

Health professional graduate perspectives of practice education during the COVID-19 pandemic: From uncertainty to employability

Abstract (190 words)

Introduction: COVID-19 created a need to rapidly adapt practice education placements to minimise the impact on students' progression to graduation. Physiotherapy and occupational therapy students at one university completed their final practice education placement between April and May 2020, during the period when health care was urgently adapting to the developing pandemic.

Aim: This study explored the impact of this final placement on new graduates, following their employment.

Method: 10 students took part in 3 online focus groups to share their experiences and perceptions of the impact on their preparedness for professional practice

Results: Four themes emerged from the analysis of transcripts including: 1. Coping with uncertainty, 2. Rising to the challenge, 3. Developing skills and competence and 4. Readiness for employment in the "new world" of practice. Overall, the study demonstrates the resilience of students in response to these unusual circumstances. Strategies including peer support, demonstration of learning, and client-centredness increased confidence and the development of professional identity.

Conclusion: Graduates identified both positive and negative experiences of placement during COVID-19, but overall felt proud that they had demonstrated resilience and developed skills relevant to their current employment as professionals.

Key words: Practice education, occupational therapy education, physiotherapy education, students, resilience

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(Word count 4933)

Introduction

When the COVID-19 pandemic commenced, Higher Education Institutions (HEI) had to respond quickly to online learning. Many health professional practice placements were either cancelled or adapted to protect students and services users from the risk of infection (Macdougall et al., 2020; Twogood et al., 2020; Forbes and Martin, 2020; Bourke et al., 2021). The inability to meet requirements for minimum hours of practice education in many health professions threatened the graduation of final year students, and their ability to join the workforce (Health and Care Professions Council (HCPC), 2019; Paraskevopoulos and Papandreou, 2020). Between April and May 2020, during the initial period of government restrictions in the UK, final year students studying at one university were supported to continue with their final 8-week practice placement, in this changed context.

Prior to registration, graduate occupational therapists and physiotherapists must complete a minimum of 1000 hours of successful practice education (Royal College of Occupational Therapists (RCOT) 2019; Chartered Society of Physiotherapy (CSP) 2020) and meet the Health and Care Professions Council (HCPC) Standards of Proficiency (HCPC, 2013) and professional requirements of their respective professional body. In the context of the COVID-19 pandemic, HEIs, the CSP, RCOT and HCPC, and Health Professions' Educators (HPEs) rapidly adapted the guidance to facilitate ongoing practice education opportunities for students, including greater flexibility with the strategies for gaining 1000 hours needed to meet CSP & RCOT

standards (HCPC, 2019). By focussing on achievement of the learning outcomes and competencies, students were able to achieve the minimum hours required in different ways. Some students were able to complete the final placement in fewer weeks or remotely in some cases (Halbert et al., 2020, Cleland et al., 2020).

Considerable effort was made by HEIs, practice educators and practice partners to identify, create and prioritise practice education opportunities, to ensure that final year students could complete their practice placement, and join the temporary register or gain employment on qualification (Marchant 2021; Clarke et al., 2022).

During the COVID-19 pandemic many health and social care services were rapidly changing their delivery models to minimize social contact. Staff were redeployed to more acute clinical areas, non-urgent services were reduced, and elective surgery cancelled or postponed preparing for what was likely to be the biggest ever challenge to the NHS. These changes directly impacted student placements, with some students being withdrawn from practice or required to work remotely. Many of the traditional and well-prepared practice education placements no longer existed or the ability of the adapted service delivery model to meet learning requirements was difficult to predict. Regulatory bodies, HEIs and some practice educators realized the importance of providing opportunities for students to complete their education and developed new and innovative practice education placements in the new environment (HCPC, 2020).

In summary, the rapidly evolving environment and uncertainty across health and social care in the UK in 2020, resulted in unfamiliar and uncertain practice education experiences for allied health professional students. Whilst student assessment demonstrated the achievement of professional competency, the outcomes for graduates, in terms of their readiness for employment and perception of themselves as new graduates, could not be accurately predicted. This qualitative and exploratory study was developed from the research question “how did undertaking a placement at the start of the COVID-19 pandemic impact student learning and graduate employment?”

Aim and objectives

This study aimed to explore the perceptions of graduate occupational therapists and physiotherapists of their practice education experiences during the COVID-19 pandemic.

The study objectives were:

- * to understand the experience of final year students who were on placement during the first wave of COVID-19
- * to assess the impact of the changes to service delivery on their learning and professional identity
- * to understand the impact of the changes on their graduate roles and professional identity

Methods

Study design

In line with a constructivist epistemology, a qualitative descriptive methodology was used to describe the experience of different students, allowing for a broad insight to be gained of the impact of Covid 19 on their learning experiences (Doyle, et al., 2020). Qualitative methods were used to gather in-depth descriptions of the placement experiences of occupational therapy and physiotherapy students during the first wave of the COVID-19 pandemic, and their reflections on how this impacted their roles following graduation. Ethical approval for the study was gained from the

 Ethics Committee #CHLES19200021-R

Recruitment of participants

All graduate occupational therapists and physiotherapists from the 2017/18 cohort of one university were approached to participate in the study. Prior to graduation, students were informed of the intention to conduct this study and asked for consent to contact them, using their personal emails, for this purpose. Invitations to participate in the study were sent by email two months following graduation, with participant information and consent forms attached. Social media platforms were also used to invite participation.

10 participants were recruited and took part in three focus groups which are shown in table 1.

[Table 1 here]

Data collection

Small semi-structured focus groups, facilitated by two academic staff members, provided opportunities for interaction between individuals with shared experiences. The participants were well known to each other as they had engaged in shared modules over the three years of their education programme. Compared to individual online interviews, the focus groups format allowed for sharing of stories and experience and we hoped would provide opportunities for perceptions of learning to be generated through interaction with each other. Considering social distancing requirements, the focus groups were conducted using Microsoft Teams online conferencing so that participants could see each other and the moderators. To ensure consistency two researchers conducted the first focus group and co facilitated the second and third focus group respectively. All groups were digitally recorded and transcribed, and all researchers reviewed the recordings, prior to developing the themes. As the participants were no longer students, the moderators were not in a position of power over the participants at the time of the focus group.

The moderators adopted an exploratory and inquisitive role to explore the knowledge and expertise of the participants.

Data analysis

Microsoft Teams allowed the focus group to be recorded and verbatim text to be downloaded, making transcriptions quick and accurate. The recorded focus group was reviewed against the transcription by both facilitators to ensure the accuracy and validity of the transcript and therefore member checking was not deemed to be necessary. The moderators edited the text to identify the contribution of each member and anonymised transcripts by using a participant numbers and removing all names of placement facilities and people. Once the anonymised transcript of each group was created the original recordings were deleted, and the transcript kept in a secure password protected file on Microsoft OneDrive for analysis. The transcript from each group was coded separately with at least two members of the research team, and codes were grouped into categories. Once all three focus groups were categorised the codes were collated to compare categories across groups and themes were identified.

Results

Common themes emerged across the groups, however participants in one group had more negative experiences in comparison to the other two groups. Each theme highlighted aspects of the placement experience that, due to COVID-19 restrictions, differed from what the students would have expected in their final placement. The four themes were: 1. Coping with uncertainty, 2. Rising to the challenge, 3. Developing skills and competence and 4. Readiness for employment in the “new world” of practice. Themes and subthemes are presented in table 2.

[Table 2 here]

Theme 1: Coping with uncertainty

There was a high level of uncertainty about if and where the student's final placements would take place. This was compounded by uncertainty about students' living situations, the personal risk of infection and the use of protective equipment.

Initial uncertainty about placement allocation was a common experience. However, some students had graduate employment offers and were offered a placement by their future employer, which was recognised as a useful transition into the new post. Many students reflected on the uncertainty of their placement allocation.

'My placement was cancelled because of COVID-19 so I sourced that placement myself, which I was really looking forward to doing. I then had another placement cancelled on me. In total I went through ... had to have my third placement and that was really good.' (Gp3, P2)

One student whose original placement had been cancelled, found her ideal alternative placement disrupted following Government changes to NHS staff insurance:

'[after] 6 and a half days, we got suddenly called into the office, three of us, and they just said "You've all got to go home". I was like "what?" "You've all got to go home, there's just been a statement released that if you die in service and you're not covered by the NHS.' (Gp2, P1)

Some placements changed from direct patient contact to online delivery or virtual practice, which provided very different learning experiences. One student completed a project placement developing a wellbeing programme, delivered via social media, for frontline workers during COVID-19; others worked on practice related research projects, while some were working via telephone.

Virtual placements meant that students worked from home, which could mean a student flat or a family home. As most students' flatmates had left their accommodation during the lockdown, some participants had to decide between staying alone in their university accommodation or returning to their family home. One student explained why being alone was the better option for her:

'Am I going to sit in a house where I've got my mum, my dad, my little brother, two dogs and they're all trying to work from home and it's chaos, or do I completely separate myself from that?' (Gp2, P1)

Students recalled considerable uncertainty regarding the risk of infection and limited guidance on how to manage the risk in practice. Shortages of personal protective equipment (PPE) and confusion about the level of PPE required, meant its use varied. One student working in ITU (Intensive Therapy Unit) recounted being in full PPE most of the time. Other students recalled that PPE was used for patient-facing activities, but not in the sometimes-crowded offices. There were situations where the requirement for PPE and shortages of supplies impacted on the students' learning opportunities and limited the access to patients.

The increased risks associated with infection caused greater anxiety for Black, Asian and minority students. All participants identified this time as a time of confusion and fear that impacted on their opportunities to learn. However, there was also recognition that having a placement at this time and being familiar and competent in using PPE had prepared them for graduate employment.

'That was also positive really because it got me like into it before I started my job. So then when I started my job, I felt like I'd already had all of that experience.' (Gp3, P3)

Despite the concerns and uncertainties experienced, participants demonstrated high levels of flexibility and remained positive about the opportunities afforded:

'Nothing you can ever do is going to prepare you for that, but I think we were as prepared as we could have been.' (P1, Gp3)

Participants recognised the challenges faced by everyone and adopted a patient, adaptable and resourceful approach to the situation to achieve their goal of graduation.

Theme 2: Rising to the challenge

Participants reflected on how the situations they were experiencing provided unfamiliar challenges that were new to students, teachers and healthcare professionals alike. They saw these challenges as opportunities to problem solve, as there was no blueprint for success. Undertaking practice education during this challenging time allowed students to be creative and adaptable, to demonstrate their

professional competence in novel ways and for some the opportunity to shine. Reflecting on these situations the graduates spoke with pride about how they were able to rise to the challenges presented and learn from them. One participant recalled a situation in a hospital setting that required resourceful communication skills:

'Neither of them could speak English at all, so we needed a translator but because of Covid we couldn't have a translator come in...so we had to adapt and use this iPad in order to communicate with the translator and then talk to the family.' (Gp 2, P 1)

Participants found that as competent users of technology they had been able to apply knowledge of online communication readily. For example, they discovered that if patients had access to technology they could talk to family and support people via a screen, so they could maintain their social connections.

'We found that actually ... if they lived on their own, to get that routine going, or prescribe Alexa or ... teaching people how to use the tablets.' (Grp 1, P3)

Participants discussed the challenge of being able to demonstrate competence where practice was changing according to the COVID-19 situation. Strategies to achieve the learning outcomes were openly discussed with the practice educator, and opportunities were identified relevant to each placement. Students used their reflective and research skills to develop new interventions and to respond to everchanging situations. Participants in all groups stated that they had to be creative:

'The biggest thing was thinking creatively and learning how to put that in somehow and it obviously goes to show that when you're left with absolute sticks, you can make something out of it and it can be useful in a time of need.' (Gp2, P1)

When there was no opportunity to physically demonstrate competence, the supervisors and students developed alternative ways to assess competence.

'We had to almost like, use hypotheticals more and talk through them and discuss them as we didn't have any patients, actually.' (Gp1, P2)

One participant's placement involved providing a telephone service for people who were isolating in the community. During these welfare checks, she assessed clients support needs and arranged practical assistance where needed. While this was not a typical occupational therapy role, opportunities to include an occupational therapy perspective were identified:

'I was kind of deviating slightly from the script that we were supposed to follow, so I was actually asking people about their hobbies and their meaningful occupations and what they were doing and whether they were still managing to maintain them and giving them suggestions.' (Gp2, P2)

For participants who had worked in hospitals, the lockdown restrictions resulted in longer admissions for patients, with no visitors allowed. Students appreciated the opportunity to demonstrate a holistic approach, to understand and identify the real needs of person.

'Actually sitting with patients and listening to them, and having that whole holistic approach was what he needed, because he didn't see any family members, you know. And some patients, without sitting with them, you wouldn't get out an overall view of who they were.' (Gp1, P3)

Participants in this study consistently reported that the placements offered them different experiences than might be expected, and they saw these experiences as challenges that they could rise to. In this way they were able to demonstrate their resilience and professionalism as well as their learning.

'I think like being open and adaptive and just willing to accept that this might not be the final placement experience that you hoped for, but you're lucky to have one, roll with it. You're going to learn... being resilient to change. And just accepting it as it comes, any experience is a good experience.' (Gp1, P1)

Theme 3: Developing skills and competence

All participants experienced disruption, resulting in 'normal' placement routines and expectations being discarded, and new roles being rapidly developed to suit the situation. While inpatient hospital placements were least disrupted, changes to service delivery resulting from COVID-19 required students and staff to adapt for

example, one participant gained additional experience with trauma and orthopaedics patients who were admitted to the stroke ward she was based in during the pandemic. In some inpatient settings, the length of admission was increased because community services were lacking. This presented opportunities for further skills development.

'We were keeping patients for longer because normally ... they would keep a patient for maybe a week or two most, and then the patient will move to the community team ... patients with Covid really took a month or even longer.'
(Gp1, P3)

Staff redeployment during the pandemic also changed the student experience. Some areas had more staff and less patients, which for one student meant considerably more supervision and training opportunities:

'Patient numbers weren't as high, and the hospital wasn't as busy so therefore there were more people to treat patients in comparison to what there would be.' (Gp3, P1)

One student, whose practice educator was pregnant, and therefore more vulnerable to COVID-19, had the opportunity to quickly step up into the supervisor's role, while the supervisor stayed comparatively isolated in her office. With regular access to the supervisor, the student also experienced additional responsibility and autonomy, which she felt prepared her well for her first position as an occupational therapist:

'It made me really confident, and I was never overly confident on placements. Because it was the last one, I just thought that was really good experience because I just acted as the band 5, like, I had her caseload, I just took it all over straight away and got really good feedback.' (Gp3 P3)

When placements did not require a physical presence, students missed the opportunity to feel part of a team and have discussion with the practice educator, and felt the placement experience was isolating:

'Supervisors on the helpline were brilliant, you could just message them straight away and they would help, via email, but I...missed the actual conversations with people, like discussing how I'd got on and the people that I'd spoken to.' (Gp2, P2)

Students on virtual placements also recognised that they had missed out on direct contact with clients, and that this had impacted their skill development.

'I wish obviously that if I had had more of a placement that I could have more patient interaction with and like further develop those skills.' (Gp1 P2)

'...interacting with social media followers. So it was a very different experience trying to get engagement from followers compared to trying to get engagement with the patient, when you're doing a therapeutic intervention.'
(Gp1, P2)

Participants were highly motivated to achieve confidence in their practice and to be more autonomous in decision making, as this was their final placement. The impact of COVID-19 provided new situations for both students and supervisors, resulting in shared learning.

'I was sharing with everyone else our skill and knowledge of what was happening because it was right at the start of Covid and no one knew what was happening. We didn't have any guidelines.' (Gp1, P3)

Most participants could clearly identify and be proud of the specific skills that they had learnt during the placement, including the knowledge that it helped them to be more independent as graduates.

'Your leadership skills like sort of shine a bit ... and I've taken it into my new job now and I've been there like for about four weeks now and I'm quite independent.' (Gp2, P2)

Being on practice placement during the start of the pandemic meant students witnessed first-hand the sudden disruption and changes within service delivery and were able to learn from and adapt to the challenges as they presented. In this novel situation students learnt in different ways but were still able to develop their professional skills and confidence prior to graduation.

Theme 4: Readiness for employment in the “new world” of practice

The experience of practice education during the initial months of COVID-19 clearly impacted on students learning, and their professional identity. Overall participants felt they were ready for employment with the knowledge that the world of

occupational therapy and physiotherapy had changed at least for the immediate future. Now that they were employed as graduates, working with the continued impact of COVID-19, they were able to reflect on how the placements had prepared them for their current professional roles.

Several participants believed having their placement during the pandemic benefitted them and allowed them to flourish:

'I think it kind of taught me to be a lot more independent, kind of figuring out other ways round things, not always asking the educator who didn't know the answer themselves because of how uncertain the times were.' (Gp3, P3)

Interestingly some participants recognised that the role of occupational therapy and physiotherapy in some areas had improved changed for the better during the COVID-19 period, as it required more effective interdisciplinary team working. They felt that their role within the multidisciplinary team had been enhanced especially in relation to planning discharges.

'Actually, what happened during Covid OTs and Physios joined the doctors' ward round, whereas prior to Covid, that didn't happen, it was just doctors only. So, through Covid I think they realized, actually these people aren't going to go home without therapy. They invited us in, and we went along with them in the morning and gave our inputs. I think we had a bit more of the limelight and a bit more of a say in patient discharges.' (Gp1, P1)

Another important theme throughout the focus groups was recognising the value of peer support. Especially for the students who were living alone, regular contact with their student peers acted as a lifeline and an opportunity for emotional support.

'Sometimes you really have a terrible day. When you've had three patients who passed away one day, so that would hit you and you can't tell family. Because of course I'm in the small community. They all know what I'm talking about so I couldn't. So, it was really good to have the support from my friends.' (Gp1, P3)

The students peer group was an important support mechanism, as they had established close relationships over the three years. Having contact in the evenings where they could debrief and reflect on the day was valuable for morale.

'We all had like a WhatsApp Group and we were constantly giving support to each other and I know I was on placement in the same hospital as P1 and like the two of us would meet every morning for coffee just to catch up and debrief on the previous day just as kind of like just to keep you going really.' (Gp3, P3)

And recognising their ability to support and encourage others and lifted their spirits too.

'Having those qualities for other people so that, like you rise by lifting others and I think having the support and knowing who to go to and being able to flip maybe their bad day into a good day.' (Gp1, P1)

Participant reflections highlighted that their placement experiences had provided important learning about professionalism and demonstrating resilience.

'So, whether it's good, whether it's bad. Just keep being reflective. Don't take things home with you that you might have seen. I think in terms of sort of emotional well-being. That placement has taught me like it's OK, like they're still going to be there tomorrow, hopefully (laughs). Like don't try and take it all on, just do the best you can and reflect on it and you'll learn.' (Gp1, P1)

Discussion

COVID-19 presented new and unpredictable challenges for health professionals and students. The pandemic precipitated a 'surge of creativity and innovation' to ensure health professional students could complete practice education requirements (Bartlett et al., 2021). This study explored graduate perceptions of their final placement during the first wave of the pandemic to understand how this experience impacted on their readiness to join the profession. We found that graduates were able to reflect on this unusual placement experience in a balanced way, identifying the difficulties and differences while acknowledging the opportunities and skills they were able to demonstrate.

The findings of this study are based on the subjective and reflective perceptions of graduates, who had completed their final education placement during the first wave of COVID-19, and had since entered the world of employment, while public health restrictions were still in place. The study confirmed that graduates felt prepared for employment in these circumstances, having become familiar with strategies for working with clients, such as the use of PPE and online or virtual service delivery. It was evident from the current study that graduates had applied a range of skills and positive coping strategies during their placement that collectively demonstrated their resilience in the face of adversity (Delany et al., 2015). While COVID-19 created unanticipated changes to education and health services, the ability to be able to adapt to these changes, to develop strategies that enabled them to move beyond survival mode towards increasing knowledge and self-efficacy, suggests that the experience supported the development of resilience in students. A similar finding was reported by Richardson et al. (2015) in a study of nursing students following the Christchurch earthquakes in New Zealand.

The four themes that emerged from the study trace the progression as students came to terms with, and adapted to, the unanticipated practice education experience prior to graduation and employment; from not knowing if or how they would be able to complete their education, to managing the changed expectations and strategising how to best demonstrate their learning in different circumstances. Looking back, graduates identified both positives and negative aspects of the experience, but overall felt they had demonstrated resilience and developed skills that they were proud of.

The importance of resilience as a protective factor for the stress of health professionals, has been identified and is associated with adaptive behaviours rather than personality traits (Reyes et al., 2015). A previous study, which found high levels of resilience in a group of final year occupational therapy students, showed strong predictors of resilience were capability in managing stress, finding meaning in their work (finding your “calling”) and living authentically. (Brown et al., 2020). Incorporating a resilience intervention, including cognitive behavioural therapy and positive psychology, was shown to increase confidence and cognitive control physiotherapy students (Delany et al., 2015). Furthermore, it was shown that student resilience facilitates positive coping strategies, a focus on managing and recognising learning opportunities, and fosters self-awareness and self-identity (Delany et al., 2015).

The current study demonstrated that these final year students were able to quickly manage uncertainty around placement allocation and adapt to the situation with confidence, drawing on the support of their peers and providing encouragement to each other. A particular and perhaps unusual aspect of this University’s undergraduate physiotherapy and occupational therapy education programmes is the inclusion of Action Learning Sets (peer group reflective sessions) (Kyte et al., 2014). Prior to the final placement, students in both programmes had participated in regular Action Learning Sets to support problem solving and learning in previous practice placements. Therefore, it was not surprising that in the final placements,

participants had instigated peer-led, virtual group support to encourage each other during this unusual time (Plack et al., 2008). Graduates recognised that this informal peer support not only provided both emotional and professional support, and aided problem solving, but that in helping each other they confirmed their own strengths and professionalism.

Health service disruption brought about new opportunities for students to apply their knowledge, for the benefit of a broad range of clients. The findings of this study highlight that when there is no blueprint for success, students can work collaboratively with educators and with other team members to innovate and be creative. The primary focus remained client-centred, with a focus on ensuring that interventions addressed the current issues impacting client wellbeing. There is a strong sense that these graduates were confident and competent professionals who exhibited the values and attributes of their professions, including compassion and client centredness. This suggests they had 'found their calling', a quality associated with resilience and job satisfaction in occupational therapy students (Brown et al., 2020).

This study highlights the importance of flexibility and positive attitudes when dealing with challenges, to transform challenging situations to useful learning situations. The impact of COVID-19 provided opportunities for innovative learning that could not have been planned, and that might otherwise have been considered as undesirable. However, the students' resilience allowed them to re-conceptualise the learning experience, in order to benefit from it. The world of health and social care will continue to change, although perhaps not as rapidly as during the early days of the COVID-19 pandemic and being able to adapt to such change is a necessary skill.

Practice educators can also learn from these experiences. Many educators have expectations of how students should demonstrate competency that perhaps reflect more accurately their own education. The learning from this unplanned and

unprecedented situation may provide comfort that innovative ways of demonstrating competency can be valuable preparation for the workplace.

Limitations

The findings of this qualitative study are not intended to be generalisable and therefore the small number of participants is not regarded as a limitation. However, with the uptake of only ten participants from a cohort of more 60 graduates, the study may not be representative of the entire cohort. It is possible that other graduates may have contributed different, and possibly more negative experiences.

Focus group data collection methods involved talking in front of peers and staff, and may have been a deterrent to some graduates. The use of on-line focus groups was new to the researchers therefore two researchers conducted each focus group. To ensure that the focus group conversations was not dominated by one or two participants both researchers used to prompts and questions to ensure all participants were able to contribute their opinions and experiences.

Conclusion

The COVID-19 pandemic created an imperative to urgently adapt practice education placements, to ensure health professional students could graduate and join the health workforce. Final year occupational therapy and physiotherapy students completing placements at this unique time quickly moved from uncertainty about how they could complete their education, to graduate employment in a very different health service than they had ever anticipated. Some of the changes encountered for the first time during these final placements, such as PPE and on-line interventions, are likely to continue to be relevant for years to come. The practice placements provided useful preparation for the graduates as they moved into employment.

Students demonstrated the ability to be able to adapt quickly to the disruption to their placements and utilise their knowledge and skills to get the most out of their practice education experiences. Overall, these placements resulted in increased confidence and a strong professional identity. Reflecting on these placements, this study highlights the importance of student resilience as a mediator in stressful situations. Several strategies were adopted by students in this study which could be considered valuable in any practice education setting. When students and practice educators work collaboratively to identify learning opportunities and creative problem solving, students' confidence increases. A client-centred focus that aims to provide practical and tailored interventions that directly meets client needs was found to strengthen professional identity. Encouraging peer support among students, through Action Learning Sets or similar peer coaching techniques, may help reduce the sense of isolation during practice placements and generate opportunities for peer learning.

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Table 1

Focus group participant demographics

Group participant	Discipline	Gender	Placement
Gp1, P1	Occupational Therapy	Female	Inpatient – Acute Trauma and Orthopaedics
Gp1, P2	Occupational Therapy	Female	Virtual – Wellbeing focus on social media
Gp1, P3	Occupational Therapy	Female	Inpatient - Community Hospital
Gp2, P1	Occupational Therapy	Female	Inpatient – Acute Paediatrics (moved online during placement)
Gp2, P2	Occupational Therapy	Female	Remote - Vulnerable person support hub
Gp2, P3	Occupational Therapy	Male	Inpatient – Acute Stroke Unit
Gp3, P1	Physiotherapy	Male	Inpatient – Acute Respiratory
Gp3, P2	Occupational Therapy	Female	Inpatient - Mental Health
Gp3, P3	Occupational Therapy	Female	Inpatient - Mental Health
Gp3, P4	Physiotherapy	Female	Inpatient – Acute Stroke Unit

Table 2

Themes and subthemes

Theme	Subthemes
1. Coping with uncertainty	Coping with placement changes Accommodation issues Changed patient contact Dealing with risk of infection /PPE
2. Rising to the challenge	Finding new way to respond to challenges, Being creative Developing strategies with supervisors to demonstrate learning Developing new ways of working Reflective learning
3. Developing skills and competence	Finding opportunities for learning Longer admission, range of patients, more staff Increased responsibility Reduced client contact Sharing knowledge Leadership
4. Readiness for employment in the “new world” of practice.	Professional identity Valued part of the team Peer support Resilience

