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# Placement Model Presentation

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# Introduction

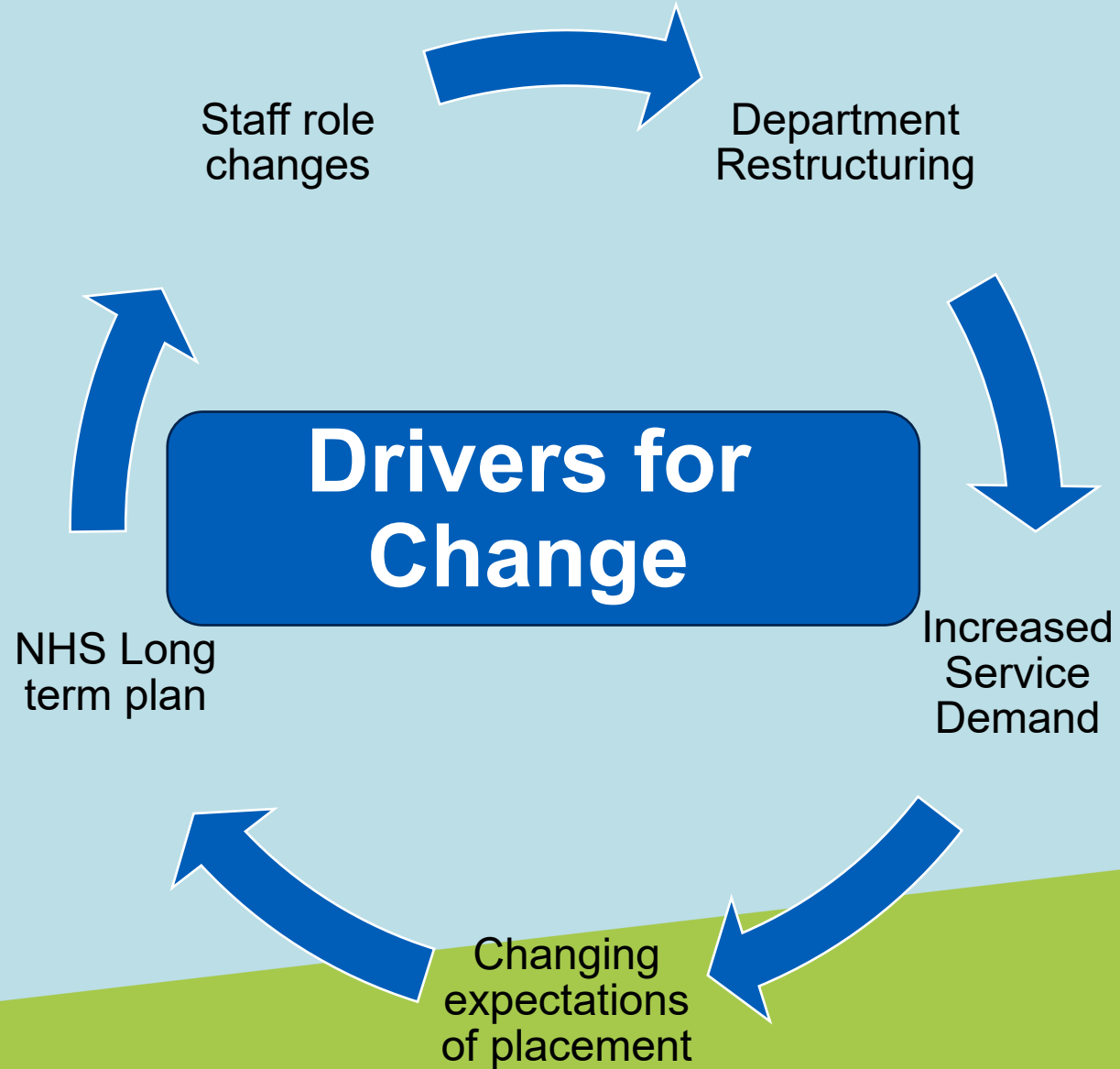
- *Overview of NTIMS Service*
- *Previous placement models*
- *Drivers for changing placement model offered*
- *Overview of our 3 students to 1 educator model*
- *Feedback from staff*
- *Feedback from students*

# Placement Provision

Previous placement model involved two educators to each student who would split time/responsibilities.



Staff overseeing placement involve B5, B6, B7 staff – B6 or B7 normally oversee the 3<sup>rd</sup> year student assessments.

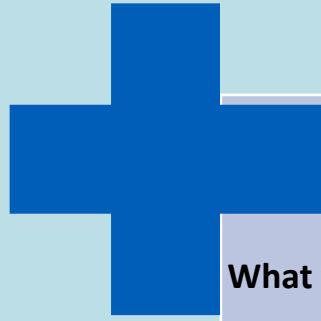


# 3:1 Model

3 x BSc 3<sup>rd</sup>  
Year Students  
only.

6 - 8 week  
placements

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Assist with rehabilitation classes within the department.	Student review patient student caseload.	Student clinic with 3x new patients	Student clinic with 3x new patients	Assist with rehabilitation classes within the department /shadow department staff
PM	Afternoon prep time for morning clinic	Afternoon prep time for morning clinic	Afternoon prep time for morning clinic	QI project	Review patient student caseload.



# Feedback from students

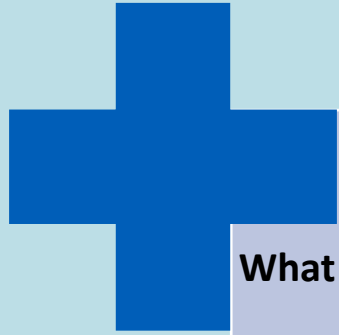
## What worked well:

- Very supportive wider MSK team.
- Good structure and timetable.
- Getting 'thrown in the deep end'/managing own clinics helped to develop confidence.
- Prep time was helpful.
- Rheumatology in service training during the departmental in service time was useful.

## Considerations for future placements:

- Too much prep time in diary, especially after the half way assessment.
- Educator not always available during the prep time to answer any questions.
- Would have benefitted from having more patients, especially after the half way point.
- Would have preferred a group approach from the educators, they felt that the educator doing the CPAF put more focus on a particular student.
- Rheumatology patients were challenging in addition to MSK caseload in diary.

# Feedback from Educators



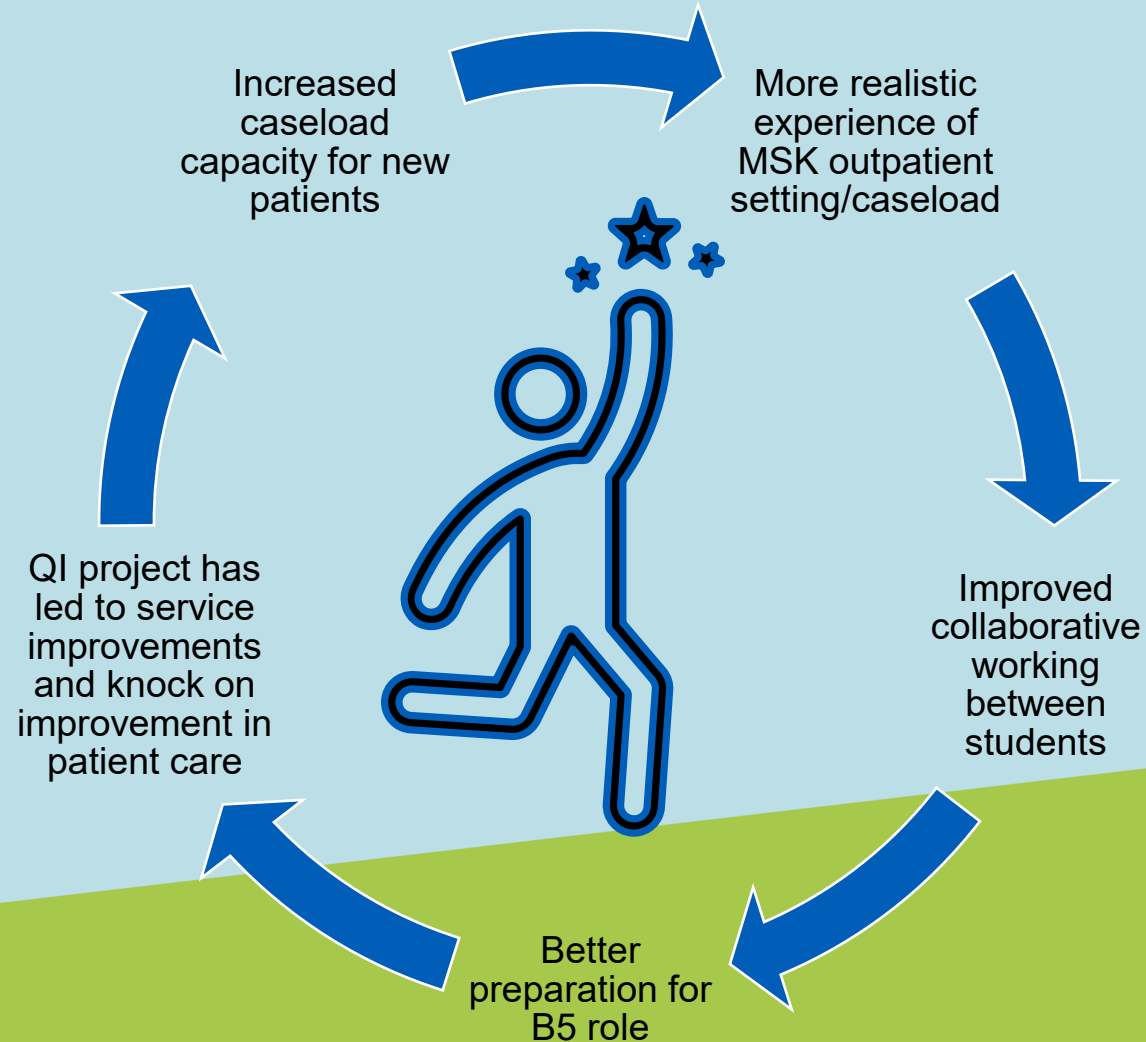
## What worked well:

- Supervising the three students together with time blocked out was easier than supervising a single student alongside a caseload.
- Having time set aside for QI project as part of the placement worked well.
- Having 3 students together allowed them to ask each other questions and help progress their learning together.
- Students having their own caseload helped them to develop better MSK skills.

## Considerations for future placements:

- Another student in the department at the same time meant reduced availability for the students to be involved in the escape pain/movement medicine classes.
- Admin team process issues associated with booking student clinics.
- Supervising all three students and the educator having their own caseload was challenging.
- More advanced warning of students arriving on placement (6 weeks) would allow the educator clinics to be blocked and help with student supervision time.
- Required more input from other band 6/7 staff within the department to answer questions whenever the educator had their own caseload and was seeing their own patient.
- Concerns raised that less experienced B6 colleagues may not feel comfortable with this model and keeping up with pressures involved.

# Strengths of placement model





# Areas for Development

- *Enhanced planning to check student capacity within the department.*
- *Trial of single educator leading placement for all 3 students.*
- *Ensure admin team have timetables set up/adequate planning to make clinics flexible to student needs.*
- *There may be capacity in the future to extend this model to other student cohorts.*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<p>Assist with rehabilitation classes within the department.</p> <p>Educator will have their own review clinic as normal.</p>	<p>Student clinic with 3x new patients.</p> <p>Educator blocked out whole morning.</p>	<p>Student clinic with 3x new patients</p> <p>Educator blocked out whole morning.</p>	<p>Student clinic with 3x new patients</p> <p>Educator blocked out whole morning.</p>	<p>Assist with rehabilitation classes within the department</p> <p>(Total knee replacement group)</p> <p>Educator will have their own review clinic as normal.</p>
PM	<p>Afternoon prep time for morning clinic</p> <p>Educator will have their own review clinic as normal.</p>	<p>Review patient student caseload 1-2:30pm.</p> <p>2:30 – 4:30 Afternoon prep time for morning clinic</p> <p>Educator will have their own review clinic as normal.</p>	<p>Review patient student caseload 1-2:30pm.</p> <p>2:30 – 4:30 Afternoon prep time for morning clinic</p> <p>Educator will have their own review clinic as normal.</p>	<p>Service improvement project</p> <p>Educator will have their own review clinic as normal.</p>	<p>Review patient student caseload.</p> <p>CPAF at half way and end of placement.</p> <p>Educator will have their own review clinic as normal.</p>

# Questions

- *Any questions?*
- *What works in your department?*
- *Any suggestions?*

