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Implementing a Virtual Placement scheme for physiotherapy students: The experiences of Clinical Educators

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Abstract

Purpose

At the level of frontline service delivery, a key healthcare impact of the COVID-19 pandemic in the UK has been the increasingly widespread usage of virtual platforms. Even physiotherapy, which is traditionally strongly associated with face-to-face delivery, has embraced online working to ensure safe and sustained patient contact during viable assessments and treatments. Allied to such change has been the development of Virtual Placement (VP) schemes for physiotherapy students, designed to provide experience of such remote working, given that it will very likely remain a feature of physiotherapeutic work in the longer term. Given this, the research reported herein explores the experiences of Clinical Educators (CEs) working on a nationwide ConnectHealth physiotherapy VP scheme that ran during 2020 and 2021. This is done with a view to (a) highlighting how future VPs might be refined for greatest efficacy, while (b) providing needs-sensitive assistance to CEs in their practical roles.

Methods

The research team contacted all ConnectHealth CEs who had worked with at least two full six-week VP student cohort, inviting them to take part in an online semi-structured interview addressing their experiences of the VP scheme itself. The first N=10 to register interest in participating were formally recruited. Interviews (with a mean duration of 33 minutes) were provided by all invited CEs and were transcribed verbatim, though necessary redactions were made to protect participants' identities. Investigation of the transcripts, using Reflexive Thematic Analysis, was undertaken by the full research team.

Results

Analysis revealed four global data themes. 1. Supervision and Oversight; while reduced direct contact time with students lessened some of the background working pressures on the participants themselves, they all expressed concerns that it might have increased those pressures on their students. This was, however, widely taken to be counterbalanced by the students' access to a much broader range of clinicians. 2. Technology and Independence; all participants saw design and delivery of Facebook Live sessions as powerful independent learning experiences for the students, although they were patient engagement with them was sometimes inconsistent. These sessions also contributed a bank of online resources that would help 'lighten the load' for both students and CEs in the future. 3. Patient Contact; it was widely held that the VP environment had improved students' subjective assessment capacities. The students' ability to work directly with patients was limited by GDPR concerns regarding sharing those patients' contact details, however, and meetings including a CE were harder to arrange with increased chances of technical glitches. 4. Assessment; it was much more difficult for participants to effectively observe students' clinical work in a virtual environment, with existing assessment schemes being particularly awkward to apply remotely.

Conclusions

Findings indicate that the present VP scheme, although deemed highly effective in some areas, involved some legacy structures that made its delivery difficult for CEs, not least around practical assessment.

Impact

These findings ideally give some provisional direction on how prospective physiotherapy VPs might be shaped to help CEs more effectively help themselves and students.