Australian Journal of Clinical Education

Volume 2 Article 4

January 2018

Exploring the role and value of Pre-Clinical Experiences in a Physiotherapy program in the development of employability skills: a qualitative case series

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Recommended Citation

Edgar, Susan and Connaughton, Joanne (2018) "Exploring the role and value of Pre-Clinical Experiences in a Physiotherapy program in the development of employability skills: a qualitative case series," *Australian Journal of Clinical Education*: Vol. 2, Article 4. Available at: http://epublications.bond.edu.au/ajce/vol2/iss1/4

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Exploring the role and value of Pre-Clinical Experiences in a Physiotherapy program in the development of employability skills: a qualitative case series

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The authors wish to acknowledge the second year Physiotherapy students who participated in this study.

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Abstract

First and second year undergraduate Physiotherapy students from The University of Notre Dame Australia complete 55 hours of Pre-Clinical Experience (PCE) in the first two years of the program in the lead up to formal clinical placements. Anecdotal evidence from providers has identified the preparedness of students for their formal clinical placements as a result of PCE, however no research has been conducted to date on the outcomes of these experiences as viewed by students.

A case series of nine Physiotherapy students utilising focus group methods inclusive of Facebook feedback was employed to examine the experiences of Physiotherapy students and explore their thoughts on the role, outcomes and impact of PCE on their personal and professional development. Results demonstrated the value of early pre-clinical experiences in promoting 'other' personal skills including employability skills. Students valued the opportunity to liaise with professionals whilst also developing an appreciation of the relevance and context of prior learning undertaken at university, through the consolidation of foundational skills. This qualitative case series is a pilot study for a broader survey on the views of Physiotherapy students undertaking pre-clinical experiences during their program of study.

1. Introduction

Physiotherapy students in Australia typically undertake greater than 1000 clinical placement hours throughout their degree with the average mandatory clinical training requirement reported in 2012 as 991 hours (Health Workforce Australia, 2013). This Work Integrated Learning (WIL) is completed in a variety of settings with most clinical placements undertaken in the public sector (Health Workforce Australia, 2013) predominantly in the latter half of the degree. Research on Physiotherapy clinical education experiences in Australia to date has focussed on supervision and placement models (Stiller, Lynch, Phillips & Lambert, 2004) as well as workforce issues in supporting clinical education experiences (Buchanan, Jenkins & Scott, 2014; McMeeken, Grant, Webb, Krause & Garnett, 2008). Learner experiences of Physiotherapy students on clinical placements have been reviewed (Ernstzen, Bitzer & Grimmer-Somers, 2009) although the emphasis of previous research has been predominantly on the teaching and learning outcomes as opposed to broader outcomes including personal and professional development. Higgs (1992) emphasised the role of the student as a self-directed learner in the clinical setting and identified the importance of developing life-long learning skills in this context, enhancing employability. To date, Physiotherapy students undertake limited review of their employability skills and needs, linked to practicum experiences. However, Watts (2008) and Smith et al (2009) promote the importance of augmenting work-integrated learning experiences with career development learning and integrating the two in the tertiary sector. The role of early clinical education experiences in developing 'other' skills including the link between experiences and employability skills and attributes has not previously been reviewed. Developing an understanding of the student's view of this early skill development in a health professions program is important to determine the role and value of early WIL opportunities.

2. Background

Physiotherapy students studying a four-year undergraduate degree program at The University of Notre Dame Australia complete 55 hours of Pre-Clinical Experience (PCE) in first and second year of the program, prior to commencing their formal clinical placements. PCE has been undertaken as part of the Physiotherapy program since its inception in 2003 when students sought their own experiences, however in recent years has become more structured. Structured guidelines were introduced with students completing PCE hours from two categories: 'hands-on' and 'service learning'. 'Hands-on' experiences include supervised activities linked to the current curriculum including massage at sporting events and paediatric therapy groups in the community. 'Service learning' experiences include people-orientated service opportunities in a variety of community settings. Service learning hours provide students with the opportunity to interact, support and enhance community programs whilst gaining an understanding of social justice issues.

In first year, students complete 30 hours of PCE over 6 months, incorporating both a service learning component and hands-on hours. Within the first semester of second year, students complete a further 25 hours including 10 hours of hydrotherapy and 15 hours of hands-on experiences. Although hours must be completed as a coursework requirement, students have flexibility in how and where they complete their experiences and can choose to sign up or 'volunteer' for opportunities that are advertised by the PCE coordinator or seek their own approved experiences. Hands-on hours consolidate foundational skills taught in the first year of the program including massage and exercise prescription. Students are asked to incorporate hours across four areas in both years of their PCE: Geriatrics, Paediatrics, Disability and Sports. Engagement with industry in recent years has seen a variety of recurring PCE opportunities offered in these four areas. Students are required to submit a reflective journal for both Year 1 and 2 PCE with separate entries for service learning (Year 1), hands-on components (for both Year 1 and 2) and hydrotherapy (Year 2), each assessed against a rubric. Reflective journal entries are written in the STAR format with each entry describing a Situation, Task, Action and Result based on a theme. Hands-on entries are based on a theme relevant to the associated curriculum being a communication or professional behaviour theme in first year, and assessment in second year. The service learning reflective entry is based on a social justice theme with students choosing between a reflection on human dignity, family centred practice or service delivery. PCE is attached to a coursework unit of study in each year, with a passing standard achieved when a student gains an overall pass (or greater than 50%) on the rubric for each component of that year's submission.

Review of reflective journal entries has highlighted the value first and second year students place on their PCE hours. Anecdotal evidence from clinicians has highlighted the preparedness of Notre Dame undergraduate Physiotherapy students for their first formal clinical placement in the second semester of second year, particularly from a work-readiness perspective. No research has been conducted to date to formally collate students' perspectives of PCE including students' motivation towards learning experiences, as well as the impact of their experiences on their personal and professional development.

The aim of this study is to review the experiences of Notre Dame undergraduate Physiotherapy students completing PCE hours and explore their perceptions of the role, value and impact of these experiences. Focus group methodology has been used to allow students to explore their experiences and share feedback on their Pre-Clinical Experience hours. The results of this research will inform the researchers on broader themes to survey across a larger student group, on the value and influence of PCE hours from a students' perspective and the role of PCE in preparing students for formal clinical placement experiences. Results may also provide further insight into the development of 'soft skills' or aspects of employability gained early in a degree program.

3. Methods

Second year undergraduate Physiotherapy students (n= 72) were invited via email to attend a focus group in early 2016 with a member of the Clinical Education Team not involved in PCE coordination or assessment. The timing of the focus group at the beginning of semester one second year was to ensure proximity to PCE hours with participants either still completing or having just completed their Year 2 PCE hours. Three second year students attended the focus group face-to-face with a further six students providing comments throughout the discussion via Facebook. The three face-to-face participants had completed their PCE totalling 55 hours. One student attending the focus group face-to-face posted the focus group questions 'live' on the year group's Facebook page allowing students to provide comments and feedback throughout the focus group discussions. The Facebook dialogue was read aloud by this student, without any disclosure of identity, inviting further comments and discussions from the three face-to-face attendees. A further 66 students viewed the Facebook posts inviting comments and feedback during the focus group discussion time.

The focus group took place at the School of Physiotherapy, The University of Notre Dame Australia and lasted for approximately one hour. It followed a semi-structured format with pre-set questions as well as the opportunity for open-ended discussion. Questions included students' thoughts on the role, objectives and value of PCE as well as their attitudes towards these experiences. Students' personal and professional development through undertaking PCE hours, was also explored. To ensure participants gave their opinions freely, they were reassured that anonymity would be upheld with no one individual named in the process of collecting, analysing and reporting the data, with confidentiality assured. The focus group was audio recorded with the permission of the participants and transcribed following the event. Transcriptions were deidentified for analysis and reporting. Descriptive field notes were also taken by the researcher conducting the focus groups. Following transcription, focus group data were manually coded into themes and further into subthemes by both researchers independently. Researchers analysed the focus group transcripts independently to identify and describe the key themes expressed by participants. This enabled clarity and credibility around the key themes. Discussion regarding themes was then undertaken to reach consensus. Results were cross-checked against the transcripts and reviewed by both researchers and further refined. The study was approved by the Human Research Ethics Committee at The University of Notre Dame Australia (Approval number 016004F). An overview of the focus group discussions together with the key themes and subthemes identified, is presented in the results.

4. Results

Three participants attended the focus group with a further six second year students providing comments read from Facebook by one of the attendees. Sixty six students in total viewed the questions posted by one of the attendees on Facebook. The key themes identified in the focus group included: the role of PCE in preparing students for clinical placements including exposure to a variety of experiences; the link between their studies at university and the 'real world'; the opportunity to engage, both positively and negatively, with providers; and the role of reflection in assessing the experience.

A. Preparation for clinical placements

Participants highlighted the value they placed on PCE as a means of preparation for their formal clinical placements without the stress associated with a graded assessment item. One participant described PCE as a "...whole introduction to the environment that we're placed in without the added stress of being supervised and being graded allows you to relax more and learn more." Although not described by the clinical education team as 'work experience', one participant commented that "For me it was work experience..." and further emphasised that it was an "...introduction into what practical experience might be like in future years without the added stress of being assessed on it."

This preparation was further categorised by participants into learning how physiotherapists conduct themselves and encountering different "sorts" of people. One participant noted the skills she observed when a physiotherapist "encountered obstructions or hesitancies...and how they actually handled people." Another participant found value in noting "...how the physios would interact with the patients that they see and how they conduct themselves professionally." One participant commented that a "beneficial lesson" was exposure to people with different physical and intellectual impairments and further commented:

"Coming face to face with people that have a disability and at first, I guess that can be fairly confronting for somebody. But then it helps you realise that these people are people and you know you just need to find a way to work along or alongside with their disability."

One participant summarised PCE as "an exposure to things, public interaction, better communication and learning to deal with disability as not everyone's done that".

B. Variety of experiences

As a sub-theme to preparation for formal clinical placements, participants valued the exposure to a variety of clinical settings in Year 1 and 2 PCE with clients from across the lifespan. One participant commented "...they're aiming, I think, to try to get us to run through a range of different experiences which again is potentially beneficial." On finding out about PCE in first year, participants were keen to expand their early experiences with one participant reflecting on that time, "I was so excited ...so excited because these were things I hadn't done before. There were so many opportunities to choose from..." This variety of experiences was ideal preparation for further clinical experiences as noted by one participant:

"I think it was a really good experience to get to know what it would be like when you encounter different sorts of people on clinical placement so say when you go on a children's camp or you volunteered in an aged care setting so you know how to interact with different kinds of people."

A further participant noted that in their PCE experiences they "actually learnt how to build a relationship with the kids as well", noting the value of this for future paediatric clinical placements.

C. Link to 'real-world' experiences

Participants also reported that they noted a close relationship between the 'real world' and their studies which provided them with reassurance and motivation for engaging with their coursework. One participant noted:

"I was quite surprised to see the correlation between what we're learning and what we actually found. A lot of the terminology that's being thrown around in the course I actually found on placement."

Another participant concurred:

"...in terms of an outcome it helped me place more faith in the course not that I had a lack of faith in the course at the beginning but it helped me realise that what I'm learning at university has very real world applications."

D. Engaging with providers

Participants participating in the focus group valued the role of seeking their own experiences. This took self-management and organisational skills and "communication with the people organising the placement". This was seen by one participant as:

"...good for when you go out into the workforce. You haven't got a job handed to you on a platter. You need to go looking and emailing people and asking if it's possible to do some work experience hours with them so I think that's a good skill in itself to have."

Participants did report some negative issues with PCE related to engaging with providers with one student noting that it was hard to stop volunteering for experiences once organised hours were completed. One participant reported that "Once I've done my hours they keep harassing me to go back to do more". In contrast another participant commented that "saying no" was a "good learning skill in life" and could be seen as a useful experience.

The experience of dealing with volunteer organisations also highlighted for one student the importance of appreciating volunteer work in the community and noted "...for those who've never done it and objected, well at least they've perhaps seen...it takes a bit of effort, so when people are volunteers somewhere, don't give them a hard time." The opportunity to engage with volunteering was further emphasised by one student who acknowledged,

"...as people within a community, I've always had a strong belief in volunteering and community involvement and I think that's something that our jobs as physios somewhere or another you're going to be working with the community."

Two participants reflected negatively on engaging with the PCE hours, one noting that although they had choice in the providers to engage with for PCE, they were essentially "forced to volunteer" finding this frustrating. The tension between feeling like they were volunteering yet completing PCE "because you have to do the hours" was also noted by a second participant.

E. Reflection

The reflective journal assessment task generated mixed feedback from participants although it was generally acknowledged that this assessment was necessary for students to complete their PCE. One participant indicated that "my own placement wasn't overly complicated" which made it difficult to reflect and suggested a generalised summary rather than a personal reflection on a situation as a more useful outcome.

In general, students did consider there were benefits gained from writing a reflection including "...it actually pushes you to do what you don't enjoy doing or you're not good at" and "...it gets you thinking about improvements and how you can better yourself. I guess that's the whole point of your reflection." Two students commented that the challenge of writing the reflection was a beneficial outcome of PCE.

5. Discussion

Students in the early stages of their professional degree recognised the value of 'other' skills in undertaking PCE, including communicating with workplaces to obtain PCE hours and exposure to professional communication skills and clients with impairments. Learning to say 'no' to stakeholders was identified as one example of a difficult skill that was developed through the PCE process. They identified that these skills had relevance to their employability and development as a professional. Exposure early in the course to real-world applications also improved students' motivation and engagement through identifying the value of their foundational studies. This integration of theory and practice was identified as one of six dimensions of employability in a recent WIL study of higher education (Office for Learning and Teaching, 2014).

Of note, two students who reported negativity towards PCE felt 'forced' to volunteer, so appeared to view PCE as volunteering as opposed to pre-clinical opportunities or experiences, highlighting issues with understanding the purpose of PCE. This requires further investigation in a larger sampled study. Students also reported some issues with ceasing a PCE opportunity when they had accrued their hours, as volunteer organisations were keen for them to continue. The *Good Practice Guide for Students* (Volunteering to Learn, 2015) acknowledges that there is debate surrounding whether students who are 'required' to volunteer are truly classified as volunteering. The *Concept Guide for Terminology* (Volunteering to Learn, 2015a) noted that 'compulsory educational service learning' is not considered volunteering however the relationship between WIL and volunteering was noted as being unclear. Despite this, the development of both professional discipline-related skills and personal skills were highlighted as benefits of volunteering. It may be that further education on the role and outcomes of PCE, gained from this study, will ensure that future students view the PCE component of the course as a WIL opportunity with a defined role and outcomes as opposed to 'volunteering'.

Students found reflection on their experiences difficult although they could also see the value of undertaking reflection to ensure they completed their required hours. Reflective practice is a graduate attribute (The University of Notre Dame Australia, 2017) and has been identified as a key role for the Physiotherapy profession in the newly developed and introduced Physiotherapy Practice Thresholds (Australian Physiotherapy Council, 2015). Scaffolding of reflective tasks through the course may alter students' opinions on reflection as they become more experienced in this role. A study reviewing Physiotherapy graduates in their first year of practice highlighted the value they placed on learning to reflect during their undergraduate WIL experiences (Edgar, Francis-Coad & Connaughton, 2013).

The authors acknowledge the limitations of this study including the small numbers of participants in the focus group. One focus group of nine participants was undertaken which may not be representative of the views of the entire year group although 66 students viewed the Facebook comments on the day of the focus group. This case series is a pilot study for a broader survey on the views of Physiotherapy students undertaking pre-clinical experiences during their program of study.

6. Conclusion

This pilot study identified further areas for investigation in the role of PCE for undergraduate Physiotherapy students, in providing unique outcomes including employability skills and exposure to a variety of settings and clients. Further research will aim to refine the student outcomes of undertaking PCE with a larger sample, providing additional evidence for consideration by other institutions or professions when adopting or integrating work integrated learning early in the curriculum.

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