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Fitting In With the Team: Facilitative Mentors in Physiotherapy Student Placements

ABSTRACT

Clinical placements are central to physiotherapy students' education, providing an environment in which students can apply learning they have been introduced to in academic settings. However placement learning has been identified as fraught with problems and resultant stress, and there is limited evidence available on what exactly makes a good placement for physiotherapy students. This paper reports on selected findings from a study exploring narratives of physiotherapy students over three years, relating to their overall experiences of being a student. A narrative prompt provided an opportunity for the students to speak about 'episodes' of their learning experiences. A number of these 'episodes' related to the students' experiences of clinical placements; thus it was decided to extract these from the narratives and undertake a separate qualitative analysis of these placement experiences. The majority of the students reported positive experiences of placements overall; however, it was clear that some placement teams and mentors did not support students appropriately. A welcoming team and a mentor who facilitated learning from an individual student perspective were considered to be key to a good placement experience, whilst an unwelcoming team and a mentor who objectified the student resulted in bad placement experiences.

KEYWORDS

student experience, physiotherapy, placement, mentorship

INTRODUCTION

The student transitions literature advocates that institutions encourage belonging so that students can feel part of the university community and become accustomed to the university culture (Chow & Healey, 2008; Edward, 2003; Kane, Chalcraft & Volpe, 2014). Students' connectedness to the university and their identity of 'being a student' has the potential to affect their commitment to studying and thus their development as learners (Scanlon, Rowling & Weber, 2007). Those who feel they do not fit in have difficulty settling at university (Christie, Munro & Fisher, 2004; Kane et al., 2014). Students' perceptions of how welcoming a university is can thus have a significant impact on their perceptions of their learning experiences (Hamshire, Willgoss & Wibberley, 2013) and their 'will to learn' (Barnett, 2007).

For healthcare students, the learning environment is not limited to the university, but extends to clinical placements. However, at present there is not the same emphasis placed on 'belonging' in the placement environment as there is in the university setting. Clinical placement is central to health-professionals' education (Levett-Jones, Lathlean, Maguire & McMillan, 2007; McKenna et al., 2013); it is where they contextualise the theory and skills introduced in the academic setting. Thus, a student's

sense of inclusion in, or exclusion from, the staff teams within clinical placements can be seen as essential to the professional socialisation process. There is a considerable body of literature exploring placement learning within nursing (including some studies related to belonging); however, there is far less current literature within physiotherapy. This research suggests that clinical placements can be a challenging component of healthcare education (Eick, Williamson & Health, 2012; Gibbons, 2010; Hamshire, Willgoss & Wibberley, 2012; Levett-Jones et al., 2007; Levett-Jones, Lathlean, Higgins & McMillan, 2009; Whiteside, Stubbs & Soundy, 2014; Williamson, Health & Proctor-Childs, 2013) with unpleasant placement experiences and lack of support contributing to attrition (Hamshire et al., 2012; Williamson et al., 2013).

Whilst placements should give students a ‘slice of practice life,’ it should not be the worst slice (Andrews, McGuinness, Reid & Corcarran, 2009), and some mentors are perceived as being unwilling to carry out their role, with mentoring support being variable across placements (Williamson et al., 2013). The mentorship provided by both individual mentors and the placement staff team is integral to students’ placement experiences (Myall, Levett-Jones & Lathlean, 2008) in terms of both enjoyment and clinical learning opportunities (Andrews et al., 2009). More studies of student experiences of placements and the way they best facilitate learning are called for in particular in professions other than nursing. Additionally as one of the few studies of physiotherapy students’ experiences suggested, whilst overall there is a considerable body of knowledge exploring placement learning within health-professionals’ education, there is limited evidence available on students’ perspectives of the impact of practitioners on learning (Skøien, Vågstøl & Raaheim, 2009). Thus, there needs to be greater understanding of the impact of placement learning (and students’ sense of belonging) on their learning and professional development (Levett-Jones et al., 2009), particularly as the placement environment is where students develop the clinical and professional competence essential for their future practice.

The aim of this paper is to explore students’ perceptions of placements and how their experiences enhanced or reduced their learning and development as a professional.

METHODS

This paper reports on selected findings from a three-year narrative inquiry with physiotherapy students that explored their overall experiences of being a student (the parent study). The central aim of the parent study was to listen to students’ stories over a series of interviews across the three years of their degree programme. The study used a convenience sample, consisting of one cohort of students enrolled on an undergraduate physiotherapy degree programme. Twenty-six students volunteered to participate in the study, and a random number programme was used to generate a sample of eight students (10% of the cohort). Seven of these students completed sufficient interviews to be included in the analysis. The final sample consisted of four males and three females aged 18 to 30 at the beginning of their degree.

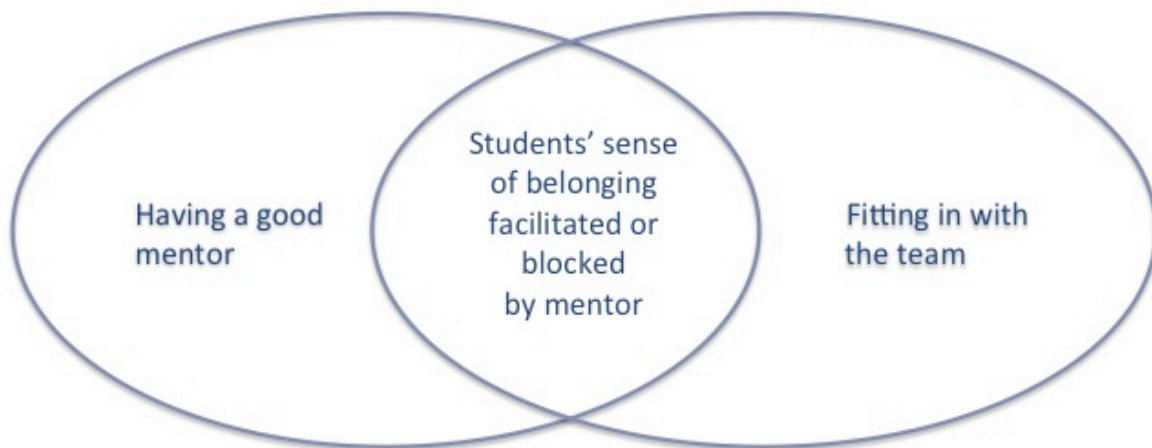
To facilitate the aims of the overarching study, a narrative approach was utilised as each student was encouraged with a narrative prompt to tell the stories of their experiences as ‘episodes’ beginning and finishing wherever and however they felt was most appropriate. The narrative prompt provided an opportunity for the students to speak about themselves in relation to their experiences over time and convey—from their point of view—their learner experiences of higher education.

During these interviews, students described a range of experiences both within the clinical environment and whilst on campus. The parent study organized the student narratives in terms of four dominant narrative orientations: peer support, financial difficulties, learner self-direction, and personal issues (Hamshire & Wibberley, 2014). However, the influence of the students’ placement experiences on their overall engagement (and belongingness) also emerged as a recurring theme. In addition to the

analysis of the narrative orientations, it was decided to explore what they said about placements in relation to their overall learning experiences. This was done by extracting episodes relating to placement experiences and undertaking a separate qualitative analysis of this data. The extracts were taken from a total of 39 interviews carried out with seven students over a three-year period (each student being interviewed at least five times).

Data analysis of the extracted material relating to clinical placements was undertaken using a process similar to framework analysis (Ritchie & Spencer, 1994; Spencer, Ritchie, Ormson, O'Connor & Barnard, 2013). Data was read and re-read, and emerging themes were noted using a constant comparative approach. Phases of familiarization and indexing led to the development of a thematic framework, discussed and agreed between the authors, and represented in Figure 1.

Figure 1. Thematic framework.



This framework was then used for data extraction, mapping, and interpretation. A key element of framework analysis is that original accounts of participants drive the analysis (Ritchie & Spencer, 1994); thus, given the inductive principles of the approach, the words of the participants are used in data presentation as much as is possible or appropriate.

This project was approved by the Manchester Metropolitan University ethics committee (Faculty of Health, Psychology & Social Care Reference 0913). At the start of the study a presentation was given to a cohort of 100 students enrolled on the physiotherapy programme. The programme attracts a diverse range of students, with equal numbers of males and females, representing an age range from 18 to 40 and a variety of ethnicities. From this group, 26 students volunteered to participate and a random number programme used to generate the sample for the study. These students were informed any involvement in the project was voluntary, and students had at least two weeks to decide if they wanted to take part. A student information sheet outlining the ethical considerations was mailed to all participants, and an opportunity to ask questions was given before each interview began. Written consent was given to the recording of each interview.

FINDINGS

Student comments on their placement experiences tended to focus on both their experiences of being welcomed to the team and building an effective working relationship with their mentor. Having a sense of belonging to clinical teams was described as essential for an effective placement, and some of the students commented on how stressful the experiences of starting new placements was, given that they were concerned about fitting in with the team. One student expressed this overtly, stating that

I feel like it's like having a new job every six weeks you're trying to fit in to a team, you're trying to meet new people, you're trying to show people what you're capable of and what you're not capable of, or what you don't feel confident in. So it's quite nerve-wracking really, thinking I don't know what these people are going to be like. I think it takes you at least a good week to settle in.

A number of clinical teams were perceived as easy to fit in with, being seen as welcoming and supportive, represented by this comment:

I got on really well with the team, you were instantly made to feel like one of them, you weren't thought of as "the student" you were part of the team and that's what I really liked about it and I think that placement made me feel like, 'yeah I'm actually going to be a Physio now.'

In contrast some students also gave examples of occasions when staff deliberately excluded them from the clinical team. One student noted, for example,

They didn't really want students, they said to us, 'we don't want students but we take them anyway' ... so that was like a put down. Then they had their next students come in, and they were like God, the students are coming ... if people don't want students, it's really annoying that they have them, because it doesn't give anyone a great experience.

Some students also commented on the importance of a positive clinical team that worked together with other professional groups alongside patients. Students had both positive and negative experiences. For instance, one student commented that

I settled really well into this team, they were really nice people all of them. They were very flexible and just seemed very relaxed. The whole atmosphere was lovely, they worked together really well and the patients really enjoyed that and got on well with them so it was really positive.

In contrast another noted that

The team was very divided, it was quite a strange environment to work in, they hated each other so there was like a complete divide. Tension got so bad at one point that I think one of them went off on sick, it was a really awkward situation.

Students who experienced working within a positive clinical team tended to feel included by the whole team and perceived the placement environment as supportive which helped them to feel that they fit in, as illustrated by this student:

I get on really well with everyone and it was just a really nice environment. They all work really hard, but it's enjoyable to work with them because they're all really good friends, so it was just an easy environment to work in. They always really supported me and that made me feel comfortable, it made me feel like I fitted in ... if you understand.

Turning to the role of the mentor, as the primary contact with students, mentors were seen as having a major influence on students' clinical learning. Students emphasized the importance of individual support from their mentors, support that was adapted and paced to meet that particular student's learning needs. Students highlighted the importance of being 'eased' into new placements. Thus it was considered important to be able to plan and negotiate learning goals with mentors early on in the placement, as voiced here:

I think having your goals set out early is a really good thing with the educators, because then you know what the aim is to achieve by the end of it, and whether you've done that or not. Having that set up really early is key.

Staff who set aside study time within the working day to answer questions and direct students' learning were also appreciated:

On the first placement it was perfect, we had study time, we had it all structured. Every day of the week, certain times were study time and we had skills time, it was good that way as there was structure but other places were just like whenever it happens it happens.

Another factor in a successful placement was the need for students to be challenged by their learning, so that they were able to gain the most from their placement experiences:

I felt like it was much more challenging and it forced me to learn a lot more as well, so initially, just to begin with she [mentor] said, 'what do you expect from me?' Well I just told her how I learn and I need to be challenged in order to learn, I need to be asked questions to keep me on my toes as it forces you to learn, it forces you to go home at night and study.

Unfortunately a number of the students reported less than ideal placement environments, detailing placements where their mentors or educators were either unwilling or unable to spend sufficient time with them to facilitate their learning and development:

As you're learning you want to spend time studying or sitting with the clinical educator ... asking questions and having time instead of rushing ... not just to be another pair of hands.

My educator she got buzzed and beeped every two minutes and she was always running across the hospital and I'd be chasing after her like a little three year old kid.

It was noted above that students did want to be challenged, but it was clear that the pace and nature of the challenge was important. One student compared their placement experiences, noting of the 'poor' experience (where the pace and nature of the challenge was perceived as unrelenting) that

I've never been grilled as much, all my educators have been really nice and just really relaxed and I'd never had a problem. So it was just a completely different experience, there was so much to do and there was so much that I wasn't sure about, what I was allowed to do or not and she was just asking me question after question and getting me to do things. It was really daunting and I genuinely went home after the first day with the educator and I thought this could be a placement I could fail.

Another student noted that when making notes they were

constantly being picked on because I missed a word or swapped a word or the letters of the words were wrong, simple things like that. It was just constantly the clinical educator was on top of me.

The need to learn was accepted by the students, but they thought staff on placements that they perceived as poor failed to appreciate that there would be gaps in their prior learning. One student noted that

When you go in as a student and you're just like, I don't, I don't even know what some of the conditions are, I'd never heard of them before so you feel a bit like, you're at the bottom of the pile.

This contrasted with the experience of others who noted how appropriate support and challenge was provided by both mentors/educators and the staff team:

When you first start you do kind of do a bit of observation for a couple of days and then they used me at my own pace and occasionally they did push me if they felt I needed it. So I was happy with all that.

Thus both a welcoming team and a mentor or educator who facilitated learning from an understanding of the individual student were the two recurrent aspects of what was considered to be a good placement experience. Similarly both an unwelcoming team and a mentor or educator who objectified the student were related to bad placement experiences.

DISCUSSION

The aim of the study was to explore physiotherapy students' perceptions of placements in terms of how their experiences enhanced or reduced their learning and development as a professional. In the current study the majority of the students reported positive experiences overall; however, it was also clear that there were some placement teams and mentors who did not support students appropriately. The challenge is to ensure that good practice that is occurring in a number of placement settings is extended to those providing a less positive experience and that an awareness of how bad practice can impact on student development is articulated, in particular to those where mentorship is perceived to be poor.

Previous research (Levett-Jones & Lathlean, 2008; Levett-Jones et al., 2009; McKenna et al., 2013) has identified the importance of belonging for students' placement learning in nursing and midwifery, suggesting that promoting environments in which healthcare students feel they belong and

valued as members of the professional team is necessary for effective clinical learning (McKenna et al., 2013). This study adds to this emerging body of knowledge by adding evidence for physiotherapy (see also Delaney & Bragge, 2009; Skøien et al., 2009) in terms of the important influence of staff-student relationships within the placement environment. Whilst there has been a growth in the literature on healthcare students' perceptions of placement experiences, additional studies are still thought to be needed (Chesser-Smyth, 2005; Delaney & Bragge, 2009; Skøien et al., 2009). The present study is a small-scale single institution study, typical of the current literature. However, we consider there is still a need for incremental growth in this literature. Once a critical mass of such studies is achieved, integrative review, followed by multi-disciplinary and/or multi-site studies will be desirable; at the moment though more studies are needed to add to those in such fields as nursing (e.g. Newton, Billett & Ockerby, 2009), physiotherapy (e.g. Skøien et al., 2009), midwifery (e.g. McKenna et al., 2013), operating department practitioners (e.g. Hardcastle, 2014), paramedics (e.g. Lord, McCall & Wray, 2012), and occupational therapy (e.g. Rodger, Fitzgerald, Davila, Millar & Allison, 2011).

Our own findings suggest that students consider that fitting in with both mentors and clinical teams was essential for an effective placement; however, at times, students found that this was difficult. Similar findings have been found in other studies. Hardcastle (2014) found that some operating department practitioner students felt unwelcome and excluded from the team at their placement, whilst it has also been noted that student life is difficult enough without them having to deal with the politics around staff cliques (Newton et al., 2009).

Students may feel either valued and included within the placement setting by a process of social integration, or excluded and marginalised. Staff who are acting as mentors can either facilitate or block a student's sense of belonging within the placement. As noted above, the physiotherapy students considered that staff teams that were welcoming were essential for a positive placement experience; implicit in students' comments was that they expected to be accepted into the clinical environment. They repeatedly highlighted how a friendly mentor and clinical team facilitated their learning and sense of belongingness. Previous studies have noted the need for academic and clinical educators to understand students' expectations of their placement, and both should be involved in mediating a resolution between the actual clinical learning environment and the preferred clinical learning environment as expressed by the student (Brown, Williams, McKenna, Palermo, McCall, Roller, Hewitt, Molloy, Baird & Aldabah, 2011; Chan, 2002).

A number of students described negative and hurtful interactions with placement staff where they were either ignored or deliberately belittled. Others detailed occasions when they felt they were just another pair of hands, or a nuisance rather than a legitimate member of the team. In these cases mentors could be perceived as failing to act as an effective bridge between university and placement learning. Positive learning environments have been reported as resulting from positive interactions between different participants, including students, all contributing to the community (Vågstøl & Skøien, 2011). In such environments the right balance between challenge and support helped the students to learn effectively as the practice educator enabled them to feel trusted and secure.

CONCLUSIONS

There are undoubtedly challenges in providing appropriate placement experiences, particularly when universities may be competing for such placements and there are clinical staff shortages. Additionally, clinical educators have to juggle a number of priorities, needs, and roles, including those related to students (Delaney & Bragge, 2009). However, given the continuing problems of attrition

related to placements (Hamshire et al., 2012; Williamson et al., 2013), these challenges need to be tackled.

From the evidence currently available national standards for mentors and placements need to be developed further, implemented, and monitored (see Myall et al., 2008). Monitoring of placements could also be made more routine by using audit tools (e.g. Chan, 2002). Alternatively, or additionally, databases where students could provide feedback on their placement experiences could be set up at a regional level to identify placement sites that need further staff development (see Hamshire et al., 2012). Whilst the findings of this study have confirmed that many students have positive experiences of clinical placements, there are still too many students experiencing negative placements for the status quo to be accepted. Further research into the experiences of other student groups both within healthcare and beyond is required to add to the knowledge on this important aspect of student learning.

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