

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

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Abstract

Purpose: Not least as a consequence of the NHS staffing shortages exposed by the Covid-19 pandemic, UK higher education institutions (HEIs) have been charged with increasing the numbers of allied healthcare professionals trained across-the-board. In physiotherapy, enlarging core student numbers within universities themselves has proven considerably less challenging than finding sufficient practice placements for these students during their degrees. Finding creative solutions to this problem - and evidencing their efficacy in terms consistency, quality and student experience - has, thus, become a key priority in contemporary physiotherapy education. This paper addresses one prospective solution: the use of 'placement rotation'. Therein, students complete several rotations in different clinical areas within a single trust as one ostensibly ongoing placement, with a single induction and a consistent group of peers and educators. Rotational placements have been a routine feature of nurse training for some time, with robust research underscoring their value, but remain largely untested in physiotherapy. Focusing on a three-rotation pilot initiative run by the authors' HEI and a single NHS trust in northwest England, findings qualitatively address the nuances of student experiences.

Methods: With full institutional ethical approval (ref:21/44), N=6 participants were purposively recruited. All were final-year postgraduate (MSc) physiotherapy students, who had (a) completed a full rotation, and (b) had prior experience of more 'conventional' physiotherapy placements as a comparative touchstone. Each participant provided a single, in-depth semi-structured online interview. The full data corpus was transcribed verbatim, with key redactions made for the protection of participants' identities and analysed using reflexive thematic analysis.

Results: Analysis of the interviews yielded four major themes. (1) Induction, IT and continuity: A single induction, and particularly a single issuing of IT login and smart card to cover multiple rotations, was highly lauded by all participants in terms of increasing the speed at which they could know their workplace, access records and engage in direct patient contact on later rotations. (2) Professional inclusion: All participants reported that the pilot enabled them to quickly assimilate into the professional team during their latter rotations, feeling (and being treated) more like full members of staff, rather than 'just students'. (3) Peer relationships: Being with the same group of peers throughout the rotations was viewed as a core strength of pilot. (4) Guaranteed diversity of experience: Key to the success of the pilot for all participants was the security and confidence it provided, regarding what they could expect. They 'signed-up' to one placement, knowing where there would be, with whom, and what they would be doing over several rotations.

Conclusions: The student experience of the rotational pilot was overwhelmingly positive, both professionally and interpersonally. The key cross-cutting issue was the value of relatively certainty to participants, regarding 'what's next' in their working and social environment. This reinforced both their learning and confidence.

Impact: Although the reported findings are small-scale and emergent of a local pilot scheme, there is little extant data on rotational placements in physiotherapy education elsewhere. As such, it is hoped, this analysis might help ground future interventions and research.

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