The Informed Study Project – How An Innovative Online Self Evaluation Can Support Successful Transition into a Professional Higher Education Programme

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Pre-entry information and transitional support are identified as key factors promoting student success and retention, thus encouraging a pro-active approach to entry into Higher Education. Furthermore the Equality Act, in terms of anticipatory duty, emphasises this. However, some student groups studying for professional degrees need additional information in terms of their responsibilities associated with fitness to practice. These drivers initiated the development of the Informed Study Project (ISP), a bespoke on-line self-evaluation of fitness to practice. The ISP has now successfully been embedded into the admissions process for BSc (Hons) physiotherapy students for seven years. Formal evaluation using a Bristol Online Survey for the most recent cohort (respondents = 34) showed that 100% of students felt that the material was well presented and useful; 79% stated it positively affected the likelihood of them choosing to study physiotherapy at Cardiff (18% were unsure); and 100% stated that they felt excited about studying at Cardiff.

Keywords: fitness to practice; attrition; transition; physiotherapy; higher education; anticipatory duty

Subject classification codes:

Background and Purpose

Fitness to practice is a key consideration for HEI’s and students within professional healthcare degrees. This is because not only does fitness to practice influence the ability of the student to potentially partake in the programme of study, but it can also influence the student’s likelihood of potentially gaining employment post study. Furthermore, from the student’s perspective, they are incurring significant expenses and investing at least three years of study with the aim of achieving employment in their chosen profession. Therefore it is important for them to be able to make an informed choice regarding the programme that they enrol on in order that they are likely to graduate and be able to register with the appropriate professional body, and ultimately gain employment and contribute to the health and wellbeing of society.
However, making the right choice regarding a professional programme at the admission stage can be challenging for the student. Students need to be able to judge their own ability to be successful on and to do this they need a reasonable understanding of the course requirement in the broader context. This action of self-evaluation is aligned to the concept of ‘self-efficacy’; self-efficacy refers to an individual’s ability to evaluate their own capability to achieve a designated task or activity (Bandura, 1978). Self-efficacy is key in influencing individual’s choices and decision making, and defining how long and to what extent an individual will persist with challenges they face.

Students’ choices and decision making will be influenced by factors that are most pertinent to them as an individual. Indeed factors that seem to contribute to student withdrawal or non-completion are finance; inadequate facilities and students not feeling valued; a mismatch between expectations of students and the “reality” of the HE experience (Welsh government 2009).

The authors’ experiences suggest that the mismatch between expectations of students and the “reality” of the HE experience is key. This is because in healthcare degrees it is difficult for students to appreciate the impact their personal factors may have on them being able to achieve the learning outcomes of a programme and consequently their ability to be fit to practice. From a disability perspective, be that a physical, mental or learning disability students are not legally required to disclose this. Therefore although HEI’s can provide a positive environment in which to disclose, it may well be that a student’s disability only becomes apparent (by disclosure or otherwise) once they have enrolled on a programme. This is particularly challenging for both academic staff and students on programmes where there is a necessity for fitness to practice in order to be able to participate in working environments on placement, and ultimately apply for registration with a particular professional body after graduation.

In the case of physiotherapy, fitness to practice is defined by the Health and Care Professions Council (HCPC) as the ability to have the knowledge, skills and character to practice safely and effectively (HCPC, 2015). Therefore HEI’s have the challenging task of balancing concepts of inclusivity with the requirements of fitness to practice in relation to professional courses, and in particular those related to healthcare. Whilst it is
often possible to make reasonable adjustments as and when a student discloses a
disability, the ideal position for the student and the HEI is to enter into a proactive
dialogue prior to an application so that ultimately the student is making an informed
decision about their future based on their individual capacity. It is noted that disability is
defined as having a physical or mental impairment that has a substantial and long term
effect on the their ability to do normal daily activities (UK Government, 2010). In the
case of physiotherapy, proactive dialogue is particularly pertinent in view of the
complexity of fitness to practice. This is partly because physiotherapists need to handle
patients in a therapeutic manner, often involving both fine dexterity but also physical
strength. However, physiotherapists also need to be able to emotionally support
patients as part of their physiotherapeutic management.

Therefore decisions regarding fitness to practice are complex in that an applicant may
not have sufficient insight into what is involved in studying for a particular healthcare
profession, although ironically they are usually the person who has the best insight into
their own capability in order to potentially be able to make that judgement. Therefore it
can be seen that the actual named disability itself is often not the key factor in
determining successful participation at a programme level for a variety of reasons. For
example, in the case of a progressive or fluctuating disease this may depend on the stage
/ phase of the disease for a particular student; in the case of a medical condition
controlled by medication this may relate to how well the condition is controlled at the
time of interest. Factors such as attitudes and beliefs are also thought to influence
participation, participation being defined as involvement in life situations (World
Health Organisation, 2001). Therefore two students with a very similar condition may
present with significantly different levels of participation. Consequently, it is extremely
challenging for both an HEI, and a student who has a disability, to decide if they are
potentially fit to practice in the profession of choice and hence enrol on the related
programme in a HEI. Therefore there is a need to enhance transparency of this process
in order to facilitate potential healthcare students with a disability to be able to make an
informed choice and for HEI’s to be able to fulfil obligations of anticipatory duty and
reasonable adjustment in relation to the Equality Act (UK Government, 2010) as
proactively as they can.

However, the applicant being able to make an informed choice regarding a professional
healthcare programme of study in a particular HEI is a much broader than potential
issues relating to disability. For example, professional programmes such as physiotherapy, may well also involve being on placement away from the HEI and possibly needing to live in accommodation close to the placement (within a group of students or alone). This may well be challenging for some students who have dependents close to their HEI, or have regular paid employment close to their chosen HEI. Also, within a healthcare environment there is a requirement for students to have certain vaccinations and wear uniform in accordance with health and safety policy. All these factors, and many more, need to be transparent in order to allow applicants to make the best possible decision they can regarding the profession they choose to pursue, and also the HEI they choose to study it at. The ultimate goal for both HEI and the student is that the student journey is a fulfilling one, and consequently they are able to graduate and successfully obtain employment in relation to their chosen profession.

The importance of fitness to practice within the student journey has been identified within the literature from various perspectives. Snow et al (2014) conducted a small qualitative study with 13 participants involved in undergraduate medical education and suggested that education providers develop clear processes for identifying and responding to fitness to practice concerns. Wells and McLoughlin (2014) developed a framework regarding how to optimise effective feedback for nurses and midwives while on placements in order to enhance fitness to practice. Sofronoff et al (2011) took a more holistic view and identified the need to balance the individual’s right to pursue their vocation of interest and the rights of others with whom that person comes in contact. However, Lo et al (2018) presented a strong rationale for the process that the authors had developed for evaluating fitness in Australian physiotherapy students, which they consequently asked clinical educators to evaluate. Students undertook fitness to practice curriculum in year one, and then prior to commencing clinical placements they undertook a self-evaluation of fitness to practice. This consisted of reviewing a list of a range of duties students could be expected to perform, and the emotional, physical and mental demands of physiotherapy education. This could potentially trigger a fitness to practice meeting, a referral on, or adjustments; there were also procedures in place to enable students’ withdrawal from clinical education. Interestingly, of the 78 educators surveyed, 77 students were identified as causing the educator fitness to practice concerns within the given year; 51% of these were related to mental health issues and
36% were related to physical health issues. However, it seems that to date no HEI had
has attempted to asked students to make an informed choice regarding fitness to practice
before they enrol on their programme of choice, this being proactive and demonstrating
anticipatory duty in accordance with the Equality Act (UK Government, 2010) in the
UK.

Furthermore, the challenges of the first year in higher education are well documented
(Nelson 2014) and how attrition is of particular concern in the first year of study (Tinto,
2009). Reasons for attrition have been investigated and one of the reasons for attrition
seems to be students making a choice that is not always well informed (Cherastidham
Characteristics Influencing Student Retention and Engagement (IICISRE) Model; this
presents input / presage factors including considering individual student factors within
the context of the institution. Indeed it could be proposed that the challenging transition
into higher education could be contributing to the increase in mental health issues in
students, which was suggested to have a prevalence of 27% in a You Gov Survey
conducted on 1061 students in 2018. Therefore it can be seen that not only do HEI’s
have a duty of care to help students make an initial informed choice, but that this is
particularly important for those students who are potentially more likely to find the
transition into HE challenging. Indeed these students may consequently be at risk of
developing mental health issues and possibly withdraw from their programme.

In view of the above drivers, in 2011 the physiotherapy programme team at Cardiff
University sought to devise a positive process to empower and enable potential students
make an informed decision regarding if studying physiotherapy at this institution,
particularly in terms of the HCPC’s definition of fitness (2015) to practice, is an
appropriate choice for them.

Method

The Programme team, including the Admissions Officer, Disability Contact,
Programme Manager and Information Technology Advisor sought to devise a process
which would help all potential students make an informed decision about studying at
Cardiff and decided to call it the Informed Study Project (ISP). Therefore it was decided to make this information as accessible as possible by putting it in the public domain on the Cardiff University internet, so that anybody potentially interested in studying physiotherapy at Cardiff could view it. Examples of these web pages can be seen below:
Other pages included information on clinical education, expectations in practical sessions and assessment types and volume. Key features of each page were a brief summary of the activity (including the physical, mental and emotional demands as appropriate), quotes from students, images and a summary table.

It was felt that it is important to empower and intrinsically motivate candidates by providing them with key information in a safe online environment, without requiring them to disclose any sensitive data (in relation to the equality act). They would then potentially be able to “sign off” the process indicating they felt they were able to participate in all the learning and assessment opportunities. If they had any queries regarding any aspect of the programme outlined they would then be directed to the most appropriate member of staff who could enter into dialogue with them, consequently supporting them in their decision regarding fitness to practice.

The first intake to undertake the ISP was in 2011, following a satisfactory equality impact assessment. At this time the intake was approximately 80 students and since then the ISP has successfully operated each year; each year the cohort size has increased with the 2017 cohort being approximately 2017. Each year the ISP has been directly evaluated by a Bristol online survey (using quantitative and qualitative data); indirectly by attrition numbers; and also by any student known to actively withdraw from a place due to the ISP process.

Results

a) Bristol online survey

The responses from Cohort 2017 (34/134) are presented below:

Question 1: Do the “Suitability for Physiotherapy” web pages provide useful information regarding the BSc (Hons) Physiotherapy programme
Question 2: Are the "Suitability for Physiotherapy" web pages well presented?

Question 3: Have the "Suitability for Physiotherapy" web pages positively affected the likelihood of you choosing to study Physiotherapy at Cardiff University?

Question 4: And finally...are you excited about the prospect of potentially studying Physiotherapy at Cardiff University?
b) A sample of comments received via the Bristol online survey since the commencement of the project

Comments

a) “I have been given a greater knowledge about the course at Cardiff than any other university”

b) “The document clearly describes what is required of prospective students as well as what they can look forward to”

c) “Clear and helpful information, helped me to know what to expect when starting next term!”

d) “Could be helpful to students if you provided a clear step by step checklist of tasks that need to be completed prior to start of course”

e) “Very well set out and easy to read. I liked how everything was broken down into different sections and subjects. Gives enough information without being too wordy. Enjoyable read. Good quotes from students”

c) Attrition rates for First Year Students (2011 intake – current day)

<table>
<thead>
<tr>
<th>Year of Intake</th>
<th>Commissioned Numbers</th>
<th>% Attrition (for duration of programme to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>96</td>
<td>3.13</td>
</tr>
<tr>
<td>2012</td>
<td>103</td>
<td>2.91</td>
</tr>
<tr>
<td>2013</td>
<td>89</td>
<td>10</td>
</tr>
<tr>
<td>2014</td>
<td>95</td>
<td>4.25</td>
</tr>
<tr>
<td>2015</td>
<td>121</td>
<td>4.96</td>
</tr>
<tr>
<td>2016</td>
<td>134</td>
<td>7.46</td>
</tr>
<tr>
<td>2017</td>
<td>134</td>
<td>2.24</td>
</tr>
<tr>
<td>Mean attrition</td>
<td></td>
<td><strong>4.99</strong></td>
</tr>
</tbody>
</table>

d) Percentage “Sign off” on the ISP between post A level results and pre-enrolment

100% per cohort since 2011.
Discussion

The ISP seems to have been successful (since commencing in 2011) in that it has provided a positive process to empower and enable potential students make an informed decision regarding if studying physiotherapy at this institution, particularly in terms of the HCPC’s definition of fitness (2015) to practice, is an appropriate choice for them. This is demonstrated by 100% of students who have a conformed offer “signing” off on the ISP in the window of time post A level results and pre-enrolment. It was initially anticipated that in this window of time there would be a surge in enquiries regarding Fitness to Practice issues but this was not the case. Anecdotally the programme team usually has two or three student queries in this window of time which are usually related to disability / health issues or dyslexia, which are easily addressed. Therefore it may well be that because the ISP is available to view by the general public at all times that students are self-evaluating before they even apply for physiotherapy. Consequently it is surmised that only those who consider themselves fit to practice will actually apply.

It is interesting that 97.1% of respondentss felt that the ISP provided useful information, and no student to date has commented on overload / overlap of information when compared with other sources e.g. at Open Days and in the prospectus. It is felt that the following comment from a student explains the positive response:

“Very well set out and easy to read. I liked how everything was broken down into different sections and subjects. Gives enough information without being too wordy. Enjoyable read. Good quotes from students”

Indeed the student voice within the ISP is seen as a key factor in engaging students.

This latter point could also relate to 100% of respondents saying that the ISP pages were well presented. This can be attributed to a concise amount of descriptive text, a summary table, an image and a quote forming the basis of every page. Initially it was not possible to print of the ISP, however it currently is based on student feedback.

Conversion rates are clearly important to admissions teams within the university and therefore the response of 79.4% of respondents saying that the ISP positively influenced
them deciding to study at Cardiff is viewed as beneficial; 2.9% said it had not influenced them and 17.6% were unsure.

100% of respondents stated that they were excited about potentially studying physiotherapy at Cardiff. It is felt that this is a direct response to the positive language in lay terms throughout the ISP. For example, the opening line of the ISP is “The great thing about study on the BSc (Hons) Physiotherapy….” It is felt that this question (and the consequent result) is important as it suggests a positive attitude towards joining the university community, which has been identified as a key factor in successful transition into HE (Tinto, 2006).

With regard to the comment, “Could be helpful to students if you provided a clear step by step checklist of tasks that need to be completed prior to start of course”, this is a valid point. The authors feel that the ISP does address fitness to practice, however perhaps it could address the “character” aspect of fitness to practice more effectively. Therefore the authors would like to see the ISP embedded into central university processes which includes a step by step series of tasks. For example, one of the tasks could relate to DBS checks, which are explained in the context of the need for professional behaviour both inside and outside university as a healthcare student not only represents their university but also their professional group (HCPC, 2016).

It is felt that the ISP could also be further enhanced by the use of 3D video (rather than still photographs) in order to allow students to fully appreciate the emotional, physical and mental demands of physiotherapy. For example, 3D video could be used in practical teaching sessions, and also in a variety of clinical environments in which physiotherapists work. This could be complemented by voice overs by students providing a commentary.

Attrition rates remain low for the programme, the mean being 4.99% over the seven years, however it must be noted that cohorts 2016 and 2017 are still completing the programme. This mean is considered to be relatively low, particularly as it includes students who withdraw as well as those who take an interruption of study. The reason for the anomaly for cohort 2013 (10%) is unclear. However, half this figure is due to students who took an interruption of study and then later rejoined the programme. The attrition data prior to the ISP was not formally analysed with that afterwards, but the
impression is that there was no change. It would be interesting to introduce the ISP to a healthcare programme with relatively high attrition rates and investigate if attrition rates dropped as it could be hypothesised that this would be the case.

With regard to the study by Lo et al (2018), it must be noted that all undergraduate physiotherapy students within Cardiff University undertake a personal and professional development module in years one, two and three of the programme, which enables them to understand issues relating to fitness to practice and the associated regulations and implications for them as students / future healthcare professionals. It is recognised that the study by Lo et al (2018) is relevant to practice in Australia and the legislation is clearly different to the UK in terms of anticipatory duty and the Equality Act of 2010. However, a proactive approach of asking students to self-evaluate before they commence the programme seems advantageous rather than considering it once they are enrolled on the programme.

**Conclusion**

The ISP seems to be an effective approach to asking students to self-evaluate fitness to practice before they enrol on the physiotherapy undergraduate programme within Cardiff University. 100% of students have signed off on the process for the last seven years, and furthermore the Bristol online survey results are positive. However, this process could be applied to professional degrees other than healthcare and, indeed, could be applied to professional degrees outside the healthcare arena. Another area for future development is widening the concept of the ISP in terms of fitness to practice so that it includes aspects relating more strongly to character, and fits within part of one larger admissions process within the wider university. Lastly, the authors would like to explore the benefits of 3D video in enhancing the understanding of the physical, mental and emotional aspects of the programme within the remit of the ISP.
Reference List


http://www.hpc-uk.org/assets/documents/10002C16Guidanceonconductandethicsforstudents.pdf


Sofronoff et al (2011)


Wells and McLoughlin (2014) Fitness to Practice and Feedback to Students and Feedback to Students: A literature Review. Nurse Education in Practice (14) 137 - 141
