



'Illuminating Undergraduate Experiential and Situated Learning in Podiatry Clinical Placement Provision at a UK School of Podiatric Medicine'

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Article Title

'Illuminating Undergraduate Experiential and Situated Learning in Podiatry Clinical Placement Provision at a UK School of Podiatric Medicine'

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Abstract**Purpose**

Situated and experiential learning methodologies are largely under researched in relation to student experience and satisfaction. This research aimed to illuminate the perspectives of students studying on a BSc (Hons) Podiatry degree programme to establish perceptions of their experience in practice.

Design/Methodology/Approach

Using an Interpretivist methodological framework, Free Association Narrative Interviewing (FANI) was used to provide an insight into the perceived impact that experiential learning in clinical placements had on undergraduate podiatry students.

Findings

Students perceived that what could not be taught but what could be experienced, contributed much to the confidence that students had gained during their training and which they anticipated would be further developed during the initial years of their training in practice, particularly in the context of the NHS.

Research Limitations/Implications

This is a study from which it is acknowledged that within the underpinning research design and methodology there is no scope for generalisability.

Practical Implications

The study highlights an appreciation for the implication and recognition of 'tacit' knowledge, currently recognised in medical curricula as an asset which can aid a move towards higher order critical thinking skills.

Social Implications

Student acknowledgement of the need for emphasis on 'soft skills' can be posited, in the context of this small scale study as an appreciation for affective domain learning in the context of podiatric academic and clinical curricula.

Originality/Value

Limited Information from the extant literature is available in relation to the illumination of podiatry student placement experiences, so this research contributes to an effectively under-researched field.

Keywords:

Podiatry; Podiatric Medicine; Work Based Learning; Experiential Learning; Situated Learning; Placements; Free Association Narrative Interviewing (FANI)

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Introduction

Clinical placement experience has remained the subject of debate in podiatric medicine for the best part of two decades. The relevance of core themes such as the clinical educator relationship, the concept of effective mentorship and the theory practice nexus in podiatric medical education are still a focus of pedagogic debate in relation to how work based learning can feature as an integral part of traditional undergraduate education and training. Amidst this debate are issues of educational quality assurance and how the professional identity, credibility and professional authenticity of individual graduates and the profession as a whole is impacted upon by the concept of experiential learning. The need to evaluate and monitor the experience of students subject to podiatric educational curricula, of which clinical placement opportunities are an integral part, is an ongoing means of evaluating the perceived impact, quality and relevance of undergraduate podiatric medical education. This article provides an insight into a qualitative evaluation of clinical placement provision at Durham School of Podiatric Medicine, which has been an educational provider to the allied healthcare professional workforce for over forty years and alongside all other HEI providers has to regularly evaluate its placement provision. (AR 2) It is also worth integrating the need for a consideration of the need for regarding the occupational competencies for podiatry as distinct from other nursing/healthcare roles in that work entails levels of clinical intervention, for example with scalpels and local analgesia, which necessitate specific regard in relation to the need for one to one supervision at all times during the initial training period, and which via scaffolded learning (Vygotsky 1987) become gradually more autonomous as podiatry students progress through liminal levels from Levels 4-6 of their learning across a degree programme. The basic skill callus removal for example, is very different to the process of wound debridement, which is accompanied by the need for higher order critical thinking in relation to appropriate environmental wound management such as the selection of dressings and irrigation media.

Background Literature

Underpinning Philosophies of Experiential Learning

The need to integrate theoretical learning with applied clinical practice is a focus of allied healthcare professional education. Engaging students in their construction of new knowledge and building on their existing levels, is pivotal to this. Rooted in the philosophical origin of social constructivism, the opportunity to engage processes of reflexivity is especially significant to podiatrists who spend much of their time with patients in the context of social interaction (Ehrenberg and Häggblom (2006). In recent years, this philosophy has been extended to the widespread use of inquiry based learning approaches to podiatry education in both clinical and academic praxis. This in itself can pose challenges for mentors whose profession is in the practice of podiatric medicine rather than in the

functional teaching of it as a discipline. Students preferring more passive approaches in the learning process contest the stance that interactive learning is the most productive mechanism of ensuring deep rather than superficial learning. Their perceptions of the process are that it provides a means of driving the concept of learner autonomy in relation to personalised learning but that it demands a high level of responsibility, which at times can be burdensome. The value of being 'nurtured' in the context of this individualised learning has been documented in the research evidence around situated learning for the last decade, (AR3) starting with the now seminal work of Vallant and Neville (2006). As well as the concept of a positive professional relationship between students and staff in the context of experiential learning being highlighted, there is also evidence to suggest that personalised learning can be significant. Often the ability for this to happen successfully depends on the interpersonal skills of mentors and mentees in practice (Mikkonen, Pitkäljärvi and Kääriäinen, 2017).

Methods

In the context of studying psychosocial and cultural experiences, Free Association Narrative Interviewing (FANI) is now recognised as a key approach in the generation of qualitative data which can then be subject to qualitative data analysis (Hollway and Jefferson, 2000). For this study, the approach offered a dual mechanism by which theoretical emergence could be framed in the context of the extant literature available on the subject of student placements and experiential learning and also used to drive iterative improvements in the student experience. This involved conducting interviews to capture blocks of biographical narrative, which was then complemented by the conduct of semi structured interviews (Hollway and Jefferson, 2012). The integration of the opportunity for participants to provide a biographical narrative facilitates participants in articulating an individual story of their experience at an epistemic level. In order to make this a comprehensive process, the semi-structured interviews can be guided by the thematic analysis gained from the biographical narrative interviews. An important part of this consideration was being able to help students feel at ease in articulating their experiences and stories to be authentically and honestly represented. (AR1) Culturally this was relatively straightforward as the group dynamic was such that the cohort had worked together for three years, were regionally based and were happy to share narrative stories of their experiences.

Sampling

A purposive sampling technique was used to recruit a representative sample of students who had undertaken podiatry placements as an integral part of their experiential learning in practice. All were final year students who had expressed an interest in volunteering to be research participants. All those who returned a completed informed consent form were contacted with details of the venue of the interview. This is a two-stage research project. Initial data was collected from questionnaires administered to final year podiatry students after their final NHS placement as part of the BSc (Hons) Podiatry programme at a higher education institution in the North of England, UK.

Students had the right not to participate in the research, and anonymity was maintained by ensuring that the primary researcher was not present during the completion of the questionnaires. Information sheets were provided to, and consent forms and questionnaires completed by willing participants recruited via convenience sampling (Heckathorn and Cameron, 2017). The questionnaires were then separated, the order changed and returned to the researcher by the clinical assistant to prevent any possible perceived coercion of participants.

Data Collection

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3 The first part of the data collection exercise was a written biographical narrative questionnaire with
4 the central aim of gathering a broad spectrum of student opinion of the main issues surrounding
5 their placement experiences. The purpose of this exercise was to allow appropriate open-ended
6 questions to be formulated for the second part of the data collection – the individual interviews. This
7 approach is supported by Moustakas (1994) who asserts that “in phenomenological research, the
8 question should have both social meaning and personal significance” to the participant of that
9 research – necessitating their involvement from the very commencement of the study.
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11

12 **Data Analysis**

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14 The questionnaires were thematically analysed to inform the direction of broad questions for the
15 second part of the research (the individual semi-structured interviews). All students participating in
16 the first part of the research were invited to attend for interview via a process of convenience
17 sampling based on the willingness of students to take part in the study. Information sheets were
18 again issues, and consent forms completed. Interviews were continued until data saturation /
19 recurrence of themes occurred – which was ascertained at the ninth. Interviews were digitally
20 recorded and transcribed verbatim. The transcripts were returned to the interview participants to
21 check overall content validity prior to conducting a qualitative thematic analysis of the transcripts to
22 identify key themes and perspectives (Bernard, 2017).
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26 **Discussion and Findings**

27
28 The findings of this research concur entirely with the now historical study undertaken by Vallant and
29 Neville (2006) in terms of the perceived vital importance of the student – clinical educator
30 relationship. Many participants in this research outlined the key role that the NHS mentor had
31 played in their clinical placement, and the feedback was either very positive or very negative – it
32 seemed to prove an emotive subject however the participant viewed their experience. There
33 seemed to be a correlation between positively reported clinical educator – mentor relationships and
34 positively reported experiences overall, and conversely, those participants who reported a poor
35 experience often also reported a poor relationship with their clinical educator/s. It is not possible to
36 either prove or disprove a causal relationship between these factors, but there was evidence
37 presented by some participants that regardless of the placement content, the positive attitude of
38 and relationship with their clinical educator was pivotal to making the placement a positive
39 experience.
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43 The theory-practice gap was another area highlighted by both the respondents to this research and
44 the literature located within the literature review. The gap between theory and practice was viewed
45 as incredibly wide by some participants prior to placement, but this perception appeared to change
46 (the theory-practice gap narrowed) as placements were undertaken. The use of learning resources
47 such as portfolios, reflective practice and in-house skill simulation and clinical sessions were
48 identified in both the literature and by the respondents as reducing the perceived gap that exists
49 between taught theory and NHS practice.
50
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52
53 In common with focus group research undertaken by Sharif and Masoumi (2005), subthemes of
54 initial clinical anxiety, theory-practice gap, clinical supervision and professional role were all evident.
55 Almost all the respondents reported feeling anxious in their initial clinical placement, with the fear of
56 failure, the fear of harming a patient or giving the wrong information to a patient being areas of key
57 concern. However, almost all of the final year student participants reported that their stress levels
58 iteratively reduced as their training and experience progressed. The “theory practice gap” also
59 emerged from all discussions as an area of concern for participants. As in the now seminal study
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3 undertaken by McKenna, Keeney and Hasson (2005) and in the subsequent work of Kilpatrick et al,
4 (2012) and Hasson, McKenna and Keeney (2013). the students expressed some confusion over the
5 role of the health care assistant, and the demarcation between their role in the situational context
6 that clinical placement provided against that of the health care assistant and that of the nursing
7 mentors. The authors concluded that nursing students were not satisfied with the clinical
8 component of their education. They experienced anxiety as a result of feeling incompetent through
9 lack of professional nursing skills and knowledge, which is consistent with the further research of
10 Hinton, (2016). The findings support the need for nursing students to be more involved in the design
11 of the placement and academic curriculum and take an active role in their education. There is a high
12 degree of transferability to the context of podiatric medical education here, in terms of both
13 situational opportunity and the engagement of students from the context of profession allied to
14 medicine. These findings were almost exactly reproduced by the results of our own study.
15 Participants often expressed a desire to be more involved in planning their placement experiences,
16 and felt that increasing student involvement in the planning process would yield a better overall
17 experience. This is consistent with the literature available on the co-construction of knowledge with
18 students in the context of experiential learning in practice (Damşa and Ludvigsen, 2016).
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23 There was a desire expressed on numerous occasions to “tailor make” the placement experience to
24 take into account the individual interests and wishes of each participant. Some participants
25 reported that they were unclear why they were shadowing clinics other than podiatry, such as
26 smoking cessation session and foot care assistant clinics, although a number of other participants
27 expressed a desire for an increased exposure to multi-disciplinary team working.
28
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30 In some cases, the possibility of working with mentors again or the fear of creating a bad impression
31 was cited as being the reason for not complaining about poor practice. This also currently echoed
32 across the nursing education profession (Doyle et al, 2017).
33

34 *(Participant 6) “...because I just wanted to be polite. Because obviously, they thought “she’s a*
35 *student, she doesn’t want to do any hard work” kind of thing. I didn’t want to back-chat. I was like*
36 *“all right then, okay, that’s fine””.*
37

38 Taylor et al (2017) highlighted the implications of experiential learning from the point of view of
39 their contextual or situated nature, which is individual to each student. In this instance, factors
40 affecting the students’ learning were their prior experience of the placement setting, the students
41 own approach, how the student felt about his/her role within the placement, and the students
42 relationship with the mentor. The mentor’s characteristics affecting student learning emerged into
43 three categories: the mentor’s attitude and knowledge concerning the student and the course, skills
44 in facilitating learning, and professional credibility, as perceived by the student (Dopson et al, 2017).
45 The actual nature of the placement was discussed by all the students questioned. This echoes the
46 work of Causby et al (2017) in relation to the development of scalpel technique by podiatry
47 students. Perceived factors of importance for learning were the relevance of the placement (from
48 the students point of view), the experience available in the placement, and the practical implications
49 of the community placement, such as travelling distance and difficulties accessing library facilities.
50 These factors were echoed by the respondents to this study, and link again with the placement
51 experience being aspired to as being bespoke. This is seen as significant in several current pieces of
52 published literature (Loewen et al, 2017; Sevenhuysen et al, 2017). These studies point to the
53 necessity of the student recognition of the placement experience as being authentic, valid and
54 worthwhile – and to have meaning to them as individuals (Birks et al, 2017). It may be argued that
55 this can only be achieved by fully involving students in the placement planning process.
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3 Finally, there were also similar themes identified in the literature review to the results of this study
4 in terms of the use of skills laboratories or in-house clinical facilities. Participants often expressed a
5 sense of confidence and reassurance in their own clinical skills after they had undertaken placement
6 experience. Again this is consistent with extant literature from the field of allied health pedagogy
7 (Gribble, Ladyshevsky and Parsons (2017)).
8

9
10 *(Participant 5) "To be able to know that you are, although you're not actually taking the risk, that*
11 *the procedures are the same, and if anything went wrong it would be the same response that you*
12 *would do that you've trained for, and you know it's on a different scale, and of a different size, but*
13 *the confidence just grows because you'd grow with it and you become...confident isn't really the*
14 *word, but just capable, and, you know, of understanding what's going on, and what you've seen".*
15

16
17 The more commonly reported skills which participants reported that they felt they needed to
18 develop were the softer skills rather than the more practical skills associated with clinical podiatry
19 treatments (such as scalpel skills, etc). As indicated by Maginnis and Croxon (2010), these non-
20 clinical skills are best modelled, learned and applied in the situated context of the NHS, rather than
21 with "expert patients" in the context of a teaching school. This has important implications in the
22 consideration of the role of tacit knowledge in podiatry practice and podiatry education (Mackey
23 and Bassendowski, 2017).
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25

26 27 28 **Conclusion**

29
30 This study highlighted the perceived significance of 'soft skills' by students of podiatry, in contrast to
31 the functional psychomotor and underpinning cognitive skills associated with competent podiatric
32 praxis. There was a sense of what could not be taught but what could be experienced and that this
33 contributed much to the confidence that students had gained during their training and which they
34 anticipated would be further developed during the initial years of their training in practice,
35 particularly in the NHS. The concepts of risk and harm were also discussed and the concept of tacit
36 knowledge where the embodiment of knowledge is seen to have direct relevance on the capacity of
37 students to discern the information available to them and avoid approaches of binary thinking in
38 clinical decision making.
39

40 41 **Ethical Considerations**

42
43 Formal Ethical approval for this study was granted from the Ethics Committees of the University of
44 Sunderland and New College, Durham.
45

46 47 **Acknowledgements**

48
49 The authors would like to thank all podiatry students who volunteered their time so sacrificially to
50 take part in this study.
51

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