



**World  
Physiotherapy**  
Europe region

**Report - Clinical Education in the  
Europe region - A Survey of Member  
Organisations and Higher Education  
Institutes**

**Education Matters Working Group (EMWG)**

**NOTED**

**19<sup>th</sup> and 20<sup>th</sup> May 2022**

**Prague, Czech Republic**

**Report - Clinical Education in the Europe region -  
A Survey of Member Organisations and Higher Education Institutes  
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**CONTENTS**

<b>1. ABSTRACT .....</b>	<b>2</b>
<b>1.1. Aim.....</b>	<b>2</b>
<b>1.2. Methods .....</b>	<b>2</b>
<b>1.3. Definitions.....</b>	<b>2</b>
<b>1.4. Results .....</b>	<b>2</b>
<b>2. PART 1: INFORMATION ON SURVEY RESPONDENTS.....</b>	<b>3</b>
<b>3. PART 2: CLINICAL EDUCATION .....</b>	<b>4</b>
<b>4. ASSESSMENT OF STUDENT PERFORMANCE .....</b>	<b>7</b>
<b>5. ADDITIONAL COMMENTS.....</b>	<b>7</b>
<b>6. LIMITATIONS OF THE REPORT .....</b>	<b>8</b>
<b>7. RECOMMENDATIONS AND FUTURE DIRECTIONS FOR CLINICAL EDUCATION IN PHYSIOTHERAPY IN EUROPE REGION .....</b>	<b>8</b>
<b>7.1. Summary.....</b>	<b>8</b>
<b>7.2. Recommendations .....</b>	<b>8</b>
<b>8. ACKNOWLEDGEMENTS .....</b>	<b>9</b>

## 1. ABSTRACT

### 1.1. Aim

To collect information **from the Higher Education Institutes (HEIs) and Member Organisations (MOs)** regarding clinical education in undergraduate physiotherapy programmes in the Europe region.

### 1.2. Methods

Information was collected via an online survey instrument, developed by the Education Matters Working Group (EMWG) for this purpose. Two separate surveys were designed, one for MOs and one for HEIs by the Education Matters Working Group (EMWG) in conjunction with European Network of Physiotherapy in Higher Education (ENPHE). The survey of MO's was sent to all 37 MO's in the Europe region plus France and Poland. In order to reach as many HEIs as possible, the survey was sent in two ways; via ENPHE to the 176 HEIs in Europe and also via the MO's who were asked to send the survey to HEIs in their country.

### 1.3. Definitions

For the purpose of this survey, the definition of Clinical Education proposed in World Physiotherapy (formerly WCPT) guidelines was used: *Clinical Education is the delivery, assessment and evaluation of learning experiences in clinical settings. Clinical education sites may include institutional, industrial, occupational, acute settings, primary health care, and global health and/or community settings providing all aspects of the patient/client management model (examination, evaluation, diagnosis, prognosis/plan of care, formation of treatment goals and interventions including prevention, health promotion, and wellness programmes).* (WCPT guideline for the clinical education component of the physical therapist professional entry-level programme, 2011).

An Internship was defined as 'A period of training spent in a health care facility, outpatient clinic, emergency centre, hospital, or private clinic, under the supervision of a qualified practitioner - *before graduation*'.

### 1.4. Results

A total of 34 Europe region MO's plus France and Poland responded to the survey, giving a response rate of 92%. Surveys were completed between February and April 2020. Also, in 2020, ENPHE sent the survey to 176 HEIs and received a total of 59 responses (response rate 33%). Due to the low response rate, this survey was then sent to HEIs via MO's in April 2021. A further 56 HEIs responded to the survey at this point, giving a total of 115 respondents.

## 2. PART 1: INFORMATION ON SURVEY RESPONDENTS

HEIs reported that 77.4% (n=89) of their education institutions are public while 22.6% (n=26) are private. The qualification of the entry level programmes was bachelor programmes (94%) and masters programmes (6%).

HEIs were asked 'How many students graduate each academic year (in total)?' The mean response was 99 ( $\pm$  113) students. The maximum number of student places HEIs reported they could have in the first academic year (in total) was a mean of 126 ( $\pm$ 179) students.

HEIs were asked about the length of the entry level programmes (i.e. how many years must a student complete in the entry level programme before being able to work as a physiotherapist in the health service in your country). The majority of physiotherapy programmes offered 4 years education (240 ECTS), followed by 3 years (180 ECTS) (Figure 1). The most frequent 'other' response for duration was programmes lasting 3.5 years. A total of 5% of programmes reported total ECTS of 300 or more in entry level programmes.

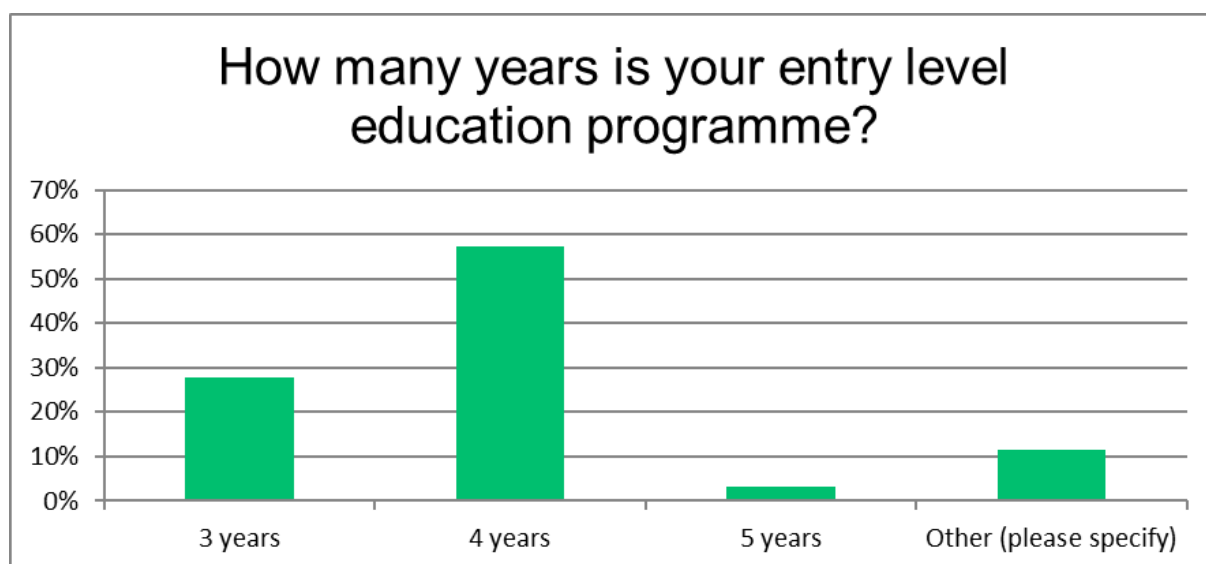
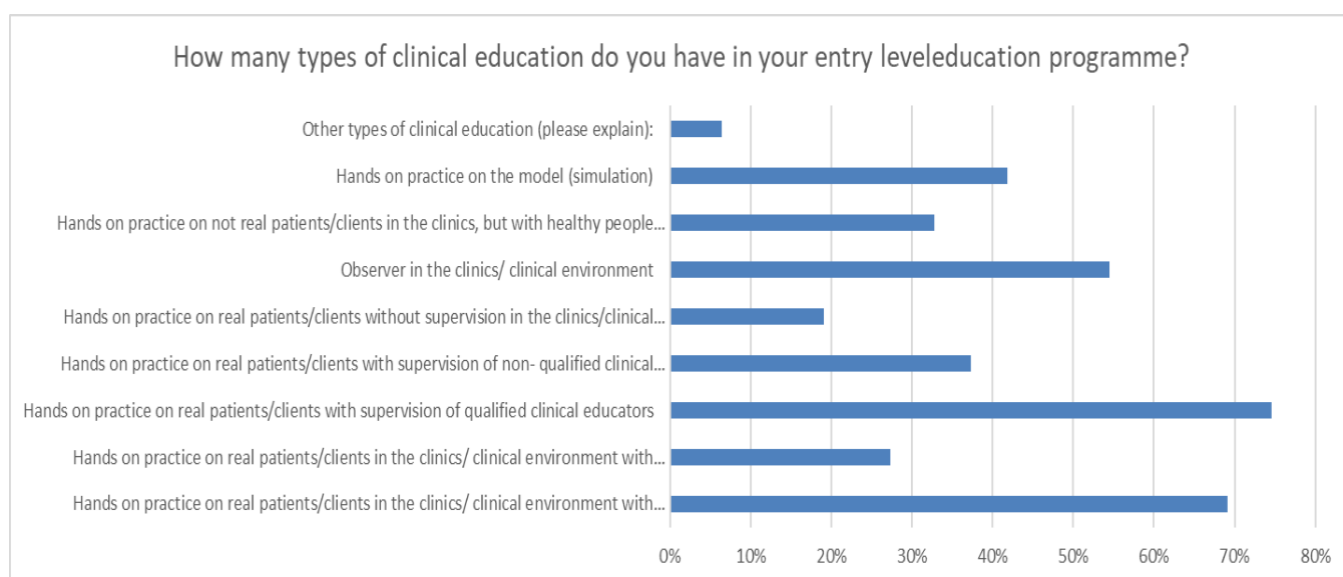


Figure 1: Length of Entry Level Programmes reported by HEIs

### 3. PART 2: CLINICAL EDUCATION

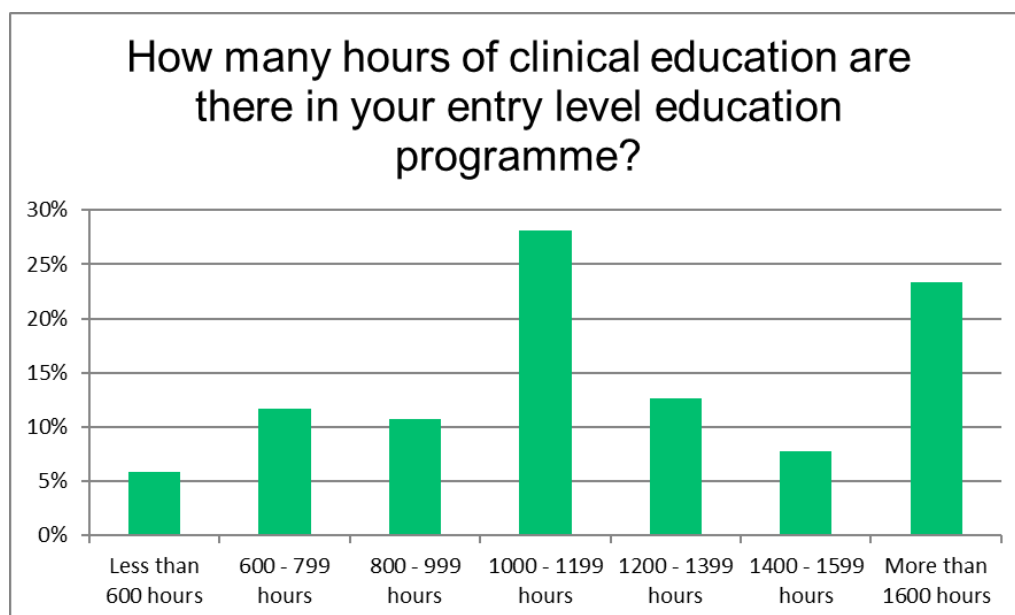
In total, 98% of HEIs reported that clinical education is a part of their entry level programme education.

HEIs were asked about the types of clinical education in their entry level education programmes (before graduation). The responses are reported in Figure 2 below. HEIs reported 90% of clinical education started in the first 2 years of entry level programmes. The most common time to start clinical education was in semester 2 of Year 1 (31% n=34) followed by semester 2 of Year 2 (26% n=28).



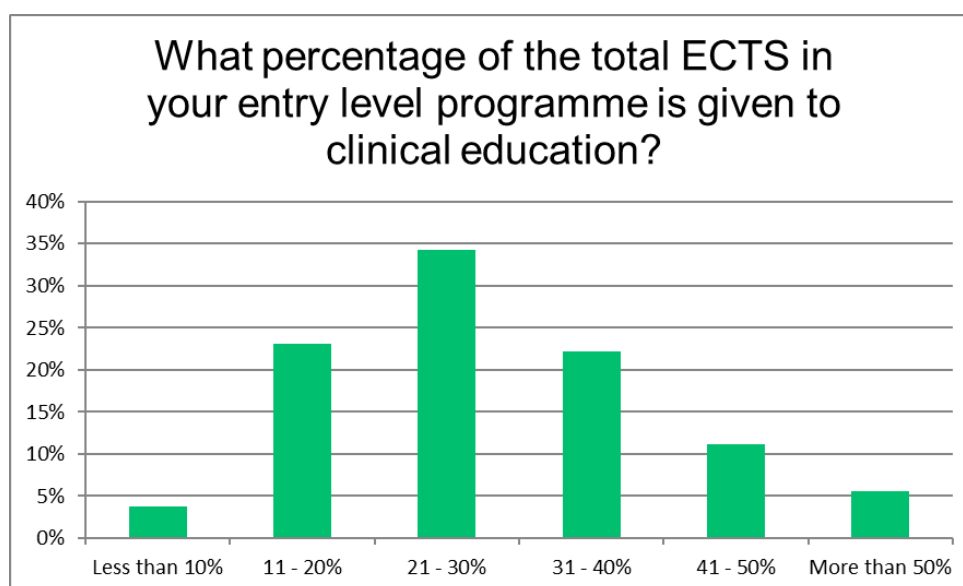
**Figure 2: Types of Clinical Education included in Entry Levels Programmes**

The number of hours of clinical education reported by HEIs are reported in Figure 3. MO's most commonly considered 1000-1199 hours of clinical education necessary for an entry level programme (43%, n=16). In total, 72% (n=28) of MO's reported they offered an internship for physiotherapists before graduation in all programmes in their country. A further 5% (n=2) reported internships were offered in some programmes. Similarly, 72% (n=28) of MO's felt internship was necessary before entry to the profession. In an open-ended question, respondents were asked to explain their answer. Those that supported internships felt that they allow students to learn physiotherapy skills according to evidence based physiotherapy practice, practical experience and experience treating patients without supervision. Those that did not think internships were necessary believed that students had already learnt to deal with the physiotherapeutic settings during their clinical education. The most common time period recommended by MOs for internships was 6-7 months (36%, n=10) followed by 1 year or more (29%, n=8).



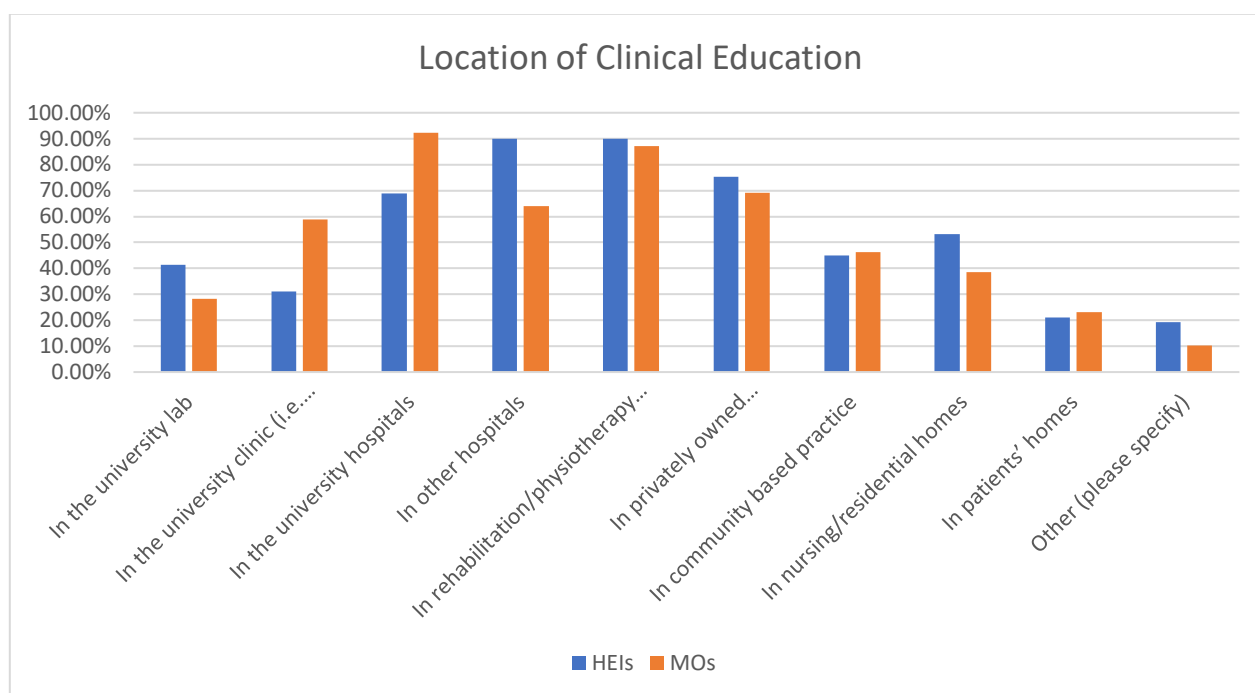
**Figure 3: Number of clinical education hours in entry level programmes reported by HEIs**

The percentage of total ECTS in entry level programmes given to clinical education is described in Figure 4. HEIs most commonly reported between 20-30% of ECTS are given to clinical education (34% of HEIs).



**Figure 4: The percentage of total ECTS in entry level programmes given to clinical education**

HEIs were asked where they currently provide clinical education, while MOs were asked where they felt was the best place to provide clinical education. Results are reported in Figure 5 below. The most common location for HEIs to provide clinical placements was in hospitals and rehabilitation/physiotherapy units (90%, n=98), while MO's felt the best location for clinical education was university hospitals. Other common clinical placement locations reported by HEIs were privately owned physiotherapy practices/clinics (75%, n=82), university hospitals (69%, n=75) and nursing/residential homes (53%, n=58). Community based practice and university labs were reported by 45% (n=49) and 42% (n=45) respectively.



**Figure 5: Locations of Clinical Practice Education: Responses from MOs and HEIs**

HEIs were asked to identify the main barriers to achieving ideal clinical education in their entry level education programme. The most common barrier reported was a lack of sufficient clinical environments or clinics for placement (48%, n=52). This was followed by difficulties having acceptance from the clinics (42%, n=45), a large number of students to place (37%, n=40) and a lack of clinical educators (36%, n=39).

HEIs described the areas of clinical practice students completed placements in, including the areas that were optional and compulsory (Figure 6). In the year before the completion of this survey, the most common ratios of student: clinical educators were 1:1 (20%, n=21), 2:1 (18%, n=19), 3-5:1 (18%, n=19). Several HEIs (13%, n=14) reported ratios of more than 10 students: 1 clinical educator.

HEIs were asked who they thought should be the clinical educator for the students. Most HEIs thought that this should be academic level teachers/lecturers in the school/university (76%, n=83) or academic level teachers/lecturers in the university hospital (76%, n=83). Qualified clinical educators (who have undertaken a formal course of clinical education) in the school/university or university hospital were also commonly recommended as the clinical educators for students (68%, n=74). This was also the group that MO's felt were best placed to be the clinical educators for students, with 77% of MO's (n=30) choosing this option, followed by academic level teachers (70%, n= 27).

In total 74% of HEIs (n=80) felt they needed education for their clinical educators. When asked what type of education is needed, HEIs reported a need for pedagogical teaching, formal courses on clinical education and assessment, courses on clinical supervision and courses on the implementation of evidence-based practice.

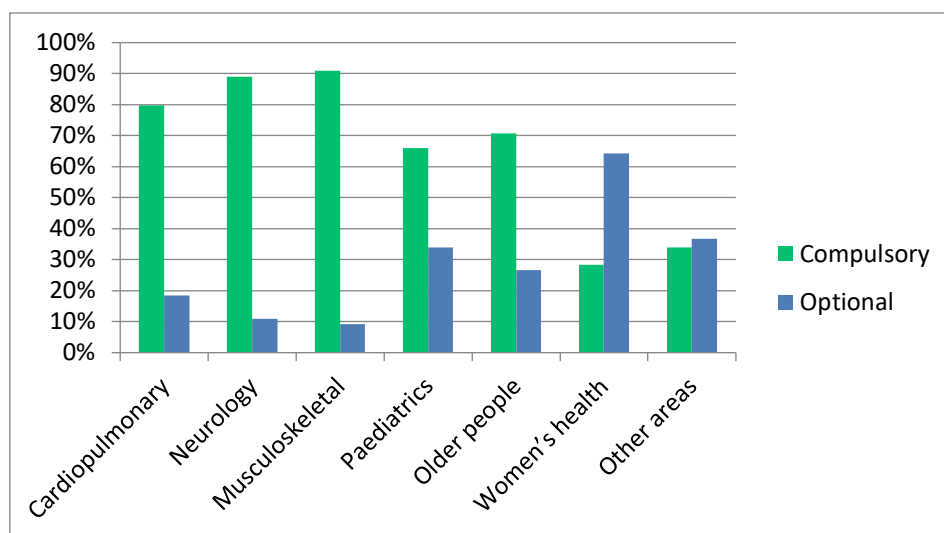


Figure 6: Clinical areas available for student placements reported by HEIs

#### 4. ASSESSMENT OF STUDENT PERFORMANCE

HEIs described the most common ways in which students' performance and competency was assessed. The most common assessment method was formal observation of the students' performance and providing feedback on their clinical skills and competence (73%, n=79). A case study presentation and a practical examination by the educator were also very common methods of assessing students (63%, n=68 and 62%, n=67 respectively). Theoretical examinations and assignments were less commonly reported (51%, n=54 and 41%, n=44).

HEIs were asked if they could include additional methods of assessing the students' performance and competence in the clinical education setting, what they would add. Suggestions included practical examination by the educator or a physiotherapist other than the educator (on real patients/clients) (35%, n=29). Nearly one third of HEIs would also like to add a case study presentation to the assessment of students (30%, n=25).

#### 5. ADDITIONAL COMMENTS

Other comments made by HEIs at the end of the survey focused on:

- The need to develop inter-professional clinical education for students.
- Suggestions to broaden clinical education practice for example working with public institutions such as city councils.
- How crucial the motivation of clinical educators is and how there is a need to find ways to encourage very motivated educators.
- The importance of the theory-practice relationship was highlighted and the need for strong partnerships between university faculties and clinical environments.

MOs made additional comments about:

- The need to incorporate internships into clinical education.
- One MO's felt motivated to help HEIs in their country set up university clinics for students.



- The need for new and innovative types of clinical placements to meet the demand and to reflect the new developing areas of physiotherapy practice.

## 6. LIMITATIONS OF THE REPORT

- The familiarity of the person responding to the survey with the subject matter is not known.
- Although definitions were provided for key terms used in the surveys, terminology may differ in different settings and this may have affected responses.
- There is a lack of information on how many HEIs or how many HEIs in some countries received the survey. Thus, there may be other HEIs not included in this study that have different clinical education settings.

## 7. RECOMMENDATIONS AND FUTURE DIRECTIONS FOR CLINICAL EDUCATION IN PHYSIOTHERAPY IN EUROPE REGION

### 7.1. Summary

- Clinical education is an integral part of any entry level physiotherapy curriculum and should start as early as possible in undergraduate programmes.
- Clinical education usually takes place in different locations and clinical settings covering all areas of physiotherapy practice (such as hospitals, rehabilitation units, physiotherapy clinics, nursing/residential homes, community-based practice etc).
- The number of clinical education hours reported by HEIs varied from less than 600 hours to more than 1600 hours. In terms of the number of clinical education hours, more than 1000 hours seems to be included in most entry level curricula.
- Many HEIs reported high student/clinical educator ratios. Formal observation was the most common assessment method reported by HEIs.

### 7.2 Recommendations

- More than 20% of total ECTS of entry level programmes should be attributed to clinical education.
- HEIs should include different types of placements for clinical education in their curriculum including engagement with a range of different multidisciplinary health professionals including orthopaedics, neurology, cardiorespiratory, geriatrics, paediatrics, etc
- Physiotherapy students should be encouraged to engage in interdisciplinary placements in health promotion, global health and primary health care settings to facilitate interdisciplinary communication.
- MOs should facilitate clinical education and cooperate with HEIs and health care stakeholders to secure clinical education and overcome barriers such as a lack of enough clinical environments
- For students, the clinical educator ratios need to be less than 5:1 for adequate clinical education

- Clinical educators need to be qualified for clinical education (i.e. they to undertake a formal course of clinical education, pedagogical teaching etc.) for teaching and supervising
- Curricula for clinical education needs to include a variety of assessment methods such as formal observation of the students' performance on patients/clients and feedback provision, case study presentation, practical examination undertaken by the educator etc
- Internships could be a part of clinical education.
- Clinical education implies direct patient contact and therefore to address the broader range of placements that are now emerging such as research placements, leadership and others, practice education may be a more encompassing term.

## **8. ACKNOWLEDGEMENTS**

The Europe region acknowledges and thanks the Education Matters Working Group involved in this survey and report: Raf Meesen - Belgium, Kristin Lyudmilova - Bulgaria, Nikolas Strimpakos – Greece (co-lead), Gráinne Sheill – Ireland (co-lead), Daniela Stanca - Romania, Elena Ziakova - Slovakia, Barbara Laube – Switzerland, Filiz Can – Turkey and Karen Beeton - UK (2022).