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Challenging the norm in Musculoskeletal physiotherapy practice education

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The evidence

- ▶ There is a need for more high quality AHP placements that bridge the gap between the classroom and clinical practice (Nyoni, *et al.* 2021)
- ▶ 27 000 more placements required by 2024 with HEIs struggling to fulfil places (RSPH, 2021)
- ▶ Consensus that placements should be peer led, collaborative and include all members of a team (HEE, 2020)
- ▶ Several reviews have demonstrated that peer learning on clinical placement is beneficial in health professionals (Markowski, *et al.* 2021)



Barriers

- ▶ I had the support from my managers, colleagues (mainly!) and HEIs – vital for change to occur
- ▶ The focus was on developing clinical reasoning, critical thinking, peer support and team work rather than purely “MSk” techniques
- ▶ Anecdotally other barriers include; space, reduction in activity and preventing educators doing their “normal work”
- ▶ I was keen to lead by example and demonstrate that having more students is beneficial to both the educator and the team, while providing high quality learning opportunities



Planning ahead

- ▶ The peer support focus reduced the amount of time I spent with them
- ▶ 2 students shared one list, which helped with space
- ▶ Nearly twice as many NP were seen during the 6 weeks
- ▶ I was blocked out for the first 2 weeks then ran a normal list, aside for the daily debriefs and weekly 1:1
- ▶ The students were an integral part of the team and sought help from all, including support and administrative staff
- ▶ Safety precautions remained same
- ▶ Students were encouraged to make mistakes, with support from their peers



Reflections

- ▶ This model forced me to be less present, which I found tricky initially but seeing the students problem-solve together and grow as a result was very powerful
- ▶ CPAF supports this model by focussing the students on the broader aspects of being a Physiotherapist
- ▶ Be prepared to wing it – reflecting in action is an essential skill for learners and educators and perhaps educators need to develop in this area
- ▶ Planning is essential to ensure regular opportunities to discuss patients
- ▶ Educator needs to be able to allow students to make mistakes and grow from them – early trust building is key
- ▶ Having peers to talk to really helped me and I felt more independent
- ▶ I learned how to take my time and focus on the task without panicking
- ▶ Not being watched constantly reduced my anxiety and this helped me be able to think before asking for help
- ▶ This experience has given me more confidence, even my family have seen the change!
- ▶ I had the opportunity to have difficult conversations with my peers and patients
- ▶ I learned how to listen and challenge my own bias
- ▶ The whole team were really helpful and I didn't have to bother my educator all the time