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Provisions, Experiential Opportunities And Perceived Value Of Undergraduate Physiotherapy Clinical Placements Within Care Home Settings

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ABSTRACT

Introduction

There is a growing ageing population who will live longer, but with a greater burden of comorbidity requiring care home placement. Despite evidence indicating that rehabilitation in long term care improves function and quality of life, physiotherapy services within care homes are inconsistent. It is suggested that this population is often overlooked in the undergraduate physiotherapy curriculum which can lead to reduced insight in the future qualified workforce (1). This could lead to underdiagnosing and undertreating, perpetuating an oversimplistic view towards this patient group. This study aimed to investigate the amount and type of practical experience undergraduate physiotherapy students in the UK received and the perceptions of course providers towards the importance of care within the care home setting.

Method

Two cross-sectional online surveys were conducted: survey one with placement coordinators in higher education institutions (HEI) providing accredited pre-registration physiotherapy students education; survey two with final year undergraduate physiotherapy students. Purposive sampling was conducted for the first survey on all eligible HEIs. Participants from the first survey were asked to disseminate the second survey onto their students. Descriptive statistics analysed the closed text responses for both surveys. Open text responses were analysed using thematic analysis with case analysis.

Discussion

Completion was limited for both surveys (survey one: n=9, response rate=20%; survey two: n=7). Within survey two's responses, none of the respondents had prior nor planned placements in care homes. Two respondents (28.6%) were aware of opportunities for a care home placement. Five respondents (71.4%) had secondary exposure to care homes, but none of the respondents were aware of any planned taught lectures relating to care homes. Barriers to providing experience within care homes were the poor availability of physiotherapists within this setting, the clinical case mix and logistical difficulties regarding formal supervision. Strategies were reportedly employed to aid these including fostering direct contact with care homes and using contemporary supervision models. Care home placements were valued mainly for benefits in two domains: 1) the role and breadth of physiotherapy outside traditional settings, and 2)

understanding discharge pathways and the appreciation of available social care services. Provision and experience of undergraduate physiotherapy students in care homes is low. Despite this, there is positive perception from both students and HEI's towards gaining experience working with care home residents, indicating there is positive interest working in this area but limited opportunity.

Key words

Care Home, Physiotherapy, Survey

INTRODUCTION

Ageing Population within UK, growing use of care homes

Advancements in healthcare and science means that people in the developed world, including the UK, are living longer now than ever before. However, this achievement poses a unique dilemma: the presence of an ever-growing ageing population (2). The presence of a plethora of accumulated health needs and consequent dependence on others for activities of daily living will undoubtedly increase the demand on health and social care services (2). Figures by Wittenberg and Hu (3) perfectly illustrates this increase in demand on care services in England, with 587,500 people projected to be living in publicly or privately funded care homes in 2035, representing a growth of approximately 79% over only 20 years.

Role of Care Homes and Role of Therapists within this setting

A care home for older people is a specialist facility providing accommodation and/or various types of support for a spectrum of individuals, ranging from those living independently to frail and older-aged residents. Also included within this population are those receiving palliative care, with 22% of all those who died in England in 2018 dying in a care home (4). Studies show there are benefits to rehabilitation in long-term care regardless of physical ability of the individual, primarily in maintaining physical functioning and quality of life and social participation (5,6). Physiotherapists, as part of a multi-disciplinary endeavour, play a key role in rehabilitation and their involvement in care homes is recommended within international guidelines (7). Physiotherapists may be employed directly by the care homes or be part of community and primary care teams (such as community therapy teams, dementia teams, falls teams, etc.) providing in-reach services in the care homes.

Despite the evidence, utilisation of physiotherapy services in care homes varies internationally (10% in UK and 67% in Netherlands) (7). A possible explanation for this is the difference in roles played by care homes by country. In the Netherlands, care homes are a site of active treatment aiming at discharge back home. In the UK, however, the changing patient profile of increasing complexity has led to discharges to care homes becoming a more permanent destination. The UK also has higher utilisation of private physiotherapy within a care home setting (8,9). Besides the perceived infeasibility of activity guidelines or lack of rehabilitation potential within this population,

it is suggested that other barriers (such as pressure on NHS services) are associated with this trend (10).

Perceptions towards the older population.

Within the UK, mixed perceptions may be held towards the topic of ageing. It has been suggested that this could lead to patronising attitudes being harboured against the older population (11). Although healthcare professionals generally have positive attitudes, there is evidence of low interest to work within this area (12,13). It has been suggested that implicit negative perceptions towards working within this field are due to the perceived complexity and accumulation of age-related illnesses and disabilities in this population, resulting in those not specialising within this field commonly under-diagnosing and under-treating this population (14). Furthermore, studies performed within the general older population (1,15) indicates that physiotherapy students lack appreciation of the complexity of this population, potentially perpetuating a reductionist and simplistic view of healthcare within the care home population.

Physiotherapy Education in the UK

Undergraduate physiotherapy education in the UK comprises of academic teaching and the integration of said knowledge into practice via a minimum of 1000 hours of practical learning (16). This is commonly conducted through a series of clinical placement organised by higher education institutes (HEIs), and traditionally encompass experience in a variety of clinical settings. The introduction of the common placement assessment form (CPAF) endorsed the increase of more diverse placements, allowing for the opportunity to have non-clinical placements and placements in less conventional clinical settings including care homes. What is currently unknown is to what extent these placements are being organised.

There is also a lack of understanding towards the perceived value of such placements by physiotherapy students. Nevertheless, there is evidence suggesting that any exposure could be beneficial in improving on the attitudes and skills needed within this area of practice (17,18). As syllabus and placement opportunities are pre-determined by course providers, it is therefore important to understand the perception of all parties involved

regarding the subject matter and explore the amount of exposure provided to students to better determine the need to improve upon this situation.

This research therefore aims to investigate 1) the amount of practical exposure physiotherapy students receive towards care home settings, 2) the perceptions of course providers towards the importance of care within this setting and 3) the perceived value and importance of care home placement experience in students and HEI's.

METHOD

Design

To answer the research question, two cross-sectional online surveys (Appendix 1 and 2) were conducted. Survey one aimed to collect the HEI's provision of exposure, perceptions and perceived value of care home physiotherapy provision, and survey two looked at the same questions in undergraduate physiotherapy students.

Inclusion and Exclusion criteria

Inclusion criteria:

Survey One: Providers of physiotherapy programmes in the UK (HEIs) with Health and Care Professions Council (HCPC) accreditation.

Survey Two: Undergraduate students within their final year of studying for a physiotherapy degree programme at a HEI within the UK leading to registration with the HCPC. A decision was made to only recruit final year students as this population would have better exposure towards clinical placements and have more lectures, leading to a more accurate and representative dataset.

Exclusion criteria:

Given the nature of the survey, any participants who felt they would not be able to complete the questionnaire for any reason would automatically self-exclude themselves from the study.

Sampling and Recruitment of participants

As this research aims to obtain the opinion of a niche group, a mix of purposive and snowball sampling was used (19).

The HCPC accredits all physiotherapy programmes within the UK. At the time of this study, a total of 45 HEIs were identified as offering accredited physiotherapy programmes. All HEI's were invited to join this survey.

Recruitment for Survey One: An introductory e-mail was sent to the course leader at each HEI to identify the most appropriate contact (by role responsibility for clinical placements). An e-mail including the online survey link was then sent directly to this contact providing information regarding the study aim and objectives, what the study involved and the purpose of the research.

Recruitment for Survey Two: These contacts were subsequently asked to disseminate a second online survey to final year physiotherapy students within their courses.

Participation in this study was voluntary and participants were free to withdraw at any time but were informed that data already collected could not be erased.

Data Collection

Two surveys containing closed and open-ended questions relating to the study's objectives was drafted. The design of these surveys and initial e-mail approach were pilot tested by two HEI lecturers and five undergraduate physiotherapy students at the University of Nottingham's Division of Physiotherapy to ensure the survey was acceptable, clear and fit for purpose. A secure online platform (Bristol Online Survey) provided by the sponsoring organisation, University of Nottingham, was used to collect responses from a large geographical area. Each HEI completing the survey was asked to identify themselves upon completion to avoid multiple data sets from one institution. A reminder e-mail after one month of the initial survey being distributed, followed by a telephone call, was undertaken to promote completion.

Data analysis

Both closed-ended responses collecting numerical data (describing the sample of HEI's and number of care home placements) and open-ended responses collecting text data (barriers, facilitators and perceived value of care home placement experiences) were recorded. Descriptive statistics was used in analysing the numerical data via SPSS v26.0, and these were displayed in the form of tables. Thematic analysis of the text data were conducted using Braun and Clarke's six step model which involved: the familiarisation of data, generation of codes, combining codes into themes, reviewing themes, determining significance of themes, and reporting of findings (21).

Ethical approval

This research has been reviewed by the University of Nottingham's Faculty of Medicine and Health Science Research Ethics Committee and received favourable ethical approval (reference number: 313-1905).

RESULTS

Withdrawals

There were no instances of withdrawal from the study, and all responses collected were analysed.

Descriptive Statistics based on Survey One

Description of sample

Table 1: Courses offered by participating HEI's (n=9)

Course offered	Frequency
BSc (hons) only	1
BSc (hons) and pre-reg Masters	4
BSc (hons) and other course	2
Pre-reg Masters only	2

Nine responses from nine different universities (HEIs) were recorded for the survey aimed at HEI's (20% response rate). Seven of the responding institutions offered the BSc(hons) in Physiotherapy programme, with four of these also offering a pre-registration Masters course and two others offering "other" courses. Two responding

institutions only offered a pre-registration Masters course. A decision was made to include these institutions within data analysis as pre-registration Masters courses have similar criteria for clinical placements as their undergraduate counterparts. The number of places offered for the course ranged from 16 to 140 places. Respondents were from five different geographical regions (Scotland, London & south east, Yorks/Humber, West Midlands, North West) .

Provision of Placement at a care home

Of the nine respondents, six institutions reported providing placements solely based in care homes, however on further inspection of responses, it was determined that one response had incorrectly misinterpreted the question due to the respondent's subsequent remark "No placement is solely based in a care home". The number of care home placements provided ranged between 1 and 18 in a year. Placements generally took place in neurorehabilitation care facilities and a mix of publicly or privately funded care homes receiving or developing a physiotherapy service, and the case mix generally comprised of rehabilitation of the older person and neurorehabilitation.

Provision of Placements Providing Exposure of Working with Care Home Residents, but Not Based in Care Homes (Secondary Exposure)

Of the nine respondents, six institutions reported that they provide placements which had the possibility of providing exposure in care homes, with two institutions not offering these types of placements and another institution not knowing whether these placements were offered. Two institutions mandated the completion of at least one community placement for each student on their course, whilst the four remaining institutions provided between 4 and 20 placements between the year group. Respondents generally agreed on community placements as the main source of providing secondary exposure, with only one institution adding the provision of a private neurorehabilitation service.

Qualitative Analysis of Survey One

From analysis of the free text data exploring barriers and strategies to provide care home placements, several themes emerged. Barriers commonly faced were the poor physiotherapy provision in care homes, clinical case mix and logistical difficulties

providing supervision. Some strategies employed to overcome these were through fostering direct contact with care homes and the utilisation of contemporary supervision models (Figure 1).

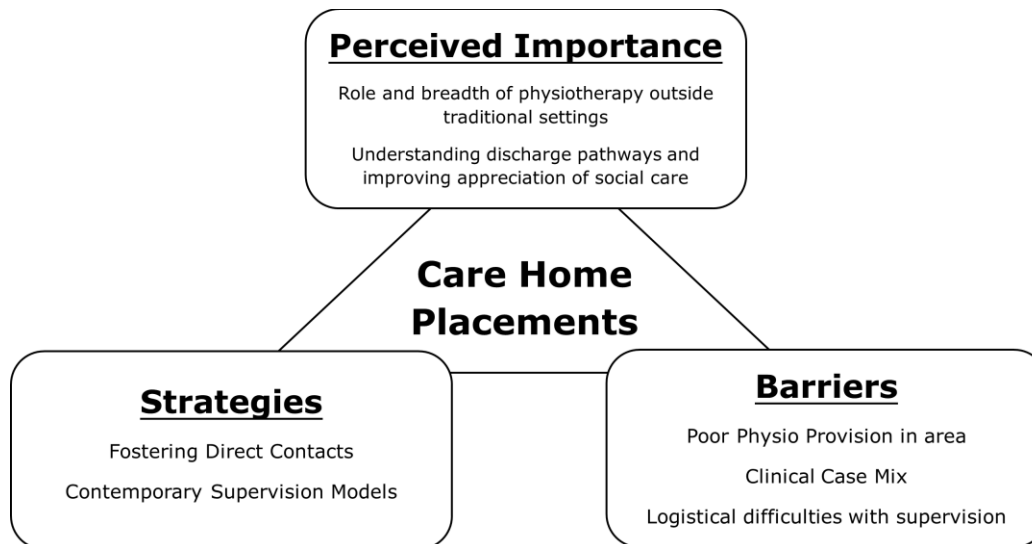


Figure 1: Diagram summarising qualitative analysis

Barriers to providing Care Home Placements

Two institutions did not offer comment on barriers to providing care home placements. One reported 'not being interested' in providing placements in this area and another outsourced their placement arrangements. From the other seven HEIs, several common barriers to offering care home placements emerged.

Theme 1: Poor Physiotherapy Provision in Care Homes

This theme discusses the availability of physiotherapy services within care homes. HEIs remarked that care homes often did not have dedicated and established physiotherapy services, relying on community placements providing physiotherapy services to care home residents. This often limits ability to provide placements within the setting.

"It is not always clear where physiotherapy is provided in care homes, we only have the one where there is full time physiotherapy input" (HEI6)

Theme 2: Difficulties regarding Supervision

This theme discusses the difficulty faced in providing supervision to students. When performing practice-based learning, physiotherapy students act under the care of qualified members of staff. This serves the purpose of ensuring students are performing to the standards of practice and providing feedback regarding performance. Institutions cited that lack of offers from placement providers within this discipline often hindered offering placements within care homes. Within those who receive offers, almost all institutions raised the difficulty of securing adequate and regular supervision as a barrier towards providing a placement in care homes, as acknowledged by the quote below:

"Ensuring there is suitable provision for supervision and practice education. We usually find the care homes are very accommodating of our students, but there has been varying levels of quality in onsite supervision from the home if there is not a physio or led service already on site..... We have found it challenging to recruit enough long-arm practice educators for our contemporary (role emerging) placements, due to the general perception that these types of placements do not hold the same value as other more traditional (especially NHS) placements."

[HEI5]

Theme 3: Clinical Case Mix

This theme explores the clinical case mix provided within care homes as a deterrent to offering placements in these settings. There is a perception by HEIs that care home residents present in a complex manner and was therefore not appropriate setting for their students. One institution was more interested in provision of physiotherapy within a traditional setting (hospital, community teams, outpatients clinics):

"we are simply not interested in providing this to our students, we believe a hospital is the right place to start" [HEI1],

Strategies to Overcome Lack of Care Home Placements

There were reported varying levels of effort regarding the development of strategies to overcome a lack of care home placements for their students, affected by the institution's individual circumstances. Within the responses, the themes below were identified.

Theme 1: Fostering Direct Contacts

The lack of offers of care home placements often prompted institutions to adopt a proactive approach to seeking out placements through different avenues. Some institutions took initiative in personally seeking out and directly contacting these facilities to foster relationships, gradually increasing the capacity in which they collaborated with care homes.

"developing relationships with local care home managers..... Working in a volunteer capacity initially and developing placements from there" [HEI3]

Besides that, one institution reported *"using CSP networks to identify Physiotherapists working in care home settings" [HEI8]*

Theme 2: Utilisation of Contemporary Supervision Models

This theme discusses consideration of alternative methods of providing supervision. Out of the nine institutions, two have started utilising contemporary models of placement in seeking out potential placements within this area of practice in contrast to persevering with traditional placement models. Besides exploring alternative supervision via *"a combination of long arm supervision, split placements" [HEI7]* or *"[supervision by] a different profession (OT)" [HEI5]*, contemporary placements have also been under development *"where students are developing a service"[HEI5]*.

Quantitative Statistics based Survey Two

A total of twelve responses were recorded. Among the responses, three students were in their first year of undergraduate studies, two students were in their second year, six students were in their third year and one in their fourth year. Per the exclusion criteria, the first and second-year students were excluded from the study. Total number of included responses XX

Table 2: Response based on solely Care Home Placement (n=7)

	Frequency		
	Yes	No	Unsure
Previous placement	0	7	0
Planned placement	0	6	1
Placement opportunity	2	1	4
Secondary care home placement	5	2	0
Taught material	0	6	1

None of the final year students had a placement primarily based within care homes, and did not have one planned for the future (Table 1). Only two respondents were aware that their university provided opportunities for placement within this setting, while the majority (n=4; 57%) of students were not sure. Within the sample, 71% of students (n=5) expressed they had had experience of working with care home patients while on other community-based placements. None of the students had received any structured teaching about care homes.

All students rated care home placements as being of average importance. 57% (n=4) of the population stated that care home placements were of average importance, and 43% (n=3) stated that care home placements were of high importance.

Qualitative Analysis of Shared Perceptions of the Importance of Care Home Placements between Student and Institution

A further two themes were synthesised from qualitative analysis of the free text responses obtained regarding HEIs' and students' perceptions of the importance of care home placements. These were the extended role and breadth of physiotherapy in non-traditional settings and developing an appreciation of continuing care and services available to social care.

Extended role and breadth of physiotherapy outside traditional settings

Both parties were of the consensus that care home placements provided patients with an easily enriched environment that was absent in the hospital setting:

"useful to see patients in the context of their living environment surrounded by people that knew and cared for them as this aided the therapy and I got through much more in one session than if I were seeing the patient in hospital for example" [S4]

There was also appreciation of the physiotherapist's role outside of traditional rehabilitation settings was a value commonly dotted throughout the HEIs' responses. Most responses outlined the importance of care home placements in demonstrating the importance of maintaining health and wellbeing of patients within care homes. The students' appraisal of the role of physiotherapy within this setting, although valid, were often unidimensional, focusing on the physical domain therapy:

"incorporate physical activity and with staff on mobility methods in a different environment than a hospital" [S3]

Understanding pathways post-discharge and improving appreciation of social care services available and accessibility to therapy

Some shared responses were held regarding the shifting of care towards community services and the resulting importance of care home in highlighting *"the pathway that an older person can be on from hospital to rehab and then possibly permanent care"* [HEI2].

Student respondents exhibited high levels of appreciation of the provision of social services and its limitations. They shared similar levels of insight as HEIs regarding the various challenges of residents accessing care from care home, such as the *"very limited contact with outside services/groups"* [S3]

DISCUSSION

The aim of this study was to investigate the amount of practical exposure physiotherapy students receive to care home settings, the perceptions of course providers towards the

importance of care within this setting and the perceived value and importance of care home placement experience in students and HEI's.

Statement of principal findings

Our survey identified that whilst there is low provision of care home placements for physiotherapy students, both students and institutions are cognisant of the importance of such placements. Barriers to providing care home placements were the lack of supervision and perceptions of 'value' of care home placements. However, most HEI's have been creative in developing contemporary strategies to increase students' exposure to care home placements.

Mechanisms and Implications for clinicians or policymakers

Across the sample collected, provision of care home placements was generally low, mired by a multitude of barriers which were often logistical in nature. The poor provision of physiotherapy services within care homes, identified as a barrier, is consistent with findings within the literature (7,25). More interestingly, the unwillingness of private care home physiotherapists to take on students is not in line with the CSP's call for supporting others' learning and development (26). Given the lack of exposure at the undergraduate level, there will be a lack of insight and experiencing in seeing care home patients, further increasing inequality in access towards health care. The National Health Services (27) and the King's Fund (28) have urged for the need to increase health support within the care home setting. If the provision of physiotherapy services and care home placements remain in the status quo, the physiotherapy profession might find itself ill prepared to meet these needs. This will ultimately produce a knock-on effect, negatively impacting on the quality of care received by residents staying within care homes, a population which is already underserved.

Analysis of student responses suggests that there is a unidimensional mentality around the role of physiotherapy within care homes. Focus appeared to be on the physical dimension and not the psychosocial realms of physiotherapy. This contrast hints at a lack of appreciation of patient complexity within the student population, drawing similarities with Kishita's (31) findings. The appraisal theory suggests that emotions (and by extension, behaviour) are often governed by an individual's appraisal of a situation (32). The lack of appreciation for complexity subsequently implies the possibility for

student perception to be influenced by more able-bodied residents within care homes. It is possible that students fail to consider less able residents, which could skew the perceived importance and value of such placements.

Despite the logistical barriers presented, the effort put in by placement coordinators to overcome them should be applauded. The emergence of innovative strategies beyond traditional boundaries within the findings further emphasise the value of care home placements. The literature reports that exposure (especially including educational and intergenerational contact components) is key in combating ageism (33,34). Research in care homes is still developing and there is therefore a paucity of literature regarding the presence of discrimination (and interventions combatting it) specific to this setting. However, drawing upon similarities within the ageing population and care home residents, it is not far-fetched to extrapolate these findings to inform utilisation of alternative avenues of exposure beyond placement-based learning in the current absence of care home placements, although this is beyond the remit of the current study.

Unanswered questions and future research

Given the small sample recruited within this study, the findings should be interpreted with caution. A study involving a larger sample, alongside re-evaluation of recruitment strategy, should be conducted to allow for more generalisable findings to be made.

A study further exploring the emergent but inconclusive themes (such as those surrounding beliefs) should be conducted to allow for the mapping of nuanced interactions between themes identified. This would provide greater understanding towards students' motivation and valuation of care home placements.

Since this study was conducted, the COVID-19 pandemic has significantly influenced how physiotherapy placements were conducted and the range available outside of traditionally clinical settings. The pandemic also had a significant and irreparable impact on the care home sector. However, the awareness and importance of these facilities, the skill of the care home workforce, as well as the value of NHS resources has never been more prominent. Repeating this study and comparing attitudes and opinions would be an interesting addition to the field and may outline new strategies for increasing care home placement opportunities for physiotherapists.

Strengths and weaknesses of the study

This is the first study of its kind to scope the views of placement coordinators and undergraduate physiotherapy students regarding care home placements. Whilst the sample size was limited, the depth of findings allowed for a novel and interesting analysis.

Alongside the small sample size, the study design and its associated weaknesses need to be acknowledged. It is suggested that a response rate of >80% from the intended population is required to obtain an accurate representation of the sample size (20). There was a low response rate for Survey One (20%), which subsequently further decreased the response rate for Survey Two (n=7). We are unable to estimate the response rate for Survey Two as there is a lack of data about the number of final-year physiotherapy students. However, this can be inferred to be low given the number of HEI's providing accredited physiotherapy programmes (n=45). Given the low response rate in both surveys, the results obtained might not be representative of wider population. Whilst the online design of this survey allowed for data from a large geographical area, it did not allow for the further exploration of emerging convergent themes. Adherence to the intended stages of thematic analysis (21) were difficult due to the superficial nature of the free-text responses. However, this is a common limitation of survey design (19) and the potential benefits of choosing this method outweighed these inherent weaknesses. Other methods of performing the survey such as telephone interviews and in-person interviews were not considered due to limitations on time and resource in completing this study.

The self-excluding and voluntary nature of this survey potentially resulted in self-selection bias (the biased recruitment of participants with agreeable traits) (23). Non-response bias was evident within this survey, which could limit the generalisability of the findings from this paper. The self-reporting nature along with the socially sensitive topic of this survey could give rise to social desirability bias, where participants report in a fashion to prevent being viewed unfavourably by others (24). However, this topic is important to explore and this study contributes to the evidence in the field, supporting the consideration required to expand care home placements for undergraduate physiotherapists.

CONCLUSION

This study shows that undergraduate physiotherapists are not offered clinical placements in care home settings, despite both the students and the HEIs awareness of the value and importance of such learning opportunities. Barriers to offering care home placements, including poor physiotherapy provision within the setting, difficulties regarding providing supervision and the clinical case mix in care homes were described. The utilisation of contemporary supervision models and fostering direct contacts with care homes were identified as strategies to expanding the provision of such placements from the perspectives of HEI's.

Given the impending change in healthcare climate that would see an increase in care home populations, it is imperative that undergraduate students and their potential as future therapists are aware and well prepared to provide quality treatment across the full spectrum of patient profiles living within this setting. The positive perceptions of both students and HEI's towards care homes will support the development of targeted placements, guided by this and future work. As HEI's play a huge role in the dissemination of knowledge to undergraduate students, it is reassuring to see that HEI's are proactively innovating strategies to work around barriers towards providing experience within care homes. A top-down approach involving the Chartered Society of Physiotherapy (CSP) would be of further benefit in rallying the clinical and academic community to rise and meet the needs of the growing ageing population.

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Appendix 1: Questionnaire for HEI's

Name of HEI:

Type of course offered:

Number of students on each programme a year:

Number of years the programme has been running:

1. Do you offer a specific care home placement?

Yes

No

If Yes

a. Please give details of the type of clinical service the placement is supported by.

b. Placement model (e.g. 2:1 or 1:1 student to educator)

c. How many placements a year are offered?

d. Which year of the programme the placement is offered?

e. Please give details of the clinical case mix that is experienced as part of the placement.

2. Do students on your programme gain experience in a care home setting on any other placements that are offered? (for example community placements)

Yes

No

If Yes

a. Please give details of the type of clinical service the placement is supported by.

b. Placement model (e.g. 2:1 or 1:1 student to educator)

c. How many placements a year are offered?

d. Which year of the programme the placement is offered?

e. Please give details of the clinical case mix that is experienced as part of the placement.

3. Please comment on whether there are any barriers/challenges that you experience in offering placement experience within care home settings?

4. Please comment on whether there are any strategies that have worked to secure care home placement experience?

5. What do you think the value of care home placement experience is for undergraduate physiotherapy students?

6. What could support improving access to care home experience for undergraduate physiotherapy students?

Appendix 2: Questionnaire for students

Name of HEI:

Type of course offered:

If you have selected Other, please specify:

What year are you currently in?

1. Have you completed a clinical placement in a care home?

Yes

No

If Yes

a. Please give details of the type of clinical service the placement is supported by.

b. Placement model (e.g. 2:1 or 1:1 student to educator)

c. How many placements a year are offered?

d. Please give details of the clinical case mix that is experienced as part of the placement.

e. Can you outline what you have learned from your care home placement

2. Have you a placement in a care home planned for this year?

Yes

No

3. Does your university offer care home placements to undergraduate physiotherapy students?

Yes

No

4. Have you had any experience in a care home setting on other placements? (for example community placements)

Yes

No

If Yes

a. Please give details of the type of clinical service the placement is supported by.

b. Placement model (e.g. 2:1 or 1:1 student to educator)

c. Please give details of the clinical case mix that is experienced as part of the placement.

5. What do you think the value of care home placement experience is for undergraduate physiotherapy students?

6. During your undergraduate training, have you had any teaching on care home residents and the role of physiotherapy?

a. Please give further details of what was covered during teaching sessions

7. How important do you think care home placements are for preparing you in your training as a physiotherapist? Please use the following scale.

Absolute importance

High importance

Average importance

Low importance

No importance