

WEBVTT

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00:00:00.000 --> 00:00:05.730

Code to the cloud, right. Okay, so I'm going to let everyone in

2

00:00:07.440 --> 00:00:08.309

Jane Clarke: Thanks, Mindy.

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00:00:10.019 --> 00:00:11.309

Over 100 people

4

00:00:12.599 --> 00:00:13.049

Jane Clarke: Brilliant.

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00:00:22.830 --> 00:00:23.610

Jane Clarke: Folks

6

00:00:23.940 --> 00:00:24.720

Welcome

7

00:00:25.980 --> 00:00:31.740

Jane Clarke: Any of you have not done this before, then please. Can you mute yourself. We will probably be me.

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00:00:31.800 --> 00:00:32.970

Meeting you anyway.

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00:00:35.130 --> 00:00:36.000

Yeah, we will.

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00:00:38.880 --> 00:00:39.450

Jane Clarke: Magic

11

00:00:40.710 --> 00:00:45.840

Jane Clarke: So if you can, as you've just joined us. Welcome to the south.

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00:00:46.290 --> 00:00:49.950

Jane Clarke: Coast zoom extravaganza today.

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00:00:50.010 --> 00:00:52.290

Jane Clarke: All about the future of our

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00:00:52.710 --> 00:00:54.210

Jane Clarke: Valuable students

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00:00:54.540 --> 00:00:56.190

Jane Clarke: If I can ask you, there's a chat.

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00:00:56.310 --> 00:01:01.050

Jane Clarke: Box right down at the very bottom. Please, can you introduce yourself. So

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00:01:01.470 --> 00:01:01.950

Jane Clarke: You

18

00:01:02.790 --> 00:01:07.080

Jane Clarke: Tell us who you are, where you're from, whether or not you have students

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00:01:07.110 --> 00:01:08.670

Rhiannon Joslin: Whether your students.

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00:01:08.820 --> 00:01:10.110

Jane Clarke: Your student, then

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00:01:10.140 --> 00:01:15.840

Jane Clarke: You may well find I call you in your voice is really important in this

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00:01:15.930 --> 00:01:16.770

Anna Gowan: Conversation.

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00:01:17.250 --> 00:01:18.630

Jane Clarke: So please start entering thing.

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00:01:19.200 --> 00:01:24.120

Jane Clarke: But anybody who sat there thinking, well, who's that random or in a pink top talking to me.

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00:01:24.180 --> 00:01:33.120

Jane Clarke: Then I am Jane Clark and I am from the southwest regional network. And I'm actually a private physio so this is going

to be fascinating for me.

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00:01:33.930 --> 00:01:53.640

Jane Clarke: So please, oh yeah. Brilliant. We've got loads of stuff coming up. Fabulous. Great. So we will be muting you we are going to be recording this session. So just be aware of that. If you were if you're doing anything on video, you might want to at least turn your video off.

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00:01:54.900 --> 00:02:02.520

Jane Clarke: And the video will be placed on the website. So it's on our, on our page and it'll be on all three.

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00:02:02.520 --> 00:02:03.930

Jane Clarke: Pages, this time.

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00:02:04.440 --> 00:02:06.360

Jane Clarke: And they'll be a transcript.

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00:02:06.420 --> 00:02:08.070

Jane Clarke: Of what we're saying as well.

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00:02:08.100 --> 00:02:09.480

Jane Clarke: So that be magic.

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00:02:10.020 --> 00:02:16.770

Jane Clarke: So if you've got questions as we're going along, please put them in. I'm going to do my best to

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00:02:16.860 --> 00:02:18.000

Jane Clarke: Feel those and

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00:02:18.090 --> 00:02:25.890

Jane Clarke: I get people to answer them this taping particular questions that I would like you to be thinking about. One is

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00:02:27.090 --> 00:02:33.810

Jane Clarke: Hashtag method. So if you can start your question in the chat box with hast hashtag message.

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00:02:34.350 --> 00:02:54.660

Jane Clarke: So what is your take home message. So what are the kind of key things that you're finding out that you think is really

innovative important will change your practice, and the other one is hashtag Help what help do you need from us. So that was being CSP as maybe senior management.

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00:02:54.960 --> 00:02:56.760

Jane Clarke: It may be that we need some

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00:02:56.880 --> 00:03:06.690

Jane Clarke: Resources. So, anything like that. Please do a hashtag help and tell us where you're feeling like there's holes in our information.

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00:03:07.530 --> 00:03:18.630

Jane Clarke: And so, hashtag message hashtag help if you've got particular things if you've just got questions and fire them in because that would be absolutely brilliant. That's what we're all here for today.

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00:03:19.260 --> 00:03:33.000

Jane Clarke: So we have got how many people hundred and 75 people here today. So that's absolutely amazing. Hopefully, it is not raining where you are because it's raining in Wilcher

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00:03:33.840 --> 00:03:46.860

Jane Clarke: So we have got the Southwest regional network South Central and South East we've never put all joined up before, but we are delighted and tonight. What we're going to take you through is

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00:03:47.400 --> 00:04:00.210

Jane Clarke: Looking at students and looking at how we can invest in their future in this really weird time where we're having to shape mold create all sorts of different ways of working

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00:04:00.660 --> 00:04:09.480

Jane Clarke: As physios, so how are we going to do that with our with our students. So to start with, we're going to be kicked off with

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00:04:09.900 --> 00:04:17.340

Jane Clarke: Jill Rawlinson, who is from CSP, who's going to give us an overview and then we're going to split into three different myths.

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00:04:17.730 --> 00:04:22.560

Jane Clarke: Really giving us an opportunity to have a conversation

about each one in turn and

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00:04:22.890 --> 00:04:35.580

Jane Clarke: In relation to the mess. There's going to be about eight to 10 minutes of talking on each one. And then we're going to ask some questions. And then there's the opportunity for questions right at the very end as well. So please use that chat room.

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00:04:36.210 --> 00:04:48.660

Jane Clarke: So without further ado, you don't need to hear my voice any further, I am going to introduce Jill to you will, who is from the CSP as an assistant director has a slide says

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00:04:48.990 --> 00:04:49.410

Jane Clarke: So she

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00:04:49.770 --> 00:04:59.640

Jane Clarke: Can share her slides and talk you through the National overview of where we're at with student placement. Thanks, Joe.

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00:04:59.970 --> 00:05:02.010

Gillian Rawlinson: Can you just confirm you can see the slides.

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00:05:02.520 --> 00:05:03.840

Jane Clarke: I can see them. Yep.

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00:05:03.870 --> 00:05:12.390

Gillian Rawlinson: Perfect, thank you and welcome everybody really fabulous to see so many of you joining and I say,

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00:05:13.440 --> 00:05:23.790

Gillian Rawlinson: I'm Jill from CSP and really wants to just outline the national picture and perhaps just give a bit of context about where the CSP is in terms of placements.

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00:05:24.390 --> 00:05:32.100

Gillian Rawlinson: Just note there the learning and development email address any help you need from the CSP. The team are willing to help and

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00:05:32.820 --> 00:05:42.120

Gillian Rawlinson: So I suppose the first thing to say is we have an unprecedented challenges. So we're a little bit sick of that word in

in this current time but

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00:05:42.570 --> 00:05:54.450

Gillian Rawlinson: We needed to grow our physio therapy profession. Anyway, we have got a huge need for more physio therapist if we're going to realize the potential that we have right across the population.

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00:05:54.990 --> 00:06:08.100

Gillian Rawlinson: So we were already working in this space, trying to look at how we create more capacity, but of course really importantly, and maintain quality and innovation and really ensure we're preparing students

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00:06:08.580 --> 00:06:20.640

Gillian Rawlinson: With experiences that are going to set them up for working and can you believe in 2015 2016 and beyond. So the first thing to say this isn't new. And I know a lot of

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00:06:21.150 --> 00:06:27.510

Gillian Rawlinson: People are already working many universities practice providers are working really hard to

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00:06:28.140 --> 00:06:36.780

Gillian Rawlinson: Do things differently. So I we do acknowledge that. But I think now we've got a time a time and an opportunity to really ramp that up because

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00:06:37.350 --> 00:06:46.290

Gillian Rawlinson: As you know, we've got a huge backlog. We've got students who should normally now be on placement, who are sat at home, they're still learning, they're still engaging

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00:06:46.680 --> 00:06:53.940

Gillian Rawlinson: And we've got some student placements happening but we really need to have a recovery plan if we're going to avoid

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00:06:54.360 --> 00:07:04.980

Gillian Rawlinson: Having to delay graduation for students and that will ultimately create a potential workforce crisis because you won't have band fives, ready to go. In the same way, so

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00:07:05.310 --> 00:07:16.740

Gillian Rawlinson: Without being alarmist. It is a huge problem, but I'm absolutely completely convinced that as a profession. We've seen

everybody really respond and adapt and I think

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00:07:17.880 --> 00:07:21.330

Gillian Rawlinson: There's no reason to think that we can't do this in terms of placements.

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00:07:22.230 --> 00:07:40.110

Gillian Rawlinson: So one of the things I first wanted just to outline is the CSP position on on placement and practice based learning and what it is and what it isn't. And we're going to unpack some of the perhaps the myths that do exist. I've heard a few times, people saying things like, you know,

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00:07:41.220 --> 00:07:51.090

Gillian Rawlinson: The CSP say this, you can't do a placement. Here you etc. And I think if you read the guidance. It's very broad and it's \$1,000 and we're going to

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00:07:51.480 --> 00:07:57.960

Gillian Rawlinson: Remain with the thousand dollars for next academic year, although we are going to add that as part of a bigger review.

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00:07:58.800 --> 00:08:10.650

Gillian Rawlinson: And however how students access those \$1,000 is is has huge variation and opportunity. They do not all need to be patient facing and

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00:08:11.070 --> 00:08:20.820

Gillian Rawlinson: What I'd really ask you to think about is these questions, wherever you are working, whether that's in clinical roles in research leadership positions.

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00:08:21.300 --> 00:08:33.030

Gillian Rawlinson: If you are practicing physio therapy and or a registered physiotherapist and I'll practicing, you have an opportunity to take students. So I'd really ask you to think about some of these questions that will be exploring

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00:08:34.380 --> 00:08:46.380

Gillian Rawlinson: I would really get you to think about how it could work in your settings. So who might supervise students. And one of the things we're going to talk about is, of course, and

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00:08:47.220 --> 00:08:54.390

Gillian Rawlinson: The sometimes we expect that you have to be a band six or a band seven to take students and only on Twitter. Today I saw brilliant tweet.

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00:08:54.750 --> 00:09:01.770

Gillian Rawlinson: From a newly qualified physio saying I just taught some student and a nurse, how to suction a patient, and if it felt amazing

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00:09:02.070 --> 00:09:09.600

Gillian Rawlinson: And I tweeted it back and said, I've only been qualified two months and I'm absolutely delighted. So your whole team.

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00:09:10.050 --> 00:09:16.500

Gillian Rawlinson: Can contribute to see provision support workers and I know Claire Fordham from the CSP is on the

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00:09:17.220 --> 00:09:37.740

Gillian Rawlinson: Call tonight and doing loads of work. I'm sure you read her brilliant article in front line this month and about how the whole team support workers are a huge source of valuable experience and knowledge and can be a really core person in terms of supporting students so

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00:09:38.790 --> 00:09:45.750

Gillian Rawlinson: You don't have to just have a student whether band six, for example, or seven all the time. You, you want to think about sharing that

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00:09:47.100 --> 00:10:00.630

Gillian Rawlinson: We also know that students learn from each other and that is a really key part of obviously a Peer Assisted models. So for some people, as I say, these aren't new models. We've seen

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00:10:01.740 --> 00:10:05.520

Gillian Rawlinson: Two to one models. I worked at St George's many moons ago in

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00:10:07.020 --> 00:10:15.630

Gillian Rawlinson: Ms. K outpatients and we took for students to one supervisor and that wasn't normal and it worked brilliantly. The students work together.

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00:10:16.200 --> 00:10:22.230

Gillian Rawlinson: And they took some my caseload and then I could become more of a coach mentor for the role. So

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00:10:23.130 --> 00:10:30.570

Gillian Rawlinson: We know these things have been done before. We know there's some reasonable evidence and we're going to work on reviewing some of that evidence that the CSP about

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00:10:30.990 --> 00:10:37.140

Gillian Rawlinson: You know, to show its value, but students in multiple models can add productivity to your

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00:10:37.680 --> 00:10:50.310

Gillian Rawlinson: Your team and reduce some of I hate the word burden because our students are not a burden, but they can sometimes feel if you've got one person feeling like they're sort of with you all the time that you can't have that.

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00:10:51.450 --> 00:10:58.350

Gillian Rawlinson: Opportunity to do other things. And of course tech is huge. And we're going to be talking about that. I'm sure in much more more detail.

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00:10:59.070 --> 00:11:10.500

Gillian Rawlinson: Just in the last couple of minutes just to outline some of the things we're doing at the CSP to help and we're well underway with developing the common placement assessment form so

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00:11:11.190 --> 00:11:27.810

Gillian Rawlinson: We've had loads of support, not just recently, but over the last year or so from our partners in he is, and we're now at a really critical point where we're going to be hopefully piloting that in September. That should reduce some of the burden for our

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00:11:28.890 --> 00:11:38.250

Gillian Rawlinson: paperwork burden if you like on educators, particularly if you're taking students from multiple universities. It can feel quite difficult to have to get to grips with.

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00:11:38.640 --> 00:11:46.380

Gillian Rawlinson: Different clinical educator training. So that's one thing we're doing, we're going to build some resources. We've had some money from health, education, England.

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00:11:46.860 --> 00:11:57.150

Gillian Rawlinson: And to build some resources around clinical education and really optimizing the learning environment and giving educators and that

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00:11:57.510 --> 00:12:04.200

Gillian Rawlinson: Those skills and and knowledge to really help them deliver the really quality experience.

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00:12:04.770 --> 00:12:14.250

Gillian Rawlinson: You may have seen on Twitter. Today we launched the best placement ever not really and challenge will and really encourage you all to post a picture of when you were a student

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00:12:14.610 --> 00:12:21.600

Gillian Rawlinson: And write about what made your best ever placement. It's going really well on Twitter today, but please use the hashtag.

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00:12:21.990 --> 00:12:32.610

Gillian Rawlinson: Best placement ever and really just connecting with the fact that we all have to have placements and they shape our lives and our careers and you've got the opportunity to do that right now.

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00:12:33.810 --> 00:12:42.990

Gillian Rawlinson: So my really last message before we move on to the myth is we know we have to support them value our clinical educators

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00:12:43.620 --> 00:13:00.480

Gillian Rawlinson: If you as educators don't feel valued, you're not going to want to keep giving above and beyond. When you're already busy and you're already got really demanding role. So we do know that is an absolute core part of what we need to to do so.

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00:13:01.080 --> 00:13:10.200

Gillian Rawlinson: We're going to bust some myths. Now we're going to talk about things that perhaps and and debate, some of the things that we perhaps

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00:13:11.190 --> 00:13:23.250

Gillian Rawlinson: Think are true, but maybe we're going to learn that they're not. So, as I say, old ways won't open new doors. We've got to think differently. And if we're going to really realize the

potential of our capacity.

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00:13:23.550 --> 00:13:26.610

Jane Clarke: We've got two lovely questions for you, Jill just before

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00:13:26.670 --> 00:13:29.340

Gillian Rawlinson: Okay, I'm going to see our sharing. That's okay.

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00:13:29.400 --> 00:13:41.670

Jane Clarke: Before you pass the baton and we've got a really good question from Marie Claire what Lee about OTS and paramedics, they are limited on the virtual placements.

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00:13:42.360 --> 00:13:43.770

Jane Clarke: Is that the same

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00:13:44.880 --> 00:13:53.250

Jane Clarke: Case for physios that's been answered on the chat room, but I just wasn't quite sure whether everybody else would have picked that up, could you answer that for me, Jill.

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00:13:53.730 --> 00:14:01.440

Gillian Rawlinson: And certainly, and thank you, MC for the question. I knew you'd be asking about virtual and I would

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00:14:02.280 --> 00:14:14.610

Gillian Rawlinson: Say that, at the moment, the current guidance to 2016 is as it stands, is that sim should be. In addition, we have pulled together a working group and

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00:14:15.180 --> 00:14:18.990

Gillian Rawlinson: We are about to produce some guidance for the next academic year.

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00:14:19.530 --> 00:14:30.030

Gillian Rawlinson: We made a decision with our QA group that the thousand dollars would still can include virtual and remote and we're going to make some definitions tech enhance placements exact

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00:14:30.570 --> 00:14:42.630

Gillian Rawlinson: High Fidelity sim in non facing roles at the moment is in addition to the 1000 hours, but we are working on that with a task unfinished group and we will

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00:14:43.080 --> 00:14:50.850

Gillian Rawlinson: Aim to produce some guidance in the next two to three weeks. So I don't want to preempt their decision, but we are definitely moving towards that.

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00:14:51.660 --> 00:15:00.510

Gillian Rawlinson: If I can just say really quickly. What we're really conscious of is high fidelity quality sim is intensive resource intensive and puts

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00:15:00.960 --> 00:15:18.180

Gillian Rawlinson: Pressure back on our universities who are already under huge so it's part of the solution, but it's not the only solution for this year. And if we release more capacity out in the workplace, we will take some of the pressure off our educators as well.

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00:15:18.750 --> 00:15:30.900

Jane Clarke: Brilliant. Thank you. Another really good question is about the common placement assessment form. Will that be mandatory or will people choose to use it. How will it work.

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00:15:31.590 --> 00:15:44.340

Gillian Rawlinson: So it's not we're not making it mandatory but what we're hearing is a Nina person who's been leading on this before I joined the CSP. So, you know, a lot of the work is credit to her and

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00:15:45.030 --> 00:15:52.680

Gillian Rawlinson: Is that this is one thing that he is and it's hard to get agreement from he is on everything, but this is one thing they strongly

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00:15:53.220 --> 00:16:03.090

Gillian Rawlinson: Need and agree on. So it's not mandatory, but we do recognize that if it's really going to have its full potential. We do need every Hei to use it.

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00:16:03.420 --> 00:16:17.790

Gillian Rawlinson: But we do appreciate it will need an implementation plan over probably several years as programs build it in so not mandatory, but we would hope that it is highly, highly, highly recommended if it's got a little impact.

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00:16:18.510 --> 00:16:23.280

Jane Clarke: Brilliant. Thank you Jill. That's absolutely brilliant. I think you're going to introduce our next

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00:16:23.640 --> 00:16:24.720

Gillian Rawlinson: Person I am like

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00:16:25.170 --> 00:16:32.580

Gillian Rawlinson: Yep. If I could just have the slides Monday. So I'm just trying to drive across there. So,

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00:16:32.970 --> 00:16:43.290

Gillian Rawlinson: We are going to challenge three myths and I want you to make sure you read these carefully that they are myths. They are not true. So if you miss the myth, but I don't need to take home the message that

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00:16:44.100 --> 00:16:47.280

Gillian Rawlinson: The myth is in fact true otherwise we would have done a scored an own goal there.

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00:16:47.730 --> 00:16:56.190

Gillian Rawlinson: And the so just to move on to the first myth, we're going to discuss placements can only be patient facing an impatient facing environments.

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00:16:58.470 --> 00:16:58.770

Gillian Rawlinson: And

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00:16:58.800 --> 00:16:59.880

Gillian Rawlinson: I think our

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00:17:00.630 --> 00:17:04.200

Jane Clarke: South Central discuss this one. Yeah.

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00:17:07.140 --> 00:17:07.890

Sophie Gay: Can you hear me.

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00:17:08.760 --> 00:17:09.930

Jane Clarke: We can indeed.

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00:17:10.140 --> 00:17:22.500

Sophie Gay: Hello. Hi, I'm Sophie gay from the University of

Winchester, and I've been tasked with busting the first myth. So, and I think the question we need to ask

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00:17:22.500 --> 00:17:25.350

Sophie Gay: Is do placements only have value.

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00:17:25.620 --> 00:17:30.750

Sophie Gay: If the students can get their hands on a patient and I fully believe the answer is no.

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00:17:31.170 --> 00:17:40.980

Sophie Gay: So there are so many facets to our profession that sit alongside our core hands on skills and by placing students in non traditional settings.

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00:17:41.280 --> 00:17:52.230

Sophie Gay: Holds incredible value and exposes students to a range of other professional skills that feed in to making excellent physios and provide a platform for a diverse and varied career.

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00:17:53.040 --> 00:17:57.960

Sophie Gay: And there are many different models for this type of placement and the two that we're going to discuss today.

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00:17:58.530 --> 00:18:03.000

Sophie Gay: Specifically on leadership and management placements and virtual placements.

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00:18:03.480 --> 00:18:11.760

Sophie Gay: And I appreciate this might be a little bit controversial and I am not suggesting that all placements should be replaced with these non patient facing ones.

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00:18:12.090 --> 00:18:16.470

Sophie Gay: But I feel that they can provide broad and high quality learning experiences.

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00:18:17.190 --> 00:18:25.230

Sophie Gay: So we've got two students here from today because I think it's it's key that we get the student voice at the heart of this conversation.

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00:18:25.620 --> 00:18:36.870

Sophie Gay: And so I want to first attentive to show hops and who's

one of our second year students that shows currently on a split placement spending three days a week with Beth harden.

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00:18:37.230 --> 00:18:44.010

Sophie Gay: Who is the national HP lead at health, education, England, and she's doing it in a leadership and management context.

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00:18:44.340 --> 00:18:59.100

Sophie Gay: And two days a week at Southern health NHS Foundation Trust in a technology enabled care services placements delivering MS K assessment and treatment to patients over the phone. So sure, I

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00:18:59.790 --> 00:19:00.330

Charlotte Hobbs: won't hear me.

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00:19:01.290 --> 00:19:01.920

Sophie Gay: We can

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00:19:02.010 --> 00:19:15.120

Charlotte Hobbs: Perfect. So hello I'm sorry second year student and Sophie said, and so I'm on the virtual placement with Beth, health, education, England at the moment. And it's a predominantly leadership and management based

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00:19:15.540 --> 00:19:23.280

Charlotte Hobbs: Placement and I've been working on kind of improving my organization, time management and communication skills.

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00:19:23.580 --> 00:19:31.980

Charlotte Hobbs: And as I've been working on a student project about innovating student project student placements for the future. Since coronavirus

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00:19:32.520 --> 00:19:47.850

Charlotte Hobbs: And so I've been doing lots of problem solving, along with senior leaders within the team as well. And I've been using some diagnostic reasoning which I believe can relate to kind of clinical reasoning and practice as well and

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00:19:48.900 --> 00:20:01.410

Charlotte Hobbs: And also, I feel like all these skills. I'm learning a transferable into practice because every day. I'm practicing talking to different people at different kind of levels and having to email people out of

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00:20:01.980 --> 00:20:07.740

Charlotte Hobbs: Different organizations and trying to get people to come together and also with my

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00:20:08.490 --> 00:20:18.360

Charlotte Hobbs: Ms. K placement. We're doing phone call consults and so it's mainly about using your subjective history to find a diagnosis.

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00:20:18.660 --> 00:20:27.060

Charlotte Hobbs: Or a pathology and a patient, which at first was really difficult because I'd never done it before. I've never had an MS K placements was a bit worried that I wasn't

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00:20:27.630 --> 00:20:43.500

Charlotte Hobbs: I wasn't going to be able to do it and. But actually, with all the help and support from the team on with and I'm able to now do a good subjective history to find a diagnosis of a patient, and I was actually discussing with them today that

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00:20:44.580 --> 00:20:55.800

Charlotte Hobbs: We used to rely on the objective so much using special tests and our objective findings, but actually now now we can't do that we we have shown ourselves that we have skills to

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00:20:56.700 --> 00:21:04.650

Charlotte Hobbs: To try and help patients without putting our hands on them and then just being more hands on fashion. So, yes, that's mine.

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00:21:06.000 --> 00:21:14.640

Sophie Gay: Thank you. Sure. And what would you say is kind of the one key thing that you're going to be taking forward from this placement. Oh.

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00:21:14.670 --> 00:21:23.730

Charlotte Hobbs: Just not to kind of just to be open to everything really and not prejudge anything so yeah

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00:21:25.290 --> 00:21:26.010

Sophie Gay: Thank you.

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00:21:27.240 --> 00:21:35.880

Sophie Gay: And so just to reflect on what she has just said, I

think HP leaders have a really valuable role to play in undergraduate education.

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00:21:36.210 --> 00:21:41.400

Sophie Gay: And and this really goes to show that these placements can provide learning for all levels of students, so

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00:21:41.670 --> 00:21:52.020

Sophie Gay: She's in her second year. They don't have to be in their final year to make the most of these non traditional placements and it also goes to show that all banding of therapists can have

161

00:21:52.500 --> 00:21:58.410

Sophie Gay: Or can give a high quality learning experience to a student as well. So I think there's some work to be done around kind of

162

00:21:58.740 --> 00:22:09.870

Sophie Gay: Your band aids and above taking and taking students and undergraduate students as well. And this is something we're definitely going to be doing more from the invested Winchester.

163

00:22:11.040 --> 00:22:20.010

Sophie Gay: OK, so moving on. And we've got David Cabrini and back from Bournemouth University, who's currently, you know, so

164

00:22:20.370 --> 00:22:21.870

Sophie Gay: Just sorry stopped and

165

00:22:22.740 --> 00:22:31.620

Sophie Gay: A placement that's been delivered in house by the university and which is a really another really interesting concept. So David, are you

166

00:22:32.910 --> 00:22:33.450

Sophie Gay: There.

167

00:22:34.410 --> 00:22:34.950

Sophie Gay: Yeah, I'm here.

168

00:22:35.490 --> 00:22:36.000

Sophie Gay: We go.

169

00:22:36.900 --> 00:22:42.660

David C-B: Everybody can hear me. I'm going to try and share my screen if that's like, I apologize. And Dan is on my phone so apologies is better.

170

00:22:43.740 --> 00:22:45.780

David C-B: Doesn't quite work screen.

171

00:22:48.990 --> 00:22:51.000

David C-B: Let me see if I can get this working

172

00:22:52.440 --> 00:22:52.830

David C-B: Sorry.

173

00:22:54.060 --> 00:22:55.350

Jane Clarke: You're right. You're doing great.

174

00:22:59.850 --> 00:23:02.580

Jane Clarke: Should I give you a moment because I've got some lovely questions.

175

00:23:02.580 --> 00:23:06.960

Jane Clarke: Coming in, so I should take question, David, whilst you're just bringing up where we

176

00:23:07.890 --> 00:23:10.770

David C-B: Are I think I'm going to have to leave it. Sorry, I can't quite get to work. So

177

00:23:13.530 --> 00:23:15.390

David C-B: So what we did is

178

00:23:17.400 --> 00:23:22.320

David C-B: So with one with university, the way it's structured, we would do to go at the end of my second year.

179

00:23:22.650 --> 00:23:24.000

David C-B: So I was due to go out

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00:23:24.060 --> 00:23:37.080

David C-B: On a MS K outpatient placement obviously do to cope with. They will postponed and cancelled internally. So instead, what we did was organized a

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00:23:37.950 --> 00:23:48.540

David C-B: Sort of a virtual placement and what this consisted of was peer to peer assisted learning and very small group. So Max or four to five.

182

00:23:49.050 --> 00:24:03.090

David C-B: And each week was supported by a clinical lecturer and and the learning was done around case studies of common pathologies of different areas. So one week you will be learning shoulder conditions. Next week spine.

183

00:24:04.080 --> 00:24:10.080

David C-B: Him, an elbow or the ankle. So he moved around all the different sort of areas of the body.

184

00:24:11.370 --> 00:24:22.800

David C-B: Or this was done online. So there was zoom meetings with the lecturers and with with regular group meetings outside of those to discuss. I think we'd find research, we discovered

185

00:24:23.850 --> 00:24:32.520

David C-B: There's a lot of resources involved. So a lot of papers podcasts you to lots of things to sort of support the learning process.

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00:24:33.090 --> 00:24:44.100

David C-B: And all of this was guided though the clinical reasoning was guided through the subjective of those case studies talking at the objective then taking it on to treatment from planning.

187

00:24:45.960 --> 00:24:53.970

David C-B: And that was discussed in in quality of detail and lots of opportunities for questions. And for many students to sort of really

188

00:24:54.030 --> 00:24:56.400

David C-B: Unpacking get underneath.

189

00:24:57.480 --> 00:25:04.140

David C-B: Different ideas and misconceptions around and all the conditions and some of the uncertainties around the conditions as well.

190

00:25:04.860 --> 00:25:14.310

David C-B: The feedback from the students was really positive. So, a lot of them felt it enabled a very deep learning of the pathophysiology and clinical reasoning which could be adapted to

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00:25:14.340 --> 00:25:16.260

David C-B: Different areas of the body, different conditions.

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00:25:17.340 --> 00:25:18.000

David C-B: Talking to

193

00:25:18.030 --> 00:25:26.520

David C-B: One of my peers. He'd he'd done an MS K placements and he felt that a lot of times on the MSP placement, where he he knew what to do. Sometimes

194

00:25:26.640 --> 00:25:27.630

David C-B: The understanding of

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00:25:27.660 --> 00:25:32.760

David C-B: Why wasn't quite there. He felt a lot more confident in that clinical reasoning process after the placement

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00:25:34.350 --> 00:25:44.730

David C-B: And what we were able to do each week was actually trying to apply that learning to a tele health patient. So sometimes it was students, but they were they were

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00:25:45.570 --> 00:25:52.500

David C-B: They were not physios, they were not they were they were actually patients. They actually had actual conditions. So we had the chance of working through

198

00:25:52.890 --> 00:26:00.330

David C-B: A subjective objective and treatment process with them, which really helped. And you could really see the progression through the weeks.

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00:26:01.230 --> 00:26:11.340

David C-B: Of developing the communication skills. So that was another real benefit that people got from that. So actually developing that communication skill set to be able to communicate remotely.

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00:26:12.030 --> 00:26:19.890

David C-B: You could really see that progress over the, over the four five weeks that we were doing it. So yeah, it was a really positive experience for for the students.

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00:26:20.460 --> 00:26:25.770

Jane Clarke: That's great. Thank you, David. That was really, really helpful. We are

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00:26:25.890 --> 00:26:32.070

Jane Clarke: Absolutely nailing it with these questions, folks. They are flying through so

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00:26:32.250 --> 00:26:43.140

Jane Clarke: Absolutely brilliant and I just remind you of two things that we do really want to know from you is what sort of help you need from the CSP in terms of support and

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00:26:43.530 --> 00:27:02.430

Jane Clarke: Resources as they please. Hashtag help and then take your write your questions down and then later on I will be handling a bit more that you do a hashtag take home message one as well. So questions that are coming up. I'm just going to take just a couple of that.

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00:27:03.750 --> 00:27:07.410

Jane Clarke: With once somebody had a question for sure about.

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00:27:08.820 --> 00:27:18.000

Jane Clarke: How is it working in terms of your MS K placement. Are you sat next to somebody, or are you completely in a different room or how does it work.

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00:27:18.120 --> 00:27:30.480

Charlotte Hobbs: And so I did reply on the chat. But I'm based in Fareham community hospital so I traveled there and there's no patient facing and consults at the moment, it's all on the telephone, but I'm supervised by my educator

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00:27:31.110 --> 00:27:35.340

Jane Clarke: Brilliant. Thank you. That's really helpful and and what

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00:27:36.180 --> 00:27:43.830

Jane Clarke: Some really exciting stuff coming in, people seem to be

finding this quite an innovative time for to be a student

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00:27:44.130 --> 00:27:49.470

Jane Clarke: And lots of positives, I would like to see if there is any negative. So please, if you have found

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00:27:49.800 --> 00:27:57.270

Jane Clarke: That things aren't working out. Can you please put that up because otherwise it's just looks like a shiny happy, everything's going well moment.

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00:27:57.780 --> 00:28:12.030

Jane Clarke: And surely it's not at times. And so I employ a new band five somebody's got an absolute cracker have a question and I will not quite sure who I'm going to poke that one out. But it's probably coming your way. So fee so we're

213

00:28:12.660 --> 00:28:22.590

Jane Clarke: Employing a new band five and they have got far less face to face or patient facing experience.

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00:28:23.910 --> 00:28:27.720

Jane Clarke: I can employ them. Is this going to disadvantage people

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00:28:29.460 --> 00:28:36.720

Sophie Gay: I don't, I didn't think so. I think a lot of these placements will actually enhance employability and because of

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00:28:37.230 --> 00:28:55.950

Sophie Gay: You know what's happened with the covert crisis and the rapid acceleration of things like virtual placement and virtual sorry clinics and technology enabled care services. I think upscaling students with other skills is actually of benefit to them when we come into

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00:28:57.000 --> 00:29:04.320

Sophie Gay: You know they're they're coming to him and employment, I don't think they're necessarily going to get much less hands on.

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00:29:04.680 --> 00:29:13.890

Sophie Gay: I think we at the university Winchester are going to say that they have, they have one non patient facing placement. Out of all that five placements.

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00:29:14.340 --> 00:29:24.210

Sophie Gay: And I think with all all practice experiences. It's about what you've learned in the in the individual experience rather than a checkbox exercise.

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00:29:25.290 --> 00:29:27.390

Sophie Gay: But that's my perspective from the API.

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00:29:27.600 --> 00:29:31.800

Sophie Gay: So service manager, for example, might have a different perspective.

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00:29:33.090 --> 00:29:41.760

Jane Clarke: And another really interesting question was about. Do you think people in the future will be able to request an interest in this type of innovative.

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00:29:42.960 --> 00:29:52.650

Jane Clarke: Placement. So more of a leadership placement or somebody else was suggesting, more of a research placement, perhaps, Jillian You have a better sense of that.

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00:29:52.710 --> 00:29:53.130

Jane Clarke: Is

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00:29:53.280 --> 00:29:54.720

Jane Clarke: You know, is this

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00:29:54.750 --> 00:29:57.420

Jane Clarke: Going to be some yeah we're moving forward into

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00:29:58.440 --> 00:30:06.450

Gillian Rawlinson: Absolutely. And I've just posed a question in the chat. One thing I would like to propose is that every step we encourage every student and

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00:30:06.990 --> 00:30:15.690

Gillian Rawlinson: To have a placement in a research policy leadership environment and would that help students feel that it was valued and not

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00:30:16.050 --> 00:30:28.950

Gillian Rawlinson: Oh, there wasn't enough hate real patient facing placements for me and I ended up in in this and because there is

something about how we we we value the placements and I know SJ has got a great story of

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00:30:29.970 --> 00:30:40.650

Gillian Rawlinson: Students doing non traditional placements actually being the first to get offered a band five job and and because just had a totally different set of skills that they could offer so

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00:30:41.160 --> 00:30:55.410

Gillian Rawlinson: Absolutely research, but it wouldn't be every placement and nobody is saying that we still need to meet the hate CPC standards of proficiency and the hate you guys are very skilled at mapping those right across the program.

232

00:30:56.730 --> 00:31:05.430

Jane Clarke: What's lovely I'm just, this is my last question, and then we're going straight into the southwest. So Southwest team. Get ready. Start limbering up

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00:31:06.600 --> 00:31:16.440

Jane Clarke: So the theory of this is brilliant. This is from Hannah, James. However, as lead the students in my service. I've had to fight to get placements up and running pre coated

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00:31:16.770 --> 00:31:21.570

Jane Clarke: And I'm expecting barriers to be put up to the idea of virtual placement

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00:31:22.260 --> 00:31:37.260

Jane Clarke: And Hannah, I don't know whether you'd be willing to speak on here. I do have a habit of if you've put a really good question, turning it around to you and you telling us a bit more if you'd be willing to turn to unmute yourself and tell us a bit more. That would be amazing.

236

00:31:40.050 --> 00:31:41.580

Hannah James: Pie is Hannah and

237

00:31:44.160 --> 00:31:45.840

Hannah James: I'll switch my camera on as well hang on.

238

00:31:46.590 --> 00:31:47.370

Jane Clarke: Brilliant very

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00:31:47.400 --> 00:31:48.450

Hannah James: Trying to do this on my phone.

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00:31:49.140 --> 00:31:49.710

Jane Clarke: Fabulous.

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00:31:50.400 --> 00:31:53.040

Hannah James: I actually know the lovely Sophie, we were you need together.

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00:31:54.210 --> 00:31:56.400

Hannah James: So really nice to see Sophie's face pop up.

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00:31:57.900 --> 00:32:04.710

Hannah James: So my service is a very specialist community page neurodevelopmental and and

244

00:32:05.760 --> 00:32:09.540

Hannah James: Since I started working here seven years ago. We've had two students

245

00:32:11.070 --> 00:32:14.790

Hannah James: Because our service lead fields that we are to specialist

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00:32:16.200 --> 00:32:16.650

Jane Clarke: Okay.

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00:32:17.340 --> 00:32:27.240

Hannah James: And I know I think that if students aren't getting the chance to experience. They're not going to know about us coming to understand that our area.

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00:32:27.840 --> 00:32:39.750

Hannah James: And we could be losing out on a massive pool of talent we really, really struggling and to recruit to any position. We've got available. And I think that's because we're not giving people the opportunities to try it.

249

00:32:40.800 --> 00:32:54.570

Jane Clarke: I don't know whether you can see the screen but pretty much everybody is nodding, so vigorously right now that's I think you are accompanied by a lot of people who agree, is that something

that is about

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00:32:54.990 --> 00:33:08.940

Jane Clarke: resources do you need resources from CSP to help you or do you need to be on the phone to Julian and she'll be helping you try to sort of talk to the service Lee, what, what would you need in that situation, you won't be alone.

251

00:33:09.750 --> 00:33:17.340

Hannah James: I don't know because it's been so so difficult to get any face to face stuff up and running and and I've already been told.

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00:33:18.840 --> 00:33:24.930

Hannah James: This isn't a direct quote, but it's paraphrasing that to attend the webinar and feedback, but we will probably say no to any students anyway.

253

00:33:25.740 --> 00:33:26.190

Jane Clarke: Okay.

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00:33:26.250 --> 00:33:28.260

Gillian Rawlinson: Give us the name or send out the heavy mob.

255

00:33:28.680 --> 00:33:38.610

Jane Clarke: Yeah, Hannah. Hannah, can you can you can you contact us directly after this, because we need to know that we need to put you directly in in relation to

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00:33:38.760 --> 00:33:42.630

Jane Clarke: Probably Jill, but we need to sort that out right Southwest

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00:33:42.870 --> 00:33:55.500

Jane Clarke: Team. Are we ready. I'm going to stop us there. Otherwise, we will, and we are going to come back to the more questions. I'm going to throw it over to Angie, who will actually no, it's not going to Angie, it's going to Christie, who is the

258

00:33:55.500 --> 00:33:59.100

Jane Clarke: Placement lead and Are You Ready Christie.

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00:33:59.190 --> 00:34:00.960

Christie Robinson: Hi. Yes, I am. Can you hear me okay

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00:34:01.200 --> 00:34:01.980

Jane Clarke: Yep. Brilliant.

261

00:34:02.040 --> 00:34:10.710

Christie Robinson: Hi. So yeah, my name is Christy Robinson and I'm the placement lead at University of Plymouth and following on really nicely from what has just been discussed about

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00:34:11.310 --> 00:34:18.900

Christie Robinson: Placements being too specialized. I'm here to discuss the math that all students need to undertake core placements in core specialties.

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00:34:19.140 --> 00:34:33.690

Christie Robinson: So the idea that students can only go on placements in kind of these core areas or the only these placements in core areas are valuable and I'd say that probably in the past that's been quite a common and wide held misconception. And I'd say,

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00:34:34.860 --> 00:34:39.570

Christie Robinson: Certainly when I qualified, which wasn't that long ago, but it was what a long enough ago

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00:34:39.840 --> 00:34:46.860

Christie Robinson: It is certainly was the case, you know, everyone followed kind of a very traditional placement model in that we all did kind of your respiratory Ms. K.

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00:34:47.130 --> 00:34:56.160

Christie Robinson: Care of the elderly type placements and all students kind of follow those kind of core placement pathways having moved into kind of

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00:34:56.670 --> 00:35:11.760

Christie Robinson: Placement role now as an API and trying to plan placements and talking to our placement coordinators, you know, we know that this kind of core placement model as well as not meeting the needs for our graduates is also increasingly unworkable for our placement providers.

268

00:35:12.930 --> 00:35:23.760

Christie Robinson: So you know what we tend to find is that you know your traditional respiratory placements have to bear for being an acute hospital. So you're automatically limiting the type of

settings you can send them out to

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00:35:24.000 --> 00:35:31.200

Christie Robinson: And the number of placement settings you can send them and it puts a huge amount of undue pressures on certain teams and certain areas.

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00:35:32.010 --> 00:35:37.980

Christie Robinson: What we've also found is that using these real traditional models tend to leave some kind of untapped capacity.

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00:35:38.250 --> 00:35:51.840

Christie Robinson: So placement areas or providers are able to say, you know, we can offer you X number of placements and we're saying, Yeah, but that's not the type of placement this student needs at this time. And so we're not able to utilize the capacity by following that kind of core model.

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00:35:53.100 --> 00:35:57.480

Christie Robinson: And can we move on to the next slide, James. Okay. I don't know if I've got control of them.

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00:35:58.200 --> 00:36:08.040

Christie Robinson: Thank you. So we were firmly like to bust that myth, and I know that I've got a student who's going to join us as well. And a educator from the southwest.

274

00:36:08.430 --> 00:36:16.830

Christie Robinson: And really reinforce the message from the CSP learning principles typically principal six about the fact that students need to gain a breadth of clinical experience.

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00:36:17.130 --> 00:36:21.060

Christie Robinson: Through which they can develop learning across a wide range of physiotherapy practice.

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00:36:21.420 --> 00:36:33.270

Christie Robinson: So we don't need to try and be following core placements, we need to recognize that what we need to be providing our students is a balanced sequence of break practice placements and like we've just heard that doesn't need to all be

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00:36:33.690 --> 00:36:38.280

Christie Robinson: Kind of patient facing, but it doesn't need to be balanced. So like, and Sophie was saying.

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00:36:40.050 --> 00:36:53.730

Christie Robinson: That was one is in an acute setting, for example, so it needs to be balanced and after PGI we need to make sure that they come out the other end with the fall, which makes them employable in whichever setting, they choose to go on to

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00:36:54.840 --> 00:36:58.050

Christie Robinson: We will have a diversity of settings. So again,

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00:36:59.070 --> 00:37:06.150

Christie Robinson: You don't want students who can only work in one kind of area, they need to be prepared for all all areas.

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00:37:06.540 --> 00:37:14.430

Christie Robinson: On those transferable skills and we believe firmly that on a range of practice environments. So if we're thinking about transferable skills.

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00:37:15.270 --> 00:37:28.950

Christie Robinson: mission critical thing. So, bang, they can be achieved in many, many settings and public facing non patient facing research leadership virtual, we can do it in a ratings.

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00:37:30.480 --> 00:37:33.030

Christie Robinson: Low. So the, the key message we

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00:37:33.810 --> 00:37:45.570

Christie Robinson: should reflect the kind of environments in which our students are likely to work once they graduate. And we know physio therapy is broadening its we need to give students experience to know what options are available to them.

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00:37:46.110 --> 00:37:52.050

Christie Robinson: And I think comment earlier about, you know, in to spec. And I think that no place.

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00:37:53.580 --> 00:38:10.290

Christie Robinson: Every placement area has something to do dance. And again, if we are thinking about tourist areas in the future people apply for these roles, if they've not had the experience and they don't get that experience if we're not opened up to students at the at the earliest possible opportunity.

287

00:38:11.370 --> 00:38:20.220

Christie Robinson: So if we can move on to the next slide. Jane and just wants to talk about our experience at Plymouth and what we've done around kind of busting Smith's

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00:38:21.450 --> 00:38:23.190

Christie Robinson: If you've got the next slide that we lovely

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00:38:25.560 --> 00:38:25.830

Oh,

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00:38:27.180 --> 00:38:28.950

Christie Robinson: Can we have the next slide, is that okay

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00:38:31.890 --> 00:38:34.530

And that's all the slides. I've been given. Sorry.

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00:38:35.160 --> 00:38:35.430

Oh,

293

00:38:39.390 --> 00:38:41.460

Christie Robinson: Sorry. That one wasn't showing. Sorry.

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00:38:42.000 --> 00:38:43.050

Christie Robinson: I'm already

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00:38:44.730 --> 00:38:53.160

Christie Robinson: As we came to revalidation we wanted to move away or placement model and we undertook a piece of collaborative work with our

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00:38:54.180 --> 00:39:02.190

Christie Robinson: Students and also with our placement providers across and some of the key things that we found was that

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00:39:02.670 --> 00:39:12.720

Christie Robinson: When we talked about kind of cool place always met so if if she went on a placement thinking that this was a respiratory placement

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00:39:13.080 --> 00:39:20.730

Christie Robinson: And they got there and they didn't gain the type of spiritual experiences they were expecting. They felt quite

disappointed. Likewise,

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00:39:21.150 --> 00:39:35.010

Christie Robinson: Educators felt a real sense if the place was labeled as a particular type of placements that a responsibility that type of placement experience rather than allowing the student to actually experience what it was like to be a student in that area.

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00:39:36.720 --> 00:39:48.300

Christie Robinson: Working with this and looking at the student and talking about how we can increase capacity we decided to move towards a more settings based model. So instead of saying, you would have a respiratory and Ms k and a neuro placement

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00:39:48.570 --> 00:39:56.010

Christie Robinson: We move to thinking about an acute placement and intermediate care or outpatient setting and with the knowledge

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00:39:56.520 --> 00:40:07.410

Christie Robinson: That what we were hoping for is by the end through moving through these three areas that students would come out with the appropriate level of knowledge and skills related to respiratory, neuro muscular

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00:40:07.800 --> 00:40:16.140

Christie Robinson: And musculoskeletal dysfunction, because you can acquire those skills in many settings. It doesn't have to be in those traditional settings that we talked about.

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00:40:16.620 --> 00:40:24.030

Christie Robinson: What we believe is that actually this represents real clinical practice. So if you're on a respiratory ward, but there is a patient

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00:40:25.110 --> 00:40:30.540

Christie Robinson: Sure you wouldn't not treat them because you're on a respiratory placement, you would apply your respiratory

306

00:40:32.310 --> 00:40:33.300

Christie Robinson: About patient

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00:40:35.280 --> 00:40:40.650

Christie Robinson: What we also think is this provides us as a real opportunity to use on a note on NHL

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00:40:41.100 --> 00:40:50.790

Christie Robinson: Again, when we think about some of those core placements that we talked about originally in the old model, it tends to be following more NHS type placement providers.

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00:40:51.270 --> 00:40:57.540

Christie Robinson: And we feel this has opened up more opportunity for us to be innovative and collaborate with new providers and some different models.

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00:41:01.800 --> 00:41:09.210

Christie Robinson: So I don't know if Lee Buckland, who is our one of our clinical educators and coordinators that North

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00:41:09.600 --> 00:41:11.250

97590939787: Yeah, we're gonna hear me.

312

00:41:11.700 --> 00:41:12.180

Hello.

313

00:41:13.290 --> 00:41:13.650

Christie Robinson: Hi.

314

00:41:14.490 --> 00:41:14.790

I'm

315

00:41:16.500 --> 00:41:26.010

Christie Robinson: Lisa Clinical Coordinator at North Devon hospital and it's been very involved with helping us move over to this kind of new idea of branding our placements. If you wanted to talk

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00:41:26.070 --> 00:41:34.080

97590939787: Yeah, absolutely. Christie a good evening, everyone. Thanks for your time finding all these conversations. Very interesting. I've been scribbling little notes. So it's good to

317

00:41:34.860 --> 00:41:46.590

97590939787: Collaborate with everyone in different areas. Yeah. So I worked quite closely Christina help coordinate students visit placements across North Devon Devon, those that know it's very raw very broad area and

318

00:41:46.620 --> 00:41:49.260

97590939787: Even the main hospital bansal is not huge.

319

00:41:50.100 --> 00:41:51.450

97590939787: So it's quite challenged to

320

00:41:52.470 --> 00:41:55.020

97590939787: allow students to have opportunities across

321

00:41:55.020 --> 00:41:56.730

97590939787: Different areas and specialisms

322

00:41:57.420 --> 00:42:02.580

97590939787: I think the direction and suggestion. Christine does hold many, many benefits myth which is already explained

323

00:42:03.060 --> 00:42:09.810

97590939787: And I myself can relate a little bit to someone else's comment about trying to get certain areas to

324

00:42:10.410 --> 00:42:15.870

97590939787: Take students for whatever reason or another. I think we all probably have little battles there. I think one of

325

00:42:16.440 --> 00:42:26.760

97590939787: THE POSITIVES OF perhaps having more open less specific title of a placement will maybe allow it to feel more comfortable for some physios, that maybe aren't

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00:42:27.300 --> 00:42:30.450

97590939787: necessarily comfortable keen to have students, but if they feel that

327

00:42:30.840 --> 00:42:40.410

97590939787: Placement feels a little bit, little bit more generic bit more holistic. Maybe there's more team members involved. I think it might be a good way to pull in and bring in some of those

328

00:42:41.190 --> 00:42:49.740

97590939787: physios that historically maybe have sort of hidden away a little bit when you mentioned the the S word no disrespect to them, of course, and

329

00:42:50.340 --> 00:43:03.990

97590939787: I think it will obviously give them a great broad depth of skill skill base, certainly when I qualified. It was very, very specialist and it was hard to join all the dots up. I think you you add your MS K head on. We had the neuro head on.

330

00:43:04.440 --> 00:43:08.550

97590939787: But then, you know, patients have multiple these multi conditions and that's not

331

00:43:09.810 --> 00:43:17.430

97590939787: Realistically, what we see, day to day so I think it does present a more appropriate environment. The real environment really of where students

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00:43:17.730 --> 00:43:24.390

97590939787: Are working. I think at the moment, as well as all the changes of Covina certainly North Devon has been huge shifting of staff redeployment

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00:43:24.750 --> 00:43:29.520

97590939787: I'm sure other areas of face similar challenges are MS K service actually that

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00:43:30.030 --> 00:43:44.610

97590939787: Works at five separate sites were 60% down on MS K stuff at the moment because there will be redeployed into community and acute settings in relation to the Kobe pandemic and there's no sign of many coming back in the very near future. So I think in terms of

335

00:43:45.870 --> 00:43:59.610

97590939787: That situation specialist services are feeling very, very fun on the ground, certainly, Ms. K. So I think taking a direction to allow students to pass be shared, or if they're an MS K placement. They can bite rheumatology or

336

00:44:00.420 --> 00:44:06.930

97590939787: Or kale for personal pain clinics or orthopedic departments and would allow

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00:44:06.960 --> 00:44:18.900

97590939787: The services to offer and maintaining capacity to take students on on board. I think actually students also will probably have great insight into service and research and all other projects. Go on.

338

00:44:18.930 --> 00:44:27.750

97590939787: And be realistic about how how the initial other sectors is Christy mentioned actually operate from more of a service point of view, rather than just being in ended of

339

00:44:27.750 --> 00:44:35.400

97590939787: Specialist bubble just trying to deal with what they need to do as a physio. So I think there's plenty. Again, sir. And I've also made a note here about

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00:44:35.550 --> 00:44:37.110

97590939787: flexible working. I think if you've got a

341

00:44:37.110 --> 00:44:38.880

97590939787: Broad a brush it might be, you can

342

00:44:40.230 --> 00:44:50.070

97590939787: Offer students better hours better capacity. So even if they don't necessarily fulfill as many specialist hours they may have a broad

343

00:44:50.460 --> 00:44:57.120

97590939787: Opportunity different areas, and they had a bowl cut their hours of work ticket if you spread them across different areas they made it up their weekly

344

00:44:57.390 --> 00:45:05.250

97590939787: Hours near 40 hours a week, which I know is one of the suggestions. We're trying to at least allow students that are particular students are spending their time working

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00:45:05.760 --> 00:45:06.510

Helene white: In a more sort of

346

00:45:06.540 --> 00:45:07.200

Virtual

347

00:45:08.280 --> 00:45:12.240

97590939787: Area working from home or office space they may be able to help

348

00:45:15.720 --> 00:45:27.510

Jane Clarke: Me, I'm going to, I'm going to have to close you down and move on. Otherwise, we're never going to get through. I've got masses of questions, building on you will be able to answer some of these

349

00:45:27.990 --> 00:45:34.620

Jane Clarke: So I believe we've got another third person in the southwest is going to be talking tonight is that Christina that right

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00:45:36.720 --> 00:45:37.800

Christina Tang Wah: Amy Okay.

351

00:45:38.490 --> 00:45:39.960

Christie Robinson: Haha, Christina.

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00:45:40.020 --> 00:45:43.350

Jane Clarke: Brilliant, can you introduce introduce yourself Pristina.

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00:45:43.410 --> 00:45:45.150

Christina Tang Wah: be amazing. Okay.

354

00:45:45.420 --> 00:45:45.660

Jane Clarke: And

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00:45:45.840 --> 00:45:47.040

Christina Tang Wah: Can you hear me ok I

356

00:45:47.820 --> 00:45:49.230

Jane Clarke: Can yes that's brilliant.

357

00:45:49.620 --> 00:45:58.500

Christina Tang Wah: Brilliant, because I'm having some technical issues. So my name is Tina, for sure. I'm a third year physio Student Just finished all my studies at Plymouth University.

358

00:45:59.160 --> 00:46:15.600

Christina Tang Wah: And they'll be about me. I am a stroke survivor. So that was one of the reasons why I decided to pursue a career in physical therapy and with regards to the placements particularly what Christina said about the new approach of it.

359

00:46:15.630 --> 00:46:16.320  
Jane Clarke: Not being

360

00:46:16.350 --> 00:46:21.330  
Christina Tang Wah: Focused on core areas. I think that would really help because I'm

361

00:46:21.900 --> 00:46:26.040  
Christina Tang Wah: Typically as a student as well. Given my command. My phone again. Now, when I think about it.

362

00:46:26.100 --> 00:46:37.950  
Christina Tang Wah: Respects, she was probably the one where I thought okay, it's for spiritually. I had it has to be all I have to do X, Y and Zed of what I was taught uni and then when it came to the placement. I didn't actually do that.

363

00:46:38.100 --> 00:46:39.360  
Christina Tang Wah: So I had already this

364

00:46:40.470 --> 00:46:41.520  
Christina Tang Wah: Expectation

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00:46:41.820 --> 00:46:48.900  
Christina Tang Wah: That spiritual placement is going to be like this. But then when I spoke to other students on my course. He also had a spirit. She placements.

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00:46:49.320 --> 00:46:49.860  
Christina Tang Wah: They said,

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00:46:49.890 --> 00:46:54.570  
Christina Tang Wah: Yeah, we didn't really do like it was either more cardio based or more

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00:46:55.590 --> 00:47:16.080  
Christina Tang Wah: It would be something else. For example, but I think with the new approach that Christie was talking about, about how it's, it would be based on a Q intermediate care, for example. And I think as it from a human point of view, that would actually really help students in terms of them.

369

00:47:17.130 --> 00:47:21.330  
Christina Tang Wah: Taking more initiative to their approach for

learning and not you know

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00:47:21.990 --> 00:47:35.040

Christina Tang Wah: Solely relying on core areas, but they're drawing on their knowledge so likely said they're drawing on the muscular skeletal knowledge than your own knowledge and spiritual knowledge and combining that all together and applying it to

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00:47:35.490 --> 00:47:41.580

Christina Tang Wah: Real Life settings. So it's not all like going by textbook, such that makes sense.

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00:47:44.220 --> 00:47:57.210

Jane Clarke: Thank you. That's really, really helpful. That's super. So thank you. Southwest team really really interesting with the questions are coming in. Absolutely thick and fast. One of the really interesting ones that

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00:47:57.930 --> 00:48:08.460

Jane Clarke: sparked my interest is about practice educators that a lot of those are under a lot of pressure anyway because of the changing our circumstances.

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00:48:09.120 --> 00:48:10.410

Jane Clarke: And considering what they

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00:48:10.410 --> 00:48:29.970

Jane Clarke: Actually need right now. And then there's a number of answers coming up in in the chat room, but perhaps that's something that I can either throw out to Christie or Julian in terms of, you know, what do our, what do our practice educators need at this time when things are changing.

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00:48:33.630 --> 00:48:35.640

Gillian Rawlinson: And don't need to go or

377

00:48:36.540 --> 00:48:37.170

Christie Robinson: Yeah, go ahead.

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00:48:37.710 --> 00:48:44.340

Gillian Rawlinson: And so I suppose the question what do clinical educators need I suppose that

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00:48:44.370 --> 00:48:45.510

Gillian Rawlinson: We need to ask

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00:48:45.600 --> 00:48:49.830

Gillian Rawlinson: Our clinical educators. I don't want to presume what it's like, right now.

381

00:48:50.160 --> 00:48:51.330

Gillian Rawlinson: To be working as

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00:48:51.390 --> 00:49:06.000

Gillian Rawlinson: In this current situation, I think we need to be building a lot more support and quite simple advice around, you know, what's an appropriate learning activity for a student when, the where the one placement

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00:49:06.450 --> 00:49:17.280

Gillian Rawlinson: And we, I heard somebody in Birmingham talking about how they enable their clinical educator team, but some really simple resources in house like

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00:49:17.640 --> 00:49:26.340

Gillian Rawlinson: Little understanding a risk assessment and how one is put together. So some in house activities that if you're bleeps going crazy and you've got loads to get on with

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00:49:26.760 --> 00:49:35.400

Gillian Rawlinson: That they had sort of set activities. And so there was more of a team physio teams or base that students could go to and still

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00:49:35.910 --> 00:49:40.890

Gillian Rawlinson: Undertake meaningful activities but release a little bit of time for the educators, so

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00:49:41.730 --> 00:49:53.520

Gillian Rawlinson: I think, first thing is we need to ask educators and we do intend on doing that and we're going to create some national resources to support that and but I think it's probably multifaceted and people need different things.

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00:49:53.520 --> 00:50:02.010

Gillian Rawlinson: But if you've got ideas of what you need them, please put them in the hashtag help and we can do our best to to be guided, but we do acknowledge it's tough, but

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00:50:02.880 --> 00:50:10.470

Gillian Rawlinson: We, what's the alternative is the question I'm going to sort of come to. And I don't think it'll ever be a perfect moment we we

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00:50:11.220 --> 00:50:18.180

Gillian Rawlinson: We have to do something because otherwise we're not going to have graduates ready to fill your band build fill those band five posts.

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00:50:18.930 --> 00:50:26.220

Jane Clarke: Absolutely. Thank you. Julian. That's really helpful. Cheryl Kent has just responded in terms of the actually

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00:50:27.240 --> 00:50:37.350

Jane Clarke: This is making a resilient and adaptable students and future band five. So actually, by approaching this and thinking about it and doing these

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00:50:37.740 --> 00:50:44.940

Jane Clarke: Things in a in a careful way is is encouraging them to be using all of the different skills that

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00:50:45.510 --> 00:50:51.840

Jane Clarke: We sometimes are great at selling ourselves in terms of physiotherapy and all the different things that we do.

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00:50:52.440 --> 00:51:05.190

Jane Clarke: And in some ways is is giving us a chance to label it, and in the chat room if you're not checking out, please do. Because there are things coming up in there about what, what are our core skills. Do we need to redefine that

396

00:51:05.790 --> 00:51:19.290

Jane Clarke: One of the big things that keeps cropping up is access to it all that Julius one so access to it being an issue for students and the technical challenges and which

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00:51:19.800 --> 00:51:40.110

Jane Clarke: Platform, you're all working on. I am not going to ask a question on that. I'm just gonna hold that because the next one, Miss three is about technical stuff. So are you ready for South East England sunny se. Are you ready to go, folks.

398

00:51:41.310 --> 00:51:44.220

Sarah-Jane Ryan: YEAH WE'RE READY Mindy, can I share my screen.

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00:51:46.260 --> 00:51:47.310

Yeah, go ahead. SJ

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00:51:47.670 --> 00:51:48.330

Thank you.

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00:51:49.440 --> 00:51:50.460

Sarah-Jane Ryan: And you see it. Okay.

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00:51:54.600 --> 00:51:55.470

Not yet.

403

00:51:55.620 --> 00:51:57.180

Jane Clarke: Not yet. Not there yet.

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00:51:58.230 --> 00:52:15.600

Jane Clarke: So please, whilst we're sitting here. This is our final presentation, I am absolutely going to finish it at 830 because I have seen somebody else have a glass of wine and I haven't had one yet though. Please make sure I usually have it in my mug. But I thought that was unprofessional.

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00:52:17.160 --> 00:52:19.200

Jane Clarke: So I'm pleased tonight.

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00:52:20.310 --> 00:52:29.400

Jane Clarke: The questions popping up. So if you can, if you can write it in a question that I can straight away asked that would be amazing straight throwing it out to you.

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00:52:29.730 --> 00:52:38.220

Jane Clarke: And if you've asked a cracker. I'm probably going to ask you to talk about it. So, be warned, but are we ready with screen share any all this era.

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00:52:38.790 --> 00:52:40.890

Sarah-Jane Ryan: It doesn't look like it is. So I'm just going to

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00:52:41.430 --> 00:52:42.360

Jane Clarke: Go for it. Man with

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00:52:42.450 --> 00:52:56.790

Sarah-Jane Ryan: A. So thank you for tonight. So I am being joined on barely going to talk, we are talking about the technology enhanced care services placement techniques and tele health placements remote virtual there's lots of names of moment.

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00:52:57.450 --> 00:53:07.980

Sarah-Jane Ryan: And but I particularly wanted Amy Jepsen and Georgia love to come and tell you about their experience at the moment. So Amy, works in a community pediatric physiotherapy team.

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00:53:08.370 --> 00:53:19.440

Sarah-Jane Ryan: And I think her insight into kind of how she's managed this experience through a very difficult time and George's experience. I think we'll talk for itself. So handing over to you, Amy.

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00:53:21.600 --> 00:53:23.250

Amy Jepson: Thank you. I'm handing over to GA.

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00:53:26.910 --> 00:53:28.140

Georgia Loft: Okay. Can everyone hear me.

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00:53:30.630 --> 00:53:41.610

Georgia Loft: Okay, great. Okay, so I'm Georgia. I'm currently one year into my pre reg physiotherapy MSC and this is only my second University placement

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00:53:42.240 --> 00:53:52.260

Georgia Loft: I'm actually working from my aunt's house all the time at the moment and my days are starting with an 830 call from Amy and and then it's

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00:53:53.100 --> 00:54:01.410

Georgia Loft: Patient goals and case studies and research and ending at 430 just to give you all a bit of context.

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00:54:02.220 --> 00:54:07.290

Georgia Loft: So I'm just going to talk a little bit about what of actual piece placement is like from a student perspective.

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00:54:08.190 --> 00:54:14.190

Georgia Loft: Firstly, there are a lot of really great things about

doing a placement in this format. I think it really promotes independence.

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00:54:14.640 --> 00:54:20.280

Georgia Loft: And encourages me to go away considered ideas do some research and come back to with an answer.

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00:54:20.670 --> 00:54:38.550

Georgia Loft: So it really encourages that self led learning, which is also a big part of the Masters Course. So it's something I've had a lot of practice in which is definitely beneficial when doing a placement in this format and having no travel time is also great and sorry just got

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00:54:40.170 --> 00:54:42.420

Jane Clarke: Worried having a travel time is also great.

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00:54:45.660 --> 00:54:58.680

Georgia Loft: Um, I've had previous placements where I've had to travel for over an hour like commute each way. And that's obviously pretty exhausting and not as productive especially I'm

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00:55:03.270 --> 00:55:07.440

Georgia Loft: Sorry, my laptop here just closed. I don't even know if I can. Can everyone still see me.

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00:55:08.550 --> 00:55:09.810

Amy Jepson: Yeah, we can still see you

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00:55:09.870 --> 00:55:10.230

Okay.

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00:55:11.730 --> 00:55:16.560

Georgia Loft: And yeah, so obviously is me bit exhausted the end of the day, especially if I want to do reflections when I get home.

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00:55:17.070 --> 00:55:27.600

Georgia Loft: And I think this type of placement also really helps to develop communication skills. It's a completely different method of communication over video cool and

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00:55:28.410 --> 00:55:44.610

Georgia Loft: And phone calls and face to face. I don't think it's any less important. I think it's really crucial skill to have a

filter. So I'm not lacking anything and having this kind of placement and there's different style of placement and gain a lot of transferable skills and I definitely

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00:55:45.870 --> 00:55:54.600

Georgia Loft: Think I'm learning a lot and gaining a lot of confidence in my ability in this area, he doesn't really something that's covered in detail on our course. So it's

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00:55:55.770 --> 00:56:02.460

Georgia Loft: A lot of new stuff for me, but I'm really enjoying it. And there are definitely some challenges for this placement format but

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00:56:03.180 --> 00:56:15.270

Georgia Loft: Poor Wi Fi connection can be really problematic and I'm lucky to have good Wi Fi connection at home and a good workspace and even my connection sometimes drops in and out, which is obviously a problem.

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00:56:15.780 --> 00:56:30.240

Georgia Loft: Especially if I'm on a call with a parent or family, or even just with Amy and I also worry a bit about gaps in my knowledge and being able to see patients face to face and means I do miss out on potential experiences.

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00:56:31.560 --> 00:56:40.200

Georgia Loft: And assessments like tone range of motion and strength assessments, obviously you can't really do over video call and I have been pushed along virtually

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00:56:41.280 --> 00:56:46.470

Georgia Loft: To physio face to face visits. I mean, it's not really the same as being there.

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00:56:47.610 --> 00:56:50.040

And again, Wi Fi connection has been a bit of an issue with that.

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00:56:51.150 --> 00:57:02.760

Georgia Loft: As well as the physio having to work out how to position me or hold me so that I can see whilst also doing their job or is that sounds very bizarre but I'm hoping you know i mean and

438

00:57:03.990 --> 00:57:11.640

Georgia Loft: I've thought a bit about some tips for students and

educators virtual placements. I think it's really important to provide structure.

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00:57:12.030 --> 00:57:29.430

Georgia Loft: And being given tasks to do or things to look up while I'm not on a video call and it's been really good and it stopped me wondering if I'm doing, why should be doing or doing enough work, that kind of thing. And along with structure our regular communications really crucial.

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00:57:30.510 --> 00:57:41.010

Georgia Loft: we've settled into kind of a rhythm of regular calls and the messages on teams in between if I get stuck, which is a really good setup and works for me and

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00:57:41.880 --> 00:57:49.440

Georgia Loft: It also think, obviously, like I said before, making sure students have a good workspace and Wi Fi setup at home is crucial. I really don't think this format of placement

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00:57:49.890 --> 00:57:56.820

Georgia Loft: Would work if without this and I think it's important to consider the students themselves in this situation.

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00:57:57.210 --> 00:58:10.470

Georgia Loft: And I'm lucky to have a lot of experience in professional phone conversations. So the idea of communication in this format isn't as daunting. I know lots of people get very anxious over the phone. And the idea of phone calls and video calls

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00:58:10.980 --> 00:58:14.610

Jane Clarke: So I think the confidence level of the student really has to be taken into consideration.

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00:58:17.130 --> 00:58:23.970

Georgia Loft: That I think this time a placement is really well suited to MSC students like, as I said before, because

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00:58:24.660 --> 00:58:34.620

Georgia Loft: What we do on the course and all the self led learning really prepares you for this kind of placement and this level of independence. I'm not saying this format wouldn't work for BSC students, but I think it would definitely be

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00:58:35.610 --> 00:58:43.080

Georgia Loft: Require a bit more adapting and for them. So I'll pass over to Amy now to talk about it.

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00:58:45.300 --> 00:58:57.630

Amy Jepson: Thanks. Sure. Um, it's a one on the call knows it's a massive deal to speak in front of this many people. So for me to be a first year student. This is massive. So well done, you did really well.

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00:58:58.020 --> 00:59:01.110

Amy Jepson: And so from a, from an education perspective.

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00:59:01.650 --> 00:59:04.770

Amy Jepson: I felt that actually the induction goal setting paperwork.

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00:59:05.670 --> 00:59:15.300

Amy Jepson: Everything worked really well over video call and actually I was planning on getting door during the first day, so we can have that meeting, face to face, try and establish a connection.

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00:59:15.660 --> 00:59:25.290

Amy Jepson: And but virtually God had a bit of covert scare and needed to get tested. So couldn't come in. And so we had to think on your feet right from day one, which was actually really good.

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00:59:26.520 --> 00:59:31.920

Amy Jepson: And I feel just as connected to Georgia as I would have done any other student. I've had three weeks in

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00:59:32.640 --> 00:59:44.280

Amy Jepson: Over video, if not more, actually, because you in some ways you read each other's home. I mean, you know, George's in my bedroom and George has been in my spare room. How you know what kind of different connection. Does that bring you on a personal level to your students, it

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00:59:47.880 --> 00:59:49.080

Amy Jepson: Into a bit

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00:59:50.370 --> 01:00:03.540

Amy Jepson: And we're starting to get some really good quality video calls and patients. I think we were speaking in in the comment box about using actual racks and bring in Georgia into that call.

457

01:00:04.710 --> 01:00:13.200

Amy Jepson: And actually, the more more of the problems has been the patients. And so that's what we're facing when we're doing virtual consultations everyone's facing the same issues at the moment.

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01:00:14.610 --> 01:00:30.180

Amy Jepson: But frequent check ins are as as George said a really important to establish and maintain really good communication and not to feel like someone's you know lurking and not having enough to do and the structure and everything helps

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01:00:31.080 --> 01:00:42.300

Amy Jepson: I found it a lot easier to share documents and information than you would do face to face because I can just ping something across gives GA time to read it edit it and come back to me and vice versa.

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01:00:42.840 --> 01:00:51.510

Amy Jepson: And that's been really, really good. But what that means is it's easier spare time management so well as face to face student

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01:00:52.560 --> 01:01:02.790

Amy Jepson: In our previous practice, we have to share computers and spaces. So if the student can access my computer, or you know my space. Actually, the

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01:01:05.520 --> 01:01:20.580

Amy Jepson: Actual setup what's actually being found is the GA can use every single bit of her spare time. Ed effectively to do all the research and reflection. She needs for our next call our next patient or looking back at the one we've checked and

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01:01:22.320 --> 01:01:22.800

Amy Jepson: I think

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01:01:23.880 --> 01:01:37.770

Amy Jepson: We've learned quite a lot along the way. And within this three weeks of Georgia starting. We've also started a completely new electronic note system. So we've really thrown everything into the mix of change and new working

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01:01:39.240 --> 01:01:44.400

Amy Jepson: But having faster access to our full IT systems would have been a benefit and looking back

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01:01:45.480 --> 01:01:50.760

Amy Jepson: And for me now going forward. I still need to try and get a little bit more team involvement. I think being the

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01:01:51.630 --> 01:02:07.260

Amy Jepson: Georgia is virtually a student with us. You don't get that same interaction where a team member walks past Georgia sitting in a room and says, Oh, actually, I've got this patient. Up next, I think that just needs a little bit more encouragement from your team and but we're working on it.

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01:02:08.310 --> 01:02:11.970

Amy Jepson: We're also trying to link to a GA with another student from a virtual placement

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01:02:13.530 --> 01:02:21.930

Amy Jepson: And to work obviously closely with uni on both before and during the placement, to make sure that both sides expectations are appropriate.

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01:02:23.130 --> 01:02:23.670

Amy Jepson: Thank you.

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01:02:24.660 --> 01:02:28.350

Jane Clarke: For absolutely smashing. Thank you. Have you got any finishing comments, Sarah.

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01:02:28.950 --> 01:02:36.300

Sarah-Jane Ryan: Know, just thanking them giving it a go really must think that was the biggest thing is just given another chance and giving it a go.

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01:02:36.960 --> 01:02:50.490

Jane Clarke: So absolutely awesome. Thank you so much, because it is a big deal to be sat in front of here, and especially when you're a student. So all of those students who've spoken tonight. Absolutely.

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01:02:51.120 --> 01:03:01.860

Jane Clarke: World's chapeaux take the hat off to you because it's a big deal. I've got a slightly raised heart right so God knows what yours is doing and and so

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01:03:02.880 --> 01:03:15.060

Jane Clarke: We've got some amazing questions which I'm going to

throw out a bit to you guys because i i don't know the answers. I'm a private physio so it doesn't really apply to me some of these because they are about

476

01:03:15.630 --> 01:03:36.300

Jane Clarke: How are people in an acute setting having success with placements at the moment. Is there anyone on the call, who is currently working in an acute setting in offering in a placements, whether that be partial virtual or not. And if you are, can you speak now.

477

01:03:39.390 --> 01:03:53.340

Katrina Mitchell: We're currently at basic running quite we've got quite a few students with us at the moment, various places we've got someone acute some in orthopedics and we got an outpatient at the moment, but the right we have got about I think what 10 at the moment with us.

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01:03:54.030 --> 01:04:00.450

Jane Clarke: Can you talk us through how you doing, can you tell us who you are, first, because I can't see where where if you could tell me who you are.

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01:04:00.540 --> 01:04:07.980

Jane Clarke: And then, and then and then tell us how what the format is because some people are struggling to work out how they would actually set this up.

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01:04:08.550 --> 01:04:14.790

Katrina Mitchell: My name is Katrina and I'm not on video because I'm currently cooking in the kitchen. So as a message or

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01:04:16.950 --> 01:04:21.810

Katrina Mitchell: Just for the total to bed, which means he was running around wave at the camera for a while. So I have hidden them all.

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01:04:22.410 --> 01:04:31.170

Katrina Mitchell: And we aren't doing anything virtually it's all because the acute team. And as I said we need us. They are in the building and

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01:04:31.830 --> 01:04:44.850

Katrina Mitchell: We we're kind of working at is a bit bizarre in the sense that currently I'm an orthopedic physical working in a new style unit. So I put on the hashtag help any suggestions on how you

manage that, because my learning curve is steep as a student's lesser

484

01:04:46.200 --> 01:05:01.470

Katrina Mitchell: Gods had to manage that. But we are we are using them and they seem to be doing okay we've had, we had three at the same time we do a lot more peer students support them, we had done in the past, we've probably been traditionalist in the sense, we've had a one to one model.

485

01:05:02.880 --> 01:05:10.590

Katrina Mitchell: And that's kind of going out the window with the amount of students, we've had in the unit. I think it's sometimes they outweighed the bad physios, they were managing so

486

01:05:11.550 --> 01:05:19.050

Katrina Mitchell: We have used a lot more of the students support network and peer support and that does seem to work really well. So that's been quite come from that.

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01:05:19.890 --> 01:05:28.890

Jane Clarke: Well, I suppose you don't really need to use virtual if you're in an acute setting. Is there any cause I suppose it's only primary care when we've got

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01:05:30.840 --> 01:05:37.200

Katrina Mitchell: With some of the other key places. I don't know how Birchwood work is your patients are actually in in hospital ill.

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01:05:37.590 --> 01:05:38.340

Jane Clarke: In front of you.

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01:05:40.020 --> 01:05:55.590

Jane Clarke: Okay, if anybody else had a situation where, you know, it's an acute an acute situation. Perhaps you're in primary care, I don't know. Perhaps it's a the older my you type stuff. Anybody been in that sort of situation and usually hold have a

491

01:05:57.840 --> 01:06:00.930

Jane Clarke: Clinical educator role getting there, and then

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01:06:03.030 --> 01:06:04.680

Hayley Price: Jane, we have is Hayley.

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01:06:05.400 --> 01:06:06.630  
Hayley Price: Hayley one

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01:06:07.020 --> 01:06:16.260

Hayley Price: And so we traditionally used to, or I work in orthopedics and acute sector and we used to always just take kind of one student at a time. That's always been, how it worked.

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01:06:16.770 --> 01:06:23.760

Hayley Price: And then it was recently more working with you when to start with Sophie really that we started taking the two to one model and

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01:06:24.600 --> 01:06:38.580

Hayley Price: I actually found that it was it was easier if anything, I think you find that, you know, yes. Okay, it might depend on the personalities and dynamics and the relationship with the students, but generally that peer to peer support that they can offer each other.

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01:06:39.660 --> 01:06:56.880

Hayley Price: Is so beneficial and also then using that sort of smoking model of getting students out to other MDT members for one day a week as like a regular thing or to other teams we found really really beneficial to the students and for us to have a break as an educator and as a team.

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01:06:57.930 --> 01:07:03.210

Hayley Price: So yeah, we found an acute setting that works really well and has enabled us to take more students at once.

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01:07:03.510 --> 01:07:14.070

Jane Clarke: Okay, that's really helpful. Thank you. Okay, I'm going to take us into a slightly different direction in terms of students. And this is kind of, well, anyone can answer it, but I'd love to get some of you.

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01:07:15.480 --> 01:07:31.080

Jane Clarke: Whether you answer me on the chat. But I promise I will look after you, is what proportion of your clinical training do you think is acceptable to be virtual what proportion of it feels like it. That would be helpful.

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01:07:34.140 --> 01:07:36.450

Jane Clarke: Go on. Who's going to unmute and B and B.

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01:07:36.690 --> 01:07:37.830

Martin Smith: Also gives you like

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01:07:38.100 --> 01:07:39.390

Jane Clarke: Yeah, go. Martin.

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01:07:39.810 --> 01:07:43.920

Martin Smith: Thank you. So I've just been on that replacement for the last three days.

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01:07:44.280 --> 01:07:59.760

Martin Smith: And and I haven't felt disadvantaged whatsoever. And since being on this placement the mentor in one respect, I feel like I'm close with my educated, because the one to one time you get virtually feels more and

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01:08:00.660 --> 01:08:12.000

Martin Smith: More key and you can get more done in it. Whereas when you're sort of in the acute placements. I think there is so much going on that sometimes you miss out on the one to one times so I there's definitely that element to it, but also

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01:08:12.600 --> 01:08:27.360

Martin Smith: I feel that I'm able to take more of a sort of a step back, reflect a lot more research, a lot more. But then also, and you the communication skills, you get to really enhance and hone in on them. So, I mean,

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01:08:27.870 --> 01:08:36.150

Martin Smith: I'm recently we've just been talking because I said one of my week is things was subjective assessments and I've always found it quite a difficult thing, but over the last few days.

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01:08:36.390 --> 01:08:40.770

Martin Smith: My educators been working with me and now I'm already in clinics listening to up to

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01:08:41.670 --> 01:08:47.550

Martin Smith: Patients on the phone and I just feel like I haven't been disadvantage whatsoever. So I think if every single

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01:08:48.330 --> 01:08:57.690

Martin Smith: Student did like one or two virtual placements. I don't think we be any disadvantage whatsoever. And if people are

apprehensive, because I was a little apprehensive about the thought of.

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01:08:58.140 --> 01:09:06.450

Martin Smith: Going into virtual placement when you actually on it you don't feel any difference whatsoever. I think it sounds like it should be different but

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01:09:06.810 --> 01:09:17.640

Martin Smith: If you're inputting the same work in that you are and you have the educator, that this support you. You're just as you are normally and i i authority recommend it, though you recommend it. I can't find a full

514

01:09:18.210 --> 01:09:25.830

Jane Clarke: Oh wow, that's absolutely awesome. Thank you. I'm really intrigued by Sophie gay you have put on there that you've been taking

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01:09:28.260 --> 01:09:37.770

Jane Clarke: Patients. Sorry, I'm lost it students, but with a coaching twist. What do you mean by coaching twist. Are you willing to tell us

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01:09:37.920 --> 01:09:38.940

Sophie Gay: It's me again.

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01:09:39.300 --> 01:09:43.410

Jane Clarke: Yay. Thank you. Tell us about your so you cut your coaching twist.

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01:09:43.500 --> 01:09:50.460

Sophie Gay: So we've and so from the university Winchester we've sent students to say Haley at

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01:09:51.600 --> 01:09:59.550

Sophie Gay: The QA and Portsmouth had a couple of our students, but we also had two students go out Gosport war memorial at Southern health

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01:09:59.970 --> 01:10:18.930

Sophie Gay: And in a setting where they usually take one student that they took to and set the placement up so that each day. The, the educator, was it was a coach or a facilitator for the day and to students took on their caseload and one after the other. So one

patient and they were doing some

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01:10:21.720 --> 01:10:23.160

Sophie Gay: And one

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01:10:24.480 --> 01:10:33.060

Sophie Gay: Would be there to facilitate their learning for that day, rather than trying to run concurrently. The students caseload on the educators caseload and and

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01:10:33.570 --> 01:10:39.660

Sophie Gay: And a couple of times now, and it seems to work really well. And I think he mentioned, we need to get the right balance of

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01:10:40.290 --> 01:10:55.920

Sophie Gay: Personality mix of the students, but that's our kind of responsibility from the AGI to do, but it's just a different slightly different way of looking at it. That will try and hopefully kind of get away from that horrible bird and words of having a student

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01:10:56.370 --> 01:10:57.090

Jane Clarke: Because you're actually

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01:10:57.480 --> 01:11:05.580

Sophie Gay: As a clinician, you're free and you're available to teach and to give your that education, rather than trying to balance it with your own patients as well.

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01:11:06.030 --> 01:11:20.910

Jane Clarke: To nurture. We love nurturing people. That's what we do with our patients all the time. So yeah, absolutely. Can I bring in David from the south central because he's got some comments related to what I was just talking about.

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01:11:22.020 --> 01:11:24.720

David C-B: Jay, yet. No, it's just to go back to that sort of idea of

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01:11:26.190 --> 01:11:33.120

David C-B: Of how much of a of your education, you want to be as virtual I'm I think it's sad. It's been a fantastic to be able to better placement at bomber

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01:11:33.690 --> 01:11:40.200

David C-B: And I don't think there's as Martin said, I don't think I feel I've been disadvantaged in it by any stretch of imagination. I mean, I'm a

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01:11:40.770 --> 01:11:59.760

David C-B: I'm forming a chiropractor was a chiropractor for 10 years and I still learn a huge amount during those 456 weeks, so I don't feel this is a disadvantage at all. I suppose my only thought about it is, is that if personally, I'm going to be looking to apply for an acute.

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01:12:00.900 --> 01:12:03.330

David C-B: position within the cube trust or within

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01:12:05.490 --> 01:12:20.100

David C-B: Actually within to a patient facing maybe that I'm probably wouldn't want it in my final year I'd want to be starting to homeless sort of patient, those that case management skills which might be a little less

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01:12:21.300 --> 01:12:28.140

David C-B: Available within the virtual basement, but maybe it's just a different structure of different private placements might structure that in different ways, but actually the

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01:12:28.440 --> 01:12:34.170

David C-B: Management of caseload. I think I want to be sort of practicing that for when I actually stepped into that band by position.

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01:12:35.550 --> 01:12:40.980

David C-B: So yeah, I don't know if that's something to think about in terms of of actually when these things are introduced.

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01:12:43.230 --> 01:12:43.590

Jane Clarke: Yeah.

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01:12:44.010 --> 01:12:48.060

David C-B: Like to get three, I think, baby. Let's do one more patient facing

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01:12:49.320 --> 01:12:59.070

Jane Clarke: So I am going to just jump straight on the back of that question. So what do you reckon, folks, is there a best time for

virtual is the best time for

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01:12:59.490 --> 01:13:15.240

Jane Clarke: Leadership. Is there a best time for a slightly different placement. Can it be anytime, or is it better to be front loaded backloaded come on students, all of you guys who were doing this. Now, what's your, what's your thought

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01:13:17.130 --> 01:13:18.960

Georgia Loft: I'm so sorry, can I

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01:13:19.230 --> 01:13:20.550

Jane Clarke: Go for it, Georgia.

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01:13:21.840 --> 01:13:29.730

Georgia Loft: And obviously, I'm pretty pretty new have any had one one placement before this one, and this has been a really good time to do that. I think

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01:13:30.180 --> 01:13:37.020

Georgia Loft: What Amy said to me before that and with Pete, normally you especially community page, you don't really get that

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01:13:37.560 --> 01:13:46.440

Georgia Loft: Level of independence and going to see patients by themselves, which she said is something that through virtual she feels more comfortable with me doing because

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01:13:46.770 --> 01:13:52.380

Georgia Loft: I'm not in the patient's home I can come out and talk to her and come back in. So it works really well in that way.

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01:13:53.160 --> 01:14:01.440

Georgia Loft: But I do think like, for me personally, I, I would like, Yeah, more virtual patients or about the beginning would be fine, because you're obviously learning more.

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01:14:01.800 --> 01:14:04.740

Georgia Loft: I mean you're learning all the time, but you're you're learning more at the beginning.

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01:14:05.220 --> 01:14:18.480

Georgia Loft: And yeah, do you think the patient facing thing is that can wait. But that needs to happen at some point. And yeah, at

the end when you're taking your caseload. Like, I think it was David said that, um, yeah. It's really important. So I just

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01:14:18.840 --> 01:14:31.320

Jane Clarke: Lovely. That's it. We've got some absolutely fabulous stuff coming in here. So I'm one of the questions on there is to do people record the contacts or do you record virtual

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01:14:31.980 --> 01:14:45.180

Jane Clarke: Because surely that's quite a good learning environment that must be terrific watching yourself back but you're going to learn loads from that anybody had an experience where they've recorded themselves. And what did you learn

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01:14:49.500 --> 01:15:02.730

Jane Clarke: Oh come on, you know, you want to some of you are leaving leaning in thinking about pressing the button also Christie fancies doing that she's going to record yourself tomorrow, he's tried it. Come on. Some of you must have recorded yourself.

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01:15:06.420 --> 01:15:08.400

Jane Clarke: No. Clearly not. I'm

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01:15:08.700 --> 01:15:10.950

Gillian Rawlinson: Not Jane. Oh, go on, go on. G.

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01:15:11.460 --> 01:15:16.590

Angie Logan: Now, I was just gonna say, Actually, it's a bit of a tricky one because attend anywhere.

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01:15:17.430 --> 01:15:26.850

Angie Logan: The way it's predominantly setup is that you can't record. So the patients can record it themselves if they video using their phone or device.

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01:15:27.210 --> 01:15:31.440

Angie Logan: They're allowed to do that and they don't necessarily have to tell you, but

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01:15:32.070 --> 01:15:37.380

Angie Logan: Yeah, one of the things that the part of the information that we give patients in Cobo is that it's not recorded.

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01:15:37.710 --> 01:15:44.310

Angie Logan: So that that does kind of sort of like lend itself to some challenges. But that's, you know, one of the things that we're talking about.

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01:15:44.850 --> 01:15:53.490

Angie Logan: Within the university and technically as well, but how we can work around that to one of the things that Chris is trying to develop a payment is to have that bank of

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01:15:55.740 --> 01:16:02.130

Angie Logan: 30 virtual placements for for learning. So, Christy wants to say anything or Joe carry on.

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01:16:04.560 --> 01:16:13.170

Christie Robinson: Now, I think we were talking about is whether or not we could record some so that you know you have them stored. So you could use them and build in some contacts with patients that you could use.

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01:16:13.410 --> 01:16:19.230

Christie Robinson: Kind of with larger groups of students could then join the kind of consultation, not, not at the same time.

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01:16:19.890 --> 01:16:30.060

Christie Robinson: But yeah, there's some issues around confidentiality, but I liked your idea. Jane of students watching their consultations back to get themselves kind of to assess themselves. I think that's a great idea.

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01:16:30.750 --> 01:16:32.490

Jane Clarke: I think I'll be amazing, not

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01:16:33.390 --> 01:16:35.100

Jane Clarke: Go on. She is it Sheila.

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01:16:35.280 --> 01:16:41.370

Sheila Doughty: Yes, sir. I'm going to the pin I it's not. It's kind of is linked, but it's not quite answering the question, but I'm a

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01:16:41.730 --> 01:16:47.910

Sheila Doughty: I've had many years of clinical experience. And during this time I've been doing some classes on zoom

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01:16:48.360 --> 01:16:58.620

Sheila Doughty: And actually recording them watching them back myself and actually critiquing my teaching techniques, my communication, etc. Even though it has been quite scary after all these years, I've

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01:16:59.250 --> 01:17:04.620

Sheila Doughty: really valuable tool. So I'd highly recommend that if you can. It's a really, really good teaching so

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01:17:05.250 --> 01:17:08.430

Jane Clarke: Welcome, you're very brave. Well done.

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01:17:08.880 --> 01:17:24.150

Jane Clarke: Love that I've just been poked for a really lovely question which is from one of my colleagues on the southwest regional network Alec. Thank you, about how are we going to entice a private practitioners, knowing that I'm a private

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01:17:24.150 --> 01:17:24.750

Practitioner

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01:17:25.830 --> 01:17:36.180

Jane Clarke: How are we going to entice them to take students. Has anybody got any experience of enticing the private practitioners entertaining students

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01:17:39.240 --> 01:17:47.220

Sarah-Jane Ryan: I think it was in that they understand that there is a placement Tara and that that money should be fed into their practice, then to support

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01:17:47.220 --> 01:17:57.750

Sarah-Jane Ryan: Them in their practice education road. I think that's one of the key things I think has really helped because I think our private practitioners are really keen to do it one of the limiting things is often space.

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01:17:58.170 --> 01:18:04.830

Sarah-Jane Ryan: And space is probably going to be a bigger issue now with kind of call it and that you know that the requirement for distance between people.

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01:18:05.130 --> 01:18:13.800

Sarah-Jane Ryan: But certainly, you know, being able to kind of directly impact on their own training has made a huge difference to

getting engagement from private practitioners

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01:18:14.820 --> 01:18:21.450

Jane Clarke: Absolutely. The face a lot. The questions that kind of a leading us into a more of a research.

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01:18:22.530 --> 01:18:41.340

Jane Clarke: Element really about, you know, how, how we get in on what HAT WHAT THE PATIENT'S perception of students doing this. Is this going to be some really nice reflective qualitative data happening. Jill. You've got your hand up, you are on this.

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01:18:41.670 --> 01:18:50.190

Gillian Rawlinson: I just wanted to say the CSP of just commissioned Manchester University to do a evaluation of remote consultations because

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01:18:50.700 --> 01:19:01.680

Gillian Rawlinson: We absolutely understand we need to capture the best bits. We don't want to lose our face to face skills and all that we add to pay. You know, so it's not. We don't want to just become a profession.

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01:19:02.010 --> 01:19:05.970

Gillian Rawlinson: That sit on headsets like this that we know that's part of it. So,

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01:19:06.690 --> 01:19:21.660

Gillian Rawlinson: We want to capture all the best bits and think about where the learning takes us and what the effects is how our service users experience it. And the whole system so that evaluation will be doing being done quite rapidly over the next six months.

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01:19:22.590 --> 01:19:28.500

Jane Clarke: Absolutely fantastic. So can I now remind you, please, I want you to hashtag message.

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01:19:29.040 --> 01:19:34.470

Jane Clarke: With your take home message. We've got 10 minutes left, so I will take a couple more questions, but

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01:19:34.830 --> 01:19:45.780

Jane Clarke: Please fill it up with all your take home messages. Remember that the transcript of this goes out. So we may be able to take these the your little nuggets and use those.

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01:19:46.410 --> 01:19:51.450

Jane Clarke: As our messages to other people who've not been lucky enough to listen to you all tonight.

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01:19:51.870 --> 01:20:00.810

Jane Clarke: And also hashtag help so people are often saying, Oh, we don't get enough help from the CSP. Well, we are the CSP.

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01:20:01.170 --> 01:20:09.960

Jane Clarke: And if you want help there. Now is the time to write it down and say what you need, because they only know if we tell them

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01:20:10.800 --> 01:20:24.780

Jane Clarke: They're not the physios on the front line. So we really need to give them some support and direct them and they will support us in return. So please hashtag help and all the things you

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01:20:25.200 --> 01:20:32.850

Jane Clarke: Want to get some support with whether that's a personal thing or whether that's a wider strategic thing. Then I love to hear that.

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01:20:33.270 --> 01:20:39.840

Jane Clarke: Right. So there's loads of opportunities. I don't know which direction to go in because you've got so many questions coming up.

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01:20:40.290 --> 01:21:00.180

Jane Clarke: So we've got one going on about barriers. I'm gonna Sarah Jane. Are you there because you've you've told me what to say, and I can't remember what you said. Now, here we go. How can we engage care homes in providing placements. Anybody seen any care homes been involved in this.

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01:21:03.240 --> 01:21:18.720

Sarah-Jane Ryan: And I know the University of Western has done some great work with care home so Helen Frank's team of their have worked with a diverse placement and the care homes and they put groups of students into work alongside the nursing kind of

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01:21:19.830 --> 01:21:24.900

Sarah-Jane Ryan: Shifts as such. So working for the 12 hour shifts to be able to identify where the physio rolling might be

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01:21:25.260 --> 01:21:37.350

Sarah-Jane Ryan: And that sounds really exciting and something I hope to kind of that we might take forward locally here and but there is still kind of it. It's quite hard work kind of with care home, especially at the moment with kind of what's happening.

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01:21:38.550 --> 01:21:48.930

Jane Clarke: Really, can I take us back to the question about the form, which I've can't remember how to say it common placement assessment form.

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01:21:50.310 --> 01:22:01.650

Jane Clarke: And hat. Well, it kind of links with how are we grading success when people are having the split payment placements are, how are you actually passing pay

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01:22:03.150 --> 01:22:05.010

Jane Clarke: Students. How does it work.

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01:22:06.660 --> 01:22:09.240

Gillian Rawlinson: So in a brief minute it's

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01:22:10.410 --> 01:22:26.190

Gillian Rawlinson: 50 at No it's not. It's 12 sort of learning outcomes that are mapped to hate CPC standards and CSP learning principles and they are written in quite a generically specific is that I think and

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01:22:26.220 --> 01:22:27.360

Gillian Rawlinson: Way in which

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01:22:27.480 --> 01:22:33.360

Gillian Rawlinson: So, for example, let me give you an example subjective assessment instead of saying is able to undertake a subjective assessment.

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01:22:33.690 --> 01:22:43.050

Gillian Rawlinson: It says student is able to gather information from a range of sources and use this information. So let's say you're on a policy placement like Shar at the moment with bed.

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01:22:43.470 --> 01:22:54.540

Gillian Rawlinson: She's looking at all that HP clever together information. She's using it, whether you run a research placement,

whether you're doing a subjective assessment on intensive care whatever you're doing, you gather information.

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01:22:54.870 --> 01:23:02.490

Gillian Rawlinson: So the learning outcomes are really written in a way that embrace all the types of placements. We've talked about tonight. That's the first thing to say.

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01:23:02.850 --> 01:23:12.060

Gillian Rawlinson: It's going to be a pass fail or it can be used as a graded placement. If you need to give you know in the great bands 50% 60% etc.

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01:23:12.630 --> 01:23:24.660

Gillian Rawlinson: And each learning outcome. Where is mapped against the current SEC seek standards at the higher education standards. So basically, the university will choose whether they use it as a pass or fail.

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01:23:25.140 --> 01:23:31.890

Gillian Rawlinson: And this is level there's a different form for each academic level. So if you're a third year the formal look slightly different about what's the

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01:23:31.890 --> 01:23:42.180

Gillian Rawlinson: Threshold for pass and fail. We're still just writing those domains are learning outcomes. And we're checking it with a quite a big group of HGA academic experts who are

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01:23:42.780 --> 01:23:50.250

Gillian Rawlinson: They reaching out to educators in their area and Sarah Jane is actually currently writing one of those learning outcomes for us.

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01:23:50.700 --> 01:23:51.840

Sarah-Jane Ryan: And two of them.

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01:23:52.440 --> 01:23:53.520

Gillian Rawlinson: Two of them so

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01:23:53.790 --> 01:23:57.180

Gillian Rawlinson: We are engaging with all regions all countries.

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01:23:57.840 --> 01:24:11.040

Gillian Rawlinson: Educators and will be piloting it and testing it out with I'm hopefully just going to break some news that we're probably going to say something. I'm not supposed to but I think we're going to take, if I just get final sign off for students at the CSP.

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01:24:11.760 --> 01:24:12.780

Gillian Rawlinson: Next few weeks.

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01:24:13.140 --> 01:24:18.900

Gillian Rawlinson: And we're going to give them some key work around a student viewpoint around, see path so

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01:24:20.010 --> 01:24:21.630

Gillian Rawlinson: Great say that don't record that

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01:24:21.930 --> 01:24:22.350

No.

621

01:24:23.430 --> 01:24:26.070

Jane Clarke: Not at all. It's just recorded but no worries.

622

01:24:27.300 --> 01:24:35.790

Jane Clarke: That's brilliant. Okay, so we have literally four minutes ago. I just want to thank you all for just your absolutely awesome.

623

01:24:36.510 --> 01:24:48.330

Jane Clarke: Involvement tonight, you've had the chat room. I have never ever sat here and see that so busy. It has made my brain fried. You've all been answering each other's questions.

624

01:24:48.720 --> 01:25:09.390

Jane Clarke: And I just want to read you some of these amazing take home messages. So let's not trying to get a square peg into a round hole, we must redefine placements and remain open minded. We need to support our students to graduate. When they expect to help fill the shortfall in the war workforce.

625

01:25:10.650 --> 01:25:18.570

Jane Clarke: Diverse holistic resilience and transferable placement is so important for the future. Oh, I love this.

626

01:25:18.930 --> 01:25:27.690

Jane Clarke: Anywhere. There is a physio there. It can be a student. Lovely. So we've got some absolutely brilliant stuff.

627

01:25:28.050 --> 01:25:38.490

Jane Clarke: Thank you. I really need you to keep going. You've got two or three minutes. So if you've got takeaway messages we are going to use these while I am going to be tweeting them like bonkers.

628

01:25:38.910 --> 01:25:52.350

Jane Clarke: Remember, the best place ever thing. So if you're a student now and you have got some information relating to the best placement effort. Obviously it would be with me, but I'm not doing them and I'm a private

629

01:25:53.250 --> 01:25:55.260

Jane Clarke: When we feel hideously guilty.

630

01:25:56.670 --> 01:26:07.020

Jane Clarke: So I'll be changing it. So that's my take home message. And so one of the things that keeps coming up. Is it so

631

01:26:07.410 --> 01:26:21.990

Jane Clarke: I think that's probably something to take away back to the CSP is that it is going to be one of the pitfalls in terms of us all doing this, but thank you tonight. We've got a final slide Mindy that that gives you

632

01:26:23.130 --> 01:26:23.460

In a

633

01:26:24.030 --> 01:26:30.780

Jane Clarke: Second, she's, she's rustling it up. She's our amazing lady Mindy nearly. Here we go.

634

01:26:31.830 --> 01:26:48.210

Jane Clarke: Here we go. So if you don't follow us already. Then why not. We've got Southwest Twitter and Facebook. We've got South Central Twitter and Facebook and southeast coast, Twitter, if you've got a Facebook page se or you will have tomorrow.

635

01:26:51.870 --> 01:26:56.400

Jane Clarke: So lots of information goes on there. So please keep your eyes open for that.

636

01:26:56.670 --> 01:27:08.250

Jane Clarke: Please look at IC sp, if you're not getting your emails, then you need to go in there and update your information because they only come if you press the right buttons, you probably all know that because you're all here.

637

01:27:09.090 --> 01:27:18.690

Jane Clarke: Keep your eyes on on our Twitter and our Facebook pages because we will be doing loads more with this. You can see that there's loads more moving

638

01:27:19.110 --> 01:27:32.400

Jane Clarke: And thank you very much and good night. Enjoy your glass of wine because I will, thank you to our speakers and especially thank you to all of our students speakers. You're awesome. Good night.