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Assessing Clinical Placements in a B.Sc. Physiotherapy Program

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Abstract

Background: The clinical setting is one of the most valuable educational resources available to institutions training physiotherapy students. The experiences gained at the clinical settings assist graduates to grasp what the discipline of physiotherapy is all about. **Objective:** To evaluate existing clinical venues providing placement for physiotherapy students at the University of the Western Cape. **Methodology:** Both quantitative and qualitative methods were employed to gather data. A validated questionnaire was used to gather the quantitative information. The questionnaire consisted of a seventeen-item instrument using a Likert scale which ranged from strongly agree to strongly disagree. Five open ended questions were added to gather qualitative data which would enrich the quantitative responses. The quantitative data was analysed using SPSS and reported using descriptive statistics. The qualitative data were transcribed verbatim by an independent person and emerging themes were identified. **Results:** The study yielded a response rate of 61%. The majority of the respondents agreed or strongly agreed with the statements relating to satisfaction with clinical placements. The highest negative responses related to the clinicians attitudes and willingness to assist students. **Conclusion:** Physiotherapy students were found to be satisfied with their clinical rotations but highlighted areas that could be improved to enhance the learning that takes place at the clinical settings.

Introduction

In general, the achievement of quality learning is important. It is the mission of all tertiary institutions to strive to provide quality education to all graduates. Education in allied health professional courses is provided in both the classroom and clinical setting. The clinical setting is one of the most valuable educational resources available to institutions training physiotherapy students. The experiences gained at these clinical settings assist graduates to grasp what the discipline of physiotherapy is all about. The value of clinical placement experiences is important.¹ It is further stated that clinical placements should be supportive and capable of nurturing meaningful learning experiences.¹ The challenges in our current health care system facing physiotherapists once they graduate highlight the necessity for students to be competent and prepared for practice.

The aims of clinical placements and clinical training are to

enhance professional responsibility of the students; to allow students to gain a better understanding of various institutions and referral processes across the board; and to assist with self directed learning and acquiring of physiotherapy skills under the supervision and mentorship of well-trained field-instructors or clinicians. Professional education courses recognize that it is difficult for students to make the connection between the theory, which is the focus of universities, and the practice, which takes place in clinical areas. The clinical placement experience thus provides students the opportunity to combine cognitive, psychomotor and problem solving abilities.² Research highlights that experts in the field are able to guide novices through the complexities of practice.³ The quality of physiotherapy education and the ability for physiotherapists to adapt to clinical roles upon graduation can be influenced by the clinical experiences they encounter in their undergraduate programme. Tertiary education institutions

and service areas are expected to collaborate in order to increase the learning opportunities for physiotherapy students. Collaboration should occur in the areas of curriculum development as well as curriculum implementation as clinicians can assist academics in teaching the most recent practices.

Multiple problems can arise in the organization of clinical placements if staff of the university and clinical placements does not collaborate.⁴ In South Africa many clinicians supervise students from several different universities and a collaborative relationship between academics, clinicians and students is thus even more essential. If universities are to provide students with educational experiences which foster high quality learning, information about student's perceptions of learning areas such as clinical placements is needed. Clinical training is the foundation of the BSc Physiotherapy program at the University of the Western Cape and students are expected to undertake a variety of clinical experiences during their four year programme. The current physiotherapy programme includes clinical placements across the spectrum of the health system in South Africa namely tertiary, secondary and primary levels. Conditions seen by students in the various settings include respiratory, orthopaedic, neurology, pediatric and neuromusculoskeletal conditions. The purpose of the clinical placements is to give students the opportunity to apply their theoretical knowledge and practical skills in a real-life situation. Students also have the opportunity to develop their assessment and treatment skills. This study aimed to evaluate the perceptions of physiotherapy students relating to existing clinical venues.

Methods

A descriptive study using quantitative and qualitative methods was done. The target population was all physiotherapy students registered for clinical practice in their third and fourth year during the 2005 academic year. During the clinical practice rotations students are exposed to assessing and treating patients in areas such as respiratory, orthopaedics, pediatrics and neuromusculoskeletal. In addition, students are also exposed to working in community settings where they are expected not only to manage conditions that they come across but also implement health promotion and prevention programs. Each third year student rotated through three clinical placements thus 132 responses could have been expected from the third year class. Two-hundred responses could have been expected from the fourth year class as they rotated through five clinical placements for the year. The total sample should thus have consisted of 332 responses. The questionnaire used was based on the one used in another study.¹ To ensure the validity and applicability to the South African context, the questionnaire was sent to five clinical supervisors and two physiotherapy lecturers for peer review. All peer reviewers indicated that

the questionnaire was appropriate for use in the present setting. The questionnaire was a seventeen-item instrument using a Likert scale from 1 to 5 (1 representing strongly disagree and 5 representing strongly agree) to quantitatively measure student satisfaction with clinical placements, in addition the questionnaire had five open ended questions where students could express the advantages and disadvantages of the clinical placement as well as recommendations for improvement of the placement. The students also had the opportunity to highlight their theoretical and practical shortcomings. The instrument measured student satisfaction with the clinical placement with regards to meeting learning objectives and affording learning opportunities. It also measured support (orientation, feedback and willingness to assist) given by clinicians and clinical supervisors. Clinicians are physiotherapists employed by the government while clinical supervisors are employed by the university. The clinicians' role is to orientate the students to the clinical placement and to do adhoc clinical teaching while ensuring that the patients are receiving quality care. The clinical supervisors on the other hand need to assist the students' with achieving their objectives for the clinical block and conducting the clinical exam. In the South African context clinical supervisors spend 1 hour per week with a student observing and assisting with assessment and management of the patients that have been assigned to the student. In addition, the clinical supervisor assesses the clinical competencies of the student at the end of each clinical rotation.

All students who were doing clinical placements during the 2005 academic year (February – October) were invited to participate in the study. The students were asked to evaluate the placement blocks at the end of the 5 week block rotation. The aims of the study and the benefits to be derived from the results of the study were explained to the students at the end of every 5 week rotation. No consent forms were handed to the students but by them completing the questionnaire it was taken as consenting to participate in the study. Students also had the option of refusing to complete the questionnaire. Data was analysed using SPSS for the quantitative data and the qualitative data was analysed by grouping responses into themes by both authors and a third member. A focus group was held at the end of the academic year to confirm the credibility of the transcribed data from the open ended questions.

Results

A response rate of 61% was obtained (N=202). Of those who responded, 44% had been at a fourth year placement, 40% at a third year placement and 16% had been at a placement that accommodated both third and fourth year students. Students at a placement with students of both years were assigned patients according to the students' clinical level. Figure 1 illustrates the percentage of students

who rotated through the various placements which included tertiary hospitals, secondary hospitals, and primary centres which were community health centres and district hospitals;

as well as special schools, community settings (service centres for the elderly and NGO's) and specialized areas such as Western Cape Rehabilitation Centre.

Figure 1: Percentage of students rotating through various clinical settings

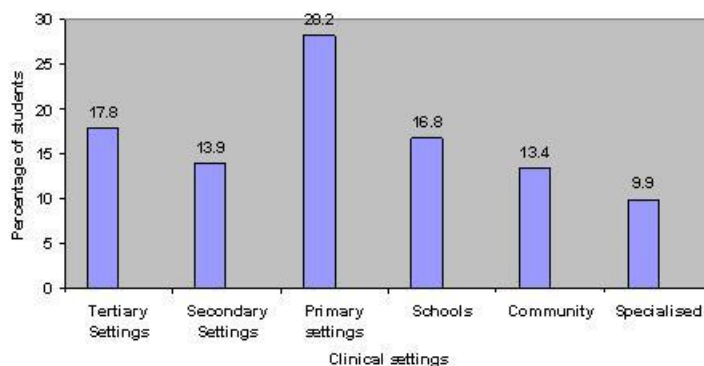


Table 1 illustrates the overall satisfaction with the clinical placements and Table 2 highlights the responses of students according to the different settings. In Table 1 it can be seen that students were satisfied overall with their clinical placements. However, Table 2 highlights certain areas where students were more dissatisfied than satisfied with the clinical placements. Areas with the least satisfaction were found in community placements. Quotes

from the open ended questions were identified that substantiated the findings in the quantitative part of the study (Table 3). The quotes presented highlight the dissatisfaction expressed by the students in the quantitative part of the study. It is important to note that students did emphasize that overall they were satisfied with the clinical placements they are expected to attend as part of the BSc physiotherapy program.

Table 1. Student satisfaction with clinical placements overall (N=202)

	Survey Response %	Mode
Overall, the clinical placement was a pleasant learning experience.	76(A)	5
I felt well prepared for the placement.	58 (A)	4
I was expected at the venue.	68 (A)	5
I met my objectives to my satisfaction.	73 (A)	4
The placement assisted my learning.	85 (A)	4
The placement enhanced my clinical skills.	83 (A)	4
The placement was supportive of my professional growth.	77 (A)	4
Orientation by clinical staff was adequate.	68 (A)	4
Orientation by supervisor was adequate.	71 (A)	5
The clinical staff was very willing and available to assist my learning.	67 (A)	5
Feedback during the block by the clinical staff was adequate.	62 (A)	4
Feedback during the block by the supervisor was adequate.	78 (A)	5
The patient load was adequate.	72 (A)	4
I was satisfied with the amount of supervision received.	68 (A)	4
As a result of my block, I feel confident working in this area.	82 (A)	4
There were many learning opportunities in this area.	77 (A)	5
The clinical experience in this block would benefit the other students.	80 (A)	5

A= (4+5) = Agree and strongly agree

D = (1+2 +3) = Disagree, strongly disagree and neutral

Table 2. Student satisfaction with clinical placements according to setting

	Tert %	Sec %	Pri %	Spec %	Com %	Sch %
Overall, the clinical placement was a pleasant learning experience.	40(A)	90(A)	95(A)	82(A)	56(A)	100(A)
I felt well prepared for the placement.	48(A)	70(A)	65(A)	55(A)	44(A)	57(A)
I was expected at the venue.	80(A)	100(A)	95(A)	86(A)	77(A)	85(A)
I met my objectives to my satisfaction.	60(A)	90(A)	69(A)	82(A)	67(A)	71(A)
The placement assisted my learning.	76(A)	95(A)	80(A)	95(A)	55(A)	100(A)
The placement enhanced my clinical skills.	76(A)	95(A)	91(A)	91(A)	44(A)	76(A)
The placement was supportive of my professional growth.	56(A)	85(A)	90(A)	91(A)	55(A)	85(A)
Orientation by clinical staff was adequate.	40(A)	85(A)	90(A)	58(A)	67(A)	85(A)
Orientation by supervisor was adequate	68(A)	75(A)	70(A)	81(A)	67(A)	71(A)
The clinical staff were very willing and available to assist my learning.	48(A)	85(A)	78(A)	65(A)	77(A)	85(A)
Feedback during the block by the clinical staff was adequate.	42(A)	75(A)	82(A)	54(A)	66(A)	85(A)
Feedback during the block by the supervisor was adequate.	88(A)	75(A)	74(A)	78(A)	77(A)	71(A)
The patient load was adequate.	64(A)	75(A)	79(A)	81(A)	33(A)	100(A)
I was satisfied with the amount of supervision received.	76(A)	65(A)	39(A)	77(A)	100(A)	85(A)
As a result of my block, I feel confident working in this area.	72(A)	90(A)	78(A)	90(A)	100(A)	71(A)
There were many learning opportunities in this area.	64(A)	95(A)	77(A)	77(A)	44(A)	85(A)
The clinical experience in this block would benefit the other students.	60(A)	95(A)	96(A)	86(A)	44(A)	85(A)

A= (4+5) = Agree and strongly agree D = (1+2 +3) = Disagree, strongly disagree and neutral

Ter=tertiary, Sec=secondary, Pri=primary, Spec=specialized centres, Com=community, Sch=school

Table 3. Qualitative quotes highlighting difficulties

Theme	Quote
Clinical placement not a pleasant experience	<i>"I was made to feel inadequate and stupid when asking questions"</i>
Lack of preparedness for clinical blocks	<i>"I felt I was thrown in the deep end as I didn't do any theory ... but I was expected to work there ...It was daunting..."</i>
Lack of orientation by clinical staff	<i>"They did not want to orientate us ... and show us how to use the equipment"</i>
Lack of willingness of clinical staff to assist students	<i>"The clinicians at the hospitals should be willing to assist and help students, they should not have a condescending attitudes towards us students, after all we are there to learn"</i>
Lack of feedback from clinical staff	<i>"...no feedback from clinicians even though we were treating their patients..."</i>
Poor clinical experience and learning opportunities in community setting	<i>"The fact that we did not see and assess patients was a bit worrying. It felt as though I was missing out on clinical experience..."</i>
Lack of adequate amount of clinical	<i>Having three hours of supervision for 3 supervision students is not enough, if you want to ask questions and need demonstrations"</i>

Discussion

The present study aimed to assess the University of the Western Cape physiotherapy students' satisfaction with the clinical placements they rotated through during 2005. What was extremely positive in this evaluation was that the majority of the students were satisfied with their clinical rotations overall. The students were particularly positive about the experiences at the clinical placement assisting with their learning, enhancing their clinical skills and thus developing confidence in treating patients in those settings. Although the study revealed an overall positive evaluation, there is a need to highlight the aspects that students found hampered their experiences in the clinical setting. The results highlighted a degree of negativity in relation to the students' impressions of the clinicians. The students indicated their need to be mentored and supported by the clinicians in the qualitative section of the study and 33% of them indicated that clinicians were not willing to help. The findings are similar to those of another study, which reported that students valued the support from clinicians.⁴ A study conducted among medical students highlighted that by assisting undergraduate students; clinicians (medical residents) improve their own clinical and teaching skills.⁵ In supporting students it is also important that positive feedback is given as this would assist with learning.⁶

It was concerning to note that 48% and 44% of the students perceived themselves as being inadequately prepared for clinical blocks in the tertiary and community clinical settings respectively. Although this is a concern that needs further exploration by the institution we also need to note that 72% and 100% of the students respectively indicated that they felt confident working in these specific clinical areas by the end of the block. The question arises whether confidence is related to knowledge. However other

studies have reported that students express concerns about preparation for the clinical block and recommendations were made to address the concerns for their particular setting.¹ In the current study students also made recommendations about improving the clinical placement as a learning experience and this will be addressed by the training institution. Another aspect highlighted by the students was the need for increased supervision time. Literature indicates that there are however no clear answers around various aspects of supervision including the issue of optimal length and frequency for supervision.⁷

A key aspect of the clinical curriculum at the University of the Western Cape is community based education. The students however reflected more negative experiences in the community setting than any other setting with specific emphasis on lack of patient interaction and opportunities to practice clinical skills. Community based education is not focused on hands on skills but focuses on skills such as community empowerment, health promotion and project development. It also allows the students the opportunity to develop communication, management and leadership skills. Thus it becomes the responsibility of the training institution to emphasise the various skills that can be obtained in the different settings.

Conclusion

It can be concluded that many of the experiences of physiotherapy students relating to clinical placements are positive. Attention however, needs to be given to the relationship between students, clinicians and academics. Collaboration between the key stakeholders is essential to ensure that students have a good experience at clinical placements. Initial confidence levels when starting a clinical rotation need to be addressed by the training institution.

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