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Barriers and facilitators to providing undergraduate physiotherapy clinical education in the primary care setting: a three-round Delphi study

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Abstract

Background With the global shift in health care from secondary to primary care, employment opportunities for newly qualified physiotherapists are likely to be in the primary care setting. However, to date, undergraduate physiotherapy clinical education has been centred around secondary care, focusing on acute services in large teaching hospitals. For contemporary physiotherapists to become effective first-contact primary care providers, they need to be exposed to the primary care environment during their undergraduate education.
Objectives To explore the concept and identify perceived barriers and facilitators to providing physiotherapy undergraduate clinical placements in the primary healthcare setting
Design A three-round Delphi survey was used. Participants were asked to answer open-ended questions with regard to: (i) student preparation for and (ii) provision of primary care placements (Round 1). Content analysis was employed to identify key themes. These themes generated statements for Round 2. In Round 2, participants were asked to rate their level of agreement/disagreement with the generated statements. In Round 3, a final rating process was conducted. Level of consensus was established as $\geq$70% agreement, with an interquartile range of $\leq$1.
Participants One hundred and ninety-eight primary care physiotherapy staff.
Results Barriers identified included shortage of resources (e.g. staff) and a lack of tradition; in other words, students are not traditionally educated in the primary care setting. Response rates were 60% (120/198), 70% (84/120) and 76% (64/84) for Rounds 1, 2 and 3, respectively. All seven key facilitators identified reached consensus. They included additional support for staff taking students and motivated students.
Conclusions This study revealed that there is support for the provision of physiotherapy clinical education in the primary care setting. Through careful consideration with clear planning and collaboration with all stakeholders, it may be possible to convert the main barriers identified into facilitators to ensure that there will be an adequately prepared physiotherapy work force in the future.

Keywords: Physiotherapy, Physical Therapy, Clinical education, Education, Primary healthcare

Introduction

Primary care has been defined as 'an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation' [1]. The Irish health service, through the Health Service Executive (HSE), has undergone, and is continuing to undergo, huge changes in structure and delivery. Fundamental to this reform is strengthening primary care services, with an objective set to establish 400 to 600 multidisciplinary primary care teams (PCTs) by 2011, supported by 127 primary care networks nationwide, with each team having an estimated 0.5 to 1 whole-time equivalent (WTE) physiotherapists. It is proposed that primary care teams will broaden the focus and extend services available locally to provide a single point of entry for patients. Commitment to developing physical infrastructure in terms of well-equipped accessible primary care centres and investment in information and communication technology is outlined in the 2012 to 2015 health strategy to support staff working in primary care [2]. In September 2011, the HSE reported that 393 PCTs were in operation [3].

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Traditionally, clinical education for undergraduate physiotherapy students has been centred on acute services in large teaching hospitals. In 2005, the HSE created 26 practice tutor posts in physiotherapy, specifically designed to support the clinical education of physiotherapy students. The majority of these posts were allocated to large acute teaching hospitals, with only 1% (0.5 WTE) being allocated to cover both the primary care and acute hospital setting [4]. This makes it more difficult for student placements to be facilitated in the primary care setting; however, if physiotherapists are to become effective first-contact primary care providers, they need to be exposed to this environment by gaining first-hand experience during their undergraduate clinical education. This is supported by previous research which has shown that experiences gained in primary care in undergraduate health professional programmes play an influential role in making an informed career choice, and have led to increased numbers working in primary care [5,6].

Entry-level physiotherapy competencies are driven by the World Congress of Physical Therapy and outlined by the Irish Society of Chartered Physiotherapists under seven core categories: professionalism, communication, caseload management, planning and maintaining a quality service, research and evidence-based practice, continuous professional development and education [7,8]. Currently, preparation for clinical experience is developed in the academic setting using various pedagogical approaches that address these categories. Recently, however, more detailed competencies developed for use with staff grade physiotherapists working in primary care were produced by the Irish Society of Chartered Physiotherapists [9]. They include knowledge and awareness of chronic conditions, mental health and health promotion. In addition, a number of non-clinical competencies are listed, such as awareness of community structure and voluntary services available, multidisciplinary team working, and ability to provide treatment in a domiciliary setting. No standard or guideline stipulating the length of time required in any specific clinical setting exists. Therefore, today's educators are faced with the challenge of how to ensure that all students gain hands-on experience in the primary care setting, and that the learning environment is supported adequately.

Aim

The aims of this study were: (i) to explore the concept, and (ii) to identify the barriers and facilitators to providing primary care placements for undergraduate physiotherapy students. For the purpose of this study, the term 'primary care' is used to represent the pre-existing community services and the more recent term 'primary community and continuing services' (PCCC). To the authors' knowledge, this is the first study in Ireland to explore the provision of placements in the primary care setting.

Methods

A three-round Delphi survey using both qualitative and quantitative methods was employed. The Delphi survey ran for 40 weeks from October 2011 to July 2012. Fig. A (see supplementary online material) provides more information on the time frame and process of the Delphi survey.

The Delphi technique was chosen because it is an established and recognised method of deriving expert opinion to determine the degree of consensus where there is a lack of empirical evidence [10]. It maintains the anonymity of respondents, allows time for participants to consider their responses, and enables recruitment from diverse geographical locations and clinical backgrounds [11]. Furthermore, its iterative nature allows participants to see how their evaluation of issues aligns with others, and allows for changes of opinion [10].

Sample

A purposeful sample of primary care physiotherapists was used in this study as Delphi surveys use a sample of 'experts'. The representativeness of the sample in Delphi surveys is assessed on the qualities of the expert panel rather than its numbers [11]. In order to contact physiotherapists working in primary care, the physiotherapy community care managers of the local health offices (available from the HSE website) ($n = 33$) were cross-referenced with community care physiotherapy managers on a list obtained from the Irish Society of Chartered Physiotherapists ($n = 33$). Each manager received an introductory letter and background information explaining the Delphi process, and inviting them to participate. If they agreed to participate, they were asked to complete a questionnaire themselves and to nominate five members of their staff to participate in the survey. The inclusion criterion for this study was physiotherapists currently working in primary care. No stipulation was made in terms of clinical area of practice or length of time working in primary care. It was anticipated that the respondents would predominantly be seniors with at least 3 years of experience, as prior to 2008, only senior physiotherapists were employed in primary and community care in the Republic of Ireland. Anonymity was guaranteed and consent to participate was implied by return of the completed questionnaire. Six respondents (3%) in Round 1 chose not to be identified. Therefore, it was not possible to contact them for inclusion in Round 2.Table 1 provides a summary of participant demographics.

Procedure

Development of Round 1

The practice education co-ordinator and a nominated member of the academic staff from each of the participating physiotherapy schools took part in face-to-face, semi-structured interviews to develop the questionnaire used in Round 1. Verbal consent to record the interview was