



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH



# Innovation in Practice: Resource Toolkit to facilitate student self-directed learning during non-patient contact time

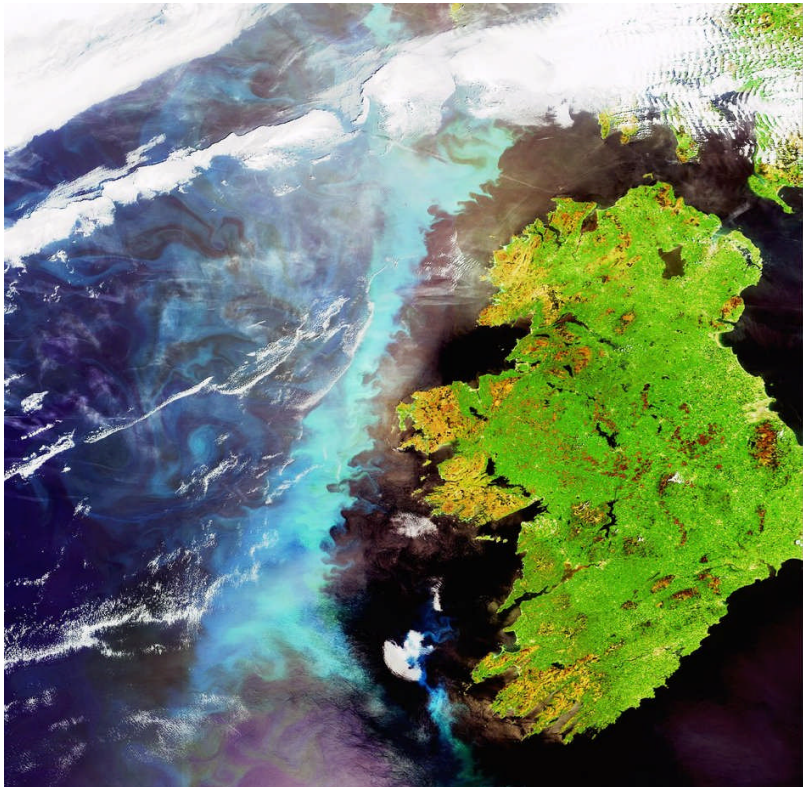
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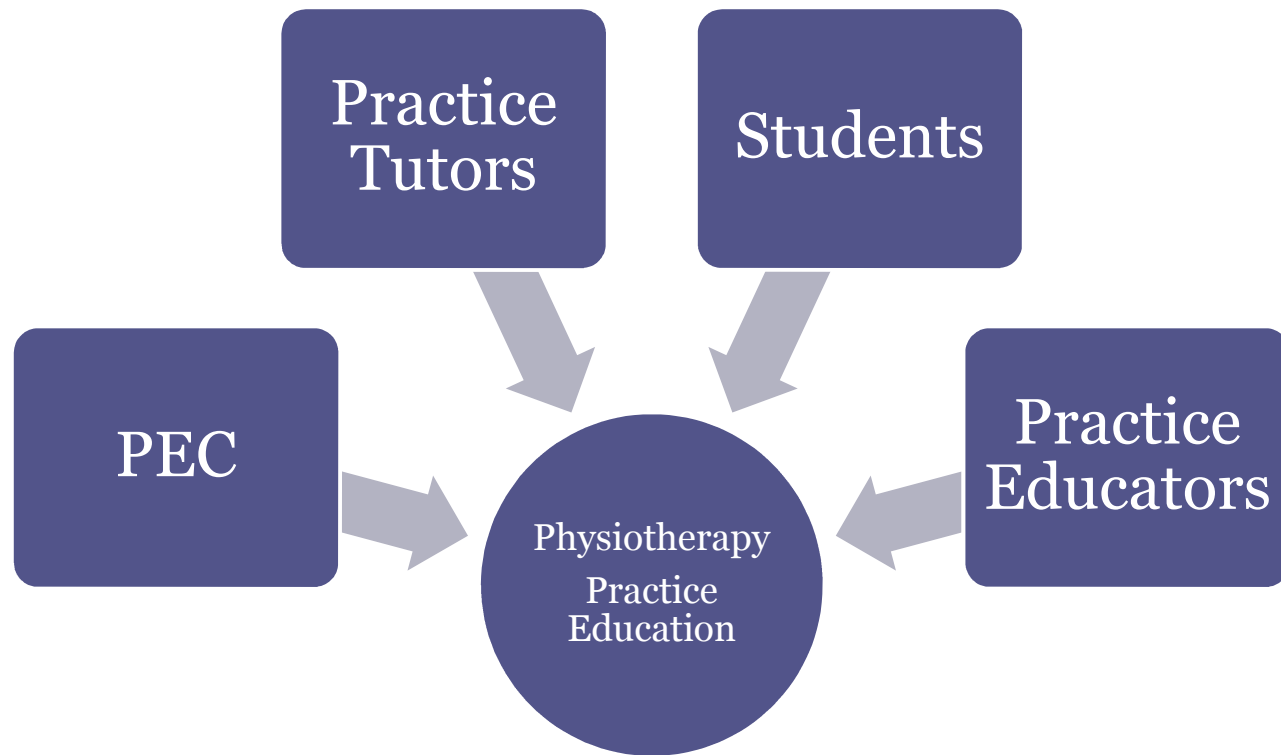
# What is the current Irish climate of physiotherapy practice education?



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh  
Regulating Health +  
Social Care Professionals

- 4 Schools of Physiotherapy
- Increasing pressure to secure/facilitate placements at HSE clinical sites
- Undergoing statutory registration
- Clinical placements at (Tutor and/or non-tutor supported clinical sites

# Who are we?





# Outline of today's presentation

- Introduce the benefits and challenges of physiotherapy student placements
- Highlight Practice Educator challenges during placement
- Discuss the relevance of non-patient contact time to placement learning
- Introduce the Resource Toolkit
- Summarise progression of the Resource Toolkit

# Benefits of facilitating placements

- **Practice Educator (PE)**

- Bring current knowledge, fresh perspectives and evidence based practice to the site
- Stimulate reflection
- Enhancement of the teaching role
- Promote job fulfilment (Davies et al., 2011)
- Can positively effect on educator caseload, depending on student characteristics such as student competence

(Sevenhuysen, S. & Haines, T., 2011)

- **Patient**

- Bring positive change to patient dynamic (Davies et al., 2011)

- **Department**

- Students enhance department profile

(Sevenhuysen, S. & Haines, T., 2011)

# Placement challenges for practice educators

- Managing a challenging student and reduced flexibility during working time (Davies et al., 2011)
- **Juggling aspects of their professional duties** in addition to students (Currens, JAB. & Bithell, C., 2000)
- **Deferral of non clinical tasks** until non-placement time (quality projects and admin tasks) (Sevenhuysen, S. & Haines, T., 2011)



Practice Educator **“Stress”**



## Relevance of challenges for practice education stakeholders

- Negative assumption re: facilitating placements
  - Challenges sustainability of practice education provision
  - Negating the impact that students bring to achieving service and departmental objectives
- Negative assumptions re: implementing different models of practice education
- Negative assumptions about productivity

# Acknowledging Practice Educator stress

- Managing a challenging student and reduced flexibility during working time and (Davies et al., 2011)
- **Juggling aspects of their duties** in addition to students (Baldry, JAB. & Bithell, C., 2000)
- **Deferral of non clinical tasks** till non placement time, eg. quality projects and admin tasks (Sevenhuysen, S. & Haines, T., 2011)



# Practice educator organisation and values?

“...I honestly think that when you are with a Student you are sort of dedicating almost 100% of your time , whether they are strong or weak” *Participant I*



**Practice  
educator  
organisation?**

“I think you are not doing the student any favours if you are seeing your own caseload aswell, cause ...you are not giving them the most valuable feedback if you are not hearing the full session that is going on”

*Participant C*



**Practice educator  
values?**

Are these adult learners

- (a) Self direct their learning?
- (b) Expected to reflect and inform strengths and weaknesses?

(Harrington et al., 2016, unpublished)

# Impact?

- ‘juggling of duties’? 
- Execution of non clinical tasks
  - Quality projects
  - Admin tasks
- On practice educator stress/wellbeing?



# Lets start a conversation..



- Can practice educators protect time in their schedules for non clinical tasks?
  - Will this relieve their stress?
- Can students self-direct during this time and develop placement skills/ competencies?
- We propose:
  - The concept of the routine scheduling of ‘non patient contact time’ in student diary
  - A **Resource Toolkit** to facilitate their self directed learning during this time





### Learning from critically appraising an article

You can use this form to record any critical appraisal that you undertake.

Title of article/ book / reference – try to record full reference:

Summary of key points relevant to practice:

In addition to summarising key points relevant to your practice, you should also consider JAMA recommendations for this section i.e. were the patients in the study similar to my patients? Were all important patient outcomes considered? Are the likely treatment benefits worth the harm(s) and cost(s)?

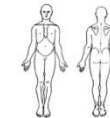
### SWOT Analysis Form (Strengths, Weaknesses, Opportunities and Threats)

<b>Strengths</b> What can I do really well?	<b>Weaknesses</b> What am I less good at?
<b>Opportunities</b> What opportunities exist or might become available to help me to achieve my goals?	<b>Threats</b> What may act to inhibit my progress? Who or what might get in the way?

### Learn From Doing - Reflective practice:

Describe briefly a recent significant experience in your professional life:

### Outpatient Clinical Reasoning Form



- Location of symptoms:
    - Please locate on the body chart, where the patient reported symptoms
    - For the main symptom region, identify the dominant underlying pain mechanism. Eg. Peripheral Nociceptive, peripheral neuropathic, Centrally mediated (Consider Smart et al 2010)
- What are the patient's main problems / difficulties as they see them?

### Gibb's Reflective Cycle (Gibbs, 1998)

#### Stage 1: Description of the Event

Using specific and relevant detail, give a concise description of the event you are reflection on. What happened? Who was there, why you were there, what were you and/or other people involved doing? What was your part/role in the event

#### Stage 2: Feelings

What were you thoughts and feeling at the time? How did the experience make you feel, how did other people involved make you feel? How did you react? What did you think after the experience?

### Inpatient Clinical Reasoning / Case Study

To be completed after initial assessment and continually the review document throughout your management of the patient

#### Database

PC:

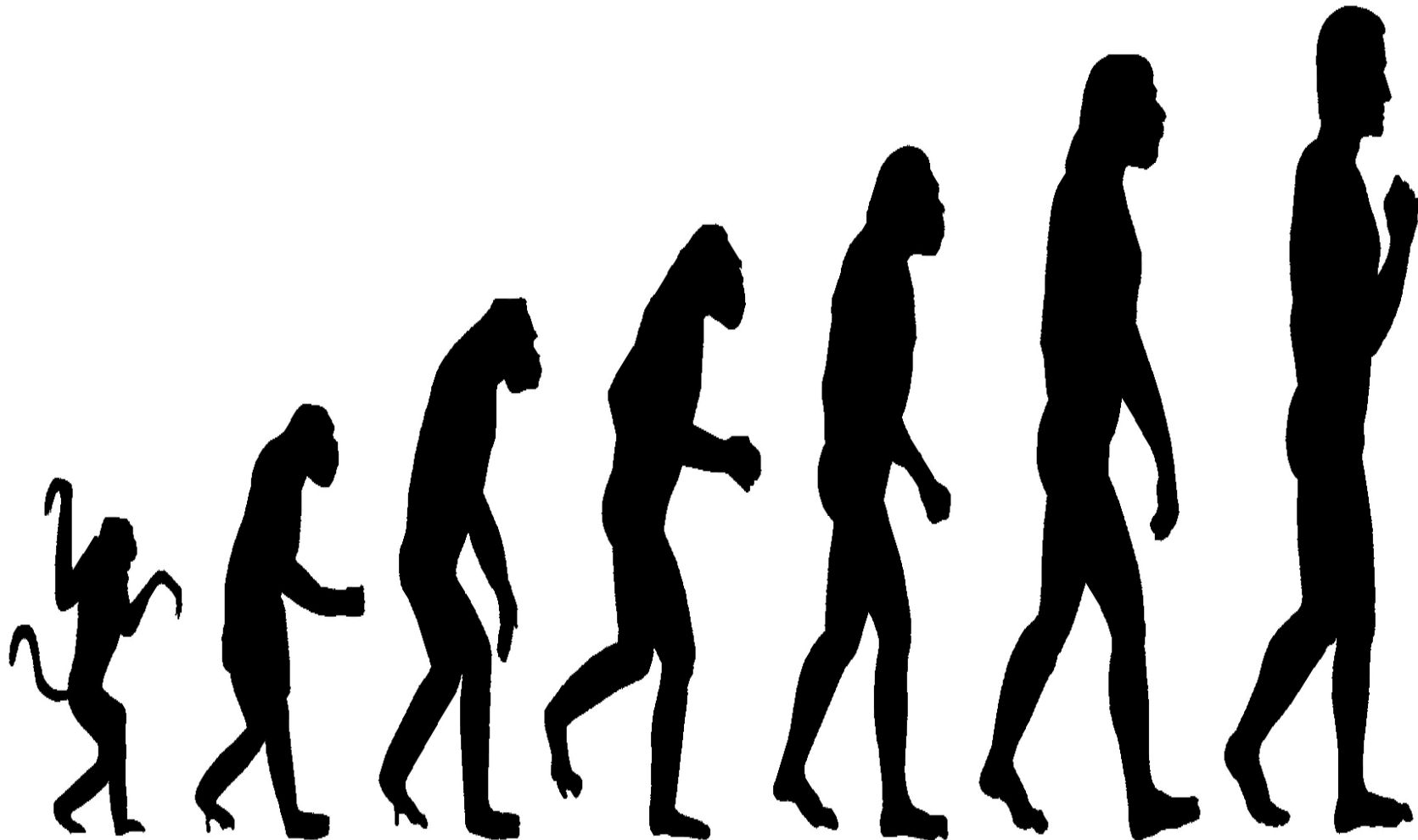
HxPC:

PmiHx:

Sochx:

Meds:

# Evolutionary Learning



# Reflective Theories

## Schon, 1987

- On action
- In action

## Higgs & Titchen, 2000

- 3 types of knowledge required
  - Propositional learning
  - Professional craft
  - Personal knowledge



## Resource Toolkit

Propositional	Procedural	Personal Knowledge
<ul style="list-style-type: none"><li>•Article critical appraisal</li><li>•Annotated bibliography</li></ul>	<ul style="list-style-type: none"><li>•Learning from doing</li></ul>	<ul style="list-style-type: none"><li>•SWOT analysis</li><li>•Gibbs Cycle</li></ul>

← Clinical Reasoning forms →



# Reflection - The Evidence

- Physiotherapy students who reflect more, perform better (Brookes et al., 2009)
- No studies performed analysing patient impact (Mann et al., 2009)
- Various models: journals, reflection on ‘critical incidents’, prompted interviews, reflective essays (Delaney, C. & Watkin, D. 2007, Donaghy, M. & Morss, K., 2000, Constantinou, M. & Kuys, SS., 2013)
- No “one” reflective tool is recommended



# Can completing reflection tasks improve clinical reasoning?

RESEARCH REPORT

## Impact of Case-Based Learning and Reflection on Clinical Reasoning and Reflection Abilities in Physical Therapist Students

Rachel D. Trommelen, PT, DPT, Aryn Karpinski, PhD, and Sheila Chauvin, PhD

**Reflection abilities and clinical reasoning skills** in PT students. It facilitates students' recognition of patterns in patient presentations that may not be obvious to them if they reflected internally only - i.e pattern recognition (Tromellen 2017)

- Possible that the same competencies could be developed in a similar fashion, having seen real cases versus proposed cases

How might the toolkit be useful to students to enhance learning & performance? (Furze 2015)



# Anticipated change in physiotherapy practice education culture

- Schedule 'non pt contact time' time in to the students diary to complete components of the ***resource practice toolkit***.
- **Proposed Impact:**
  - **Students:** develop competencies such as clinical reasoning, EBP, reflective practice,
  - **Practice educators:** opportunity to complete other tasks such as non-clinical duties



- Reduce perceived practice educator burden during placement
- Improved Practice educator wellbeing



# Taking this project forward

1. Develop a 'user guide' for the resource tool-kit
2. Review
  1. Student experience of using toolkit during placement
  2. PE experience of using toolkit during placement
3. Evaluate
  1. Evaluate engagement and experience of practice educators and students using the resource tool-kit

# Acknowledgements



**RCSI**





# Questions

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