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Role-emerging physiotherapy placements in a residential care setting: Exploring the student experience

Sarah Smith, Jennifer Jamieson and Paul K. Miller

Institute of Health, University of Cumbria, UK

Abstract

Purpose: As physiotherapists progressively work across wider and more diverse domains of practice within health, social care and the third sector, it has become increasingly incumbent upon higher education institutions (HEIs) to equip their graduates with the requisite skills to work flexibly in both traditional and non-traditional roles and environments. To address the rapidly evolving character of modern physiotherapy, thus, a range of innovative approaches to both academic education and practice placement have been introduced by HEIs in recent years. One such development is the use of role-emerging placements (REPs). A physiotherapy REP is, fundamentally, a practice placement at a site where there is no established physiotherapy role. REP students are supported by an onsite supervisor from another healthcare profession and receive offsite clinical supervision from a qualified physiotherapist approximately once per week. While a longstanding commonplace in Occupational Therapy, REPs have to date found limited purchase in physiotherapy, and there is similarly limited research assessing their impact on participating students and/or the workplace itself.

Methods: With institutional ethical approval (ref: 20/34), N=6 participants were purposively recruited. Of these, N=4 were final-year undergraduate (BSc) students and N=2 were final-year postgraduate (MSc) students, all of whom had completed

a full six-week REP at the given site. Each participant sat for a single extended semi-structured interview, which was transcribed verbatim, with redactions made for identity protection. The corpus was then analysed using reflexive thematic analysis.

Results: Analysis of data yielded five major themes. (1) Preparedness and complexity: While some participants argued that stronger resources might have been provided regarding the structure of the REP itself, all were clear that no on-paper information could have fully readied them for the reality of the residents' complex needs, which became understandable only through direct experience. (2) Peer environment: All participants noted that peers had helped them develop their communication, organisation and conflict-resolution skills. (3) Free to fall: All participants reported an initial anxiety about the lack of an onsite physiotherapist 'covering their backs' when the REP began. Some also maintained that a lack of watch-and-learn facility remained difficult for them, as was the lack of opportunity to ask physiotherapy-specific questions in-the-moment. (4) Free to fly : The same lack of direct physiotherapy oversight was ultimately reported to be a strength of the REP for most participants, gradually building their confidence and autonomy through both through intrinsic and extrinsic reinforcement. (5) Ecological validity: All participants were clear that the independent character of the REP had advanced important skills that would make them stronger physiotherapists. Foremost among these were time-management, self-reflection, autonomous learning and confident decision-making.

Conclusions: The outcomes demonstrate how some key structural features of a REP can advance physiotherapy students' capacity to consolidate and enhance the skills and mindset necessary for qualification and successful practice.

Impact: These findings have clear import for the design of future role-emerging placements in physiotherapy, particularly regarding how to maintain the strengths of this particular intervention while being vigilant that the requisite autonomy involved may not suit all students equally.

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