

**Practice setting:** TECS MSK Placement, Bournemouth University

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### Models of supervision used

- Peer Learning
- Face to face
- Multiple staff supervision

### Overview of student placement

This was a virtual musculoskeletal outpatients placement for 26 students, held through Zoom. The premise was primary care referral of patients with common MSK presentations, i.e. neck pain, tennis elbow etc. The students were separated into small groups (4-6 randomly allocated) and worked with a facilitator from the university academic staff covering a specific anatomical region i.e. shoulder. After 1 week the groups rotated to work with a different educator on a different anatomical region. This was repeated across 5 weeks allowing a consolidation week at the end.

In addition to this, telehealth consultation was integrated with each group leading on subjective, objective and treatment across the week, along with facilitated clinical reasoning discussion. Patients were acquired from friends and contacts, staff or students from within the University. The final week (week 6) enable consolidation, problem solving, revision and an examination to determine the achievement of the intended learning outcomes. A virtual learning environment was housed through the university's VLE and was populated with podcasts, YouTube clips, articles and book chapters designed to guide and develop the depth of learning needed for level 5.

### Typical Week

Monday-Friday 1-2 hour small group seminars facilitated by an educator. Tuesday-Thursday 2 hour telehealth and clinical reasoning session, led by the students and overseen by educator. We had 5 groups and four educators. In addition students had case studies and an 'expectations' form to complete for each case by the end of the week used to signpost the learning and clarify the depth of learning. Students also completed additional clinical reasoning paperwork during and following telehealth consultations. Project work or tasks were set to drive learning and facilitate completion of the expectations form.

### What worked well?

The depth of learning was excellent. Having time to focus on a small number of common presentations enabled the depth of knowledge and understanding to be developed. Students leading telehealth and the clinical reasoning discussions, the more 'doing' from the student the better the experience. The learning framework (expectation and clinical reasoning forms) to identify what was expected of the students as well as a range of learning resources, from podcasts to articles. This provides a framework for learning about presentations outside of those covered in the placement.

**Did you evaluate the placement?**

We evaluated the placement at half way, and at the end and will be conducting our usual audit processes on completion. All evaluation to date has been completed from the perspective of student experience and facilitator reflection.

**Top tips to others**

This was a hugely enriching experience and fantastic opportunity to develop the next layer of learning, bridging the academic and clinical gap. So often the academic work is complete and off the students go to placement to develop deeper understanding and clinical reasoning where we, as academics, have little role. This placement enabled us to take a lead to helping the student develop those skills. A real privilege.