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Expanding physiotherapy placement capacity: Clinical Educators' experiences of implementing a coaching approach to supervision

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Abstract

Purpose

Increasing by 50% the UK's capacity for training students in the Allied Health Professions (AHPs), as recently mandated by Health Education England, represents a significant challenge for universities and healthcare providers alike. This challenge is, perhaps, felt most acutely in the domain of placement provision, where resources are not necessarily available to support the clinical supervision of large numbers of additional students. In response to this, a trial 'coaching' model of clinical supervision in physiotherapy was introduced by the researchers across two NHS Trusts in the North of England in 2020 and 2021. Commonly used in the practical training of medical students, this entails extensive group-based learning activity, rather than the one-to-one approach traditional across most AHP areas. The research reported herein explores the experiences of Clinical Educators (CEs) in implementing this approach for the first time, with a view to more clearly understanding its impacts upon their own working practices and those within their departments.

Methods

The research team contacted all CEs who had (a) supervised one full cohort of students using the coaching model, while also (b) having prior experience of supervising using the traditional approach, inviting them to take part in an online semi-structured interview addressing their experiences. In line with pragmatic restraints, the first N=10 to register interest were formally recruited, and all provided interviews (with a mean duration of 31 minutes). These interviews were transcribed verbatim, with redactions made only where essential for the protection of

participants' identities. The full research team undertook investigation of the transcripts using Reflexive Thematic Analysis.

Results

Four global themes emerged from the data. 1. Oversight and Management; all participants maintained initial apprehension around the workload involved in monitoring a group of students rather than an individual. In practice, most found that the students' monitoring and support of each other was highly effective. This ultimately provided the participants more time to work with individual problems, although some of these did relate to intra-group dynamics. 2. Teamworking and Learning; all participants found that they were largely facilitating learning, rather than being expected to simply 'deliver' it. Most students were reported to take stronger ownership of their own learning when working in teams, although those that did not could be proportionately more demanding on supervisory resources. 3. Patient Contact; universally, participants maintained that each student received more overall hands-on time with patients, and each patient received more overall physiotherapy, when the coaching approach was used. 4. Multi-Disciplinarity; while all students were reported to have profited in learning and confidence from greater opportunities to work with Multi-Disciplinary Teams, the participants described similar personal gains from having worked closely with university staff to coordinatively develop the coaching approach itself.

Conclusion(s)

Findings indicate that, despite initial misgivings, and some student teamworking difficulties that should not be overlooked, participants' experiences of implementing the coaching approach were overwhelmingly positive, indicating clear benefits for their own workloads, student learning and patient contact.

Impact

This research indicates that the coaching approach is worth further investigation as a tool in expanding physiotherapy placement capacity.