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Funding acknowledgements: Not funded.

<https://doi.org/10.1016/j.physio.2021.12.040>

P035

Investigating the feasibility of mHealth for inpatient therapy – Is there a place for apps in therapy at the Walton Centre?



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Keywords: mHealth; Apps; Therapies

Purpose: With growing pressure amongst neurorehabilitation NHS services to provide intensive, repetitive and timely interventions to an increasing population, there is more call than ever for efficient inpatient therapy. The library of mHealth apps and evidence for their therapeutic usage is increasing at an exponential rate, with suggestion that they can benefit those affected by a range of neurological and neurosurgical impairments. This service evaluation was developed to explore the feasibility of using mHealth amongst our patient demographic, and the views of our patients on its introduction.

Methods: A questionnaire was circulated amongst 50 inpatients (age range 18–80+) who were in our acute and rehab services for more than 5 days, and were receiving input from at least one therapy discipline. The themes of the questionnaire explored patient demographics, access to technology and internet amongst our patients, and views of respondents on the barriers and facilitators to using mHealth to support therapy.

Results: Of the 50 responses to the questionnaire, 96% have access to both the devices and internet connectivity required to facilitate mHealth. 36% of responses suggested an interest in using mHealth to support their therapy input, and 68% would continue the use on discharge if prescribed. Potential barriers and facilitators described by patients on the use of mHealth are outlined.

Conclusion(s): Qualitative responses indicate that a large proportion of our respondents were unaware of the possible benefits of mHealth, which is supported by the current literature. The data suggests patients in our demographic have both the resources and motivation to engage in mHealth, provided the app is relevant and the necessary education and professional support is provided. Further assessment of the practical implementation of mHealth in practice is warranted.

Impact: This evaluation supports the implementation of mHealth to assist inpatient therapeutic intervention, as we can be confident a large proportion of our patient group will have the means to engage in this. Further research can now be conducted into the pilot introduction of apps, to gain both subjective and objective feedback from staff and patients on outcomes and perceived benefits.

Funding acknowledgements: This project was not funded.

<https://doi.org/10.1016/j.physio.2021.12.041>

P036

Learning through COVID19: Using digital technology to compare undergraduate clinical placement competency data, before and during the global pandemic



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Keywords: Clinical placement; Monitoring performance

Purpose: The aim was to identify if reduced clinical placement hours as a result of Covid-19, negatively impacted on the acquisition of knowledge, skills and professional behaviours, as defined by the HCPC Standards of Proficiency for Physiotherapists (HCPC, 2020). The objective was to compare clinical placement performance data of two final year cohorts of undergraduate students; a 2019 cohort graduating before the pandemic and a 2020 cohort which was impacted by the pandemic.

Methods: The Physiotherapy programme team at the University of Liverpool uses a bespoke iPad App and web-portal to monitor and assess students on clinical placement Weekly, students are given scores and feedback relative to ten performance criteria. The data is collected through the iPad App and made available to staff and students through a secure web-portal. The use of this system since 2016 provides data on student cohorts and allows for longitudinal comparisons of their performance.

For the purpose of this study, data for the 2019 and 2020 graduating cohorts were compared. The normal placement model consists of students completing three placements consisting of 12, 10 and 10 weeks. As a result of the COVID-19 pandemic, the 2020 cohort had their third placement reduced to 5 weeks.

Results: Using a 10 point scoring system for each of the 10 criteria assessed each week, the mean scores achieved by the two cohorts at the end of week 1 of the third clinical placement were:

- 5.58 ± 0.17 (95% CI) (2019 cohort) and 5.88 ± 0.15 (95% CI) (2020 cohort)
- While at the end of the third placement, 10 weeks for the 2019 cohort and 5 weeks for the 2020 cohort, the mean scores were:
- 9.19 ± 0.83 (95% CI) (2019 cohort) and 9.21 ± 0.10 (95% CI) (2020 cohort)

The data indicates that both cohorts were similar in the levels of performance shown at the start of the third clinical placement and that both cohorts improved their performance over the course of the placement. Furthermore, the data indi-

cates that despite the 2020 cohort only spending 5 weeks on placement, compared to the 10 weeks of the 2019 cohort, there was no significant difference in the performance levels of the two cohorts at the end of the placement.

Conclusion(s): If student performance has been unaffected by a shorter placement experience, then this may question the need for a mandated 1000 clinical hours. This study suggests that a reduction in mandated placement hours would not negatively impact on student performance, might increase placement availability and help maintain the ‘work-force pipeline’.

Impact: The study might encourage debate about the mandated 1000 clinical hours needed to be completed by physiotherapy students on qualification.

Funding acknowledgements: No funding was required.

<https://doi.org/10.1016/j.physio.2021.12.042>

P037

Mapping the student experience of UK-wide virtual placement initiative in physiotherapy

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Keywords: Virtuality; Placement; Qualitative

Purpose: During the COVID-19 pandemic it has become increasingly necessary for healthcare teams to diversify their approaches to frontline delivery. One key change in outpatient services has been the introduction and/or proliferation of virtual platforms to safely conduct assessments and ensure sustained patient contact, even within the traditionally tactile domain of physiotherapy. Consonant with these developments is the need for physiotherapy students to gain experience of working through such platforms, as they are highly likely to remain an integral element of service delivery in the post-COVID environment. The research reported herein explores student experiences of a UK-wide physiotherapy Virtual Placement (VP) scheme, run by ConnectHealth in 2020 and 2021, with a view to better understanding the nuanced impacts of their working in a virtual healthcare space over a six-week period.

Methods: The research team contacted all students who had (a) completed a ConnectHealth VP, while also (b) having prior experience of conventional placement(s). These students, registered at a wide array of UK universities, were informed that participation would involve taking part in a semi-structured interview, during which they could critically

discuss their experiences of the VP itself. Given pragmatic concerns around time and funding, the first N=10 students to register interest in participating were invited to take part in an online interview. All invited students provided interviews, with a mean duration of 30 minutes. Interviews were transcribed verbatim, though redactions were made where issues of participant identity protection were at stake. Coordinative investigation of the transcripts, using Reflexive Thematic Analysis, was undertaken by the full research team.

Results: Thematic analysis revealed three core themes in the data. 1. Workload and Flexibility; all participants had anticipated that the VP would involve less direct work than a conventional placement, but most actually found the inverse to be true, with technological problems adding significant additional time. However, the VP was widely considered to be more flexible, helping with independent time-management skills, while also providing greater opportunities to exercise and ‘take a break’, and the absence of travel time was often reported to shorten the overall working day. 2. Variety of Experience; all participants lauded the rich variety of working contexts afforded by their geographically decentred VP, and the opportunity to work with other students from UK-wide universities. 3. Contact and Isolation; variety of contacts was universally taken to enrich multi-disciplinary working skills, but at the expense of depth. Most participants reported a sense of active isolation at times, particularly where their clinical supervisor(s) took a light-touch approach. While some viewed this as having enhanced their independent problem-solving skills, all explicitly missed more direct and consistent contact with clients and colleagues.

Conclusion(s): Findings indicate that the VP had many strengths for participants, particularly around variety of experiences. Future research should not, however, overlook the role of workplace social contact in student wellbeing.

Impact: These findings ideally give some provisional direction on how prospective physiotherapy VPs might be shaped to best mitigate issues of isolation, while preserving richness of diverse experience.

Funding acknowledgements: The work was supported by a small grant from the University of Cumbria’s Internal Research Fund.

<https://doi.org/10.1016/j.physio.2021.12.043>

