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New-Graduate Physiotherapists' Reflections on Training Experiences for Clinical Documentation

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ABSTRACT

Background: Clinical documentation is a core component of physiotherapy practice and a required competency for professional accreditation in Australia, however there is a gap in understanding how physiotherapists' documentation skills are developed.

Objective: To explore new-graduate physiotherapists' experiences and perspectives of learning clinical documentation in Australian entry-level physiotherapy programs.

Methods: A qualitative study, featuring inductive reflexive thematic analysis of semi-structured interviews with new-graduate physiotherapists who graduated less than two years prior from Australian higher education institutions.

Results: Sixteen new-graduate physiotherapists from six different entry-level physiotherapy programs participated. Four themes were generated to describe the data: 1) mixed experiences of learning documentation, 2) clinical placements are highly influential for skill development, 3) documentation education affects engagement in clinical settings, and 4) exposure, practice, feedback – repeat.

Conclusion: Strong views were expressed amongst all participants regarding the importance of documentation training, with high value placed on early and repeated opportunities for exposure, practice and feedback when learning documentation skills. Authentic or 'realistic' settings for skill development were most influential, such as practical classes, simulation activities and clinical placements. Concerns were raised regarding inconsistencies in training experiences. Implications for enhancing entry-level physiotherapy training in clinical documentation are discussed.

I INTRODUCTION

Clinical documentation—the act of composing or reading documents relevant to clinical care—is integral to effective physiotherapy practice and fulfills several key functions, including recordkeeping, communication between relevant stakeholders, facilitation of clinical reasoning, and evidence for funding reimbursement, clinical research and quality-improvement efforts (Hammoud et al., 2012; Kuhn et al., 2015; Mamykina et al., 2012). Physiotherapy clinical documentation encompasses many different genres of writing (e.g. records, reports, formal/informal communications, and standardised templates) and may be composed with different modalities, including pen and paper, electronic input (keyboard or tablet) and verbal dictation with voice-to-text conversion. Research has further emphasised the importance and prevalence of clinical documentation across healthcare professions, indicating that documentation tasks can occupy a significant portion of a health professional's employed time (Arndt et al., 2017; Sinksy et al., 2016). Ongoing challenges with maintaining safe, effective and legal practice of clinical documentation feature extensively in literature across all healthcare professions, including physiotherapy. Specific concerns have been identified with the accuracy, structure, content and redundancy of clinical documents, in addition to difficulties navigating documentation-related workloads and systems (Arndt et al., 2017; Harman et al., 2009; Häyrynen, 2014; Olawale et al., 2015; Partia, 2014; Phillips et al., 2006; Pullinger & Franklin, 2010; Richoz et al., 2011; Rowlands et al., 2022).

Work readiness refers to whether graduates are sufficiently skilled to meet the demands of professional work and employer expectations (Caballero et al., 2011; Cake et al., 2022). In Australia, higher education institutions are responsible for preparing physiotherapy graduates to practice all aspects of clinical documentation at a minimum threshold according to professional requirements and guidelines (Australian Physiotherapy Association [APA], 2017; Physiotherapy Board of Australia [PBA] & Physiotherapy Board of Zealand [PBNZ], 2015). A review of the literature highlights concerns that healthcare graduates may feel underprepared for professional practice. New-graduates in healthcare professions such as occupational therapy (Toal-Sullivan, 2006) and nursing (Merga, 2016) report discrepancies between their training and the reality of workplace demands. Challenges have similarly been identified by new-graduate physiotherapists in Australia, who felt ill-prepared in the face of increases in caseload volume, patient complexity and expectations of autonomous practice (Stoikov et al., 2022).

Evidence from the body of work investigating preparedness for physiotherapy practice indicates that clinical documentation may be a specific area of concern. In a retrospective survey, 74% of physiotherapy students responded they were underprepared for 'patient record keeping' on clinical placement, and further identified 'teaching record keeping' as a key weakness of their pre-professional education (Thomson et al., 2014). Final-year physiotherapy students in Ireland reported challenges producing written documents such as interprofessional letters (McMahon et al., 2016), while physiotherapy students in America highlighted that their foremost struggles on clinical placement were centred on documenting, managing documentation systems and co-signing of notes (Struessel et al., 2019). These concerns are not unique to physiotherapy; inadequacies have likewise been established in documentation training provided to multiple disciplines of health professional students (Downs, 2017; Raghunathan et al., 2021; Rowlands et al., 2016).

Despite the critical role of clinical documentation, research specifically investigating training and preparedness for entry-level practice of clinical documentation in physiotherapy is distinctly lacking. Literature on teaching and learning in healthcare professions has emphasised the importance of moving beyond acquisition of solely competency-based learning objectives, to facilitating learning in context of 'knowing, doing and being' (Barradell, 2017; Patton et al., 2013). This may be especially important in context of a rapidly changing health information landscape (Australian Institute of Health and Welfare [AIHW], 2022), which necessitates that pre-professional training programs equip new-graduates with adaptable, dynamic skills to ensure their success and efficacy as health professionals (Stewart et al., 2016). This study aims to contribute

to the understanding of entry-level physiotherapy documentation training experiences and needs in Australia, as perceived by new-graduate physiotherapists. Results may influence curriculum development to enhance new-graduate physiotherapist preparedness and transition to work, addressing concerns regarding work readiness, safety and efficacy in this key area of practice.

II METHODS

This study featured a qualitative methodology, implementing reflexive thematic analysis of semi-structured individual interviews (Braun & Clarke, 2021a) to generate meaning by examining data at the interface between relevant theoretical knowledge and researcher subjectivity. This analytical approach was chosen to utilise the extensive experience of the author team as a resource for understanding participant experiences. To ensure transparency, the perspectives, characteristics, and experiences of researchers involved in data analysis have been considered. The author team is comprised of individuals trained in physiotherapy, with significant combined experience in teaching physiotherapy curricula, supervising physiotherapy students, and conducting research into physiotherapy training and new-graduate transition.

Ethical clearance for this study was gained from The University of Queensland Institutional Human Research Ethics (2022/HE000348).

A Participants

New-graduate physiotherapists were recruited via purposeful, snowball sampling. Inclusion criteria required that individuals be currently employed as physiotherapists in the Australian workforce, having graduated from an entry-level physiotherapy program in Australia no more than two years preceding (Chipchase et al., 2008). Contacts of the research team (e.g. registered physiotherapists and academics) were asked to approach suitable candidates and gain consent-to-be-contacted by the research team. Interested individuals were subsequently provided with a participant information sheet and consent form via their preferred contact method. Recruitment efforts were ceased when the sample was considered to possess sufficient richness of data and diversity of perspectives with respect to the research aims and pragmatic constraints (Braun & Clarke, 2021b).

B Data Collection

A semi-structured interview guide (Table 1) was developed to facilitate discussion regarding participants' training experiences for clinical documentation, employing open-ended questions to encourage depth of response (Gale et al., 2013). This series of questions was composed collaboratively by the research team who possess expert knowledge of new-graduate practice and research in the field of teaching and learning. The interview guide was piloted with a single new-graduate physiotherapist, the outcomes of which informed amendments to question phrasing and order. Further adjustments to the question guide occurred during data collection, secondary to researcher reflexivity.

The lead researcher (SW) conducted interviews from April to July 2022 via telephone or audio-only teleconference call to facilitate cost-effective and flexible access to geographically dispersed participants (Horrell et al., 2015). Interviews were conducted in a participant-led manner without any specific constraint on time duration. The interview guide was implemented throughout at the discretion of the interviewing researcher (SW), and participants were also provided with a definition of clinical documentation to ensure a common understanding for subsequent discussion. Researcher insights and perspectives were captured in accompanying field notes.

Table 1
Semi-Structured Interview Framework

Example interview questions
How prepared did you feel for clinical documentation upon commencing professional practice?
What aspects did you feel ready / not ready for?
What influenced your preparedness / understanding in this area?
Describe the education you were provided for clinical documentation skills.
Describe the extent to which your education prepared you for documentation?
How could we best prepare student physiotherapists for clinical documentation?

C Data Analysis

A reflexive approach to thematic analysis was implemented, as described by Braun and Clarke (2021a). Interview data were transcribed verbatim from the audio recordings by the lead researcher (SW). Edits were undertaken to ensure readability and anonymity, omitting all identifying details, minor speech hesitations and repetitions. Transcripts were manually checked against the recordings for accuracy and to ensure meaning was not altered.

In a reflexive qualitative methodology, analysis is understood to be situated within researcher subjectivity (Braun & Clark, 2020) - therefore analysis was undertaken by two researchers (SW and RM) to allow meaning to be constructed from the data in context of two different researcher perspectives. The lead researcher (SW) was considered well positioned to conduct the analysis, given her immersion in the data and knowledge of the 'central phenomenon' being investigated. To ensure appropriate breadth of analysis, a second researcher (RM) also completed an analysis of the data. Both SW and RM have a background in clinical physiotherapy, teaching within entry-level physiotherapy programs, and conducting qualitative analysis. The results are thus a product of collaboration between these two researchers.

Both researchers immersed and familiarised themselves with the data prior to generating initial codes, to ensure both researchers were sensitised to the data (Patton, 2002). Interview data were coded separately, using an inductive method to capture semantic meanings identified in experiences, thoughts and feelings described by participants. Themes were subsequently developed from patterns of codes with similar surface meanings or united by a common concept (Braun & Clarke, 2021a). The researchers met on two occasions to compare and discuss variations in interpretation of data, ensuring that final analysis was a product of collaboration. Once theme development was finalised, the 'story' of each theme was solidified by the entire research team during write-up of results and design of a thematic illustration.

III RESULTS

A total of 16 interviews were conducted, with interviews lasting approximately 30 minutes on average (approximate range of 20 to 40 minutes). Participants had a mean age of 24.31 years (range 21 to 32 years), the majority were female ($n = 9$, 56.25%) and most were employed within private practice ($n = 7$, 43.75%) or community healthcare settings ($n = 5$, 31.25%). Six different entry level physiotherapy programs (both undergraduate and postgraduate) were represented in the participant sample, distributed across five separate higher education institutions. Participants reported using a variety of clinical documentation modalities, including paper-based and electronic formats, both during training and upon entry to the workforce. Further demographic information is outlined in Tables 2 and 3.

Table 2
Participant Demographic Information

Age, mean years	24.31
Gender, n (%)	
Female	9, 56.25
Male	7, 43.75
Work setting, n (%)	
Hospital	4, 25.00
Private practice	7, 43.75
Community healthcare	5, 31.25
Physiotherapy degree, n (%)	
Bachelor	13, 81.25
Graduate entry Masters	3, 18.75
Education institution, n (%)	
A	8, 50.00
B	2, 12.50
C	2, 12.50
D	3, 18.75
E	1, 6.25

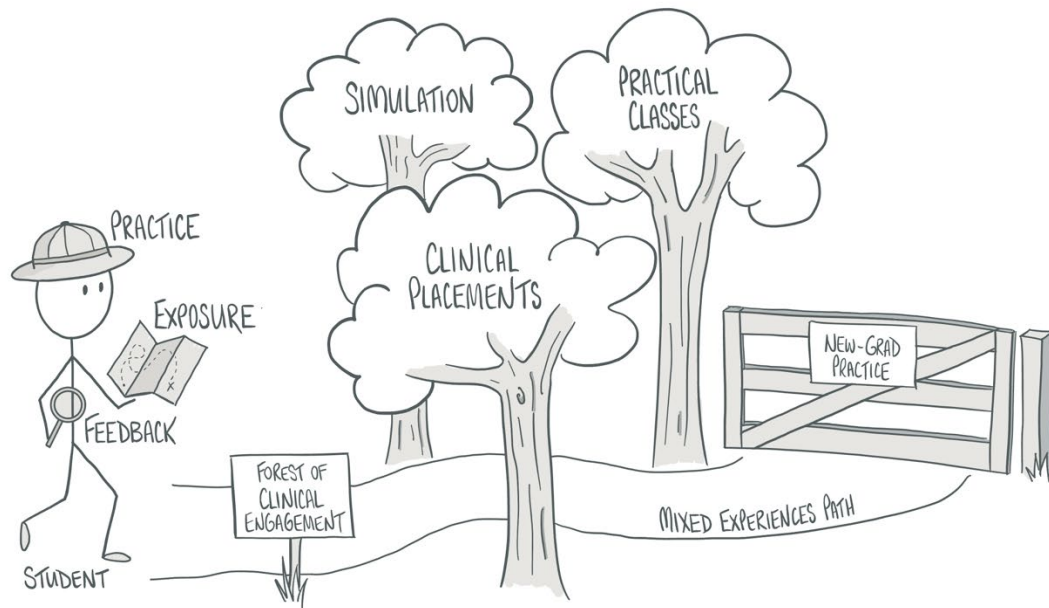
Table 3
Individual Participant Details

Tag	Age (years)	Gender	Work duration (months)	Work setting	Location of work
P1	24	Male	19	Private practice	QLD
P2	22	Female	1	Hospital	QLD
P3	27	Male	7	Private practice	ACT
P4	23	Male	19	Private practice	QLD
P5	26	Male	7	Private practice / hospital	VIC
P6	23	Female	18	Community healthcare	QLD
P7	23	Female	7	Community healthcare	QLD
P8	23	Female	18	Community healthcare	QLD
P9	27	Male	18	Private practice	QLD
P10	26	Male	18	Private practice	QLD
P11	32	Female	18	Private practice	QLD
P12	25	Male	17	Private practice	QLD
P13	21	Female	6	Community healthcare	QLD
P14	22	Female	6	Hospital	QLD
P15	24	Female	18	Hospital	QLD
P16	23	Female	18	Private practice	QLD

QLD = Queensland, ACT = Australian Capital Territory, VIC = Victoria

Four themes were generated from the interview data following analysis: 1) mixed experiences of learning documentation, 2) clinical placements are highly influential for skill development, 3) prior documentation training affects engagement in clinical settings, and 4) exposure, practice, feedback – repeat. Themes are expanded upon below, with additional quotes included in Table 4. A thematic illustration is provided to summarise interconnectivity of themes (Figure 1).

Figure 1
Thematic Illustration of Results



A Mixed Experiences of Learning Documentation

Participants described mixed accounts of learning clinical documentation during their pre-professional training; some participants felt strongly that their entry-level program prepared them well in this domain, while others perceived that their education was inadequate for their needs. These differing experiences contrasted starkly, and each view was represented approximately equally within the participant group.

I would say we did enough documentation at uni to prepare us for it. I felt like I was ready. (P9)

I don't think you're prepared for it [documentation] leaving uni... a lot of it was kind of figuring it out myself. (P1)

When discussing their entry-level physiotherapy programs, participants made a clear distinction between their curriculum-based learning, and their experiences learning on documentation clinical placements. Whilst most participants felt documentation was best learned in authentic clinical contexts (such as those encountered on clinical placements), curriculum-based learning was seen as an important stepping-stone to learning documentation in a safe, controlled, low-stakes environment.

We had documentation introduced fairly early on... we'd have a case, and after we'd finished the practical part we'd have to document it, which was good. So that part I was comfortable with. (P11)

We were tasked with specific and relevant simulations of a chart entry that we were supposed to write out for a [simulated] patient... what we did in those [simulations] was very similar to what I am doing now in my role. (P10)

A number of participants indicated that whilst some documentation education was included in their curriculum-based learning, they were not provided with sufficient opportunities prior to clinical placement to develop documentation skills. At a minimum, most participants were able to practice reading written summaries or excerpts of clinical documents for case-based learning, however this was seen to be overly simplified and lacking authenticity or context. Furthermore, opportunities to practice composing documentation were often absent.

I would say zero [preparedness]. I think the written documentation aspect of it came very late in the [program] - I think in fourth [final] year - and in a very short window of time... and we were pretty much just flying by the seat of our pants. (P6)

We barely really learn how to properly document a patient all the way until when we were on placement. (P16)

These participants felt documentation was not prioritised in comparison with learning other professional skills, given that few opportunities were provided to practice documentation skills or receive constructive feedback.

Low importance was placed on [documentation] compared with me developing clinical reasoning skills and assessment, treatment skills. (P1)

Documentation is such a massive part of placements, but it's not a massive part of uni... [curriculum-based learning] is definitely more practical and hands on... it's good to have that, but just a little bit more in documentation before we graduate would be great. (P8)

This perceived 'de-prioritisation' of documentation skills contrasted with participant-held beliefs; despite the differences in learning experiences, all participants expressed a shared value of the importance of documentation education. Satisfying medicolegal aspects of clinical documentation emerged as a strong impetus for developing these skills.

[Documentation] is also important from a legal perspective - we have our notes requested from lawyers and courts and all that stuff all the time. So obviously, it has to be super detailed... I think it's extremely important. (P9)

Overall, documentation skills were viewed as integral to physiotherapy practice, and accordingly participants wanted to feel adequately equipped for practice by their educational institution in this domain.

As part of a four year degree, I would want the flexibility to go between areas [of physiotherapy] and be prepared for all of them, and to have those resources to refer back to in the future as well. (P10)

B Clinical Placements are Highly Influential for Skill Development

All participants referred to their clinical placements as playing a powerful role in developing clinical documentation skills. The 'real-world' or vicarious practice of documentation skills on placement was key to the value offered from these experiences. Participants also noted the importance of consolidating their skills across different contexts (e.g. a variety of workplace and healthcare settings).

We had a couple of tutorials... but it just doesn't stick. It's writing notes on paper for a thing that you're not really doing - it's just not going to cut it. You need that real world experience. It was really only placements that did it. (P3)

Because documenting at the hospital was so different to documenting at the private musculoskeletal clinic versus a special school... just getting practice over a few different settings was really, really helpful. (P7)

A significant portion of learning in documentation was attributed to the teaching and guidance of their clinical educators; and for some this represented the only memorable opportunity to be taught clinical documentation skills in their entry-level program.

I didn't feel prepared initially... I was quite lucky with very reasonable educators who kind of assumed you didn't know anything on the first day and taught you everything. (P13)

Basically, my educator [on clinical placement] taught me how to document. It wasn't something I knew beforehand. (P14)

The expectations of clinical educators was consequently said to shape the emphasis placed on documentation education within a placement, and also the nature of guidance and feedback offered in this skill area.

On placement... you're very moulded, because you obviously do what your educator wants you to do, and how your educator wants you to chart. (P6)

Reflecting on placements, participants acknowledged that experiences of learning documentation varied greatly between different clinical educators. At times this inconsistency presented difficulties for participants who felt frustrated and challenged by the shifting standards.

It definitely depended a lot on the educator - one wanted us to be very thorough, others were happy for us to be more flexible in what we wrote. (P4)

I think probably one of the harder things... physios have different expectations on documentation. So it was almost specific to the person that is your supervisor [clinical educator], not necessarily the actual type of placement. (P2)

Inconsistency amongst documentation learning on placements had a profoundly negatively effect on perceived preparedness at times, especially when placement settings or documentation style did not reflect the participant's eventual place of work as a new-graduate.

Well if you'd asked me after two of my placements, I'd say completely no [to being prepared for documentation]. The last two [placements] just happened to be helpful in that regard. (P3)

C Prior Documentation Training Affects Engagement in Clinical Settings

Prior training in clinical documentation skills had a profound influence on the ability for participants to engage meaningfully in clinical settings; for better or for worse. For some participants, a perceived lack of prior training resulted in a significant gap between participant documentation skill level and the realities of clinical practice. This was a key source of stress and added pressure—especially on clinical placements—attributed to the increased cognitive load and time burden associated with attempting documentation with inadequate existing skills and knowledge.

Looking back at my placements... a lot of my brainpower or cognitive load was on doing those charts rather than focusing on the actual clinical aspects. (P12)

Participants also discussed that documentation was a key source of evidence for their clinical reasoning, especially when being read by clinical educators. This placed extra weight on their documentation skills as a student in light of ongoing assessment, and thus appeared to contribute to the overall picture of stress and pressure.

It took me a lot of time to actually write my notes, because I had to think so much about how I was writing it. And when you're on a placement with two or three students to an educator, and they can't watch everything you do—your documentation is your reasoning... I found that kind of hard. (P14)

Conversely, participants who described adequate prior documentation training reported positively on their ability to close any gap between learning and reality by adapting existing skills, reporting no serious additional stress that impacted upon their learning.

I can't speak for everyone, but I didn't find that I got to placement and thought, 'Oh, my goodness, I have no idea how to document'. For me, it's a self-explanatory thing... very logical. (P7)

Additional opportunities to learn and prepare for documentation would have alleviated stress for some participants and allowed them extra time to focus on skill development in other professional areas.

It was an area that was definitely overwhelming at the start... being more comfortable with it, I maybe would have had more time to pick up more patients or see other things [on placements], because it did end up being quite time consuming. (P15)

Particularly on your first couple of placements, [with prior skills] you'd spend less time stressing out and staying back longer than you need to just because you're trying to do all the right things. (P5)

I'd prefer us to be a bit more on top of that [documentation] prior to the placement because obviously... the first placement you're definitely going to struggle a lot... and spending ages on writing. (P16)

D Exposure, Practice, Feedback – Repeat!

Irrespective of the training received, three key learning opportunities were common to most participants when discussing documentation skill acquisition and preparedness: i) exposure to a variety of documentation types, ii) vicarious practice reading and composing documentation, and iii) provision of constructive feedback. In all instances the emphasis was on authentic and practical learning experiences over didactic teaching. Opportunities for simulated learning were highlighted as being especially valuable for documentation skill development within constraints of curriculum-based learning.

Talking about something doesn't help me to learn as much as doing it myself. If I spend the time to draft in my head what I want to say, write it down, reflect on it after I've done it... going through the actual process, I think that I retain it better. Context based learning was the best for me, it helped me the most. (P10)

Participants expressed an almost unanimous desire for clinical documentation to be prioritised and absorbed into the backbone of entry-level curricula, with these skills covered alongside practical clinical skills in a way that mirrors eventual professional practice. The benefits of being taught documentation throughout the curriculum were highlighted, and participants who did not possess lived experiences to reflect on still spontaneously expressed a similar desire to have been introduced to documentation at an earlier stage.

The way [documentation] was taught, you learned all your clinical stuff and then... they went, 'By the way, this is how you chart all of that'. Making [documentation] a core part so that you have to think about it less would definitely be very helpful. (P12)

We can even start [learning documentation] in first year... that would be a good way to start to get more practice. Because later down the track we'd be learning upper limb, lower limb, lumbar, cervical, and we actually have a lot of opportunity to practice [documentation] on that. But we didn't. (P16)

Exposure to a variety of clinical documents that were reflective of actual professional practice was also desirable, for participants to feel prepared and practiced in the complexities and realities of clinical documentation.

In all my placements, I always had exposure to at least some kind of report or email to someone, or a treatment summary or referral... to make sure I had exposure to different kinds of documentation styles. (P13)

I feel like we didn't get exposure to examples as much. I remember learning from lectures a templated kind of documentation... but there could have been more real-life examples. (P2)

Throughout all of these learning opportunities, participants expressed that the ability to receive individualised feedback from educators was useful and valuable in their learning journey.

I have positive things to say about our uni because we were small... very one-on-one, very personalised. (P8)

Table 4
Supplementary Quotes

Themes	Example quotes
Mixed experiences of learning documentation at university	I can't remember any sort of preparation [for documentation] other than just the odd comment of making sure your notes are up to date and legible... actually learning how to write one, that preparation was done all on placement. (P4) [Documentation] is one of the things that gets brought up every now and again, but isn't practised. (P5) First semester, first year, we learned how to document... we had a prac exam where we did a subjective and objective assessment with someone, we had to record it, and then write notes based on that. (P8) I think [documentation] was introduced in the first year [of training], even if we weren't expected to produce it ourselves... and the further we went along, the more we were expected to be able to do ourselves. (P11) During the classes at uni, the first time I saw a chart entry was in a [third year course], and I did not know how to read it properly... the expectation seemed to be there without any training. It was fine, because you learned that on placement, but it was definitely slow at the start. (P15)
Clinical placements are highly influential for skill development	I really got better at my documenting on placement, and I found coming into work that it kind of flowed on. (P7) From three of my four pracs, the charting was quite high quality... and the supervisors were dedicated in bringing that out. But the other one—if that placement had been my only prac, then it wouldn't have been too helpful in terms of charting. So getting that consistency is very important. (P12) Definitely in terms of documentation, I felt like placements was where I learned all my documentation. (P13)
Prior documentation training impacts clinical engagement	You're worried about all the actual practical stuff at the same time, then after you go through that—which is quite stressful in itself—you have to take a deep breath and think, 'Oh no, now I've got to do my notes and it's going to take me a little while as well'. (P5) [Documentation training] would mean less stress. Because it's already a challenge transitioning into clinical practice, and there's so many new skill sets you have to learn... it's such a heavy change, that having one less thing to focus on would have just made everything a little bit easier. (P10) I think it [documentation training] would have calmed the nerves a bit... because it's a lot of pressure and not much time to execute. And then you do hopefully pick it up quite quickly. (P15)
Exposure, practice, feedback – repeat!	I think that probably more exposure on what documentation looks like, and what correspondence looks like, between other allied health disciplines and other health professionals would have been useful. (P6) We ran our normal class where... we learned all the tests, and then towards the end, we would do a case study where we would get the case, come up with what we wanted to do and then document it... so we did a little bit of documentation at the end of each class. (P9) If we were to introduce that [documentation] a lot earlier and even just on a slower pace, you'd get people more comfortable about accepting that it's not just about assessment and treatment – you've still got other stuff to do. (P16)

IV DISCUSSION

Despite variations in reported experiences, new-graduates from different higher education institutions and entry-level programs across Australia have highlighted similar strategies to support learning of documentation skills. This can be summarised as providing sufficiently diverse and realistic opportunities for exposure, practice and feedback, ideally scaffolded throughout the duration of entry-level training programs to integrate with learning other clinical skills. This research further highlights the perceived importance of authentic learning opportunities to develop documentation skills that readily translate within and between contexts. Engaging in authentic learning experiences that reflect the complexities of practice is strongly advocated within health education literature (Barradell, 2017; Dwamena et al., 2012; Koh et al., 2008). This includes developing skills in the range of clinical documentation modalities (e.g. pen and paper, electronic input, verbal dictation) and different genres of writing (e.g. records, reports, formal /informal communications, and standardised templates) required for effective physiotherapy practice. Valuable learning activities identified in this study included simulation, case-based practical classes and clinical placements.

Clinical placements are a fundamental component of entry-level physiotherapy programs, supporting students to integrate theoretical and practical knowledge (Koontz et al., 2010; Spencer, 2003), develop independent clinical reasoning (Ryan & Higgs, 2008), and work within multidisciplinary teams (Dudouloz et al., 2010). New-graduates in this study placed a strong emphasis on the role of their supervisors in teaching and providing feedback for clinical documentation on placement, which has previously been demonstrated as key to student learning, self-esteem and motivation for improvement (Clynes & Raftery, 2008). Despite this, inconsistent expectations between clinical educators caused challenges and confusion for new-graduates. In Australia, there is currently no standardised way of teaching clinical documentation during physiotherapy placement, and clinical educators supervising physiotherapy students on placements in Australia have reported challenges with lack of standardised documentation assessment or feedback methods (Field et al., 2023). Existing guidelines outlining best-practice of physiotherapy clinical documentation in Australia (e.g. APA, 2017) provide minimal explicit guidance on teaching and developing documentation skills in learner populations, such as entry-level students and new-graduates. A framework providing specific guidance around principles and methods of teaching documentation skills may ensure learners receive experiences that are consistent and valuable, therefore supporting the development of adaptable skills that facilitate autonomous practice.

New-graduates from this study noted that limited prior training in documentation skills was a source of stress and increased pressure on clinical placement, similar to findings from McMahon et al. (2016) which reported 'record keeping' as a precipitator of stress during placements for physiotherapy students in Ireland. This suggests that sole reliance on clinical placements to deliver authentic and realistic learning opportunities is likely impractical, and there may be value in ensuring documentation training is included in pre-clinical curriculum. New-graduates in the present study emphasised the value of curricula-based learning activities, with opportunities for observational learning and experiential learning (such as simulation activities) perceived to positively influence documentation skills. Simulated learning of clinical documentation has been reported extensively in medicine, nursing and pharmacy as an effective approach to improving skills and performance (Krushniruk et al., 2014; Padilha et al., 2019; Verkuyl & Hughes, 2019; Wilbanks et al., 2018). The concept of scaffolding also featured prominently when new-graduates were describing helpful training experiences, where documentation was integrated across the program with increasing levels of expectation and complexity. To equip students with essential knowledge and skills in documentation, ideally training programs should invest in scaffolding learning before, during, and after clinical placements (Stephenson et al., 2014; Warboys, 2014).

Whilst new-graduates spoke with one voice in respect to helpful learning strategies, mixed reports of learning clinical documentation emerged. This was not entirely unexpected, given that new-graduates represented several different entry-level physiotherapy programs across different

education institutions and workplace settings throughout Australia. Whilst physiotherapy education in Australia is highly regulated—entry-level programs must be accredited based on nationwide standards for graduates to become formally registered as physiotherapists (PBA & PBNZ, 2015)—there remains flexibility in curricula to accommodate institutional and regional factors. Curricula content and delivery methods will thus vary between programs at different higher education institutions. Furthermore, clinical placement experiences will also vary greatly between workplace sites, healthcare settings, allocated clinical educators and caseload mixes. These factors likely account for the diversity in reported educational experiences of new-graduates, and differing degrees of self-perceived preparedness for practice (Adam et al., 2013).

Some reports from new-graduates indicated that their documentation education may have been de-prioritised in favour of more direct patient care skills, both during their curriculum-based learning and on clinical placements. Previous research has shown that indirect patient care activities—such as clinical documentation—were considered ‘wasted time’ for medicine students and trainees, due to a perceived lower educational value in comparison to direct patient care (Petrany, 2013; Sinsky et al., 2013; van Schaik et al., 2019). Given the established connection between documentation and the development of clinical reasoning skills (Bowker et al., 2022; Gliatto et al., 2009; McCarty et al., 2005; Rosenbloom et al., 2016; Schenarts & Schenarts, 2012), de-prioritising training in documentation may represent lost opportunities to provide education on other important clinical skills. This method of teaching may also foster a culture or mindset where clinical documentation is perceived as ‘secondary’ to direct patient care in highly impressionable learners, consequently impacting the immediate and ongoing clinical practices of these individuals as students and new-graduates in domains of effective patient care, clinician self-development, and quality or safety measures.

Those who reported that they were consistently supported to develop skills in clinical documentation did not describe additional concerns associated with developing this skill (such as stress or feelings of pressure), nor did they report any perceived impact on their experiences transitioning to clinical placement. This may indicate that documentation education is a hidden curriculum, or a form of ‘bomb disposal’ – if executed well it ‘diffuses’ the situation and the stakeholders become unaware of the implications of failure. The extent of impacts on learning described by those who felt unprepared by their entry-level program raises concerns regarding what happens if the ‘bomb’ goes off, and students exit their programs with reduced preparedness for documentation. New-graduates who felt underprepared described they had no choice but to learn on the go and adapt in clinical environments, however this was at the cost of reduced efficiency, increased cognitive load, and internal emotional burden. Such negative consequences and the role of preparation in minimising these deserve attention, especially in the context of increasing pressures on the profession and increasing incidence of documentation-related burnout in healthcare professions (Downing et al., 2018; Shanafelt et al., 2016).

New-graduates in this study were reflecting on their training experiences at a stage of between one and 19 months of experience as a physiotherapist. It was with this perspective that they spoke about preparedness for documentation training, and how this related to their entry-level training. The importance of authentic preparedness was central to discussion, where participants valued transferable skills that were adaptable within professional contexts. Despite this, there was little spontaneous discussion about the implications of digital technologies with respect to developing clinical documentation skills. Given the well-established presence of clinical documentation software platforms and health informatics procedures (Hay et al., 2020; Hersh, 2009), and the emerging role of artificial intelligence in documentation generation and processing (Falcetta et al., 2023), this may indicate a lack of awareness or training in this area. Omitting training on digital health and informatics principles within physiotherapy education may result in graduates who are unprepared for a dynamic and changing health information landscape (Hersh et al., 2014; Montez, 2018; Wilkinson et al., 2010). The heterogeneity of clinical documentation modalities (e.g. pen and paper, digital platforms, standardised templates) currently used in physiotherapy practice poses further challenge to entry-level physiotherapy programs when preparing new-graduates for transition to the workplace. Further investigation may be necessary to explicitly explore

physiotherapist preparedness and skill development in these important contemporary aspects of health information and documentation.

V IMPLICATIONS AND RECOMMENDATIONS

The findings of this study highlight the importance of developing a more thorough understanding of how physiotherapy documentation is learned, including identification of explicit strategies to optimise delivery of education in this domain. Understanding the current practices of entry-level physiotherapy documentation education may also provide the foundation for developing clearer recommendations around training to meet the current and future needs of physiotherapists and users of physiotherapy documentation. It is therefore recommended that future research be conducted to: i) explore the perspectives of physiotherapy educators and curriculum designers regarding clinical documentation training, with specific consideration regarding facilitators and barriers to developing these key skills in learners; ii) objectively evaluate the efficacy of different educational methods for developing documentation skills in entry-level physiotherapy learners, ideally at different stages in the learning journey; iii) develop knowledge and resources informing feedback practices for learners of clinical documentation; iv) consider the training needs of clinical educators and supervisors in the domain of developing documentation skills in physiotherapy students; and v) understand the needs of learners with respect to evolving digital technologies and associated skills that may impact clinical documentation practices.

VI STRENGTHS AND LIMITATIONS

A key strength of this project was the diversity of the participant sample and richness of data collected, which captured experiences of new-graduates from undergraduate and graduate-entry masters programs at several different higher education institutions across Australia. This diversity of perspectives has allowed for an in-depth and contextualised exploration of the central phenomenon of clinical documentation training (Creswell & Guetterman, 2021). Whilst this likely enhances the generalisability of findings to physiotherapy students nationwide, it is likely that some perspectives may still not be adequately represented in this paper, given the highly contextual nature of education and the large number of entry-level training programs in Australia. Generalisability of results to regions other than Australia may also be limited, given regional differences in entry-level physiotherapy education, professional documentation requirements, and other sociocultural factors.

Use of convenience snowball sampling for participant recruitment may have introduced sampling bias, whereby participants are more likely to share common or similar characteristics. This can be noted in the geographic distribution of participants (with majority located in the state of Queensland) and the stronger participant representation from 'Institution A'; and may thus limit generalisability to the broader Australian physiotherapy new-graduate population. New-graduates of Australian programs who commenced work overseas were not eligible for inclusion in this study, which may have under-represented culturally and linguistically diverse perspectives on clinical documentation training. Furthermore, participants who had especially polarising experiences with their entry-level training may have declined to participate, potentially limiting the authentic representation of target phenomena.

Participants in this study were interviewed between one and 19 months post graduating from their entry-level physiotherapy programs. This new-graduate experience was crucial to understanding the central phenomenon of clinical documentation training, however it is important to acknowledge that recall bias may be present, whereby participants may have reported experiences inaccurately, omitted certain details or may not have remembered some events at all. Furthermore, the accuracy of participant memories may have been influenced by their subsequent experiences as a new-graduate physiotherapist.

VII CONCLUSION

This study reported on new-graduate physiotherapists' experiences and perspectives of learning clinical documentation in Australian entry-level physiotherapy programs. Strong views were expressed by new-graduates regarding the importance of entry-level training in developing effective, meaningful and translatable skills in clinical documentation. High value was placed on opportunities for exposure, practice and feedback when learning documentation skills, ideally scaffolded throughout the duration of entry-level training programs. Authentic or 'realistic' settings for skill development were most influential, including practical classes, simulation activities and clinical placements. Concerns were raised regarding inconsistencies and differences in training experiences across different Australian entry-level physiotherapy programs. These findings may have implications for enhancing entry-level physiotherapy training and best-practice pedagogy in clinical documentation.

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