
172. 172 only had a few weeks in first year in placement. Also a lot of the radiographers were like oh so how
173. 173 many weeks in placement have you had and they were being like oh well that's not very much. Ok so
174. 174 that fills me with confidence (laughing).

175

176. 176 Q- ok so how do you feel about going back to placement?
177. 177 I hope I haven't forgotten everything (laughs) cos I think it was all very new and I think , it just like, I
178. 178 do get quite anxious thinking about it, will I, I feel like I'll be back to the first week of placement, feel
179. 179 like I'm gonna get in the way, it's going to take me a while to kind of remember everything. I
180. 180 remember leaving thinking I was just beginning to get the hang of things and then I wasn't there
181. 181 anymore. I think, I think it's gonna, I think, I just feel a bit like I'm back to square one again in that
182. 182 i'm gonna have to pick things up again, also that I don't know it's the kind of unknown of what
183. 183 placement will look like now, because I think there will be changes to what it was like, how it's
184. 184 gonna be with the pandemic and everything erm and I think it's kind of the unknown, the fear of the
185. 185 unknown erm like yeah.
186. 186 Q- I think it will be quite different won't it, you will be well looked after and well supported. I'm
187. 187 thinking about you going to placement and how people change when they transition from one year
188. 188 to another year and whether you think you will be changing as you go into year 2 or whether you

189. 189 think you will stay kind of the same with the same thoughts and feelings.
190. 190 I think I'll definitely kind of hopefully progress in what I'm learning, I think erm, I think having, they'll
191. 191 be a lot of new things to pick up with erm the changes so erm I think erm (long pause)
192. 192 Q – I guess it's hard to know at this point
193. 193 I think, I think I'm looking forward to having more time so longer blocks so I think having those
194. 194 longer blocks I think having just a long block of just placement will really help to solidify, pick up the
195. 195 things that I've kind of forgotten about and solidify those things and working on things, and getting
196. 196 used to being back on placement, yeah
197. 197 Q- good, good, well it's lovely hear that you are looking forward to going back and I know the clinical
198. 198 tutors are desperate to have you all back, because they say the department is really weird without
199. 199 students there, the staff have missed you so you will be very welcome because you do such a lot of
200. 200 work while you are there, you might feel as though you are in the way but you really are supporting
201. 201 them and helping them massively and they really do appreciate it.
202. 202 Is there anything else that you want to tell me at this point about want it's like to be you as a
203. 203 student
204. 204 Pause, I don't think so, I'm sure there's lots I could but nothing is coming to mind right now

205 Interview ends 206
207 21.1.21
208

209. 209 Q- since we last met have you had any placement
210. 210 Yes 6 weeks
211. 211 Q- ok if we start with that and any experiences that maybe just stick in your head?
212. 212 It was very different in terms of, we only had 5 hour shifts, for 4 days and had to make up 10 hours
213. 213 off-site, off-set learning to get up to the hours erm
214. 214 Q- which is quite different isn't it
215. 215 Yeah quite a challenge actually, erm it needed a lot of time management and there was a lot of calls
216. 216 with the education team there that I needed to join. Sometimes that meant actually going off set,
217. 217 even though I had limited time on set I had to go off set to join the calls so I knew what my offset
218. 218 learning would be about that week if that makes sense
219. 219 Q- yeah I get what you mean, what was the patient workload like?
220. 220 I think it seemed to be quite normal in terms of the amount of patients coming through, compared

221. 221 to back in March, it was quite similar I think. I went to X this placement block and that was really
222. 222 interesting, surprisingly very quiet. (discussion around machines which would identify the centre).
223. 223 There would be a couple of hours in the shift where there wouldn't be anything to do which was
224. 224 really frustrating, like it was really, I was very thankful to have that opportunity but I think it was
225. 225 quite frustrating because I felt behind as it was and then to be put there on a machine where you
226. 226 didn't have any patients, it felt really, I didn't see a patient or there wouldn't be much to do and I
227. 227 find that quite frustrating at times, but, yeah
228. 228 Q- so patient number wise is it quiet?
229. 229 I think it was quite, from what I remember in March, quite normal, I was placed at the busy hours so
230. 230 didn't see what it was like in the evening. I think they had patients not as late, but because I was
231. 231 there it kind of, in the morning at a busy time normally, it was quite busy. I didn't really notice any
232. 232 difference there.
233. 233 Q- are there any patients that you can recall treating that were particularly challenging in any way
234. 234 Long pause, I'm trying to think back now. I think a lot of paediatric patients which erm, I'd not seen
235. 235 any before and I think I found that quite emotionally challenging and also I definitely had to adapt to
236. 236 how I spoke to them and I was quite aware of that. But I think after 2 weeks of treating a lot of
237. 237 paediatric patients when I went back onto X, we had a paediatric patient come through and it felt,
238. 238 because I think normally if you have a younger patient I would step back and let the radiographers
239. 239 do it, but then after normally treating paediatric patients that just became quite normal so when I
240. 240 went back to X, we had a paediatric patient and I was getting involved, kind of talking to her and
241. 241 quite, it was a normal patient, like I felt I was engaged in her care and as involved as I would be with
242. 242 a normal patient, like an adult patient.

243. 243 Q- in what way was it emotionally training dealing with the paediatric patients?
244. 244 Erm I think, I think that they were just so young and a lot of them were just so poorly and I think erm
245. 245 like you kind of you, after seeing like lots of older patients and then going to see younger patients,
246. 246 it's quite a shock and you can forget that when you just mainly treat adults erm,
247. 247 Q- what sort of age range did you see?
248. 248 Erm, I saw, I didn't see many really young ones because they had general anaesthetic so we weren't

249. 249 able to go in for that. Although we did get a placement with the nurses and play specialists so we did
250. 250 see like 2-3year olds, but actually in the treatment room treating maybe like between the ages of 10
251. 251 upwards erm.
252. 252 Q- How are the team in X, are they any different to what you would experience on X, do they work
253. 253 any differently, or talk to each other any differently
254. 254 I wouldn't say they talk any differently, I think erm, I think they were kind of realising how it was
255. 255 quiet for them too and they definitely noticed much more, at times just them chatting about life, or
256. 256 they would talk about dogs, they would show me pictures of their dogs it was that kind of stuff that
257. 257 you wouldn't normally do in a busy radiography department and also I noticed that a lot of them
258. 258 were kind of like, they were like trying to get patients, like they wanted to treat patients and some of
259. 259 them had only seen, like been involved in 2 patients that day, they'd be trying to get in and treat
260. 260 more patients. I think they were, they were, maybe frustrated, I don't know, but it was a lot quieter
261. 261 so they wanted to erm , to kind of fill their day with things.
262. 262 Q- did you get to see any of the patient's relatives or family
263. 263 Erm a lot of parents of the children but again because of covid, there was less kind of interactions
264. 264 with family members and in main site there wasn't any at all
265. 265 Q- what's it like communicating with the PPE on and the inability to have any physical contact
266. 266 I found that, I found it quite difficult, so we wore goggles most of the time but then I got given a
267. 267 visor and I found it quite difficult to hear like with the visor on, it kind of blocked some of the sound
268. 268 and I found that quite different and like you kind of with the big visor and the mask kind of echo a bit
269. 269 and erm it's just it's quite hard to erm hear people talking especially with them wearing the masks
270. 270 erm it took a while to adjust, erm and I think, it actually like people say that it, there's a big
271. 271 difference with the PPE on but it actually surprised me how much of a difference you kind of like
272. 272 smile at a patient and then realise they can't actually see that, so erm it's stuff like that really that is
273. 273 the biggest difference. Erm and like we had a couple of patients, it was one patient it was her first
274. 274 day of treatment and just coming into the gantry and just seeing it made her quite upset and I think
275. 275 it's, that's quite hard because you can't like, you've got that barrier and so it's quite difficult to kind

276. 276 of comfort a patient and talk to them with like masks on and quite like, with the aprons on and it's
277. 277 quite like surgical and yeah, quite hard to interact with them
278. 278 Q- I bet it is, does it make any difference when you're trying to communicate with the rest of the
279. 279 team?
280. 280 Erm I think the first kind of week , couple of days it was a bit kind of a –can you say that again, but I
281. 281 think think I did quite quite quickly adjust to it
282. 282 Q- ok, ok any other thoughts about, any nice things from placement any positive memories

283. 283 Erm there was on the final week I got placed on a new machine and I was quite nervous because I'd
284. 284 gone from being on one machine and to X and then back to a different machine so it was a
285. 285 complete, it was a completely new team and I was kind of worried that I wouldn't fit in and I would
286. 286 only have a week to kind of fit in erm but actually they were really really lovely there, kind of it was
287. 287 quite nice because I quickly joined in the conversations and just chatting about stuff and they were
288. 288 really lovely and brought me into the team so I really felt I made a lot of progress in that week in
289. 289 terms of erm just getting involved and they got me switching on as well, they took a real kind of,
290. 290 took time with me to go through stuff and were really kind of engaged in my learning and I think as
291. 291 well you could tell that that team got on particularly well and they all kind of like there was lots of
292. 292 like joking and they all just got on well and I think it was just really easy to fit in and yeah they, I felt
293. 293 like I made a lot of progress just in that week
294. 294 Q- you mentioned humour do you see hour being used
295. 295 Erm yeah quite a lot, definitely in X there were times there and when I go moved onto that machine
296. 296 there was just like chatting about what we've been doing in the evening and what have you been
297. 297 watching. I think part of it was just like me having the confidence to be like if they would say like and
298. 298 I could like say, by that point I felt like I had the confidence to say oh I've watched that, really
299. 299 enjoyed it and like yeah
300. 300 Q- how does it make you feel then when you're in a team like that?
301. 301 I really enjoyed it and it is kind of like I hope that I create that kind of team when I graduate and erm
302. 302 just the way that they interacted with me as a student and just how they interacted with each other
303. 303 it just made the day go much faster you kind of, you were looking forward, like I've always wanted to

304. 304 go into placement anyway but it just kind of, that big difference knowing that like you being there,
305. 305 like you weren't in the way when I arrived like I could go and really be part of that and like help out
306. 306 and feel needed and it made the whole experience more enjoyable and yeah I enjoyed it
307. 307 Q- if I could take you back to the paediatric patients, you used the words emotionally challenging,
308. 308 how do you manage that kind of challenge
309. 309 Pauses, I think, I do find it difficult, sometimes I, let me think what do I do, I think I, we were able to
310. 310 kind of talk with the radiographers about any, just talk about the patients and then when I finished I
311. 311 was able to kind of walk back to where I was staying and kind of shut off a little bit, but yeah I do find
312. 312 it hard to shut off and I don't always do when I get back from placement, herm, I don't think I do
313. 313 anything
314. 314 Q- in what way do you mean shut off a little bit –is it get your own space
315. 315 Yeah you kind of, I think you're so busy just getting through each day, like there wasn't much time to
316. 316 look back, like a few times I did and it was quite difficult but then you're just, I think I'm just so busy,
317. 317 like I had uni work and I had exams after Christmas, had all the kind of off-set learning things to think
318. 318 about as well and zoom calls and all of that to go to. I think like I had to keep going, keep focussing
319. 319 on what was coming up in my day, my week, just get on with uni work and things like that, it as just
320. 320 so busy, I don't really have loads of time to reflect on the day
321. 321 Q- when you are treating people, of any age, do you feel as though you have to suppress any
322. 322 emotions that you are feeling
323. 323 Pauses , I think so yeah, cos I remember one patient, I was with, I was placed with the nurses and the
324. 324 play specialists for the day over in X. erm and I was able to go into like watch a young patient go to

325. 325 sleep and so I was with her Mum and I found that quite difficult because her Mum got quite a bit
326. 326 upset like after we'd left. But being with the nurse like she sees it every day and was really positive
327. 327 that really helped. Yeah you definitely kind of have just be brave I guess and just yeah, support in
328. 328 way you can
329. 329 Q-and do you think that has changed over time like from first year to now
330. 330 Pauses, I think sorry in what way
331. 331 Q- I'm just thinking about the way in which you deal with things, whether you dealt with things very

332. 332 differently when you were new to it, whether your thoughts have changed or how you manage it is
333. 333 different, does it affect you any less or any more now?
334. 334 I think it may affect me more just because in placement before you're so focussed on yourself just
335. 335 trying to, because it's all very new. Just where should I be, you're so focussed on am I getting in the
336. 336 way. But I think when you can spend more time with a patient which I could this time, because you
337. 337 kind of have the confidence to go and talk to them and go and like see the parents of the paediatric
338. 338 patients and speak to them, you, yeah it's more time to, I think I got more time to yeah (pauses)
339. 339 Q- how do you think you'll deal with things when you qualify?
340. 340 Pauses, I'm not sure (laughs), erm yeah I don't know
341. 341 Q- do you see any role models and think, I wasn't to deal with things in that way and I like how that
342. 342 person talks about things
343. 343 I think, I think what I've noticed is a lot of radiographers, like sometimes they'll talk about a patient,
344. 344 but a lot of the time it's kind of just focussing on getting through the day that they don't really
345. 345 reflect too much on like a patient, so
346. 346 Q-so focussed on the here and now
347. 347 Yeah and I don't really, don't really see the emotional side of that pauses
348. 348 Q- do you think any more or any differently about your decision to join the programme?
349. 349 Erm, I don't, I think I'm just really enjoying it, in terms of the training and the uni work and the
350. 350 placement it's all harder than I, well I think I was expecting it to be hard, but I didn't expect it to be
351. 351 stressful just in terms of workload and managing time and I think I'm quite like a, I like to have
352. 352 things, I like to be in control and I think a lot of the time Covid just shown me that that's easier said
353. 353 than done, you don't really know what your days gonna look like and so that's quite I think, I don't
354. 354 know. (Pauses)
355. 355 Q- it can be hard can't it when you feel like you've got no control over what's going to happen next
356. 356 Yeah and I think it's the worry about kind of like for example I'm now in X and I haven't been before
357. 357 and I don't know what the staff are like and if it's gonna, how many patients there will be. I think I
358. 358 can't control that and I think that's obviously, I find that quite stressful and there's a bit of anxiety
359. 359 towards that and I think I've found that more than I thought I would
360. 360 Q- how do you manage that then how do you deal with it
361. 361 I think there's certain things that have made it easier, my parents have got me a car so I don't have

362. 362 to stay in X I can live here, they can support me with cooking and when I get back they make me
363. 363 dinner so I feel very lucky to have that because I know not everyone can. I know a couple of other

364. 364 people actually, other students have recently got cars, especially with public transport and covid, it's
365. 365 just easier and it takes a lot of stress off. So I feel very lucky to be able to have a car now, so that
366. 366 helps to manage that. Yeah just being at home is quite like a big thing, I'm quite like a home bug
367. 367 anyway like I'd rather be here than living away. Just with especially with covid and stuff, especially
368. 368 when I'm on placement and just with when I'm doing uni and stuff it's fine like, but I think
369. 369 particularly with placement to have like people to talk to and my dog.
370. 370 Q- do you enjoy radiotherapy
371. 371 Yeah, yeah I'm really enjoying it
372. 372 Q- why do you enjoy it?
373. 373 Pauses, I just, I just enjoy kind of talking to the patients erm, learning and erm kind of the science
374. 374 behind it, but then also just the fact that you're around people and working in a team it's, it yeah
375. 375 (pauses)
376. 376 Q- has that level of enjoyment changed, does it fluctuate, come and go
377. 377 It depends on how stressed I am, depends on how much work I've got, or exams, but yeah I think I
378. 378 think if I can fully focus on placement it's, then it's, I really enjoy it. If I'm placed with a team that I
379. 379 really get on with and I find it easy to erm make like, easy to fit in and they really take their time with
380. 380 me and like teach me and I can learn. Then that's yeah, it's great, but I think there's times when it's
381. 381 just stressful with uni work, or it's quite like in X, erm it's a bit like ahh, but I know it's not always
382. 382 going to be like that erm yeah
383. 383 Q- ok so if I was to ask to what is it like to be a student radiographer now could you describe that to
384. 384 me
385. 385 Pauses –
386. 386 Q- from your perspective
387. 387 Erm, pauses, in terms of what I do
388. 388 Q- everything really
389. 389 Ok, erm I guess, erm it's a balance between like academic learning and erm placement erm where its
390. 390 very practical and it's quite a full on course but erm, yeah
391. 391 Q- what do you mean by full on
392. 392 Erm (pauses), when you're not at uni in lectures, you're in placement and then when you're, like

393. 393 when it's the holiday you're revising, erm and it's just a lot to kind of keep up with erm, yeah
394. 394 Q- keeps you busy
395. 395 Yeah (pauses)
396. 396 Interview ends

397

398. 398 Interview 3 9.3.21
399. 399 Q- so you've just finished a block of placement where was it

400. 400 It was a 6 week block of placement
401. 401 Q- and where were you
402. 402 ItwasatXandX
403. 403 Q- how was it
404. 404 Really good, I really enjoyed it, I think it definitely had it's challenges just because I'd not been at a
405. 405 different site, I'd never been to a site that's not the main site and they use X there so I felt like the
406. 406 kind of, the team situation was a bit, needed a bit of adjusting to. I think it's because it's a bit erm
407. 407 much smaller department, I think the first kind of couple of weeks I was like oh I'm not gonna get
408. 408 used the machine, the way that they, the way that they kind of erm bring patients in, all the kind of
409. 409 little like quirks of a department, I was like I'm never gonna get it. But towards the end I really felt
410. 410 like I came into my own, being able to, it was erm seeing the progress, because by the end they were
411. 411 like oh just like pretend that you're the band 5 and I'm the band 6 and just like go and treat a
412. 412 patient, go and bring a patient in and talk about the side-effects and I'd have never thought at the
413. 413 start of that placement that I'd get to that point because like I was really struggling but yeah, I really
414. 414 enjoyed it
415. 415 Q- good, what were the team like to work with
416. 416 Really nice, I think there was a couple of people who I struggled with in terms of, I didn't feel like
417. 417 they were engaged with my learning I think they were like just wanna crack on get through the list of
418. 418 patients and get home. But I think there were some I just really got on with, particularly there were
419. 419 2 band 5s they really kind of took me under their wing, showing me kind of how to use the machine
420. 420 and spend that extra bit of time with me, which I really appreciated. I had some really good mentors
421. 421 as well who were like get stuck in, push me out of the way and do what you want to do and I think I

422. 422 really, I've not really had that before in a team and so I think I really did feel part of a team in that I
423. 423 was making a difference in that department.
424. 424 Q- yeah, you mentioned some of the staff didn't engage in your learning, could you explain what you
425. 425 explain that a bit more to me?
426. 426 Erm so I kind of arrive and be like hello how are you and then that was it then, so instead of it being
427. 427 like what do you want to do today, do you want to get hands on, do you want to bring the patients
428. 428 in, they were just kind of like, they would just get on with it and didn't really give you an opportunity
429. 429 to kind of step in and I know kind of some of the radiographers were like do you want to be on the
430. 430 rolling side of the patient do you want to set them up for treatment. Where as I felt like I couldn't
431. 431 get in there and do that because they didn't give me the opportunity to and I also felt that
432. 432 sometimes there was like a bit of impatience, it might just be me in my head thinking it because I
433. 433 know that because they hadn't shown an interest in my learning erm in terms of not wanting, they
434. 434 didn't really ask me to do anything or suggest that I did anything, I felt that if I did, I would get in the
435. 435 way but in terms of if I was stood by the computer about to read out from the plan I would feel like I
436. 436 would need to do it perfectly and I would feel like I had to rush and do it because I was in the way of
437. 437 what they were doing, because they didn't really give, like invite me to do it, if that makes sense
438. 438 Q- have you ever experienced that before?

439

440. 440 Erm, I felt when the department was busy but I think there was that mutual understanding that
441. 441 communication with the staff being like it's really busy today, I remember there was a day when

442. 442 mosaic wasn't working across the site, so they were like we're running an hour behind and there was
443. 443 this mutual conversation of like it's busy, could you just concentrate on bringing the patients in from
444. 444 the waiting room and getting them changed and you just focus on that and we'll just get through the
445. 445 patients in the room and I felt like, I felt like yeah I'm not gonna get in the way but I'll have to just
446. 446 like stand back. I think that was, like I understood that, I think it was just when it didn't seem that

447. 447 busy and there could be and then I think then if I knew a staff member would be on that day then I
448. 448 think I would go into the department being like I dunno, just feeling a bit down and then that had an
449. 449 impact on my performance in the day. But then there'd be some days where I'd be like, I really oh
450. 450 I'm enjoying this team I'm with erm and I' really excited to kind of get in erm and yeah just get in and
451. 451 start treating
452. 452 Q- you use the words getting in the way, what do you mean by that?
453. 453 So erm, that kind of I'm slowing, I'm slowing people down and I'm erm I'm getting in the way of their
454. 454 work flow and erm because I need to take a little bit longer to go over things that and its probably
455. 455 mostly, probably in my head because I'm very aware that there's certain things that I'm taking my
456. 456 time, erm and I don't want to rush it but I think knowing that we are like running 10 minutes late,
457. 457 I'm like doing it really fast and that's when I'm making mistakes or I just I might be like I'm just gonna
458. 458 observe this and step back completely and not getting involved because erm I don't want to have an
459. 459 impact on the patient's care, making the department run behind or yeah affect the radiographers
460. 460 work flow.
461. 461 Q- ok and how does that feel then to feel that sense of or awareness of not wanting to interrupt the
462. 462 workflow?
463. 463 Erm, I think it has an impact on how I feel coming in to the department and how I feel my placement
464. 464 is going and kind of the progress I'm making, yeah, I think it's like oh I'd just rather step back and
465. 465 observe rather than get in the way, that seems to be the easier thing to do where I know that's not
466. 466 necessarily going to be the thing that's going to help me progress in my learning and give me the
467. 467 opportunities to grow.
468. 468 Q- ok you mentioned that a couple of staff were good and supportive and that you've had some
469. 469 good mentors and you not had that before erm that kind of experience before, can you just explain
470. 470 that a little bit?
471. 471 Erm, I think I've had good mentors who have been like erm this is what you know, have given me
472. 472 feedback, but I felt erm I could have I think, I think, they'd really, I don't know if it was a quieter
473. 473 department sometimes, sometimes it was really busy. Sometimes there's be that time and they'd be
474. 474 like ok lets pretent to like set up a head and neck patient, put the mask on, lets go through that and

475. 475 you can be the band 5, I'll be the band 6 and lets just go through and they took that time with me
476. 476 and erm also kind of I felt like between patients, if there was time to chat, I felt like they were asking
477. 477 me questions like what are you up to at the weekend and having an interest in me personally, which
478. 478 I think really helps kind of the team, the team atmosphere and becomes quite like a positive and you
479. 479 want to go into work because you want to meet people, especially in a lockdown. Erm yeah.
480. 480 Q- you said as well that 'I felt for the first time I was making a difference'
481. 481 Yeah I think there were, I can think back to a certain erm, a couple of patients who erm I was able to
482. 482 spend that bit of extra time with them so there was a lady who had erm, who was having her breast
483. 483 treated erm, she said to me oh I'm really kind of struggling with the side-effects. And even though I
484. 484 couldn't, I couldn't give like loads of advice about it I could be like, I could listen erm and ask her

485. 485 questions and I could then feed that back to the radiographer to kind of talk to her more in detail
486. 486 and then also on that same day, the machine broke, all the MLCs wouldn't come out when we were
487. 487 trying to set her up. Erm and so the radiographers kind of had to leave the room to talk to physics
488. 488 and the engineers and I could just stand with her and chat to her about what are you planning to do
489. 489 at the weekend, do you have any pets like, how are you finding work at the moment and just having
490. 490 that chat with her, erm because I think she was a bit upset and struggling with the treatment. I think
491. 491 to have that time to ask her about her week and she said to me coming to treatment is like a day
492. 492 out, because there's nothing else to do, I'm isolating otherwise. Here I can talk to people and I just
493. 493 felt that I was making a difference to that patient, where as before I think, I don't think it was me
494. 494 personally that was making a difference to the patient, I think it was like the team as a whole. But in
495. 495 that situation, I could spend that time with her when they needed to sort the machine out, I was
496. 496 able to stay with her and spend that time. Erm yeah
497. 497 Q- and how did it feel to make that difference, how did it feel to you?
498. 498 Erm I think it's, that's kind of why I, I want to be in this, erm career I guess, just to be able to have
499. 499 conversations like that and make a difference. Erm you know when somebody's at their lowest you
500. 500 can try just like to chat to them and listen to them. Erm and yeah it just feels good and makes me

501. 501 want to keep going, even when there's uni work in the background, that actually like yeah.
502. 502 Q- so you mentioned that there's a couple of patients that you can remember from that time, are
503. 503 there any others that spring to mind?
504. 504 Erm, yeah so there was erm a lady who came in for a CT scan erm and she was really struggling with
505. 505 kind of claustrophobia and I think she was just very anxious, but I was able to talk to her about what
506. 506 to expect whilst the other radiographers were loading up her information and putting on PPE, I was
507. 507 able to bring her in whilst she was feeling a bit anxious in the waiting room, I could bring her in,
508. 508 show her the machine, like talk her through what to expect, a bit about, she didn't know about the
509. 509 tattoo marks, I was able to get a pen like, draw it out what we are doing, it's not going to be too big,
510. 510 and just talk to her about that, so yeah, what else I can't remember now (laughs).
511. 511 Q- patients who are claustrophobic, do you have to deal with that very often?
512. 512 I've heard it come up quite a bit , particularly in the CT scanner, I think just because it was their first
513. 513 kind of, for a lot of them, their first kind of experience erm yeah the very start of their pathway. And
514. 514 so it was just kind of about giving them techniques to cope, so breathing, kind of closing your eyes
515. 515 and taking your mind off erm where I think by the time you're kind of in the treatment room,
516. 516 they've kind of got used to it a bit more. But at the start, there's a lot that come in and say oh I'm a
517. 517 bit claustrophobic, a bit worried and you can have a conversation at the start and yeah
518. 518 Q- I wonder what's the workload like at the minute, what kind of general patients are you seeing?
519. 519 It was I think, I think I was in CT for the last 2 weeks, that could get really busy, erm and I think the
520. 520 work days seemed shorter, so they would only have patients in from 8am in the morning to 4-5pm. I
521. 521 don't know if that's normal for that centre, but it didn't seem like a super long day like the erm, the
522. 522 radiographers on a late shift would start at 10am,where as I know at main site sometimes they
523. 523 would start at 12pm and do 12 til 8. But I think in terms of like if you look at the list it's kind of pretty
524. 524 consistently and I saw kind of a lot of on the final 2 weeks when I was on a linac, it was a machine
525. 525 with mostly prostate patients and I felt by the end of that they I could you know get involved in all
526. 526 the treatment, like the treatment aspects. I know they're doing a trial at the minute, a bowel prep

527. 527 trial and I could get involved in asking the patients how they were finding that and so yeah I saw a

528. 528 lot of them and that was kind of repetitive but still good because it would be like 6 in a row and by
529. 529 the time you've done 6 you're like ok I can do that now. I saw some SRS treatments and they don't
530. 530 do that at main site so I found that interesting, quite different and yeah, sort of learnt a lot about the
531. 531 pre-treatment of them, the pre-treatment CT kind of mould room and stuff the masks, those masks
532. 532 are a bit different yeah.
533. 533 Q- are they using PPE in the same way that they were before?
534. 534 I think they were actually, a few people wouldn't put the goggles on, some of the radiographers,
535. 535 there'd be some that didn't put it on. But I felt that there were a lot more kind of wearing all ,
536. 536 everyone was wearing aprons and gloves but I did feel a lot more compared to mains site, who were
537. 537 wearing goggles and visors as well. I think, yeah, I think it's difficult because erm obviously a lot of
538. 538 what we are doing is looking at a computer screen and finding little tattoo dots on a patient and
539. 539 when you've got the goggles on and a visor it's very difficult so I can understand why radiographers
540. 540 weren't wearing them, but when you're on a machine and they are not wearing them you feel oh
541. 541 should I wear them if they're not wearing them but there were a few times when everyone was just
542. 542 wearing them so yeah
543. 543 Q- we work don't we in a team as radiographers, we are never really by ourselves, do you ever see
544. 544 any challenging behaviour in any teams that you work in, have you experienced that recently?
545. 545 Erm, I think there'd be not too much I think I've notice that how kind of the mood of the team so the
546. 546 mood of the individual people within the team can have a impact on kind of the atmosphere and
547. 547 how nice it is to work in. So I know that there were a couple of times when erm the 2 radiographers
548. 548 would erm, didn't have the same conversations erm and fun as another couple would have and that
549. 549 would have an impact on how the morning would feel just kind of in that team environment. In that
550. 550 team if you would get 2 people who really kind of enjoyed working together you could really feel
551. 551 that erm where as kind of erm, yeah just a happier mood and it was enjoyable to be part of the team
552. 552 and treat the patients and yeah
553. 553 Q- do you have to adapt to fit into a team?

554. 554 Yeah definitely because I think there's some people who and it's actually funny because I moved so
555. 555 every 2 weeks I would move a treatment machine so I think it tested my resilience and adaptability
556. 556 because I'd just be getting used to a team situation and the way the lianc worked and if a linac didn't
557. 557 enjoy going round one way but it enjoyed going round the other and just stuff like that and then I'd
558. 558 move onto a different machine and a new team and a new kind of linac to work and use. I think yeah
559. 559 it did test how like adaptable I was erm but yeah cos I'd just be getting used to it and I'd feel like I'd
560. 560 take a few days just to get used to a new machine and the people I was working with erm, yeah and
561. 561 getting used to kind of who you know was easy to kind of work with and those who were a bit more
562. 562 challenging because they didn't seem as engaging in my learning but erm yeah (pauses)
563. 563 Q –do you feel as though you are resilient?
564. 564 I was I think it's one of the things I though I was and then towards the end I was like I'm so tired like,
565. 565 and I found it challenging and I think I was kind of getting guilty with myself I was like oh I can't keep
566. 566 up with it, I've only done 6 weeks placement and I'm absolutely knackered where as all these
567. 567 radiographers are doing like every day like this, I think that really tests, it tested how much I was
568. 568 resilient and erm I know towards like in the last week I was like ok I've got to last for one more week
569. 569 and then I can have a week off, but obviously for radiographers they don't have that they just
570. 570 constantly constantly working and so I think yeah it has worried me that I'm not as resilient as I

571. 571 thought I was and that I'm gonna need to find ways to erm you know work on my resilience and I
572. 572 think moving between machines a lot helped with that like that helped me to grow and even
573. 573 compring from this placement to the next placement I think my resilience has been tested and I can
574. 574 see some growth in it but yeah definitely, it's definitely challenging me on how adaptable I am as a
575. 575 person
576. 576 Q- yes practice is challenging isn't it, you used the words challenging guilty and sad and I wondered if
577. 577 you could explain that a little bit more? It was in relation to levels of resilience and feeling fatigued
578. 578 and tired
579. 579 Yeah I think it's kind of I want to be kind of super, like the best person I can be. Erm be able to you

580. 580 know, placement not, it not affect me and always enjoy it all the time and come in always like
581. 581 confident and optimistic about the day and positive but I think I noticed there were days when I was
582. 582 I like I really don't want to go in today, I'm really tired and Sunday nights I'd be like oh I've got a
583. 583 week to go. I think I felt guilty that I felt like that, I do enjoy it, but there are difficulties and
584. 584 challenges and I think I'm like feeling guilty that I should be enjoying it all the time and when I'm not
585. 585 I'm like oh no is that a bad thing, am I a bad person for feeling like that erm yeah.
586. 586 Q- ok you say that you want to try and feel positive and confident and enthusiastic all the time, are
587. 587 they kind of your natural personality traits, is that how you would describe yourself?
588. 588 Erm I think no, I wouldn't say I'm a confident person and I think that's something that placement has
589. 589 grown in me because I think yeah, like yeah before I'd just be like yeah I just don't feel confident, but
590. 590 I think it kind of gets you out of your shell. I feel like the more confident and positive you are the
591. 591 better it goes and the more you can get out of placement and so I think as much as sometimes I'm
592. 592 like ahh don't know what I'm doing erm kind of super self-aware of erm myself and that that doesn't
593. 593 always help my learning but if I'm more confident when I'm going into placement and be like I can
594. 594 learn lots today, I feel like that has an impact on, yeah I am doing really well, I can do this erm yeah
595. 595 Q- ok you mentioned tiredness and feeling tired, do you feel that placement does make you tired?
596. 596 Yes and it's funny because I think part of the guilt is because we've only been doing 51/2 hour days
597. 597 and so I'm not doing the full day and so, I feel the guilt is like oh I'm not even doing a full day and I
598. 598 feel tired erm yeah, and I think just having to get up that little bit earlier to commute, it takes
599. 599 anywhere from 45 minutes to an hour to drive to placement and I've only just started, I only got a
600. 600 car before Christmas and I passed my test like a few years ago, so having erm to, I've had to learn to
601. 601 drive on a motorway and that kind of stuff and just towards the end I was like I don't even know how
602. 602 I'm getting home I'm so tired, I need to concentrate on the road.Yeah I just think, just get really
603. 603 tired.
604. 604 Q- do other staff members talk about feeling tired?
605. 605 Not really and I think that's part of it, because I think I see them and they seem to be doing really

606. 606 well, they're really great radiographers and they're really resilient and then I'm there like I'm so tired
607. 607 I'm only doing 51/2 hour days and you're doing an 8 hour day yeah. Yeah and I think that is really
608. 608 challenging cos it's just like am I gunna be in that position where I can come across, where my
609. 609 tiredness doesn't affect how I'm working and doesn't have an impact on the mistakes I make in a
610. 610 day erm (pauses)
611. 611 Q- ok when you look at them, when you look at the team you use the words they are great, they are
612. 612 really resilient and I wonder what do you mean by that?

613. 613 Erm, that obviously they must have like challenges because they've been working through covid and
614. 614 there's been a lot of changes in the department with PPE and erm and also just like home situations
615. 615 with covid, erm but I don't think it has, that can all be happening in the background but when I, but I
616. 616 don't see that, you don't see it. You just see them coming in and treating, having a laugh with a
617. 617 patient, kind of really caring and if they're tired you don't notice that it's having an impact on their
618. 618 erm how they're performing or how they're treating a patient erm yeah, they just seem to get on
619. 619 with it, it doesn't affect them, so yeah.
620. 620 Q- ok you use the phrase, am I going to be in that position, I wonder if you could tell me a bit more
621. 621 about that?
622. 622 I think I see that, I see the way that, how like they're resilient and then I see kind of how if I'm tired I
623. 623 just feel like I want to sit back and observe (laughs) and not get as involved or erm you know it might
624. 624 take me a bit longer to do something erm because I'm not as switched on erm and I would love to be
625. 625 in a place where I could cope better with my kind of tiredness and just if I'm not feeling good like my
626. 626 emotions so that doesn't, that I don't feel like, yeah so I don't have to feel like it's affecting my day
627. 627 because that's then going to have an impact on the patients and I don't want my how I fee to impact
628. 628 the care that the patients I'm treating feel erm or the quality, the quality of (pauses) care I'm giving
629. 629 to the patient.
630. 630 Q- ok you mentioned and made reference to tiredness and making mistakes, I wonder if you could
631. 631 explain that a little bit more?
632. 632 Erm, so I think if I look at kind of the final week that I was probably at my most tired, I think so I'd

633. 633 forget to, if there was a head and neck patient, I'd forget to kind of put the tape they have the
634. 634 yellow tape to stick onto the mask I'd forget to erm put that, prepare that for the radiographers. Or
635. 635 erm, during a pre-CT scan chat, I might forget to ask them about their mobility or I might, it might
636. 636 take me just a little bit longer to get the words out yeah if I'm struggling with my words erm, to find
637. 637 the words that I need to say and I think yeah I'm stuttering more of whatever and I don't want that
638. 638 patient to feel, oh she doesn't know what she's doing (laughs), she's tired, yeah.
639. 639 Q- ok you mentioned you don't want how you feel to impact on patient care, I wondered if you
640. 640 could explore that a little bit more for me?
641. 641 Ok, so I think how you feel, so if I'm feeling you know really can't be bothered today, you don't want
642. 642 a patient to be like oh this person really can't be bothered to treat me today, she's just doing the
643. 643 bare minimum. I want to, even if I'm not feeling ok, I want to come across as this person, this
644. 644 radiographer is doing everything they can to help in my treatment and they really are engaging and
645. 645 caring about my treatment, erm yeah
646. 646 Q- ok, and you describe sometimes that the radiographers are very caring and I wonder what do you
647. 647 mean by that?
648. 648 Just like the conversations that they have, asking how they are doing, how they are finding their day,
649. 649 asking the patients how they are finding their day. Are they doing ok with treatment and kind of, you
650. 650 know giving as much as they can to kind of support the patient in their treatment erm I think within
651. 651 different radiographers there seems to be a different level of that. I think there are some
652. 652 radiographers who kind of, I notice they're not having as much of a conversation with the patient,
653. 653 they're just bringing them in, getting them treated, getting them out again. But I think overall yeah,
654. 654 they seem to be kind of giving the best quality of care that I've noticed.
655. 655 Q- ok in terms of caring, what does that mean to you?

656. 656 Erm, I think it's making, it's all about the kind of giving the best erm, spending time with the patient,
657. 657 learning about the patient erm helping the patient in not just in their treatment but like how they
658. 658 are doing in their kind of job or how they are finding lockdown. Like all of that is part of the patients
659. 659 care, erm and I think just having, being caring is to (pauses) be engaged with the patient, listening to

660. 660 the patient, helping the patient with not just the treatment but like the holistic approach to a
661. 661 patient. I don't know if that makes sense
662. 662 Q- it does, do you ever find then that you have to hide any of your emotions, that you have to put a
663. 663 face on, or portray yourself in a certain way that's different to what you're actually feeling inside
664. 664 Yeah I think if you're feeling really tired I don't just want to sit there like oh I'm tired I want to erm
665. 665 you know find some energy from somewhere even if it's just on the outside and if it's just kind of
666. 666 yeah, the energy I'm trying to give it's just yeah, even if I'm not feeling it I just be like do you want
667. 667 me to bring in the next patient or like constantly kind of I think as well knowing that the way we are
668. 668 being assessed is quite continuous, if I'm not, if I spend the whole like like just sat there not doing
669. 669 anything I know that's going to impact on my grade that I'll get at the end of the week so if I'm
670. 670 feeling tired I know that I still need to you know be really engaged, you know communicate well with
671. 671 the patient, communicate well to the team erm ask questions if I don't understand a technique erm
672. 672 yeah and like show that I'm really engaged. And I think at times that can be exhausting in itself
673. 673 because knowing that I'm, what I do, even if it's for 5 minutes I'm just say there not doing anything, I
674. 674 know at the end of the week that can be assessed and I think that there's a level of having to be
675. 675 constantly switched on erm which can be quite exhausting, like even to I don't want to take, we're
676. 676 allowed a 15 minute break on our 5 1⁄2 shift and I don't want to even just to kind of the way I ask to
677. 677 go on my break, I don't want them to feel like I don't care about my learning. I don't know I think I'm
678. 678 super self-aware of how I come across as well to the radiographers because I know that that could
679. 679 have an impact on how I do or the scores that I get
680. 680 Q- so there's been a move to the continuous approach, your need to be or feeling that you have to
681. 681 be switched on, is that new or has it always been there
682. 682 Erm, I think it's always been there but I think as I'm progressing throughout the year I'm feeling that
683. 683 there's more pressure to do well. And I think as much as I'm glad that we have this continuous
684. 684 assessment because I don't think I'd perform well under pressure I think there's still that low lying
685. 685 pressure you know to do well still. And as well at the end of the week if I, the grades that I get can

686. 686 change and I feel like if I look at my scores now I don't feel like I've shown progression just because
687. 687 well throughout each week they all mark differently. I think when I look at my grades I'm like oh
688. 688 there's been a lot of 4s or I've not been getting that many erm, I've not really increased much just
689. 689 because one week I might have one mentor who might give me a 4 and work on this and then I
690. 690 might get them next week and they say oh you've worked on that I'll give you a 5 and then you see a
691. 691 different mentor and they're like you're still you know. I think that's been getting me down as well,
692. 692 just knowing that my scores, even though I know myself that I can see progression, even if its just
693. 693 how resilient I am or the fact that when I first arrived on placement I didn't even know how to use
694. 694 the handset and towards the end I was treating patients and having first day chats, I don't think my
695. 695 scores necessarily represent that and I think that's how then from that I've learnt ok I need to be
696. 696 constantly switched on so that I can prove I am progressing erm yeah
697. 697 Q- ok thank you, you said that, or you've used the word super self-aware, I wonder what do you
698. 698 mean by that in the context of how you come across to the radiographers?

699. 699 I think I don't want to come across like I don't care or that I'm, I, that I wanna come across like I'm
700. 700 really enthusiastic, like I really want to be there and that I'm really grateful that they aredoing my
701. 701 LiftUPP scores at the end of the week, so I think I'm just, I kind of can over think how I am coming
702. 702 across. Like oh I didn't say thank you when they showed me how to do that, are they going to think
703. 703 I'm a really bad person and that I don't care that they did that. Or just stuff like that, which I know is
704. 704 probably just in my head but I think yeah, erm yeah
705. 705 Q- ok so you're very much aware of what you are portraying to them
706. 706 Yeah and even to a patient, like if I was rolling a patient and I was struggling, I was like oh I can't, I'm
707. 707 struggling. I don't want that patient to be like oh she can't get me in the right position or whatever
708. 708 or she's clearly not very good at it. Erm I very self aware that erm oh no I said oh dear in front of a
709. 709 patient and now they think they might go away thinking oh no something is wrong with my
710. 710 treatment. Erm yeah,
711. 711 Q- and why is that important to you?
712. 712 Erm, because, I want, the patient, because I dunno, (laughs), I want to feel (pauses) that I don't want

713. 713 them to be over thinking about their treatment, I, I think, I think, I think we're kind of a thinking
714. 714 culture so aware of what people think about us, so that's just why, so yeah
715. 715 Q- ok I wonder if I could ask you the question what does it mean to you now, at this point in your
716. 716 training what is it to be you in the shoes of a student therapeutic radiographer, what does it mean to
717. 717 you at the minute
718. 718 Erm (pauses), at the moment I'm feeling like it's, I feel like at the moment I do feel like I'm making a
719. 719 difference but I know it might be only a small thing at this stage, I do feel like I'm making a difference
720. 720 in (pauses) a patients treatment or in society and I think it is hard erm you know the stress of uni and
721. 721 erm and all of that, I'm just like holding onto the fact that I am making a difference and that even
722. 722 though a lot of people were like at home and working from home I was able to kind of go out and
723. 723 meet patients erm help, help patients in their treatment and yeah
724. 724 Q- you've not used the words making a difference in our last interview I wonder why are you feeling
725. 725 that way now?
726. 726 Erm, I think, I think it's a very kind of small feeling that I get because I think there is part of me that is
727. 727 like oh I could be getting in the way, but there are a few times I feel like yeah I was able to have that
728. 728 conversation with that patient when the machine broke and I was able to make them laugh or yeah
729. 729 or erm I was able to focus on bringing patients into the waiting room when the machine was broke
730. 730 and erm the department was really busy but at least I could wipe down the baskets that they were
731. 731 putting their clothes into and I could bring in a patient. Even though it's a small thing, I did feel that
732. 732 would, that could make a difference. Erm yeah
733. 733 Q- ok so do you ever think beyond that in terms of the patients cancer, the diagnosis and what you
734. 734 are doing
735. 735 Smiles Yeah , I think, I think part of it's like I do feel like (pauses), I feel like I am making that little bit
736. 736 of a difference in terms of that pathway like, if I asked somebody you know we've got a patient
737. 737 coming into the waiting room and I asked them how their day is going, that, that's me being
738. 738 interested in that patient and they don't feel like oh no one really spoke to me today, at least I can
739. 739 do that little thing. But I think, I think there's also the other side of it where erm I feel like am I, if I'm
740. 740 making like a little mistake, am I having a bad impact on that patients care am I, if I'm taking that

741. 741 little bit longer to set up a patient are they gonna be like oh it took ages today to get me set up
742. 742 because I had a student setting me up. (laughs). Erm and that obviously does worry me as well, but
743. 743 I've had a lot of patients just being grateful and just saying thankyou and I think I'm just holding onto
744. 744 that really when I'm feeling like oh I was spending ages setting that patient up today, I was really
745. 745 struggling, but they still said thank you when they got off the bed and so they were grateful that I
746. 746 was involved in their care and I think that's just amazing and yeah.
747. 747 Q- ok so you used the words that you're holding onto that, that they are grateful and thankful, I
748. 748 wonder what you mean by that and how does it feel?
749. 749 Erm I think when, when I'm you know really struggling to get up and tired but the patient's grateful
750. 750 that I was involved in their treatment, it feels good, it feels like yeah that's why I got up this morning
751. 751 erm to make that little bit of a difference today and erm and I'm grateful that I can go into
752. 752 placement today even though you know we're in a lockdown, I know a lot of people can't, aren't
753. 753 working or can't erm or yeah the situation in the world isn't great but at least I can go into
754. 754 placement and make that bit of a difference. And then I know towards the end of the placement as
755. 755 much as I was tired, I was really looking forward to a break, I'm like oh now I have to go back to on-
756. 756 line lectures and I'm gonna miss the patients and miss that team situation, yeah.
757. 757 Q- ok so you said it makes you feel good that you're making a difference, I wonder what you mean
758. 758 by that?
759. 759 Erm, (pause), I think it's just (Pause), it's it's rewarding I guess, you know like the hard work that I am
760. 760 putting in or if I'm, if I'm not feeling like I am not working hard enough and I'm feeling a bit guilty
761. 761 from that (pause), the fact that I was able to have a little bit of an impact yeah in a patient's
762. 762 treatment pathway (pause), yeah, like that, that's worth it, yeah that's why I'm doing it erm (pause)
763. 763 Q- have your thoughts and feelings around feeling rewarded, have they changed over time?
764. 764 Erm it feels weird to say like I'm being rewarded, cos, it, a patient who, like you don't wish that
765. 765 treatment on anyone so I feel like say that, that's really, I don't know if I mean that, but I guess, I
766. 766 guess you know, if, if a patient has to go through that then I can make as much of a difference as I

767. 767 can. Erm, yeah cos it's a hard time for that patient and so yeah, yeah (pause and giggle)
768. 768 Q- do you feel more like a radiographer now and less like a student
769. 769 Yes, but I've just been in CT I felt very much like a student then, but before that if I just look at the 4
770. 770 weeks I was on a treatment machine, from the start very much like a student (laughs) and not really
771. 771 knowing what I'm doing and then towards the end (laughs), it was like a jokey comment but one of
772. 772 the new band 5 radiographers was like, oh you don't even need me now. It just, that was funny, we
773. 773 could have a laugh and I was like no I do need that support, but just that little laughy comment did
774. 774 make me feel like oh I am able to do this erm yeah
775. 775 Q- and how did that feel
776. 776 The fact that he could have that joke with me erm and that he yeah I did feel like that treatment that
777. 777 from bringing that patient in to switching on I felt like that went well, there was a sense of
778. 778 achievement in that and just a I am progressing and erm even though you know at the start that had
779. 779 it's challenges and I felt like I'll never be able to get it and then to have that to have someone to be
780. 780 able to say that to me was like ah I have progressed then in such a short space of time really, 4
781. 781 weeks so imagine if I had placement, if that placement kept going what could I do then, so yeah

782. 782 Q- can I ask a little bit about side-effects of treatment and how you deal with patients who are
783. 783 experiencing side-effects and whether you can recall any patient's where you've had to intervene I
784. 784 guess and support them?
785. 785 Yeah so erm, so with the, there was a breast skin reaction that she was only kind of half way through
786. 786 her treatment and she was having quite you know, before half way through her treatment quite a
787. 787 severe skin reaction and so obviously we were a bit concerned about that and so I was a bit like you
788. 788 know from the sounds of things I was able to say that does sound normal, but I will talk to the
789. 789 radiographers, because I don't want to concern her and he like oh it's only half way through that
790. 790 sounds a bit extreme, I was just like it , the treatment will make your skin red and itchy erm and you
791. 791 know keep putting cream on it unless it starts to break and then I was able to go feed that back to
792. 792 the radiographers. This is what the patient told me, this is what I told them, they then called the

793. 793 review team because they were like oh this is quite severe for her point in treatment and then the
794. 794 review team came in and they saw her. They asked do you smoke and she said yes I do and I think
795. 795 they were like ok, we'll talk to you after your treatment but they clearly just seeing that pathway, I
796. 796 picked that up I was then able to give a bit of you know support, but then I was able to feed that
797. 797 back and then see the review team meeting and then that patient would, is then able to go and be
798. 798 seen and get what they need too.
799. 799 Then erm, I was able to with a prostate patient, a lot of them were talking about kind of erm the
800. 800 frequency and urgency of needing to go to the toilet so we were able to kind of, I heard a lot of
801. 801 those conversations going on and I was able to pick up little bits of advice. So like double voiding and
802. 802 making sure you're not drinking before you go to bed, erm and drinking, making sure you're not
803. 803 drinking lots of caffeine because that can irritate your bladder but still drinking plenty of water and
804. 804 then we were, lots of conversations because of the I think, I don't think it was just because of the
805. 805 bowel prep trial that they were doing, erm I think you know they were noticing lots of gas in the
806. 806 patients rectum, so they were able to give dietary advice and so I was able to kind of as much as I
807. 807 wasn't able to give them advice. I'd be able to probe them with questions, so I could feed that back
808. 808 to the radiographers so I was like what does your diet look like, are you eating lots of greens and
809. 809 then I was able to feed that information back to the radiographers and they could take over then
810. 810 and give a bit more advice and support on that
811. 811 Q- how does that feel then, being able to do that?
812. 812 Erm ,it , it felt good, I think I've been at the main site when it's busy and not seen that many
813. 813 conversations that go on, but here there was much more conversations into treatment side-effects
814. 814 and I was able to pick up words and phrases that the patients were saying, that the radiographers
815. 815 were saying to the patients to get kind of probing questions and stuff and so I did feel like, it was
816. 816 another area of progression that I was able to pick up on those words and yeah ask the patient
817. 817 probing questions and build up a picture of the patient drinking not very much water and drinking
818. 818 loads of coffee and tea and then I could feed that back to the radiographer and they could intervene
819. 819 and yeah

820. 820 Q- have you got enough time to continue?
821. 821 Yeah
822. 822 Q- if it asked you about radiation and what are your thoughts and feelings about radiation?
823. 823 Erm, I think (pause), that's a good question, I think it's obviously it has it's dangers, it's funny actually
824. 824 I watched a film recently on amazon prime it was about Marie Curie and about radiation and stuff-it

825. 825 was very interesting, I recommend. It's just interesting the views of people at this new kind of
826. 826 radiation and it scared a lot of people and erm it did a lot of harm and erm kind of like the nuclear
827. 827 explosions and all of that kind of radiation, but I think and so that obviously can be very dangerous
828. 828 but I think that erm in the right situation it is , it can you know, it gives life if it's used correctly and
829. 829 obviously it does have, it can have side-effects and obviously I was looking at some notes of patients,
830. 830 of Doctors consenting patients and erm they were kind of saying I've spoke to the patient about erm
831. 831 radiation side-effects and one of the things that might be listed is erm could possibly give a
832. 832 secondary cancer in 10 years time like the chances are 50% of a cancer. And obviously like there's
833. 833 like, you know for all patients it might not be suitable because hearing that, they might be like that's
834. 834 too much of a risk or I know one of the patients erm Mum's and her Mum had radiation probably
835. 835 when there wasn't any modern techniques and she had a rib fracture and obviously that's you know
836. 836 a risk of radiotherapy, the potential risk of rib fractures and damage to the heart and all of that, but I
837. 837 think you know it's come a long way and for some people surgery is a bigger risk. Erm and so actually
838. 838 this is, this is better, less kind of, just a better treatment and the risks are worth having radiation
839. 839 treatment erm, so like the diagnostic uses of it aswell are, can in turn help patients be diagnosed
840. 840 early and so you know you're giving that tiny bit of dose, so yeah
841. 841 Q- ok so do you feel comfortable giving the doses that you give?
842. 842 Erm, switching on for the first time is absolutely terrifying, (laughs), it's ah have I done everything
843. 843 right, you're asking the radiographers are you ok are you happy, can I press that button (laughs).
844. 844 Yeah, no, it's, it's not, I don't see it as like a really light hearted like ah just press that button, it's fine,
845. 845 it is, I do feel like the pressure of I need to get this right, I need to make sure that everyone's happy

846. 846 and I think that, that's the importance of team work actually, having that other person to be
847. 847 accountable for giving the patient a dose yeah, it's kind of, doubly checking it, triply checking it, if it's
848. 848 not right yeah
849. 849 Q- so you used the words and many of us have used the same phrase, switching on is absolutely
850. 850 terrifying-can you explain why is that?
851. 851 Erm, because there are consequences if it's wrong, your, you could you know give, there's so many
852. 852 things that could go wrong, you could have the wrong patient, they could be set up wrong erm
853. 853 there's the wrong monitor units on the screen, there's interlocks, like there's so many things that
854. 854 could go wrong and that's why there's lots of switching on processes and checks that you do,
855. 855 because it can be, the impacts of radiation can be very severe.
856. 856 Q- and so how does it feel to have that responsibility
857. 857 Erm (long pause), I think there's the security of knowing that I'm not doing it by myself and I've got 2
858. 858 other people there with me who are you know experienced and obviously things can go wrong and
859. 859 we were in some off-set learning about when things do go wrong and you need to erm there's that
860. 860 filling out the datex form and erm letting the appropriate people know and talking to a patient and
861. 861 being open you know not hiding things from a patient and erm because things can go wrong. But
862. 862 (pause) yeah, just, what was the question
863. 863 Q- it was the level of responsibility and how it feels to have that
864. 864 But I think knowing that there are you know things in place so that there are checks, you've got
865. 865 other people around you supporting you and checking as well and the importance of actively
866. 866 checking so you know when you're reading out things, actively checking it with the other
867. 867 radiographer. There are things in place, that responsibility, it's still a big responsibility but it kind of it

868. 868 just doesn't feel like oh I'm just not going to switch on ever, it helps to be kind of like ok we've done
869. 869 everything, are we happy, we're all happy, ok we can switch on now
870. 870 Q- ok so it's not just as an individual it's as a team, what's coming up next for you placement wise
871. 871 Discussion around timing of next block
872. 872 Q- how are you feeling about the next stage
873. 873 I don't know, but I think yeah, I dunno, I think, I'm hoping I'll show, at least my liftupp scores will
874. 874 show some progression in that 3 week placement block yeah. And I'm excited for 3rd year because I

875. 875 think there's quite a lot of placement in 3rd year so I think having lots of time to go through it all will
876. 876 be really good as well, so (pauses)
877. 877 Interview ends-checks on wellbeing –discussion around benefits of the interview and reflecting in
878. 878 this way

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Participant 8

1 Participant 8

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3 13.8.20
4 Q – if you wouldn't mind taking me back, you started the programme in January, I wondered if you
5 would describe what attracted you to the programme
6 So I've kind of come through quite a weird route, erm when I first started my undergraduate degree
7 it was 2015 and I actually started as a nursing student, which I did really enjoy, I did the full year, but
8 due to kind of external factors that I couldn't control, in terms of like my family life and things, I just
9 couldn't manage the commute to placement and things like that and it was just getting a bit too
10 much. So I decided I didn't want to leave uni, I had found out about the biomedical course, which I
11 found really interesting and I switched through to that and I studied biology and it's like cancer,
12 cancer, cancer, pretty much. I got one of the emails when I finished, is still wasn't sure what I wanted
13 to kind of definitely health care kind of working with patients. I got an email about the therapeutic
14 radiography course which I don't know why I'd never even kind of considered it, it was definitely one
15 of those things where I hadn't really separated like diagnostic and therapeutic even though
16 obviously I was so interested in cancer, erm, so I cam across it, I met with X and we just had a coffee
17 and a chat and he really like not sold it to me because I was definitely interested anyway, but he
18 definitely sparked my interest a bit more, increased my confidence so I thought this is probably

something I could do, it sounds really interesting and I like the idea of a 2 year MSc where you have
placement and things like that and you know you have a definitive job that you go into at the end of
it. So yeah I started in January and I've absolutely loved it so far, I've really enjoyed it, even the
physics side of things which I definitely didn't think I would enjoy, but it's been really interesting.
Obviously it's been strange with going into lockdown but I have got on with the e-learning so far and
obviously I did my taster session at X and my placements going to be at X and the staff were just so
kind. I love the way, like the rapport that they had with the patients, those who they've seen for
quite a long time. They showed me all like the thank you cards and all that kind of thing, just seemed
so interesting , like still so grounded in science but you also have that chatty patient side of things
which I really like. So it's been going really well
Q- good, so have you, did you have any placement at all
No so our placement was due to start in April which got cancelled, so they were hoping it would
start but then it got pushed back. We go back 3rd week of September I think we have 2 weeks of
study then we go straight into placement after that.
Q- any thoughts about going into placement then?
I'm definitely apprehensive, I think because I have had that nursing placement experience before I'm
a little bit more confident than maybe I would have been if I'd gone in as an 18 year old undergrad.
But it's more kind of how will it all have changed because of covid, just things like PPE and rapport
with patients, how much time you have to spend with them, stuff like that. I'm just a bit nervous
that it just adds that extra barrier to kind of learning anyway. And we've just been told that
obviously we are cutting down to 4 days a week placement and we're not always gonna be on the
accelerator so sometimes you'll have to be like learning in the library and things and I'm just a bit
like worried that obviously you only have so many hours to cram in the post grad course, it's
obviously condensed but with being pushed back and missing placement, I'm just worried that I'm
not going to be able to catch up or there's going to be a bit more expected of me that I'm not ready

for type of thing. Other than that I am looking forward to going in and applying my learning because
I don't really want to forget it because I feel like placement really consolidates that.

46. 46 Q- good –are you going to be living in X or commuting
47. 47 So I've actually moved to X, I was living in Liverpool but I've decided to move back because in terms
48. 48 of placement it's obviously easier to kind of get to placement and commute to uni, rather than the
49. 49 other way round because you are in so much.
50. 50 Q- and do you have to work part-time at all
51. 51 Yeah so I've got a full time job at a nursey at the moment and they've actually agreed to let me drop
52. 52 down to 1 day a week while I'm on placement because I'll be doing 4 days already. I just can't
53. 53 manage financially without it at the minute
54. 54 Q- ok so have you worked in child care settings before or is this something new
55. 55 It's new to me I kind of did like a bit of play assistant, but before that I've been a waitress for the last
56. 56 7 years. It's just a bit different, a new job in X, but I'm really enjoying it so far and I just, I hope it will
57. 57 help in placement, because if you can make conversation with a toddler you can make conversation
58. 58 with anyone (laughs), so yeah and definitely my waitressing
59. 59 Q – I was just thinking the same thing, if you've kept customers happy as a waitress and you're
60. 60 working with children you've got advanced communication skills
61. 61 I hope so
62. 62 Q- workload wise then what's it been like since the start of the programme?
63. 63 Erm, definitely I felt like it was a bit of a slow start and then it hit us all and once, erm I did manage
64. 64 over lockdown and I was made furloughed from my job which I think helped, so I managed to keep
65. 65 on top of it. I think definitely being in uni and working part-time I felt I was constantly trying to catch
66. 66 up with myself, so I think lockdown did help me get back on track so I'm hoping to be a bit more
67. 67 organised this time. With having like weekends off because it's Monday to Friday work and on
68. 68 placement I'm hoping that will help to like balance my life and everything
69. 69 Q- ok, so do you anticipate any emotional challenges whilst you're in placement
70. 70 Oh yeah, absolutely, I mean I had a family member that was treated at X so I do have some of that
71. 71 kind of, I'm a bit apprehensive about going in. in like a placement setting, because I've taken them in
72. 72 before, yeah I've had a couple of family members who have had cancer so I'm a bit worried that I'll
73. 73 kind of draw on that a bit, or may be slightly more emotional but I think I can handle it, I mean I'm
74. 74 obviously handled a lot when I was doing nursing anyway and I'm hoping that I can you know bring
75. 75 that professionalism with me, that you just kind of shut it off a little bit more. Obviously still

76. 76 empathetic, but not too over emotional, but yeah I think it can, like taking it home with you, but
77. 77 that's what I was hoping like a reflective diary might help with just kind processing everything that's
78. 78 happened and you're dealing with it a bit better.
79. 79 Q- when you were a nursing student, how did you deal with things that were emotionally
80. 80 challenging
81. 81 Erm I mean I think it definitely helps that erm I was living with a lot of health care students, I lived
82. 82 with a doctor and a bio-chemist and physios and stuff like that. We kind of, we discussed placement
83. 83 obviously within a certain degree, but I think just chatting and like I did this and it was embarrassing,

84. 84 or this happened and it was horrible today, I felt like chatting with people really did help, but
85. 85 obviously now living back in X I feel like I need a different kind of
86. 86 Because I did find nursing really overwhelming, so I'm hoping finding a different tactic a little bit and
87. 87 using a reflective diary will help with that
88. 88 Q- yeah, does anyone else in your family do anything healthcare related, are you living with family
89. 89 memebers?
90. 90 Erm no I'm living with X, my Mum is in childcare, but no not really I'm trying to think if anyone is
91. 91 actually healthcare, I mean all I've got is friends who are in healthcare,
92. 92 Q- the other questions are around team work and what you anticipate experience to be in your first
93. 93 placement
94. 94 Yeah I mean I'm used to working in teams obviously through my waitressing. Definitely coming as a
95. 95 new person to the nursery I have realised, it reminded me how hard it is to kind of fit in again and
96. 96 find your place and I definitely remember being like that as a student like I don't like to over step the
97. 97 mark, so I'd rather be told what to do and then build that kind of thing and work up my confidence
98. 98 slowly. But I know that's not always the way and sometimes you really do have to get stuck in, which
99. 99 I'm going to have to be open to and want to and yeah I'm kind of, I'm happy to be a student a be
100. 100 told what to do but confident enough to like chat to patients and things like that and just find my
101. 101 place. So fingers crossed that it works out but I am good working with a team, I'd rather work with a
102. 102 team than by myself
103. 103 Q- another question around emotions, do you ever feel the emotions you express when you're
104. 104 caring for a person might be different to the ones you are feeling inside

105. 105 Erm, sometimes, occasionally obviously you have to put on a bit of a strong front sometimes and you
106. 106 have to keep professionalism, which some things that some people do or say, I've had patients say
107. 107 racist patients and you have to be a bit just get on with it, stay professional kind of things, but I think
108. 108 more often that not, I'm very true to myself in terms of I do think I'm quite a nice person and
109. 109 empathetic and I try to understand peoples points of view so occasionally when with certain
110. 110 comments you have to express something different to how I'm feeling.
111. 111 Q- so if I was to ask you then to describe to someone else, what is it like to be a student therapeutic
112. 112 radiographer
113. 113 Erm I'd probably say busy, a little bit scary sometimes but like you feel like you've got a purpose kind
114. 114 of thing, like you're working towards a really positive goal and you're gonna play like an important
115. 115 role in like the future of healthcare, with cancer increasing, radiotherapy is becoming more and
116. 116 more like used and yeah. It's definitely, like people are hearing about it a lot more now, rather than
117. 117 just chemotherapy and surgery, it is actually getting a bit of a voice, like I'm not sure
118. 118 Q- I agree, you said it's busy, you used the word interesting-why did you use that word
119. 119 I think it's just because like it doesn't stop, you know like proton beam now, they are finding new
120. 120 uses for it that I just think it's a role that you're never going to get bored, you can never get
121. 121 complacent, you have to just keep moving with like the developing research if you're going to be a
122. 122 good radiotherapist anyway. Definitely I find cancer fascinating whilst we are studying it it's hard to
123. 123 fathom how big it is and how complex and I think there's always more to learn about it, so yeah
124. 124 really interesting.

125. 125 Q- you use the words a bit scary as well
126. 126 Oh yeah definitely, I obviously you know people's lives are kind of like in your hand, you have to look
127. 127 after them. These are people's relatives these are people who other people really really care about
128. 128 so it's a lot of responsibility. You know you wanna do the right thing, you wanna know you want to
129. 129 treat people properly so it is a bit scary.
130. 130 Q- you said it's an increasingly important role with the cancer burden and people being more aware
131. 131 of radiotherapy, I wonder if you explain what you mean by that

132. 132 I mean obviously the techniques are developing more and more every year, so it's becoming more
133. 133 useful for radiotherapy. Obviously, although there's side-effects with it becoming more targeted and
134. 134 conformal to the tumour you are seeing people being put forward for radiotherapy more and they
135. 135 might choose it as an option as patients get more saying what they are choosing radiotherapy, so it
136. 136 literally is becoming more important, more people are using it.
137. 137 Q- so far, are you happy with the choice you've made
138. 138 Yeah really happy, I was so concerned obviously coming as a mature student I really didn't want to
139. 139 change my mind and have a bit of a wobble, but it's been nothing but kind of positive for me, I feel
140. 140 more and more passionate about it and want to learn more and more as the course goes on
141. 141 Q- that's lovely –it's been really nice talking to you- well being check and discussion to book in
142. 142 around next placement block.
143. 143 5.2.21
144. 144 Q- I wonder if you have any memories from your last placement block?
145. 145 I've got my diary entries with me, if you want me to read those out
146. 146 Q- yes ok
147. 147 I think the first significant incident is that when I first started I was on the same machine for like 2
148. 148 weeks so I treated them all the way through, they'd started before I got there erm but it was the first
149. 149 patient that I'd seen erm like ring the bell. It was just really nice, they brought in some pictures and
150. 150 stuff that their child had drawn and it jut really so emotional, because when I was younger about the
151. 151 same age as this patients child, that was when my Mum was ill as well and I'd kind of done the same
152. 152 thing for her, the people that had looked after her and stuff and it just kind of was such a nice
153. 153 moment to have and we were chatting about like how they were going to celebrate and stuff and it
154. 154 just kind of really resonated with me, just kind of how important the role was and it made me really
155. 155 excited for the career ahead of me because they were like talking about how much it had meant to
156. 156 them and the support they'd had over the last few weeks and they were saying you know even you
157. 157 as a student you know, you've been integral to my care and things. It just, it was just such a nice
158. 158 moment I think emotional and kind of sad that we weren't going to see them again, it was great to
159. 159 know that they were finished and they were kind of done with it, that was kind of one of the

160. 160 moments that really stood out to me. Because it's all a bit of a blur when you first start placement
161. 161 Q- so was your Mum ill then?
162. 162 Yeah she had acute myloid leukaemia and she was treated at the X, she's fine you know, I think it's
163. 163 coming up to her 21st anniversary of her bone marrow transplant this year, yeah but it just really
164. 164 resonated with me, they were talking about the child and how they'd tried to explain the whole
165. 165 process to them as they were going on and how it had been quite difficult because they were quite

166. 166 young, but erm it was really nice and the child was like I want to be a nurse when I grow up and
167. 167 she'd like drawn us all as nurses with like hero capes on and stuff like that, it was just really really
168. 168 cute.
169. 169 Q- how old was the little girl-were you the same age?
170. 170 Yeah she was like 3, so I was the same age when my Mum was ill as well, so yeah it just really stuck
171. 171 with me, it was so nice and the patient was so lovely and it kind of just like gave me a bit of a boost
172. 172 of confidence because all the way she said how important everyone had been to her care and that
173. 173 how much she'd appreciated me being there as well (pauses)
174. 174 Q- that's really nice isn't it
175. 175 Yes really nice, it was just kind of a good way to start placement
176. 176 Q- did you talk to your Mum about it
177. 177 Yeah we did actually, on the way home I rang her and I just said obviously I didn't disclose any
178. 178 patient details. I chatted about it a little bit and she said that's what always got me interested in
179. 179 healthcare because I was always at the hospital because she had a lot of complications afterwards,
180. 180 so I was always at the hospital with her. I became obsessed with like the doctors and nurses,
181. 181 watching them and stuff like that and obviously as I got older I was more like biology and chemistry
182. 182 and as I got to uni I focussed a lot on cancer in my modules when I chose them because I just found
183. 183 it so interesting. I don't know if it's because it's personal to me, it kind of sticks with me a bit more, I
184. 184 have a bit more interest in it I think.
185. 185 Q- you said it resonated with you about how important the role is, the role of a radiographer, can
186. 186 you explain that a bit more?
187. 187 It was just, the way the patient had talked about it she was like you know, because the patient was
188. 188 fairly young in the grand scheme of the patients you see, she was like sometimes I was just having

189. 189 really difficult days and it was just nice that there were familiar faces all the time and she was like I
190. 190 feel like I could talk to any of you about anything and especially I think with me because I walked her
191. 191 in and out of the room and we had little chats afterwards. She was just like you're all so friendly, you
192. 192 made it so much easier for me, like it was such a hard process to go through, I've loved everyone
193. 193 along the way, but I've just felt like the team here were so lovely with me, and she was like it's just
194. 194 made the process 10 times easier. I was so scared before I came and now I feel like there's nothing
195. 195 to be worried about and if anyone talks to me about it I'd tell them the same thing, there's nothing
196. 196 to be worried about, the team are so amazing here.
197. 197 Q-and how did that make you feel
198. 198 Just really good, a bit emotional but also just really, it was just so nice because that's, when I first
199. 199 decided to join the radiotherapy course and I'd talked to X and stuff and other people and they'd all
200. 200 kind of said you know it's nice, you have a lot more patient contact, you get to see them more,
201. 201 especially as students you have even more time to chat to patients and it just kind of consolidated
202. 202 that for me and I was like yeah you do get that, this is the really nice part of the job type of thing, so
203. 203 it was good.
204. 204 Q- you said it made you feel emotional
205. 205 Just like, I just felt a bit choked up because it's very easy to kind of like self-deprecate like even as a
206. 206 student, you don't feel like you're that important and like you try to be, but sometimes you feel a bit

207. 207 in the way and stuff, but I just, I felt I don't know, I don't want to say proud, that's a bit heavy, but
208. 208 just the sense of kind of like pride that I'd helped and I'd been noticed by the patient.
209. 209 Q- did you, were you visibly emotional?
210. 210 I don't know, I think I was tearing up a bit but I don't know if it was more of a prickle in my eye type
211. 211 of thing, but I tried my best to stay composed and just you know just kept it as professional as
212. 212 possible because of how happy I was for them. We had a little chat, about how they were going to
213. 213 celebrate with their partner in lockdown
214. 214 Q- do you think it's necessary to stay composed?
215. 215 Erm, I think it kind of depends, obviously in certain situations you have to stay composed, like if a
216. 216 patients panicking, it is a panicky situation you can't show that you're panicky. It's probably nice for

217. 217 the patient as well to see at the end when it's a positive kind of emotion how invested you are in
218. 218 their care as well. I don't think it shows any weakness it just kind of shows how like, how each
219. 219 individual patient means to you, you're not just like another number to the staff.
220. 220 Q- do you ever see any other members of the team showing any emotion?
221. 221 Yeah I mean actually for this particular patient when they were about to ring the bell, everyone goes
222. 222 out and claps but I think the whole team seemed very similar to me, they all felt choked up and stuff
223. 223 and obviously we could have a hug because of covid and PPE which made it quite hard, but the
224. 224 whole team seemed a little bit kind of teary. I didn't see that many patients ringing the bell after
225. 225 that, I don't know why, it's just the way that I cycled through. But that one in particular everyone in
226. 226 the corridor stopped and were kind of clapping and stuff, but yeah you see especially afterwards
227. 227 when we were all kind of in the control room and stuff, they were like a bit teary and reading the
228. 228 cards and things like that, but not really in front of the patient.
229. 229 Q- is that the first time you've seen that?
230. 230 Yeah yeah, first time I'd seen that.
231. 231 Q- was that what you were expecting, did you think you'd be in that situation
232. 232 I don't know, kind of, because I remember with my Mum like when she'd gone into remission and
233. 233 stuff, she said the team that had looked after her and stuff, it was all a bit emotional. I kind of knew
234. 234 it, but I know that some people, some people don't even like ringing the bell because for some of
235. 235 them like you know this is it, I'm off out into the world and I don't have this support anymore. I
236. 236 wasn't kind of really sure how it's going to be, it took me by surprise how emotional everyone was
237. 237 and I'm glad I wasn't alone. (laughs) especially for the staff who've been working there for much
238. 238 longer and so they've seen patients finishing their treatment and ringing the bell and nice that they
239. 239 still kind of got emotional about it and felt quite invested.
240. 240 Q- ok, do you think that investment and showing emotion, do you think that changes over time
241. 241 I can imagine how it would, erm I did a year of nursing when I first started my under grad and I can
242. 242 see how some staff became, I don't want to say hard, I can't think of the word, but they were just
243. 243 kind of less susceptible to emotion I think almost about it, just like this is your job, you just kind of
244. 244 get on with it. I kind of imagined the same thing that staff would be like oh you know it's just

245. 245 another one, but they weren't, they didn't seem to be, my team anyway. But yeah I could definitely
246. 246 see how people kind of change over time. Especially if you're seeing patients come back as well after
247. 247 treatment, we had a couple of patients while I was there where it was the 2nd or 3rd time of

248. 248 radiotherapy in different areas and stuff. Like I could see how you'd get a bit like you know, might
249. 249 work, might not
250. 250 Q- do you think the team deal with that differently?
251. 251 I think erm, it's hard to say especially because everyone's in PPE so you can't always see their
252. 252 emotions that well. But I think some staff definitely seemed more emotional and others are like yeah
253. 253 that's nice type of thing, obviously they were happy but it didn't seem to bother them much, yeah.
254. 254 Q- did you have any other examples then or any other notes?
255. 255 Yeah, so I had another one, I didn't really know if this was a significant experience or not but it was
256. 256 kind of significant to me. So in my first couple of weeks, I'd been on the same machine and I'd seen a
257. 257 lot of like prostate patients, I'd become quite familiar with the setup, I kind of studied that in uni so I
258. 258 kind of knew it a bit better. I moved onto a linac that mainly treated patients with head and neck
259. 259 tumours, but unfortunately in the first few days there was a fault with the machine and it was taking
260. 260 ages to fix, so they kind of just sent me off and were just go and find another linac and you know
261. 261 we'll contact you if we can get you back on this one. So I ended up from Monday, I think for the forst
262. 262 3 days I was bouncing between machines a lot, meeting a lot of staff from like morning to afternoon.
263. 263 I'm one of those where my kind of confidence builds as I get to know people a bit better, I'm not
264. 264 naturally like an extrovert so I found it a bit hard, kind of trying to fit into the team and definitely I
265. 265 noticed some staff preferred you to be really stuck in, other staff prefer you to be oh take a step
266. 266 back kind of be a bit more observational and see how we go. So I was just really struggling that week
267. 267 in that I just couldn't seem to settle down and when I finally got back onto the linac I was supposed
268. 268 to be it was like a Thursday so I was learning all these new set ups for head and neck patients, and
269. 269 obviously the staff are brilliant and were trying to ask me questions and see where my knowledge is
270. 270 at and then obviously because we do liftupp on the Friday I had my scoring and it had dropped quite

271. 271 a lot from the week before, I'd kind of finished last week on quite a high, my scores had gone up and
272. 272 they were saying how well I was doing and it just felt like a bit of like a knock back, like not really, it's
273. 273 not that my skill set had dropped from last week it's just that I hadn't had chance to kind of show the
274. 274 staff what I could do and I wasn't really sure I was still trying to find my place so I finished the week
275. 275 and I felt a bit kind of like disappointed like a bit down, I was kind of beating myself up, I was like oh I
276. 276 should have tried harder, I should have done this, I should have done that, I should have been able
277. 277 to show that I could do better. Erm, and I just felt like that was kind of a flaw in the liftupp system
278. 278 and that like, you're only getting a little snap shot you know from that member of staff and it was
279. 279 just kind of, I just felt like consistency especially when you first start placement can be really
280. 280 important for your learning because there is so much to take on board. But like having to understand
281. 281 all those staff nuances and how they like what they like you to do, it can be overwhelming
282. 282 sometimes and I don't think it's the best to kind of learn and improve on what you're doing because
283. 283 you don't have the consistency, you don't have the same staff member picking up the little things
284. 284 that you do and giving you tips on how to improve. But yeah that was just a bit of hard time
285. 285 Q- how did you manage your emotions around that?
286. 286 I think a member of staff had done my liftupp and I felt a bit kind of like I didn't want to argue with
287. 287 them but I wanted to try and say oh you know I've done that but it was this member of staff and that
288. 288 kind of thing, but you don't really want to like disagree with the people who are giving it because
289. 289 they're just giving you what they've seen which is absolutely fair enough. It was right at end of my
290. 290 shift, so I went home and I was a bit upset and I'd spoken to my mum about it and I was like I just
291. 291 felt like I really let myself down and I've not shown them what I can do kind of thing. And then even

292. 292 more anxious because the next week I was starting on pre-treatment CT and I knew that it was kind
293. 293 of hard, especially with CT as a student you can't get as stuck in, so I was like then I'm doing CT and
294. 294 my scores are going to be low, it was really playing on my mind. But actually the next week, because
295. 295 I was like oh well you've had a bad week last week, what are you gonna do about it, you have to get

296. 296 on with it. So I really got stuck in, just did everything I could I was asking staff like can I do this for
297. 297 you, can I do that for you like, what can I do today you know erm what kind of things could I work
298. 298 towards to meet these, because obviously liftupp gives you like a bit of criteria that they want you to
299. 299 meet for each section and it actually worked out in my favour in the end because actually feeling so
300. 300 disappointed the week before spurred me on that I actually did really well in CT I actually got really
301. 301 good feedback from it and erm it kind of made me realise it was just a bit of a blip and it was just
302. 302 circumstances and it was fine. I ended up back on that machine later on and I really enjoyed it and
303. 303 the staff were lovely and it definitely made me realise in the end it wasn't the end of the world and
304. 304 sometimes you just kind of have to take little knock backs on the chin and just move on from it kind
305. 305 of thing.
306. 306 Q- have you always been able to show resilience like that?
307. 307 I think it's definitely something that I've built up over the last few years as I've got older. I think
308. 308 when I was 18 and doing nursing I'd had a few really hard placements you know in hospitals and
309. 309 quite like just different circumstances, like I'd had a patient who had attached me just out of the
310. 310 blue and stuff and I really found it difficult and it kind of all contributed to me finishing the nursing
311. 311 course and deciding not to do it anymore and I feel like since then, my resilience has increased a lot
312. 312 more and I've learnt a lot from when I was younger to now, even though it's only been what like 3
313. 313 years or something (laughs), no longer than 3 years, it's been 6 (laughs). I think it's just helped me to
314. 314 just learn that you've just got to get on with it sometimes and in the end it will come good if you
315. 315 keep putting the effort in. But I definitely have a tendancy to just kind of criticise myself and over
316. 316 think it, oh you should have done this, should have done that, but in the end I guess that's kind of
317. 317 reflection and you just learn from it and I improve from it. It's just hard in that moment to like put it
318. 318 to one side and carry on, so yeah, definitely not always been resilient .
319. 319 Q- do you have much peer to peer support or any team support when you're in placement?
320. 320 Well all the students that go to X from our cohort we have a group chat so we always chat with each
321. 321 other and be like oh I've just had a rubbish week this week and I had a rubbish week too and you

322. 322 kind of like bounce off each other a little bit. But I think it is difficult as well because obviously you're
323. 323 split up from each other and then now as well you can't socialise as much kind of like staff rooms
324. 324 and lunch, covids become a bit of a barrier, you can't travel together and things like that, so erm that
325. 325 was kind of a barrier. So I'm just lucky that we had banded together and got a group chat anyway,
326. 326 but I think it took me til like the week after to speak to the other girls about like their liftupp scores
327. 327 and they kind of said similar things to me and they'd been getting similar scores to me and it did
328. 328 make me feel better, I think sometimes you feel like you're, especially with liftupp being so new to
329. 329 us in general it's kind of hard to know where you're supposed to be at and obviously you want to
330. 330 achieve high scores, but you can't always do that straight away kind of thing, so it was nice to know
331. 331 that I was on the same level as everyone else definitely.
332. 332 Q- is there anything else
333. 333 I have one more, so it was towards the end and I was the head and neck machine, it was the first
334. 334 time that I' had a patient withdraw from treatment all together. They decided that they weren't
335. 335 going to have any more treatment. They'd been suffering with like mask claustrophobia, I'd been

336. 336 there for the first day, he seemed bad, but not as bad as I'd seen other people who literally it took a
337. 337 lot of people to calm them down and a few hours to get back on again. They'd been struggling,
338. 338 they'd been using stress balls and all that kind of thing, it was just progressively getting worse and
339. 339 worse. All the team were trying really hard and kind of adapted the mask and they were talking
340. 340 about meds and different techniques, even to the point where I knew that their family member
341. 341 outside really helped to calm them down, so as soon as the treatment finished, I'd go grab the family
342. 342 member, they'd go get the patient off the bed and we'd meet them in the middle so that they just
343. 343 had a bit of support. And it was just really hard because it was only from the period Monday to
344. 344 Friday and then on the Friday I think that's when they decided that they weren't doing radiotherapy
345. 345 absolutely any more. They discussed it with the clinician and they discussed it with their family and it
346. 346 was just, it was just really really difficult. It just felt like we should have been able to do more, but

347. 347 they were absolutely, their mind was made up, they weren't doing it, they didn't want to. So it was
348. 348 just kind of like it made me feel helpless, like I felt like I should have been able to help them more,
349. 349 but I knew in reality there was probably nothing else that I personally could have done. And the
350. 350 team, I'd seen everyone try absolutely everything, they'd tried adaptations, moving around the
351. 351 appointment slots, there wasn't anything else they could do. But you feel like you've let the patient
352. 352 down, do you know what I mean, erm so yeah that jus tkind of stuck with me, resonated with me.
353. 353 But I felt like hopefully next time, now that I've had that experience of such severe like mask
354. 354 claustrophobia, that I might be able to like contribute a bit more to like the team discussions next
355. 355 time because I've seen so many different options being used that when the team were like chatting
356. 356 about it for this patient, I feel I could get more involved in the discussion if it happens again with
357. 357 another patient, do you know what I mean.
358. 358 Q- did the team talk about it much
359. 359 Yeah a lot it was like that whole week it was just a constant point of discussion, when you knew their
360. 360 appointment was coming up, we'd talk about how they dealt with it last time, how they would deal
361. 361 with it this time and what could we try type of thing. Erm and obviously they got HNAs involved and
362. 362 then there's a really good like consultant radiographer at X and they tried to get her, she'd been
363. 363 involved as well in conversations with the patient. And basically like literally everyone's rally around
364. 364 trying to get this patient through treatment, which I think is why it was so rubbish that we couldn't
365. 365 because it felt like we put everything into it and they still just couldn't, couldn't do it. Sometimes if
366. 366 you can just get over that first few fraction barriers, it's like oh it's alright actually and I've made it
367. 367 through the first couple, but he kept getting worse and you could see like a visible decline in the
368. 368 patient, like you could see the effect it was having on them. You'd get them off the bed and they'd
369. 369 be kind of shaking and it was quite upsetting to see, because you don't want to upset your patient
370. 370 and you don't want them stressed and that's the opposite of what you want to do, you just want to
371. 371 help them, but yeah.
372. 372 Q – did the team talk about the patient's decision after
373. 373 Yeah a little bit, I mean it was literally I think it was the last day of my placement oh no it might have

374. 374 been a couple of days. It was the 2nd to last week they decided not to do it anymore and I think they
375. 375 were still hoping that the next week they might have been able to convince them to change their
376. 376 mind the patient. Erm and I remember there was one radiographer in particular and she was only
377. 377 just qualified, I think she'd been in the role like a year and she was really upset because she'd tried
378. 378 to make sure she was there for every single one of his treatments even though they do like an
379. 379 on=set off-set switch, she knew consistency seemed quite important to her so she tried to make
380. 380 sure she was there for every single one of his fractions and kind of she thought she'd cracked it a
381. 381 little bit with him. I think she took it quite hard as well, I mean deciding that they weren't gonna do

382. 382 treatment anymore. Like she'd even stayed late when they kind of rescheduled one of his fractions,
383. 383 so she even stayed late so she could go to the treatment machine that he'd moved onto and stuff.
384. 384 Q- how did she show that emotion, was it just what she said
385. 385 Yeah the way she was talking, you could see that she was like quite disappointed, she was just
386. 386 saying like and she kept thinking of different things we could try. Erm and then I think she ended up
387. 387 speaking to the consultant radiographer as well and they had quite a long chat, I wasn't there for it.
388. 388 When I chatted to her afterwards, we were both talking about it and she just said that like she was
389. 389 like I still feel like we could get him to do it, I feel like we could still get him to get through the
390. 390 treatment if we could just try him to get this one other thing. But the patient was quite elderly and I
391. 391 think the medication was taking a bit of a toll on him as well like, the medication they had given him
392. 392 to calm him down. He just seemed really, like when he first went for his first treatment he walked in
393. 393 and by the he was leaving he was using a walking aid and stuff which I think he'd had anyway, but
394. 394 you could just see that decline in his health and everyone was kind of like is it worth pushing it that
395. 395 much more when it's making him, he seems like so unwell. And I think he'd had some previous
396. 396 chemotherapy as well, erm so it's not like this was his first treatment or, but yeah
397. 397 Q- were you surprised at all in how it made you feel?
398. 398 Yeah I was like I don't know (sighed), I knew that I was getting not more stressed as the week went

399. 399 on, but I was getting more and more invested in it and I was like oh we can do it, we can make it
400. 400 work for the patient and then when we just couldn't I just felt a bit upset isn't the word to describe it
401. 401 but it's just (pause and sigh), I just felt a bit kind of despondent kind of why couldn't we help him,
402. 402 why isn't there more we could do. And then I was thinking because obviously the patient had a mask
403. 403 on but I think it was erm I'm trying to remember where the treatment site was, I think it was in his
404. 404 mouth so basically they could cut the eyes out of the mask, but they couldn't change the mask too
405. 405 much more and I was like could we have adapted it in another way so the patient didn't stop
406. 406 treatment altogether, was there not something else we could do more palliative, but obviously I
407. 407 don't know a lot about that technique, I was like is there no way we could do it without the mask.
408. 408 But obviously there's so much movement in the head, you have to keep them still, you're very
409. 409 limited in what you can do. But I felt because I didn't have a lot of knowledge about that area that I
410. 410 was a bit is there not something else we could try, is there not something else out there? So yeah, I
411. 411 was just disappointed
412. 412 Q- yeah, it's hard, it's a difficult situation and you always remember those patients I think, I know I
413. 413 did, do because they don't happen very often
414. 414 Yeah I was gonna say like I'm surprised that I'd seen, because I knew obviously sometimes treatment
415. 415 had been cancelled. I had a few patients where they were just too poorly and treatment had been
416. 416 cancelled right as you were about to start the first fraction type of thing. But I'd never had a patient
417. 417 that was like I just don't want to do it anymore
418. 418 Q- yeah it's difficult, what's it like now if the department with PPE
419. 419 Interesting because I've never seen it without that, that's all that's like normal for me, but from
420. 420 speaking to staff I think 1. Staff are finding it quite frustrating, like at lunch times and stuff because
421. 421 you can't go to the staff room anymore it's all split up. Everyone's like feeling the impact of that, you
422. 422 can't just have a natter at lunch anymore and you're all split out and have to eat in front of the
423. 423 toilets and stuff and that's like your break of the day and you kind of you can't enjoy it the way you
424. 424 used to be able to and I think really little things like, if a patient just needs like a little bit of help but

425. 425 you've not got your gown on you have to quickly get gowned up as fast as possible or get your PPE
426. 426 on and it feels like it's just a constant little hindrance and kind of annoyance for everyone. But
427. 427 obviously every one knows it's to keep safe and keep the patients safe. I think what's weird as well is
428. 428 you can't see anyone's facial expressions, like it's weird that I don't know what half the staff really
429. 429 look like, because all I've ever seen is their eyebrows and their eyes, erm but yeah I think everyones
430. 430 kind of they know it's a necessary annoyance like but it's definitely hard constantly having to PPE up
431. 431 for absolutely everything
432. 432 Q-yeahIbetitis
433. 433 It's the only way I know it
434. 434 Q- yes I guess what you're saying is you don't know what the staff look like and you're not having
435. 435 breaks with them as you would do normally you don't get a chance to speak to them
436. 436 No,
437. 437 Q- where are you getting the chance to off-load anything or just have a general chat
438. 438 We don't really have chance to have like a general chat, I mean sometimes erm if I'm in early and
439. 439 there's a member of staff just running up the machine and stuff you have a bit more of a chance for
440. 440 a chat then, but obviously like there's so much extra cleaning and things going on now like you don't
441. 441 even really have that long to just have a quick chat in the control room because you're obvisouly just
442. 442 trying to get through it and there's a lot of like workload. I think as well, if you're on treatment
443. 443 machines that they've got red patients on, you kind of stop treating by 3pm, but it's a proper push to
444. 444 get all patients through and you've got to move all the equipment now, I think like there's just no
445. 445 give in the day it's just constant. And I know a lot of the staff, there seemed like a bit of staff
446. 446 frustration about who was switching between treating red patients as well because you have to have
447. 447 the FFP3 masks as well and I think people were finding it kind of there'd been a few issues with the
448. 448 machine and it had been running a lot longer than they expected it to and some of the staff seemed
449. 449 really frustrated that they were treating the same patients every day, like always had the red
450. 450 patients and I think they were finding it a bit exhausting. Obviously it is that you are so close to a
451. 451 patient with covid, you are kind of, you feel quite exposed and stuff erm there seemed like a little

452. 452 frustration over that, because I think if you had to treat the red patients, you had to be trained in the
453. 453 PPE and not everyone had had the additional training so it was kind of like the same staff treating
454. 454 covid patients over and over.
455. 455 Q- as students you don't treat red patients do you
456. 456 No you got moved off the machine before then, which was obviously good
457. 457 Q- hoe does that make you feel then that you can't be part of that
458. 458 Erm I mean, I personally wouldn't have minded treating a covid patient and I think it would been
459. 459 quite an interesting experience to see how it is done, especially if it's going to be an issue in the
460. 460 future if there's any kind of other viruses that come about kind of thing. I do know that obvisouly the
461. 461 risk that's associated is probably too much for students especially as we're not a paid member of
462. 462 staff kind of thing, but I think what was worse was if you were getting, if you were on a machine and
463. 463 you got kind of kicked off you had to try and find a place for those last few hours of the day and
464. 464 there was always another student on the machine so you felt like a kind of a spare part, so I always
465. 465 just took myself off to do work, but I felt like I was missing out on a bit of experience and I'd already

466. 466 had kind of so much placement cancelled, I was like oh a few extra hours would still eb really helpful
467. 467 to see extra patients and stuff, but it was ok, it was fine.
468. 468 Q- what's the workload like in terms of patient numbers, is it busy?
469. 469 Well I've been told, I mean I felt like it was quite busy but I've been told that, I thought it was busy in
470. 470 the day but a lot of the staff have said oh well it's great for you because you get a bit more time with
471. 471 the patients and the workloads not as much now. That really took me by surprise because I was like
472. 472 how could you physically fit any more patients in because we are already kind of go all the time, so I
473. 473 thought it was ok, manageable, a bit hectic at times, but like there was a good flow like a good rate
474. 474 of patients coming in, but yeah it took me by surprise when staff said oh it's normally so much busier
475. 475 than this.
476. 476 Q- yeah, do you ever see times where humour is being used
477. 477 Hmmm,
478. 478 Q- any kind of banter, either with patients or other staff members
479. 479 Yeah, like there's always, there was a brilliant patient actually, it was my 2nd week in and like I said I
480. 480 treated a lot of patients with prostate tumours so I was very much more familiar with that. There

481. 481 was this patient, they were brilliant, absolutely funny and lovely and erm I was in the room and they
482. 482 were like oh this is our student and I introduced myself and someone reiterated that I was the
483. 483 student radiographer and they were like come on are you gonna treat me then and I was like are you
484. 484 sure and he was like well yeah. So the radiographer was like ok so you take the lead and obviously
485. 485 there was someone at my side, so I kind of set up the lasers to the tattoo and was doing the
486. 486 movements and things and I was like and they were just joking along with me like don't get this
487. 487 wrong or I'll be mad at you. And it was just, it was really nice they were such a lovely patient to start
488. 488 off with because you don't, you do feel like you have to be quick and you don't want to waste too
489. 489 much time. Obviously it's a bit of an inconvenience for the patients as well and I think some people
490. 490 get a bit nervous as well when you're a student and are like are you gonna mess this up. They were
491. 491 just so lovely and there was a lot of like I think most of the staff had really great rapport with erm
492. 492 the patients and you could see how consistency really helped. If a patient had been treated on the
493. 493 same linac, we had one erm and one of the radiographers was really in to motorbikes and so was the
494. 494 patient so they always used to chat about that and things like and they were always like oh no my
495. 495 bikes better than yours kind of thing. Erm but yeah it was kind of a general theme like all the staff
496. 496 seemed, had kind of an easy going manner with the patients, they just seemed to pick it up quite
497. 497 quickly, like the chat and little things they said and they could pick up on that and talk about it
498. 498 especially when the patients were nervous you could see how the staff were kind of like keeping
499. 499 them distracted and were just getting on with their jobs seamlessly. That's what I was really
500. 500 impressed by, because sometimes you panic a little bit and think what can I chat to this patient
501. 501 about, I'm a bit more used to it being a waitress, I'm so used to chatting to anyone about anything
502. 502 erm, but I think definitely when I was younger and I did nursing I found it a lot more difficult to chat
503. 503 to patients then than I do now. I spoke to one of the undergrads actually who was on the same
504. 504 treatment machine as me and they said to be like just what can you talk to the patients about, they
505. 505 were like I just feel so awkward sometimes I don't know what to say. I was like oh just anything, just

506. 506 ask them how their day is, ask them about the weather, you just have to start the conversation and
507. 507 then just let it do whatever it wants kind of thing.
508. 508 Q- do you experience humour kind of staff to staff member

509. 509 Oh yeah they've all got inside jokes and stuff and I was just like, I think one of them ended up
510. 510 bringing in a like a musical Christmas tree pen in November or something, they relentlessly mocked
511. 511 her for it for like the whole time I was there because it would just go off all the time when they were
512. 512 writing notes and stuff. So yeah all the staff, there's like a group of staff that have obviously worked
513. 513 there for ages and they were all really good friends and they used to just like take the mick out of
514. 514 each other all the time and were always laughing and joking which was really nice because it's nice
515. 515 to know that that could be you in the future and you could have friends like that and stuff and you
516. 516 could tell how long they'd worked together because they just had a good flow, each one knew what
517. 517 the other one was doing and they didn't have to check because they just knew, yeah it was good.
518. 518 Q- how does that make you feel then seeing that
519. 519 It's really, it's nice it's like optimistic again, I'm not very good at picking my words it's nice to know in
520. 520 the future that you can have that too because like you want to be able to part of like a nice friendly,
521. 521 funny team erm, I know that when I spoke to like another student at a different placement site, they
522. 522 said the staff were slightly different I don't know if it's just their perception, but like they didn't
523. 523 seem, they were all very, not as kind of friendly, I don't know. I loved every member of staff that I
524. 524 met, I didn't meet a single one I didn't get on with kind of thing. It was nice because obviously X is
525. 525 the closest centre to where I'm from, probably where I'd like to work. It was just nice knowing the
526. 526 staff, everyone just got on with everyone, everyone just like, it didn't matter who you were working
527. 527 with you could get on with them, you could have a laugh and it's fine, you don't have to be friends
528. 528 but it just makes the environment a bit nicer
529. 529 Q- if I could take you back to that first example, the Mum and the little girl, you used words like
530. 530 being proud, a bit choked up and just picking up this theme around emotion and what you think is
531. 531 acceptable about what you show and what you don't show
532. 532 Oooh as in like depending on what emotion you are feeling
533. 533 Yeah

534. 534 Oh I feel like when it comes to things like stress that's the kind of thing where you should not be
535. 535 showing it to patients particularly, but also to other members of staff. I don't think that you should
536. 536 let your stress dictate how you act with other members of staff, I feel like also there's this level of
537. 537 professionalism you have to kind of keep a bit of a composed manner. Obviously with staff you can
538. 538 chat to them a bit more and oh this is really frustrating in a way you wanna like bounce off them and
539. 539 see if there's a solution but I think with patients it's great to show happiness. It's alright if you're
540. 540 feeling a bit choked up to kind of show that to the patient because it's not, it's not a bad thing that
541. 541 they know that you're not a robot, that you're a human and you know you're happy that you've
542. 542 looked after them and you're happy that they've finished the treatment and things like that. But I
543. 543 think obviously anger, stress that kind of thing is where you have to draw the line and kind of work
544. 544 on it yourself before affecting anyone else and showing it.
545. 545 Q- so you mentioned a level of professionalism and I wonder what do you mean by that?
546. 546 I just mean well, this is the attitude I've always had about it , if you've got something else going on in
547. 547 hour life that's upsetting you or is frustrating you or something like that when you come into work
548. 548 you kind of leave it at the door, you don't let that infiltrate like the way that you think and act with
549. 549 other people. I don't know how else to describe it, it's just it's hard to try and out into words but you
550. 550 just kind of have that line that you don't cross and I think for me it's showing positive emotions is
551. 551 great, having a laugh and smiling and you know mucking around I think you can bring that in, but

552. 552 negative emotions is where you kind of draw the line. Because even when I was choked up it was
553. 553 more of a positive thing, it was like, like I said it was like pride you know, feeling good. But even then
554. 554 I guess, even when you're having a laugh with the patient, you don't want to take it too far you kind
555. 555 of wanna let the patient kind of dictate as to where you go. You don't want to take the mick out of
556. 556 them you know what I mean and you don't want to, there's certain topics that you don't want to talk
557. 557 about. I think a patient had made a joke about one of the members of staffs bum or something like
558. 558 that and it was like very light hearted and I wasn't there but I think I heard another member of staff

559. 559 talking about it and they were like, I think they just said to them oh don't be talking about her bum.
560. 560 Just carried on, changed the conversation and it wasn't a telling off it was oh you can't talk about
561. 561 that, that's where we are drawing the line kind of thing.
562. 562 Q- do you think that your level of professionalism, do you think that's something you developed for
563. 563 radiotherapy or do you think it's something that's been an on-going development from your other
564. 564 work
565. 565 Definitely from my other lines of work, I think it's just something that I've always been taught by my
566. 566 parents, how to act around other people, I think working full-time and I've worked part-time as a
567. 567 student and it's just something I just, I don't like to see it in other people when they kind of take
568. 568 their negative emotions out on other people and they stress and they snap, to me that's always just,
569. 569 to me that's always seemed very unprofessional. So that's something that I've never done and then
570. 570 obviously like as you come into healthcare and they teach you about the HCPC guidelines and things
571. 571 like to me it seems common sense that you just act appropriately and you know you don't take
572. 572 anything too far, there's like a middle ground that you can meet and extremes either way just don't
573. 573 seem beneficial to anyone, don't seem beneficial to staff or patients so that's just how I've always
574. 574 been.
575. 575 Q- do you think you can be professional and still care?
576. 576 Yeah absolutely, yeah I think (sighs), I don't see why it would be unprofessional to kind of care about
577. 577 your patient, if anything that makes you better at your job and more invested in your job. I think
578. 578 obviously you have to understand that erm especially if you're treating patients with cancer, not
579. 579 everything is going to end well you know, not every patients is necessarily going to survive and
580. 580 things like that so I think you can care but you can't let it get to you too much, which is obviously a
581. 581 bit of a difficult balance. Especially with radiotherapy when a patient finishes treatment like you
582. 582 don't see them very much after that, so I guess you kind of don't see that aspect unless your patient
583. 583 passes away during treatment which can be quite emotional, but again if you find out a patient
584. 584 passed away during treatment, they're not coming in for their fraction that day and then you've got
585. 585 to treat the next patient so you just kind of have to kind of put on a happy face and do your job jkind

586. 586 of thing
587. 587 Q- how do you balance that then, how do you manage that kind of emotion, do you have different
588. 588 strategies, or people or do you think it's just a natural process?
589. 589 I think it's a bit of a natural process, but definely I like to chat to people, talking about things helps.
590. 590 Obviously you're a bit limited in your role in that you can't disclose too much information to other
591. 591 people but I do chat to my boyfriend if I've had a bad day, I'll just talk to him and it will make me feel
592. 592 better, just getting it out sometimes. I think as well like, obviously doing the reflective diary
593. 593 especially for the patient that withdrew from treatment it helped me reflect on it a little bit because
594. 594 when I was writing it out I was like what can I gain from this, how is this going to help me in the
595. 595 future? Which I think helped me process it a bit more, it let me get rid of some of my frustration

596. 596 towards the situation, because I was like well in the future this is going to help me this can only
597. 597 benefit how I'm going to look after other patients who are struggling with mask claustrophobia, so I
598. 598 think it's a mixture of techniques. But I'd be surprised if everyone doesn't talk about their bad days
599. 599 and the things that happen, I just think talking therapy is the best kind of therapy sometimes.
600. 600 Q- I agree, do you expect things to get easier or more difficult as you progress in the programme
601. 601 Oh definitely more difficult erm I just feel like because obviously you have to with the accelerated
602. 602 PGDip course you have to pick up a lot of skills very quickly and I know I'll be moving onto switching
603. 603 on erm but what I'm particularly worried about is that I'm starting out in in X and they have different
604. 604 machines and I know we are expected to meet kind of 2nd year expectations but in reality I've only
605. 605 got 5 weeks 1st year experience. So erm, I'm more worried that people will expect a bit too much of
606. 606 you, but I think I've got the confidence now to be like well you know because of covid I have only got
607. 607 5 weeks experience but what can I do to work towards that goal. If I don't think I can achieve it
608. 608 immediately I think I'd feel confident enough about it to chat to the member of staff and be like I
609. 609 just don't think I can do that right now but what steps can we do in between to get me to that point.
610. 610 But obviously you're constantly learning and everything is going to get more complicated as you get

611. 611 more involved with each placement. It's going to get harder, if it was getting easier you're probably
612. 612 not doing the right thing, because even when you graduate you're not, you're a radiographer but
613. 613 you've still got a lot to learn. And I think I realised that as well, talking to some of the newly qualified
614. 614 radiographers and then the ones doing extra course and things like that, it's not a job that you ever
615. 615 stop learning, there's always new things to learn and so I don't think you can ever get too
616. 616 comfortable in the role and there's always going to be slight difficulty and that you've got to know
617. 617 things to get to grips with, so yeah
618. 618 Q- where do you think your confidence has come from to be able to deal with that
619. 619 I think actually one of the radiographers that I worked with a lot on my last placement she was really
620. 620 good in that she was my mentor for a couple of weeks and she would just chat to me and she was
621. 621 like you know do you feel like you can reach your goals and I was like yeah course I can and then I
622. 622 was like erm actually I'm not entirely sure if I can and she was like well why don't we just break them
623. 623 down. And she was like, she'd done the under grad at Liverpool and she was like you don't have to
624. 624 be able to everything straight away, you're just gonna feel like you're drowning, you break it down
625. 625 into smaller pieces. She was like and don't be too scared to ask question, if you don't ask you'll never
626. 626 learn. Sometimes it's nice to know that the qualified radiographers don't expect you to just be able
627. 627 to do everything and that they know that you are still learning and obviously because it's covid and
628. 628 we've missed placement and stuff it was all new for us anyway and for them. So they weren't really
629. 629 sure where we were up to and we weren't really sure where we were supposed to be up to, so it
630. 630 was a bit kind of like it took communication to work out what level we were kind of supposed to be
631. 631 at. I think I kind of learnt from that last placement block that it's alright to just kind of ask and break
632. 632 things down and I think especially with Liftupp there are a few issues with the goals that they'd ask
633. 633 the students to do. So it took a bit of communication between us the staff and the clinical educators
634. 634 and things to actually work out the right level for us especially as we don't really fit into the
635. 635 undergrad kind of bands so yeah
636. 636 Q- ok going forwards, what do you think patients expect of you
637. 637 Pauses

638. 638 As a student

639. 639 Yes
640. 640 I'm not sure I think it depends on the patient, some patients don't really expect you to be involved at
641. 641 all I think they just expect you to be a bit observational like you're not involved in my care. But
642. 642 there's some like who are definitely a lot friendlier as well I don't know if it's because maybe they've
643. 643 been teachers or health care professionals or whatever, but they kind of like expect you to be
644. 644 involved in their care and they're like yeah come on, like that guy I told you about he said are you
645. 645 treating me today kind of thing. I think a lot of them know that you're there for a bit of chat as well,
646. 646 they knew that they could keep my time a bit more than other peoples, which was fine, I'm happy
647. 647 with that. But I think it just completely depends on the patient but I definitely felt like sometimes
648. 648 especially with like an older generation of patient it was more they just expected you to stand back
649. 649 and watch, or that's what it felt like any way, definitely patient dependent I imagine
650. 650 Q- what do clinical staff expect of you
651. 651 Erm, where that's where I kind of found it a bit confusing because each staff kind of want different
652. 652 things. There is some staff with very strong opinions especially in the first few weeks like and feel
653. 653 like it should be a lot more observational before you kind of dive in. But then there are others who
654. 654 are like come on and I was like oh I didn't know I was supposed to do this. There are some that have
655. 655 a nice balance, they kind of let me say what I wanted from it, especially a few really lovely
656. 656 radiographers in the morning they'd be like right what do you want to do, like what do you want to
657. 657 achieve, how can we do that for you. Erm I think a lot of them, just, especially because it was just a
658. 658 weird circumstances and how we missed placement they were just happy for us to go at a pace that
659. 659 was just comfortable for us and just kind of start to get involved and do the basic things like just
660. 660 setting up the beds, like cleaning bits, offering to help, I think they just expected us to at least to just
661. 661 talk to them about what we wanted, I don't think they expected anything in particular of us.
662. 662 Q- ok so the academic lecturers what do they expect of you?
663. 663 (Laughs), erm I'm not sure, do you mean in placement
664. 664 Q- I think just in general

665. 665 I think they just expect us to be able to consolidate our learning a lot and pull it together ourselves,
666. 666 especially like at MSc level, we're not spoon fed. I think they want us to be able to draw information
667. 667 from a lot of sources and put it together but I think that's what I sometimes struggle with. I think
668. 668 there's a bit of confusion between the lecturers about what we are doing, what we've learnt. They
669. 669 are like oh you've covered this, and I'm like oh we haven't covered that and they would go into loads
670. 670 of detail and I'm like we've covered that. It's weird because we've finally had our block of placement
671. 671 so they will finally stop saying oh you'll learn this on placement. In the first couple of weeks of
672. 672 lectures me and my friend were talking it and we were like oh this would have been really helpful if
673. 673 we'd known this before the last placement but it's so hard to split it up and learn like, know when to
674. 674 teach you different things. They expect a lot of us I think, I know I felt quite overwhelmed like I said
675. 675 with assessment, even the first week they were talking about the next assignment which was due in
676. 676 April and we were talking about it like it was so immediate and it had to be done now and I was like
677. 677 ooh so panicked, especially with erm treatment planning I find it quite difficult, I don't know if it's
678. 678 just the way my brain works, I find it so difficult to get my head around and that was the assignment
679. 679 we were talking about. I was like oh thank god for that, I was having cold sweats, (laughs), it was the
680. 680 stress, the pressure of it.

681. 681 Erm but I think I'm getting to grips with it, it's just a lot to take in, doing something at MSc level but
682. 682 you haven't necessarily done the undergraduate kind of side of things is a very unusual experience, I
683. 683 feel like sometimes I speak to the undergraduates and I feel like I've missed out certainly I don't
684. 684 know if it's anatomy or what but because they take it a bit of a more spread out pace, they are like
685. 685 you've covered this and like yeah so much has passed since then so it's hard to take it all in.
686. 686 Q- last question then, what do you expect of yourself
687. 687 Ooh, I expect myself to do well, I think like it's my downfall, I give myself really high like standards to
688. 688 achieve and then I put myself under too much pressure. But at the minute my main priority is just,
689. 689 just doing the best I can and knowing enough to be a good radiographer. You know I keep having to

690. 690 tell myself that it's one of those things that comes with experience and you learn on the job and you
691. 691 know you can't know everything when you graduate. So at the minute my expectation is just putting
692. 692 in the work and hoping that it comes good.
693. 693 Q- how do you feel about the decision you made to join the programme
694. 694 Oh really good, I was a bit worried about placement being delayed and they said sometimes a few
695. 695 people start placement and realise it's not the job for them and I was like oh God, I hope that's not
696. 696 me. So I'm really happy, I feel like it is a good fit to me, actually I enjoyed, even on my bad weeks, I
697. 697 really enjoyed placement and it's one of those where I wasn't like clock watching and waiting to go
698. 698 home, I enjoyed every minute of it and I would happily have stayed an extra half an hour you know if
699. 699 they hadn't told me to go. So erm I was really pleased, I'm just kind of relieved I feel like it was the
700. 700 right choice. Because you do have that pressure like oh what if I make the wrong decision and then
701. 701 it's one of those that leads you straight into a job so it's not like, there is a bit of room for
702. 702 manoeuvre but yeah. I'm happy.
703. 703 Interview ends –discussion around having a copy of the diary.

704 705 706

Participant 9

1. 1 Participant 9
2. 2 12.8.20
3. 3 Q- I'll start by asking where you are up to since we last spoke, the last couple of weeks and months
4. 4 of year 3
5. 5 Yeah erm, so we finished our dissertations last January I think it was and I can't remember what
6. 6 we've done we went and we had like a big block of placement, that felt like the most important
7. 7 block, like when we were doing the most of our learning and really getting ready for our OCRA. And
8. 8 then just before that we were in uni getting ready for the seen questions and then after we came off
9. 9 placement it was just working towards those seen questions and the OSCE
10. 10 Q- ok and what happended immediately after-so you've completed the programme now
11. 11 Yeah,
12. 12 Q- just thinking back then to what it was like to be a student in 3rd year, how was that last year
13. 13 It definitely you felt like a proper member of staff, you felt very much like you would be comfortable
14. 14 being a band 5. All the 3rd years said it before but we never really believed them. they were saying by
15. 15 the time you come to do you MOCRA and your OCRA, you're not even stressed about it any more
16. 16 because you know you can do it and you just wanna do it and that is exactly how it felt like it was
17. 17 one of those things that we had been stressing about having to do it for all these years and then
18. 18 when it came to, it was likei'll do it what ever day, it doesn't matter, you know just stick me on a
19. 19 machine I'll do it. So that was really nice, I think it's nice that we trained at same centre for 3 years
20. 20 because we got to know the staff really well and the centre really well, it's a really nice
21. 21 atomosphere and you go to the staff room after you've done your MOCRA and everyone was like oh
22. 22 how did it go , everyone is excited for you and it is really nice like knowing everyone. And pretty by
23. 23 3rd year whichever site you're at you already know quite a few staff and they know you its really

24. 24 nice, but yeah it definitely felt like the block we were in, it felt like we really did know what we were
25. 25 doing by then. It was really nice
26. 26 Q- that's good, so you feel part of the team then
27. 27 Definitely, definitely
28. 28 Q- ok what was the work load like in the last bit of the programme
29. 29 I think because of covid, it was obviously, the workload became less and I think had we not had
30. 30 Covid we would have been on placement trying to put together the seen questions and all of that,
31. 31 but when we were still on placement I think we still had the seen questions, so I think we were
32. 32 thinking, put them off for a bit, focus on the MOCRA to start with and then think about them a little
33. 33 bit. But we hadn't done too much on them, we did have our reflections to do, so that wasn't too
34. 34 bad, and when we were taken off placement, we just had all day every day to do work on the seen
35. 35 questions which was well more than enough time. Like we had weeks in advance to do them, but I
36. 36 think had we been on placement as well, it would have been quite a heavy workload.
37. 37 Q- what's it like being a band 5 now then
38. 38 It feels, I thought it would feel the same, because in 3rd year we sort of felt like band 5s anyway and
39. 39 now that I'm actually a band 5, I've gone through all the supernumery periods, there's just like, I feel
40. 40 like I know so much more and I feel like as well, I feel properly, properly part of the team. It's better
41. 41 being not supernumery, because we were supernumery for a while, you felt quite studenty, but now

42. 42 it's sort of you're on the rota, you need to be there like as part of the team. Like a lot of the stuff you
43. 43 learn stuff like, how to order bloods and loads of meditech stuff, then you can like show other
44. 44 people what to do if theypve forgotten because their meditech training was ages ago and like you
45. 45 definitely do feel more part of the team and the more stuff you get signed off for as well. Calc
46. 46 training so then like I'll set off and I'll do some dose calcs and you feel like your contributing more
47. 47 and you're more actually a part of it and like because obviously you've been on placement and had
48. 48 big blocks, like we had 7 weeks in 3rd year, like all day, every day you really do feel like you belong
49. 49 there.
50. 50 Q- Yeah
51. 51 You know the patients and that
52. 52 Q- yeah I was just going to ask the patients, have your thoughts and feelings towards the patients,

53. 53 has that changed in any way?
54. 54 Erm I think definitely more just to do with being less, much less tired as a member of staff. Like as a
55. 55 student because you'd be on set all day every day and often be like travelling and be really tired, so I
56. 56 think you get like more irritated or wanting to work faster like that kind of thing, obviously still like
57. 57 be polite to the patients and stuff like you would never be rude, but inside you'd be like ahhh will
58. 58 they just carry on but working now, I'm much less tired, spending time off set, I feel like I have more
59. 59 time to speak to people and also you know like being somebody in the room and the patient's taking
60. 60 ages and I'm on set, I'm like oh I'll take this patient to the changing room, have a chat with them
61. 61 and you've got that opportunity to have that conversation with them and be there for them and
62. 62 stuff that you never really did as a student because you were always on set.
63. 63 Q- do you feel like you've got more control over your workload
64. 64 Yeah it's really being able to say on the list right we're gonna do this next and this person next and I
65. 65 think that's actually you're right that's one of the things that I prefer most about being a member of
66. 66 staff, something that makes you feel like part of the team a bit more, because even as a student you
67. 67 sort of knew oh we should get them drinking and stuff but like you always had to be shall we get
68. 68 them drinking or shall we see if the other machines busy and can take this person, where as now I'd
69. 69 be like right we're behind, get him drinking, I've gonna go over to X and take them, you can just do it
70. 70 by yourself a bit more.
71. 71 Q- so if I was to ask you what is it like to be a student therapeutic radiographer, thinking back over
72. 72 your time on the programme what would you say
73. 73 I think it's really good, I've enjoyed it, it is very tiring and quite intense I think, I actually think I find it
74. 74 easier as qualified staff than I did as a student. I think I didn't realise how tired being on set made me
75. 75 And also having no work in the evening where as in the evenings there was always something to do,
76. 76 but I did really enjoy it and like getting to like talk to patients all the time, see people all the time,
77. 77 like I did really enjoy it and I think it's like personally I worked much better with like practical things
78. 78 and like learning practically, being able to go on placement and learn by doing I think has been really
79. 79 helpful to me. It consolidates what you learn in university so you kind of like do get it when you do

80 the exams and then you kind of like see it in practice that's when you understand what's going on.
81 Q- that's great, so any patients that stick in your memory from your last placement?
82 I remember there was one lady, I was in 1st year and she had dementia and I hadn't done any
83 dementia training yet and I went out and sat with her and she, because I remembered a little bit of

84 stuff like they would remember things from the past more so I started to talking to her about her
85 kids and she was like telling me all their names, she said she had 5 kids, she named 3 of them and
86 then she couldn't remember the other 2 and I just had no idea how to deal with it. But I think I saw
87 another radiographer and then listened to what they did and then I'd like feel now comfortable
88 dealing with that kind of situation in the future. Yeah but I think I probably shouldn't have been sat
89 out with her by myself in first year anyway so yeah
90 Q- any patients that you remember just recent patients
91 Erm not any like any particular reasons just we've had some really nice patients that you get on
92 really well with but we've got a man on treatment at the minute who he really really struggled with
93 the mask we had a couple of nights where we had to get the supers round, he just wouldn't put it on
94 for his treatment. We cut out part of the mouth, part of the eyes and then we started like, we put a
95 pad in and then we started talking to him and now he's managing, you can tell he's still really
96 stressed out but he's managing treatment which is really nice and nice that as a team we've come
97 together to find ways. So like we found out that he likes, that he just wants to be spoken to
98 constantly so we've just been like, I just treated him today just before I came home in fact and I was
99 literally on the speaker just reading out a list of animal facts, just so he had something. That was
100 quite weird but it's nice to see that he's getting through and he's only got 3 left now and we know
101 that he's going to make it to end now, but we were thinking he's not going to make it.
102 Q- how do you feel being part of that then?
103 It feels really good and it just feels like now other people were suggesting stuff at the start and you
104 know the supers said we're gonna add a pad, we're gonna cut this bit out. I know if I have another
105 patient like that I'll be like ok do you want us to speak to you the whole time I can read you a

106. 106 chapter of a book, or I can suggest ok shall we cut out the eyes, I feel, I just feel like everything I do
107. 107 now, I'm just learning more, I'm picking up little things all the time and I do feel like, I really do feel
108. 108 like I'm part of the team, I was really proud to see him get through treatment
109. 109 Q- which is lovely, it's really nice to hear, have any of the cases, the work been emotionally
110. 110 challenging in any way?
111. 111 Erm you know what, I think everyone's been pretty ok at the moment, no in fact we've had one girl
112. 112 and she was born in the same year as me which is difficult, because I've met a paediatric like young
113. 113 patients and like maybe like patients in their 30s, but I've never met anybody, any patients my age
114. 114 before so it was a little bit like shocking, not shocking but she was really lovely and she's doing really
115. 115 well. I felt like I could connect with her better and have like a chat with her, she's on my level and we
116. 116 are the same kind of place in life kind of thing. But it was a little bit difficult.
117. 117 Q- I think it always is, I think every time you meet a patient with a similar date of birth or somebody
118. 118 that reminds you of a member of your family, yeah it does trigger things for you doesn't it. If you
119. 119 were to be finding things difficult, I know you've talked a lot about feeling part of the team, do you
120. 120 think you'd get support from that team
121. 121 Definitely and I know and I think the managers as well, we've got X and X and they're always over on
122. 122 the set just making sure we are ok in the morning and then when the late super comes in always
123. 123 comes round to make sure everything is ok, make sure everything is running smoothly at the end of
124. 124 the day. It's quite nice on the late shift, at the end of the day we all like leave together, everyone
125. 125 gets changed together, we all meet up at the entrance so we can all like walk out together and it's

126. 126 just really nice, yeah I do feel very supported and I know that I could chat to anybody in the team as
127. 127 well, any of the radiographers if I was feeling a bit rubbish about something I could talk to them
128. 128 Q- that's good to know, has that support, that feeling of support has that changed then from student
129. 129 to now
130. 130 Definitely I think it's very interesting who you would turn to, before I would turn to X and X if I felt
131. 131 completely overwhelmed like I know I've been in Xs office loads of times. Erm it feels more like peer
132. 132 support rather than like teacher support if you know what I mean

133. 133 Q- yeah I know what you mean, what's it been like working in the clinical environment with covid,
134. 134 with PPE and changes in practice
135. 135 It's honestly not been, it was a little bit weird going back to start with, but it hasn't been that much
136. 136 different at all. Like wearing the masks all the time was the strictest thing , but we're just so used to
137. 137 them now it's just how things are. Other than that we all, you know we always gelled our hands on
138. 138 the way out of the linac anyway, like wash hands before we go to break and stuff so it's pretty much
139. 139 stayed the same it's just making sure that we do it on entering the building just so the patients can
140. 140 see that we are doing it kind of thing. Erm and yeah we've not really had that many covid patients at
141. 141 all in radiotherapy. There's been a couple like there's the odd one but I think especially now in the
142. 142 past month I don't think I've had a single covid patient on my machine
143. 143 Q- I wonder how you feel about being responsible for students now
144. 144 That's one thing that I'm feeling a bit, they've not come back yet so obviously I'm not sure how I'll
145. 145 feel. But I do feel like a bit like I don't really know how to act and stuff, because I remember the 3rd
146. 146 years when we were in 1st year and the 3rd years graduated and became staff, they were being like a
147. 147 bit off and bit rude with us now, we're like why like, we were literally just in the common room with
148. 148 them like 2 months ago. But now I do feel like I get it, because I'm like, it's a bit weird, I think
149. 149 especially with the now 3rd year who were like just a year below us and like have been the 3rd years
150. 150 and 2nd years, I think that is going to be a little bit weird. It's quite nice the students haven't been in
151. 151 whilst we've been training and have been supernumery. Like we've had the time to be on set, to
152. 152 learn everything and feel a bit more like a proper band 5 when they come back, rather than if I'd
153. 153 been like, there'd been students there and I'd been trying to transition from being a student and
154. 154 trying to learn everything and get signed off I think it would have been a lot more stressful. But at
155. 155 this position I know what I'm talking about, it feels like a bit weird thinking how can I explain things
156. 156 to like the year below me kind of thing, it does feel weird but we'll navigate it when it comes to it.
157. 157 Q- I'm sure you will and they'll look to you, they'll probably approach you more easily
158. 158 Yeah that will be nice, I always felt like confident, if I had a student question I didn't want to ask a
159. 159 member of staff I'd be like oh X I just don't get this kind of thing.

160. 160 Q- so if I was to ask you then to describe to somebody who doesn't know anything about
161. 161 radiotherapy, what is it like to be a therapeutic radiographer now?
162. 162 Erm, gosh, I'd definitely say it's really patient centred, I think you definitely have to love being with
163. 163 people and being with patients to do the job. And erm and like as well because we work in,
164. 164 obviously we work in teams, it is really like a people centred job with like your colleagues and with
165. 165 patients. I think it's a really nice, really perfect mix of the science and physicsy side of things and
166. 166 biology, like medical and seeing people. I think it's the absolute perfect mix of that and think a lot of
167. 167 the radiographers said they wouldn't like to be a nurse or anything I think it's like the perfect perfect

168. 168 mix of that I think it's a really good career to go in to, there's so many options you can do. Like you
169. 169 can work your way up, become a 7 or a super, research or OTR, that kind of thing. There's such a
170. 170 varied thing that you go into, you're never going to get bored, there's so many opportunities to go
171. 171 for new things and learn new things
172. 172 Q- yeah the worlds your oyster now isn't it
173. 173 Definitley
174. 174 Q- it will be nice to see where you go over the next couple of years, do you think your thoughts
175. 175 about it might change with time
176. 176 Maybe, just if I've been there for longer but I think if I keep pushing myself to do new things and
177. 177 learn new things, then I won't be bored and I think obviously not at the moment. I've been a student
178. 178 there, but I haven't been staff there for that long. Some of the staff complain about oh I don't really
179. 179 see that, maybe I'll get like a little bit more worn down with like management and stuff like that, but
180. 180 I'll wait and see. But yeah at the moment it feels completely different being staff that being student.
181. 181 I feel like a fresh face and I feel like I need to do everything.
182. 182 Q- you're obviously very positive about your choice and your career
183. 183 It's wonderful,
184. 184 Q- do you see that same passion and positivity in all people that you work with
185. 185 Erm, on the whole yeah. I think people have like off periods, leave and then some periods where you
186. 186 see all the staff complaining about things going on. But I think because there are only X linacs at X,
187. 187 there's a good team of us. Everyone there is quite upbeat and positive so it's been a really nice
188. 188 environment to be in. XXX it's quite exciting
189. 189 Q- that's lovely –is there anything else you would like to talk about

190. 190 Just about being a student I think it would be quite nice to practice like working as a 2 because that's
191. 191 the thing I found most difficult going into practice. Even if you've been setting up as a 2, there's
192. 192 always someone getting someone else drinking, or sorting something out. Getting signed off (longs
193. 193 discussion about working as a pair and multi-tasking, being the hardest transition.
194. 194 Q- you talked about the job being patient centred and a balance between science and people-what
195. 195 do you mean by patient centred?
196. 196 I don't think it would be , if you weren't a people person it wouldn't be right, it's definitely not the
197. 197 job to go into. Because like obviously like we are doing the technical stuff, but a very large part of it
198. 198 is making someone feel better. Some of the patients, it's the highlight of the day, they love coming in
199. 199 and chatting to us and I think it's important to be able to laugh and chat to them and not just to get
200. 200 them on the bed and treat them. I think that's so important such a big part of the job.
201. 201 Q- you're right, ok that's great thank you

Participant 10.

1. 1 Participant 10.
2. 2 Q- what is it to be a student therapeutic radiographer?
3. 3 Ok, erm it's definitely changes as I've gone throughout placement initially when I first began it was
4. 4 uite scary, quite intimidating you felt a little bit at times like you were in the way but that soon sort
5. 5 of disappeared from my experience. I think as I've gained more experience and gained more time in
6. 6 placement you start to feel like one of the team. I think it's really good that you remain at the same
7. 7 placement site, I think that's a really beneficial thing because you start to know the hospital that
8. 8 you're at and you start to become familiar with staff. Throughout the 2 years for example now I you
9. 9 know I look forward to seeing people, it's nice when they know little things about my life and you
10. 10 know I know little things about their life. You've kind of got that rapport with some members of
11. 11 staff, so generally it's a good experience I'd say, if that makes sense.
12. 12 Q- it does, it does make sense, so you say that you feel like one of the team, what do you mean by
13. 13 that?
14. 14 Erm I mean, eerm once you've been on set for a while, once you've been on a particular set for a
15. 15 while, you know how the set works, you know how the different personalities gel together, you
16. 16 know what's expected of you and what's not expected of you. You're kind of happy to take initiative
17. 17 in doing things, well that's my personal experience I know not everybody finds that that easy, but
18. 18 after I've been there for like a settling in week I think oh ok I can start to say shall I get this patient
19. 19 drinking or shall I go and set up the room, you know obviously it's gone a little bit further than that
20. 20 because I'm qualifying in 4 days, but you know you start to get that erm just that confidence in
21. 21 yourself and you feel like you're erm being helpful and contributing to the team.
22. 22 Q- yeah ok, can you take me back to when you started the programme and the reasons why?
23. 23 Erm so I actually had a place on a radiotherapy BSc many many many years ago, when I was 21 and

24. 24 family circumstances changed and I wasn't able to actually carry that place on. Lots of years passed
25. 25 and I ended up kind of falling into teaching and having some children and I still always sort of
26. 26 hankered after the radiotherapy. I started, I did one term of it and I really really loved it, I wasn't
27. 27 able to go back for very complicated reasons which I won't go in to erm, but I always wanted to go to
28. 28 get back into it. And then I did some googling and I came across the university of Liverpool post grad
29. 29 diploma programme and it was accelerated, it was 2 years so that was very attractive to me because
30. 30 I had already done a BSc at the time when I'd applied way back then I don't think there was an
31. 31 accelerated course available, or if there was it wasn't in the area, in the geographical area where I
32. 32 wanted to study. So it seemed quite like good luck really that I stumbled across it erm and yeah I just
33. 33 I haven't really got a better answer other than I've always wanted to come back to it and the reason
34. 34 it appealed to me at the beginning was just the fact it combined just the sort of caring and scientific
35. 35 side of things together. If that makes sense, is that ok?
36. 36 Q- it does make sense, thinking about this last placement or any placement block that you've
37. 37 experienced are there any patients that you can remember
38. 38 Yes definitely, erm so this last placement block or the block that I'm in, there's definitely going to be
39. 39 patients that I will remember. There's a very young patient being treated for breast cancer who is
40. 40 very very anxious. And it's been really a privilege to be involved in her treatment journey and I've
41. 41 actually, I was talking about this today in my interview. I've actually been able to be that kind of
42. 42 consistent person because the staff change quite rapidly, staff turnover, yeah the teams, the teams
43. 43 change quite quickly, where as I seem to always be there. So that's been quite nice for the patient,

44. 44 so I will always remember her definitely because I think I really developed a good relationship and a
45. 45 good ability to reassure her. There's obviously been some quite poorly patients that I've seen, and
46. 46 some children which I've seen. I definitely, there's one child in particular will always stay with me
47. 47 because her birthday was exactly the same date as my little boys and she was going through a hell of
48. 48 a time and was an amazing little girl. Yeah and I'll always remember her, she was unbelievable in the
49. 49 way she coped with it. When it kind of is relatable it kind of sticks with you doesn't it.

50. 50 Q- I think it does, you used the words it's a privilege to be involved in her journey
51. 51 Yes
52. 52 Q- can you explain a little more about what that means to you?
53. 53 Yeah so erm what I mean by that is, I suppose it kind of comes back to this acting as part of the
54. 54 team. So if you feel that you can be valuable to that person and to feel that you are able to
55. 55 contribute something to their cancer pathway, through their journey they are going through with
56. 56 their cancer treatment. It's you know, it's a lot of these patients are in a really difficult situation, but
57. 57 lots of them aren't. Lots of them seem to be able to get through it and be absolutely fine. Sometimes
58. 58 there are patients who are in a really difficult place and for them to kind of trust you and for you to
59. 59 be that comfort and support for them I think is a real privilege.
60. 60 Q yeah, yes
61. 61 Q- so the patients that you can relate to because they remind you of somebody or they have the
62. 62 same birthday as your children, how does that affect you emotionally when you're at work?
63. 63 So the only time I've been affected emotionally by a patient is that little girl that I mentioned. I first,
64. 64 the first couple of fractions that she was treated for, I had to sort of say can I just step back a bit and
65. 65 I was able to say and this was my last placement block not the one that I'm in at the moment. I had a
66. 66 really good relationship with the radiographers on the set and you know I said oh my goodness this
67. 67 is the same birthday as my little boy and this poor little girl. They were very forthcoming in saying
68. 68 you know you don't have to be involved in this at all if it's too emotionally difficult for you and I
69. 69 didn't think it would be so it took be by surprise. So the first couple of times I sort of was like oh
70. 70 (shocked faced), I did, they said just go and have a break and have a little moment. And that was ok
71. 71 so I was able to manage that at work, I think erm because I kind of communicated that to the team it
72. 72 was easier to manage. It could been difficult if I'd suddenly sort of come across this patient and then
73. 73 been emotional. I think as well perhaps if I'd been a bit younger I don't think I'd have dealt with it as
74. 74 well had I been doing this 15 years ago. I think life experience, I wouldn't have had a child but I think
75. 75 life experience has kind of helped me you know know that I need to manage my emotions and also
76. 76 recognise them if you get me
77. 77 Q – how did the rest of the team deal with that

78. 78 Yeah we all found that patient quite difficult, she wasn't difficult, she was amazing, she was probably
79. 79 one of the easiest patients you've ever had to treat in terms of set up and just getting on with it kind
80. 80 of thing. Erm I think because of that we perhaps found it difficult, she was an amazing little girl, full
81. 81 of energy, she was you know being treated for her whole brain, she was wearing a cast, she was 5
82. 82 years old and she managed the set up without any anaesthetic for 13 fractions, which was
83. 83 incredible, I don't know many 5 year olds who could do that. I think we were all a bit, it was a GBM
84. 84 tumour so her prognosis was not great, she's not going to be here for much longer probably so
85. 85 everyone really sort of thought this is someone full of life, such an amazing child, she should be
86. 86 going on and setting the world on fire erm and we had quite a few conversations as a team about

87. 87 that you know, but I don't remember anyone get particularly upset, but it was all like yeah that little
88. 88 girl, she's really got to me kind of thing. She was definitely discussed a lot more than other patients
89. 89 were at the time. I think, I think they dealt with it by talking, saying oh my goodness this has really
90. 90 got to me this patient, you can do that and you can off load to each other at work so that you don't
91. 91 bring it home.
92. 92 Q- so do you think it's acceptable then to off load at work
93. 93 I think to a point, I think erm you need to remain professional as much as you can, but you also
94. 94 because of the job that we are doing you need to be able to have somebody you can discuss the
95. 95 emotional sort of side of things with, because there are going to be by the very nature of the job,
96. 96 there are going to be patients that will trigger that emotion, those emotions in you. Obviously you
97. 97 couldn't be kind of crying over every patient because that would be really impractical and you need
98. 98 to find a way to become detached to it to a point erm whilst kind of remaining that still really good,
99. 99 you need the empathy but you need to be able to manage that without becoming a crying mess
100. 100 because that would be a disaster (laughs).
101. 101 Q- how does that come about then the development of that
102. 102 I think it comes about through before you even start the course and before you even start
103. 103 placement there's a lot of discussion about it at university about you know these are cancer

104. 104 patients, some of them will be really poorly, some of them won't seem poorly, but you know might
105. 105 not have a great prognosis. We do, we did do a bit of that before we went on placement erm in
106. 106 those sort of those initial modules. Erm, I think it, I think most students you know will have before
107. 107 even embarking on this course will have thought you know can I deal with patients who are going to
108. 108 be quite unwell, can I work in cancer care, day in day out and that's the only kind of patient that I
109. 109 will see. Lots of people might say no no ,this is going to be too depressing, this will affect me too
110. 110 much erm but erm, so I think that's a decision that people will have made before they even start. I
111. 111 think as you get on placement it is quite daunting and you do think oh my goodness all these people
112. 112 have got cancer. And I remember being shocked at how well a lot of people were and this is
113. 113 something that we talked about at university right at the beginning you know your kind of
114. 114 stereotypical image of a cancer patient, with a drip and no hair, you know looking very sick. It's not
115. 115 really how most cancer patients are is it, most of them are quite fit and well. So I think that kind of
116. 116 helps you and I think yeah we're doing a really good job, we're treating patients, we're hopefully
117. 117 giving them a really good chance, erm hopefully you know having some part, playing some part in
118. 118 giving them a really good chance of beating this. I don't like to use that word, but you know, you
119. 119 know of their treatment being effective, so I think that helps. That's a really long answer, sorry
120. 120 Q- laughs, is it important for you to feel as though you are doing good
121. 121 Yes, I think so yes yes. I think, I think that's part of the whole persona that you take on as a
122. 122 therapeutic radiographer. I think you think you know this is, I'm going, I know I'm going to really
123. 123 enjoy doing the job but a really nice part of it is thinking I'm doing a good thing here
124. 124 Q- you use some interesting words when you talk about empathy and being able to detach to a
125. 125 point, has that changed for you, that ability to do that since you started on the programme or do you
126. 126 think you've always had it?
127. 127 I think I think I've developed it as I've grown older. The job I did previously erm I worked in a very
128. 128 deprived school and I had a lot of children that I was involved in like team around the family
129. 129 meetings that had a lot of horrible horrible issues going on at home. I went through a period there

130. 130 that was really affecting me and you know affecting my home life because I'd be worrying about
131. 131 them constantly and you can't do that. As you know you can't live your life worrying about work and
132. 132 these things that you can't control. So I think that helped me to go into this with a similar attitude I
133. 133 think, as I said before I think I would have found it a lot harder. If I'd gone into this straight from
134. 134 school at 18 I don't think I think I wouldn't have had that ability to detach whilst providing empathy.
135. 135 I think I would have either been like oh well I don't care or. That's just me personally, erm so I think, I
136. 136 think it's, I think I had it already but I think it developed in this setting. But I would never like to
137. 137 become completely detached, I hope I always sort of show empathy to patients. I know that there
138. 138 will always be patients that affect me more than others and I don't think that's a bad thing, I think it
139. 139 means that you are doing your job well.
140. 140 Q- do you ever see evidence in other members of the team where they've detached may be a bit
141. 141 more?
142. 142 Yes I think so yes yes, in total honesty I would think it's not common, but I think there are a few
143. 143 times where I've seen people have been a bit like oh come on they take so long, with someone being
144. 144 immobile or someone being anxious purely because of the pressures of the list, 30 patients to get
145. 145 through and we're still only on number 2 and it's 10 o'clock and we haven't got time for Mrs X to be
146. 146 wondering about something seemingly insignificant. Yeah,
147. 147 Q- how does it make you feel when you see that
148. 148 Erm it's quite difficult position to be in as a student, it can make you feel quite angry towards that
149. 149 radiographer. I personally haven't experienced anything that I want to report. But I know that some
150. 150 of my peers have erm and it's not always been met that well when they have. I haven't got any
151. 151 personal experience of that. I a few, I've never seen anything you know like I say major but I do feel
152. 152 uncomfortable when people are rolling their eyes behind a patient, or saying oh God we've got that
153. 153 one. Even things like oh it's a 3 field breast with bolus, we're going to be imaging, it's going to take
154. 154 forever, like it is annoying sometimes when you've got a queue and you know that that's going to
155. 155 take half an hour rather than 15 minutes, but you know I think (sighs), it's easy to see that people
156. 156 lose sight of the patients sometimes and are just thinking about getting through them. yeah I don't

157. 157 know, it's a bit frustrating feeling I think that it has to be that way, because I understand why it is
158. 158 that way, I understand why people get pressured about time because the time isn't there but it's
159. 159 frustrating because in an ideal world we'd have all the time in the world but then I also understand
160. 160 that that's not reality.
161. 161 Q yeah, do you feel as though you've got control over your working day
162. 162 Erm, yes I think so. Erm do you mean in terms of like time management or
163. 163 Q- yeah anything really
164. 164 Yeah so I think yeah I think in the department where I am it's really, they really adhere to erm, you
165. 165 know it's really good that they adhere to sort of set shift times and break. We know who's on the
166. 166 early, we know who's on the late and they've been really good with me about how a student fits into
167. 167 that. Erm it can be, it has been a little bit difficult since we've been back since the pandemic because
168. 168 the shifts are a little bit different and we're like oh we don't know what you're doing because you're
169. 169 doing half days, so that's been a little bit tricky. But I think it's just been everybody learning, yeah I
170. 170 think yeah, it's been good, I do feel in control of it.
171. 171 Q- how has covid changed things in practice, has it affected you in any way.

172. 172 Yeah it's erm, it hasn't hugely affected placement experience apart from the length of time that we
173. 173 are allowed on placement, so we're definitely doing less hours in the day because we're doing half
174. 174 days and things, so we're doing you know 5 hours a day rather than 7 I suppose. It's more tricky you
175. 175 know getting in for the really early start and the later finish just in terms of you know managing
176. 176 outside of work commitments and for me child care and things like that, but it's been fine and you
177. 177 know that's what it will be like when I'm working. Erm it's in some ways it's a bit better because the
178. 178 teams of radiographers have been more consistent because they've encouraged less moving around
179. 179 so that's been really nice. I think I definitely, I think as I said before I've felt more part of the team in
180. 180 these last 2 blocks and I don't know whether that's more experience or you know just through
181. 181 becoming familiar with the centre and the job, or through the fact that the team members have
182. 182 remained consistent.
183. 183 Q- ok, do you ever feel, just going back to emotions again, do you ever have to hide your emotions
184. 184 Erm, I've felt frustration a few times (laughs), erm it's sometimes difficult if you are erm I don't know

185. 185 how to say this without sounding like I know things like, like I know what I'm talking about more
186. 186 than qualified staff because I absolutely don't think that. You know the wealth of experience of the
187. 187 qualified staff have is far beyond what I have at the moment. Occasionally you'll get radiographers
188. 188 you know stepping in to treat a patient you know just as a one off kind of thing and you'll have
189. 189 treated the patient for 10 fractions for example so you know them quite well and sometimes you'll
190. 190 be like ok well they did it this way yesterday and their not able to trust your judgement on that and
191. 191 it's quite difficult. I think some radiographers would trust my judgement on that now because they
192. 192 know me and I've been there a lot longer, but maybe a year ago they wouldn't and then they'll end
193. 193 up calling a band 7 and it will happen that, it will result that that's what I said because I've seen it
194. 194 happen for 10 fractions. Which I understand you know that's all about accountability and things, but
195. 195 that's quite frustrating as a student. Erm sometimes you feel a little bit like people are annoyed with
196. 196 you, like you're getting in the way a little bit, so you have to hide that emotion a little bit when
197. 197 you're getting oh frustrated again I guess.
198. 198 Sadness I think is ok to say, I've felt really sad seeing that patient like I said as long as you don't sort
199. 199 of over egg it. But I haven't ever felt like I've had to hide that and I've felt like I've been able to talk
200. 200 about that to other students really well. I think that support network is really important, erm yeah I
201. 201 think that's the only, frustration is the only thing I'd say.
202. 202 Q- ok do you have any patients that you remember, obviously a lot of patients are challenging in
203. 203 terms of emotions that are caused through supporting them and wanting to care for them, any more
204. 204 positive kind of happier patients that come to mind
205. 205 Yeah absolutely, erm yeah quite a few really. There's loads actually, probably too many to mention.
206. 206 I've had some really, last couple of patients just to use it because it's close by, I've had some really
207. 207 nice feedback. One patient was amazing in the last block, she was a breast cancer patient and she
208. 208 erm you know kind of really talked to me about erm you know when I was going to qualify and
209. 209 where I was going to apply for jobs and things and I spoke to her as much as I could with that. And
210. 210 she was just really, when she finished she said oh you know you're going to be an amazing

211. 211 radiographer, you know it's been a pleasure getting to know you, you've made my treatment really
212. 212 enjoyable, as had other members of the team. Erm there's been a few, there's been lots of patients,
213. 213 it's been so nice to have. I think what I didn't expect when I was going into this was that sort of and
214. 214 you'd never expect it but that like recognition and patients thanking you and bringing you gifts and
215. 215 chocolates. You know being specifically mentioned in cards and stuff like that it's been lovely, really

216. 216 really nice. Patients see you as a radiographer, you know they know you're a student, but you're just
217. 217 another member of staff to them and that's been great you know.
218. 218 Q- yeah definitely, how does it make you feel when you get that kind of recognition?
219. 219 Really good, it's really nice, yeah yeah, makes you feel like you're doing something right (call
220. 220 interrupted by children)
221. 221 Q- ok and then the other questions are about expectations-what you expect of yourself, just in
222. 222 general really
223. 223 So ok I've, I think I've put quite a lot of pressure on myself academically, I've been really
224. 224 disappointed in myself when I've got lower marks in a couple of essays which is silly because it's a
225. 225 pass or fail. But I've had a word with myself now, I think I set myself very high standards at the
226. 226 beginning erm and I've, I've achieved them really throughout most of it, but I have beaten myself up
227. 227 a bit when I haven't done quite as well. Erm, I think in terms of placement as well, I've also wanted
228. 228 to achieve quite highly, I wanted to, I want people to like me (laughs), I want to think you know,
229. 229 they'll think that I'm nice to work with and things like that and yeah. I think with the assessments,
230. 230 the assessments have changed half way through the placement for us because we were doing the
231. 231 OCRAs and all that and then we changed to the continuous assessment. So with the continuous
232. 232 assessment, I've been really, I want to get good scores at the end of it. Erm yeah, wanted to seem
233. 233 professional as well, wanted to be taken seriously, not just like oh a student, I think especially I've
234. 234 found as I'm older I don't want, I want people to know that you know I'm serious about doing this,
235. 235 not just sort of going to uni for a laugh, not that anyone is (laughs).
236. 236 Q I think I know what you mean, what do you think the staff expect of you
237. 237 Erm it varies hugely, I think some staff expect you to go in there, sorry just to clarify do you mean

238. 238 the staff on placement or the staff at uni
239. 239 Q- both really
240. 240 Ok so staff on placement I think it varies massively, I think some just want you to get stuck in there
241. 241 and take initiative and do what you can do without waiting to be prompted at all. They don't want to
242. 242 say oh do you want to set this patient up, they don't want you to wait for them to say set this
243. 243 patient up. Some are the opposite and say what goals are you going to set for yourself this week, I
244. 244 think we should start getting you doing this set up or get you switching on or get you managing the
245. 245 queue. And they'll lay out their expectations where as others will kind of get you to just do it and
246. 246 then they'll assess you based on that. And I think staff at uni, yeah have really high expectations of
247. 247 us but I think that's great and very motivating. Erm yeah
248. 248 Q- ok, what do you think patients expect of you
249. 249 To be honest I don't think, I think 90% of them don't expect any different from us to what they
250. 250 expect of a qualified radiographer. I think they expect to have, they have confidence in you and
251. 251 expect to have confidence in you and expect erm good treatment basically, they want to feel, they
252. 252 want to feel important, they want to feel valued and they want to feel that they can have confidence
253. 253 in you and that they are safe in your hands. I don't think they distinguish often between the student
254. 254 and the radiographer.
255. 255 Q- and what does it feel like to be that person who is providing that for them

256. 256 Erm I think in most cases it feels really good, it can get a little bit scary if you feel out of your depth
257. 257 and often you do have to sort of defer to a qualified member of staff, erm but I think it's nice to be
258. 258 thought of as someone you know who is in this position you know of providing really good care.
259. 259 Q- and just for you personally, what does it mean to care
260. 260 It means to erm, to make sure somebody's needs are met, to make sure they feel valued and
261. 261 dignified, erm yeah I think that's it really. To make sure you're meeting their needs is fundamental
262. 262 really isn't it and putting them at the centre of what you're doing. They are the most important
263. 263 focus.
264. 264 Q- I've been reading some things around burn out, stress, whether anything has changed in terms of
265. 265 levels of stress you're observing or whether it's changed in your own personal circumstances. Are
266. 266 there any thoughts or feelings around stress or burnout?

267. 267 Personally I found the most stressful bit of the course, I'll tak about stuff I've observed in a minute
268. 268 but I found about half way through the course, I think it was about November in our first year, I
269. 269 thought I cannot do this anymore. I was like there's not enough hours in the day, I was on
270. 270 placement, I had essays and I cried and cried and I ended up having a week off uni because I thought
271. 271 I can't do this, I just can't do it, it's not possible. And that was complete burn out, but I need that
272. 272 time to recuperate. Erm and that was a result of academic study and what is effectively full time
273. 273 work while we are in placement and having a family, there was a lot going on, oh and my husband
274. 274 was in America so there was a lot going on at that time. Erm I think people's stress levels have risen
275. 275 recently in some ways because there's a lot of people who are you know have children at home and
276. 276 wouldn't have had children at home all day. So I think that was quite hard amongst students with
277. 277 children when we had all the on-line learning and probably for lecturers as well. I've certainly found
278. 278 that quite difficult managing and attending lectures, I really found that stressful but I think because I
279. 279 was close to the end I knew it was going to be ok, it was just a case of get through it, get essays
280. 280 written some how, even if I don't sleep for a month. You know we'll get there, but I think I would
281. 281 have found that a lot harder if it had been the beginning of the course and I'd probably, I don't even
282. 282 know if I would have been able, I would have had it in me to continue, which is really lucky for me
283. 283 that all this happened at the end. I think staff are stressed at the hospitals at the moment, erm I
284. 284 think patients are as well. I think patients are finding it quite stressful because they can't have face
285. 285 to face appointments with so many people. I think that's frustrating in particular for older patients,
286. 286 you know telephone and video appointments just aren't something they are used to, that's causing
287. 287 stress definitely
288. 288 Q- definitely, you're qualifying soon
289. 289 Yes
290. 290 Q- do you anticipate that your stress levels are going to change at all
291. 291 Erm yes I do, I think, I think I'm probably going to get more stressed before I get less stressed until I
292. 292 secure a job. It's really stressful at the moment for me actually at the moment, I'm somebody who
293. 293 likes to have a plan I like to know what's happening and I don't know probably what I'm going to be

294. 294 doing this time next month and whether I'll have a job which is really stressful and I think you know
295. 295 that may continue for a few weeks, I'm trying to stay positive and know I will get a job eventually.
296. 296 But I think that's stressful, you know in terms of time management and stuff it's going to be nice to
297. 297 have a bit more time on my hands, erm while I wait for that but whether or not I'll be able to relax I
298. 298 and enjoy that is a different kettle of fish because I erm yeah, I don't know whether I'll just be

299. 299 stressing that I haven't got a job. I don't know, I don't really anticipate them changing hugely I think
300. 300 it's just an unknown time for me is always stressful, that kind of period of limbo I find really difficult.
301. 301 I think that is common across my year group, we're all a bit like, the ones who haven't got jobs, most
302. 302 of us are a little bit like ooh come on jobs. But I'm sure all the years are like that all the time.
303. 303 Q- yes I think you're right, any thoughts about being qualified then
304. 304 Yeah I think erm, I think the responsibility initially might be a bit scary, but I think from what I
305. 305 observe from radiographers who are new starters, there's a really good induction programme at the
306. 306 centre that I'm working at. Speaking to other students there seems to be really good induction
307. 307 programmes at other centres for band 5s. So I'm anticipating that that will be ok from what I've
308. 308 heard anecdotally it seems that they really kind of you're not sort of classed as an actual member of
309. 309 staff, you're supernumery for a while until you have gained that confidence for a few weeks so,
310. 310 actually really looking forward to it, I think it will be less stressful in some ways than being a student
311. 311 because you have a clearly defined role. Yeah clearer expectations, I think when you are first able to
312. 312 sign your name to something that must be quite scary, but I think that's what we've been prepping
313. 313 for, so I don't anticipate it being stressful as such, it's exciting
314. 314 Q- ok
315. 315 I may be wrong, ask me in 2 months (laughs)
316. 316 Q- it would be nice wouldn't it just to do another one just to see how your thoughts and feelings
317. 317 have changed possibly
318. 318 Q- do you feel more or less confident now than you did when you first started the programme
319. 319 Hugely more confident, by a country mile, really really really do yeah
320. 320 Q- and is that just in relation to your practice and academic skills or do you think it's made any
321. 321 difference anywhere else

322. 322 Do you know what actually I was talking to my Mum about this just last week and I said to her I just
323. 323 think I feel really proud of myself that I've got to this point and I think you know no matter what
324. 324 happens over the next couple of years I feel ok, I can do this I can do anything, I can get through
325. 325 these last few years, they've been really tough, enjoyable most of the time but tough and
326. 326 demanding. But I think it's definitely increased my confidence in my abilities to manage lots of things
327. 327 at once really.
328. 328 Q- definitely, I think you should be very proud of yourself
329. 329 Ah we all are, we've survived haven't we
330. 330 Q- any other sort of lasting memories of life as a student radiographer
331. 331 Oh goodness there are lots, erm let me think, I think the thing that will always stick with me and I
332. 332 think erm is the way the students on my placement we've become a really close knit, there's 7 of us,
333. 333 erm we are all really different, really different, from really different backgrounds, and all over the
334. 334 country, but we've just all become so close and particularly at the beginning at X we had like a
335. 335 common room that we could sit in and you know kind of like oh my goodness I feel really stupid,
336. 336 guess what I just did and you know guess what I just asked and that kind of sense of comradery has
337. 337 been brilliant and I really hope that we all stay in touch, I'm sure we all will but I definitely will
338. 338 remember those 6 other women as being a really important part of this and that's the main thing I
339. 339 think that will stick with me.

340. 340 Q- you mentioned friendship and comradery, do you have any experience of humour being used
341. 341 Yeah in terms of what, the sort of things we were experiencing on placement, yeah
342. 342 Definitely particularly with regards to things that are unappealing you know fungating tumours and
343. 343 such like (laughs), there's be a little bit of like oh don't mention that fungating anal tumour when
344. 344 we're eating our sandwiches and things like that (laughs). Yeah definitely I think it kind of goes with
345. 345 the territory a little bit doesn't it while being respectful it would be the kind of thing you would
346. 346 never say out of that environment or you wouldn't, you would hope nobody would ever break
347. 347 confidentiality but talking about it in an abstract way to kind of make them more tolerable I think
348. 348 definitely, definitely you use humour.

349. 349 Q- do you hear it being used, I know you do it peer to peer, do qualified members of staff use it
350. 350 you mentioned friendship and comradery, do you have any experience of humour being used
351. 351 Yeah in terms of what, the sort of things we were experiencing on placement, yeah
352. 352 Definitely particularly with regards to things that are unappealing you know fungating tumours and
353. 353 such like (laughs), there's be a little bit of like oh don't mention that fungating anal tumour when
354. 354 we're eating our sandwiches and things like that (laughs). Yeah definitely I think it kind of goes with
355. 355 the territory a little bit doesn't it while being respectful it would be the kind of thing you would
356. 356 never say out of that environment or you wouldn't, you would hope nobody would ever break
357. 357 confidentiality but talking about it in an abstract way to kind of make them more tolerable I think
358. 358 definitely, definitely you use humou
359. 359 Q- no not at all, I think many of us develop a unique sense of humour, I don't think I did in my early
360. 360 student days but later, I think initially I was in a permanent state of shock (laughing and agreement).
361. 361 As you normalise things, I think the humour comes with that
362. 362 Yeah definitely if you think about what you do on a day to day basis, sometimes if you think oh yeah,
363. 363 imagine coming home and saying that you'd be shocked wouldn't you. But like you said it does
364. 364 definitely normalise it.
365. 365 Q- it's weird isn't it what you accept or just becomes part of your job
366. 366 Yeah, I remember being horrified by trying to find tattoos in pubic hair on my first placement
367. 367 because I thought this is bizarre rummaging around in someone's pubic hair, but you do it without
368. 368 thinking now don't you. You just get a wipe on there and you don't think twice about it, you know if
369. 369 you describe that as your daily job, people would think it was a very different job wouldn't they.
370. 370 Q- describing it to people that you live with, partners and family, they, I remember my Mum being
371. 371 completely appalled by some of the things that I would describe and talk about
372. 372 Definitely my husbands like I don't need to know about this thank you (laughing)
373. 373 Q- a lot of conversations with participants have been around bell ringing at the end of treatment-do
374. 374 you have a bell?
375. 375 Yes we do
376. 376 Q- have you got any experience around that
377. 377 Yeah do you know I think it's definitely a love it or hate it thing, some patients are like oh no I'm not

378. 378 ringing that, I want to wait until I've got the all clear kind of thing erm because radiotherapy doesn't

379. 379 necessarily mean it's all gone and it's all good, you know to put it bluntly. Some patients love it and
380. 380 they hang onto that and obviously the radiotherapy for some is the end of the line, particularly with
381. 381 breast cancer patients they seem to really like it. Even though that doesn't necessarily mean ok they
382. 382 are getting that kind of we can't see anymore cancer, they see it as like the end of their treatment
383. 383 and will want to ring it, erm I've noticed people get quite upset, particularly elderly people who I
384. 384 think are quite isolated and I think this is just my interpretation and I may be just pulling this out of
385. 385 nowhere but I think it's quite hard especially of they've had like a really long few weeks of treatment
386. 386 and then they're like oh I don't know what I'm going to do with myself now, I'm going to miss you
387. 387 and they seem more upset. Their emotion seems to come from the fact they are going to miss
388. 388 coming into the centre everyday, do you know what I mean, bizarre as that may sound it's suddenly
389. 389 like oh ok well that's it now, what the hell do I do, I just wait to see if it's gone. Yeah and I think
390. 390 that's quite hard to, I'm not sure how I feel about it, I feel like it's a little bit of a kind of
391. 391 Americanised idea, it's a little bit cheesy for want of a better word. Personally I wouldn't want to ring
392. 392 it, it's not my cup of tea but I can see why people, some people love that and it gives something to
393. 393 hang onto and you know a nice sense of finality at the end then that's great.
394. 394 Q- it's a new thing isn't it and lots of people have lots of different thoughts about it, I think like you
395. 395 say it's a love or hate kind of feeling towards it. You're right about what you said about some
396. 396 patients not knowing what to do with themselves, feeling abandoned or a bit lost
397. 397 Yeah, yeah definitely I think that's how I'd feel to be honest because I think you've got, it's a security
398. 398 almost isn't it, radiotherapy can be very gruelling, long you know dose and fractionation I think
399. 399 there's that routine isn't it, becomes part of their life you know some patients for like 7 weeks it's a
400. 400 really long time isn't it and then it's gone and it's right wait until you get your consultant
401. 401 appointment or phone call even sometimes now, yeah
402. 402 Q- yeah it can be a gruelling regime can't it and I wondered what are you thoughts and feelings
403. 403 around toxicity

404. 404 I think it's not as bad the side-effects don't seem as bad as I was expecting from what I imagined. I
405. 405 don't know if that's come from the very limited experience I had of radiotherapy all those years ago
406. 406 when I was initially going to do that BSc that I imagined I think I remember seeing breast cancer
407. 407 patients with really bad skin reactions and I hadn't really seen that since I started here. You know
408. 408 there's been a few where their skins broken down (sorry I always demonstrate), I was doing that in
409. 409 my interview today I was like don't grab things (laughs). I think everyone does – we're like oh left
410. 410 breast. I've seen skins reactions for example now seems to be that reddening of the skin, you know
411. 411 there's a few where it breaks down but that doesn't seem to happen, it might be 1 in 7 patients
412. 412 that's a completely random number it might be completely wrong. Erm the toxicity erm for head and
413. 413 neck patients like they seem to have really horrible side effects and that was more than I was
414. 414 expecting, the trouble they have with swallowing, ulcers and yeah that's, I really really feel for those
415. 415 patients. It looks awful and unbearable and the amount of weight they loose and things throughout
416. 416 treatment is quite hard. Erm but I think it's all managed really well, they have these on treatment
417. 417 review radiographers who are really good at managing side-effects and I think are specialised you
418. 418 know in a particular area like prostate or breast and kind of able to prescribe stuff if necessary.
419. 419 Q- you mentioned and used the words that you feel for those patients
420. 420 Sighs yes
421. 421 Q- what do you mean by that

422. 422 I just think it must be absolutely awful, like when they are unable to swallow through the pain or
423. 423 even if they have a lot of mucous and they literally can't eat or you know can barely talk through the
424. 424 pain. I remember one woman actually on this placement she's just finished, and she had a
425. 425 lymphoma sort of here (points to neck), we were treating quite a big area from about here to here
426. 426 (points to head and neck), erm and I remember opening her mouth to show me one day and the
427. 427 ulceration of her mouth was just unbelievable and she wasn't being tube fed or anything she was
428. 428 having you know build up drinks but how on earth she was swallowing and talking I just thought oh
429. 429 my goodness. She was amazing you know she was always just getting on with it and like you know

430. 430 you've got to get through this and come out the other side, but I just felt sorry for her I thought this
431. 431 is awful, poor patient and when you know you're kind of making it worse with every treatment,
432. 432 although you are hopefully making the cancer better, you think oh sorry it's going to get, and then I
433. 433 remember her saying on the day actually that she finished she said oh I'm so glad to finish but then
434. 434 you've got to say well you know that this will carry on for quite a while still, that's quite hard isn't it I
435. 435 think, you kind of think patients think oh yes I've finished radiotherapy I'm going to feel better, but it
436. 436 doesn't work like that does it.
437. 437 Q- sometimes that conversation that you've had it can be the first time they've acknowledged and
438. 438 taken that information in
439. 439 I've definitely seen that in patients, you can see that in their faces when you say oh these symptoms
440. 440 or side-effects will carry on for 2 weeks/10 days and they will kind of looked shocked and think oh ok
441. 441 yes of course and most people say ok ok, but you can read it in people's faces can't you when
442. 442 they're shocked.
443. 443 Q- you used some really interesting words about the treatment, about making things worse, but
444. 444 making the cancer better
445. 445 Yes so you're going to make for example for that lady with the really bad ulcers which were probably
446. 446 all the way down her throat as well I think, you know she was really really in a lot of pain. She still
447. 447 had about 5 fractions of treatment left so we know that that's going to get a lot worse. So that can
448. 448 feel, the justification as a radiographer you don't justify the treatment but that's the doctors
449. 449 decision but you, it's quite hard knowing that someone is going to be made to feel in a lot more pain,
450. 450 even though you know the benefits will outweigh this pain, that's quite hard isn't it as a healthcare
451. 451 giver/provider, to know that you are going to be causing somebody pain by giving them you know a
452. 452 shed load of radiation
453. 453 Q-definitely
454. 454 And I guess that's all in the balance isn't it when people decide if side effects so become too severe
455. 455 then they may not carry on with treatment that's why it's always important to make sure they are
456. 456 really happy to carry on with their treatment if they are feeling unwell and that side of things
457. 457 (interrupted by children)
458. 458 Q- interview ends – welfare check, asked for reflective diaries

459. 459 Participant said, ‘it’s quite good to talk through all these things, it’s quite cathartic’

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