

(FES) Service Increasing student capacity using a different model of clinical education: The benefits and challenges

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Introduction

There has been a national demand by Health Education England (HEE) for all physiotherapy services to increase student capacity as part of longterm workforce planning. There is high demand for physiotherapy placements in Birmingham with three Higher Education Institutes (HEI's) in the area and a fourth due to start a physiotherapy course in 2023. Currently our Trust is required to provide 278 placements each academic year.

Functional Electrical Stimulation (FES) requires additional post graduate training in the use of assistive technology. As a result of this, students are unable to see patients on their own. FES has traditionally used a model of 1:1 full time or two part time clinical educators to one student.

Aims

- To increase student capacity within FES to meet increased demand of HEE and the HEI's.
- Introduce a new model of clinical education.
- To review the benefits and challenges of the new model on clinical educators, students and the wider team.

Methods

The FES Service introduced a model of two part time clinical educators to two students. The placement used aspects of collaborative learning and sharing of clinical educators supported by the wider team. Questionnaires were completed by students and educators at the beginning and end of the placement.

Peer Support – Social, emotional and practical *'I found it even more helpful for the emotional support of placement as it can be quite exhausting at times'* *'Trialling FES equipment together'*

Time utilisation *'Shared teaching times gave more interaction and doubled 'time value' compared to teaching students individually'*

Positive experience reported by students. *'I enjoyed working with another student'* *'Very positive, has been nice to talk to each other'*

Different Experiences *'It allowed me time as the student to work with other clinicians to experience different styles of physiotherapy'* *'Being able to experience other specialties in the building'*

'Appreciated the time that each clinician provided'

'Friendly Team'

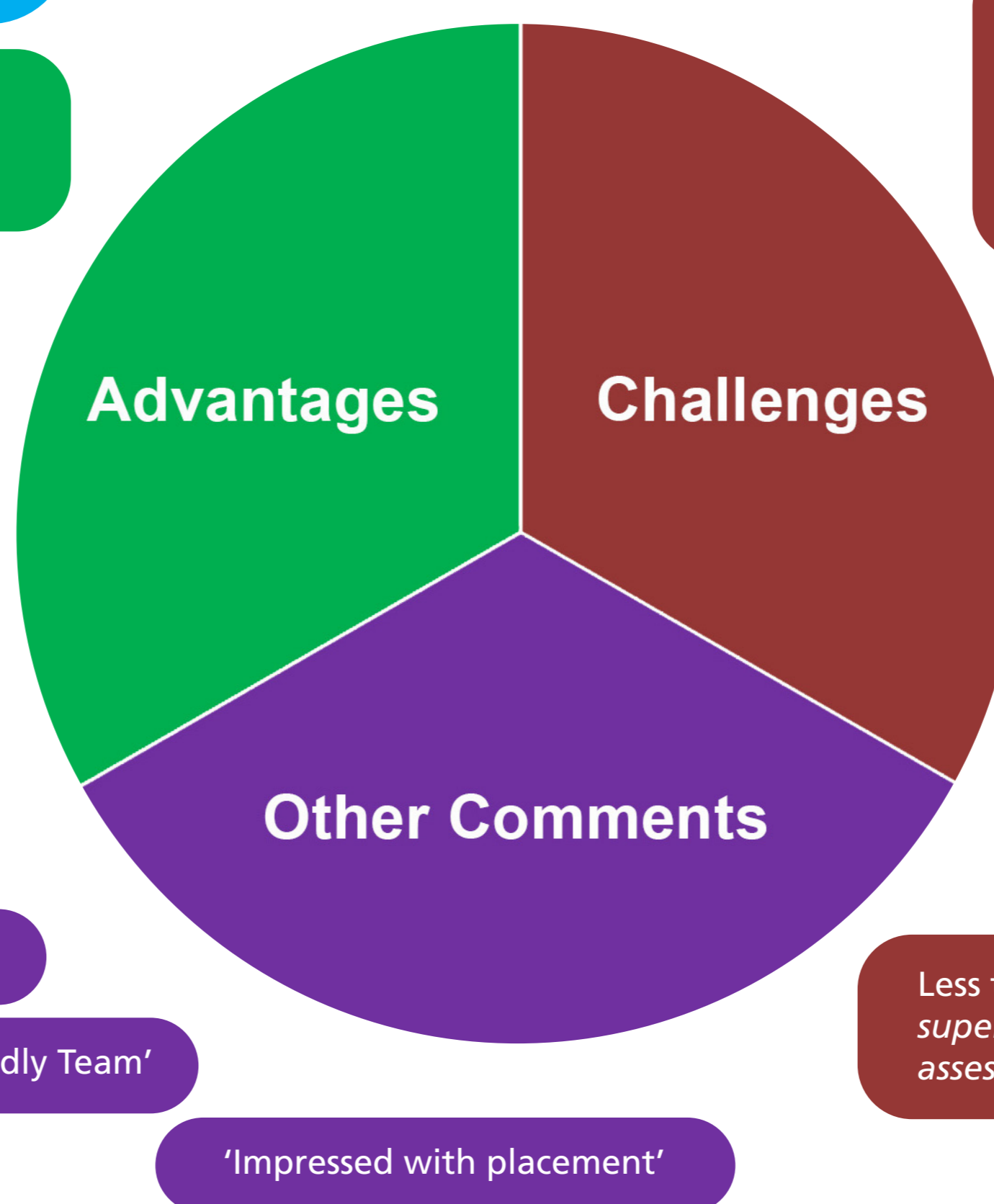
'Impressed with placement'

Results

Themes identified in the pre-placement questionnaire were mostly confirmed post-placement. Post-placement questionnaires showed a greater number of perceived advantages to the students compared to the clinical educators. Challenges were reported for both the students and clinical educators in having a part time clinical educator.

Pre-placement both students reported concerns about being compared to each other and struggling if learning at different speeds. Neither student mentioned this again in the post-placement questionnaire suggesting these perceptions were not a problem.

Both students and the part-time clinical educators reported in the preplacement questionnaire concerns about the ability to grade the students. In the post-placement questionnaire this remained a challenge for the clinical educators but not the students.



Time and clinical; implications *'I found that in order to make it work, I reduced my clinical activity level'* *'It was very difficult, I was very behind on my work'* *'Educator has to plan and prepare for coverage for students on nonworking days'*

Less Continuity *'There is less continuity on placement therefore it can be a little disrupted at times'*

Lack of space *'On 2-3 occasions, 4 of us were due to share a small office space'*

Less clinical time *'When looking to work with another clinician, they may already have the other student with them resulting in less opportunity'*

Less time with student/difficulties assessing *'As I wasn't supervising her very often I was not able to really assess her skills'*

Conclusion

Two students on placement at the same time has been a practical and positive experience and would be a suitable model to increase student capacity. The overriding challenge for the part-time clinical educators was the time implications and the impact on clinical activity delivered.

In response to the results, we will:

- Devise a simple feedback sheet for the wider team to support the students and clinical educators on feedback and grading of students.
- Review the clinic room priorities and provide non clinic environments for the students on placement.
- Plan placements and allocate clinical educators as far in advance as possible to allow time to plan timetables and diaries.
- Monitor the impact on clinical activity as well as staff health and wellbeing.

Despite the challenges faced, excellent feedback about the placement, clinical educators and the wider team was received by the students. This demonstrates the hard work and effort put in by clinical educators to have a positive experience for our future physiotherapy workforce.

References: <https://www.csp.org.uk/> and <https://www.hee.nhs.uk/>

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