Physiotherapy Clinical Educator Course
Learning Resource and Workbook

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SECTION ONE
CLINICAL EDUCATION

What is Clinical Education?
From your own experience of supervising students, junior colleagues or being supervised yourself, think of the positive and negative aspects which made it either a good or poor learning experience.

<table>
<thead>
<tr>
<th>Positive aspects</th>
<th>Negative aspects</th>
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</table>

Clinical Supervision:
What do you consider to be the main roles of the Clinical Educator?

What skills do you think a Clinical Educator needs to have in order to fulfil these roles?

You are not expected to:
- Observe your student at all times.
- Provide extensive one to one teaching for your student.
- "Cherry pick" the most interesting service users for your students.
- Be first point of contact for whole of placement.
Clinical Supervision

Supervision may be envisaged as a two-way street in which a positive relationship is built upon the supervisor’s creative blend of the administrative, educational and supportive functions.

Models of Education

1. Apprenticeship Model
   - Centres on what the clinician has to offer in terms of knowledge and skill.
   - Learning is limited to whatever transpires in the work place.
   - Minimum regard paid to aims and objectives.
   - Learn to do things the same way as your Practice Educator.

2. Educational Model
   - Centred on educational aims and expectations.
   - Normally Practice Educators are focused on client needs, therefore requiring a dual role practitioner/educator.

3. Growth Model
   - Focuses on students’ personal experience, growth and self-awareness.
   - Believes that encouragement of personal and psychological growth is important in the development of a successful therapist.

MODEL OF EDUCATION

Think of a different example where you have, or may use, each of the models of education.

<table>
<thead>
<tr>
<th>Growth Model</th>
<th>Apprenticeship Model</th>
<th>Educational Model</th>
</tr>
</thead>
</table>

With the developments in undergraduate education students are encouraged to be problem solvers rather than looking for one set answer. They also come to placement with an increasing awareness of their own educational needs and how they best learn.

Promoting efficiency in clinical education

Where possible adopt a team approach to clinical education ... this can incorporate:

- Band 5’s
- Technical instructors/experienced assistants/other disciplines
Review of learning styles

Honey and Mumford (200a) developed a classification system which is commonly used, based around Kolbs learning cycle (1984). Further work by Klasen and Clutterbuck (2002) looked at ways that both learners and practice based educators could use these and develop other styles to enable the four stages of the learning cycle to be maximised.

Kolbs Experiential Learning Cycle

From the Learning Cycle it can be seen that students and educators can have strengths in different parts of the cycle. For the learning experiences to be optimised, students may require assistance to complete the cycle. This often will produce a better outcome rather than overloading the student with information and attempting to bring students up to the same levels of skill and competence. Just by having experience does not always mean that learning has taken place. Skills can be practised and improved without necessarily considering the underpinning clinical reasoning.

Students may need help in engaging fully with the experience, critically thinking about it, making connections to their past experiences and bringing theory into practice. Analysing both the student and your own learning styles may help identify where there might be issues within the learning cycle, which may help with facilitation of learning.

Practical Task

Consider a recent example of where a student experience went very well or not so well.

Considering both yours and your student’s learning styles use the statements in the following table to help you analyse a situation that went well or not so well.

Were your styles similar or dissimilar? Did this help or hinder the learning process? Did either of you change your approach?
Facilitation of Learning

If we call an ineffective student Susan and an effective student Jane, what methods can we use to help Susan become more like Jane? ie encourage deep rather than superficial learning

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activist</strong></td>
<td></td>
</tr>
<tr>
<td>Positive about learning</td>
<td>Dislike planning, preparation</td>
</tr>
<tr>
<td>Use opportunities</td>
<td>Dislike reflection</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>Can dominate group situations</td>
</tr>
<tr>
<td><strong>Reflectors</strong></td>
<td></td>
</tr>
<tr>
<td>Plan and prepare well</td>
<td>May be reluctant to take risks</td>
</tr>
<tr>
<td>Good at drawing out learning</td>
<td>Don’t grasp opportunities</td>
</tr>
<tr>
<td>Do not dominate</td>
<td></td>
</tr>
<tr>
<td><strong>Theorists</strong></td>
<td></td>
</tr>
<tr>
<td>Excellent at identifying underlying causes</td>
<td>May complicate issues</td>
</tr>
<tr>
<td>Set high standards</td>
<td>Not accept the obvious</td>
</tr>
<tr>
<td><strong>Pragmatist</strong></td>
<td></td>
</tr>
<tr>
<td>Positive and anticipate improvement</td>
<td>Dislike theories and concepts</td>
</tr>
<tr>
<td>Like practical solutions</td>
<td>May not encourage long term solutions</td>
</tr>
<tr>
<td>Like relevant learning</td>
<td>Look for solutions to fit the status quo</td>
</tr>
</tbody>
</table>

Clinical practice is an ideal facilitator of a deep approach to learning when the educator:

- Values the experience the student brings with them;
- Encourages discussion/debate;
- Treats each student as an individual;
- Establishes a climate of trust/mutual respect;
- Assists with relevance of learning, bringing theory to practice;
- Becomes a learning resource for the student;
- Involves the student in decision making.
ADULT LEARNING THEORIES

These theories can help you as a clinical educator because ideas about learning are central to work in adult skills development.

OVERVIEW

Much of the research on learning has been carried out on children. Research on adults began as a reaction to child-models and aimed to define what was distinctive about adult learning. The work has shifted to recognise that there are different types of learning and that different models are appropriate to different situations. The theories are presented as they were developed historically. However the theories have evolved over time and sometimes the theorists themselves make changes to their original ideas.

There are four main theories of adult learning. The first three arose from the field of psychology: The fourth and more recent theory came from developmental studies in the field of adult education

1. Behaviourism
2. Cognitive Psychology
3. Constructionist.
4. Humanist.

Whichever model you use the learning is considered to take place in one of three "Learning Domains".

- Cognitive.
- Affective.
- Psychomotor.

BEHAVIOURISM

Historically the oldest theory it can be traced as far back as Aristotle. At the time of its development psychologists had no idea about the mind and so concentrated on what they could see and measure. Behaviourism views the mind as a "black box", it takes no account of what goes on inside the learner. Instead it focuses solely on measurable responses to a given stimulus. The most famous example of this is Pavlov's Dog. A stimulus is provided, unwanted responses are ignored but wanted responses are rewarded until a change in behaviour is achieved.

In terms of its application it is "Teacher centred". Learning depends very much upon what the teacher wants.

Can you think of any examples of when you have "stimulated" a student to get a response or a change in behaviour that you wanted?
COGNITIVISM

As early as the 1920’s people began to see the limitations to the behaviourist approach of understanding learning.

Surely something was going on in there!? 

The Cognitivist approach recognised that there must be some form of individual, internal information processing going on and attempted to explain this in terms of internal structures or "Schema" that process the information. It states that new structures can be acquired and old structures reorganised so that a person develops increasingly complex "mental maps" for representing the world.

You will probably be familiar with some of these structures, concepts such as short and long term memory are cognitivist ideas as are such things as using mnemonics, and "practice makes perfect". The idea of a person building ever more complex processing systems led to the concept of a "learning hierarchy" (more about this when we get to domains) where complex tasks can be broken down into component parts.

In terms of its application it is learner centred. It sees learning as an active process

Can you think of any examples of when you have used a sequence of ever more complex activities to guide a students learning?

CONSTRUCTIVIST

The next stage in developing understanding was when theorists recognised that a person played an even more active role in learning by not just processing information but by "constructing" the things that they were learning. The theory states that each person constructs a representational model of knowledge which is unique to them, their perspective in other words. The uniqueness comes from the fact that knowledge is acquired from an individual's environment or life path. We could both work in the same clinical area but have different perspectives because of our very different experiences.

The theory predicts therefore that because all learning depends upon perspective and experience, learners are unpredictable. The results for a group of students all processing the same information is therefore unpredictable.

In terms of its application it is also learner centred and views learning as an active process. Learning takes place by the active construction of new models.
Can you think of any examples of when you have given more or less the same experience to different students that resulted in very different results?

HUMANIST

This theory arises from trying to understand humans as developing in a series of stages. It’s all about personal development and fulfilment. The focus of the theory is on the “self”. The concept is one of development from dependant learner to self-directed individual and states that learning takes place as a result of the motivation to satisfy certain needs. Maslow (1968) developed a hierarchy of needs:

1. Physiological.
2. Safety.
3. Love and belonging.
5. Self-actualisation.

Self-actualisation is the highest level. In terms of its application most of the students will be at the stage of self-esteem which itself can be broken down into a series of stages.

- Achievement.
- Adequacy.
- Competence.
- Mastery.

Do you recognise any of this in yourself or can you think of any examples when you have recognised this in students?
LEARNING DOMAINS

Whichever theory you subscribe to, learning is thought to take place in domains. The domains are split into sub divisions where each division represents an ever more complex level of processing- a learning hierarchy.

- **The Cognitive Domain**

This is where we process factual information. In this domain we move from knowledge acquisition to understanding, then we learn to apply, analyse, synthesize and finally evaluate.

- **The Affective Domain**

This is where we learn and process information about our attitudes and beliefs. In this hierarchy we first receive (become aware of) new attitudes or beliefs then we react to them, value the new belief, commit to its values and finally we characterise, ie we adopt the value or belief system.

- **The Psychomotor Domain**

This is where we develop our physical skills. Learning in the psychomotor domain is about physical movement and co-ordination. Our students will process learning about our physiotherapeutic skills here. They will move through a hierarchy of observing a skill and trying to repeat it, to performing the skill with ease, almost automatically.

**Can you think of any examples of yourself or your students working in these domains?**
References


SECTION TWO:

PLACEMENT PLANNING

Principles of Placement Planning

- Problem based.
- Experiential.
- Focus upon learning outcomes.
- Development of transferable skills.
- Increase levels of responsibility.
- Feedback and reflection.

Pre Placement

What preparations need to be done prior to the student’s arrival?

Day One

What do you consider needs to be covered with the student on their first day?
What is essential?
Can you think of ways to improve efficiency?

Placement

What other key features do you need to include in your plan?

On the university webpages there are examples of a Student Orientation Pack and Contract devised by one of our Placement Providers which you may find useful for reference.
Management of Placement

Objective Setting and Learning Agreements

Students should bring to placement some objectives that they are working towards and a SWOT analysis. These can be useful to you to open discussions around what the placement can offer in terms of learning and also for you to begin to assess the level of student that you have.

You will need to identify the opportunities for learning that your Unit can offer and to have considered what the expectations would be with different levels of student. This can be challenging as you are only just starting in your role as an Educator. Discussions within your colleagues could assist you with this. The University Handbooks and marking criteria for assessment can also assist you in considering what could be achievable.

Task

With colleagues from similar work place come up with 4 Unit Objectives. Make them SMART. How can these be adapted to different levels of student?

Learning Agreement

Once you have had discussions and both have considered what opportunities are available agreed objectives for the placement can be put in place. Agreement also needs to be reached on how they are going to be measured. These then need to be reviewed and revised as the placement progresses. They work best when kept simple and achievable then progressed on step by step. They can be a really useful tool to assist with facilitation of the placement. For example they can be used to demonstrate the progress being made with a student lacking confidence. They are also useful for you when considering the marking process as an indicator of whether the learning outcomes have been achieved.

Assessment on Placement

Assessment is an essential role of Clinical Educators to ensure the professional standards and competence of our graduates.

More information on assessment can be found in the University Handbooks:

http://www.nottingham.ac.uk/healthsciences/practice/physiotherapy/index.aspx

http://www3.shu.ac.uk/hwb/placements/physiotherapy
It is important that you use the handbook, forms and criteria for marking purposes specific to the University that the student attends.

The Visiting Tutor from Nottingham University and Academic Advisor from SHU will help facilitate the assessment process by providing support to both the Student and Clinical Educator.

For assessment to take place the student will need to have completed 75% of the placement.

**Intermediate Assessment**

The halfway form is a formative assessment that highlights areas where the student is progressing well and also the areas that need improvement. It offers the opportunity for discussions for planning the rest of the placement and to review and revise objectives. It is an important element for the student’s professional development and learning. SHU students will be given a mark at the halfway stage of the placement based on the final marking criteria.

**Final Assessment**

The final form is a summative assessment of what the student has achieved on placement.

For Nottingham students each of the four sections has to be passed (40% or more) for the placement to be completed successfully. The final mark is an average of the four section marks.

SHU assessment regulations differ in that the final mark is an average of the mark for each learning outcome even if students have not gained 40% or above in one of the learning outcomes. If a student has not passed all learning outcomes this will trigger a review of progress by the academic advisor.

The marks need to be supported by evidence of performance using the criteria and are usually discussed with the Visiting Tutor or academic advisor before being presented to the student.

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**What can be done to ensure standardisation of marking?**

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**The Failing Student**

If a student is not meeting your expectations, it is important to contact your Visiting Tutor from Nottingham, or the Academic Advisor from SHU, as soon as possible. This can be at any time in the placement. It does not have to be one specific incident. It is useful if you consider your issues against the marking criteria and keep a record of examples where performance does not meet the required standards.
The procedures are given in the Handbooks and on the webpage. You will be supported by the placement teams throughout the process.

Students are issued with a Danger of Failure notification in conjunction with the Visiting Tutor and Clinical Educator which sets out agreed objectives with the student and date for review. If at the review the student is still not meeting the criteria to pass the placement another Danger of Failure notification will be issued, again in conjunction with the Visiting Tutor.

Fortunately failure is not very frequent and the majority of students who are issued with a Danger of Failure do go on to successfully complete the placement.

Notes Page:
SECTION THREE:
THE PORTFOLIO

The purpose of the portfolio is to allow you to evidence and reflect on your development as a clinical educator. It is based around six learning outcomes that are also used in the ACE (Accredited Clinical Educator) Scheme that is run by the CSP.

The 6 learning outcomes are:

1. Describe the role and identify the attributes of an effective clinical educator
2. Apply learning theories that are appropriate for adult and professional learners
3. Plan, implement and facilitate learning in the clinical setting
4. Apply sound principles and judgement in the assessment of performance in the clinical setting
5. Evaluate and reflect on your learning experiences as an educator
6. Outline your plans to improve future practice.

Guidance as to how you might demonstrate your development in each area is given. The portfolio will be peer marked on the second day of the course and its completion is mandatory for attendance on this day.

The format of the portfolio is individual to each person. We would recommend that each section be approximately 500 words (one side of A4), but we would not wish to limit your reflection if you wish to write more. The marking criteria should also be used for guidance and will assist you in identifying suitable evidence.

Application for ACE accreditation

It is recommended that you have 18-24 months of experience as a clinical educator so the work that you put into this portfolio can be built on in order to gain ACE accreditation. Further details of this can be found on the CSP’s website, www.csp.org.uk.

ACE 02 Accreditation of Clinical Educators Experiential Route - Guidance Notes for Applicants.

ACE 03 Accreditation of Clinical Educators Experiential Route - Application Form.

All Practice Educators are welcome to apply for ACE accreditation after gaining 18-24 months experience and will be supported by their nearest University.

Peer Marking

The completed portfolio will be Peer marked on Day Two of the course. You will be expected to give feedback to the person whose portfolio you have marked. This gives the opportunity to share clinical supervision experiences. We will also use these experiences to identify good practice and problem solving ideas.
Outcome 1: Describe the role and identify the attributes of an effective clinical educator.

- Using examples from your own experience describe the different aspects of the clinical educator role.
- What do you see as important knowledge, skills and attributes of an effective CE? Briefly discuss using examples.

Outcome 2: Apply learning theories that are appropriate for adult & professional learners.

- Select 2 learning theories and identify possible benefits of their application in your role as a clinical educator (you might find it helpful to refer to the learning theories section of the workbook).

Outcome 3: Plan, implement and facilitate learning in the clinical setting.

- What factors do you consider when planning a clinical learning experience?
- How do you ensure its smooth implementation?
  This needs to reflect:
  - The University module objectives for your speciality, placement objectives and the student’s personal objectives.
  - The learning level of student.

Evidence may include:
  - Timetable of events, changes to original programme
  - Information given to student before or during placement.
  - SWOT analysis.
  - Notes from teaching sessions, reading lists
  - Case studies used
  - Visits arranged
  - A brief account of a critical incident related to the student learning.

Outcome 4: Apply sound principles and judgement in the assessment of performance in the clinical setting.

- What sources of evidence contributed to your assessment of the student’s performance?
- Describe how you gave feedback to your student about their performance?
  - This should be a reflective piece of work no more than 500 words, which identifies the plan for feedback, evaluates its success and includes an action plan for any changes for future sessions. It may also include student perceptions.

Evidence may include (all anonymous):
  - Copies of the intermediate and final assessment.
  - Copies of assessment criteria highlighted to justify assessment decisions.
  - Notes of feedback.
  - Other written feedback.
Outcome 5: Evaluate and reflect on your learning experience.

- Evaluate your effectiveness as a CE, identifying strengths and weaknesses in relation to the learning outcomes.

  Evidence may include:
  - SWOT analysis.
  - Student evaluation/feedback forms.
  - Discussion with peers.
  - Reflective account of the learning experience.

Outcome 6: Outline your plans to improve future practice.

- Identify what further knowledge, skills and attributes you may need to improve your effectiveness in relation to the learning outcomes
- How do you plan to achieve this?
### Peer Marking Portfolio Criteria

**Outcome 1:** Describe the role and identify the attributes of an effective clinical educator.

<table>
<thead>
<tr>
<th>Good</th>
<th>Satisfactory</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The different aspects of the role of the clinical educator are described with examples from experience.</td>
<td>The different aspects of the role of the clinical educator are described.</td>
<td>The role of the clinical educator is not described.</td>
</tr>
<tr>
<td>The knowledge skills and attributes of an effective clinical educator are identified and discussed.</td>
<td>The knowledge skills and attributes of an effective clinical educator are identified.</td>
<td>Knowledge skills and attributes are not identified.</td>
</tr>
</tbody>
</table>

**Outcome 2:** Apply learning theories that are appropriate for adult and professional learners.

<table>
<thead>
<tr>
<th>Good</th>
<th>Satisfactory</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two learning theories are identified and discussed clearly in relation to clinical education.</td>
<td>Two learning theories are identified and linked to clinical education.</td>
<td>Relevant learning theories are not identified.</td>
</tr>
</tbody>
</table>

**Outcome 3:** Plan, implement and facilitate learning in the clinical setting.

<table>
<thead>
<tr>
<th>Good</th>
<th>Satisfactory</th>
<th>Inadequate</th>
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</thead>
<tbody>
<tr>
<td>A wide range of factors are considered and discussed in the planning of clinical placements and supported by relevant clinical evidence. Methods of ensuring smooth implementation of clinical education are discussed.</td>
<td>Some factors are considered in the planning of clinical placements and supported by relevant clinical evidence. Methods of ensuring smooth implementation of clinical education are noted.</td>
<td>Few relevant factors are considered in the planning of clinical placement and there is little supporting evidence. Smooth implementation is not considered.</td>
</tr>
<tr>
<td>Outcome 4: Apply sound principles and judgement in the assessment of performance in the clinical setting.</td>
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<td>---</td>
</tr>
<tr>
<td><strong>Good</strong></td>
<td><strong>Satisfactory</strong></td>
<td><strong>Inadequate</strong></td>
</tr>
<tr>
<td>The assessment of the student’s performance is supported by a wide range of relevant evidence sources.</td>
<td>The assessment of the student’s performance is supported by a range of relevant evidence sources.</td>
<td>The assessment of the student’s performance is not clearly supported by relevant evidence sources.</td>
</tr>
<tr>
<td>There is detailed reflection upon the process and principles of giving feedback to students.</td>
<td>There is some reflection upon the process and principles of giving feedback to students.</td>
<td>There is no reflection upon the process and principles of giving feedback to students.</td>
</tr>
</tbody>
</table>

| Outcome 5: Evaluate and reflect on your learning experience. |
|---|---|---|
| **Good** | **Satisfactory** | **Inadequate** |
| There is a detailed evaluation of your effectiveness as a clinical educator with discussion relating to your strengths and weaknesses. | There is some evaluation of your effectiveness as a clinical educator with links relating to your strengths and weaknesses. | There is little evaluation of your effectiveness as a clinical educator with no clear identification of your strengths and weaknesses. |
| The knowledge, skills and attributes you may want to develop in the future are reflected upon. | The knowledge, skills and attributes you may want to develop in the future are noted. | The knowledge, skills and attributes you may want to develop in the future are not considered. |

| Outcome 6: Outline your plans to improve future practice. |
|---|---|---|
| **Good** | **Satisfactory** | **Inadequate** |
| There is a detailed action plan with SMART targets clearly related to skills you intend to develop in the future. | There is an action plan with some SMART targets which are related to skills you intend to develop in the future. | There is little evidence of action planning to develop skills required in the future. |
Peer Marking Sheet Practice Educator Portfolio

Clinical Educator Name:

Peer Reviewer:

Date of review:

For each outcome please circle the standard according to the criteria guidelines. In the comment areas please identify any areas of good practice and also, if inadequate, what is required to meet the guidelines.

Outcome 1: Describe the role and identify the attributes of an effective clinical educator.

Good          Satisfactory          Inadequate

Comments:

Outcome 2: Apply learning theories that are appropriate for adult and professional learners.

Good          Satisfactory          Inadequate

Comments:

Outcome 3: Plan, implement and facilitate learning in the clinical setting.

Good          Satisfactory          Inadequate

Comments:
Outcome 4: Apply sound principles and judgement in the assessment of performance in the clinical setting.

<table>
<thead>
<tr>
<th>Good</th>
<th>Satisfactory</th>
<th>Inadequate</th>
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<tr>
<td>Comments:</td>
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Outcome 5: Evaluate and reflect on your learning experience.

<table>
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<tr>
<th>Good</th>
<th>Satisfactory</th>
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<tbody>
<tr>
<td>Comments:</td>
<td></td>
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Outcome 6: Outline your plans to improve future practice.

<table>
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<tr>
<th>Good</th>
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<tbody>
<tr>
<td>Comments:</td>
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Name:  
Signed:  
Date:  