

Enhancing capacity and productivity in and through practice based learning: a consensus development approach



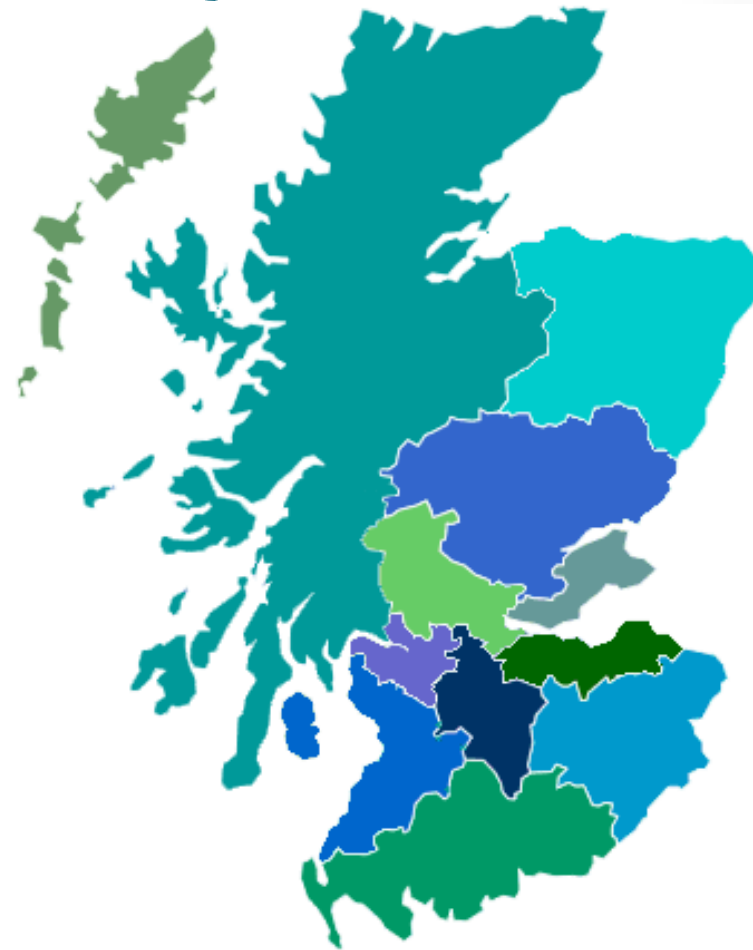
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Influences on physiotherapy placement availability

- Increased demand for AHPs
- Greater competition between HEIs to find placements
- Need for placements across a range of sectors

Meanwhile:

- PEs feeling pressures of service delivery
- More specific KPIs/targets related to waiting times
- Perception that supervising students negatively impacts productivity



Demands for placements

A Route Map to the
2020 Vision for
Health and Social Care



- Increased demand for AHPs
- HEIs under pressure to recruit
- Need to create more placement opportunities across a range of sectors

Meanwhile:

- PEs feeling pressures of service delivery
- More specific KPIs/targets related to waiting times
- Perception that supervising students negatively impacts productivity



Course/PBL organisation

- Requirement for 1000 practice based hours
- Pre-reg programmes undertake 28 weeks of placement
- 7 Placements of 4 weeks (first BSc placement 3 weeks)
- Course structure showing integrated placements
- Majority of placements 1:1 supervision models
- Profiling of students (still uses specific clinical areas)
- Spread out over a longer period (more in summer) but peak times therein

	Trimester A (September - December)	Trimester B (January - April)	Trimester C (May-July)
MSc Y1			1
MSc Y2		2 3	4 5 6
MSc Y2	7		
BSc L2			1
BSc L3	2	3	4
BSc L4	5	6	7

Pre-reg physio programme requirements



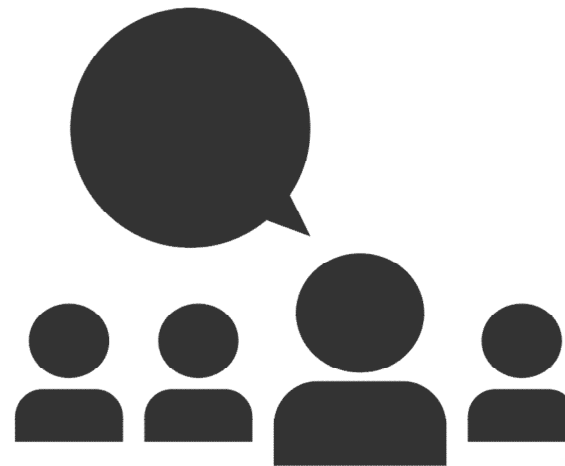
Core Placement “profiles”

- **MSK** – 1 Placement
- **Respiratory** – 1 Placement
- **Neurological** – 1 Placement
- **Rehabilitation** – 2 Placements
- **Elective Placement** – student organised
- **7th Placement** - Usually a 2nd MSK or 3rd Rehabilitation



Placement provider consultation

- Regular programme team meetings
- Regular professional and team leads meetings
- PBL team and PEs meetings
- Regular informal meetings with PEs as part of student and placement supervision
- Annual pre-registration programmes review
- HCPC/CSP revalidation 2018



Main points for consideration

- Fewer “offers” of placements overall
- Same sites/PEs offering placements
- Less availability at peak times in programme
- Difficulties gaining particular clinical areas (eg. acute respiratory, neuro) for student profiles
- Current supervision model dated and relies on a considerable number of PEs being available

Consensus-development workshop

- 36 PEs invited in to review placement delivery
- Need to increase capacity and productivity central to development
- 6 bistro-style tables allowed personal thoughts and opinions to be shared and refined
- Summarised responses fed-back to larger group for greater discussion and consensus
- Action plan agreed for further work



Themes for discussion

PEs were asked to discuss and provide feedback on:

- advantages/disadvantages of **changing the placements structure** to consider fewer placements of longer duration?
- advantages/disadvantages of **re-considering the placements “profile” titles** of each placement experience?
- undertaking a **2:1 model** of supervision?
- **support** needed from the university if implementing a peer/collaborative model of placement supervision?

Findings: placement structure

Advantages:

- “Greater continuity of practice”
- “More continuity for patients”
- “ More time to develop competencies”
- “Can develop depth of understanding in the student’s learning”
- “Allow a fairer assessment”

Disadvantages

- “Organisation may restrict some sites (esp. when annual leave needs to be considered)”
- “Long 6 weeks if student struggling”
- “Need to keep student motivated”
- “May stress staff”

Findings: placement profiling

Advantages:

- “Does the title really matter? They will get such a variety across all placements now”
- “Work in acute hospitals is more about process (turnover of patients) rather than the pathology – this could be classed more as assessment, discharge planning & referral-on”
- “Presently working in a multi-pathology setting”
- “Students need to focus more on transferable skills”

Disadvantages

- “It may muddle the objective of the placement”
- “Potential that the student misses a core speciality”
- “Still need to fulfil core skills”

Findings: 2:1 supervision model

Only 6 PEs came forward to offer 2:1 supervision

Perceived barriers:

- “Difficult in my area of practice”
- “Limited with space in the unit”
- “I can’t see it working in a community setting”
- “Not enough appropriate patients for one student, never-mind two”
- “Not enough staff to cover the time required for the PE to supervise more than one student”
- “I would be worried about having two students with different levels of ability or that clash”

Findings: 2:1 supervision model

Only 6 PEs came forward to offer 2:1 supervision

Required support:

- the selection of student pairings
- getting students to “own” their learning
- directing students pre-placement on what collaborative/peer learning is
- hearing from other PEs who use this model
- making feedback mandatory for students
- managing expectations of students

Summary of consensus

- **Placement structure** - there was almost wholesale agreement that the existing placement “block” delivery was more preferable than day release over a period of time. More than half the responses favoured a 6-week placement length option.
- **Placement profiles** - there was a large majority in favour of an overall need to reconsider the profiling of placements.
- **Supervision model** - there was little consensus on whether supervision could be given for more than one student at a time. PEs require more insight/support onto how these models of supervision work.

Recommendations to programme team

Moving forward, the programme team at GCU are responding to this feedback to :

- Introduce ***longer “block” style placements*** which will reduce the need for the number of placements.
- Make placement ***profiling changes*** to reduce the demand on sites who deliver specific clinical areas of care.
- Conduct more ***evaluation*** on the collaborative/peer supported placement model to bring back to the group at a later date.

Evaluation

- Future-proofing programmes capacity
- Developing different ways of working with current provision
- Growing other areas of health & social care placement
- Addressing learning outcomes, competencies in a diversity of placement experiences

