Managing a shortage of clinical placements

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IFOMPT Standards (2008)
Mentored clinical practice

- Mentoring is a transformational process that seeks to help individuals develop and use knowledge (manual skills and clinical reasoning within an evidence based framework) to enhance practice.

- It is a professional dialogue that encourages reflection and personal development, signposting mentees to other sources of help as required.

(Bayley 2004)

Mentored clinical practice

- Partnership between student and mentor

- Direct observation of student treating patients
- Completion of clinical reasoning proformas
- Discussions of patient assessments
- Constructive feedback on performance both formally and informally
- Student self evaluation
- Observation of the practice of the mentor

- Within an optimal learning environment

IFOMPT Standards (2008)
Mentored clinical practice

- Examination and management of patients under mentorship of an OMT mentor
- A variety of models of mentorship may be used depending on issues and resources
- Minimum of 150 hours of mentored practice should normally be undertaken
- Number of hours normally required to achieve the competencies and cover the curriculum

- An essential part of OMT education programme and arguably one of the most important aspects – unique selling point

Reason for selection of this topic

- To date in the UK, normal practice for students to have one or two clinical placements for 3-4 weeks full time (or over a longer period part time) at a private practice or hospital clinic anywhere in UK
- Usually in a 1:1 or 2:1 ratio (Moore 2003)
- Increasing challenge in being able to identify sufficient clinical placements due to a national shortage
  - Increasing numbers of students wishing to undertake specialist OMT study
  - Increasing pressures in workplace and change in working practices makes it more difficult for OMT mentors to provide placements
  - plans for a database to share placement capacity centrally across the UK has not been successful

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What are the issues?

- A mismatch between supply and demand for placements
- Although long standing problem this is becoming more urgent as increasing demand
- Shortage causes a lot of stress and additional work for tutors and students in locating and organising placements
- Majority of students are part time and fitting placements around work and other module commitments and so 2:1 model can be a challenge to achieve
- Students personal commitments often means that they cannot accept placements that are available
- This could stop or delay students from completing their studies
- If placements cannot be found this potentially could affect the reputation of OMT programmes?

Take home messages

- Mentorship is crucial but traditional models may not be sustainable
- How can we address this to ensure we can continue to meet IFOMPT standards?
- Are there other models of OMT mentorship that could be considered
  - work based
  - independent study
  - distance learning/on line support?
- Do we need to further define/redefine clinical mentorship while not losing the uniqueness and value of clinical mentorship?

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