Stories from the field... WIL in Master of Physiotherapy - A multipronged approach to building student capacity for inclusive WIL

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<td>Key contact: Liisa Laakso</td>
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General information:
As in many health professional programs, clinical placements are the norm in physiotherapy. At Griffith a "whole-of-program" approach is used with respect to WIL. The aim being to support success for all students in the program.

Specific strategies:
Most Australian physiotherapy programs will have a similar ethos to quality clinical learning, but for Griffith University the combination of all the below listed strategies is far greater than the sum of the individual components.

1) All students entering the Griffith MPhty program come with 3 years of prior learning in the sciences of exercise. This means students are better prepared for the academic demands of the MPhty program (Note: approximately 70-75 students per year cohort).

2) Expectations are clearly communicated to incoming students regarding professional behaviour and standards, which starts at the initial interviews for entry to the program. This early communication provides each student with the opportunity to determine for them self whether they can meet course demands and requirements. Expectations are reiterated at orientation and staff model expected standards throughout the program.

3) Highly experienced physiotherapists, who happen to be academics, teach into the program; and clinical experts are employed to teach in areas of physiotherapy where the staff expertise is missing. Griffith is selective in where students are placed. Where new clinical education providers are being sought, or if a new provider becomes available, we discuss with them the case-mix and the likely support characteristics of the facility, including the professional development needs of the clinical educator and their experience in using the physiotherapy clinical placement assessment tool used in Australia. Clinical educators and students both have the opportunity to provide feedback via standardised questionnaires on their experiences. The questionnaire data are managed confidentially and responded to sensitively as part of a quality improvement approach. If problems in a placement persist, we would find a new placement. The aim is for a quality learning environment wherever possible. This primarily means a supportive environment as well as a suitable mix of patients being treated in a way that is reflective of how we prepare students.

4) Griffith utilizes a spiral, integrated academic and clinical practice structure throughout the program, whereby students: (1) move from a specific on-campus theoretical learning period in to a clinical placement (of 5 weeks) wherein they apply the just-learned knowledge and skills; (2) then return to campus to debrief from that placement, build on the theoretical knowledge and previous skills; (3) then undertake a further placement; and so on. This is different to many other Australian physiotherapy programs that structure the majority of theoretical content to precede an immersion model of back-to-back clinical placements usually in the final year of the degree. The integrated theory/practice model fosters a
scaffolded approach to student skill and capability development, which is advocated as “good practice WIL.”

5) The students’ first (two week) introductory placement occurs early, and so within the first month of commencing the program students are exposed to core skills in the areas of communication, team-work and reflective practice. This is part of the program’s effort to ensure all students are prepared with the key skills they need to succeed in the course. The program conducts a “gate-keeper viva” prior to each placement, which specifically evaluates skills and knowledge that will be required in the up-coming placement. If a student does not achieve a pass mark in the viva, or a pass mark in a subsequent make-up viva, the student will not be able to proceed to placement. Support is provided to students who fail the viva in the form of: specific feedback; advice on how they might remediate in preparation for a re-sit of the viva; and additional tuition if there is a significant skill/knowledge gap that may also be required before a re-sit.

6) The program involves a clinical education team, which includes a Clinical Education Manager, a Clinical Placement Officer and a Clinical Education Associate. This team provides a vital link between the program and the profession, liaising between academic staff and clinical educators. One important part of their role involves ensuring regular, consistent contact with placement facilities. This also includes having an excellent communication structure in place for early identification of students who may be struggling on placement and following up as soon as possible.

Feedback from employer focus groups reports that Griffith physiotherapy graduates are amongst the best-prepared in Australia.

Critical success factors:

Highly effective relationships with our clinical education providers are key to the program’s success and as a result enormous goodwill will prevails. This goodwill is enhanced by ensuring we do not take our partners for granted. That is, if a student is not performing to an expected standard we remove them from placement until they are able to perform at the expected standard. Clinical educators are not pressured to pass a student if it is clear that a student is not reaching the required standard of safe and effective performance and we advise them not to pass a student if that student would not be employable. Clinical educators are provided with whatever support we can reasonably give them, including free clinical educator workshops.

The program acknowledges that some students may take extra time to reach an acceptable level of competent practice. If a student fails to reach this level, they will not be permitted to continue in the program until they can demonstrate safe, competent performance in a supplementary placement. Where students may have failed a placement, we suggest and provide significant supports around that individual to identify their weaknesses and to assist the student to remediate. Ultimately, our explicit message to students is that we want them to be the best physiotherapist they can be, and the students respond positively to that approach.

Where issues occur with students either in preparation for placements, during placements or between placements, we take matters on a case-by-case basis, guided of course by university policies and procedures, and professional regulations and standards. The clinical education team meets with relevant academic staff and leadership to discuss a student’s specific circumstances and to develop a plan which is then discussed with the student, and agreement is reached with the student on how to progress. A highly personalized approach is taken with input and respect shown to the students. This garners their mutual respect and their desire to learn and to do well.

Room for improvements:

Griffith Physiotherapy remains highly vigilant in ensuring that its WIL component is of high quality and upholds the standards expected by the physiotherapy profession. We continually seek ways in which to improve what we do. For example, our academic and clinical education staff has been working on the development of video exemplars of student clinical performance at pass, intermediate and excellent levels in order to assist clinical educator decision-making regarding assessment of clinical performance. In future, we will be incorporating simulation-based learning as a pre-clinical preparatory model to assist students’ transition to placement (T2P).