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 314 (13.4%) completed surveys were returned over a 4-week period. The majority (93.6%) 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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>19.1%</td>
</tr>
<tr>
<td>Patient unavailability</td>
<td>18.1%</td>
</tr>
<tr>
<td>Privacy</td>
<td>17.5%</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>13.6%</td>
</tr>
<tr>
<td>Insufficient office space</td>
<td>12.6%</td>
</tr>
<tr>
<td>Insufficient car space</td>
<td>12.3%</td>
</tr>
<tr>
<td>Not enough lockers</td>
<td>10.6%</td>
</tr>
<tr>
<td>Insufficient educational facilities</td>
<td>9.5%</td>
</tr>
<tr>
<td>Insufficient private space</td>
<td>7.6%</td>
</tr>
<tr>
<td>Adverse competition</td>
<td>6.4%</td>
</tr>
<tr>
<td>Insufficient hands on experience</td>
<td>6.2%</td>
</tr>
<tr>
<td>Lack of time to assess students</td>
<td>4.4%</td>
</tr>
<tr>
<td>Adversely affects patient care</td>
<td>4.0%</td>
</tr>
<tr>
<td>Insufficient training</td>
<td>3.8%</td>
</tr>
<tr>
<td>Insufficient experience</td>
<td>2.8%</td>
</tr>
<tr>
<td>Insufficient support</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Themes (other) | Examples of participants’ responses (other)

- "Not in my control (8)"
- "Not appropriate for my speciality (9)"
- "Staff shortage (6)"
- "Space limitation (6)"
- "Not required (6)"
- "Other reason (6)"

- "Primarily not my decision — made by the placement co-ordinator at my trust"
- "Difficult to have more than one student in a patient’s home setting"
- "Not enough staff"
- "Not enough clinical or office work space to accommodate more than one student"
- "Didn’t need to"
- "We found that patients decline seeing students"

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.