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The class of COVID-19: Changes to the monitoring of the structure and case-mix of physiotherapy clinical placements

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Abstract

Background: Physiotherapy students spend approximately 1,000 hours outside of the university completing clinical placements, yet little attention has been devoted to the objective evaluation of the clinical placement experience and the client case-mix managed by students.

Summary: In this case description, the implementation of a clinical portfolio in response to the COVID-19 pandemic to objectively monitor physiotherapy students' clinical education experience is analysed. In addition, insight into the clinical placement variations that have necessitated the implementation of the clinical portfolio is provided. The potential impact of these changes on new graduate recruitment is also discussed and recommendations regarding the implementation of a clinical portfolio as common practice moving forward are provided. Future research is outlined that will ensure continued evaluation of the impact of the COVID-19 pandemic on physiotherapy clinical placements both during and after the pandemic.

Conclusions: The primary reason for the implementation of a clinical portfolio was to improve physiotherapy clinical placement monitoring during the COVID-19 pandemic and to support meeting the profession's rigorous accreditation requirements. The clinical portfolio design was practical in that it was online and flexible and had no direct financial cost to set up. The tracking of learning experience through a clinical portfolio recognises the breadth and variability of experience gained by students whilst on clinical placement. In addition to the refinement of clinical experience tracking, there was anecdotal reporting of improved student-clinical academic communication regarding their learning opportunities.

I BACKGROUND: PHYSIOTHERAPY CLINICAL PLACEMENT IN AUSTRALIA

In Australian physiotherapy education programs, the average number of clinical placement hours (work integrated learning) completed is 1,000 hours (Health Workforce Australia, 2014). Accreditation standards require that students demonstrate safe and effective management of clients in a variety of physiotherapy settings to attain physiotherapy registration on graduation (Australian Physiotherapy Council, 2017). Structured, mandatory clinical placements of four to six weeks in duration (Queensland Physiotherapy Placement Collaborative, 2020) provide students with an opportunity to apply physiotherapy knowledge and skills under the supervision of registered physiotherapists (Physiotherapy Board of Australia & Physiotherapy Board of New Zealand, 2015). Furthermore, clinical placements provide an opportunity to appraise student competence in authentic work environments through evaluating student performance against the Assessment of Physiotherapy Practice (APP) tool domains (Dalton et al., 2011; Dalton et al., 2012).

A *Impact of the COVID-19 pandemic on Clinical Placement Structure in Queensland*

The COVID-19 pandemic has significantly disrupted physiotherapy clinical placements both internationally and across Australia (Almeida et al., 2020). These disruptions include sudden cancellation of placements (e.g., cancellation of community/residential aged care placements if working with vulnerable populations, and suspension of non-essential services such as elective orthopaedic surgery); the reallocation of physiotherapy clinical caseloads (e.g., upskilling of outpatient physiotherapy staff and reallocation to inpatient settings), and subsequent modification of placement supervision models (e.g., telehealth, and/or change in clinical supervisor arrangements).

Throughout the pandemic to date, various restrictions have been applied by the Chief Health Officer of Queensland to student placements, the most recent of which, at the time of writing, requires students to be fully vaccinated against COVID-19 prior to entering a public hospital, residential aged-care facility or disability accommodation service for purposes of clinical placement (Queensland Government, 2021a). During the early response to the COVID-19 pandemic, the continuation of clinical placement continuation, where reasonable, was prioritised, and students were considered to be ‘essential workers’ (Queensland Government, 2021a). Currently, physiotherapy students are not considered ‘essential workers’ and cannot therefore enter hospitals for clinical placement within a ‘restricted’ Local Government Area (LGA) despite their full COVID-19 vaccination status. A restricted LGA is an area/zone within Queensland where restrictions are in effect subject to specific Public Health Directions (e.g., restrictions on entry to hospitals) (Queensland Government, 2021b).

Due to evolving COVID-19 restrictions, ensuring that our physiotherapy students continue to develop the required capabilities is a challenge for clinical education academics. Successful completion of both university-based and clinical placement assessment are required prior to graduation and transition to the workforce, and students’ timely graduation is essential for ensuring a sustainable future health workforce (Queensland Government, 2019). Irrespective of the dynamic COVID-19 pandemic landscape, our physiotherapy students need opportunities to demonstrate the required clinical competencies. To ensure we uphold the professional standards applicable to entry-level graduates and to meet the profession’s rigorous accreditation standards, innovation with regard to monitoring of student placement experience is required.

B *Historical Monitoring of Clinical Experience*

To ensure students gain experience in a range of clinical settings, the categorising of student clinical experience has been managed historically prior to placement through grouping placements according to the placements’ ‘clinical focus’ (e.g., musculoskeletal (outpatients), acute, rehabilitation and community/mixed). Categorisation is done through collating placement demographic information, including the setting (inpatient, outpatient, community), regionality

(metropolitan, regional, rural, remote), the supervision model (ratio of educator/s to student/s, educator prior experience), client demographics (age span) and 'clinical focus' (client case-mix, presenting conditions) from placement providers (Queensland Physiotherapy Placement Collaborative, 2020). This demographic information is then reviewed by university clinical academics prior to accepting a placement, to ensure it meets each student's required program of study. Finally, this process is repeated post-placement through the surveying of clinical partners/educators to confirm that the experience was in fact representative of the designated 'clinical focus' area of physiotherapy.

C *Clinical Portfolio Use in Health Education*

The implementation of a clinical portfolio is not new to health professional education. A clinical portfolio provides a strategy to document 'snapshots' of health professional students' learning experience to demonstrate the implementation of evidence-based practice (Coffey, 2005) and to provide an instrument for assessment (Coffey, 2005). Despite their potential to facilitate professional growth and reflective practice, support for clinical portfolio use in these contexts has been met by mixed success due to the required investment of time (Van Tartwijk & Driessen, 2009) and lack of student investment in reflective practice tasks (Constantinou & Kuys, 2013). Increased personal responsibility for learning can however be improved through the flexibility of an electronic portfolio and through supervisors providing regular feedback (Tochel et al., 2009).

II IMPLEMENTATION OF A CLINICAL PORTFOLIO

With elective surgery cancellations, redistribution of outpatient staff, and the emergence of new models of care including telehealth, the ability to predict student clinical experience through known historical case-mixes became increasingly difficult. To address the likelihood that historical demographic data may no longer be representative of student experience, an electronic student clinical portfolio was implemented.

The clinical portfolio was purpose-designed for the COVID-19 pandemic to improve the tracking of student experience both within individual placements and across their program. The overall goal was to facilitate clinical academics' ability to map student experience against the Australian Physiotherapy Council (APC) accreditation standards. The clinical program structure for the included cohort of students included five five-week, full-time clinical placements. The clinical portfolio was an online template table in Microsoft Excel (2016). To ensure confidentiality, each student had an individual password-protected clinical portfolio so that only the student and their clinical education academic could view the document. An occasion of service (OOS) or consultation was defined as an interaction between a client and physiotherapist-student physiotherapist team with a focus on therapeutic goals. For all consultations completed during only weeks three and four of their five-week placement, students entered de-identified information about the clinical setting, age group range, and the primary reason for the client requiring physiotherapy. By marking the corresponding box with an 'X', students could record whether the assessment was completed in an inpatient, outpatient, or community setting, and which body system the presenting condition primarily affected (cardiorespiratory, neurological, musculoskeletal or other). The broad client age domains that could be selected were 'paediatric' (0-17 years), 'adult' (18-65 years), or 'geriatric' (65+years), and the type of consultation options were 'face-to-face', 'via telehealth', or 'a simulated learning activity'. Student autonomy within the setting was also identified through recording whether students were the 'lead' during the physiotherapy assessment, worked in a 'peer-assisted' model, completed 'part' of the assessment in conjunction with their supervising clinical educator, or 'observed'.

Whilst the university considered it advantageous to monitor students' placement experience, to avoid adding to students' time pressures and to promote completion rates, an electronic and simple-to-complete design was selected. Furthermore, the clinical academic for the university performed a weekly check and provided written feedback on the completion of the portfolio. The decision to limit information to only weeks three and four was for the purpose of reducing the

impact of the documentation on students' workloads and improving the stability of OOS recorded. It has been previously documented that the number of OOS for student physiotherapists, irrespective of the clinical area, increases during weeks one through to three of placement, and then plateaus in the later weeks (weeks four and five) (Stoikov et al., 2018).

Table 1
Student Clinical Portfolio: with one completed consult example

Clinical portfolio		**9/9/2020**	**[Consultation Date]**
Setting	Inpatient		
	Outpatient	x	
	Community		
Age of Client	0-5		
	6-17		
	18-65	x	
	65+		
Primary Area/System	Cardiorespiratory		
	Neurological		
	Musculoskeletal	x	
	Other body system		
Your role	Observing		
	Part of Assessment		
	Peer to Peer		
	Lead	x	
Type of consultation	Face to Face	x	
	Telehealth		
	Simulation		
	Other		

A *Early lessons learnt from the introduction of a clinical portfolio*

The live online document shared between the student and the clinical education academic proved to be an effective method to monitor clinical placement experience as well as enhance the communication of students with clinical academic staff. The implementation of the clinical portfolio improved the clinical academics' ability to monitor students' placement experience. The clinical portfolio was used to identify differences in case-mix and autonomy depending on the clinical setting during the early responses to the COVID-19 pandemic. Clinical academics could check in real time whether the diversity of patients seen by students was 'as expected' in order to meet APC accreditation threshold standards, and if not, any future placement allocations could be adjusted to ensure a breadth of clinical experience. The clinical portfolio process can therefore aid the identification of the primary clinical focus and facilitate future allocation should a student need to bolster clinical learning in a particular area of physiotherapy (e.g., additional musculoskeletal, rehabilitation, or acute experience).

The tracking of the learning experience through a clinical portfolio recognises the breadth and variability of experience gained by students whilst on clinical placement. To meet accreditation requirements for entry level physiotherapy programs in Australia, students have to complete placements that provide opportunities to demonstrate competency in the key areas of musculoskeletal, acute care and rehabilitation (Australian Physiotherapy Council, 2017). The monitoring of case-mix therefore forms an important part of demonstrating that students have met threshold accreditation requirements. Moreover, monitoring also highlights that no two clinical education experiences will be identical. As physiotherapists we do not work in silos, and skills gained in all clinical settings are valuable and often transferrable (e.g., professional and ethical

behaviour, demonstration of clear written and verbal communication, being a reflective practitioner, and recognising one's scope of practice). The clinical portfolio can provide evidence of the breadth of a student's experiences across all clinical placements to give a holistic picture of their learning opportunities, rather than deeming a student 'work-ready' on the basis of them meeting the requirement of a clinical placement in a specific setting.

In addition to the refinement of clinical experience tracking, there was anecdotal identification of improved communication between students and clinical academics regarding their learning opportunities. This observation is consistent with previous research that demonstrated the role of organisational support and regular feedback in ensuring student uptake (Siggins Miller Consultants, 2012). Whilst the clinical portfolio design was not intended directly for summative assessment, this observation may suggest users of the portfolio felt increased responsibility for their learning, and further research is recommended to investigate if completion of the portfolio indirectly supports clinical placement assessment outcomes on the APP.

The clinical portfolio design was practical in that it was online and flexible and had no direct financial cost to set up. The two-week monitoring of client interaction also meant it had manageable time demands for both the student and clinical academic user. At the time of implementing the clinical portfolio, physiotherapy students were considered essential workers. The disadvantage of this two-week design in future is that students are no longer considered essential workers within the state of Queensland, and consequently clinical placements are subject to 'snap' lockdowns should an LGA and a specific hospital be subjected to as restrictions under health directive. A potential strategy moving forward would be to trial the implementation of the clinical portfolio across all five weeks of clinical placement with time-stamp tracking to evaluate the time cost for users. If the time cost is high, the portfolio could potentially be completed by a designated number of students at sites where multiple students are on placement, even if only to provide a 'holistic snapshot' of the learning experience.

III SUMMARY AND FUTURE DIRECTIONS

Irrespective of the COVID-19 pandemic response, the university plans to continue using the clinical portfolio to track the experience of students participating in physiotherapy placements. The decision to embed the clinical portfolio into regular clinical education practice, was due to the identification of improved student-academic communication regarding their learning opportunities and refinement of clinical experience tracking. One of the ongoing concerns surrounding the COVID-19 pandemic and clinical placements is ensuring that a sustainable number of students graduate and enter the work force as expected, and, importantly, that they will be work ready. The clinical portfolio has the dual benefit of providing evidence regarding physiotherapist students' learning experiences during an unprecedented time as well as potentially facilitating future evaluation of new placement models such a telehealth. The next step is to statistically evaluate findings collated to date through the clinical portfolio regarding student experience during the early response to the COVID-19 pandemic. Additionally, information from the clinical portfolio will be triangulated with student placement feedback and quantitative APP assessment scores to continue to evaluate the impact of the COVID-19 pandemic on clinical placements. In doing so, an ongoing comparison of learning models and the client case-mix of students participating in physiotherapy placements during and after the COVID-19 pandemic response will be possible. Lessons learnt from this evaluation will be recorded and peer-reviewed to allow dissemination among clinical education academics and clinical supervisors working with future graduating cohorts. Future research is recommended to track the employment of impacted health professional cohorts, and their transition to registered practice, through semi-structured interviews with both new-graduate physiotherapists and their employers.

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