

# Placement profile

**Names and roles** Heather Probert, Therapy Lead

**Organisations** Harefield Hospital, Royal Brompton and Harefield Hospitals



## Placement overview

The placement model we have adopted is a 2:1 model with students working both in face to face activity (2 days), remote activity (2 days) and project service evaluation work (1 day) in tertiary rehab. These students have usually come from the same university though on one occasion we had a student from our local Brunel University working alongside an elective student from the University of Brighton. Students were set up with remote access to the trust to enable their remote days. All teaching / performance reviews took place over MS Teams and clinical activity was supervised by my MDT of physiotherapists, exercise physiologists, nurse, rehab assistant and myself with 2-way feedback between the rehab team and their clinical educator. Education sessions included answering any questions the student had to pre-seen presentations, the students working jointly on case studies then reviewing their answers with the clinician.

During their clinical time students were involved in leading subjective assessments and reassessments (phone and video), face to face objective assessments (including functional capacity testing), leading exercise classes (both face to face and on MS teams) and leading online education sessions.

The service evaluation work has given students valuable experience of research which would not normally be possible during their undergraduate degree whilst the team evaluate new models of care we had adopted during COVID but had not had the available time to evaluate them due to redeployments. **It was a win-win for all parties and the aim is that these projects will be submitted as abstracts to upcoming conferences so the students also gain a publication for their CV.** This model has allowed us to be flexible so students could continue working when they needed to self-isolate and also one student was able to return home when travel guidance was due to change and complete the last week of their placement remotely from Canada.

**Supervision:** 2:1, face to face and remote, peer learning, whole team supervision and inter-professional supervision

### Lessons learnt:

1. Students found the tutorials far more beneficial and were able to adapt the knowledge to practice when learning was facilitated with case studies and peer working rather than listening to staff lecture them
2. Adaptations were constantly required due to Covid and the mix of F2F, remote and project work allowed this – Flexibility is paramount in the current climate
3. Students had more appreciation for research having had the opportunity to be involved

### Top tips for others:

- “Plan ahead so IT access is ready before the placement starts and plan a pre-placement meeting to explain how the placement will work”
- “Explain the working methods in advance and give reassurance of how the F2F activity is completed with patient safety and their safety paramount”
- “Plan the project in advance to ensure they can start this in their first week as the weeks fly by too quickly!”