

# Enhancing undergraduate physiotherapy student clinical placement capacity – A focus group

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**May 2019**

## Background:

- A follow on piece of work ( September 2018).
- Staff questionnaire to elicit perceptions and opinions ( November 2017).
- Focus group ( second phase) to explore qualitative themes.
- Representation from all physiotherapy staffing grades , as well as trust practice educators, students and HEI representatives.

## Our current situation:

- 5 HEIs.
- Different placement models.
- Different assessment tools.
- Increase in Physiotherapy student numbers.

## Aims and Objectives:

- To gather opinions, knowledge and insights into the provision of undergraduate physiotherapy placements locally.
- To understand the current issues and limitations for the provision of undergraduate placements.
- To generate themes from the information gained.
- To determine how this information can be used to shape the future of placement provision.

## Method:

- Focus group with representation from all grades of physiotherapy staff, from band 4 to band 8a.
- Trust practice educators, students and HEI staff also represented.
- 11 staff and students attended in total.
- Open ended questions asked of the group ( 7 questions).
- Emphasis of discussions was barriers and behaviours with regards to current placement provision.

# Questions

Staff perceptions of why they were asked to attend focus group

What would they like to get out of attending?

As a physio, what are your responsibilities with regards to student education and training?

With the increase in student numbers, how do you see student education and placement provision changing over the next 5 years?

What suggestions do you have as to how we can manage this increase?

# Questions

What clinical experience do students need prior to qualification?

Are there any recurrent themes in the first year post qualification that could have been addressed as a student?

## Comments from staff:

“Smaller teams will find it harder to support increased student numbers”

“Different clinical supervision models may offer more autonomy and increased capacity”

“Planning ahead for rotations will help”

“Good clinical education experiences encourage recruitment ”

“Shaping student and their career through good clinical education=satisfaction!”

“Students remember good placement experience and good clinical educator”



# Comments from staff:

“Consider patterns of placements across the academic year”

“Use of “less traditional” placement areas.  
Role as HCA”

“Links to nursing models, clinical educators/ assessors from another profession”

“Clinical skills and training , as well as soft skills- transferable skills. Preparation for working in todays NHS”

“Role emerging placements”

## Outcomes:

- The following themes were developed:
- Staff awareness of the need to manage increasing capacity.
- Staff willingness to manage undergraduate placements in a sustainable way.
- Awareness of the impact of caseloads on student placement experience.
- Pressures on the clinical educator.
- Recognition of the challenges in clinical education.
- Recognition of the positive effects of clinical supervision.

# Discussions:

- Staff want to develop positive ways of dealing with increased student numbers whilst still maintaining good quality clinical education.
- Need to find balance between caseload pressures and student support.
- Perceived rewards of clinical education.
- New expectations- will students be as confident or competent if core placement model replaced.

## Discussions:

- Trial of 5:1 student to educator supervision model.
- Front loading students with teaching at start of placement, ? Linked to Band 5 teaching programmes.
- Focus on rewards of clinical education- improved teaching and mentoring skills, rewards of student being shaped by individuals clinical knowledge.
- Examine ways to manage caseload and other pressures on clinical educator.
- Improve access to clinical educator courses via HEI's.

## Conclusions:

- Working in conjunction with local HEI's to examine placement models.
- New placement models tried in some clinical areas.
- Clinical areas that did not historically accept students now offering placement opportunities.
- HEI's receptive to other development ideas.
- More support for newly qualified staff via the trusts preceptorship programme.

## Moving forward:

- Collaboration with the HEIs re: alternative placement models.
- Continued engagement with staff – specific clinical groups / grades / training requirements.
- Increased availability of clinical educator courses.
- Challenging historical beliefs about who can be a clinical educator.
- Enhanced capacity of more specialist clinical services for elective placements.
- Links with local AHP strategy and preceptorship programme.

**Any questions?**

**Thank you**