Changing the landscape of physiotherapy practice education: Clinical educators' experiences of a rotational pilot initiative in England

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Abstract

Purpose: Practice-based learning is a mandatory element of physiotherapy training which facilitates students to apply acquired theoretical knowledge in a clinical setting. Instrumental to the success of any placement scheme, meanwhile, is the work of Clinical Educators (CEs), for whom the challenge of managing multidimensional roles has been well-documented; this includes being skilled practitioners, acting as role models and juggling competing needs of patients, students, and associated administrative tasks. As the number of physiotherapy programs in the UK has increased over recent years, there has been a corollary need to explore new means of ensuring (a) there are sufficient clinical placement opportunities for all students, and (b) that the quality of clinical education does not decline, without (c) placing additional or unmanageable strain on CEs. This paper reports qualitative findings relating to the experiences of CEs with respect to a trial of a novel model of placement provision not widely used (or researched for efficacy) in physiotherapy to date: 'placement rotation'. Herein, as an ostensible single placement, a group of students completed three 'rotations' in different clinical areas, but with consistent set of CEs, within a single NHS Foundation Trust in the northwest of England.

Methods: With full institutional ethical approval (ref: 21/44), N=6 CEs directly involved with the rotational placement initiative were recruited. All participants sat for a single semi-structured online interview once they had worked with students through at least one full set of rotations. Data were captured using Microsoft Teams, transcribed verbatim (with redactions made for identity protection), and analysed using reflexive thematic analysis.

Results: Analysis of data from the CE interviews yielded three main themes. 1. Induction, infrastructure and efficiency: All participants highlighted how having a single induction greatly increased the rate at which students could access key systems across the full placement, and smoothed movement between rotations. 2. Rapid patient contact: Relatedly, participants highlighted how both students' familiarity with patients and comfort in the ward/hospital workplace across rotations was of great benefit to students, patients and working rhythms alike. 3. Rapid team integration: The structure of the rotational placement was taken to boost teamwork among the students, which the participants deemed beneficial for both education and service delivery, as well as student wellbeing. It also, however, was reported to have boosted teamwork among the CEs themselves; the consistent co-presence of the professional group helping them coordinate their own work and enhance interpersonal support.

Conclusions: The CEs' experiences of the physiotherapy rotational placement pilot were overwhelmingly positive. Moreover, the study revealed ways in which CEs felt personal and professional benefits from the rotational model, not least around the technical and personal value of a single umbrella-type induction, and rapid and sustained social and professional integration of student and staff teams.

Impact: It is hoped that the findings described will both promote and inform future interventions, and also serve as a reminder that the experience of CEs should not be overlooked in the design and execution of future rotational placement schemes.

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