**Physiotherapy student clinical placements: A guide for private providers**

This document provides information for private practitioners and practice managers regards hosting physiotherapy students. Private practice placements are highly valued and provide quality learning experiences for our students. Without the generosity of your time and willingness to impart your knowledge and skills, students would miss out on the invaluable experience of clinical practice in the private practice sector.

**Why host physiotherapy students?**

Nearly three quarters of physiotherapist in New Zealand work outside of the Te Whata Ora / hospital system. A private practice placement is a fundamental experience that can greatly enhance the readiness of new graduates entering this area of work.

Having students can be a value-added to your service delivery in a variety of ways including access to up-to-date knowledge, research, and enthusiasm for learning. The main reason most private practices look at supervising student is for future recruitment purposes. It allows you to have an “extended interview” with potential future employees.

Research has examined the economic impact of hosting pre-registration physiotherapy students in private practices (Forbes et al; 2021). It found hosting students is not associated with a reduction in service and economic outcomes. Hosting physiotherapy students can have a positive economic effect following their initial placement week.

Supervising students counts towards the supervisor’s professional development hours as required by the Physiotherapy Board of New Zealand.

See Appendix A for links to hear what other private practitioners have to say about hosting physiotherapy students. Also, in Appendix A there is a link to read about the five myths of supervising students in private practice:

**Placement Expectations**

To deliver a student placement, there are expectation of the private practitioner *prior* to the placement starting. The basic requirements are:

1. Know how to assess your physiotherapy student using the Assessment of Physiotherapy Practice assessment form, and be registered with APP linkup (Appendix B).
2. Create timetable on the logistics of the placement; expectations, timetables, information about your practice (see Appendix C for example timetable, supervisor weekly guide, pre placement check list)
3. Gain support and training in the skills of supervising students. Clinical Supervisor workshops are run by all Universities throughout the year. Online options and resources are also available. Additional resources can be found in Appendix D and E.

Forbes,R, et al. Hosting pre-registration physiotherapy students in Australian private practices does not change service and economic outcomes; an economic analysis, Musculoskeletal Science and Practice, Volume 52, 2021, https://doi.org/10.1016/j.msksp.2021.102318.

The following are expectations on the Supervisor *during* the placement:

* Provide appropriate orientation to students including site orientation and Occupational Health and Safety and Emergency policies and procedures.
* Supervision of physiotherapy specific skills must be provided by a qualified and registered physiotherapist
* Provide adequate time in the supervisor own schedule to supervise and support the student and to make informed decisions about a student’s competency. Students’ performance is assessed and feedback provided.
* Select appropriate clients for the student to see and the supervisor will assume responsibility for the management provided by the student
* While it is not essential to have only one supervisor, students must be aware of who the primary supervisor is.
* Be able to provide students with the opportunity to be clinically involved / get hands-on practice in managing patients as appropriate and under supervision and not be observational alone. Ideas on how this can be done can be found in appendix E
* Assess students’ performance and provide feedback
* The supervisor must be aware of ACC requirements; a student must be directly supervised by an ACC registered physiotherapist in order to claim ACC payments. The document can be found by searching “ACC information sheet on seeking payment provided for allied health students” or on the following link:

https://www.acc.co.nz/assets/provider/f213aed958/ps-seeking-payment-treatment-allied-health-students.pdf

* Contact the placement co-ordinator within your region or University if there are concerns about the student meeting competency. Appendix F is a flow chart on how to manage the struggling student.

The following are expectations on the University during the placement:

* Students will be fully immunised, have a current and valid police check and working with children check. They will also be CPR proficient.
* Students will have indemnity insurance provided by the University covering their work in private practice.
* Support the supervisor who is supervising and facilitating student learning in the private practice context. This support maybe directly from the University of clinical placement leaders who are located in your geographical area.
* The university with provide you a contract to deliver the supervision of physiotherapy students.

**Communicating your Expectations to physiotherapy students**

Every private practice setting is different. To ensure the placement is a positive experience for all involved, it is essential that your expectations are clear to both yourself and the student at the beginning of the placement. It is important that the student understands your practice, any boundaries, when you will be available to supervise, what you expect from them and how assessment will occur.

To facilitate this, a Placement Profile can assist. A placement profile is a document which summarises the placement experience you offer. If a student has this information prior to arrival, this will facilitate communication and go a long way towards ensuring expectations are clear.

A questionnaire template on what an expectations conversation could look like is in Appendix C

**Facilitating learning in the clinical environment.**

It is recommended supervisors attending a supervisor training session prior to the student starting the placement or attend an advanced workshop every 2-3 years for experienced supervisors. Some of the basic skills required are:

* **Providing feedback**: in action and post-action / after the client session

An in-action strategy is to have some pre-prepared dialogue so if the student is unsure, they can ask you without losing the clients trust. Develop phrases of how you may intervene if you feel things would be better if done differently.

Post-action feedback needs to create trust, be delivered constructively and be timely and in an appropriate safe place. Feedback can be structured using the BUILD model:

**B** ehaviour – describe the behaviour observed

**U** understand – show your understanding of the situation

**I** mpact – outline the impact this had within the session

**L** isten – listen to the student’s perspective

**D** iscuss – discuss the situation and the next steps

For more ideas of providing feedback, see appendix D

* **Graded exposure** **and building confidence**. Graded exposure starts with demonstrating, then, ‘do together’. Next, breaking the tasks into part components. Finally, assimilate the different part-tasks into one action. This may mean the student does not do all components of the subjective, objective and treatment initially.

One strategy is to have your student watch you, then they do a subjective only, then plan the objective. Start with less complex presentations or part presentations at first. Be reassuring about doing the simple things well.

* **Developing clinical reasoning skills**: Balance the on-the spot reasoning V having time to think and plan.

Novices use hypothetical deductive reasoning (slow, methodical, linear); give them time and resist jumping in with pattern recognition. Pattern recognition speeds up through a placement as they can refer to other cases.

It might be best for students to show their reasoning ‘on paper’ then progress to ‘think aloud approach’. A paper clinical reasoning template can be found in Appendix G

Another format of clinical reasoning is ‘think aloud’. The supervisor and/or student “thinks aloud” while analysing assessment findings or formulating a treatment session, etc. It is useful for supervisors to model at the start of placement when with clients.

This can reinforce knowledge and clinical reasoning processes as well as highlight any gaps/errors. It is strongly recommended initially this is not practiced by the student in front of the client.

**In Summary:**

Private practice placements make up an essential part of a physiotherapy student’ clinical experience. Being prepared for a student arriving, knowing what to expect of the student and placement provider / university and of yourself is important. If you are new to supervising students, gain the appropriate supports to gain guidance on the skills required. Remember to refresh these skills every 2-3 years.

Thank you for your support in developing our future physiotherapists.

**Appendix A**

Podcast link to what other private practitioners have to say about hosting physiotherapy students

* Roma Forbes: Jim podcast (10mins)

[https://on.soundcloud.com/G6YcCgmGrpz7U4S89](https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fon.soundcloud.com%2FG6YcCgmGrpz7U4S89&data=05%7C01%7Clholder%40aut.ac.nz%7C628dc7e336ff41d8084508dbbeeea770%7C5e022ca15c044f878db7d588726274e3%7C1%7C0%7C638313704440093344%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JnnyaEkc01p2iLQ44VaH4JOADYtqaLY0oEzP3BiqYRU%3D&reserved=0)

* Roma Forbes: Jess podcast (8 mins)

[https://on.soundcloud.com/GVVFzGqq4b47fUQR8](https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fon.soundcloud.com%2FGVVFzGqq4b47fUQR8&data=05%7C01%7Clholder%40aut.ac.nz%7C5beddd44cec342db300608dbbeeef27f%7C5e022ca15c044f878db7d588726274e3%7C1%7C0%7C638313705692034527%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=kI64pfsDlj53RqoBzjeJ6hR0LU0vdct4SGeTmIXH1HQ%3D&reserved=0)

* The five myths of supervising students in private practice:

<https://australian.physio/inmotion/five-myths-about-hosting-physio-students-private-practice>

**Myth 1. Hosting students will be a drain on our staff and practice**

**Myth 2. Clients won’t like students to be involved in their care**

**Myth 3. We don’t have enough clients to provide learning opportunities for students**

**Myth 4. I don’t have experience as an educator**

**Myth 5. Hosting students will impact the bottom line**

**Appendix B:**

**Assessment of Physiotherapy Practice assessment form**

The Assessment of Physiotherapy Practice (APP) is how physiotherapy students are assessed at half -way through the placement and at the end.

The assessment form is completed on line at this website: [www.applinkup.com](http://www.applinkup.com). All supervisors will need to register. Once registered, the organisation sending you a student will approve you to access the assessment form.

It is highly recommended you talk to with the person allocating the physiotherapy student to you or with the University. The following video provides further information on how to complete the assessment form (from 2min 48sec)

<https://www.youtube.com/watch?v=T2lYhyez-EA&list=PLumaPThZqPABQn88PR8-CFAvhrTOGC5Q5&index=8&t=185s>

**Appendix C; suggested logistics of how to run a student placement;**

An example timetable is provided below. As the weeks progress, the student can be responsible for filling this out:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| **Week 1** | 8 Orientation10.30 break11Reception12.30 lunch1 Sit in with Simon | 8 Gensolve training10.30 break10 new client subj11- 12.30 lunch | 8-12 Anne OT community12.30 lunchNew clients to be booked | 12: IST1 lunch3: feedback | 8-1Go with Simon GP practice1 lunch |
| **Week 2** |  |  |  | 12: IST3: feedback | 9- team meeting |
| **Week 3** |  |  |  | 12: IST3: Midway APP |  |
|  |  |  |  |  |  |

**Weekly task list - Supervisor**

|  |  |  |
| --- | --- | --- |
| **Week** | **Tasks** | **Tick when complete** |
| Week One | * **Familiarise yourself with the Assessment of Physiotherapy Practice form (APP – on APPLinkup)**
* Orientate student to the clinical area/people
* Establish ground rules
* Discuss expectations (yours and the students), include final placement expectations of minimal competence
* Observe and guide your student by familiarising them with your practice and patient management processes, tasks, techniques, documentation etc.
* Meet with student(s) to discuss their Weekly Reflective Review and Learning Plan
 |  |
| Early weeks | * Allow student(s) to begin to manage their own patient caseload with your supervision and support
* Meet with student(s) to discuss their Weekly Reflective Review and Learning Plan
* Support student(s) to identify a patient for their Case Study Presentation in week.
 |  |
| **Mid-placement****Mid-way APP****Use APPLinkup** | * Progression of patient management and caseload with supervisor support
* Complete midway formative self-assessment on APPLinkup – compare to student’s own self-evaluation and comment/discuss on any significant differences in grading
 |  |
| Following mid-way | * Support student(s) to manage their own patient caseload with your supervision
* Meet with student(s) to discuss their Weekly Reflective Review and Learning Plan
* AUT: Week 6 or 7, student(s) present their Case Study, CCL - will attend if possible).
* Give student(s) feedback on their Case Study Presentation (use presentation feedback guide).
* AUT Honours, Wintec & UoA students present to University staff.
 |  |
| **Final week****Final APP****Use APPLinkup** | * Refer back to expectations of minimal competence in your clinical area.
* Reduced supervisor support (where relevant) but robust critical inquiry and discussion
* Complete final eAPP online form – compare to student’s own self-evaluation eAPP
* Note: The eAPP final feedback replaces the Weekly Reflective meeting for this week.
 |  |
| **End of placement tasks to complete**  | * Remind student(s) to fill out their Clinical Placement Feedback form.
 |  |

**Expectations.**

The following questionnaire could be complete by the student and supervisor at the start of the placement to make it clear who is responsible for various aspects of the placement.

**Expectations**

Read each statement below and then estimate your position on each. For example, with statement 1 if you believe strongly that it is the Supervisor’s responsibility to develop a timetable you would place a vertical line on the arrow close to the left, If you think the supervisor and student should be equally involved in this process you would mark mid way, and if you think it is definitely the student's responsibility then mark on the rights side of the arrow.

Once both the student and supervisor have completed this separately compare and contracts your ratings, particularly focusing the discussion on where your ratings - and thus your expectations - differ markedly. You may wish to add other expectations questions to this list.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **It is the supervisor's responsibility for managing all aspects of the placement** |  | **It is the student's responsibility for managing all aspects of the placement** |
| **1** | The supervisor should develop an appropriate timetable for the student |  | The student should develop an appropriate timetable for the student |
| **2** | It is the supervisor’s responsibility to create learning goals for each week on placement |   | It is the student’s responsibility to create learning goals for each week on placement |
| **3** | The supervisors is responsible for ensuring the student is introduced to the appropriate staff, facilities, services, policies and procedures of the placement  |   | The students is responsible for ensuring the student is introduced to the appropriate staff, facilities, services, policies and procedures of the placement  |
| **4** | The supervisor is responsible for creating a warm, supportive relationship between the supervisor and students for the success of the placement |   | The student is responsible for creating a warm, supportive relationship between the student and students for the success of the placement |
| **5** | The supervisor should insist on regular meetings with the student |   | The student should insist on regular meetings with the student |
| **6** | The supervisor is responsible for the student's safety during the placement |   | The student is responsible for the student's safety during the placement |
| **7** | The supervisor is responsible for the safety & quality of the services the student provides to patients/clients/etc. |   | The student is responsible for the safety & quality of the services the student provides to patients/clients/etc. |
| **8** | It is the supervisor’s responsibility to flag concerns about how the placement is progressing and competency developed |   | It is the student’s responsibility to flag concerns about how the placement is progressing and competency developed |

**Pre-Placement Checklist**

|  |  |
| --- | --- |
| 2-3 weeks prior to Placement: | * Receive allocation from CCL or University clinical team
* Attend a supervisor training session
* Inform team /colleagues that you have student(s) with you and how long their placement will be
* Ensure you have an area/desk/computer if relevant/location for the student(s)
* Familiarise yourself with the APP assessment form on APPlinkup
* Gain access to or establish the end of placement minimum competence expectations for your clinical area (to discuss with student in week 1)
 |
| 1 -2 weeks prior to Placement: | * Receive introduction email from student
	+ If not received within 1 week of the placement starting, contact your CCL or University clinical team
* Respond to the email
	+ Include a few details about yourself and where relevant the team you work with
	+ Where available, attach a Placement Orientation Pack or direct the student to a website
	+ Placement Orientation Packs should include at minimum:
		- Meeting time/place, contact number and preparation advice
		- Common health conditions
		- Clinical assessment forms commonly used in your clinical area
		- Any common outcome measures
		- The health record software/processes used in your clinical area
* Establish a week 1 timetable
	+ Initial meeting with you / includes discussion of the timetable
	+ Break times
	+ Meeting times
	+ In-service
	+ Supervision sessions / included end of week session
	+ Initial tasks eg time for on-boarding tasks
	+ Self -directed learning time (if any)
 |
| Day 1 of placement: | * Introduce student to place and person and orient to H&S regulations (where needed)
* Discuss the timetable
* Invite student to join staff for breaks (where feasible) and make them feel welcome
* If possible, have discussion around expectations (ensure this does occur within first few days):
	+ Your expectations of the student(s)
	+ The student(s) expectations of you
	+ End of placement minimum competence in your clinical area
* Let student observe and assist for first few days
 |

**Appendix D**

Developing skills to supervise students. This can be done in person and there are other resources to support the development of these skills

* Giving feedback tips 3 mins <https://www.youtube.com/watch?v=_LSr9I84DcY>

**Giving feedback acronyms**

THINK model to remind us to think before we speak.

• T: True. Is what I’m about to say actually true or is it presumed or my opinion

• H: Helpful. Is what I’m about to say useful for either of us

• I: Important. Is it important? Is it just a detail, a small issue or a one:off?

• N: Necessary: does this person need this information in order to change/ stay safe etc?

• K: Kind. Is this kind or is it rumour, gossip, hurtful, punishing?

Using a growth mindset there are 2 reasons for feedback:

1. To encourage behaviour to continue (notice and reinforce the good stuff)

• Praise is easier to give so why don’t we give it more? Like sunlight to your plant

• Shown that that there needs to be a 5:1 ratio of positive to negative comments for the praise to be heard.

• Notice and note the positives

• Physios operate from a deficit-based model we find the problems and we fix them…we are trained to see the gaps

• Appreciative enquiry looks at what has been achieved in preference to what still needs doing.

2. To improve behaviour (constructive feedback to help behaviour change)

• Not personal

• Collaborative

• One model useful for difficult conversations or conflict but adaptable to giving

‘negative’ feedback in a constructive way.

BUILD

• B: Behaviour. Talk to the behaviour not about the person

• U: Understand the context

• I: Impact ask the persons understanding of and discuss the impact the behaviour has on others (e.g., impact of incomplete assessment)

• L: Listen. Give the student the chance to tell you their point of view, their thinking behind their action or inaction

• D: Discuss options for going forward. Plan.

**Appendix E**

**How to get your physiotherapy student involved in client care**

The models utilised in private practice placements can be broadly summarised under the following three examples. You may choose whichever model is most suited to your practice.

1. Student led: The practitioner initially assesses/triages their clients to build a client list for a student. The student provides additional client sessions free or at a reduced cost to the client. The student may start with a few patients and observation, and build over time as they progress through the placement.

2. Shared care: The student does components of assessments and treatments with/for practitioners. The client session is shared from the start, with the student engagement with the client increasing over time.

3. Shared care progressing to student led: Student gradually manages the session over the placement with the later weeks mostly student led (fully supervised). This may start as observation with a client and progress from there.

4. Student clinic: A private practice actively utilises the whole year and sources students from several universities to enable a continuous stream of patients to see students. This tends to be larger providers who have worked out a model that works for them. The type of model will vary, but they may progress as per option 3.

**Suggestions for effective clinical education in private practice**

There are many ways to allow students to participate actively in client care. To increase the client load and learning opportunities for students private practices have reported success when utilising the following strategies:

i You may choose for students to perform extra sessions free of charge, or at a reduced rate which the client funds privately but may be in line with, or below, their usual out-of-pocket expenses under their health insurer (i.e. their gap payment). This may also provide a benefit to your clients by allowing them more sessions before reaching the ceiling limit on their rebated services under their insurer.

ii You may choose to extend your physiotherapy sessions (e.g. by 15-30 minutes), in which physiotherapy students can provide additional services that would not generally be provided

iii to time restrictions, such as the creation and delivery of more detailed education, support for self-management, supervised gym and home exercises or additional manual therapy.

iv Students can still be actively involved in the process of clinical reasoning, rather than just passively observing. Involving them integrally in history taking, assessments, and treatments, and having them involved as a partner with you on patient management can enhance their understanding of real world practice.

v Ask students to provide assessment and treatment plans for clients, even if they do not provide the actual service. This will allow you to assess their knowledge, clinical reasoning and planning skills

vi Consider using templates such as the Clinical Reasoning Model so that students complete an in-depth analysis of the patients they see/observe so that they get the most out of the learning experience. You can ask your university to provide specific templates if needed.

vii Where applicable, assist therapists with work at local sporting clubs and group therapy classes (e.g. hydrotherapy)

**Appendix F**

Managing the struggling student.



**Appendix G : Clinical reasoning Problem plan sheet with explanation and example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Problem****(activity/participation)** | **Problem****(impairment)** | **Possible interventions****Thinking widely** | **Plan****Thinking specifically and with reasons** |
| Functional (fromassessment)**What** can’t they do?• that is important tothem as aperson/individual | Analysis (from assessment) Interventions**Why** can’t they do the function?• Break down intocomponent partsspecific to this person• Prioritise and list butacknowledge below:• Determine what is inphysiotherapy’s scope | Planning**What** can we do about this?• What are the options?• Determine whether a problemis changeable or needs amanagement approach | Interventions**Why** have you chosen to do the plan?• Relate to the individual• Relate to resources• Relate to evidence• Remember SMART and relate any plan to the patients’ goals• This can be talked through rather than written but gives supervisor an idea of why you are doing what you are doing. |
|  |  |  |  |