# Tables

*Table 1. Excerpt from semi-structured focus group guide*

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| Topic | Question |
| Students’ experiences of EBP on clinical placements | * When you’ve been out on clinical placement in the past, has the practice that you’ve seen been informed by evidence?   + Have you seen practice that isn’t informed by evidence? |
| Students’ perspectives on EBP | * What do you think the relationship between evidence and clinical practice should be? * Have you noticed any trends on the type of radiographer that tends to be more evidence based? |
| Students’ ability to implement EBP in practice | * How does the practice that you’ve seen on placement affect your behaviour as a radiographer? * What made it easier (or harder) for you to implement EBP on your clinical placements? |

*Table 2. Demographic data summary*

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|  | Focus group 1 n= 9 | Focus group 2 n = 11 |
| Highest level of qualification attained  High school equivalent  Certificate/diploma  Bachelors  Masters  PhD | 7  2  0  0  0 | 0  0  9  1  1 |
| Degree enrolled  Bachelor of Applied Science (diagnostic radiography)  Master of Diagnostic Radiography | 9  0 | 0  11 |
| How long have you studying for your current degree?  1-2 years  2-3 years  3-4 years | 0  9  0 | 11  0  0 |
| Haw many clinical placements have you completed?  3  4 | 9  0 | 0  11 |

*Table 3. Summary of quotes for Education theme*

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| Category | Description | Quote |
| Understanding of EBP and shortfalls in students own education | Participants viewed EBP in a very narrow framework, equating it predominantly with empirical research  Individuals need to be taught how to critically think and have their knowledge challenged during education to become EB practitioners.  University teaching may be out of step with current EBP where many students assume what they are taught at university is “correct”. | “Evidence-based practice is more theoretical practice, where it’s a perfect world situation, whereas in a clinical practice you don’t always get the perfect results” (FG1/UG)  “that idea of having what you think that you know challenged, and thinking about the way that we learn things, rather than what we’re actually learning is critical to how we set ourselves up to be evidence-based practitioners. I think in particular, how this sort of stratification of experience in practice… becomes concentrated in this sort of myopic way where there are people that have amassed huge amounts of knowledge but if they’re not willing to have their knowledge challenged, if we don’t get taught how to have our knowledge challenged by the next generation of practitioners, that’s why I think it needs to be built into the way we learn” (FG2/GEM)  “We had hammered into us things like ALARA [as low as reasonably achievable] and that radiation is bad and the reality is, the research is, that it’s open to debate at this point… it’s the predominant model, it’s the model the guidelines are base on, the conservative model, but it’s not necessarily the most evidence based” (FG2/GEM) |
| The link between pedagogy and students’ ability to become evidence-based practitioners | The way in which education providers teach will have a strong impact on students’ ability to be EB practitioners.  There is a tendency within the profession to value clinical experience over relevant research, this is often linked to the model of education experienced by that individual. | “I think that something I find really striking in radiography education is the degree to which it’s a really sort of didactic learning model, where we ingest, and we rote learn and there’s a huge sort of divergence between the extent of critical thinking that we’re expected to employ in different subjects.” (FG2/GEM)  “lots of radiographers I’ve dealt with prefer experience over knowledge” (FG1/UG) |
| Students’ experiences of EBP on placement and the relationship between these experiences and future tendencies | Participants reported feeling disempowered to implement EBP on placements due to a wide range of barriers.  Clinical educators’ skills and attitudes have a large impact on students’ experiences. | “I don’t know that there’s any easy way to do it because as a student you’ve got to adhere to whatever protocol, whatever radiographer is teaching you for that day, whatever the radiologist may want.” (FG1/UG)  “When you’re out there… over and over in a six-week period, you just literally stoop. You don’t want to; you just end up at their level.” (FG2/GEM)  “It’s a lot easier to implement evidence-based practice when you have someone there that encourages you to do it” (FG2/GEM) |

*Table 4. Summary of quotes for Culture and Responsibility theme*

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| **Sub-theme** AND category | Description | Quote |
| **Professional:**  Hierarchy of what should be informed by evidence  Professional stagnancy | Participants noted that there were clear hierarchies in practice when it came to implementing EBP, those ranked more highly were often those that had a more quantitative backing.  Participants noted a strong tendency within professionals to practice in ways the way that they were originally taught rather than in line with EBP and that this limited the ability of the profession to advance. | “What I found in my experience with evidence-based practice was that it was practiced, sort of to the teeth with paediatric patients…but when it strayed away from paediatric patients it just sort of, you get someone else and then you just completely forget what you just done” (FG2/GEM)  “in some of the places I’ve just asked with senior radiographers ‘Why do you do it that way?’ and they said ‘Well technically one way is better, but we just do it this way because we always have’.” (FG2/GEM)  “So the comment that the field is advancing, that’s clear, the technology is improving very quickly, but it feels to me like practice in radiography isn’t advancing with the field, because of that attitude of ‘Well, we’ve always done it like that.’ Well, if you’ve always done it like that it means that no matter how far forward the technology gets, you’re always going to be practicing it as if it was when you were first taught.” (FG2/GEM) |
| **Organisational:**  Senior managers attitudes affect the whole workplace  Social forces and inbuilt structure  Competitive advantage for organisations implementing EBP | Participants discussed varied experiences in terms of senior management at the placements that they had encountered and how the attitudes of senior management then trickled down through the department.  Participants noted the importance of social forces and structural efforts within the department that made it easier or harder to implement EBP.  Participants observed perceived advantages for practices that implemented EBP that allowed them to be stronger than competitors. | “She was the chief radiographer and she had authority, but everyone respected her and just trusted in her decisions. It just reflects on how the importance of the chief radiographer to implement evidence-based research because she’ll also influence the other radiographers too.” (FG1/UG)  “My impression was, people who had found the position quite a long time ago, secured that position and for want of a better word, stagnated in that position and become senior through that, just longevity, tended to make a less positive working environment which then played on to everybody else being a bit apathetic.” (FG2/GEM)  “it also depends on the atmosphere or the attitude of the practice itself to change. At my first placement, I was at a hospital and every two weeks they would have presentations… everyone was friendly… everyone was just chatting about it, they even ask students as well to contribute.” (FG1/UG)  “I definitely think that evidence-based is important because I had one placement that stood out above the rest, completely because of the fact that they implemented evidence-based on a daily, as a daily routine practice for them.. I definitely think that it created a better workflow, everyone agreed with each other, everyone was communicating well.” (FG2/GEM) |
| **Individual:**  Individual ability to implement EBP  Competitive advantage for individuals implementing EBP | There was debate and discussion as to the amount of power that an individual has to implement EBP within their own practice if this is not within the practices’ priorities.  Participants felt that individuals who implemented EBP well were a significant asset to the department and noted that they felt this was an advantage when applying for jobs. | “you’re in control of your own choices and with the SPP [graduate year] year you’re in that room by yourself, you can implement your own evidence-base” (FG2/GEM)  “I feel like it goes beyond that, it goes to, if you’re not just going to comply with what they want, you lose the job.” (FG2/GEM)  “to be honest, his knowledge is like the biggest asset they had and if I was like the chief radiographer and I wanted to hire someone I’d grab him straight away because he was just a massive asset to the whole hospital.” (FG2/GEM) |

*Table 5. Summary of quotes for Hopes, Fears, and Barriers theme*

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| Category | Description | Quote |
| Responsibility around implementing EBP | Participants displayed strongly positive attitudes towards EBP and there was a sense of responsibility among participants to implement EBP. | “What we do in the clinical aspect should be based on what the evidence. We can’t just do whatever we feel like is right. It’s got to be based on what’s proven to be correct and what’s proven to be helpful to the patients” (FG1/UG) |
| Barriers | Participants described feelings of medical dominance which inhibited their ability to practice in their chosen manner.  Participants described resource shortages that affected their ability to practice in their chosen manner. | “I feel a lot of it also comes from the radiologists, especially in private practice that you’re adhering to. You really have to do what they prefer” (FG1/UG)  “because we’re also put under pressure.. there’s not enough rooms, there’s not enough stuff and you just crack and get the patients done” (FG2/GEM) |
| Formative years in the profession are key to ongoing evidence-based tendencies | Participants discussed feeling worried and scared that they will end up like the practitioners that they had seen on placement. They described feeling that the early years in the profession would be integral to their development as evidence-based practitioners. | “it depends on where you end up for your SPP [graduate year] and how the people around you practice evidence-based” (FG2/GEM)  “you’re all like a sponge at the moment, you will take on the characteristics of your environment” (FG2/GEM) |
| Desire to influence change on the profession | Participants discussed with passion their desire to create change within the profession and help resolve the cultural issues that they had seen during their WIL placement experiences. | “I found that, when I was challenged more to succeed and improve myself as an individual and actually change my mind set of how radiography should like improve in the future.” (FG2/GEM)  “I just feel as if we’re being taught here to change the radiography, sort of, landscape in the next five to ten years. But that’s the thing, it’s going to happen.. but you want it to change now.” (FG2/GEM) |