



## **Virtual (remote) model for Practice Based Learning**

### **Introduction**

Due to the challenges associated with students' participation in placements during the COVID-19 pandemic, Matthew Wyatt (Consultant Physiotherapist from Connect Health) has developed an innovative model in which students can learn and meet their Practice Based Learning (PBL) requirements in a virtual environment. There is scope for occupational therapy practitioners and educators to take inspiration and learn from this approach as we seek to address our own placement capacity and COVID-19 safety issues.

### **Overview of the model**

Matthew's team at Connect Health have designed a model allowing physiotherapy students to complete their MSK Practice Based Learning using a remote access environment. The nature of this model enables the practice team to support a greater number of students (as any number of students can listen to the phone/video consultation) and it provides a platform where they can collaborate to support each other's learning.

This placement model has been designed for a 5-6 week block of placement, and has two strands:-

#### **1) Shadowing/active engagement in remote rehab consultations**

Initial teaching on remote rehab from the clinical team lays the foundation for using phone/video clinic forums to shadow clinician when engaging with the client. Consent is sought from the patient by the clinician before any student joins a consultation, where agreed. This strand has scope for increased student input over the PBL period. For example, with patient consent, students can contribute to the discussion or even progress to leading the consultation, where appropriate. With patient consent, the student and clinician can 'step out' of the shared environment to have a discussion between them, testing out the student's fundamental knowledge and clinical reasoning, for example, before re-joining the patient to continue the consultation. Where clinic time permits, there is the possibility of the student and the clinician staying on the virtual platform to further discuss the case once the patient has left the conference platform. Given explicit patient consent, there is the possibility of multiple students shadowing a consultation simultaneously.

Where other teams within a service provider organisation are undertaking virtual consultations, and where agreed, students can potentially shadow their consultations as well, increasing the variety of exposure during the placement.

Students are required to reflect on what they have seen/heard during a virtual consultation and to make subjective notes to demonstrate learning. Interesting cases are written up by students and shared with peers via a Connect Student Academy Facebook site, created to facilitate collaboration and to house some content and resources. Students plan and present a staff CPD session and case study shared with clinicians in a virtual meeting as part of their formative or even summative assessment.



## 2) Virtual rehabilitation and patient education

Students are initially supported by the clinical team to develop their remote rehabilitation and patient education skills. They have the valuable opportunity of watching clinicians deliver evidence-based treatment before doing so themselves. Students research, plan and present virtual rehabilitation classes and 20 minute patient education talks for client facing resources, also hosted on a Facebook page (<https://www.facebook.com/ConnectPhysiotherapy>). Live virtual rehabilitation classes enable students to engage with service-users in Q&A sessions. Preparatory work is then undertaken individually or in small (virtual) student groups for greater learning. The resultant plans are presented to the clinical team and peers for feedback before finally being signed-off for entry onto the client facing education platform. Students are able to focus on an area of interest that will be of benefit to the client population and, again, this activity forms part of their assessment. The net result is not only valuable student learning, but an increase in the range of resources available to clients, and release of clinicians' time from developing these resources

### Principles underpinning the model

This is a flexible, student-driven placement model and an individualised approach is recommended, taking into consideration the needs of each clinician, service user and student. Students who engage in this approach need to be very self-motivated, independent learners with competent IT skills to navigate successfully the many on-line elements. They need to be responsible for their own diaries, comfortable with not having face-to-face contact with clinicians and with having a live on-line presence as part of the virtual rehabilitation programme. Students are able to choose which virtual clinics they attend.

### Example of two weeks of a flexible timetable

Monday	Tuesday	Wednesday	Thursday	Friday
Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>
Induction Goal setting <b>with mentor</b>	Shadowing clinic with <b>clinicians</b>	Clinical academy resource use	Facebook content planning	Clinical academy resource use
Intro to Facebook <b>with mentor</b>	Facebook content planning	Shadowing clinic with <b>clinicians</b>	Facebook content with <b>reviewer</b>	Live Facebook class
Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>

Monday	Tuesday	Wednesday	Thursday	Friday
Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>	Connect with a coffee with <b>clinicians</b>
Catch up with <b>Mentor</b> Clinical academy resource use	Shadowing clinic with <b>clinicians</b>	Clinical academy resource use	Facebook content planning	Clinical academy resource use
Shadowing clinic with <b>clinicians</b>	Facebook content planning	Shadowing clinic with <b>clinicians</b>	Facebook content with <b>reviewer</b>	Live Facebook class
Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>	Connect with a case with <b>clinicians</b>



During the placement, each student has a **mentor**, **clinicians to shadow** and **reviewers** to support development of client-facing material, and their case study and CPD presentations.

Practice based learning is assessed through appraisal of students' a) day to day interactions with clinicians, mentors and peers, b) presentation of their CPD session for peers and clinicians, c) presentation of a case study to peers and the clinical team and d) contributions to virtual rehabilitation and patient education resources. At the end of the placement some HEIs have chosen to use a viva to evaluate the students learning, and mentors and the HEI collaborate for grading.

At Connect Health, a new cohort of students joins every fortnight. This, they believe, provides a sustainable model in which one cohort of students can buddy, and provide peer-assisted teaching to the next. For example, in relation to how to engage effectively with the learning opportunities available and technology being utilised. This approach can increase efficiency and ease pressure on clinical mentors as the student population increases. The peer mentoring is highlighted as one of the model's greatest assets.

The Connect Health team have highlighted information governance issues with regard to allowing students to access organisational remote desktops. Clinicians are therefore always involved in any consultation, because they control the virtual consultation platform. Microsoft Teams has been used successfully to screen-share clinical notes, literature searches, and so on, both alongside a simultaneous telephone consultation and separately from of it in post-consultation debriefings.

The model readily accommodates a geographically dispersed students, potentially including international students. Connect Health report that normal placement tariffs apply. Students undertaking this model of virtual/remote placement are not on the 'paid placement' contracts of employment currently being advocated by Health Education England until approximately July 2020, as they are not directly exposed to the risk of COVID-19 through the placement.

Alongside the usual provider caseload, there is also scope for students to engage in conversations with 'expert patients' to gain greater insight into their lived experience and function. Expert patients are usually very willing and eager to share their knowledge, often taking on the educator role.