

Current issues in implementing collaborative clinical placements: A survey of clinical educators within the Placement Management Partnership network

Introduction:

The provision of sufficient clinical placements has long been a problem. Within Greater London this problem had reached "critical level" (Commissioners for Health Education London, 2014). In response, the CSP has urged members to consider creative approaches to placement provision (2014). However, data from the Placement Management Partnership (2013) suggest a strong adherence to the traditional 1:1 apprentice model.

Aim:

To gain a greater understanding about the current issues affecting the implementation of collaborative clinical placements models (i.e. 2:1; 3:1; 4:1 etc.)

Methodology:

Design: observational cross-sectional

Paradigm: qualitative

Method: structured self-completion web-based survey

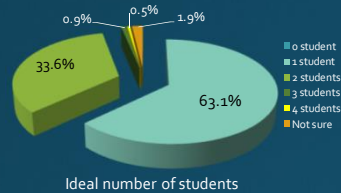
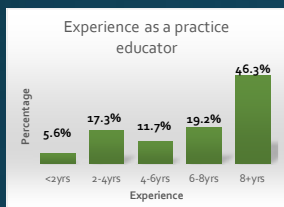
Population: physiotherapy educators within the PMP network

Sampling: purposive & snowballing

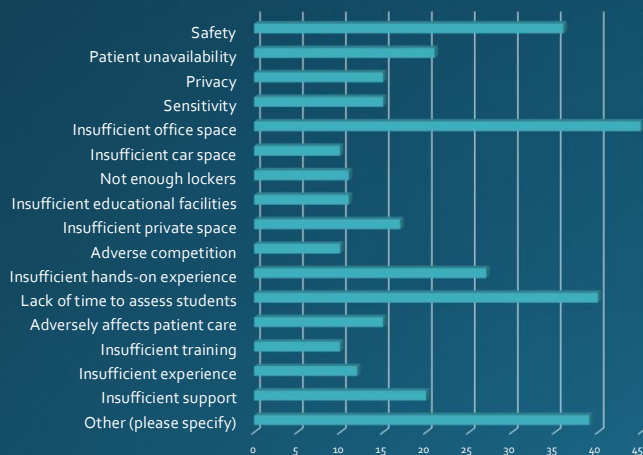
Data analysis: descriptive & thematic analysis

Results:

A total of 214 (13.4%) completed surveys were returned over a 4-week period. The majority (91.6%) of participants work with adult patients in an inpatient setting. Most participants have over 6 years experience as clinical educators. Almost two-thirds of participants expressed a preference for the 1:1 model.

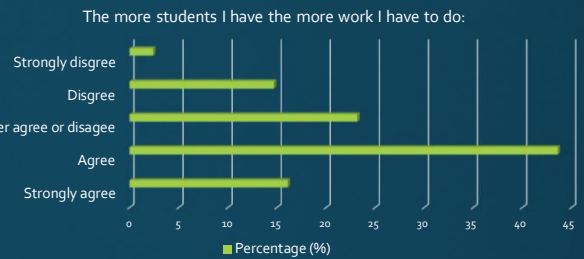


Reasons for not providing collaborative placements



Results continued:

The majority of participants (59.4%) felt that clinical placements do not need to be 1:1 in order to optimise learning and 83.0% believe that the role of peer-support can enhance learning. Furthermore, 72.9% felt that collaborative placements can promote teamwork opportunities and only 34.3% believe that students prefer the 1:1 model. However, 59.7% felt that more students means more work.



What help and support do you need in order to provide collaborative placements in future?

Main Themes	Secondary Themes	Examples of participant's responses
No help needed (45)	None or no comment (25)	"none"
	Happy with current support (20)	"Nil - I have exceptional links with our university faculty and couldn't ask for anything more!"
More training (48)	Training on collaborative placements (27)	"No training at all on collaborative placements on last study day so more training would be good."
	More training general (21)	"Additional training"
Prepare students better for placement (29)	Better knowledge & skills (15)	"Better preparation of students for placements e.g. letting them have basic knowledge of the placement speciality. There is also a need for students, especially those in their first year of study to have had teaching around the theories of pathology of common conditions relevant to their placement."
	More informed about placement (17)	"More information to the students prior to them commencing placement. They seem to be underprepared for placement..."
More support during placement (56)	More frequent visits & better availability (45)	"Perhaps more frequent university educator visits"
	More support with difficult students (12)	"I have had problems with failing students. I do not always feel that university educators respond adequately..."
	Other (15)	"...I would appreciate them actually seeing their student treating patient..."
Improve administration (23)	Appropriate pairing of students (13)	"It would help if they think about which students they send on collaborative placements - e.g. similar learning needs/learning styles etc..."
	Improve assessment (6)	"Reduce the amount of paperwork involved in assessment of the students"
	Other (6)	"pre-placement visit by students to give an induction/orientation."
Other (49)	Speciality not suitable (22)	"Collaborative placements not appropriate in paediatric placements"
	Resource limitations (29)	"It is clinic space that stops us taking students in MSK at present..."
	Other (16)	"I personally would not like to take more than one student at a time"

Conclusion:

Preference for the 1:1 model remains dominant and despite acknowledgement of the many advantages of collaborative models many clinicians in this study associate multiple students with greater workload. The reasons for not providing collaborative placements are numerous but physical limitation (i.e. space and resources) is a recurring theme in this and in similar studies. Clinicians indicated that additional training, particularly on collaborative placements, and more support during placements could potentially lead to greater adoption of collaborative models in future. Due to the small sample size and the narrow geographical location of this population it is not advisable to generalise the results from this study.

Themes (other)	Examples of participants' responses (other)
Not in my control (9)	"Primarily not my decision - made by the placement co-ordinator at my trust"
Not appropriate for my speciality (9)	"Difficult to have more than one student in a patient's home setting"
Staff shortage (6)	"Not enough staff"
Space limitation (6)	"Not enough clinical or office work space to accommodate more than one student"
Not required (6)	"Didn't need to"
Other reason (6)	"We find that patients decline seeing students"