

Report MACP Research Award Level 3

Title: Student physiotherapists experiences of integrating a biopsychosocial approach: Recommendations for pre-registration curriculum

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Webinar: Please access our free Webinar on this link [MACP Webinar 26 April 2022](#)

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This work has been presented as a webinar at the School of Health Sciences, Faculty of Medicine and Health, University of East Anglia. Due to covid-19 restrictions we have not submitted this work to a conference but will be submitting it to Physio UK 2023 or the next MACP Conference. We have provided a synopsis of this research as a webinar available on the MACP website.

Background

Integrating a biopsychosocial approach into practice is challenging for many physiotherapists (Holopainen, 2020). Historically this was attributed to a biomedical approach to their training (Pincus, 2007). However, preregistration courses have for some years integrated a biopsychosocial approach. Systematic literature reviews report that physiotherapists recognise the importance of a biopsychosocial approach when managing people with musculoskeletal pain and report using it as part of person-centred care (Alexanders, 2015; Synnott, 2015; Holopainen, 2020). However, reports from studies using external observers suggest that physiotherapists continue to base their patient management on a predominantly biomechanical assessment, and their own interpretation of what will be most beneficial for the patient, with attempts to facilitate patient compliance (Dierckx, 2013; Synnott, 2015; Topp, 2018; Mudge, 2014). Observational studies also report a dissonance with respect to patient and physiotherapists expectations, preferences, and goals for treatment (Plant, 2016; Ahuja, 2016; Schoeb, 2014).

Training courses are targeting this theory practice gap (Holopainen, 2020). Ideally however, these skills should be developed during pre-registration training. To integrate a biopsychosocial approach within person centred care, student physiotherapists must gather, through questioning, personal information which is sometimes thought of as being sensitive. These questions can include, but are not limited to, patient's expectations of recovery, which may involve negative past experiences with physiotherapy services or health care more generally, factors associated with poor mental health and wellbeing, pain related worrying, fear avoidance, low self-efficacy while in pain and poor exercise adherence.

Purpose and Aims

The aim of this study was to explore the views and perceptions of student physiotherapists who have completed a clinical placement involving musculoskeletal outpatients. Specifically, i) What factors influence if and how student physiotherapists gather sensitive information during patient consultations and ii) What do physiotherapy students feel would support them to be able to ask and incorporate the responses to sensitive questions into patient assessment, treatment, and management.

Methods

This study took place in a UK University involving physiotherapy students on pre-registration Bachelor's and Master's programmes. Students who had completed a musculoskeletal outpatient placement were invited to volunteer as a participant in a focus group. These used a semi structured guide of open ended questions providing flexibility to pursue topics relevant to the research aims whilst at the same time being aware of and open to the generation and exploration of new ideas. Redley conducted every focus group. He was not previously known to the students and had no future interaction with them or any other links to their programme. Focus groups took place online using Zoom or Microsoft Teams due to Covid-19 guidelines in place at the time of the study. Ethical approval permitted from the Faculty Research Ethics Committee (Reference 201819-001 and R2019/20-109).

A thematic analysis (Braun and Clarke, 2006) of data was undertaken by Redley for each focus group. Themes were then discussed with the other two authors and changes made to future interview guides. This allowed potential themes that emerged to be explored in greater depth.

Results

In total 17 students, including 12 females and 5 males volunteered and took part in six focus groups, lasting between one and one and a half hours, each with between 2 and 4 participants. The first focus groups commenced in November 2020 and consisted of MSc pre-registration first and second year students and BSc third year students on return from completing a clinical placement. The second block of focus groups took place in January 2021 with second year BSc students.

The students were asked about how they integrated the patients psychological and social circumstances into their assessment and management. This led to the 'problem of adherence.' Students talked about the efforts they made to ensure their patients were sufficiently educated and therefore motivated to follow their self-management advice and home exercises. This was conceptualised into two related, but distinct tasks, both equally important. One, was to elicit from the patient his or her goals and expectations for recovery. The proposed treatment could then be presented as the means for realising the desired recovery. The second was to educate patients by ascertaining and countering any misapprehension they might have about their condition and/or its treatment. The presumption made by students was that patients are more likely to follow self-management advice and exercises if they understood the underpinning clinical rationale and how it would enable them to realise their goals.

Education and Motivation formed two of our themes. One consequence of this approach to clinical practice, which was key to our analysis, is that of “Professional Identity”, in which the clinician is responsible for ensuring patients are sufficiently motivated to follow their treatment plans. This constituted our third theme. Students professional identify was closely linked to their ability to educate and motivate patients, their success measured by whether or not their patient adhered to treatment. Mismatches between what professionals feel they should achieve and what they can in reality achieve can lead to burnout (Edú-Valsania, 2022). This can be particularly marked when the roles are ambiguous or variable, for example, in terms of physiotherapist’s responsibility and ability to facilitate patient’s adherence. Students were good at identifying education as a technique to address motivation, but when this did not work, despite training in Behaviour Change assessment and techniques, they did not appear to be aware of other techniques that may have facilitated adherence.

Challenges

Recruitment began at the time of the Covid-19 pandemic which resulted in limited Out-Patient placements, many of which were virtual. Students were therefore asked about their experiences from earlier placements as well as their most recent. Recruitment was challenging during this period of mainly online teaching and communication, and it is unknown how representative our sample was of the wider cohort. Overall, students portrayed good clinical practice and an impressive level of reflection. However, it was challenging to evoke examples and discussion of situations when things had not gone well.

Our recommendations for Pre-Registration Training

1. Video Presentations and Role Play

We recommend including video presentations of clinicians (role models) discussing sensitive topics followed by student role play. Examples of recommended topics include:

- Poor exercise adherence (Peek 2016)
- Goal setting and action planning
- Frustrated or angry patients
- Patient expectation of further investigations when they are not indicated
- Patient distress associated with Medically Unexplained Symptoms (Ramussen 2020)

2. Behaviour Change Interventions

Whilst physiotherapists recognise the importance of clinical reasoning and problem solving with respect to patient management, there is perhaps less recognition of the importance of identifying barriers and facilitators to patient engagement, self-management, and home exercise adherence. We recommend integrating an assessment of barriers and facilitators within a standard assessment. This could be based on Michie's Behaviour Change Wheel (Michie, 2014) whereby barriers and facilitators are divided into Physical and Psychological Capability, Social and Physical Opportunity, and Automatic and Reflective Motivation. When delivering an intervention, such as a home exercise programme, Behaviour Change Techniques (BCTs), the active ingredients that in this context facilitate adherence, can be integrated within the delivery of the exercise programme, and matched to the patient's specific barriers and facilitators. Examples of BCTs include feedback, goal setting and action planning.

3. Professional Support

We recommend regular supervision from clinical supervisors, senior colleagues, and peer support to reflect and discuss communication challenges. This should include a reflection on the limitations of professional roles, for example, recognising that some patients may have barriers to exercise adherence that are not amenable to interventions that physiotherapists can provide at that time. Psychological resources and resilience are required when investing in a biopsychological approach and physiotherapy students and professional colleagues should be supported in their endeavours.