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# Readiness to Practice: Narrowing the gap between student and clinician



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## Background

A major driver for this investigation was our own experiences as:

- ❑ **Clinical tutors** working in training institutions (HEIs)
- ❑ **Clinical supervisors** supervising students in practice
- ❑ **Lecturers** in HEIs teaching theory to clinical students
- ❑ **Employers** of newly qualified therapists (NQPs)

Provided us with a **range of perspectives**, not always aligned



## Background

Other contextual drivers included:

- ❑ The ever changing landscape of healthcare and SLT service delivery and its impact on **student learning**
- ❑ The impact of a **decreasing number of band 5 jobs** in the NHS and the increasing employment of NQPs in schools and in independent practice
- ❑ The increasing challenge of providing a sufficiently wide **variety of clinical placement opportunities**
- ❑ Number of NQPs reported to HCPC with **fitness to practice** questions (observational)



## Background

- ❑ The **transition** from speech and language therapy student to practicing speech and language therapist (SLT) is of crucial importance in the training of SLTs
- ❑ The **clinical education programme** preparing students for future clinical practice is a key element of any SLT training programme
- ❑ The success of the **transition** between student SLT and SLT is not only dependent on the clinical education programme provided to students during their training, but to some degree also depends on the programme of **clinical support and supervision** provided to NQPs in the work context.



## Background

- ❑ **Demands** of pre-registration professional diploma or degree programmes are high requiring appropriate levels of **academic ability**, together with the appropriate **applications of this knowledge for clinical practice**
- ❑ Devising a curriculum that is both **academically and clinically sound**, a curriculum that sufficiently prepares the student for future **professional clinical practice** is challenging and requires on going monitoring and evaluation.



## Background

- ❑ The clinical context is one of **continual flux** and change as it attempts to stay relevant, ecologically valid and meet the constant fluctuations in the financial, political and social arenas
- ❑ **Clinical education** is a key component in preparing students for the realities of their professional roles (Williams & Webb, 1994)
- ❑ It is about 'the **real world of professional practice**' (McAllister, 1997; p.6) and it is in this 'real world' domain that NQPs practice and get the opportunity to test out all they have learned.



## Background

- However well prepared students may be at the end of their programme, NQPs face **significant challenges** in their initial professional roles; and the programme of supervision and support they receive in their first employment is crucial in determining their future careers as clinicians
- Some recommendations for support provided to NQPs is provided to some degree by the professional body. For example, RCSLT (RCSLT; 2007) produces a **framework of competencies for NQPs**



## Background

- ❑ The amount and quality of support and supervision however to NQPs is reportedly **highly inconsistent** and varied and may be dependent on contextual factors including time, personnel and financial constraints of the service.
- ❑ Clinical managers also report that some graduates appear more **'ready to practice'** than others, although this idea of 'clinical readiness to practice' is difficult to quantify or qualify and very little information exists on the reasons and rationales behind such judgements.





## Aims

- ❑ To investigate the quality of **clinical training** in UK institutions training undergraduate and postgraduate speech and language therapy students
  
- ❑ To explore the success of this training in preparing graduates for ‘**real world**’ clinical practice from the perspectives of:
  - **current** final year undergraduate and postgraduate students
  - **Newly Qualified Practitioners** in their first year of clinical practice
  - **Clinical tutors** working with SLT students
  - **Clinical managers** employing new graduates and responsible for their induction and supervision.



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## Participants

- ❑ Current final year undergraduate (N = 12) and postgraduate students (N = 19) Total N = 31 (UK)
- ❑ Clinical Tutors (N = 14) (City)
- ❑ Clinical Managers (N = 17) (London)
- ❑ Newly Qualified Practitioners (N = 18) (England, Wales and N.Ireland)

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## Method

- ❑ Distributed **questionnaires** to participants through class cohorts (current students), alumni (NQPs), staff (Clinical Tutors) and supervisor database (managers)
- ❑ **Four separate questionnaires**: designed for each group, containing a combination of open-ended and closed questions
- ❑ Questionnaires addressed **similar themes** to allow cross-referencing of responses from each cohort
- ❑ **Anonymity** encouraged respondents to be as honest as possible
- ❑ Data was analysed **quantitatively** and well as **qualitatively** with the identification of common emergent themes.



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## Results – Final Year Students

**Application of lectures to Clinical Practice:** 52% reported an average amount of application, 39%, quite a lot of application and 3% a great deal. Only 1 student felt the application of clinical practice was ‘a little’.

**Identification of Lectures that were most applicable:** Physiology and anatomy, Professional studies, Language sciences.

**Identification of Lectures that were least applicable:** ‘Perhaps phonetics was a little too thorough as I have rarely if at all had to use it on placements’ research methods and statistics

The lack of **strategies** & a ‘**toolkit**’ was a common theme.



## **Results – Final Year Students**

### **Success of Course in Preparing for future role as a SLT:**

71% reported the course was successful at preparing them for their future role, with 23% reporting it to be ‘somewhat successful’ and 3% very successful. No student identified it as not been at all successful.

### **Success of Clinical Placements in Preparing for future**

**role as SLT:** 45% reported placements as being ‘very successful at preparing students for their role as SLTs, with a further 39% reporting it to be ‘successful’. 13% stated it was ‘somewhat successful’ and no student said to was ‘not at all successful’.



- ❑ Students more critical about the course preparing them for practice gave **less than satisfactory placement experiences** as main reason
- ❑ This lack of satisfaction related to **lack of placement experience, lack of variety of settings, or lack of different client groups**
- ❑ Clinical **case studies**, assignments and portfolio tasks were only deemed successful in preparing students for their SLT role by 47% of the cohort
- ❑ Students perceived what happens on **placement** as a much **more relevant** focus and 90% reported them to be successful in preparing them for their future clinical role.



## Results – Final Year Students

**Support on Clinical Placements:** 36% reported it to be ‘very satisfactory’, 39%, ‘satisfactory’ and 10%, ‘quite satisfactory’. One student said it was ‘not particularly satisfactory’ whilst another reported it to be ‘not at all satisfactory’.

**Range of Clients Seen on Placement:** 19% viewed this as ‘very satisfactory’, 23% as ‘satisfactory’ and another 23% as ‘quite satisfactory’. 32% reported the range to be ‘not particularly satisfactory’.

One student stated. “ It (the course) has been successful but as I wish to work with adults I would have liked the opportunity to have had more than 1 adult placement”.



## Results – Final Year Students

**Preparation for Job Applications:** 26% reported this preparation to be ‘successful, and 13% ‘very successful’. However 19% reported it to be ‘somewhat successful’ and a further 7%, ‘not at all successful.

**Preparation for job interviews:** Only 13% reported this to be ‘very successful, and 10% to be ‘successful’. The majority reported it to be only ‘somewhat successful (26%), ‘not very successful’ (29%) and ‘not at all successful’ (7%)

**Recommendation:** 81% said they would recommend the course to others!





## Results – Final Year Students

- ❑ There were no major differences between undergraduate and postgraduate students BUT numbers were small
- ❑ 100% undergrads and 90% postgrads reported the course to be **stressful**
- ❑ Both groups identified **clinical placements** as the best means of evaluating their clinical performance. The postgraduates identified clinical exams as the second and written clinical tasks as the third, whilst undergraduates reported written clinical tasks to be their second and clinical exams to be the poorest way to measure their clinical performance.



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## Results – NQPs

**Identification of strongest elements of programme in preparation for clinical practice:** 83% referenced placements, **observation**, **'hands on'** experience, plus lectures if they applied to treatment.

**Weakest elements of programme:** paradoxically placement and practical skills featured as concerns; placements were too short, poorly organised or imbalanced, (too much emphasis towards a particular client group).

Not enough emphasis was placed on **clinical skills**, lack of lectures with **practical application**, assignments not related to the role of SLT and **limited treatment ideas** were also listed.



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“I found it difficult to draw on my academic knowledge while working under time pressure. In some areas (e.g. phonology) my background knowledge was strong but my knowledge of specific strategies/therapies was weak.

The organisation of my knowledge wasn't clinically helpful – I could have done with more rules of thumb and good practice models.”

NQP



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## Results – NQPs

Despite this, **61%** of respondents judged the clinical training programme as ‘very successful’ or ‘successful’, **34%** judged it ‘somewhat successful’ with only 5% judging it ‘not at all successful’.

**Application of Clinical Programme to Practice:** 67% reported ‘a lot’, and 22%, ‘some’. It is of interest that several of the respondents, who had not, while training, seen **the relevance of the clinical programme**, reported to now see its importance and usefulness.



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## Results – NQPs

However, 78% of NQPs thought the clinical programme could be **improved** to offer better preparation for clinical practice.

Suggestions for improvement were overwhelmingly directed towards a desire for the programme to be more **applied and practical**, with a focus on **increased opportunity to see clinical work through observation** of real life cases with **more time spent on placement** and more **balance** between the paediatric and adult placement experience.



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## Results – NQPs

**Main challenges experienced as part of transition process:** difficulties in finding a job, once in post, difficulties with **time management** and/or **caseload management**.

Additional difficulties related to issues of **confidence** both in inter personal skills and in terms of patient diagnosis and treatment delivery.

When asked whether these difficulties/challenges related to specific categories, 77% of respondents noted that they related to their **therapeutic skills**, followed by 66% noting **caseload management**, 50 % **time management** and only 33% relating their challenges to **academic knowledge**.



## Results – NQPs

**Rewards of their new career:** an overwhelming response noted ‘making a difference to peoples communication - seeing an improvement’.

**Main priorities when looking for their first post:** 83% recorded **location** with an equal number noting working with a **specific client group**.

**Compromises** made when accepting their first job, 55% indicated that they had made compromises relating to moving to a **different location**, facing a **long commute** and a smaller number accepting jobs that were not with their first choice of **client group**. More positively 44% had not had to make any compromises.



Example from one NQP respondent on the main  
**transitional challenges:**

- Managing workload
  
- Managing caseload
  
- Fulfilling the role of 'expert' or '**consultant**' in situations encountered for the first time
  
- Lack of confidence





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## Results – NQPs

**Main stress factors within their new job:** respondents' mirrored issues related to transition challenges, namely **professional competence, time management, size of case load, lack of confidence**, with additional issues such as **lack of support and feedback**.

When looking for a solution to these stress factors 72% coped by talking to their **supervisor/mentor** or peers.



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## Results – NQPs

When asked if, as they became more comfortable in their professional role, **100% said that they did**. Despite issues of confidence raised as a concern, the majority noted **increased confidence** in themselves and in their role.

This increased confidence was also a signifier in determining **career success** during their first year in post while **career disappointment** was related to lack of **training** opportunities, lack of **supervision** and personal professional issues.



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## Results - NQPs

NQPs experienced **significant variation in the support they received** with respect to induction, clinical and managerial supervision, mentoring, rotation and shadowing, working in different workplaces and time management.

Factors they identified as **compromising their clinical role** included: lack of time, lack of staff, lack of clinical supervision/support, lack of knowledge and evidence base and caseload pressures.



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## Results - NQPs

Only 39% of NQPs are given time for **private study and/or research** with **61% did not**. Of those given time, 86% were given only 1-2 hours per week.

In contrast, more respondents were given time for **administrative tasks** (72%) of which 69% were given 3-4 hours per week.



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## Results – NQPs

**Clinical supervision and support:** 94% of respondents were offered supervision and of those who were receiving it, 52% rated the supervision as ‘**excellent**’, 18% rated it as ‘good’, 24% rated it as ‘average’ with only 6% rating it as ‘not so good’.

For those who rated supervision as ‘excellent’ or ‘good’, judgement was based on the **availability of the line manager/supervisor, the regularity of supervision** and the **experience of the supervisor**. ‘Average’ or ‘not so good’ judgements related to **inconsistent supervision** with **little structure or feedback**.



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## Results – NQPs

Clinical support and supervision **varied hugely** and comprised formal and informal meetings, regular 1:1 meetings, protected time, case discussion with colleagues, 1:1 mentoring, goal setting and Bridging the Gap meetings.

In terms of **frequency of supervision**, **55% of respondents received supervision less than once a month**, 29% received supervision once a month, 12% received supervision every 6-8 weeks, 6% received supervision once every two weeks and 6% once a week.



## Results – NQPs

**Content of supervision:** 88% of respondents reported using formal competency frameworks, 73% recording that this was ‘valuable’ and ‘very valuable’. It is, however, of concern to note that 20% of respondents attributing a ‘not very valuable’ or ‘not at all valuable’ judgement.

**Competency framework** was considered valuable as it reportedly gave, ‘point of area of need’, ‘goals and aims identified to work towards’, ‘given focus to Bridging the Gap sessions’.



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## Results – NQPs

### **Areas identified as needing more support included:**

‘support with complex specialist patients’, ‘interpreting assessment’ and ‘case supervision’ ‘dealing with other professionals’ and ‘discharge, planning, goal setting and therapy activities’?

Encouraging was the **positive response** to the final question, ‘Do you think you will be in SLT in two years’ time?’ to which 95% said ‘yes’. (Supported by work of Pring et al. 2012)





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## **Results – Clinical Managers**

**Predictable Transition Difficulties with NQPs:** time and caseload management issues, mirroring the challenges identified by NQPs.

**Most challenging aspects of managing NQPs:** confidence, balancing support and expectation, the amount of time they need and, for adult posts, their lack of dysphagia experience.

**Most fulfilling aspects noted:** enthusiasm, new ideas, seeing their confidence increase, and seeing them progress.



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## Results – Clinical Managers

Clinical managers accurately predicted the response of NQPs when asked to identify **major stress factors** within the job. Time management and caseload management, confidence in inter-personal skills and making clinical decisions were all cited.

Clinical managers when asked about **strategies** that were effective in reducing stress levels cited offering support and supervision, peer support and feedback, which was the solution sought by NQPs who said they coped with stress by talking to their supervisor /mentor or peers.



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## Results – Clinical Managers

All of the clinical managers reported that they provided **support** to NQPs usually weekly, dropping to fortnightly and then monthly. The competency framework used varied, examples of those used were KSF, RCSLT, and Flying Start. Perceived as valuable, the frameworks **provided structures**, reflective practice and are measurable.

All of the clinical managers asked for **feedback** regarding their support and supervision and the results of this suggested that 88% rated the feedback given as either ‘good’ or ‘excellent’.



## Results – Clinical Managers

**Success of clinical training programmes in preparing NQPs for their clinical role:** 6% reported they were ‘very successful’, 65%, ‘successful’ and 29% ‘somewhat successful’.

**Satisfaction with the level of clinical competence exhibited by NQPs:** 19% were ‘very satisfied’, 62% were ‘satisfied’, and 19% were ‘somewhat satisfied’.

60% of managers felt that **competency** varied depending on the clinical training institutes from which they graduated,

However, 76% were not influenced by the course from which the NQP graduated



## **Results – Clinical Managers**

**Typical areas of need of NQPs: time and caseload management** was again noted.

**Key competencies essential for NQPs to exhibit on entering the profession:** sound **theoretical base**, assessment and **therapy skills**, self awareness, time management, reflective practice, and ability to ask for help.

**Satisfaction with job interviews**, 70% of respondents were either , ‘very satisfied’ or ‘satisfied’ (29% and 41% respectively), and 12% were ‘somewhat satisfied’.



## Results – Clinical Managers

82% of managers provided time for NQPs to undertake **administrative tasks**. Of those that allocated time, 7% allocated 1-2 hours per week, 43% allocated 3-4 hours per week, while 12% allocated 5-6 hours per week and 12% allocated more than 6 hours per week.

In contrast, 59% said they provided NQPs with **research/study time**, whilst 35% said they did not. Of those that said yes, 60% allocated 1-2 hours per week.

**Readiness to Practice:** When asked about NQPs readiness to practice, **59%** said 'yes', **23%** said 'no' and 18% did not reply.



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## Summary and Implications

There are many encouraging aspects of this research, with regard to the **content** and **quality** of **clinical training** which was seen as successful in preparing graduates for 'real world' clinical practice.

It also identified **common key transitional challenges** and difficulties reported by both NQPs and Managers which is positive in that if both groups identify similar challenges then change is more easily effected.



## Summary and Implications

- ❑ On the whole, very **positive reports** on the training received
- ❑ **Stress** resulting from academic demands, timetabling issues and clinical load was identified as compromising the learning experience for both students and NQPs
- ❑ Students report **varied experiences** with **clinical placements and supervision**
- ❑ Some **imbalance** between adult versus paediatric placements was also reported





## Summary and Implications

- ❑ NQPs experience significant **variation in support** they received with respect to induction, clinical and managerial supervision, mentoring, rotation and shadowing, working with peers, working in different workplaces and time management
- ❑ This variability had clear **implications** for confidence levels, job satisfaction and perceived effectiveness as clinicians
- ❑ Students complained about the lack of **practical advice** and the **preponderance of theory** in their lectures
- ❑ They also requested **more observation** of therapists and reported not getting enough opportunity to watch 'good therapy'



## Summary and Implications

- ❑ Students reported subjects areas including **phonetics** and **research methods** as not being sufficiently applicable to clinical practice
- ❑ NQPs and clinical managers report significant amount of time is given to **admin** with little time on the whole for **private study or research**
- ❑ Challenging role preparing NQPs fully for their role as SLTs as some identified transitional difficulties, for example, **caseload management**, are difficult to teach and practice in training institution



## Summary and Implications

- ❑ **Clear gaps and limitations** have been identified in the training of SLTs from the perspectives of students, NQPs, clinical managers and clinical tutors
- ❑ However, the overriding message from all participants is a general **satisfaction** with the clinical training and preparation for practice
- ❑ It remains essential to evaluate and enhance the supervision for NQPs in order to **sufficiently support them in their clinical practice** in the increasingly challenging and complex UK healthcare landscape



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THANKS!