Welcome to this year’s Spring Newsletter. The Newsletter summarises a series of forums held at Coventry for Clinical Educators (CE) in the Autumn of 2012 and Winter of 2013. In total there were 205 of you over the four days and we were delighted to see so many of you. The various reports that follow diseminate information from those days.

There are also sections on ‘News’ and ‘Forthcoming Events’. We hope that you find this useful and as usual we welcome your comments. Please consider writing for us and feel free to ring to discuss any ideas!

Jane Toms (Newsletter Editor)
Julie Paine (Design & Desk-top Publisher)

Please can you ensure that all educators have the opportunity to see this.

If you wish to contribute any news or information please contact Jane Toms or Julie Paine on:

E-mail: j.toms@coventry.ac.uk or j.paine@coventry.ac.uk
A SUMMARY OF INDIVIDUAL FORUM SESSIONS NOW FOLLOWS:

NEW EDUCATORS PROGRAMME – AUTUMN 2012 & WINTER 2013

The Autumn and Winter new educator days followed the usual format with an overview of the course and information regarding student assessment, placement evaluation, moderation, the role of the visiting tutor and the failing student. All of this information is available in the Clinical Placement Handbook.

The afternoon was divided into three workshops:

**Workshop A**
Giving Feedback and Facilitating Change
facilitated by Reena Patel (Autumn) – rp162@le.ac.uk and Jane Toms (Winter) – j.toms@coventry.ac.uk

**Workshop B**
Clinical Reasoning
facilitated by Julie Sellars – j.sellars@coventry.ac.uk

**Workshop C**
Supporting Students with a Disability on Placement
facilitated by Jo Opie – j.opie@coventry.ac.uk

Many thanks to all those who attended – we look forward to visiting you with your new students. We hope that you find your new role to be both challenging and enjoyable. Details on the workshops now follow:

**WORKSHOP A**

**Giving Feedback & Facilitating Change**

This workshop considered how to provide effective feedback to students and facilitate change. It was acknowledged at the beginning that this was a big topic and would only consider feedback and facilitating change from a few focused questions. These questions and some of the resulting discussions have been shared in the summary that follows.

**What is feedback?**

- Feedback has been defined as ‘When we offer our opinions or evaluations on someone else’s behaviour or performance’ (Pearce, 2004)
- Feedback is the information by which a person maintains or adjusts their behaviour or performance
- ‘Feedback has the most powerful single effect on achievement’ (Hattie, 1987)
What are the characteristics of helpful and unhelpful feedback?

<table>
<thead>
<tr>
<th>Characteristics of helpful &amp; unhelpful feedback:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful</td>
<td>Unhelpful</td>
</tr>
<tr>
<td>Describes behaviours</td>
<td>Attacks personality</td>
</tr>
<tr>
<td>Calm &amp; objective</td>
<td>Emotional &amp; judgement laden</td>
</tr>
<tr>
<td>Specific &amp; gives examples</td>
<td>Vague &amp; generalised</td>
</tr>
<tr>
<td>Prepared (both parties)</td>
<td>Not prepared</td>
</tr>
<tr>
<td>Timely (during, if appropriate, or soon after)</td>
<td>Poor timing (during, when inappropriate, or much later)</td>
</tr>
<tr>
<td>Environment considered</td>
<td>Environment not considered</td>
</tr>
<tr>
<td>Amount considered</td>
<td>Amount not considered</td>
</tr>
<tr>
<td>Effectiveness checked</td>
<td>Effectiveness not checked</td>
</tr>
<tr>
<td>Asks for self-evaluation first</td>
<td>Launches straight in</td>
</tr>
<tr>
<td>Uses positive-negative-positive sandwich</td>
<td>Predominantly negative</td>
</tr>
<tr>
<td>May set SMART objectives</td>
<td>No clear objectives</td>
</tr>
</tbody>
</table>

It was acknowledged that the characteristics listed were not new to anyone. The discussion therefore focussed on why some of these characteristics are so difficult in real life. For example how easy is it to be calm when a patient has nearly fallen due to lack of planning by a student? How will these characteristics be achieved in the complex environment of clinical practice?

What do Students Say?

They like:

- ‘Specific feedback related to a particular patient’
- ‘Balance between positive and negative’
- ‘Feedback on notes’
- ‘Ongoing feedback as well as half-way’

They dislike:

- Poor timing of feedback:
  - ‘end of day’
  - ‘too late to make a difference’
- ‘Two educators giving conflicting feedback’
- ‘Being criticised in front of the patient’

What is unhelpful about the statement ‘Student X is too quiet - a shy student’?

Describing students in this way and feeding such information back to them is unhelpful because:

- Labels the student
- Comments on personality
- Vague & generalised
- Judgment laden
- Does not facilitate change – a student once asked ‘what do I do, change my personality?’

However it is often an initial thought that then needs to be analysed to identify the behaviours and examples that have been seen that might make you think that. How then do you progress from a general thought like ‘they are too shy’ to describing behaviour and providing feedback?

Possible behaviours that might make you think that could be:

- Softly spoken
- Poor eye contact
- Never initiates a conversation with you
- Lacks initiative with MDT
Possible specific example of such behaviour might be:

- With Mrs. Jones your are very softly spoken and not providing the motivation to …

In small groups the CEs then considered other labelling phrases such as ‘a defensive student' and how they could break them down into the behaviours that might make them think that.

**What is a potential feedback model that could be used?**

Jerome (1995) describes feedback as occurring in 4 stages;

**Stage 1:** Provide a description of current behaviours that you want to reinforce and redirect to improve a situation

**Stage 2:** Identify specific situations where these behaviours have been observed

**Stage 3:** Describe impacts and consequences of the current behaviour

**Stage 4:** Identify alternative behaviours and actions that can be taken

**What are the skills you need to develop to provide effective feedback?**

- Observational skills (to provide examples of positive and negative behaviour)
- Verbal skills (clear, concise & fact based)
- Listening skills (allow student to respond & listen carefully to what they say)
- Non-verbal skills (monitor your non-verbal to ensure it matches your verbal)
- Negotiation skills (to work collaboratively on areas for development)

(Honey, 2001 cited in Cotterill, 2006)

**How do you facilitate change?**

- Ensure feedback heard and understood
- Action plans
- SMART as possible

**Summary**

- Giving feedback is a skill to be developed & monitored
- There are specific characteristics of helpful & unhelpful feedback
- Students vary, discuss delivery with them
- Feedback can link with SMART objectives to facilitate change
- Helping students develop ‘self-feedback’ i.e. reflective skills is invaluable

**References**

- Student feedback

**Workshop Facilitators:**

Jane Toms & Reena Patel
This workshop introduced the new educators to the clinical reasoning component of the clinical placement assessment. The following points were highlighted and discussed:

- The clinical reasoning assessment is an assessment of the students ability to clinically reason through their decision making process related to their interactions with patients. It is more than just an ability to reproduce knowledge, students need to be able to apply their knowledge to their patients and the questioning about those patients.

- The clinical reasoning assessment is weighted the same in both second and third years, although the process of the assessment differs slightly.

<table>
<thead>
<tr>
<th>Performance Appraisal</th>
<th>Clinical Reasoning Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Year</td>
<td>50%</td>
</tr>
<tr>
<td>3rd Year</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 2nd Year Students
- The student selects 1 or 2 patients from their caseload
- They then prepare an A4 summary sheet for their selected patient(s)
- The student introduces the case(s) to the assessors – 5 mins total
- If 2 cases are presented the assessors choose if 1 or 2 are discussed.
- The student discusses their clinical reasoning of the case(s) with the assessors – 40 mins

### 3rd Year Students
- The student must select 2 patients from their caseload
- They then prepare an A4 summary sheet for each of their selected patients
- The student introduces the patients to the assessors – 5 mins total
- The assessors choose which patient or patients are discussed
- The student discusses their clinical reasoning of the case(s) with the assessors – 55 mins

The clinical reasoning assessment for the Caseload Management module in the third year has a different structure. The assessment is an hour in length but is divided into two half hour components, a patient clinical reasoning component as previously described and a reflection a caseload management issue:

### Patient Clinical Reasoning
- Select 1 patient from their caseload
- Prepare a summary sheet for their selected patient
- Introduce the case to the assessors - 2 mins
- Discuss their clinical reasoning of the case – 28 min

### Reflection on Caseload Mx
- Choose an issue(s) from their reflections
- Prepare a summary sheet of their reflection on their own practice
- Introduce the reflection - 2 mins
- Discuss their reflection with the assessors – 28mins
• The discussion should be educator/tutor led, who identify which patient(s) will be discussed and facilitate the discussion through questioning. The discussion may address issues related to pathophysiology and how that relates to the patient(s) being presented, the subjective assessment, the objective findings, the problems identified, the treatment plan, and objectives, any psychosocial issues, discharge planning and future abilities or needs of the patient and importantly the students clinical reasoning related to those areas and the decisions they have made. Students may consider the evidence base for their decisions and include relevant literature that supports their decisions.

• When marking the clinical reasoning assessment it is important to remember that it is separate to the performance appraisal. The student should be assessed and marked on their clinical reasoning ability on that day.

• The clinical educator and visiting tutor must agree a mark using the marking criteria for the clinical reasoning assessment which is in the handbook and feedback to the student.

Workshop Facilitator: Julie Sellars
Acting Associate Head (Academic)

WORKSHOP C
Additional Needs Session

This year we tried something different in the additional needs session. The handout included in the delegate pack remained the same, with information on the Equality Act and advice from the CSP on supporting disabled students whilst on placement.

The session started by considering the similarities of Usain Bolt, Hannah Cockcroft and Xue Lei. All of these elite athletes won gold medals for the 100m in the Olympics or Paralympics this summer. We realised that they had more similarities than differences. This is the situation for physiotherapy students with impairment. They might need equipment or personal assistance to help them be successful, but they are aiming for the finishing line along with all the other students. The rest of the session focused on the experiences of disabled physiotherapy students and some advice from them for clinical educators.


Within the university useful contact details are:
Joanne Opie Learning support tutor: 02476795937: j.opie@coventry.ac.uk
Students disability office: 024 7765 8029: disoff.ss@coventry.ac.uk
Student counselling service 024 7688 7323: counsell.ss@coventry.ac.uk

Joanne Opie, Learning support Tutor for Physiotherapy

Workshop Facilitator: Joanne Opie
Learning Support Tutor for Physiotherapy
The Department of Health Professions is undergoing a period of change at the moment. There have been several changes relating to the senior management within both the Department and the Faculty. Professor Karen Harrison, Head of the Department of Health Professions, has taken early retirement at the end of the last academic year and Ann Green (Associate Head) has currently been seconded to the post of Head of Department of Biomolecular & Sports Science. Helen Barker (Associate Head) is now Acting Head of Health Professions and Jacob Saranga and Julie Sellars are Acting Associate Heads.

This year’s intake of new students also sees our current physiotherapy degree coming to the end of its validation period meaning that it is now due for review both internally by the University and externally by the HCPC and the CSP. All the other Health professions within the department are also due for this process so a major cross faculty rewrite of all the courses is well underway. Many of you may already be aware of this and may have taken part in the various consultations that have or are due to take place. Commissioners, practitioners, students and service users have already been consulted but further views are welcome.

The new course will commence in October 2013 and will produce its first graduates into practice in July 2016, therefore we need to ensure that those graduates are fit for Practice then and into the future. The current pace of change in education & healthcare delivery in the UK makes this a significant challenge.

During the forthcoming year a common cross faculty Student Placement Evaluation form will be piloted, this will be run alongside our existing evaluations. It has been developed in order to evaluate not only single practice placements but to generate data that can feedback to Trusts and other organisations at all levels. The result should be data that not only highlights areas of good practice but that would identify any possible areas for concern in an organisation.

Lastly our new Website to support placement education “Placement Connect” is available in its first phase.

It can be found at: [http://wwwm.coventry.ac.uk/PlacementConnect/Pages/PlacementConnect.aspx](http://wwwm.coventry.ac.uk/PlacementConnect/Pages/PlacementConnect.aspx)

Phase 1 has generic material for all healthcare profession “educators” along with nursing mentor resources. Phases 2 and 3 are in development and will include resources for Physiotherapy educators. The website is not password protected so that everyone should be able to access it, however due to data protection and confidentiality issues we will have to be careful about any material we make available. We hope that you will find it useful and would welcome feedback.

Nigel Williams,
Clinical Team Co-ordinator
This workshop was designed to both explore the concept of professionalism and the assessment of our students using the criteria in the placement forms.

The workshops resulted in some very thoughtful discussion. The answer to the question "What is professionalism?" was more difficult to articulate than most expected with all groups suggesting qualities such as appearance, punctuality, motivation and abiding by codes of conduct.

The less ‘concrete’ aspects such as demonstrating situational awareness and exhibiting different appropriate behaviours in different contexts were not so easy to articulate. The fact that professionalism led to a “Professional Duty of Care” was only brought up by one group although this aspect was covered in all 3 workshops.

The groups also were able to show it was easy to assess the obvious aspects of professionalism but not so easy to say how they would expect students to demonstrate the more fluid or holistic attributes.

We then discussed that Professionalism is an extremely complex attribute that takes time to develop, there are many means of developing it and indeed many of us had learnt from making mistakes.

Students need to be told as soon as possible when there are issues of professionalism and may need guidance to develop this essential attribute. Students may even learn unprofessional behaviours if they witness unchallenged poor behaviour in the workplace as they may then believe the behaviour was acceptable.

We would like to thank all those who contributed to the thoughtful discussions and finally one of the key messages for educators is stated in the CSP Code of Professional Values and Behaviour “A key element of physiotherapy students’ preparation for practice on qualification is their being supported in developing their understanding of, and engagement with, the responsibilities and privileges that professionalism encapsulates.” CSP 2011.

Nigel Williams and Teresa Horgan
Clinical Team Co-ordinators

Each group was asked to identify which skills they thought a physiotherapist needed and where physiotherapists would be working in 2016. The information gained would inform the new course.

They were asked to use post-its with ideas and we then themed these. The general impression was that physiotherapists would be working in very diverse roles in the future including hospital, thankfully. They also identified research, sport, community etc. As far as skills were concerned, it was interesting that they identified similar skills requirement that the SHAs have identified i.e.: Knowledge - anatomy, physiology and general background. Also dementia, professionalism and communication. Electrotherapy took a bit of a back step. Specific core skills were to be retained MSK, CR and Neuro. It was a very useful exercise and will feed very well into the critical review. We had valuable feedback. Thank you to everyone for their input.

Nicky Lambon, Course Director and
Nicky Knowles, Senior Lecturer
The workshop delivered by Stephanie Clarke, pictured left aimed to present the findings of her undergraduate dissertation, qualitative in design, exploring Physiotherapy Students’ relationships with their Clinical Educators and the effect these have on a positive placement experience. A brief explanation of the research process was given, followed by discussion of the results and their links with previous research.

Learning and Confidence
Students found that the inter-personal relationship they had with their Educator had a significant effect on their placements. When a student was able to relate to their educator on a personal level they found them more willing to teach, hence the student felt they gave a higher level of commitment to learning because they felt respected.

Staff Pressures
Students were aware of the external pressures that staff experienced, as well as the extra work that their presence implied. Participants felt it important to feel as if they were part of the team, to make the most of their learning experience. Students acknowledged that they could have acted differently, for example taking a more active role in slotting in to their surroundings may have given them more sense of success, control and achievement.

Role Playing
Students felt they could not be themselves and disguised how they were feeling whilst on placement. They reported feeling like they had to change the way they interacted with others in order to adapt to the department they were placed in. A major reason for this disguising of behaviour was the constant feeling of being assessed by the Educator, consistent with other research. As a group they developed a ‘knack’ for this role play over their placements and, for the most part, they felt it was a worthwhile life skill to learn.

What if things go wrong?
Participants felt a significant lack of assistance should difficulties arise during their clinical experiences. Students were very aware of the Educator being responsible for their overall placement mark and so felt unable to be honest or be seen as ‘complaining’. Whilst aware of the role that Visiting Tutors (VT) were meant to play, students felt that more often than not this was unfulfilled. Students highlighted that a predetermined relationship between VT and Educator or department was unhelpful as it sometimes made students feel like they were unable to discuss any concerns they may have.

An educators approach to the student
All group members agreed that experiences they deemed most positive were when their Educator was able to give structured learning in amongst clinical practice. The general consensus acknowledged that successful educators were ones who showed a certain level of passion towards their chosen career and were able to express this effectively to their student. Similarly, students also rated highly being allowed a continuing, progressive amount of freedom within their role.

During the presentation ideas were generated as to the factors Educators felt equated to a good student/educator relationship. These included mutual respect, enthusiasm, good communication, team work, honesty, trust and professionalism and were for the most part similar to the areas students placed emphasis on.

Stephanie Clarke
New Graduate Physiotherapist
Lynn Clouder and Arinola Adefila presented a brief overview of a Higher Education Academy funded collaborative project between Coventry University and the University of Derby. Ethical clearance was sought through the IRAS system but proved to be unnecessary due to it not involving patient data or clinical research. The project objectives are:

1. To extend the evidence base on the impact of mobile learning on linking theory and practice, accessing timely knowledge and enhancing peer support to contribute to the development of students’ employability through perceived enhancement of their clinical reasoning capabilities on placement

2. To identify the challenges to using mobile devices to promote learning on placement, including their acceptability with respect to professional/organizational culture

3. To identify perceptions of whether students’ use of mobile technology reduces reliance on clinical educators and academic tutors responsible for facilitating learning and supporting students on placement

4. To make recommendations for future health and social care professional education

The project is an 18 month project which began in July 2012. Since then a small number of occupational therapy students and physiotherapy students have been given iPads to use as they see fit on placement. For sustainability reasons the iPads rely on Wifi but the students have been introduced to Samba Mobile

http://www.sambamobile.com/Home/Samba as a means of gaining free internet access. The iPADs have a number of free apps (shown below) preloaded for students to access but they have been encouraged to add to these and in fact several additional useful Apps have been found.
Students were reminded that they must observe confidentiality and anonymity of patients/clients but otherwise to see what use they could make of the ipads. Initial findings suggest that there are tangible benefits especially but not limited to community settings with respect to:

- Facilitating pre-placement planning
- Providing a space for students to keep all relevant papers etc together
- Informing discussion with educators
- Timeliness and immediacy of access to information
- Revising just prior to a patient consultation
- Providing access to advise and guidance in direct contact with patients/clients

Students have identified several additional Apps that they recommend to other students and some gaps in what is available to support learning especially in occupational therapy. The project team are looking at options for developing Apps with the students as a direct result.

After the project end 4 iPads will be remain at the disposal of the Physiotherapy Clinical Team for continued use and evaluation of impact. It may be that they are offered to students with specific learning needs or on a first come first served basis.

The project is ongoing and as local permissions are extended students will be placed in an increasingly wide range of specialties and settings so you might find you are contacted to ask for your support. If you are interested in getting involved with the project in any way or would be happy to offer your placement as a possible site for a future student using an iPad you can contact Lynn Clouder on d.i.clouder@coventry.ac.uk or 02476 887841 or contact Nigel Williams or Teresa Horgan.

Lynn Clouder – Professor of Professional Education and
Arinola Adefila – Research Assistant

February 6th was an opportunity to feed back to Educators about how their views had been implemented and considered when we were writing the new course.

We advised them that the new course has been developed in response to Clinical educators, SHA’s, students, service users, staff teams, visiting tutors, and clinical managers cross West Midlands, South Central and East Midlands.

We have included the skills and qualities required for a new graduate who is fit for purpose in 2016. Emerging themes were; Public Health, Quality, Holistic management, Patient – focussed care Technology and Skills. These general themes include NHS directives such as dementia, QIPP, Communication, Interprofessional working to name a few. These are integrated into the course without compromising professional-specific skills.

The new course structure was presented including Collaborative modules, Physiotherapy skills and knowledge modules and clinical modules. It was noted that placements were longer but fewer in number and gave well over 1,000 clinical hours. The course has been mapped against quality indicators: HCPC, CSP, QAA, KSF and the University quality framework.

We are very excited about the new course and thank everyone who have taken such an interest and helped develop the new course from the September CE day and the feedback from Februarys CE day. We are looking forward to the approval event in May where we can showcase the course to our professional bodies.

Facilitators: Nicky Lambon – Course Director &
Nicky Knowles – Year 1 Course Tutor
This session aimed to raise awareness around the benefits of learning contracts, and to challenge thoughts around how learning contracts are viewed and used within clinical placements.

**Definition and background to learning contracts:**

A learning contract is “a negotiated agreement based upon the formal requirements of both the learning needs of the individual undertaking the contract as well as the formal requirements of the course or institution involved” (Anderson, Boud and Sampson 1996). Developed in the 1980’s by an educational psychologist, Malcolm Knowles, they were introduced to physiotherapy by a CSP Clinical Placement Standards document, published in 1991.

**Learning contracts in the context of adult learning:**

Malcolm Knowles (1986) developed a model of adult learning known as andrology. The 6 principles this model consisted of are thought to facilitate adult learning:

- **Need to know**- Adults need to know why they need to learn something before undertaking the learning. As facilitators we can help students become aware of what they need to know. What adults learn on their own initiative is learnt more effectively.

- **Need to be self directing**- Adults need to be self directing, and be responsible for their own decisions. They resent and resist situations where they feel others imposing on them.

- **Previous experience and knowledge**- Adults previous experience and knowledge is a rich resource to build future learning onto. This takes into account their learning style.

- **Readiness to learn**- Adults readiness to learn is highest when they see the benefits of the learning, and that it will help them cope with life situations.

- **Task or problem centred learning** (as opposed to subject based learning) - Adults learn more and are more motivated when the learning helps them to perform tasks or deal with current problems they are facing.

- **Motivation**- Deeper learning occurs with intrinsic (e.g. desire for job satisfaction, desire for learning and personal achievement), rather than extrinsic (e.g. to pass a placement) motivation. Barriers for motivation are important- e.g. time pressures, inaccessibility of opportunities or resources.

To facilitate adult learning principles and encourage greater depth of learning, the educator facilitates the student to identify their own learning needs, and then assists the student to plan how to undertake the learning. The educator adopts the role of a facilitator and resource person rather than a teacher (Knowles 1986). The student retains control of the learning contract, with the educator giving guidance. The student retaining control is important for valuing adult learning principles, thereby avoiding development of tension and resistance to learning. The contract development process involves negotiation by both parties to ensure the objectives are mutually agreed, meet the students learning needs, and are feasible within the placement setting.
Using learning contracts in practice:

Learning contracts are a valuable resource to focus the learning to the students' individual learning needs. Often students find identification of learning needs difficult. Objectives do not need to focus on the clinical area that they are in (they can be about generic skills e.g. time management).

Learning contracts are designed to complement the existing practice placement assessment proforma, and facilitate students to focus on individual learning needs. As such, irrespective of learning contract content, students must work towards and be assessed on core skills within the specific clinical placement area. The identification of individual learning needs and planning self-directed learning is essential preparation for lifelong learning as a qualified practitioner.

Learning contracts are not assessed, so if a student does not meet the objectives within a learning contract they will not automatically fail their placement. The reason for not meeting objectives should be considered, with the student taking forwards that learning need. However, there is a section on learning as part of the assessed performance appraisal, so their use of their learning contract during the placement can be included in this section of their assessment.

Within Coventry University Physiotherapy, the learning contract is as follows, and forms part of the professional practice documentation forms:

<table>
<thead>
<tr>
<th>Agreed Learning Outcomes</th>
<th>Personal Learning Outcomes</th>
<th>Outcomes Achieved (including comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
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</tbody>
</table>

Signed: Clinical Educator: ___________________ Student: ___________________
Visiting Tutor: _____________________________ Date: ________________

Benefits of learning contracts:

<table>
<thead>
<tr>
<th>Benefits in relation to student learning</th>
<th>Other benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increases internal locus of control and promotes deep learning</td>
<td>Takes into account previous learning experiences</td>
</tr>
<tr>
<td>Encourages lifelong learning</td>
<td>Adaptable to each individual</td>
</tr>
<tr>
<td>Increases motivation and responsibility for learning</td>
<td>Adaptable to opportunities/resources available</td>
</tr>
<tr>
<td>Develop self assessment skills</td>
<td>Pace of work flexible within time constraints of placement</td>
</tr>
<tr>
<td>Develop interpersonal skills</td>
<td>Defines roles and responsibilities</td>
</tr>
<tr>
<td>Develop understanding of own learning style</td>
<td>Promotes equality of student/educator relationship</td>
</tr>
<tr>
<td>Bridges theory-practice gap</td>
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</table>
Barriers with learning contracts and solutions:

This was a group discussion, and the following suggestions were made:

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time consuming, viewed as “Another piece of paper”</td>
<td>Schedule into placement diary</td>
</tr>
<tr>
<td></td>
<td>Refer back to it</td>
</tr>
<tr>
<td></td>
<td>See benefits above and underlying philosophy</td>
</tr>
<tr>
<td>Summative assessment focus</td>
<td>Timetable the contract into placement diary for ongoing review</td>
</tr>
<tr>
<td>Learning objective reasonable but resources not available (e.g. in MSK placement, objective re assessment of ankle, but no ankle referrals during placement)</td>
<td>Limit options for learning contract to what is feasible</td>
</tr>
<tr>
<td></td>
<td>Re-negotiate during placement if needed</td>
</tr>
<tr>
<td></td>
<td>Be clear at start</td>
</tr>
<tr>
<td>Students not taking ownership of contract</td>
<td>Be explicit and give students time</td>
</tr>
<tr>
<td>Students unclear or opportunities and resources, and of placement area</td>
<td>Induction to placement, guide structure of contract</td>
</tr>
<tr>
<td></td>
<td>Placement profile forms for students to review prior to placement</td>
</tr>
<tr>
<td></td>
<td>Students to phone prior to placement (can include this request on placement profile)</td>
</tr>
<tr>
<td>Difficulty assessing objectives- in making them SMART objectives</td>
<td>Think of evaluation strategies e.g. visual analogue scales, daily log, choose specific area</td>
</tr>
<tr>
<td>Student/educator disputes</td>
<td>Third party medication e.g. university link tutor</td>
</tr>
<tr>
<td>Too many objectives</td>
<td>Help students to prioritise learning objectives- fewer covered in greater depth can lead to better quality learning</td>
</tr>
</tbody>
</table>

One suggestion to help to focus a student’s learning needs was to ask them to do a SWOT analysis prior to development of the learning contract.

Hopefully this has stimulated your thoughts on learning contracts. They have great potential to facilitate students learning within clinical placements, and help them in developing their abilities for lifelong learning. Thank you to everyone that participated in the workshops.

References:


Facilitator: Susan Couper, Respiratory Physiotherapist, Sandwell and West Birmingham NHS Hospital Trust.

WORKSHOP C

Bullying – is it an issue?

This topic was chosen several months ago but it appeared to be very timely in light of the day it was delivered, that of the publication of the Francis report. I would also like to stress that this topic was not chosen due to bullying having been recognised as a particular issue for our students.

There have been a very small number of events in the past that were perceived as bullying at the time but on further investigation were due to poor lines of communication coinciding with unfortunate circumstances. It is however acknowledged that the NHS does have a history of a culture that includes bullying. In 2009 Sir Ian Kennedy then the Chair of the Health Commission said it ‘worried him more than anything else’ and it was ‘permeating the delivery of healthcare’. (Health Service Journal April 2009)
The CSP have recognised that there are ‘isolated incidents’ of bullying of student physiotherapists and responded by publishing an information paper (PD046) ‘Dealing with Bullying: a guide for physiotherapy students on placement. They quote several definitions of bullying including: “The misuse of power or position to persistently criticise and condemn; to openly humiliate and undermine an individual’s professional ability until they become so fearful that their confidence crumbles and they lose belief in themselves”. (Adams A. Bullying at Work. Virago: 1992)

These workshops considered educator behaviours that were conducive to a positive placement experience for students and also behaviours that could be perceived by a student as bullying. During the workshops it was also acknowledged that sometimes student behaviour could be perceived as bullying, for instance informing the educator they required a certain mark on this placement. Educators appeared to be confident in dealing with this situation.

The workshops were very lively and appeared to be well received, the results from the four workshops were very similar and they can be found in the table that follows:

<table>
<thead>
<tr>
<th>GOOD PRACTICE AVOIDING NEGATIVE PERCEPTION</th>
<th>PRACTICE WHICH COULD BE PERCEIVED AS BULLYING</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome include in the team</td>
<td>• Assuming they feel part of team</td>
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<tr>
<td>• ‘Open-door’</td>
<td>• NOT inviting to lunch etc including in conversation</td>
</tr>
<tr>
<td>• Include students i.e. staff room/informal conversations etc</td>
<td>• Not having desk space (computer access etc)</td>
</tr>
<tr>
<td>• Referring to ‘the student’ by name</td>
<td>• Not using name ‘the student’</td>
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<tr>
<td>• Mutual understanding of ground rules</td>
<td>• Inappropriate conversations</td>
</tr>
<tr>
<td>• Mutually agreed expectations</td>
<td>• Poor lines of communication</td>
</tr>
<tr>
<td>• Getting to know student learning style</td>
<td>• Lack of support</td>
</tr>
<tr>
<td>• Equal opportunities/modifying educator – teaching with students that have different abilities</td>
<td>• Educator always busy</td>
</tr>
<tr>
<td>• Plan weekly supervision – write down examples</td>
<td>• Not being approachable</td>
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<tr>
<td>• Encouraging student control over learning</td>
<td>• Making negative comments/excessive questioning in front of patients/other staff</td>
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<tr>
<td>• Time for preparation</td>
<td>• Correct in front of audience in insensitive way / undermining in front of others</td>
</tr>
<tr>
<td>• Debrief time</td>
<td>• Jumping in/constant observation (and confidence, lack of trust)</td>
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<tr>
<td>• Opportunity/time, listen</td>
<td>• Delayed feedback</td>
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<tr>
<td>• Be aware of student fears/limitations and support (make action plan to help)</td>
<td>• No forewarning of failing/being unsafe</td>
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<tr>
<td>• Constructive criticism – sandwich with positive feedback</td>
<td>• Comparison to previous students</td>
</tr>
<tr>
<td>• Good record keeping</td>
<td>• All bad first</td>
</tr>
<tr>
<td>• Use Assessment criteria on areas to improve</td>
<td>• Responsibility not proportional to support provided/available ➔stress</td>
</tr>
<tr>
<td>• Be objective, use examples</td>
<td>• Giving student insufficient time to achieve outcomes</td>
</tr>
<tr>
<td>• Be specific with scenarios examples</td>
<td>• Use of emotive words e.g. ‘disappointing’/being vague</td>
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<tr>
<td>• Carefully think about words used</td>
<td>• Not valuing their opinions</td>
</tr>
<tr>
<td>• Remain objective; avoid being personal</td>
<td>• Menial tasks/taking advantage</td>
</tr>
<tr>
<td>• Be timely, right time, right place</td>
<td>• Not offering solutions</td>
</tr>
<tr>
<td>• Opportunities to discuss issues</td>
<td>• Constant observation</td>
</tr>
<tr>
<td>• Empathise ‘bad experiences’</td>
<td>• Taking out our pressures/stresses on students</td>
</tr>
<tr>
<td>• Reflect on incidents if you intervene</td>
<td>• Harassment</td>
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<tr>
<td>• Avoid ‘public humiliation’</td>
<td></td>
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<tr>
<td>• Allow time for students to improve</td>
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<tr>
<td>• Be open to feedback</td>
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<td>• Be role model</td>
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<tr>
<td>• Use Visiting Tutor</td>
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</tbody>
</table>

Nigel Williams
Clinical team Co-ordinator
Useful Links

The National Association of Educators in Practice (NAEP) is a support network for educators in practice across the Allied Health Professions, Midwifery, Nursing and all Health and Social Care Professions. Details can be found at http://www.naep-uk.org/

A new journal produced by NAEP in collaboration with the HEA on practice based learning can be found at http://www.heacademy.ac.uk/journals/PracticeBasedLearning
The first edition of the journal will be out in May 2013 and is edited by Professor Lynn Clouder of Coventry University.

FORTHCOMING EVENTS

Postgraduate Opportunities for Continuing Professional Development at Coventry University

If you are looking to develop your CPD portfolio we have a range of dynamic and innovative modules that may be of interest to you starting in soon:

- Acupuncture for Pain Relief
- Extended Scope Practitioner
- Advancing Physiotherapy Practice (Cardiorespiratory and MSK)
- Learning for Health and Social Care Professionals (leading to ACE accreditation)
- Leadership and Change for Service Improvement

We are also offering the following short courses:

- Interpretation of Blood Tests - one day
- Introduction to Musculoskeletal Radiology (X-rays/MRI/US) - two days
- Accreditation for Clinical Educators - experiential route

These modules/short courses have been designed to build and extend your professional expertise and enhance your career pathway. The modules can be taken as stand-alone courses or incorporated into one of our MSc programmes.

For more information please contact Julie Sellars, Course Director at: j.sellars@coventry.ac.uk
Are you a Clinical Educator interested in gaining formal recognition and accreditation for your role?

- **What is ACE?**

  The Accreditation for Clinical Educators (ACE) scheme is for Physiotherapists keen to have this important role recognised and developed.

- **Who is it for?**

  Physiotherapists involved in practice based education including the education of physiotherapy students, junior staff, assistants, carers, patients and other health care professionals.

- **How will you benefit?**

  - Physiotherapists who complete the programme will be given ACE status by the CSP
  - It is a nationally recognised award transferable between different environments
  - It approaches CPD in a way that provides valuable evidence for your CPD portfolio
  - It develops you as an educator which transfers into many areas of practice

- **What have participants said?**

  "A really useful and satisfying experience"
  "It has allowed me to better articulate my worth as a clinical educator"
  "It has certainly enhanced my enjoyment of having students"

- **How the scheme operates:**

  The experiential route requires you to submit a profile evidencing your work as a clinical educator. Coventry University support students in completing the ACE scheme by providing an initial workshop, a review workshop and tutors who are available for guidance throughout the process.

  **Next start date: 26th June 2013**

  For further details or an informal chat please contact Jane Toms
  j.toms@coventry.ac.uk
Dates for the Diary:

Physiotherapy Graduation Ceremony

Wednesday 20th November 2013

* * *

CLINICAL EDUCATOR FORUMS:

Tuesday 17th September 2013 - New Educators Forum

Thursday 19th September 2013 - Established Educators Forum

Don’t Forget!
If there is something you would like included in the next newsletter please contact us:
Details on the front page.