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# **Providing a “Safety Net”: Fine-Tuning Preparation of Undergraduate Physiotherapists for Contemporary Professional Practice**

## **Introduction**

It is not unusual for tensions to exist between education and service providers. Such tensions between stakeholders concerned with the education and professional socialisation of new recruits seem to be inherent in any profession and indeed have been considered to be a defining factor (Hugman, 1991). Recent research focusing on the preparedness of physiotherapy and occupational therapy graduates for practice highlights alternative and disparate perspectives on the expectations of new graduates (Barnitt & Salmond, 2000). Differences in expectations, often fuelled by developments within the professions, are in themselves not new. For example, in the UK misgivings about the capabilities of new recruits were accentuated by the move towards all-degree profession status in the 1980s. These concerns were exacerbated by the concomitant decision to situate health professional courses in higher education institutions, as opposed to hospitals in which they had previously resided, with a resulting reduction in professional control over professional preparation (Eraut, 1994). Claims that there has recently been too great an emphasis within basic training on academic ability, with a focus on theoretical knowledge at the expense of practical hands-on experience (Hugman, 1991), have fuelled a perceived lack of preparedness of graduates for their first post.

While acknowledging that concerns over exit standards have hereto provoked recurring debate (Bines & Watson, 1992), it is important to recognise that the concerns of employers have informed and continue to inform the planning of undergraduate curricula. However, current concerns must be considered in a

contemporary context. The aim of profession-specific courses is to produce graduates who are 'fit for purpose'. On this basis, one might argue that the quality of a programme could be judged in terms of the extent to which the students meet their desired purpose in the eyes of the profession and potential employers (Green, 1994). The discourse of 'fitness for purpose' or 'fitness for practice' of new graduates, with which professions and professional courses have engaged over the past decade, seems set to take on increased pertinence if recent UK government policy initiatives to expand healthcare provision are realised. Furthermore, it seems certain that exit standards will come under increasing scrutiny as large numbers of new graduates join the workforce.

Within practice, currently adequate support mechanisms open to new graduates are likely to be stretched as larger numbers step onto the career ladder as junior therapists, resulting in systems becoming temporarily bottom-heavy. The suggestion that the Chartered Society of Physiotherapy (CSP) may issue guidance to managers on the support of newly qualified therapists (Physiotherapy Frontline, October 17, 2001a) is good news. Evidence suggests that entry into the workplace is an exciting yet daunting prospect for most recent graduates who frequently experience considerable stress while negotiating this transition (DiGiacomo and Adamson, 2001).

Notwithstanding funding issues yet to be addressed, the use of strategies such as clinical supervision of new graduates and peer support mechanisms may well find increased support from managers who are likely to be encouraged to focus increasingly on providing opportunities for continuing professional development.

From an educational perspective, new challenges in the workplace, associated with the possible inadequacy of support systems for the volume of newcomers, point to an urgent imperative to ensure that students are prepared for their first post. Lopopolo (1999) suggests that the future will bring with it not only a greater emphasis on higher-level skills in patient care but also in professionalism and professional interaction. Therefore, in essence, it is vital that initial professional education equips graduates to negotiate the transition into professional practice inherent in the notion of 'fitness for purpose'. For instance, an appreciation of using evidence to inform practice must be balanced with the practicalities of moving from being supernumerary to sharing the pressures of waiting lists and working with limited resources.

In other words, we argue that educators of undergraduate students need to ensure that beginning professionals enter the workplace with accurate perceptions of the demands associated with their new role. Although disenchantment with junior life, possibly springing from 'false expectations' (Physiotherapy Frontline, September 19, 2001b) is likely to involve a complex interplay of factors, education providers must recognise the part that initial education has to play in orientating students to their intended role.

Based on graduates' perceptions of their preparation for the workplace, this paper highlights the way in which a subtle change in curriculum design at a critical point within a course helped to effectively facilitate the step into professional practice. Although the study on which this paper is based involved physiotherapy students registered on a Bachelor of Science degree with honours, at a university in the UK, many of the findings presented are likely to be of interest to an international audience involved in the training of a range of health and social care professionals.

## **Curriculum Evaluation Related to Preparation**

Professional courses, such as physiotherapy, increasingly view 'graduateness' in terms of employability and are coloured by values from the world of work (Moore, 1997). Anecdotal evidence available in the mid 1990s, when the course at the centre of this study became due for quinquennial re-validation, suggested that there was a national concern regarding the ability of students to make the transition from student to qualified practitioner. Although new graduates generally coped well with managing individual clients, other aspects of work (such as time management, prioritisation and overall caseload management) were frequently poorly performed, perceptions which have since been substantiated (Barnitt and Salmond, 2000).

According to research focusing on physiotherapists' and occupational therapists' perceptions of preparation for the workplace (Adamson et al, 1998; Hunt et al, 1998; Hummell and Koelmeyer, 1999; DiGiacomo and Adamson, 2001), inadequate attention is paid to management issues at undergraduate level. Insufficient attention to time management in particular is clearly associated with feelings of inadequate preparation and stress. When juxtaposed with survey evidence concerning the managerial skills needed by new graduates from the perspective of radiology, occupational therapy, physiotherapy and speech therapy practitioners that reinforce the importance of time management, prioritising and planning goals for a work team (Adamson et al, 2001), the perceptions of new graduates of their preparation for the workplace is of concern. In addition to suggesting that managerial skills (such as time management and prioritisation) could be addressed while students were engaged in fieldwork placement, Adamson et al (2001) urge curriculum planners to ensure that

they address undergraduate preparation for diverse roles undertaken by beginning practitioners.

Clearly the preparation and orientation of undergraduate students to the demands of contemporary practice that are constantly evolving are important issues for curriculum planners. Student insight might be developed through a variety of means. For instance, Pescatello et al (2000) describe the use of a course assignment based on interviews with managers exploring the issues likely to impact on new graduates. The approach we describe involves immersing students in practice for a final 'caseload management placement'. The experience provides a culmination for the students' initial education, which mimics as closely as possible the experience of a junior therapist.

### **The Caseload Management Module in Context**

The physiotherapy course at the centre of the study typically involves a substantial period of time, in this instance a whole year, spent in the practicum. The course is modularised so that students complete six five-week professional practice modules in the workplace gaining experience in diverse aspects of practice with the intention of providing exposure to the full gamut of demands placed on the physiotherapist.

Although the primary focus is the assessment and management of a wide variety of individual clients in discipline specific areas, objectives include the development of a wide range of skills that are transferable across therapy specialties. Attention is paid to effective communication, orientation to learning, problem-solving, evaluation, self-management, time management, priority setting and interdisciplinary working; all

attributes which mesh with the requirements of the workplace (Higgs and Hunt, 1999).

The key tenet of the caseload management module, that was designed to occur during the final four weeks of the course, was to alter the focus from coping with individual clients to coping with managing a caseload and the implicit need to demonstrate ability to manage time, people and resources thereby proving 'fitness for practice'. Developed in collaboration with approximately two hundred clinical educators, several special features were included:

- The module must be completed within a specialty with which the student is already familiar. This stipulation allows students to concentrate to a greater extent on managing their caseload having already previously developed basic assessment and treatment skills of a similar client group.
- Similar to junior therapists students negotiate and set personal objectives appropriate to their perceived needs.
- In order to reduce the impact of assessment, student performance is assessed against performance criteria over the four-week period, rather than by means of an examination or viva voce (which were deemed incongruent with the module objectives). Performance criteria relate to practical skills, professional behaviour, self-management/ caseload management and meeting personal objectives.
- Learning is facilitated through a formal system of weekly discussions between student and clinical educator lasting between 30-60 minutes. The discussions

provide an opportunity for time-out for on-going feedback supplementing day-to-day interaction and feedback.

- The nature of the student/educator relationship changes slightly to reflect the broad aims of increasing student autonomy and responsibility within the workplace. These aims apply equally to learning, which should be student led, demonstrate use of initiative and good use of resources, such as tapping into the expertise of the educator.

We will illustrate the ways in which this final module contributed towards helping students to experience a flavour of what life might be like as a junior therapist.

Furthermore we show how subsequently these same individuals as junior therapists reflected on the capacity of the module to prepared them for professional life.

### **Research Methodology**

Module evaluation is standard practice within higher education as an important aspect of curriculum development. However, although helpful in providing immediate feedback, it might be argued that module evaluation can only provide a partial picture.

Entwistle et al (1992) suggest that the quality of educational programmes can best be judged retrospectively, when learning outcomes are put to use by ex-students. On this basis, a decision was taken to explore attitudes towards the module several months following completion of the course and well into first-posts for most ex-students.

Follow-up studies of this nature can provide an important source of evidence about efficiency and effectiveness of an educational experience (Kenyon and Illott, 1997).

However, the relationship between satisfaction with a course and satisfaction with work preparation has attracted little research attention to date (Martin et al, 2000).



Although at present this study might be termed an extension to standard evaluation processes, such follow-up studies may in the future become inherent to good practice and increasingly inform evidence-based curriculum development.

### **Methods Employed**

Evaluation in our study has been based on immediate feedback and follow-up studies. Immediate feedback is gained from two sources. Similar to all other professional practice modules the caseload management module is evaluated using a standard evaluation form. Students, practice educators and visiting tutors (university staff responsible for supporting educators and students and ensuring the quality of educational provision in the practice context) complete the evaluation form, in adapted versions. Feedback is also gained through small group de-briefing sessions, which occur on completion of the module. These sessions offer opportunities for discussion where a facilitator can develop awareness of areas of good practice and/or potential problems while encouraging student reflection on personal and professional development (See Appendix 1).

The follow-up questionnaire that was designed to focus down on and explore ideas generated from module evaluations and de-briefing sessions is included in Appendix 2. The questionnaire was mailed to sixty-five ex-students (1996 cohort) at their post-qualification first destination addresses, early in 2000, six months after course completion. Nil returns were followed up with a reminder letter resulting in a total of thirty responses. A second follow-up study seeking feedback from eight-four ex-students (1998 cohort) was completed in 2002. The forty-four responses from the second group have strongly corroborated data from the first follow-up study. The only

adjustment to the module for the 1998 cohort was the reduction in visiting tutor support in response to a unanimous feeling that students had outgrown their reliance on university staff and were looking to other sources of support within the workplace. Therefore the responses from the two cohorts were combined to provide feedback from a total of seventy-four junior therapists.

### **Data Analysis**

Just as Bryman and Burgess (1994,p. 217) suggest ‘research design, data collection and analysis are simultaneous and continuous processes’, our data collection and analysis involved an iterative process over a two-year period. Categorisation of data drawn from evaluation forms and written records of debriefing sessions were modified and further expanded by incorporating data from follow-up questionnaires. Initial categorisation took two forms: descriptive (for example, recording length of time in employment) and conceptual (for example, identifying the students’ perceived importance of being accepted as part of a team). Conceptual analysis involved exploring positive and negative instances within categories paying attention to inconsistencies. The data was considered by each of us in isolation prior to combining interpretations, agreeing themes and producing a shared analysis. Recurring and overarching themes emerged through some collapsing of themes. Particular words or phrases used to describe experiences were noted.

### **Developing Insights**

The following discussion is grounded in data drawn from module evaluation forms, de-briefing sessions and follow-up questionnaires. The overwhelming immediate response to the caseload management module was very positive. Students reported

that the module “felt like a natural progression’ having functioned at a level of increased independence and been “given increased scope to get on with it [their work]”. Feelings of increased confidence were related to students’ developing knowledge base and a perception that they had “peer respect” from staff in the workplace and their fellow students. Students perceived that they “could be themselves” within a relationship with other qualified therapists in which they “felt more professional”. However, the perceived most influential factor was the expectation that students take an increased responsibility for the organisation of their caseload and therefore could experience an increased sense of accountability in comparison with earlier placements. It is crucial to emphasise the impact of ‘feeling responsible’ that existed despite the fact that ultimate accountability for clients continues to rest with supervising clinicians in accordance with professional standards (CSP and CPSM, 1996).

Given that all parties concurred in the view that the students’ level of performance had been significantly raised during the caseload management module it seemed that in terms of short-term goals the module had been successful. We waited eagerly to gather opinions once these same students had been employed as junior therapists for a period of time.

### **Reflections of Junior Therapists**

Length of time in employment varied from two weeks to seven months, which represented the maximum length of employment possible at the time of receiving the questionnaires. The modal point for length of employment was at five months

suggesting that many students took a break after completing the course and prior to commencing full-time employment.

An overview of the specialty of first rotations on commencing employment shows that the junior therapists began professional life in core specialities. The most frequent first rotation occurred in musculo-skeletal out-patient departments, with progressively decreasing numbers working in neurology, respiratory care and care of the older person. There were two exceptions to this finding both of who commenced employment in mental health. When compared to the profile of student placements completed it is interesting to note that first rotations mirror placements offered across the entire course in terms of proportions within specialties. Perhaps it is not surprising that musculo-skeletal settings accommodate both the largest number of juniors and students since this type of work has recently burgeoned.

Two broad themes emerged in response to the ways in which the recent graduates felt that the caseload management module had helped to prepare them for employment.

The first theme related to the ways in which respondents negotiated the transition from student to employee, and from university to workplace. There was a general acknowledgment, that this had been a time of rapid transition during which, as students, they had not only been concerned with preparing for junior life from a practical perspective but also with working at a junior level and somehow 'bridging the gap' that stood before them. However, students had felt reassured about their capacity to cope with this transition having completed the caseload management module, which as one respondent suggested, 'allows you to find out what 'real' work is going to be like'.

The second theme involved timing of the module. Occurring at the very end of the three-year course, several students indicated that they had felt very tired at the end of a long semester making motivation difficult to sustain. Despite a suggestion that the module could have been completed earlier in the academic year, which undoubtedly would detract from the focus on transition to 'real' work, attitudes to timing predominantly related to the above theme of transition. There was a sense of the students having 'completed', or having got to the end, a feeling of 'phew', and perhaps that this was the final hurdle before graduation. The experience of doing the job without the same level of assessment-stressors had been felt to allow them to 'concentrate on work more', and, as one respondent put it, 'it was a good way to refresh the memory on what physiotherapy is all about'. It was evidence that one of the general objectives of the module to provide recent experience prior to starting work was being fulfilled.

Opinions were divided as to whether the module was more or less helpful where it was completed in a similar specialty to a first rotation. As might be expected the most obvious perceived benefit of similar experience was recency of use of specific skills and techniques that boosted confidence to step into practice. However, of greater interest is the feedback from juniors who felt that similarity of experience was not important. Adopting a longer-term focus, some respondents recommended the module on the basis of its value in broadening experience, giving more breadth on which to build as a junior therapist. One respondent suggested 'I feel it is better to do different placements as it increases your experience further'. In agreement, another states 'I think it was better to have the module in a different area as all experience counts in the long run'. Since it is rare that students know the specialty of their first rotation

prior to commencing employment an intentional fit between the two experiences is impossible. If it was to be feasible some students might benefit from commencing their first rotation in the specialty in which they have most recent experience although it seems that others, possibly those with greater confidence, have no preferences in terms of relationship to past experience.

Perhaps of greater significance is the insight drawn from respondents who appear to recognise the transferability of many skills utilised by physiotherapists. Self-management, which encompasses a whole range of these skills (including time management, prioritisation, delegation and goal-planning), was deemed not to be specialty specific, supporting the notion that completing the caseload management module in any specialty provided the opportunity to develop skills that would be utilised in diverse contexts by a junior therapist. The positive impact on self-confidence and self-esteem generated through this recognition could be extremely important for students about to negotiate the transition into practice. Self-esteem is possibly reflected in the perception that employability had been enhanced through the development of skills that were transferable across specialty areas. The module had not led directly to employment for any of the respondents. However, the junior therapists reported having found themselves more capable of answering questions at initial employment interviews and found employers impressed with their account of their preparation and awareness of demands of the work setting.

Analysis of specific ways in which the caseload management module has been perceived to help prepare students for practice has given rise to two further themes. The first theme is encapsulated in the opportunity to become accepted and immersed

in practice to a greater extent than in earlier placements. Respondents recalled feeling more relaxed during the module, possibly due to the low-key continuous assessment, which allowed them to feel that they were more like a member of the team, which they enjoyed greatly. One respondent commented: 'I felt accepted and integrated like another member of the team. I felt my opinions were valued to a greater extent'.

Another commented: 'My views were listened to by other staff'. The respondents also recalled being more able to work within the team to a greater extent. For example, in some cases this meant gaining their first experience of delegating work to an assistant or negotiating workload with senior staff. Experiencing a sense of incorporation into the workplace is an important aspect of developing professional identity that, like seeking sources of support in the workplace rather than from university tutors, reflects the beginning of the transition from student to practitioner.

The second theme revolves around self-identity and feeling able and being seen to be able to perform at a standard approaching that commensurate with a junior therapist. This theme combines taking responsibility, working increasingly autonomously and managing oneself. Comments such as 'I felt I had to make sure that all of my work was done' and 'I began to realise I could manage patients and organise work the way I wanted to' portray a sense of increasing self-confidence and commitment to a professional identity. 'Presentation and acceptance of self as an autonomous, accountable professional' (Richardson, 1999, p.463) represents an essential stage in the process of professional socialisation.

Related to the theme of developing self-identity is an indication that the perceived nature of supervision by clinical educators was changed and somewhat refined during

the module. Educators were there when needed as a key part of the 'safety net' but were more frequently involved in helping students deal with novel situations or complex cases. One respondent recalled, 'the support was there for you if you asked but they didn't spoon feed me'. Where, presumably for a variety of reasons, educators chose to supervise more closely, limiting the responsibility for the caseload given to the student, this was seen as detrimental to the development of a sense of being prepared for practice. The relationship between the nature of supervision and level of responsibility experienced at this stage of undergraduate education is clearly an important factor in influencing the students' developing sense of self as a professional person. Further research might explore tensions faced by clinical educators involved in the caseload management module who are responsible for the quality of patient care but at the same time are seeking to maximise student independence and development of professional identity.

The respondents were asked what advice they would give to future students about to undertake the module. The advice fell broadly into two categories: that of tactical advice geared to 'how to pass' the module, and that of friendly peer support in terms of encouragement, and sharing the experience. From the new perspective of being recently qualified, the junior therapists observed that being a student and being a junior are inherently different and their advice to future students sprang from this observation. Some recognised that as a student, albeit with increased responsibility within this placement, they were still practising with the reassurance of a "safety net". They perceived a greater level of availability of senior staff to give assistance and support than they had found as junior therapists, as well as a greater, explicit opportunity to continue to learn from and ask questions of educators within the educator/student relationship.



Advice from the graduates encouraged future students to take the opportunity to extend themselves to raise their performance, highlighting several particular areas on which to concentrate. These areas were: taking on responsibility; prioritisation of patients; increasing caseload and caseload complexity; and increasing pace of work. Adaptation to the above demands is partially facilitated in the university setting through problem-solving activities involving scenario and paper-patient work. However, it is important that clinical educators responsible for guidance within the context of the workplace, recognise when students need advice, encouragement, feedback (both positive and negative) or space to make their own decisions about the management of their work thereby fostering the development of caseload management skills.

In addition, general advice from the graduates to future students included strong support for students getting involved in the department. The graduates suggested that students should 'use study time wisely' while it was still available which can be interpreted as encouraging preparation for the change required in the transition from student to junior. The other aspect of the notion of operating with a "safety net" within the placement was to appreciate it; several respondents gave positive encouragement to their colleagues to 'enjoy it'.

### **Limitations of the Study**

Previous evaluation of newly-qualified staff's self-assessment of the adequacy of their course in terms of preparation for their first posts has highlighted a tendency for individuals to view the course they have attended favourably wherever it took place (Wiles et al, 1999). This is a possible factor that cannot be overlooked in the context of

this study. In addition, notwithstanding module evaluations by clinical educators and visiting tutors, the study largely focuses on the perceptions of beginning physiotherapists of their own level of preparation for the transition into practice. The research could have been strengthened by seeking feedback from employers on the performance of graduates who had undergone the caseload management module as to whether this was influential in their preparation for practice.

In evaluating the caseload management module, as that which provides a culmination for the course, it is recognised that we are in effect evaluating the whole course in terms of its general aims. In other words, the breadth of attributes implicit in fitness for purpose or fitness for practice are addressed throughout the course not merely within the caseload management module and its evaluation should be considered in the context of the entire course.

## **Conclusions**

There is an increasing imperative to ensure that curriculum design should facilitate the step into professional practice for new graduates. One way of smoothing the transition into practice might be to incorporate a caseload management type module into the closing stages of undergraduate and graduate entry courses. The more closely the caseload management experience can mimic practice the better it prepares students for practice. This appears to involve trusting students with a greater degree of responsibility (within professional guidelines), providing space and opportunities for students to use their own initiative and providing access to an appropriate caseload allowing for an increase in complexity and pace of work. The provision of such opportunities allows students to gain insight into the demands of practice while still

having a 'safety net' in place. In effect, the caseload management module provides an interim period, which allows for the many adjustments to begin to occur or at least to be acknowledged as part of the process of transition into professional practice.

In addition, within a final professional practice module it is vital that students become embedded in practice as much as possible, involving themselves in the department and/or in a team both at work and socially. Such embeddedness in the workplace strengthens the identification process with the intended profession that is inherent in the development of professional identity (Clouder, 2001). Support mechanisms within the university might be said to perform a 'holding' function (Winnicott, 1965; Clouder, 2001) for students. The provision of a holding environment allows students to develop and change within a supportive context. However, intrinsic to the notion of holding is the necessity of recognising when it is time to 'let go' (Kegan, 1982). Clearly this module is a timely opportunity for the university to let go and allow students to prove their capabilities within the workplace.

An important aspect of the caseload management module is its emphasis on the development of skills that are transferable across the clinical specialties. It is important that, throughout their clinical experience, we help students recognize, and reinforce the notion that skills are transferable so that they should feel equipped to be able to work effectively and cope with changing workplace demands no matter where or in which specialty they are placed for a junior rotation. We suggest that it is only by foregrounding the importance of transferable skills through assessment in particular, but also explicitly in module briefings, objectives and documents, that students really recognize their importance. Modular structures within higher education have been accused of fragmenting and compartmentalizing knowledge into discrete 'boxes' (Jarvis,

1993). However, this research illustrates how students begin to see how their knowledge and skills are transferable where there is a shift in the focus of attention away from knowledge associated with a specific specialty. Such a focus on generic transferable skills seems to go some way towards addressing the call (Adamson et al, 2001) to ensure that curriculum planners equip undergraduates for the diverse roles undertaken by beginning practitioners.

A break following completion of an undergraduate course and prior to commencing employment seems common among today's graduates. On the basis that junior therapists cite recent practice experience as helpful in smoothing the transition into practice the timing of a caseload management type module as late in a course as possible seems crucial. All transitions are inherently stressful, the university/ work transition not least so in terms of feeling the need to prove one's competence in a new setting. The words of an ex-student suggest that the caseload management experience provides a means by which curriculum design can help to alleviate many of the anxieties that spring from this transitional period:

'The caseload management module was possibly the best thing that could have prepared us for 'real' work. I had next to no anxiety about starting work after having completed this module'.

Finally, notwithstanding the apparent openness of beginning therapists to adapting to demands of diverse settings, the fact that the majority of junior therapists stated that they had little or no warning as to the specialty of their first rotation prior to commencing employment is of concern. In the light of guidance on clinical

governance (CSP, 1999) that highlights the importance of those providing care having the appropriate competencies to deliver care, it seems reasonable to suggest that employers have an important role to play in effecting a more smooth transition for beginning therapists by giving early notification of junior rotational specialties. Apart from providing new graduates with the opportunity for additional revision or preparation such a move could benefit the quality of care that graduates can provide their patients. Such early notification could influence the transition into practice and job satisfaction. Satisfaction with work preparation might well be an important factor influencing early job satisfaction and possibly subsequent retention but initial experience once in the workplace also needs careful consideration. Contemporary factors such as the intended expansion of the profession, the changing pattern of health care provision and concerns regarding retention rates of qualified therapists could provide the driving force for fostering closer collaborative links between higher education institutions and employers in terms of our overall ability to facilitate the transition into professional practice. It is within all of our interests to attract, educate and retain high quality graduates within the healthcare professions.

Note: In 2001 the Caseload Management Module received a University Teaching Excellence Award for its success in providing appropriate support for a diverse student body.

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Undergraduate Physiotherapists for Contemporary Professional  
Practice**

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## **Abstract**

There is a growing imperative to ensure that professional courses produce graduates who are fit for purpose. However, there is evidence that some junior staff within the allied health professions feel ill prepared for the demands of contemporary professional practice, especially with respect to management capabilities. Adverse criticism of new graduates by employers has prompted a variety of curricula innovations. This paper disseminates the findings of a small evaluative study of the impact of a 'caseload management module' occurring in the workplace, during the final weeks of an undergraduate physiotherapy course. The module is designed to offer students the opportunity to further develop management skills essential to the competent junior therapist, which are transferable across the clinical specialties.

Evaluation on point of completion of the module and several months into employment highlights several factors perceived to have been helpful in facilitating the step into practice. The module provides a transition period and a means of 'bridging the gap' between student and junior life. Being given increased responsibility for a caseload of patients while still operating with a 'safety net' in place, where the practice educator retains overall responsibility, is key to being able to perform and being seen to be able to perform, a perception which is crucial to identity development. Students recognise that management skills, such as prioritisation or delegation are transferable, allowing them to enter into any one of a variety of areas as junior therapists with increased levels of self-confidence. Students' benefit from the opportunity to become immersed in practice, where they feel accepted and valued by colleagues to a greater extent than in earlier placements. On the basis of these perceived benefits we argue that a caseload management module not only prepares students for managing their future workload but

also ensures that they enter professional practice with realistic expectations of its demands.

**Key words:** New Graduates; Preparation for the Workplace; Fitness for Purpose; Transferable Skills; Curriculum Design; Curriculum Evaluation.

## Appendix 1

### **Year 3 – Caseload Management De-Briefing Session**

#### Facilitator Guidelines

The session will take approximately one hour to run.

Please collate student feedback and forward to clinical co-ordinator

#### Objectives of Session (OH)

1. To reflect on personal /professional development to date
2. To consider personal objectives to carry forward into first junior post
3. To consider the experience on this module and its ability to prepare students for practice

#### Format of Session

##### ***Individually (5mins)***

\*Identify 3 strengths that have become apparent during the last module

\*Identify 3 areas that require further development

##### ***In small groups (3-4 students)***

\*Share ideas within small group (10 mins)

\* As a group consider your experiences during the caseload management module:

What was different about this module?

In what ways has the module helped you prepare for junior posts?

Are there any areas in which you feel greater preparation is needed?

What advice would you give educators preparing to take students on this module?

What advice would you give future students?

(20 mins)

##### ***In large group(record responses on OH)***

Take feedback on ideas/issues raised from each small group in turn. Discuss.

(25mins)

Farewell

**Coventry University  
Physiotherapy Subject Group  
Caseload Management Evaluation – 1998 Intake**

This questionnaire is **confidential**. Numbering is for office use only.

Please respond to the following questions:

1. In which speciality did you commence your junior rotation?

- |                          |                              |                          |                            |
|--------------------------|------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Respiratory                  | <input type="checkbox"/> | Paediatrics                |
| <input type="checkbox"/> | Neurology                    | <input type="checkbox"/> | Community                  |
| <input type="checkbox"/> | Musculoskeletal              | <input type="checkbox"/> | Health care of the Elderly |
| <input type="checkbox"/> | Women's Health               | <input type="checkbox"/> | Mental Health              |
| <input type="checkbox"/> | Adult Learning<br>Disability | <input type="checkbox"/> | Other                      |

2. In which speciality did you complete your caseload management module?

- |                          |                             |                          |                            |
|--------------------------|-----------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Respiratory                 | <input type="checkbox"/> | Paediatrics                |
| <input type="checkbox"/> | Neurology                   | <input type="checkbox"/> | Community                  |
| <input type="checkbox"/> | Musculoskeletal             | <input type="checkbox"/> | Health care of the Elderly |
| <input type="checkbox"/> | Women's Health              | <input type="checkbox"/> | Mental Health              |
| <input type="checkbox"/> | Adult Learning Disabilities |                          |                            |

3. How long have you been employed as a physiotherapist?

..... Months.

4. In which of the following ways did the caseload management module help you to prepare you for your role as a junior therapist? Please tick as many as apply and explain how.

Taking responsibility.....

Setting personal objectives.....

Working autonomously.....

Amount of supervision required.....

Pace of work.....

Time management.....

Prioritisation.....

Delegation.....

Team working.....

Other.....

5. If you feel that the module failed to prepare you in any of these aspects, or any other, please comment:

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6. Do you have any other comments in relation to the caseload management module preparing you for your first employment?

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**Many thanks for completing this questionnaire. Please return by Monday the 11<sup>th</sup> February 2002.**