Service Learning Placement for Physiotherapy Students

Carolyn Roskell
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Introduction

Presentation will focus on:

- Introduction of a new module designed to promote values and attitudes supportive of a patient-centred model of care
  - Who it was for
  - Why we did this
  - How it came into being
  - What the impact has been
  - Looking to the future
Who it was for

Context

- Programme:
  - MSc Physiotherapy (pre-registration)
- Intake:
  - 18 commissioned places
  - 8 self-funded (max)
- Entry requirements:
  - Degree in related discipline
- Gender profile (current year 1)
  - Male = 7/20 (35%)
  - Female = 13/20 (65%)
Why we did this
Researcher perspective

- Principles evident in professional and regulatory body standards (CSP 2010;NMC 2011;HCPC 2013)
- However limited implementation in practice (Roskell 2006; Timmins & Astin 2009)
- Concerns raised over practitioner values and ability to care:
- Little evidence to inform nursing and physiotherapy curriculum
- Conducted study “Educating for patient-centredness in nursing and physiotherapy” (Roskell et al 2011)
Why we did this

Researcher perspective

- Key findings:
  - Nurse and physiotherapy students understood the term PCC philosophically but were less clear how to deliver it.
  - Understanding appeared to be derived implicitly with little explicit exploration in their programmes.
  - Beliefs existed that aspects of PCC could not be taught and would be picked up in practice.
  - Some students saw ‘soft’ skills as less important to technical and knowledge-based learning.
  - Greater clarity over PCC is needed through explicit attention in the curriculum.
Why we did this
Educator perspective

- Students less engaged with ‘non technical’ modules (Roskell 2009a)
- Reflective practice challenging to ‘teach’ (Sandars 2009)
- Some students sceptical of its value (Roche & Coote 2008)
- Experience of teaching this cohort revealed:
  - Physiotherapy identity essentially pragmatic
  - Inherent focus on physical & technical aspects of health
  - Biomedical in orientation
- ? Relationship to gender / prior study / life experience /identity
- New ‘active’ learning approach needed
How it came into being

- Learning was framed by 3 of the Picker Institute’s (2013) principles of patient-centred care:
  - Patient involvement and respect for their preferences
  - Provision of emotional support, empathy and respect
  - Involvement of, and support for, family and carers

- We wanted to bring students and members of the community together – ‘getting to know each other’

- Traditional placement settings (“Coats on”) have been found to erode empathy (Crandall & Marion 2009; Ward et al 2012)

- We chose community placements where students in non-clinical capacity (“Coats off”)
How it came into being

University support

- ‘Embedding Service-Learning in the Curriculum’ project
- Supported by:
  - Higher Education Funding Council Active Communities fund for developing volunteering activity in HE
  - Project leader; placement administrator
  - Peer support from other pilot project leaders
- We derived our own model of service-learning to meet our needs
How it came into being

What is service-learning?

☐ This has been defined as:

“Service, combined with learning, adds value to each and transforms both” (Jacoby 1996)

☐ Birmingham “coats off” model =

- Students work with community groups as a volunteer
  ......SERVICE....

- Knowledge gained through sharing and reflection on people comprising the community
  ......LEARNING..

(Roskell et al 2012)
How it came into being
Module development

- 20 credit module
- Year 1 MSc physiotherapy students
- Included:
  - 20 hours of community, non-clinical, placement learning
  - Pre-placement preparation
  - Post-placement debrief and evaluation
- Placements drawn from range of local community groups:
  - Bita Pathways
  - Sifa Fireside
  - Focus Birmingham
  - Karis Neighbour scheme
  - Stroke Association
How it came into being
Module development

- Students attended 3 whole days in groups of +/- 4
- Tasks were set by placement providers e.g.
  - Running a ‘theme day’ at a local day centre offering care and new experiences for adults with visual impairment and other disabilities
  - Organising a coffee morning, ‘bake off’, for older people with little social support
  - Organising social events e.g. a ‘film night’ for homeless people
How it came into being
Module development

☐ Learning outcomes for placement were:
  – Demonstrate communication skills appropriate to the specific client group encountered
  – Demonstrate capability to work as a team
  – Demonstrate organisational skills appropriate to the task
  – Demonstrate knowledge of psychosocial issues specific to the client group encountered
  – Demonstrate cultural understanding of the client group encountered
  – Critically reflect on how your new knowledge and experience may enhance your capability as a physiotherapy practitioner
How it came into being
Module development

☐ Students delivered presentations, post-placement, which demonstrated achievement of placement learning outcomes

☐ Debriefing discussion followed each presentation including:
  – Reflection on experience
  – Emotional response to experience
  – Challenges to values and attitudes
  – Effect of new learning on transforming them as practitioners

☐ Learning was collaborative and active at all stages
Impact

Placement response

- Feedback from placements has been positive
- Students are perceived to make a useful contribution to organisations served
- Partnerships with placements have evolved enabling continuity of placements offered
Impact
Student response

- Most students reported that the experience was valuable:
  - Aided personal development (e.g. communication skills)
  - Challenged attitudes
  - Saw the person behind the condition
  - Gained knowledge of different cultures

- Early iterations showed a minority of students disengaging

- Module modifications have seen better overall student satisfaction

- Transformative learning evident in students’ narrative
Impact
Student response

☐ Sifa Fireside

- "In the 3 days of my service-learning placement, I learned more about the importance of not judging an individual by his or her appearance, the importance of community and support, than I could have learned from any textbook or classroom lecture."
Impact
Student response

☐ Stroke Association

– “They also described their psychological needs e.g. suffering depression after a stroke, helping us to see how stroke affects the whole person and not just their mobility”
– “What struck me the most was the amount of people following stroke that had been left with an invisible disability. You build up an idea about the struggles a ‘typical’ stroke survivor may have. However, the amount of survivors that were faced with cognitive challenges with little to no physical impairment was a stark reminder to look at that person as a whole”
Impact
Student response

☐ Bita Pathways

- “I realised how much I can take my education for granted. I had the privilege of being part of a class where men were learning how to read and write for the first time as it was something they had never been able to learn (Neither was this their first language). For one man it meant he couldn’t send a text message let alone write an email. How daunting job hunting must be when you can’t read what is in the application form. In return I was taught some patwah phrases!”
Impact
Student response

- Bita Pathways
  - “Throughout the placement I realised that the stigma surrounding mental health is unfounded. The people I met were friendly and caring but their injuries were invisible”
  - “As a group we learnt a lot about our “hang-ups” and prejudices regarding people with mental health difficulties. We were not as aware of them before the placement but sharing them as a group was very useful”
Impact
Student performance

- Students submit a portfolio of evidence for summative assessment
- Students also submit a portfolio of evidence in year 2
- Students demonstrate increasing capability to:
  - Critically reflect on their practice
  - Demonstrate capacity to deliver patient-centred care
  - Recognise, and work with, emotional dimensions of care
  - Develop and sustain collaborative and effective therapeutic relationships based on ‘patient as person’
- Commended by external examiner
Looking to the future

- Potential value of using tools to measure empathy underway e.g. Jefferson Empathy Scale
- Service user input into clinical assessment of student performance being explored
- Opportunity to undertake a service-learning placement for BSc students as part of an elective is being written into new BSc programme
Conclusion

- “Coats off” service-learning has potential to enhance development of knowledge, skills and attitudes necessary for the delivery of more patient-centred and equitable healthcare

- Being present in a volunteering capacity liberated the students to focus on the people they interacted with rather than their condition

- Working actively in groups facilitated the process of reflection, appeared more meaningful and engaging

- The learning achieved appeared transformative and transferable to clinical practice. However further work is needed to explore this further
References

References