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Exploring strategies used by physiotherapy private practices in hosting student clinical placements

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Abstract
Introduction: Private practice clinical education experiences are important for workforce readiness of physiotherapy graduates, however there are limited opportunities to experience this setting during training. Furthermore, private practice is considered a valuable source of placements for education providers where shortages occur. Exploring the strategies used by physiotherapy private practice providers when hosting students may provide insight into how students can be integrated into practice whilst minimising disruption to staff, clients and service delivery.
Methods: A qualitative study with a general inductive thematic analytical approach was undertaken. Semi-structured interviews of ten physiotherapy private practice placement providers responsible for student placement provision were used to explore the strategies used to successfully integrate students into private practice settings.
Results: Four key themes emerged following data analysis; developing systems, student service provision, finding other ways to educate, and seeking support from the education provider.
Conclusion: This study is the first to explore the perspective of private practice placement providers regarding how students are successfully integrated into private practice settings where learning and service delivery can be maximised. Areas for further research are outlined.

I INTRODUCTION

Clinical education of preregistration physiotherapy students is essential to the development of a safe and effective workforce through allowing students to transform theory into practice (Koontz et al., 2010) while achieving professional socialisation and identity (Hecimovich & Volet, 2011; Rodger et al., 2011; Shields et al., 2013). With increasing physiotherapy student numbers, there are subsequent concerns relating to shortages of available placements (McMeeken et al., 2008; Bostick, Hall & Miciak, 2014; HWA, 2014; Pivko et al., 2016; Forbes and Nolan, 2018). Such shortages have been reported to threaten the ability of graduates to be adequately prepared for the physiotherapy workforce (Shields et al., 2013, HWA, 2014). Furthermore, a lack of clinical placement opportunities has been cited as a significant barrier to entry into professional practice programs and into the workforce (Commonwealth of Australia, 2014).

Matching pre-entry clinical education experiences to workforce needs is important in the development of workforce-ready graduates. Around 50% of physiotherapy graduates work in private physiotherapy practices after graduation (Mulcahy et al., 2010) and two-thirds of all Australian Physiotherapists are employed in this sector (HWA, 2014). One of the biggest challenges to workforce readiness in private practice settings is that new graduates are often entering this setting where they may have never had any experience of private practice before (Wells et al., 2017). New-graduates face pressures of time and quality with a fee for service, knowledge of funding providers, and business and marketing knowledge and skills are often expected by their employers (Jones, McIntyre & Naylor, 2010; Wells et al., 2017). Key perspectives from employers within this sector also include that new graduates face significant challenges with clinical reasoning under time pressures which extend to decision making, treatment planning and follow up (Wells et al., 2017). These issues are compounded in situations where students have not had clinical education experiences within a private practice during their training (Atkinson & McElroy, 2016; Wells et al., 2017). Clinical placement shortages and workforce readiness may, therefore, be best supported by the encouragement of placements in the private sector, especially considering the private sector accounts for the majority of the workforce (HWA, 2014). Increasing clinical placements within the private sector would have several effects including relieving pressure on current placement shortages, particularly within the public sector, and also assist students in preparation for work specific to private practice to reflect workforce needs.

Despite a subset of private practices being agreeable to student placements, there remain numerous actual and perceived barriers to including students in physiotherapy private practice settings (Kent et al., 2015). A recent survey-based study reported barriers relating primarily to managing time and workload constraints which extend to a perceived lack of efficiency in service delivery (Hall et al., 2015). Other barriers have included competing caseloads and education demands for the student, potential negative effects on patient satisfaction and impacts on existing staff including burnout (Rodger et al., 2007; Recker-Hughes et al., 2014; Hall et al., 2015). Despite these barriers, there are several benefits associated with providing student placements across physiotherapy settings. Hosting students provides practices and organisations with opportunities to recruit and employ graduates, and in doing so, can act to mitigate significant recruitment time and cost (Rodger et al., 2007; Bowles et al., 2014). Other motivations include benefiting from clinical knowledge and research that students provide (Rodger et al., 2007; Bowles et al., 2014; Hall et al., 2015) and satisfaction related to teaching and contributing to the profession (Bowles et al., 2014; Hall et al., 2015). Reports also include increased clinician confidence through reassurance of one's own clinical skills (Atkinson & McElroy, 2016) and opportunities for reflective practice and exposure to current knowledge (Davies, Hanna & Cott, 2011; Bowles et al., 2014). These benefits are reportedly enhanced when educators feel well-supported by the education provider, particularly when faced with challenging student situations (Recker-Hughes et al., 2014).

'Strategy' refers to inherent or planned activities or a conscious course of action to achieve a goal or solution (Moore, 1959). Strategic planning is especially advocated for organisations to 'survive' new relationships that require fiscal arrangements, education and relationships with the

external community (McCune, 1986), and are thus required in providing student clinical placements (Gordon et al., 2001). Despite the research relating to perceived benefits and challenges of hosting students, no studies to date have explored the strategies used by physiotherapy clinical education providers to integrate students into their unique practice setting. For physiotherapy private practices to consider initiating and sustaining student placements, practices, education providers, and the profession would benefit from understanding how the challenges of integrating students into private practices are mitigated. Furthermore, understanding how private practices successfully integrate students into their organisations will help inform strategies aimed at increasing participation, minimise the perceived barriers in hosting physiotherapy students and allow the industry to better inform potential and existing host practices of the incentives of hosting students. Therefore, the aim of this study was to explore the strategies used by Australian physiotherapy private practices to integrate students into practice successfully.

II METHODS

A qualitative approach was undertaken using semi-structured interviews and a general inductive qualitative thematic analytical approach (Thomas, 2006). Practices who had hosted at least two students of (blinded) within the previous two years were accessed from the (blinded) educator database and invited to participate via email. These criteria were selected to allow for recall and to ensure that participants had experience with providing more than one student placement on five-week immersions from undergraduate and/or masters entry programs of (blinded). Interview participants were required to be representatives of the practice who were owners or managers, responsible for decision making related to hosting students (Rubin & Rubin, 2011). Initial email contact was made to outline the study, determine criteria were met and to arrange a mutually acceptable time for interviewing. This study was approved by the (blinded) – Institutional Human Research Ethics, approval number #2018002635.

The draft interview framework was developed by the research team based on a review of the literature and consultation with a stakeholder group that included one private practice provider, two clinical educators and two students. This framework underwent piloting with an additional cohort of two private practice providers and two clinical educators not involved in the study to ensure clarity and familiarisation (Minichiello, Aroni & Hays, 2008). The final interview framework collected demographic information and addressed the research aims (Figure 1). All interviews occurred over the phone with audio recording on a second device and were conducted between August and November 2019. The interviews lasted between seven and 36 minutes. Interviews were conducted by one of two members of the research team, experienced in both qualitative interviewing and private practice physiotherapy. Both researchers used the same interview framework and met regularly to discuss findings. Transcription, coding and analysis of data were undertaken on a continuous basis until no new or relevant information was reported to ensure there was sufficient depth and breadth to address the research aim. Rigorous qualitative research requires researcher reflexivity in order to consider how data interpretation may be influenced by worldviews or perspectives (Mays & Pope, 2000). The primary researcher conducting interviews and analysis had over ten years of experience as a private practice clinician and clinical educator and had been teaching physiotherapy students in a University setting for over five years. This experience may have contributed to a deeper understanding of the impact and challenges of hosting students on private practice providers, staff and service delivery and the perspective of the education provider. The second researcher conducting interviews and data analysis (AD) had been a private practice clinician for over eight years and had some experience hosting physiotherapy students. To mitigate concerns that these previous experiences would introduce significant bias, the research team employed several strategies to enhance trustworthiness. The interviewers had no relationship with the practice providers and were not involved in providing or managing student placements. The researchers engaged in regular review meetings throughout data collection to identify and discuss potential biases and assumptions. The research team consulted two private practice managers and two clinical educators throughout and at the completion of analysis for feedback on coding, generated themes and illustrative quotes to reflect

themes to aid verification and trustworthiness of the data. Confirmability was also enhanced by an analysis trail audit from a secondary qualitative researcher not involved in the study.

"This is from the perspective of the practice as a whole. Please consider hosting students from the perspective of how it affects the operation of your practice; that being the business, staff, clients and overall operations"

1. Can you outline how long you have been supervising students for
2. Can you describe your decision making relating to hosting students?
3. What were your expectations of providing student placements?
4. How do you incorporate and supervise students into your setting?
5. What do you feel are the benefits to hosting students?
6. Are there barriers to hosting students? What are they? How do they affect your practice?
7. How do you overcome these challenges or barriers?
8. What systems or protocols have you implemented into your practice in order to optimise student presence?
9. Are there any strategies or recommendations you could suggest to practices who are thinking of hosting students in the future?

Figure 1. Interview framework

A Analysis

Data analysis was commenced after the first interview and continued concurrently with subsequent interviews. During the transcription and familiarisation phases of analysis, the principal researcher (RF) reviewed interview transcripts multiple times to become sensitised to the data (Creswell, 2013). Transcripts were subsequently coded deductively and inductively to reflect experiences described by participants. Similar codes were grouped to form subcategories. Codes and subcategories were subject to continuous comparison and differentiation as new data emerged with ongoing interviews. Final coding involved mapping inter-relationships and associations between subcategories and determining the main themes which encompassed the subcategories. The lead researcher (RF) undertook a process of epoche by noting beliefs and opinions relevant to the phenomenon (Moustakas, 1994). This process was conducted separately by the second researcher (AD), and all coding was subsequently compared and refined to enhance credibility and validity of study results through data triangulation (Mays & Pope, 2000). Data management software (NVivo, QSR, International Pty Ltd., Victoria, Australia) was used to store and manage the data and identify further coding completed by the lead researcher.

III RESULTS

Sixteen practices that met purposive sampling were initially approached to participate via email. Ten host practices responded and completed the interview (mean time = 26 minutes). All practices had a predominantly musculoskeletal client caseload. Practices had been hosting students for between one and 19 years (mean = 5.8 years). Three practices had experience of hosting multiple physiotherapy students within the same placement period. Further demographic data are outlined in Table 1.

Table 1. Participant demographics

Practice	Location	Years in operation	Years hosting students	Multiple students per placement	Mean client age
1	Metro	15	5	Y	45
2	Metro	7	2	N	54

3	Metro	20	10	Y	51
4	Metro	29	2	N	48
5	Metro	15	5	N	45
6	Regional	26	2	N	49
7	Metro	10	1	N	51
8	Regional	6	4	N	45
9	Metro	35	19	N	45
10	Metro	12	8	Y	52

Most interview participants were practice owner-physiotherapists who were involved in the clinical education of the hosted student (n=7) and the remaining were practice owner-physiotherapists who did not have an educator role with host students but were responsible for agreeing to student placement provision and assigning educator roles to their staff.

Several themes and subthemes were identified that reflect strategies employed to integrate students effectively in physiotherapy private practice, with direct quotes provided from participants to illustrate each theme. The final themes and subthemes were:

A. Developing systems
B. Student service provision
C. Other ways to educate
D. Seeking support from the education provider

A Developing systems

Participants described developing various systems and approaches with the aim of effectively integrating the student into their workplace. This included the development of standardised orientation procedures and resources for students to be introduced into the practice efficiently and safely while reducing disruption to service delivery.

> "Orientation is important for us. I go through their expectations, their role here, the assessment. I have a curriculum that we use. This keeps it standardised and simple for everyone so that nothing is missed." Participant 1

> "We take steps to show them that they are a contributor in the clinic, a member of the team, they're not just a student. They need to be able to experience the whole concept of being a clinician in a private practice, rather than just having them as a student that's secondary to everything else going on." Participant 7

Some participants described the importance of ensuring students had a formal supervision arrangement with experienced physiotherapists who had a genuine interest in teaching. Participants also described utilising those physiotherapists in the clinic who had skill in balancing client care and student learning activities simultaneously thus to not reduce service delivery.

> "We have students for sometimes 35 weeks of the year. Our clinicians have been supervising students for 15 years so educating students while treating needs to come almost naturally for them and our clients are used to it". Participant 9

Participants outlined the role of effective communication channels between members of the team to allow a more efficient integration of the student into the existing workplace and its services. This included both formal and informal communication arrangements between the practice management, clinical educators and the practice administration to ensure student presence was optimised.

> "It's important I meet with the clinical educator regularly so that I know what they need and the time they need to take so that we can put that into their schedule and this needs to be flexible to reflect different students and how their needs change over the 5 week placement." Participant 7

One practice outlined the important role of the administration staff in screening, informing and preparing clients for student involvement in their care. This included planning for administration staff to inform clients that the student is in their final year and that they are closely supervised.

"I will train admin staff what to say for patients to be more amenable to student involvement. They'll let patients know that the student is 'almost a physio', this way their expectation for their care is higher and they are more likely to be happy with a student involved." Participant 9

Another practice utilised social media to inform clients about services that could be offered.

"As a practice we take steps to let our clients know about students and what they can provide. We'll put it out on our Facebook page and website to let clients know that there are students available at reduced cost". Participant 4

Some practices described the role of their practice within the wider community and the importance of the student experiencing this to create a sense of belonging in the work setting and the community.

"We try and get the student involved in a local sports team so that they are getting involved in our rural community to give a sense of belonging". Participant 6

B Student service provision

Participants described developing and implementing specific services that could be offered to new and existing clients when students were hosted. These included providing reduced-cost services to clients who could not afford full-paying services and for those who had exhausted their subsidies offered by health funds or insurance. Other services offered by practices as a strategy to maintain clients within the practice included longer consultations, whereby students could provide a proportion of the care.

"We use a student rate rather than a therapist rate, so this might be half price. Especially where there are clients who we feel require more treatment and they don't have the budget and the student could be responsible for their care". Participant 4

"Some of our patients ask for students, they know that they get a longer consultation time, an hour, which means more hands-on time, that's important to them". Participant 9

A key strategy described to maintain client satisfaction and care was ensuring continuity of care from the same physiotherapist to maintain a consistent experience and service. These practices utilised a student-therapist team approach whereby those clients who were seeking care from a specific therapist could receive care from a supervised student but would still have contact with their preferred clinician. This was seen to mitigate the challenge of having experienced clinicians unavailable due to teaching commitments.

"Often if (the client) wants a certain physio, I can put them in with the student and that physio can be the one that supervises; so they do get to connect with their physio as well if we can't get them in. This way we know they can be seen." Participant 10

C Other ways to educate

Participants described strategies of using independent learning activities for students to complete during their placement time to ensure that student learning opportunities were maintained when client care was not amenable. These activities included clinician shadowing, reflection tasks and formalised independent learning activities. The activities seemed to provide additional benefits where students were able to independently research or plan client care or even contribute to the practice itself.

"They (the students) have things keep learning, and I don't have to keep an eye on them all the time. Even when they aren't seeing patients, they have things to do… they are either watching videos, answering quiz questions, or they are working on health promotion tasks to benefit themselves and the practice." Participant 1

"We give the students the opportunity to see us with patients and send them away to work through what they would do in their own time so they can think through the process of how things work here a bit more". Participant 5

Some practices described the opportunity to utilise peer learning and peer feedback when more than one student was hosted.

> "In the past we often just had one student, but then with one student the student would have to follow me all the time. And I figured people usually perform better in small groups...they can work together". Participant 1

D Seeking support from the education provider

Support that was sought or offered by the education provider was a significant factor in ameliorating the challenges of hosting students. Participants who felt that challenges were easily managed reported a close and supportive relationship with the education provider. Support included training of clinical educators, immediate support where issues were encountered with student placements and support for completing student assessment requirements.

> "if the student is struggling in the first couple of weeks, we get them using patient planning forms from the University. We sit them down to think through the processes where we can send them away to reflect on what they are doing". Participant 5

One participant described the importance of the need for flexibility on the part of the education provider in providing and managing placements where arrangements to host could be achieved when it was amenable for the practice.

> "Client availability and staff fluctuates from time to time, so we can't always take students. We had to decline a student placement recently as we just didn't have the work for them so this would take work away from our clinicians and I was very reluctant to do that. The University will work with us on that." Participant 8

Some participants highlighted where more support could be offered by the education provider. These tended to relate to opportunities for teaching and learning strategies.

> "The student experience and therefore the impact on the practice could benefit from activities provided from the University to match the students learning needs. They could provide independent learning activities to take that pressure of the hosting practice at times". Participant 3

IV DISCUSSION

The aim of this study was to explore strategies adopted by physiotherapy private practices to integrate physiotherapy students into their organisation and thus to mitigate the challenges of hosting students. Overall, the results highlight that private practice providers utilise various strategies that include teaching and learning approaches, systems to aid student integration, providing flexibility in client services and seeking education provider support.

Providing flexibility in client services were highlighted as a key strategy in integrating student service delivery into the practice and allowing the student to actively participate in client care. By having students available to contribute to service delivery, practices had the opportunity to provide clients with additional time, additional services, or care at a reduced cost (Sloggett, Kim & Cameron, 2003; Boucault, 2009; Kent et al., 2015). Although these findings highlight the potential avenues for private practices in exploring flexible, additional or extended services with the presence of students, practices reflected on the requirement of time, space and supervisory resources available to ensure its success. The responsibility of providing such services must also relate to the level of the learner and the medico-legal requirements of the practice (Gordon et al., 2001) and consider the perspective of the client (Kent et al., 2015). Despite this, the findings highlight careful consideration by practices and their educators regarding what care is appropriate for student provision and emphasises the attention given to client selection and recruitment using planned team communication. Appropriate student service delivery within a healthcare setting must also be weighed up against the students learning needs. Although one of the benefits of hosting students is "an extra pair of hands" (Reeders et al., 1999, p 10), education providers and the wider industry should be aware of the inherent risk of regarding students as cheap labour (Harvey, Geall & Moon, 1998) and thus provide an environment where students can provide

services in a way that they can have exposure to all aspects of client care to meet learning and workforce preparation needs (Scott, Ray & Warberg, 1990).

Clinical learning opportunities during student placements are unpredictable (Gordon et al., 2001). Practices in the current study recognised that learning could be improved by turning 'down-time' into learning time, by increasing the number and range of learning opportunities, especially if those activities can be clinically relevant or of advantage to the practice (Gordon et al., 2001; Kent et al., 2015). Strategies included scheduling independent learning for the student where they could undertake research, reflection on practice or tasks associated with client care, thereby not requiring the time of the clinical staff or disrupting client service provision. Some practices also extended these activities to marketing activities for the practice. These 'advance organisers', who are often owners or educators, can add structure to clinical experiences and help students focus attention to client care and the wider practice operation including business aspects (Gordon et al., 2001).

Furthermore, this structuring of learning activities outside direct client contact can encourage students to formulate and express their own questions, providing internal guidance in their own professional practice (Sackett, 1997). The results have also highlighted the potential for education providers to develop and disseminate information regarding independent learning activities, reflection tasks or other valuable activities that students can undertake whilst on placement to maximise their own learning while minimising time costs to the host practice. Our results support previous assertions from Kent and colleagues (2015) that university education providers consider the development and use of online self-reflection and learning tools for students to revise skills specific to private practice settings. Such activities should be further evaluated to explore their initial and ongoing impact on student learning outcomes, private practice services and their staff.

Only three practice providers included within the study utilised a clinical education model of multiple students. Although they described advantages including improved opportunities for peer learning and feedback, it is problematic to extrapolate these findings to other private practice settings. Previous research in allied health settings has reported that clinical educators recognise that hosting more than one student at one time may lead to feelings of competition or threat between students on placement, they feel more strongly that this model may enhance student confidence, peer support and an opportunity to work together and share knowledge (Dawes & Lambert, 2010). The use of multiple student models is often a pragmatic response to short notice requests from education providers to accommodate extra students (Hall et al., 2015). They are usually unplanned and not part of an intentional strategy to facilitate learning or maximise outcomes for the clinics, yet many clinical settings find the approach effective and report that they would use it regularly (Dawes & Lambert, 2010).

Furthermore, enhanced service provision delivered by multiple students at one time may provide a practical and more financially attractive solution to the problem of clinical placement capacity within the profession (Stoikov et al., 2018). It must be recognised however that students need to receive individual and consistent feedback and that such a model is more amenable for practices and educators when collaborative peer learning strategies are implemented (Dawes & Lambert, 2010). Our results support this existing literature, suggesting that multiple student models have a place in private practice physiotherapy settings, but that significant planning, support and skill in peer learning are required for its success (Lekkas et al., 2007).

As the additional time required to teach is almost universally agreed to be a barrier to providing placements (Davies, Hanna & Cott, 2011; Hall et al., 2015; Kent et al., 2015), education providers should aim to provide practices not only with realistic time commitments associated with hosting physiotherapy students but should also offer strategies and support to minimise this impact. There was consensus from private practice providers in this study that the presence and support from the education provider was important in managing placement challenges and in some cases providing strategies to enhance student learning and minimise service disruption. Providing potential practices with strategies of how students can be successfully integrated into the practice using various client service and supervisory models was strongly suggested, especially by those

practices that had hosted students for several years and had the opportunity to trial various ways of integrating clinical education that maximised benefits to the practice and minimised costs associated. Other participants highlighted the importance of preparing clinical educators to supervise students on placements and providing ongoing educational and administrative support, as consistent with existing research (Sloggett, Kim & Cameron, 2003; Davies, Hanna & Cott, 2011; Hall et al., 2015).

This study has provided an initial exploration of strategies employed by private practices to support student clinical education and minimise the challenges faced when hosting students. Further research should investigate the effectiveness of specific approaches used, particularly peer learning and independent learning activities in private practice settings and the opportunity for particular student led client care services. By understanding the impact of strategies that address the barrier to hosting students and emphasise the potential benefits to hosting students, it may aid in marketing and securing increasing numbers of student placements in the private sector.

A Limitations

Direct practice recruitment and subsequent practice self-selection as consistent with this methodology may have led to the exclusion of several valuable perspectives within this study. Practices who have previously hosted students but do not continue to do so would have been helpful in providing more insight into strategies that had been trialled or used that were unsuccessful in sustaining student placements. Participants were current practice providers, therefore were likely to be both experienced and favourable regarding hosting students. Thus, generalising findings to new practice providers or those who are reluctant to host students is a key limitation. As the research team was associated with the University education provider, participants may have responded to questions in a way that was deemed favourable to the researcher. Similarly, responses may have been biased toward seeking change in student placement opportunities. Several steps were taken to reduce this risk. Both lead researchers and interviewers (RF,AD) were not involved in, or responsible for, student placement provision and this was relayed to all participants at recruitment and interviewing. We also attempted to minimise these risks by utilising researcher critical reflection, ensuring the participants were not personally known to the interviewer, confirmation strategies with outside researchers, private practice providers and consultation regarding interpretation with providers.

V CONCLUSION

Clinical placement capacity is an ongoing issue for physiotherapy education providers and the wider profession, and numerous motivations and challenges exist for hosting students. This study is the first to explore strategies used in private practice to successfully host students with minimal disruption to service delivery, highlighting the importance of independent learning, peer learning, developing systems to allow for successful student service delivery and seeking support from the education provider. Exploring the success of these strategies used by private practice providers is an important next step in understanding how providers can be supported in student learning and service delivery. All stakeholders in physiotherapy clinical education must work collaboratively to further explore strategies that will make hosting student placements a less costly and more beneficial experience.

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