Managing the Failing Student on Placement

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We have delivered an MSc programme which offers eligibility for MACP membership (UK MO) since 2000 – our most popular course

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Aims for the session

- Explore strategies to promote a positive learning environment on placement
- Discuss why placements can go wrong
- Discuss processes for managing the failing student



IFOMPT Standards

200 hours of NMSK theory150 hours of practical skills development

150 hours of mentored clinical practice

Dimension 10
Demonstration of clinical expertise and continued professional commitment to the development of OMT practice

However clinical application of knowledge, skills and attributes is implicit in all other Standards



Mentored clinical practice (MCP)

- MCP can be the most rewarding and enjoyable part of an advanced manual therapy programme.
- It provides a unique opportunity to
 enhance knowledge and clinical reasoning
 improve confidence
 refine manual handling
 engage in critical debate and evidence based practice
 become more patient centred
 (Rushton and Lindsay, 2010, Green et al, 2007, Stathopoulos and
 Harrison, 2013)
 learn in and from their practice in the future (Petty, 2011)



Case Study

A clinical placement consists of 6 weeks of mentored clinical practice
The assessment is

35% Continuous clinical placement form

35% Examination of a new patient (20%) and a follow up patient (15%)

Reflective essay - review of an identified area of clinical practice to be developed post placement, with a personal development plan related to practice 2000 words

It is the last day of the placement and the exams are scheduled for this morning. Camilla has been supervising Derek on placement. He is her first student. Derek is an experienced Clinical Lead within his Trust where he has been working for 20 years.

Camilla met with Derek this morning and has told him that he has failed the placement form. Derek doesn't understand why and is very angry. Camilla is in tears. You arrive from the University to assess the two exams with Camilla. The patient is waiting outside for their appointment which starts in 10 mins

How could this situation have been avoided?



Discussion

- Regulations, processes and procedural frameworks
- Preparation for the placement
- Monitoring and support on placement



Regulations, Processes and Procedural Frameworks

Consider

Student could have to pass theoretical modules before attending placement

Student could have to pass the placement before permitted to undertake the placement exams

Student who is failing a placement must be informed as soon as possible – and normally by the half way stage of the placement

Issue a 'danger of failure' form
Identify specific areas of practice that are not of an appropriate standard and develop an action plan with the student so that the student knows what they need to improve
Student should sign this form
Review action plan at regular intervals



Preparation for the Placement - Mentor

- Ensure the mentor is appropriately prepared for their role
 - Understand the programme, marking processes and time required for mentorship
 - Provide a Clinical Handbook
 - Organisation of the placement, timings, variety of patients and conditions, use of clinical reasoning sheets to document clinical reasoning processes
 - If two (or more) mentors, discuss how they will work together to provide feedback, manage differences in practices and expectations
 - Discuss how to give constructive feedback both formative and summative
 - Provide time and space for reflection and review
 - Opportunity for the student to observe mentor, other students and give feedback to others



Preparation for the Placement - Student

Ensure the student has appropriate expectations for the placement and address any concerns

- Provide a preparatory session on requirements for placement
- Discuss students' expectations
- Provide a Clinical Handbook
- Support student to develop a learning contract for the placement
 - Strengths, weaknesses, opportunities, threats
 - Specific learning outcomes for the placement
- Discuss impact of receiving feedback, learning and implementation of change
- Awareness of strengths and areas for development
- Opportunities to be observed by a colleague or peer prior to the placement so more used to being observed



Monitoring and Support on Placement

- Early identification of any issues or concerns
- Support from the programme lead throughout the placement by email, skype, telephone calls
- Formal review of student progress at the half way stage— visit or telephone call by a University or Community based link
- Recognition of the impact of any personal problems affecting the student's performance
- Review of overall placement experience what has gone well, positive aspects, are there
 any areas for development, seek student and mentor feedback and action any issues raised
- If there are problems manage the immediate situation, then arrange meeting with mentor and separate meeting with the student to learn for the future and allow opportunity for reflection and discussion and action points for change



Recognition that

- Placements can be stressful for students especially if they are failing the placement
- Placements can be stressful for mentors and they may need additional support
- Some students can lose confidence, may not be used to being observed or given continual feedback
- Some students may find it difficult to accept criticism
- Some students find it challenging to change entrenched patterns of behaviour and practice
- There can be 'personality' clashes between student and mentor



Key messages

- Ensure there are appropriate regulations, processes and procedural frameworks in place
- Ensure there is sufficient preparation for the placement student and mentor
- Ensure that there is monitoring and support provided during (and after) the placement

Reflection on critical incidents and learning for the future



References

Green A, Perry J, Harrison K. (2007) The influence of a postgraduate clinical master's qualification in manual therapy on the careers of physiotherapists in the United Kingdom Manual Therapy 13: 139-47

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