Learning on the front line: can personal development during problem-based learning facilitate professional development in trainee clinical psychologists?

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Learning on the front line: can personal development during problem-based learning facilitate professional development in trainee clinical psychologists?

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Problem-based learning (PBL) is a form of self-directed learning that has been employed for over 30 years within a variety of disciplines and professional training programmes. This paper focuses on the acquisition of skills and knowledge gained through experiential learning components of the academic programme, namely Problem-Based Learning, of a Clinical Psychology training programme. This paper explores the learning experiences of a PBL group on this programme, reflecting on the impact of an experience early on in their group formation (presenting a personal in-vivo version of their PBL experience and subsequent negative evaluation). These narratives were written after their 3rd PBL exercise (the latter two were formally evaluated). This paper then goes on to consider how they then managed PBL including factors that may have helped or hindered their ability to learn and work together effectively. We conclude with what we may learn for the benefit of other learning contexts.

Keywords: reflective practice; personal development; problem-based learning; clinical psychology; evaluation; facilitation

Introduction

The Doctorate in Clinical Psychology programme at the University of Hertfordshire (UH) is a three-year full-time postgraduate programme training individuals to become competent Clinical Psychologists. Trainees are expected to develop skills as both scientists and reflective practitioners. To encourage this, the programme has three strands – clinical (placements are mainly situated within the National Health Service (NHS)), academic and research – within which assignments are completed and assessed by the programme team. Evaluation is continuous over the course of training.

Training and evaluation

Within the academic programme different forms of learning are used to optimise the development of skills and knowledge. These include lectures (involving didactic methods, discussion, role play and clinical recordings), small group discussions
and tutorials. In 2006, Problem-Based Learning (PBL) was also incorporated as a teaching method (Nel et al., 2008). At the beginning of training each cohort of 15 trainees are randomly allocated to one of three PBL groups. Each group has a facilitator from the Programme Team. Over the first two years of training each group undertakes five exercises. All exercises are evaluated via a 20-minute group presentation and an individual reflective essay of 1500 words; all, except the first exercise, must be passed to qualify.

Working within a PBL group can be different to sitting in a lecture. In PBL the learning is self-directed rather than lecturer-led, and the presentations are formally evaluated. Thus, within PBL there are opportunities for various experiences and interactions to occur. Indeed, the content of PBL may include the very process of it, and attention may be drawn to interpersonal dynamics (between group members, the facilitator, the programme team, the other PBL groups) and intrapersonal dynamics (experiences within the individual based on earlier and current experiences). Therefore, PBL can be an emotional and intellectual experience, providing ongoing opportunities for the development of reflective practice skills. PBL can provide a context for connecting with, and giving voice to, diverse experiences, and for these to be acknowledged and validated. The personal journey derived via PBL can have a positive impact on trainees’ professional development, wherein they may see the benefit of paralleling these processes within their NHS work with colleagues and clients.

**Pushing the boundaries of learning**

Evaluation can be an important part of training. It can motivate trainees to push the boundaries of their knowledge facilitating growth and development at a personal and professional level. Too little or overly positive evaluation may hinder development by reducing striving to learn; too much or overly critical evaluation may mean trainees shut down to avoid the consequences of negative feedback. The boundaries of what constitutes too much or too little may be influenced by individual perceptions, past experiences and how evaluation is given.

Reflective practice may be a new endeavour for trainees; therefore, the first PBL task is formative with no consequences for failing. Trainees are encouraged to test boundaries and try new ways of working or presenting information. Yet undertaking such a new endeavour can be filled with risk and uncertainty (Nel et al., 2008; Pica, 1998). This type of learning really is on the front line where one is continually faced with real-life experiences. Indeed, during the early phase of training, trainees may be vulnerable; they are new to the experience and asked early on to open up and connect with their cohort. With this comes the risk of rejection and emotional experiences such as shame or embarrassment; trainees may retreat into the relative safety of disconnection, remaining silent about internal experiences.

**Optimising conditions for learning**

To enable work among individuals with differing backgrounds and needs, it is important to create optimal conditions for learning by flexibly applying teaching theory and principles (Wlodkowski & Ginsberg, 1995). At UH, given the postgraduate status of trainees, we consider them to be adult learners with the requisite motivation to learn. There is often an implicit and explicit expectation that trainees
tolerate constructive criticism to develop. Yet how able are any of us to cope with criticism in an ‘adult’ and objective way? Given the responsibility Clinical Psychologists have for the well-being of vulnerable people, it is appropriate that training is a rigorous process. However, should trainers also be mindful of how they evaluate and assess the trainees on their courses?

Overview

This paper aims to explore the learning experiences of a group of trainee Clinical Psychologists; writing after their 3rd PBL exercise they reflect on the impact of an experience early on in their group formation (presenting a personal in-vivo version of their first PBL experience and subsequent negative evaluation). The second aim of this paper considers how they then managed PBL, including factors that may have helped or hindered their ability to learn and work together effectively. We conclude with what we may learn for the benefit of other learning contexts.

Reflections

To ensure the trainees had maximum control over how their experiences were ‘voiced’ in this paper, they independently agreed to write a reflection they were comfortable sharing. Nevertheless, we are aware that these reflections are only a small proportion of the thoughts and feelings experienced during or after the exercises and may have been influenced by the facilitator. Consequently, they remain subjective, incomplete and open to further elucidation and/or reinterpretation by us and any reader.

Louisa

Someone on the course team was having a laugh when they began our PBL journey with the topic ‘beginnings’. At times I wonder how warped their sense of humour is if they think it is funny to subject unsuspecting trainees to this horrific process. At other times I am struck by the genius of PBL and feel privileged to be part of a course which includes it. ‘Marmite’ could be an appropriate comparison, except with PBL it’s not ‘you either love it or you hate it’; it’s both love and hate, all in one and often simultaneously.

Okay, so why is it both? Let’s start with the emotional experience which has involved feeling: happy, sad, anxious, shocked, confused, angry, relieved, surprised, interested, disinterested, excited, gutted, drained, intrigued, curious, frustrated, agitated, amused, bemused and calm.

Okay, but why all these emotions?

The content of our group sessions became very personal very quickly in PBL 1. Our facilitator (the spade) began digging beneath the surface and as a group we embraced this and incorporated it into our process. When it came to presenting we had a choice; play it safe and present theory or take a risk and present our group. We chose the latter and presented an unrehearsed, spontaneous, open, honest and terrifying PBL session ‘live’ for our audience.

Feedback time, ‘If this had not been a formative exercise I might have had to fail you’. Ouch. The bigger the risk the harder you fall …

Surprise then that in PBL 2 we played it safe. The sessions were driven by task related activities and interpersonal topics felt like an unnecessary luxury. Negative
feelings bubbled beneath the surface but there was no way we could risk disturbing our superficial cohesion. We finished this PBL with a lovely presentation; theory on the case, theory on ourselves and theory on the case in relation to ourselves. You can probably guess the feedback, ‘you don’t always have to explain the process; sometimes it’s better to show it’. Dance monkey dance.

So we’ve made ourselves vulnerable and been hurt, we’ve hidden behind the theory and lost our interpersonal connection, now what? For PBL 3 we were given the highly emotive case of ‘Maria’, which allowed us space to return to an emotional connection with each other. Some might say we returned to our roots, but it was more than that. We left our old ways behind and found a way to use our own experiences to connect with ‘Maria’. In doing this we learned so much more about each other and about ‘Maria’.

Each time I reflect on PBL I learn something and each time it changes me. Admittedly I spend hours moaning about it but in fairness we’re only half way through and already I don’t want it to end. In many ways you could say ‘I love to hate it’. Embracing the challenge of PBL takes guts, determination and arguably a little bit of blind naivety and I’m pretty sure I have all of those, so we should be fine!!!

Nic

I don’t want to just get by; just pull together a presentation of models and theory that could be read in a book. I would love an opportunity in training to be more creative and less predictable and have the chance to learn in a new way. Surely PBL is the answer to this?

Quite quickly my hopeful optimism began to feel frightening. I could see what PBL could offer and I knew that being able to build connections with each other and the person in the case could offer a depth to our work that was so valuable. But getting there meant feeling what I feel, and even more frightening, finding a way to share that with myself and the group. I felt like we found our connection to each other and invited each other to take a chance on just being us. I liked the chance and jumped. We jumped together, straight into the deep end of our first presentation; and hit the ice cold water hard. It felt like a loud voice shouted “That’s not good enough” during our feedback. Ouch.

The about-turn that followed was frustrating and I remember feeling quite hopeless in our ability to remain connected to our case and each other. I felt like all of the things that were important to me, and I had thought were important to the group were compromised. I felt trapped and I felt a bit homeless; who and what we had been hadn’t felt good enough, and what we had become in response felt inauthentic. I wanted to escape and leave. But in true PBL style I simultaneously didn’t want to leave because, albeit in the distance, I could still see what relating to others in this way could mean. I sat silently through PBL 2, almost as though it wasn’t happening.

An emotional debrief paved the way for finding a collective strength and courage to risk being ourselves again. The next case connected us again to our emotions and we stopped apologising or pretending we weren’t who we were. We accepted the intensity and found a way to share some of our experience in the presentation to our peers. We risked the ice cold water once again, but this time it was warmer.
I’ve felt excited. … and overwhelmed … and embarrassed … and hurt … and delighted … and privileged … and supported … and betrayed … and uncomfortable … and inspired. Welcome to PBL, it’s a bit like real life I suppose.

**Andy**

For me, our PBL group has been characterised by non-judgemental encouragement and support from the start. We all wanted to challenge ourselves, become more authentic and connect more with our emotions. In this way, I think PBL serves a somewhat unique function compared to other experiences during training and in the NHS. It has also been an opportunity to ‘let go’ of impression management and to be open, honest and vulnerable; so that I can work on personal and professional issues that are important to me. I sometimes think the nature or culture of our job unwittingly encourages emotional control and inhibition (that is, a message that may be helpful for some people in some contexts, but which sometimes seems to be over-generalised).

PBL has been really helpful in beginning to address this issue for me and I appreciated the opportunity to explore myself, to feel strong emotions and not care about managing them. I don’t really cry and PBL has helped me do this more – which for me, at the moment, is what I want to work on. I also found it extremely useful to become more aware of how I cope when my expectations are not met, and when I’m stressed or tired – and whether those coping methods are helpful. I think I have developed more self-awareness and congruence between my values, personality and behaviour. This has helped me portray a clearer picture of myself to others, especially my sensitive side, making it easier for others not to hurt me. PBL presentations are unlike anything I have encountered before and I experience them as more like a performance. I really love being part of our presentations and our group; each presentation really means something to me. Self-disclosure seemed to contribute to a shared perception of safeness and it was also really powerful for me to have the group facilitator model an alternative message to that usually (in my experience so far) which is explicitly and implicitly provided by qualified clinical psychologists.

Each PBL group seems to explore what is missing for them. For our group, although it has always been ‘safe’ to self-disclose, until recently, it has sometimes felt ‘unsafe’ to express conflict and disagreement or to combine content and process. We have begun to discuss how and when to balance being supportive and being challenging. We seem to have started making our individual constructs explicit, and differences and contrasts between group members have been highlighted and managed. However, we seem to wrestle with the fact that PBL provides us with an opportunity to work on things we want to work on, but doing so doesn’t always fit with the PBL marking criteria. So we sometimes begrudge the presentation as a distraction from our own agenda – but I wonder whether the fact there is an objective adds a focus, or even something to discuss or resist together.

**Rachel**

I would name my PBL experience as ‘An Uncertain Adventure’. Embarking on the formative PBL exercise felt like being given a destination, a presentation, without a map or starting location. It felt like being asked to step outside a world of answers into an unexplored land full of questions. I wondered what the course was trying to
achieve, aside from anxiety, but I also felt surprisingly excited. My excitement however plummeted following our group’s feedback from the initial exercise. Despite our group delivering what was named a ‘courageous’ presentation, which felt congruent to our PBL experience and the guidance we had been given, we received feedback that ‘had the exercise been marked we would have failed’. At this point I felt deceived about the boundaries of PBL; we had been told there was no ‘rights’ or ‘wrongs’ and therefore set up to fail. I was swiftly propelled back to the ‘reality’ of the marking criteria and a world of consequences. Unsurprisingly therefore, the second PBL task was difficult. It felt to me the group had become lost and I felt disoriented. Nevertheless, our group did ‘pass’ the second task but I left the presentation feeling frustrated and confused, unable to name explicitly why. Interestingly in our group debrief it was expressed that perhaps there was an unsaid ‘undertone’ to our group’s explicit cohesiveness and this felt consistent with how I felt about the group dynamics. Following this, the third PBL exercise was equally challenging but in a more helpful way. I feel that as a group we were able to draw from our strengths of compassion and empathy for each other to explore some difficult conversations and alternative points of views. I personally tried to push myself to honestly invest in this process and this is something I would like to continue working on. The result of our combined process was a third presentation, which to my knowledge felt ‘real’ and congruent to our group values, even despite criticism. Personally something had changed to allow me to feel secure enough within the group, and myself, to tolerate the criticism as just a point of view, and as just one truth. I started this reflection by naming my PBL story as ‘An Uncertain Adventure’ and as I contemplate starting the fourth task it remains as such. However, the difference is I am starting to feel okay about this uncertainty. I notice I am beginning to accept this uncertainty as inevitable. Moreover, I now feel our difficult experience at the start was perhaps a helpful and essential part of the PBL journey, which facilitated me to ask some important questions about my personal and professional values. As this adventure unfolds, I feel fortunate to have a facilitator who offers genuine unconditional acceptance to each member, and the group as a whole. I believe this allows the journey to unfold in a safe and supportive way.

Lydia

My emotional connection to PBL was born in the first session, where our facilitator opened us up to exploring ourselves. Through a process of laughter and tears, reflectivity and reflexivity we began to form our identity as a group who valued being open, emotional and vulnerable.

We threw ourselves into connecting with our emotions and with each other, but found it harder to connect with the presentation. This led to the decision to just present ourselves and our process. This was a different way of working for me, and I was terrified we were not getting it right, though I was proud of myself for trying something different and proud of our group for allowing ourselves to be vulnerable.

Unfortunately, not all of the feedback was positive. I was angry that someone had the power to judge our learning, when I felt I had learned more from this experience than any other academic task. The fear of failing impacted on the content of our next PBL.

Becoming more aware of the task boundaries seemed to constrain some of our creativity. Whilst we retained our values on authenticity within the group sessions,
this did not translate into our presentation. We created a very structured, scripted presentation that ticked every box; but rather than showing the group process emotionally it only explained it intellectually. I was pleased with what we had presented though I did not feel as proud as I had following our first presentation as I did not feel it reflected our group identity. In our first PBL I felt we connected with each other, in the second with the marking criteria and, when we moved on to the third PBL, we returned to our values by connecting with the client.

The values we had as a group allowed us to think about ourselves in relation to the client. In connecting so personally with the client we were once again vulnerable. Whilst it felt safe being vulnerable within the group I was still afraid to put my vulnerability on show for it to be judged again. As part of our group process I came to understand that some emotions and experiences cannot be put into coherent words, theories and slideshows; they just are. As a group we felt it was more valuable to present raw emotions, to allow them to just be expressed, and not analysed, changed or made acceptable to others. This led us to develop a presentation that reflected both ours and our client’s emotions. I was less afraid of being vulnerable and of failing as I felt conviction for what we were doing. It felt safer and more important to be true to myself and the group and fail the task, than to pass the task and feel I had failed myself.

I feel that the qualitative experience of PBL is constrained by the quantitative boundaries of the marking criteria and the most valuable learning came from understanding myself, which is for me to judge and not someone else.

Lauren

Having been submerged into the experience of PBL, my initial feelings were of dread and an anxiety of the unknown. From the first exercise, I was left with a distinct feeling of uncertainty, of being out of my depth. Whilst I waited for some signals, a lifeline from which we would be offered directions, a purpose, I realised this was not going to happen. Were we being experimented on? Was this some voyeuristic experiment to test our mettle, to see how we coped with the lack of structure?

Navigating our way through the unclear task: to decipher our own and each other’s reactions to each other and to the case felt like dangerous territory: ‘chaos’. My survival mechanism kicked in: FIGHT BACK, take control. Fighting, for me meant planning, trying to orientate myself in space and time, to find a route, a destination and to start trying to get ‘there’, all to avoid the palpable waves of emotion flooding the room.

Our first PBL presentation looming, we struggled with a sense of being pushed and pulled between content and process. The need to get it right meant we committed to no content and chose to face our fears. We jumped straight in a completely process-orientated presentation. Having taken that risk, we were initially shocked by the news that we had failed in our task.

Why can’t you just tell us where you want us to be? Are we doing what you expect of us? How will we know when we have reached our destination? Throughout, the facilitator’s response was whatever transpired in the process, all would be OK. This anchor of hope gave me the confidence to go with whatever happened, and to watch, wait and listen as the journey continued. I began to struggle less and to trust this message. I began to realise we did not have to remain submerged or
defined by this initial experience and that the struggle itself was the problem. Letting go of the desire for control, for certainty, gave us greater freedom and enhanced the flow of creativity.

Having completed a few PBL exercises, I ask myself, have we reached our destination? The question does not seem relevant any more. This journey has been one of remarkable discoveries, of realisations about me and how I relate to others. PBL, which had once felt like a chaotic abyss now feels like a haven. The quality of relationships forged with those in my PBL group had a rich honesty to them. It seems that this shared willingness to plunge into hidden depths of emotion has bonded us in a truly authentic way.

The clients we see often look to us for a sense of direction, for guidance on how and what they should be doing or feeling; to provide a sense of order out of the chaos. PBL has left me with the desire to truly be present with them in that space of uncertainty, with a willingness to assist them in charting their own new territories.

Eliciting themes from the reflections

Each trainee was given an overview of the paper with the scope to independently develop their reflections. Given the written format utilised, a thematic analysis was conducted by SK. This was also to ensure each voice remained independent. The reflections were re-read numerous times and themes elicited within each account. These themes were then viewed collectively to identify common ones. These themes were then shared with each author to ensure they resonated with their experience. Once confirmed, the paper was shared and a cyclical process of ratification ensued. We are aware that the perspective of the facilitator, in particular, may have influenced the elicitation and interpretation of themes; other themes and a differing focus could have been obtained from these reflections.

Discussion

These accounts highlighted several recurrent and significant themes in explaining trainee ‘journeys’ through PBL. These themes were: an emotional journey: acknowledging and connecting with vulnerability; and expressing experiences: congruency and disconnection. We then go on to consider the internal and wider contexts of Personal and Professional Development (PPD) derived via this type of learning.

An emotional journey: acknowledging and connecting with vulnerability

These narratives were insightful, open and honest. As can be seen in the accounts of Louisa, Nic, Lydia and Rachel there was an emotional undertone, epitomised by the use of emotive language; for example, ‘terrified’, ‘horrible’, ‘angry’, ‘frightening’, ‘confused’, ‘hopeless’ and ‘frustrating’. One aspect of this group’s journey was the early emergence of emotion and vulnerability, as can be seen in Lydia and Andy’s accounts. In particular, Nic, Andy and Lydia seemed to value the opportunity to connect on a personal level, utilising the experience of vulnerability to connect with the PBL case vignettes.
Expressing experiences: congruency and disconnection

Negative evaluation following their first presentation did impact on their journey, as was evidenced in Louisa, Rachel and Lydia’s accounts. A reluctance to be open emerged with the ensuing myriad of expressed and unexpressed emotions. Yet, as Nic, Andy, Lydia and Lauren highlighted, there was a subsequent re-emergence of congruency and openness to expressing differing positions. As a means of coping with distress, within the reflections of Nic and Lauren, there was also some evidence of experiential avoidance (Hayes, Strosahl, & Wilson 2003). This response was similar to other PBL groups (Keville et al., 2009, 2010, 2013; Nel et al., 2008).

When experiences remained unexpressed or outside of awareness there seemed difficulty identifying underlying factors, resulting in confusion. Within the narratives of Louisa, Nic and Lauren anger was a palpable emotion at an expressed and unexpressed level. As Louisa, Andy, Rachel and Lydia highlighted, it seemed that validation, acceptance, containment and allowing trainees to engage in a deeper level of reflection were pivotal in accessing and speaking out about vulnerabilities underlying this anger (Safran & Muran, 2000). With this came clarity, greater awareness and acceptance.

Parallels with learning skills in childhood

All Clinical Psychologists have teaching and placements in children and adolescent services; with this comes the explicit knowledge that children are more likely to grow and develop with positive conditions and environments (Young, Klosko, & Weishaar, 2003). Is this the case for adult learners? From these reflections we can connect with the experience of opening up to vulnerability and connecting with others. We also see how negative feedback can make people play ‘safe’ or disconnect, simply producing presentations that fulfil marking criteria. The narratives of Nic, Louisa, and Lydia particularly illustrated that this was at the expense of their previous emotional connection. Yet, alongside this disconnection, this group were still willing to take a risk and experiment with re-connecting with each other. So what facilitated this process?

Narratives put forward a number of suggestions: blind naivety as suggested by Louisa; the creation of a safe learning environment and position of the facilitator providing unconditional acceptance, support, and implicit and explicit faith as expressed by Andy, Rachel, Lydia and Lauren. These narratives highlighted an ebb and flow with connection and disconnection. Disconnection following negative evaluation seemed incongruent with their personal goals. As Louisa, Rachel, Nic, Andy, Lydia and Lauren highlighted, finding the courage to reconnect with their personal values seemed an important process (Hayes et al., 2003).

The wider context

Within these narratives, one major difficulty arose from the wider training context. Trainers place value on the evaluative components of training to demonstrate the acquisition of requisite knowledge and skills. The Health and Care Professions Council (HCPC) and British Psychological Society (BPS) accredit and approve the course to ensure that it is competent to train; in turn, the course evaluates the trainees to ensure they are competent to practise. Within these narratives one can sense the struggle negative evaluation can have on burgeoning identities. Perhaps this
struggle arose because it occurred within the group’s formation stage (Frances, 2008). They connected deeply with their vulnerability and personal contexts, and this negative evaluation occurred within a formative presentation where risks were encouraged. It was interesting that within these reflections some trainees see the value in evaluation, whilst others do not.

For trainers evaluation may similarly be a double-edged sword. It can be a hindrance, yet a necessary one. Indeed, nurturance, compassion, validation, acceptance and committed PBL facilitators can help trainees negotiate more difficult experiences, whilst containment and the provision of boundaries can help push trainees to exceed their learning potential. Sometimes trainers may overstep an arbitrary mark; for what is critical for one trainee, may be motivating for another. Whilst one role for trainers is to evaluate and develop competence, perhaps another role is to enable people to negotiate the more difficult aspects of training and be mindful of the links it may have with earlier experiences. Perhaps as trainers we may be more effective if we see ourselves in a nurturing role, providing a safe context for trainees to learn some of their professional role via their personal contexts and vulnerabilities. This may enhance their ability to form emotional relationships with each other and the case material, and then use this ability to be more congruent within their clinical work.

**The personal and professional boundary**

In our view, PBL learning provides space to connect with the ‘personal’ and can enhance learning; this can parallel therapeutic work within Clinical Psychology practice wherein clients learn to understand their own contexts within the context of the system they are in (Wood, Linley, Maltby, Balousis, & Joseph, 2008). Clinical Psychologists should be impartial and enable clients to utilise this confidential space, rather than bringing to the space the clinician’s own needs and issues. Given the nature of Clinical Psychology, the content of lectures often has an emotive component; it would be natural to listen to this content via the context of one’s own personal experience. Yet often, within lectures, this remains relatively unexplored. PBL can provide an environment for trainees to connect with, and understand, their own personal contexts via the development of reflective practice skills. Given the time allocated for self-directed learning within PBL, with willingness, there is the opportunity to have honest explorations of personal and group experiences. This has the advantage of trainees connecting, sharing, validating and processing their own issues, and with this strengthening their clinical practice. PBL does seem to evoke a sense of being at the forefront of learning, a boundary of uncertainty, yet also potential. It can be the interface between the personal and the professional; PPD in action, as a vibrant process.

**Facilitating this vibrant process**

Facilitation can enhance or stilt this process. Within this PBL group the facilitator encouraged the group to connect on a personal level and, in opening themselves up, this group had a painful journey. Yet they remained compassionate and congruent with each other, their experiences and their values. As a facilitator it may be hard remaining present to pain and help guide people through it. Within these narratives it seemed the facilitator managed this, yet what enabled this? Commitment to the
group and each individual, compassion and creating a safe, contained and nurturing environment seemed key ingredients. Clinically, we know that the therapeutic alliance is crucial for effective therapy (Horvath & Symonds, 1991), and social support and supportive families can be instrumental to overcoming adversity (Trickey, Siddaway, Mesier-Steadman, Serpell, & Field, 2012). Perhaps those training adult learners should be mindful that learning can evoke vulnerability. Just as nurturing care helps children grow and develop resilience, it can also help adults to hold onto the notion they have much to offer in uniquely different ways.

Conclusion: clinical and wider implications

PBL can be like entering into no man’s land filled with uncertainty and hope, where one must take risks individually or collectively, with the support that is on offer. In relation to the aims of this paper, these shared reflections offer examples of what can help and hinder learning in a PBL context. What seemed particularly helpful was learning to connect with the emotions this uncertainty evoked, and for self-disclosure to be acknowledged and validated. Within clinical settings, the personal journey derived via PBL can have a positive impact on developing reflective practitioner skills. Trainees may then see the benefit of paralleling these processes with their clients. This can provide confidence to sit with others’ distress and uncertainty, facing and working productively with difficult issues (Butler, Fennell, & Hackmann, 2008).

When set beside the wider learning community, Clinical Psychology is a relatively small field; so how could this be of benefit within other contexts? At the heart of this paper is a group of individuals that embraced opening up and connecting for their PPD. Learning environments are made up of individuals with personal histories. Each person has an opportunity to grow and develop, or flounder at hurdles met along the way (negative evaluation or life experiences such as bereavement, relationship breakdowns or interpersonal conflict). Each person’s journey may be facilitated or hindered by those around them (their peers, families, teachers or employers). By considering compassionately an individual’s personal context, reflecting openly on difficult experiences including those evoked via evaluation, and having the courage to have difficult conversations, perhaps individuals in other learning groups can maximise the learning potential from these front line learning contexts.

Notes on contributors

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