

Student Led Clinics in Practice Based Learning (PrBL) - Benefits and Challenges

Background

The aim of the Physiotherapy Recovery of PrBL project is to support Practice Educators (PE) to provide a broader range of Physiotherapy PrBL placement models and experiences, across healthcare and cross-sector services in Scotland, by March 2023.

As part of the scoping review that was undertaken with Higher Educational Institutions (HEIs) and representatives from NHS Boards, using student led clinics as an alternate model of PrBL was proposed as a potential solution for placement recovery. During prioritisation of potential solutions with stakeholders, student led clinics were categorised as a Major Project (High Impact/High Effort) and felt to be out of scope for the timeline of the project. Other alternative models of PrBL – promoting a team approach, using blended models, and Peer Assisted Learning were felt to be Quick Wins (High Impact/Low Effort) and so became the focus for the action plan of interventions.

Student led clinics (a mode of healthcare delivery in which medical, nursing and or healthcare professional students take primary responsibility for the 'logistics & operational management' of the clinic) continue to be considered as a suitable method of delivering PrBL and provide an opportunity to prepare students to transition into autonomous clinicians. This report aims to provide an overview of the key benefits and challenges, the perspectives of HEIs and clinicians, and outline recommendations for the future.

Evidence Summary

An evidence summary was completed by The Knowledge Network addressing the question:

What are the benefits and challenges of student-led clinics as practice-based learning for nurses and AHPs, and for physiotherapists in particular?

The full evidence summary is included as a separate file in the Learning Toolbox. Below is an overview of the key findings.

Main Benefits

For the student:

- Allows autonomy - narrowing the gap between university and real-life clinical practice
- Improved competence and confidence in clinical skills, clinical reasoning and problem solving
- Improved communication strategies
- Development of professional skills and attributes (teamwork; organisational skills; leadership skills; adaptability)
- Improved understanding of the service – accessibility/ roles in an interprofessional team/ appreciation for person centred care
- Positive student experience - Provide a peer learning experience/ well supported/safe environment/ greater perceived ownership of their professional development
- Preparation for working environment

For the service:

- Provide high quality care – service user satisfaction/comparable outcomes to non-student run settings/ improved patient outcomes
- Provide a service to the community
- Preparation for working environment
- Increase number of placements due to student/mentor ratio
- Can be cost effective

Main Challenges

For the student:

- Ensuring diverse case load availability
- Student stress/anxiety – different placement experience ('steep learning curve')/ different level of supervision to 1:1 placement / more control over own learning
- No convincing evidence that participation results in changes in attitudes towards other disciplines

For the practice educator:

- Providing appropriate levels of supervision- managing underperforming students
- Time resources – reliant on PE time to plan, oversee and evaluate/ clinic management not recognised in academic workloads
- Caseload stress

For the service:

- Resources – space/ availability of background patient information/ arranging clinical contacts/ patient supply (except when developed in response to community need)
- Balancing curriculum requirements, learning needs and patient needs
- Perceived patient risk
- Concerns re financial sustainability/ continuity of care

Limitations in the evidence

The majority of studies included in the evidence summary are from non-UK services. Few high-quality research papers were found, and of these only a few were Physiotherapy specific. Most of the benefits and challenges identified for the student and PE are similar to those raised through other models of PrBL. Whilst the evidence summary answered the proposed question, further research could be undertaken to compare the experiences of those involved in student led clinics to other models of PrBL.

Higher Educational Institution perspective

At the time of writing, the only Scottish Physiotherapy Programme currently undertaking any form of Student led clinic/group was Robert Gordon University, who run a timetable of Student Led Groups. Since Covid, and in reaction to reduction in placement availability, these were merged into an HEI housed placement with students completing a timetable of student led groups as a complete placement supported by RGU PrBL staff. These student led groups are felt to be beneficial as they are a well-established model of PE in the US and Australia, and can provide a rich learning experience for students whilst providing a high return of PrBL opportunity per whole time equivalent staff member. Potential challenges echo those identified in the evidence summary including setting up appropriate infrastructure and surrounding governance, plus the dependency on the HEI staffing resource.

These concerns were voiced by the other three Scottish Physiotherapy Programme providers (Glasgow Caledonian University, Edinburgh Napier University and Queen Margaret University) who all reported that whilst student led clinics could provide a valuable opportunity to expand practical patient facing experiences, the investment in resources such as staff, space, time and logistics hindered the implementation of this model.

[Clinician perspective](#)

The traditional definition of Student led clinics lends itself more to international healthcare systems where Student led clinics may be used as an alternative to mainstream or private healthcare services, by providing an additional free at the point of access service. Within NHS services comparison can be made to placement experiences which use a Peer Assisted Learning model with a higher ratio of students to Practice Educators.

NHS GGC Podiatry is one such service which uses this model to provide PrBL. Throughout the academic year they support students on an up to 6:1 model within their clinic space at Queen Elizabeth University Hospital, Glasgow. This model has been established and sustained over a number of years. The main benefit identified by the practice educators involved is the rich learning environment that it creates. The students involved also report that it provides an opportunity to gain clinical skills whilst being supported by peers and practice educators together. The ongoing difficulty of sustaining stakeholder engagement was acknowledged, as some clinicians anticipate it will be challenging to adapt to different ways of working. The team feel that collaboration is essential for successful delivery of such a model of PrBL.

[Summary](#)

- Student led clinics can provide a valuable form of PrBL
- The benefits and challenges of student led clinics for the student and PE appear to be similar to those expressed for other models of PrBL
- There are additional challenges at a service level which may be viewed as a barrier to implementation and sustainability
- Debate exists as to the cost-effectiveness of the student led clinic model

[Recommendations](#)

1. Gain consensus on the definition and use of the term student led clinic, especially with reference to NHS services
2. Further service level review to establish cost effectiveness and financial sustainability of student led clinics
3. Explore the governance arrangements for the student led clinic model and compare to other models of PrBL
4. Literature review to compare benefits and challenges of student led clinics to other forms of PrBL
5. Scoping of clinicians and students in Scotland to establish current understanding and opinion of student led clinics and potential for adoption into practice in the future