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Physiotherapy

Employing a coaching model of supervision during physiotherapy placements: charting the learner experience in England

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Abstract

Objectives The UK government has moved to increase pre-qualification training places across all Allied Health Professions by 50%, without any reduction in quality of education. Universities and healthcare teams are therefore being asked to change their ways of working and consider alternative practice supervision models during placements. This study explores the experiences of pre-qualifying physiotherapy learners involved in a trial of one such model, a coaching and peer-learning approach. The work described assesses its facility as an augmentation to the traditional one-to-one clinical supervision model.
Design A qualitative-thematic approach using semi-structured interviews was employed. Detailed, open-ended interviews were conducted in order to ascertain the nuanced experiences of participants involved in the trial.
Setting An intervention in multiple sites (both hospital inpatient and community care) within a single NHS trust, administered by a single UK university.
Participants Participants Seventeen pre-qualifying participants involved in the trial consented to be interviewed. Of these, 11 were final year undergraduate learners, and 6 were final year postgraduates, of which 12 identified as female and 5 identified as male..
Results Analysis revealed four interconnected major themes: 1. Teamwork, Camaraderie and Hierarchical Tensions in Peer-Support; 2. Adapting to Leadership and Being Led; 3. Safety Nets versus Supervisors; 4. Fast Starts and Variable Endings in Learning and Experience.
Conclusion and implications The model was broadly well-received by participants, and ultimately gave rise to greater workplace confidence, with potential impact for capacity, though the nuanced outcomes of the research indicated contingencies around gradual assimilation and group dynamics that should be considered in future development.

Contribution of the Paper

- The coaching model of placement supervision was broadly well-received among learners, and has facility as a part of the expansion process in physiotherapy workforce development.
- Freedom from the need for persistent clinical scrutiny can reduce the pressure on learners and also on practice educators.
- Social dynamics in teams are not an arbitrary contingency but need to be a core feature of the design in any given case.

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Introduction

Embedded in the current UK NHS Long Term Plan is a drive to increase university places across all core domains in the Allied Health Professions (AHPs) by 50% in the short-to-medium term, to meet medium-to-long term service needs [1]. While the UK's higher education institutions (HEIs) are not thought to be ill-equipped to manage the academic side of such expansion, however, it is widely expected that the process will put clinical placement capacity under unprecedented stress in many areas, not least in physiotherapy [1,2].

The Chartered Society of Physiotherapy (CSP) presently mandates that each learner, as a condition of formal registration, should augment their studies at an accredited HEI with a minimum of 1000 hours of practice-based learning. Historically, this total has been assembled via a series of placements, each of which is facilitated, supported and assessed on-site by a trained clinical practice educator (henceforth PE), who also maintains a link with the learner's academic department [3]. This orthodoxy amounts to a chain of one-to-one clinical supervision experiences for the learners, embedding a broad learning dynamic that leans towards a 'mentoring' supervision model [4,5]. Therein, the experienced PE directly helps their mentee develop the key competences necessary to meet both placement-specific goals and the wider aim of qualification/registration.

Given the aforementioned drive for higher learner numbers, it is highly likely that total (or at least substantial) reliance on this labour-intensive model will become increasingly unsustainable, not least on account of there being no equally speedy method yet established for proportionately expanding an already over-stretched pool of PEs [1,2]. Recognising this rising challenge, the CSP has charged healthcare providers and HEIs with the development and testing of novel strategies that could sustain a high quality of practical in-practice learning among physiotherapy learners without diminishing their overall quality of education [2,3]. This edict fundamentally mandates investigation beyond prospective 'tweaks' to the one-to-one/mentoring approach, and even a relatively casual review of UK and international research on clinical placement indicates that the most commonly-adopted alternative, across a range of healthcare domains (particularly nursing and midwifery), is by some margin a peer-learning/coaching approach [5–7].

Although extant literature describes a variety of manifestations of this placement model, the core features are largely stable [5,8–10]. Firstly, learner clinicians work together, usually in small teams or even pairs, taking direct responsibility for patient care and often sharing decision-making responsibilities. Secondly, the PE, although typically still performing a few mentoring-type duties, chiefly engages the learners in a 'coaching' capacity. Grounded in research on talent development as much as in evidence from classically cognitive-educational work [11,12], this entails a more observational and less interventional attitude from the PE, manifestly intended to foster opportunistic, workplace-oriented learning through constructive feedback and the encouragement of self-reflection [6,13]. While an expanding body of evidence has detailed the efficacy of this broad approach to AHP placements [14,15], there remains little data directly pertinent to physiotherapy outside of promising results emergent of an Australian mixed method study reporting a simulation-based placement intervention [16]. Therein, both quantitative and qualitative findings indicated that students were able to adopt a peer-taught and fully simulated fieldwork placement model. This model was executed with minimal clinical observation, and strong clinical competency outcomes.

Given the above, a trial intervention was adapted in physiotherapy in one UK NHS trust, and administered by a single HEI. Herein, pre-qualifying learners in the final year of either an undergraduate (UG) or postgraduate (PG) physiotherapy degree worked in groups of two to four (with each group typically including both UG and PG learners), each overseen by a single PE, for a total of 225 hours over six weeks. Mirroring the well-regarded C-PAL (Coaching and Peer-Assisted Learning) approach described by Wareing and colleagues in the nursing domain [5], participating PEs and learners were guided by the GROW model [17]. This entailed the use of daily learning logs, completed by participating learners, in which they were expected set ideal learning goals, then adjust those goals based on real-world experience, and finally identify practical means by which they might meet their adjusted goals [5]. The PEs, in turn, were then in a position to feed-back to their charges and their HEI contact regarding observed performance, and its relationship with stated goals and adjustments. Regarding the authors of the research below, two were involved in the design and implication of the trial itself, SS (a female chartered physiotherapist and academic) and AA (a female chartered physiotherapist), while two were not, SG (a male chartered physiotherapist and academic) and PKM (a male social psychologist with extensive experience of qualitative health research).

This paper is the first from a broader qualitative study of the experiences of learners and PEs regarding the trial intervention. While a second paper addressing PEs is presently in writing, the research reported below focuses upon learners, with a particular emphasis upon their comparative experiences with prior and more conventional physiotherapy placements.

Methods

Design

A semi-structured interview schedule was prepared, designed to facilitate open exploration of the participants' experiences of the coaching model, through open

questioning. The research design was guided by the COREQ Checklist, as is ideally evident below.

Participants

A total of 17 pre-qualifying UG and PG physiotherapy learners involved in the coaching trial volunteered and met the criteria for participation in the research. Of these, 12 identified as female and 5 identified as male, while 11 were final year UG learners, typically in the third year of three, and 6 were final year PGs, typically in the second year of two. The mean age within the sample was 25 years, with a range of 20 to 31 years, with a range of 11.0 years. Conditions of ethical approval delimit more explicit demographics regarding participants being detailed herein, given the strong potential for identification among peers involved in the study. None of the participating learners failed their clinical placement, and none withdrew from the study.

Procedure

All interviews were conducted and recorded online, via Microsoft Teams, in the four weeks after participants had completed their placement. Open questioning encouraged participants to render narratives personal, rather than formal [18]. All participants were made aware that their interviewer was a qualified physiotherapist (SG, a male physiotherapist/academic). Iterative interviewing was employed across the course of the data collection, such that prior responses informed latter prompts. The mean interview duration was approximately 22 minutes. The media files were transcribed verbatim by a trusted agent, signed-up to the full conditions of ethical approval given, and then redacted in line with ethical conditions. These redacted transcripts were then reviewed for efficacy against the original media files by SS and PKM. In terms of relationships, SS and SG had taught all participants during their studies, while PKM had taught the postgraduate participants. None of the authors acted as a Practice Educator to any of the participants.

Data analysis

Following the provisional work done by SG, SS and PKM, data analysis proceeded in line with the latter five of the six steps of reflexive thematic analysis described by Braun and Clarke [19,20]; generation of initial codes, developing themes, reviewing those themes, defining and naming revised themes and producing the report. SS, SG and PKM, using their familiarity with the full suite of transcript data, each developed a set of initial codes and then reviewed these codes against the original transcripts. In a series of meetings, the three researchers clarified these codes, and collectively developed a set of sub-themes. The emergent themes that arose from these sub-themes were discussed and refined by SS, SG, PKM and AA. Technical data saturation [21] was achieved after analysis of the twelfth interview. Analysis of subsequent interviews did, however, continue to provide further useful articulations of those same matters.

Ethics

This study received full ethical approval from the Ethics Panel at the lead researcher's institution, reference 20/04. All data were handled in strict accordance with the conditions stipulated.

Trustworthiness

In line with the evaluative qualitative conditions stipulated by Yardley [21], 'transparency and coherence' were managed through, to authors' best capacity to be '…articulating and presenting the findings while being mindful of the grounding within the participants' lived experiences.' This is ideally evidenced throughout the analysis below, in the manner of data presentation. Ideally, all discussed concepts are represented with hard qualitative evidence in support of their veracity. Moreover, as a key credibility check, a synopsis of the authors' provisional analysis was sent to several of the original participants. All of those participants claimed formal recognition of the reported issues. Finally, as a measure of 'impact and importance', the findings reported in this paper were firstly taken to a key conference of peers in the physiotherapy domain. Feedback attained from this conference has been integrated into the final analysis and discussion.

Results

Analysis of the learners' accounts revealed four major themes:

1. Teamwork, camaraderie and hierarchical tensions in peer-support.
2. Adapting to leadership and being led.
3. Safety nets versus supervisors.
4. Fast start and variable endings in learning and experience.

These were derived from major subthemes as schematised in Fig. 1.

While this schematic transparently represents the fuller analysis, the core matters represented therein, as raised in different (and sometimes conflicting) ways by participants, are described below with reference to illustrative examples of direct data.

Teamwork, camaraderie and hierarchical tensions in the peer-support

The degree to which the coaching model emphasised a sense of being collectively 'thrown-in' to the pragmatic business of clinical practice was, provisionally at least, a

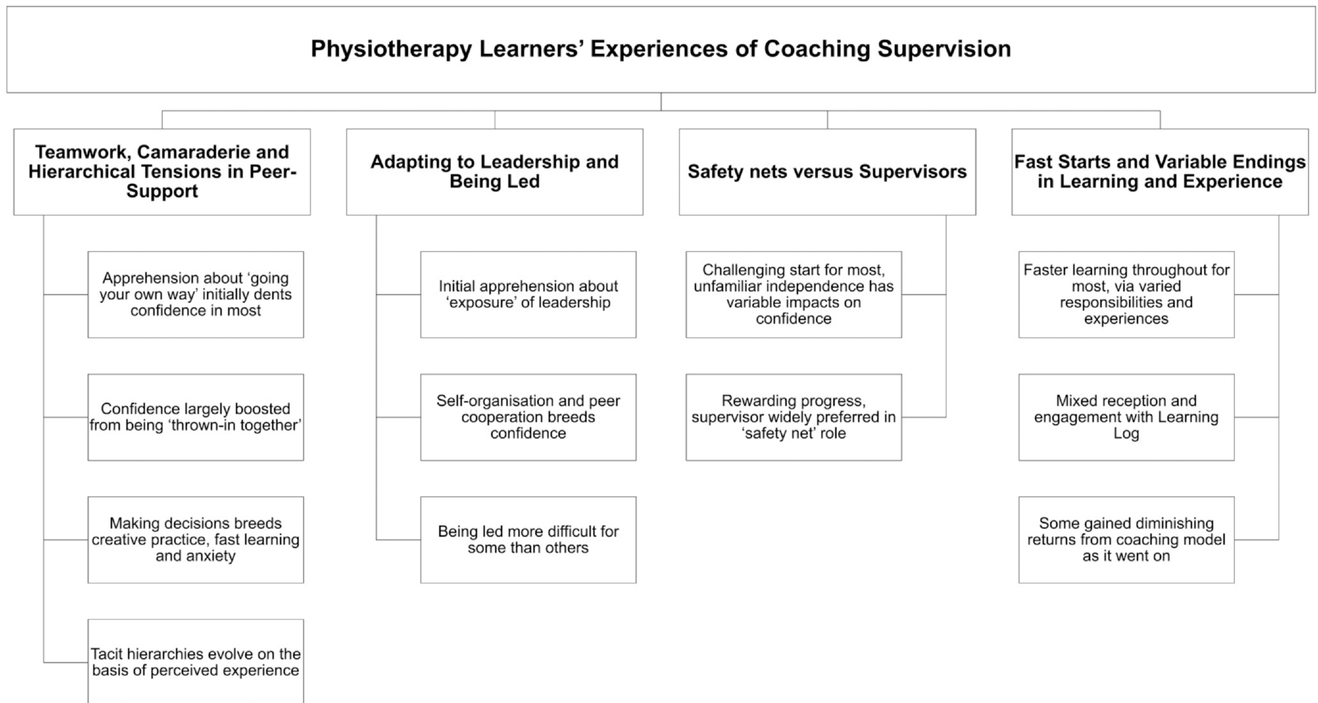

Fig. 1. Thematic map of global themes and major subthemes derived from learners' interviews.

source of apprehension among some participants, not least due to the inherent collective aspect.

P1: *"I was sceptical at first about, about the coaching model 'cos I liked the one-to-one…[Y]ou're not as anxious as you haven't got as many eyes on you."*

Ultimately, however, all participants ultimately foregrounded the value of being thrown-in *together*, at least initially. The experience engendered by the shared aspect of the intervention was commonly lauded (and cited) as a source of confidence and support.

P1: *"[W]hen you're going to see a patient with, with the other students, none of you are qualified so you're…in it together…and you each get the chance to lead and follow and see how each other work."*

Rather than orienting to the authority of a clinical tutor around a presumed and singular 'right' answer in a practical circumstance, or at least that which might nominally satisfy said tutor, the participants commonly reported becoming increasingly concerned with finding a situationally 'useful' solution among themselves, as they would more likely do in full clinical practice.

P9: *"[E]veryone had different things and they could ask questions you didn't think or didn't want to ask or say [to a PE], and I don't know, it just worked really well."*

Given that the participants were not always immediate peers within any given working group, internal hierarchies nevertheless emerged. For the more experienced learners, the need to 'teach' others was widely viewed as a positive experience, and an (often unexpected) source of professional growth.

P15: *"The most I enjoyed was actually having a second-year student who had never been on placement before…it was a bit daunting at first, but I absolutely loved it, having to even teach her, like, note-writing, because it made me learn more."*

Some participants were, however, conscious that they became deferential to the more nominally 'experienced' learners in their group. This sometimes resulted in them comparing themselves unfavourably in terms of ability to those upon whom they had implicitly conferred a tacit 'tutor' role, undermining confidence. This, in turn, could stifle the very initiative that the coaching model was manifestly designed to foster.

P17: *"I didn't always say the stuff I wanted to if [named peer] was talking. He was really nice, but he just knew more than I did, and I think I just was happy to go along with what he said most of the time."*

Adapting to leadership and being led

Leadership emerged as a complex concept within the cohort of participants. Some described initial trepidation around having to take any order of personal leadership of their work without a PE auditing their every move. Most, however, ultimately felt liberated by the same circumstances.

P6: *"[S]o what we did is we would then say 'Right, one of you is the lead.' So, you get to see a patient together, you just say*

'This is our lead. I'll do all the questioning,…and if I get stuck, I'll give you sort of a look to say, you can step in now.' And that's generally what we did in the end. We just sort of, yeah, went with that approach to see if it worked well."

In terms of teamwork, meanwhile, most learners cited opportunities to lead and delegate within their group, and then being led and delegated to, as important to their professional development,

P4: *"I think I do enjoyed the coaching because…you got more responsibility…doing a lead on one week and…follow the other student on the other week. So, we take turns…I think it's more like, you've got more responsible on what you're doing. I feel more like you're treating the patients properly."*

Although, and linking to the issues of implicit hierarchies elucidated in the previous theme, the experience of being led - and delegated to - by other learners was more difficult for some than others.

P9: *"I wasn't so happy when [named peer] was in charge; she had her method, but never really told us what it was."*

Safety nets versus supervisors

It was commonly asserted that the coaching model exposed both strengths and weaknesses in performance much more than one-to-one supervision might, with significant impacts upon learners' confidence and sense of independence. The PE was understood to be 'there' within the coaching model, and supportive where necessary, but only as a failsafe. This was typically taken to challenge confidence initially, but boost it ultimately:

P13: *"Well, at the start it was…really challenging and difficult but…day by day it was getting easier, and I think that's what…gives a student a chance to develop. Just…expose yourself to difficult situations, and then being able to overcome them."*

P14: *"[E]arly on when they were like 'Alright, you know what, you choose* [how to go about things]*,'…and I was like 'Aarrgh.' I guess earlier on it was a little more difficult. But by the time they really gave us our own way…we were capable of acting out responsibly."*

In a few cases, conversely, the coaching environment was simply taken to be 'instinctive'; the role of the PE as a pure 'safety net' being a preference to that of a constant observer from the outset.

P11: *"I kind of knew that if I needed someone, I could go and get someone, but at the same time it sort of gave me the confidence to sort of pick up stuff and do stuff and take the initiative on stuff."*

Fast starts and variable ends in learning and experience

Allied to an issue raised in theme 1, all participants argued that they gained experience more quickly and creatively in the coaching environment than when 'trying to impress' a PE.

P2: *"I think when I was monitored more closely, I felt…I didn't really get to try out my own things and learn my own way, whereas if I am given a bit more responsibility I feel like I can get into the rhythm and learn."*

Moreover, the use of a structured learning log was commonly taken by some to be a useful auxiliary to their incremental growth as physiotherapists, although not always without caveats around different orders of placement.

P8: *"I think working that alongside the learning log, you could see the sort of day-to-day responsibilities that you were going to do so you could see it match up. Whereas when you just get a list of reading, and you don't really know how the system and the day-to-day working's going to be."*

P3: *"[T]he learning log was good though, it maybe just needs a little more tweaking for a community placement…it kind of keeps you on track of what you need to be doing each week, and what's expected…But maybe getting it sent out before you start?"*

For others, the same exact log was viewed as a labour at best, and a formality at worst in the business of doing a formal job.

P2: *"I think maybe the learning log [was an issue]…there's quite a lot to it so I wouldn't always be able look at it every week to tick off, so I found myself only doing it about maybe three times the entire six weeks, ticking off each box."*

In sum, the overall pattern of learning in the coaching model was viewed as highly positive throughout by most participants, with some actively expressing a clear preference over the conventional model.

P1: "*[A]fter being on the coaching model, I feel it did work better than my previous placements and…I wouldn't want to go back*."

However, a smaller number contended that, as time passed, the broad coaching model began to hold back their learning rather than advancing it; they felt that while it had provided a strong starting position, they had simply 'outgrown' it over time.

P7: *"[A]s time goes on, especially in the second [MSc] year…I guess you want that time on your own to feel more like a sort of just an autonomous professional."*

Discussion

As noted above, there remained (at time of writing) no substantial literature addressing the implementation of coaching approaches to physiotherapy placement supervision in the UK, although primary work by Dennis and

colleagues [16] around simulation-based placements in Australia evidenced high quantitative satisfaction and high competency outcomes among learners, each of whom managed a caseload of thirty simulated patients in hospital and outpatient settings, in teams of eight peer-supported learners to one supervisor, across the course of an eighteen-day intervention. The qualitative aspects of this work, alongside those in a range of studies in the wider AHP domain, help illuminate the findings reported above.

A key cross-cutting issue reported by the participants in the present study related to the incrementally positive impacts of the coaching approach on their working confidence. While most participants reported having had at least some initial trepidation regarding the high levels of independence that would be afforded to them, the great majority steadily grew in self-assurance, largely as an outcome of greater autonomy and corollary self-awareness. This is a recurrent finding across a broad base of (chiefly qualitative and mixed-method) primary studies of AHP-based coaching interventions [5,7,9,10,16,22]. The participants' allusion to their capacity to develop responsibility, teamworking and leadership skills without the structural hierarchies inherent in the mentoring model is a similarly persistent theme in related research, largely emanating from nursing [5,9,10,23], as is the often inferred 'ecological validity' of the coaching approach; i.e. that it is a particularly strong form of preparation for the team-based realities of formal clinical practice [5,9,10,16].

As also evidenced in current literature, participants routinely enjoyed the lighter-touch aspect of their interaction with a PE, given that it provided a relatively unintrusive 'safety net' [5,9,10]. The explicit claim (made by a few) that they had previously oriented their clinical judgements to what they thought their PE 'would want to hear' rather than what they thought would work best is, however, seldom reflected in parallel research. It is, however, with respect to the business of pragmatic group dynamics that the findings above have their greatest potential import for future implication of coaching placement interventions in physiotherapy and beyond. The bulk of the evaluatively-leaning studies in this domain emphasise the core efficacy of learners learning from each other, and particularly more functionally experienced learners leading the learning process [10,16,24]. It is also acknowledged in that some learners are clearly happier with leading than being led by peers (though seldom vice-versa), and that resolvable 'incompatibilities' can emerge within learner teams [7]. Although the findings in the current paper broadly confirm these positions, they also elaborate upon them.

Participants' accounts herein demonstrate that even when learners are nominal equals in educational terms, hierarchies can nevertheless emerge - and negative personal comparisons be made - based on inferred and often arbitrary characteristics, not least age and more generalised life experience. This can (to some extent) defeat the very point of the coaching model itself. In a very specific manner, this speaks to a long-established principle in the assembly of a positively-functioning jury; ensure that all participants are firstly likely to *see* each other as equals in the most salient terms, such that unhelpful deference on the grounds of perceived status, rather than strength of active argument, does not easily take root [25].

Limitations and clinical implications

The analysis above qualitatively details the experiences of a sample of UG and PG physiotherapy learners in the UK, the great majority of whom had previously experienced 'conventional' placements prior to their experiences of a coaching-model placement. While the common view of the coaching model itself was overwhelmingly positive, the specifics of the participants' experiences were highly nuanced, and prospectively instructive for placement managers in the UK's physiotherapy education domain, at a time when effective strategies for growing placement capacity - without loss of educational quality - are increasingly critical [1,5].

In terms of limitations, and while the sample size is large for a qualitative study of this order, it nevertheless remains a restriction on generalisability of findings. Similarly, the fact that the trial was run within a single NHS trust and administered by a single HEI could be viewed as a limitation, given the potential of this for delimiting the range of emergent findings. A trial involving a greater number of agencies would likely increase the range of geographic, demographic and administrative contexts in which learners could gain experience of the coaching model, thereby expanding the prospective range of findings relating to it. The high levels of convergence between the research reported here and extant knowledge in the domain would, however, indicate some useful transferability.

Conclusion

The positive experiences of the participants in the reported coaching placement intervention highlight that there is prospective facility in this manner of designing placement opportunities in physiotherapy, with a view to expanding overall capacity without necessarily increasing pressure upon the limited pool of PEs. Learners' broad embracing of the embedded freedoms of opportunity offered, and corollary growth in confidence, could also lend to a more practice-relevant approach to workplace preparation going forward. In order to make this function optimally, however, careful and sustained attention will be needed to the potential dynamics of specific group composition.

Further research would be of particular value around how inferred power dynamics between learners in the same coaching group can cause interpersonal tensions, how this can impact upon the type(s) of leadership expected in

coaching placements, and if those learners perceived to be 'more experienced' would ultimately gain as much benefit from peer-support as their counterparts.

Ethical approval: The research was approved by the University of Cumbria's Ethics Panel, ref: 20//04.

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Conflict of Interest

There are no conflicts to report.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.physio.2025.101463.

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