A peer-driven community-based supervisory model: development from an evaluation of an ethics workshop for doctoral students undertaking research with children

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Abstract
Differing models for doctoral supervision are emerging at a slow pace in accord with expanding global increases in student numbers and types of doctoral programmes, and concerns to enhance completion rates and the quality of doctoral supervision. Three key conceptual supervisory models were identified from a literature review: the 'functional pre-modern' model, the 'team' model and the 'community group' model. However, whilst these models exist, for the most part, supervision remains embedded within home academic institutions. Drawing on an outcome oriented evaluation of a workshop delivered to seven current or prospective doctoral candidates researching with children and/or young people, concerning the conduct of ethical research with this 'vulnerable' group of participants, this paper describes a peer-driven, community based supervisory model that is extrinsic to and complements the supervision provided in students' home academic institutions.
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Introduction

Literature concerning higher education (HE) has historically focused on undergraduate studies; however, interest in postgraduate and doctoral education has evolved at a rapid pace in recent times. This expanding literature reflects the overall growth in numbers of doctoral students

globally (Grevholm et al. 2005, Malfroy 2005), the variance in doctoral programmes offered (Denicolo & Park 2010, Crossouard 2008, Malfroy 2005), increasing economic interest concerning PhD completion rates (The Quality Assurance Agency for Higher Education (QAA) 2007, UKGrad Programme 2007, Boud & Lee 2005, Higher Education Funding Council for England (HEFCE) 2005), the 'performativity' of academics within HE institutions (Holligan 2005), international concerns to reform and enhance the quality of doctoral education (Cumming 2010) and what Denicolo and Park (2010) have termed the overall 'doctorateness' of doctoral education. Thus, there is now a wealth of interest in the supervision of doctoral studies (e.g. Lee & McKenzie 2011, Halse & Malfroy 2010, Cumming 2010, Mainhard et al. 2009, Crossouard 2008, Sambrook et al. 2008, Waghid 2006, Green 2005, Denicolo 2004, Emilsson & Johnsson 2007, Manathunga 2005a, Mananthunga 2005b, Pole et al. 1997). There is a particular emphasis on relationships between supervisors and their students (Mainhard et al. 2009, Lee 2008, Sambrook et al. 2008, Waghid 2006, Denicolo 2004, Johnson, Lee & Green 2000, Pole et al. 1997), and timely completion of PhD studies (QAA 2007, HEFCE 2005, Mananthunga 2005b). Even in literature concerning PhD completions, relationships between supervisor/s and supervisee are seen as integral to success (Wisker et al. 2003, Deuchar 2008, Lee 2008, Mananthunga 2005b).

Changes to doctoral studies have led to increasing attention being paid to supervision and resulted in differing models of supervision emerging (e.g. Cumming 2010, Halse & Malfroy 2010, Mainhard et al. 2009, Parker 2009, Crossouard 2008, Grevholm et al. 2005, Malfroy 2005). However, within these evolving supervisory models, with the exception of Cumming (2010), little regard is paid to the worlds of doctoral candidates, beyond universities' boundaries, in completion successes. In particular, there is a dearth of literature dedicated to positive influences gained by doctoral students from peer groups external to academic institutions in which doctoral studies are undertaken. There has also been limited primary research and evaluations regarding research degree supervision generally (Grevholm et al. 2005).

Coupled with a growing interest in differing doctoral supervision models, has been increasing scrutiny of the ethics of all research proposals in the National Health Service and social care in the United Kingdom (UK) to ensure research is efficient, effective, timely and that it will command public confidence (DH 2011). Undertaking ethical research is of paramount concern when studies involve or are about vulnerable groups of people within society, not least when they involve or are about children or young people (e.g. Twycross 2009, Gibson & Coad 2008, Twycross Gibson & Coad 2008, Gibson & Twycross 2007, Greig et al. 2007, Alderson 2004). With increasing numbers of UK based nurses studying for doctoral degrees, and limited numbers of doctorally educated children's nurses to supervise doctoral research undertaken by those researching with children, a series of three workshops were provided at the Royal College of Nursing (RCN), London. These workshops set out to facilitate children's nurses undertaking doctoral degrees and researching with or about babies, children or young people, whose supervisory needs were not being fully met elsewhere. One of the workshops concerned ethical challenges for doctoral students researching with children and young people in healthcare settings.

Drawing on English language literature identified through the Australian Education Index (AEI), British Education Index (BEI), the British Humanities Index (BHI), the British Nursing Index (BNI), EBSCOHOST EJS and Google™ Scholar, dating from 1979

onwards, this paper adds to a growing body of literature outlining supervisory models for doctoral studies. It identifies, through an outcome evaluation of a workshop for doctoral students concerning ethical challenges of researching with children and young people in health care settings, a peer-driven community-based supervisory model of doctoral supervision, extrinsic to academic environments in which students study. This model, it is contended, has the potential to benefit doctoral students generally but from nursing backgrounds in particular, studying in 'specialist' areas where limited expertise exists internally within HE institutions (HEIs) at which doctoral students are registered, for doctoral supervision in students' 'specialist' researched areas.

Supervision models for doctoral degrees

There is a growing body of international literature concerned with research degree supervision, reflecting the growth in numbers of doctoral students (Grevholm et al. 2005, Malfroy 2005), the diversity of doctoral programmes offered (Denicolo & Park 2010, Crossouard 2008, Malfroy 2005) and policy and economic drives to enhance numbers of students completing studies on schedule (QAA 2007, UKGrad Programme 2007, Boud & Lee 2005, HEFCE 2005). Because supervision of novice researchers has been viewed as vital to the successful outcome of research (Marland & Lyttle 2003, Jones 1999), much of these literature focus on relationships between supervisor and supervisee, and the influences of supervisors on supervisees are viewed as pivotal to successful completion of doctoral studies (for example Mainhard et al 2009, Deuchar 2008, Lee 2008, Sambrook, Stewart & Roberts 2008, Holligan 2005, Rugg & Petre 2004, Holloway and Wheeler 2002, Johnson, Lee & Green 2000, Jack 1999, Jones 1999). Supervisors of doctoral students require a complex array of skills and expertise (Wisker 2005, Marland & Lyttle 2003) in an emerging array of differing supervisory styles (Deuchar 2008); within an increasing nexus of academic roles (Wisker 2005, Denicolo 2004); supervision is evolving to include a number of differing facets (Halse & Malfroy 2010). Thus, a number of differing and emerging supervisory models for doctoral research have been described (e.g. Cumming 2010, Halse & Malfroy 2010, Mainhard et al. 2009, Parker 2009, Crossouard 2008, Deuchar 2008, Lee 2008, Grevholm et al. 2005, Holligan 2005, Malfroy 2005, Manathunga 2005a, Denicolo 2004, UKCGE 2003, Johnson, Lee & Green 2000). These have been reviewed in this paper to identify three key conceptual supervisory models: (1) The 'functional pre-modern' model, (2) the 'team' model and (3) the 'community group' model. These are outlined below.

The 'functional pre-modern' model

Historically, supervisors have adopted a traditional style of doctoral supervision reflecting that of their own supervisory experiences (Grevholm et al. 2005, Lee 2008) and this remains a recommended approach in some supervision manuals (Wisker 2005, Rugg & Petre 2004). Here, supervision is generally dyadic where the supervisor/supervisee relationship is central (Parker 2009, Sambrook, Stewart & Roberts 2008, Grevholm et al. 2005). Occasional co-supervision occurs (Grevholm et al. 2005) within this traditional model although within the natural science and engineering disciplines, co-supervision has pervaded PhD supervision for some time (Pole et al. 1997). In this supervisory model, supervision has exempted itself from educational control, seen through examinations first implemented through 19th century schooling and later within tertiary education, remaining 'pre-modern' and 'functional' (Kendall 2002), with relationships between supervisor and supervisee being viewed as 'private' (Lee 2008, Manathunga 2005a). Here, the PhD student is seen as an 'apprentice' to their supervisor (Kendall 2002) where power imbalances and patriarchal relationships have existed (Parker 2009, Boud & Lee 2005, Gordon &

Wimpenny 1997) and where supervisors possess expertise to be imparted to students (Parker 2009), furthering patriarchy. At its most simple, this relationship concerns posing and solving problems (Grevholm et al. 2005), with, additionally, supervisors providing technical and emotional support to students (Sambrook, Stewart & Roberts 2008). Drawing on work by Kendall (2002), we have termed this dyadic, traditional approach to supervision the 'functional pre-modern' model and it is this approach to supervision which pervades the doctoral education literature.

The 'team' model

Literature has described traits of the good supervisor/supervisee relationship (e.g. Mainhard et al. 2009, Bradbury-Jones 2007, Wisker 2005, Denicolo 2004, Rugg & Petre 2004, Marland & Lyttle 2003), challenging more traditional notions of doctoral supervision. A more diverse and 'dynamic' array of supervisory models are described which build on and move away from the 'functional pre-modern' model (Grevholm et al. 2005). The process of doctoral student learning is currently perceived to be more complex than is viewed within the traditional, 'functional pre-modern' model and contemporary doctoral studies have become an *education* (Denicolo & Park 2010, Parker 2009, Emilsson and Johnsson 2007, Boud & Le 2005), rather than an *apprenticeship*, which is flexible and open (Parker 2009). In new universities where the numbers of doctoral students may be fewer than in older universities, supervisors of doctoral students are less available or experienced in doctoral supervision and the array of doctoral programmes more diverse, supervisors inevitably lack expertise in all components of a research students' work. To counteract these shortfalls in such settings the 'team' model has evolved to benefit research degree student *education* and has been embraced in a number of HE organisations (e.g. see Bournemouth University 2010).

A working group within the UK, comprising the HEFCE and the Department of Health (DH), established in 2000, identified joint supervision of experienced supervisors with less experienced supervisors as a model of supervision for research degree students for coping with the demands placed on organisations of increasing numbers of postgraduate research degree students (UK Council for Graduate Education (UKCGE) 2003). Such a model for joint supervision, it was argued, may include cross discipline, school or department supervision. Thus, following this model and one organisational approach to 'team' supervision, a 'team' supervisory model may comprise as few as two supervisors (Bournemouth University 2010) although larger 'teams' of supervisors, particularly within the natural sciences, have also been identified (Pole et al. 1997).

Supervisory teams are seen to possess expertise (Parker 2009) which differs from and is more multi-dimensional than that of the lone supervisor working within the 'functional pre-modern' approach to supervision. However, where suitable internal supervisors have been absent and where permitted by individual organisations, this model of joint or 'team' supervision has been extended beyond individual universities' boundaries to adopt a national, external model of joint supervision (UKCGE 2003). The supervision team has become particularly favoured in recent times for students of professional doctorates and we have termed this approach to supervision, the 'team' model.

The 'community group' model

Building on and extending beyond the 'team' model, there is growing recognition that the complexity of doctoral education takes place within a variety of 'communities' or 'groups'. Malfroy (2005) describes this approach as 'collaborative and collective' whilst Cummings (2010) views such an approach as 'an integrative model of doctoral enterprise' which is holistic, acknowledging a diversity of stakeholders within and beyond the organisation in which doctoral studies are registered. In long established research organisations, this collaborative collectiveness has existed alongside 'functional pre-modern' approaches to supervision, as students have joined organisational research communities (Wisker 2005) or comprised a departmental or organisational group of research students (Pole et al. 1997).

Amidst supervisory 'communities' and 'groups', there is expanding interest in institutional support for research degrees and, in particular, on training for supervisors and the provision of a rich environment for students (Emilsson & Johnsson 2007, Boud & Lee 2005), what Boud and Lee (2005) term 'the research learning environment'. This environment encapsulates, amongst other elements: engagement with other students, flexibility and choice in learning conditions and a 'community of peers/experts/others' (Boud & Lee 2005). The notion of a community or group approach to doctoral learning has further been recognised by Grevholm et al. (2005) who describe and evaluate a dynamic model of 'community' supervision of doctoral students of mathematics in Sweden. Here, 'natural' research groups, comprising individual students at varying stages of their doctoral studies, those completing masters' degrees, those who have just completed their PhD theses, in addition to a variety of supervisors and guest researchers, have evolved.

The notion of a 'community' or 'group' approach to doctoral learning has further been enhanced (Cumming 2010, Parker 2009) through recognition that doctoral students' learning may extend well beyond the boundaries of the university sector, providing opportunities for what has been termed 'collective or community learning groups' (Parker 2009:44). There is some evidence to suggest that 'collective or community learning groups' are evolving through the establishment of collective, scholarly writing groups (Parker 2009) and through online formative assessment within a professional doctorate programme (Crossouard 2008). Thus, despite recognising that supervisory 'teams' may extend beyond university boundaries (UKCGE 2003) and that '*systematic attention to the space of research learning, as pedagogical space is.... urgently required*' (Boud & Lee 2005:504), the notion of a 'community group' model has not hitherto widely extended beyond local, organisational research communities.

Exploring the concept of a 'community group' model beyond local, organisational research communities is particularly poignant for doctoral students undertaking research in areas where limited supervisory expertise exists within HEIs where doctoral studies are undertaken. This situation arises none more so than for experienced children's nurses who are doctoral candidates researching with babies, children and/or young people where ethical approval is required to undertake ethical research in health care settings and where limited experience of gaining ethical approval to undertake such research has been gained by experienced research supervisors, who are nevertheless inexperienced in researching with this 'vulnerable' societal group.

Ethical research with children and young people: the debates

In relative terms, the study of ethics in relation to research with children and young people is recent (Greig, Taylor and MacKay 2007, Alderson 2004). This has arisen from children's and young people's changing societal position (Greig, Taylor & MacKay 2007), where their views and opinions have only recently become valued and their rights have been respected only in recent decades. These rights have been formally recognised globally through the United Nations Convention on the Rights of the Child (United Nations 1989) and nationally, within the UK, though the Children Act 1989 (England) and the Children Act 1995 (Scotland). As Hutchby and Moran (1998:1) have contended:

Increasingly, children are being seen as competent social agents in their own right, rather than as apprentice versions of adults

From this developing societal viewpoint, a wealth of literature now seeks to explore the views and opinions of children and young people across a broad range of topics (for example see Angell, Alexander & Hunt 2011; Coad & Houston 2007; Swallow, Coad & Macfayden 2007; Aldgate & Bradley 2004; Hunt 2004; Sutton, Smith & Swettenham 2004). Thus, in the words of Moules (2009:4):

 'Researchers are increasingly recognising the importance of understanding children's perspectives on their lives in communities and family situations'.

Whilst children and young people may increasingly be viewed as competent beings (Greig, Taylor & MacKay 2007, Hutchby & Moran 1998) and their views and opinions increasingly valued, they are not *legally* competent in the UK to provide consent to participate in research (Greig, Taylor & MacKay 2007). Despite this, the MRC (2004)
contend that; '*where children and young people have sufficient understanding and intelligence to understand what is proposed, it is their consent and not that of their parent/guardian that is required by law*' (MRC 2004:22-23). It is thus increasingly recognised that children and young people under the legal age of consent and without sufficiently developed levels of understanding and intelligence should be provided with an opportunity to *assent* to participate in research (e.g. Angell, Alexander & Hunt 2011, Gibson & Twycross 2007). This means that such children and young people should be offered an opportunity to know they have a choice to participate in research (Greig, Taylor & MacKay 2007). Gaining assent, from children and young people, and, where relevant, their consent, to participate in research, alongside consent from parents or other legal guardians, contributes towards particular ethical considerations of research involving children and young people and is an underpinning example of what has been described as: '*the study of ethics in relation to research with children*' (Greig, Taylor & MacKay 2007:169). The issue of gaining consent and/or assent for children and young people to participate in research as an ethical consideration is discussed further below.

Alderson (2004) states that ethics are important in helping researchers consider hidden difficulties in undertaking research with children; research ethics ensure integrity and quality (Gibson & Twycross 2007). However, undertaking research with or about children and young people is not without difficulties, not least a concern to undertake ethical, principled research (Greig, Taylor & Mackay 2007, Alderson 2004) and what this means for researchers. Recognising the importance of ethics in research involving children and

young people has resulted, in recent years, in a number of organisations concerned with children's and young people's well-being providing guidance for ethical research. Guidance for ethical research with children and young people has been provided in the UK by a number of professional and charitable organisations including: the Royal College of Paediatrics and Child Health (RCPCH) (2000), the Medical Research Council (MRC, 2004), the National Children's Bureau (NCB, 2003) and Barnardo's (2005). Ethical guidance for research concerning children and young people provided by these and other organisations has been reviewed by Twycross (2009) and a number of key themes identified. These themes include: informed consent, payments to participants, limiting guarantees of confidentiality and protecting participants.

Twycross (2009) argued, however, that whilst commonly agreed themes within the ethics guidance of the organisations reviewed exist, there are a number of themes where consensus has not been reached. For example, inconsistent expert views are apparent regarding informed consent; whether parents or children should give informed consent (or assent) appears complicated by a number of issues which are primarily linked with national and international policies and law. A second area of ethical debate in research involving children and young people, resulting in inconsistent ethical guidance and arising from Twycross' (2009) review, concerns payment to participants. Whilst there is consensus within the ethical guidance offered by varying expert organisations, relating to travel reimbursement costs, consensus about whether time and effort by participants should be rewarded is absent (Twycross 2009). Further some organisations state that financial inducements should be discouraged, others suggest they should be considered. Issues of confidentiality assurance and protecting participants, as a child protection concern, are also central to disparities between organisations offering ethical guidance (Twycross 2009). Here, disparity in ethical guidance arises through a number of organisations recommending that confidentiality of children be always maintained whilst others suggest that if a child divulges that they, or others, are actually or potentially at serious harm, researchers must divulge this information to appropriate authorities. The lack of consensus concerning consent and assent, payment to participants and child protection issues, Twycross (2009) argued, requires further debate.

Children who are sick and/or who require hospitalisation are frequently viewed as especially vulnerable, requiring particular due ethical consideration in research. The RCPCH (2000) acknowledges that research involving or about children and young people, regarding their health, health care needs and/or treatment, is important because children are not small adults and because, in illness, disease trajectories in children are different to those of adults. These acknowledgements and drives to improve health and social care research governance within England (DH 2005) require health-related research to be reviewed and monitored by a health service research ethics committee in advance of data gathering exercises (Twycross 2009, DH Research & Development Directorate 2011). However, Twycross (2009) argued that a requirement for health-related research with or about children and young people, to be reviewed and monitored by research ethics committees, can result in further ethical disparities.

Such disparities arise because research undertaken with or about children and young people in non-health or non-social care related environments is not governed by the same ethical processes

within the UK as those which govern research undertaken in health and social care settings. With these disparities in evidence, both experienced and novice researchers confront uncertainties about ethics processes when health-related research concerning children and young people crosses health care boundaries, particularly into education. Thus, Twycross (2009) argued, given the potential vulnerability of all children and young people, for all research involving children and young people to be subject to similar ethical review processes as those encountered by health researchers. Following this recommendation, a health-related study seeking young children's views of infant feeding practices, undertaken in a primary school setting, has recently reported gaining ethical approval from a National Health Service Research Ethics Committee (Angell, Alexander & Hunt 2011).

The relative youth of: *'the study of ethics in relation to research with children'* (Greig, Taylor & MacKay 2007:169), a lack of consensus within ethical research guidance offered by key organisations concerned with the welfare of children and young people (Twycross 2009) and methods of data collection which are specific to research with young children (for example see Angell, Alexander & Hunt 2011; Fraser 2004), make gaining ethical approval to undertake research with children and young people in health care settings a challenge for experienced researchers. Thus, for novice researchers embarking on a doctoral journey of research involving or about children or young people, this challenge may be compounded.

A workshop for doctoral students regarding ethical research with children and young people
To facilitate the journeys of doctoral students who are experienced children's nurses and undertaking or considering undertaking health-related doctoral research with children and young people, a series of three workshops was identified by a group of post-doctoral children's nurses with varying doctoral supervision experiences, who meet through the RCN in the UK. The workshops arose through concerns to mentor those researching or working towards a doctoral programme of study where children and young people are at the core and a number of key themes for inclusion within the workshop series were identified. The themes included: 'getting started', 'research methods applied to researching with children' and 'ethical issues of researching with children'.

To build on supervisory models of research degree supervision outlined earlier in this paper, and to develop a peer-driven community-based supervisory model of doctoral supervision, this paper reports on an outcome evaluation of the final workshop: 'Ethical issues of researching with children'. This workshop was held in central London (the RCN headquarters) in November 2008, following dissemination of information about the workshop through a variety of nursing communication channels, both electronically and via journals and professional pamphlets. The aim of the workshop was to facilitate discussion amongst those preparing to gain or who had recently gained ethical consent, for health-related PhD studies involving children and young people. The format of the day was structured around five plenary seminar presentations lasting 20 minutes, each followed by a 40 minute round table discussion. Topics for inclusion within the plenary seminar presentations arose through the review of ethical guidance, undertaken by Twycross (2009), and through wider discussion with the workshop organising committee (this paper's authors); speakers were drawn from personal contacts.

The plenary seminar presentations subsequently concerned: underlying ethical principles of research with children and young people, 'inducements' provision to child and young person participants of research, challenges of gaining ethical approval from research ethics committees when 'novel' research approaches are adopted and challenges of accessing children and young people and maintaining anonymity of participants in research undertaken outside NHS settings. Three of the plenary seminar speakers were full time doctoral students in their final year of studies, two of whom had recent and challenging experiences of gaining ethical approval to undertake their research; one had recently completed a Master's dissertation and was currently considering embarking on a doctoral track and the fifth speaker (Twycross) was an experienced post doctoral researcher, well published in the field of ethical research with children and young people (Twycross 2009; Twycross, Gibson & Coad 2008; Gibson & Twycross 2007).

The evaluation

Fourteen participants (including two organisers, five speakers and seven delegates) attended the workshop. Most participants were children's nurses, although delegates included a psychologist and a midwife. Participants possessed a range of doctoral experiences, including those considering embarking upon doctoral studies, newly registered doctoral students, full-time research students in their final year of studies and post doctoral participants with between two to eleven years post doctoral experience. Participants came from the north east of England, the Midlands, the South West and South East of England.

Adopting the philosophical underpinnings of outcome-oriented evaluations (Clarke 2006, Datta 2006), delegates completed a four item, anonymous questionnaire appraising the day, comprising: (1) listing three best things about the day and (2) three things that could be improved upon for future workshops, (3) additional comments about the workshop and (4) ideas for future workshops. Eleven evaluation forms were completed and returned. Since the numbers of completed evaluation forms received exceed the numbers of attending delegates, it is evident that a number of speakers also completed evaluation forms. Where additional comments were provided, these reflected either best things about the day, or things which could have been improved upon, otherwise commented upon by others in the first two items of the evaluation. Therefore, for purposes of analysis, additional comments from items three and four of the questionnaire have been combined with those reflecting the best things about the day and things which could be improved upon (items one and two). In addition, the organisers collaborated at the end of the day for the purposes of the chair's summation. From these discussions, notes were compiled and these too were incorporated into the outcome-oriented evaluation.

Condensing the four item questionnaire into two, a coding framework for analysing free response text within questionnaires, as described by Oppenheim (1992), was adapted for use. Using this approach, analysis of the evaluation forms revealed five key categories related to 'best things about the day'. These concerned: the round table discussions, the plenary seminars, the workshop organisation, the value of experiental learning and future workshop opportunities. These categories are outlined below. The workshop generally evaluated very positively. Only two participants provided suggestions for improvement and none of the notes taken by the organisers suggested areas requiring improvement. One participant suggested they would have preferred that the workshop drew people

from the north of England. Given that three of the 14 participants (21%) came from the north west of England, the value of this participant's comment is questionable. A second comment proffering suggestions for improvement concerned the provision of further information and a list of useful website addresses. However, the specifics of what information would have been desired were not detailed, making this recommendation difficult to act upon.

Round table discussions

Both the content and structure of the round table discussions, which followed the plenary seminar presentations, were the most frequently occurring categories in both the organisers' notes and the participants' responses, as the best thing about the workshop. Participants particularly valued 'story-telling', where individual participants' recounted their own experiences of the phenomena under discussion. The opportunities which arose within the round table discussions, to share and learn from others' experiences were also highly valued by participants as the best thing about the workshop. These round table discussions were also valued for their abilities to develop cross-fertilisation of ideas, for their 'cathartic' nature and for further networking to develop. The length of time afforded to each round table discussion, for the most part, was also highly valued.

The plenary seminars

The second most commonly occurring category arising from the evaluation of the workshop concerned the plenary seminars themselves. Participants valued these for the interest of their topics, the application of the topics to participant needs, their variety and the high levels of skills and knowledge demonstrated by the speakers. A presentation regarding difficulties encountered by one PhD student in gaining access when adopting 'novel' methodological approaches to her research (Angell, Alexander & Hunt 2011), from an ethics committee, was particularly valued as a 'story-telling approach' to learning.

Workshop organisation

A third category arising from the evaluation of the workshop concerned its organisation. Although it had been the aspiration of the organisers to provide a workshop for greater numbers of delegates, the size, composition and friendliness of the group of participants was valued by several evaluators of the day and by the workshop organisers. The interdisciplinary group composition and group size enabled everyone present to participate in the round table discussions and was viewed as an excellent way of learning. Indeed, the sizing of the group was viewed as paramount to the successes of the day. Several evaluators also valued the overall organisation of the day and the ability to keep the day and the planning to time.

Experiential learning

Overall, the format of the day in which plenary seminar presentations were followed by round table discussions was viewed as an excellent, practical method of learning and of sharing experiences. A number of participants recognised the solitary nature of doctoral research and the particular challenges in gaining ethical approval to undertake research with children and young people; they greatly valued the experiential learning experience with like minded individuals. For those participants who had yet to embark upon a doctoral journey, this workshop was viewed as inspirational in the future planning of their studies.

Future workshop opportunities
Few suggestions were proffered for future workshop opportunities. However, given the successes of the workshop reported here, a number of delegates suggested that future opportunities for 'story-telling' and/or scenario-based learning opportunities with like-minded individuals would be welcomed. Other suggestions included workshops concerning research methodologies suited to researching with children (an earlier workshop planned by the workshop series' organisers concerning this topic had been cancelled) and analysis of data from novel and unusual data collection methods, not widely reported in the literature.

Discussion
'Story-telling', 'tale-telling', 'reflections' and 'narratives', are familiar terms which are frequently intertwined in qualitative nursing research (Holloway & Freshwater 2007, Holloway & Wheeler 2002). Such terms are viewed within 'narrative research' as a process over which participants have much control but about which consensus regarding its nature and definition are lacking (Holloway & Freshwater 2007). Despite lacking consensus in definition, storytelling approaches to qualitative research are viewed as valuable, rich and meaningful data. Reflective narratives and sharing of experiences are also key to and well understood by nurses as a means of experiental learning in practice (Sharples 2009) and peer learning within HE has been key to student learning for over twenty years (Boud & Lee 2005). Narratives and 'story-telling' have also been established within personal and professional development programmes for research supervisors (Wisker 2005). An outcome-oriented evaluation of the workshop reported in this paper has identified that story-telling and experiential leaning with 'like-minded', empathetic peers are key to the values placed by doctoral and potential doctoral students undertaking research with children and young people to supporting their doctoral '*education*' (Parker 2009, Emilsson and Johnsson 2007, Boud & Lee 2005), where questions of ethics arise and where the doctoral research journey is viewed as solitary. Thus 'story telling', experiental learning with like-minded peers, in a 'research community', extrinsic to the HEI at which these doctoral students were studying, it is contended, facilitated the development of a peer-driven community-based supervisory model for doctoral supervision.

The 'like-mindedness' referred to within the evaluation of the 'ethical issues of researching with children' workshop, and key to this peer-driven community-based supervisory model, arises through an empathetic affiliation with working and researching with children and young people and through the challenging topics identified and discussed. Interpreting what ethical research with children and young people entails is complex since professional and charitable organisations concerned with the well-being of children and young people have hitherto been unable to reach a consensus about a number of ethical principles of researching with or about children and young people (Twycross 2009). Such disparities in views among expert organisations anecdotally render difficulties for health care researchers, and children's nurse researchers in particular, experienced in seeking ethical approval to undertake research with children and young people in health care settings. These difficulties may be compounded for the novice doctoral student, particularly when undertaking doctoral studies within organisations where few supervisors of nursing doctorates have gained experience of researching with children and young people or when 'new' methodological data collection approaches are developed (Angell, Alexander & Hunt 2011).

A dearth of adequately skilled research supervisors to supervise burgeoning numbers of doctoral students is well documented (for example see Grevholm et al. 2005). In relation to supervising children's nurses undertaking doctoral research, this point has been illustrated through a dearth of professorial posts, relating to children and young people's health. Although a small number of new professorial children's nursing posts were created in 2010, a database of professorial posts within the UK, compiled on behalf of, and held by, the RCN, identified only four of 202 established professorial nursing positions, relating to children's nursing existed before this time (O'Carroll 2009). Despite the recent appointment of children's nursing professoriates, a dearth remains. Thus, 'like-mindedness' and empathy with particular difficulties encountered by doctoral students, such as gaining ethical approval to collect data with or from children and young people, we contend, is difficult to achieve within HE institutions where supervisors lack expertise of the researched area. Such challenges may potentially arise in any small specialist areas.

'Peer learning' in relation to research education has been viewed as: *'networks of learning relationships among students and significant others'* (Boud & Lee 2005:503). Findings from the evaluation of our workshop for doctoral students undertaking research with children, suggest that such networks of learning can extend the boundaries of a supervisory environment to offer peer learning on a national scale.

This paper has contended that through reviewing literature concerned with doctoral studies, three key conceptual supervisory models have arisen: the 'functional pre-modern' model, the 'team' model and the 'community group' model. However, whilst peers have recently been seen as integral to doctoral student learning (Boud & Lee 2005) and the importance of supervision and doctoral leaning beyond universities' confines is acknowledged (UKCGE 2003). This paper argues that through enabling 'likeminded' doctoral and potential doctoral students to participate in workshops that are delivered external to the students' home HEIs and to participate in story-telling activities over which participants have much control, enables the development of a peer-led community-based supervisory model.

Conclusion
Relationships developed between supervisor/s and supervisees cannot be underestimated. However, this paper argues that whilst previous authors have gone some way to outline the significance of peers as part of a learning community, additional sources of supervisory support from peers, external to HE establishments in which doctoral students study can act as a valuable source of peer-led community-based supervision.

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