
RESEARCH ARTICLE

The Perceptions of Slovak Physiotherapists of their Practice Placement Experience

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Abstract

The practice education of undergraduate physiotherapy students is crucial for developing skilful and knowledgeable healthcare professionals. In Slovakia, there is a lack of literature exploring physiotherapists' practice education, which might have a serious impact on its future provision. Therefore, this study aimed to explore novice physiotherapists' perceptions of their practice placement experience using a qualitative design.

A purposive sampling of five participants was recruited to conduct semi-structured interviews which were translated and transcribed verbatim. Collected data underwent Interpretative Phenomenological Analysis (Smith *et al.* 2009). This resulted in four major themes that fully captured participants' perceptions of their practice placement experience. Identified themes were as follows: 'The practice educator who cares?'; 'Clinical placement issues'; 'Learning sources' and 'Ready for practice?'.

Overall dissatisfaction and frustration from participants' experience of practice placements suggested the necessity to put more focus on development, delineation and provision of practice education in Slovakia. Also, more research related to practice education of physiotherapists and preparation of the practice educators in Slovakia was recommended.

Keywords: practice placement, clinical education, Interpretative Phenomenological Analysis, physiotherapy education, Slovakia

Introduction

Physiotherapy in Slovakia has been taught at universities since 2005/2006 under the requirements of the Bologna Process (2009). Undergraduate physiotherapy education in Slovakia involves three academic years (six semesters) represented by 3,500 hours of university contact, of which 50% should be dedicated to the development of practical skills in academic settings. The curriculum also includes ten weeks or 400 hours of obligatory continuous clinical placement (Slovak Ministry of Health 2011). In Slovakia, students can achieve both Bachelor's and Master's qualifications in physiotherapy. Doctoral degrees have not yet been accredited (Sebestyénova 2009). The lack of literature exploring the provision of practice placements in Slovakia motivated the authors to investigate this topic.

Practice education at undergraduate level is considered crucial for development of professional competence due to the physiotherapy profession having a 'hands on' approach (Lindquist *et al.* 2004, Cross *et al.* 2006). The World Confederation of Physical Therapy (WCPT 2011) provides a definition of physical therapy that includes the role and duties of the physiotherapist, highlighting key practice education competencies. However, Slovakia achieved its membership of the Confederation only in 2011 and there seem to be persistent discrepancies between the competencies (PTs in WCPT are autonomous, in Slovakia PTs are not and work under the Doctor of Rehab), roles (in Slovakia PTs work under the Doctor of Rehab, therefore examination and treatment prescription is the Doctor's role or duty) and education (PTs education in Slovakia seems to miss some crucial points, such as development of critical thinking and reasoning skills) of physiotherapists in Slovakia and those set out in the WCPT definition.

The Slovak Chamber of Physiotherapists presents the same definition of the physiotherapy profession as WCPT including a description of the therapists' competencies (WCPT 2011; Slovak Chamber of Physiotherapists, SlovenskaKomoraFyzioterapeutov Physiotherapy profession. Available at: <http://komorafyzioterapeutov.sk/povolanie.html>, accessed 5 June (2011); however, this excludes an indication of the therapist's autonomy. According to WCPT, achievement of the first professional qualification entitles physiotherapists to become autonomous practitioners. In her seminal work, discussing the education of 'beginning practitioners', Higgs and Edwards (1999) recognises the importance of newly qualified physiotherapists being equipped with the knowledge, skills and behaviours necessary to enable them to function as independent practitioners with the ability to evaluate their own practice. However, in Slovakia the title of physiotherapist leads only to professional recognition within the country and expectations of the role of the newly qualified practitioners differ significantly from other countries. Graduate physiotherapists in Slovakia must work under the supervision of a Doctor of Rehabilitation who examines and prescribes the treatment for the patient. In order to apply for a licence to become autonomous, Slovak physiotherapists must gain at least five years of experience in the field, register with the Slovak Chamber of Physiotherapists, and complete a specialisation course in physiotherapy which takes an extra two years of university study (Slovak Chamber of Physiotherapists 2011). A similar system also exists in surrounding countries such as Poland, the Czech Republic and Ukraine (ER-WCPT 2011). While this system is historically related to the dominance of the medical profession, it may also relate to physiotherapy education itself, possibly including insufficient preparation of students to undertake autonomous work.

In Slovakia, education on campus and in practice sites continues to follow a more teacher-centred approach, which may make students more dependent on their educators and may encourage students not to take responsibility for their own learning. Such an approach is thought to limit the stimulation of the development of critical thinking and reasoning skills (Pillay 2002) crucial for healthcare professionals and their continuing self-directed education (Knowles 1975, Parboosingh 1998, Knapper & Cropley 2000). Whilst the WCPT expectations are that students on placement develop clinical reasoning skills in assessment, examination, evaluation and diagnosis, this is more difficult to assess in Slovakia due to the nature of physiotherapy practice there. As a result Slovak physiotherapists may lack the aforementioned skills, which may account for the discrepancy in autonomy right after graduation.

However, to enhance continuing and life-long learning in physiotherapists, the Slovak Chamber of Physiotherapists introduced a credit system which should help maintain standards within the physiotherapy profession (Slovak Chamber of Physiotherapists 2011). However, accredited courses are focused mostly on practical skills development, learning

new techniques and methods therefore the level of promotion of clinical reasoning skills in the offered courses is difficult to assess.

Practice placements integrate university and practice-based learning during which students undergo experiential learning based on concrete experience (Cross *et al.* 2006). As is suggested from an experiential learning cycle perspective (Kolb 1984, Honey & Mumford 2000), deep learning is promoted when students are encouraged to reflect on acquired experience, and have the opportunity for active experimentation. Therefore, these conditions should be an integral part of practice education.

According to WCPT (2011) students on practice placements should be supervised by appropriately qualified physical therapists, usually called 'clinical educators' or 'mentors'. This role is considered very demanding and challenging, as the person concerned must be an effective communicator and facilitator with up-to-date knowledge, who promotes student learning with constructive evaluation and feedback (Cross *et al.* 2006). Approachability, enthusiasm and a willingness to share knowledge are also considered key (Bennett 2003). The clinical educator or mentor should be a positive role model who provides effective education, supervision and promotion of clinical reasoning skills, which are key for autonomous work (Irby 1994, Cross 1995). However, there is currently no formal preparation for the role of practice educator in Slovakia. Once qualified, physiotherapists in Slovakia are expected to supervise students on top of existing workloads. No recognition or support is given for this extra work.

Although it is well known that perceptions gathered from practice placements are important in building professional identity and attitude towards the profession (Lindquist *et al.* 2004), no research was found to suggest this has been considered in Slovakia. Students' experiences and perceptions are a great source of feedback and learning for the educators, for the practice placement provider and for the university (Hesketh & Laidlaw 2002); therefore, attention should be given to them. Previous research of physiotherapy students' experiences (Lindquist *et al.* 2004, Morris 2007) and research related to clinical placement (Heale *et al.* 2009) appears to have clarified and helped improve practice education abroad. However, research findings do not easily translate into the Slovak physiotherapy education context, prompting the necessity to conduct similar research in Slovak settings.

Aim of the study

This is the first published study in Slovakia to explore perceptions of physiotherapy students on their practice placement experiences. The data were collected through semi-structured in-depth interviews and was further analysed using Interpretative Phenomenological Analysis (Smith *et al.* 2009). The findings are the first step toward evaluation and further development of physiotherapists' practice education in Slovakia.

Material and Method

In Slovakia, the Bachelor's degree in physiotherapy is offered at several universities and comprises three years' study, including both academic and clinical education. As no support was found in the Slovak literature regarding practice education it was decided to collect these data from the novice physiotherapists who were willing to share their experiences and perceptions.

Participants

Participants were included in the study if they had completed a baccalaureate in physiotherapy as a full-time student in Slovakia less than three years ago, which was

deemed recent enough in their career to remember their practice education. Purposive sampling of five participants was specific with comparable experience which was crucial for understanding studied perceptions of practice placements (Smith *et al.* 2009). Participants were recruited via posters displayed at physiotherapy departments. A topic guide, containing issues which would be discussed, a participation information sheet and a consent form were sent to the participants in advance of the interviews and any issues were discussed before signing the consent form. It was felt appropriate to send the topic guide in advance as participants were being asked to recall experiences from three years ago. The advantages and disadvantages of this were considered and it was felt that, as frustrations can run high about the variability of practice placement experiences in Slovakia, time to consider the questions would be helpful to the participants.

Ethical consideration

All participants signed an informed consent form which guaranteed confidentiality and the possibility of withdrawing from the project at any time. Personal information was kept separate from research data using a coding system, and a pseudonym was allocated to each participant. Collected data and information were kept in a locked container, in a password-protected environment according to the Data Protection Act (1998). Confidentiality and anonymity were maintained through the whole process of collecting and analysing data.

This project was carried out with approval from the University of Brighton Faculty of Health and Social Science Research Ethics and Governance Committee in September 2011. Permission was gained from relevant physiotherapy departments to display the recruitment poster; no ethical approval was required in Slovakia.

Interview

Semi-structured in-depth interviews were carried out to obtain participants' perspectives on their practice placement experiences. The structure of the interview was developed on the basis of available literature discussing students' experiences and learning sources on practice placements (Lindquist *et al.* 2004, Morris 2007). A practice and pilot interview was carried out, which helped the researcher to set the topic guide and explore the appropriateness of the selected questions. Due to the lack of relevant literature on practice placements in Slovakia, international literature was explored. Following discussion of the pilot interview and a review of the literature, the topic guide was developed. The pilot interview allowed the researchers to explore the reaction to certain questions. The questions were developed in English and needed to be translated into Slovak: the translation was therefore an important part of the process to ensure meaning was not lost. The topic guide included questions on the clinical placement experience; what students enjoyed from being on clinical placement; what was not beneficial; what could have enhanced their clinical placement experience; and what was beneficial in terms of their preparation for the physiotherapist's role.

All interviews were carried out by the same persona and audio-recorded. Three interviews were conducted in a private room in the physiotherapy department; the other two in a suitable location identified as safe for both researcher and participant.

Analysis

Interviews were transcribed verbatim: two were held directly in English while the remaining three were translated from Slovak into English. Collected data underwent Interpretative Phenomenological Analysis (IPA), which is a qualitative research approach developed on the basis of phenomenology, hermeneutics and ideology. IPA is concerned with the particular experiential phenomena which is studied and interpreted according to a particular

subject or context. Its purpose is detailed examination of human lived experience, expressed in its own terms (Smith *et al.* 2009). Therefore, this approach tends to interpret studied perceptions of practice placements, using a combination of participant description and personal interpretation which is further interpreted by the researcher (Hale *et al.* 2007).

Collected data were analysed in six steps as recommended by Smith *et al.* (2009), as follows:

1. Re-listening and re-reading the transcript to understand the participant's experience.
2. Making notes to produce descriptive, linguistic and conceptual comments.
3. Analysing exploratory comments and identifying emerging themes following by breaking up its chronological order.
4. Looking for connections across emerging themes, making groups of the themes with similar keywords and phrases, putting them under broader headings.
5. Applying the same process to the next interview.
6. Looking for patterns across cases, developing a master list of emerging themes which represented participants' thoughts.

The researchers moved between the developing themes, the transcripts, and back to the themes. These were constantly reworked and reconstructed. A triangulated approach was taken into consideration throughout the analysis and theme generation process. This triangulation took into consideration three vertices: the overall research aims and question, the reflexivity of the researchers and the temporality through which theme generation would occur. The researchers understood that this was a deeply integrated methodological experience that took time for sound generated themes to be exposed (Morriss-Roberts 2013).

Trustworthiness

A study design of this type is not without its potential pitfalls and shortcomings such as issues surrounding credibility, transferability, dependability and confirmability (Guba & Lincoln 1985, Nicholls 2009). However, the rigour of this study was maintained through the compilation of a reflective diary, which contained detailed description and reflection upon any potential bias and upon each step and decision made in the analysis process, as recommended by Smith *et al.* (2009) and Clarke (1999). This reflective account was subsequently explored with the other researcher. The IPA approach (Smith *et al.* 2009) generated findings which are a representation of the lived experience of these individuals: their perspective constructed by the researchers. The analysis process as outlined above is designed to encourage the researcher to reflectively engage with the participants' accounts. Inevitably this makes the analysis a joint product of the participant and the researcher (Smith *et al.* 2009). Although the focus of the research is the lived experience of the participant, ultimately it is how the researcher thinks the participant is thinking. It is said that the IPA researcher is engaged in a double hermeneutic, making sense of the participant, making sense of their experience (Smith *et al.* 2009).

Findings

Findings are presented in Table 1. Four major themes (The practice educator who cares?; Practice placement issues; Learning sources; Ready for practice?) capture novice physiotherapists' perceptions of their practice placement experiences. The term 'practice educator' is not commonly used in Slovakia. Students' educators are simply known as

Table 1 Major themes and sub-themes

<i>Findings</i>				
<i>Master themes</i>	<i>The practice educator who cares?</i>	<i>Practice placement issues</i>	<i>Learning sources</i>	<i>Ready for practice?</i>
<i>Emergent themes</i>	Approach of the physiotherapist to student	Hierarchy of health system in Slovakia	Access to the patient	Learning outcomes
	Approach of the physiotherapist to patient	Organization of the placement	Learning opportunities on the placement	Prepared for practice
	Time dedicated to student		Feedback and evaluation provided	
	Role of the physiotherapist			

physiotherapists. However for the purpose of this paper the term ‘practice educator’ is used in talking about the physiotherapists responsible for the students whilst in practice.

The practice educator who cares?

Analysed interviews revealed the importance of the approach of the practice educator to their student and their patients. Practice educators who showed interest in students, in their education, in patients and in their professional role were considered an important and positive source of learning, motivation and role modelling.

“There was one physiotherapist at the neurological department who was always willing to discuss everything about the patient from his history through to his examination, treatment, why everything is as it is . . . this was so helpful to me.” (John)

This relationship influenced participants’ perceptions of their practice placement. However, mostly negative experiences were declared.

“ . . . they used us like another pair of hands.” (Sue)

“ . . . you were considered cheap labour, not a student, and you were doing the job of a qualified physiotherapist, the work he was supposed to do . . . one really disliked his profession . . .” (John)

The approach of the physiotherapist to the student was closely related to the time dedicated to the student’s development and learning. Any time given was seen as positive and valued highly. However, participants’ experiences were varied:

“ . . . nobody had time for me because they were working . . . it was up to their kindness if they found time for us students.” (John)

Lack of time dedicated to students resulted in a perceived lack of support, which often meant safety concerns.

“ . . . I was quite scared because I didn’t know what to do . . . I could really hurt somebody or make the patient worse.” (Jan)

Observing the physiotherapist's interaction with the patient was recognised as role modelling which helped participants to understand their duties, responsibilities and how to interact with their patients. Unfortunately, mostly negative role modelling was experienced.

"You could see that sometimes people were bored with their job and their attitude was just to see the patient as quickly as possible ..." (Tom)

However, participants talked about how in their current practice it made them more determined to avoid becoming a negative role model.

Practice placement issues

This theme focused on the issues surrounding the hierarchical healthcare system in Slovakia, which puts the physiotherapist at the end of the healthcare chain of provision.

"... they [patients] have to pass from the general doctor to the rehabilitation doctor who then sends them to us with a prescription of what to do." (Kath)

Therefore, participants reported feelings such as being underrated and not satisfied with their social and financial status.

"... physiotherapy is underrated in respect of its difficulty ... in respect of finances and also social status." (John)

Placement organisation was discussed in every interview and in four out of five participants this was perceived as poor.

"... we almost never had anyone who would take the lead with our placements. They just gave us departments; just go there ... nobody really knew what we were supposed to do. It was very frustrating." (Jan)

As a consequence, the hours spent on the placement were considered sufficient but mostly ineffectively used. Environment, number of students on placement, equipment and knowledge of physiotherapists' own clinical competence were perceived on the whole to be unsatisfactory.

Learning sources

Participants identified several learning sources. These included learning from observing, interacting with their practice educator, early access to a 'real patient' and from assessing and treating a patient under supervision.

"When I wanted to do something with the patient, I had a person there to control it ... to be responsible for me." (Jan)

Early access to the patient on the clinical placements was highly appreciated by all participants.

"It was beneficial to finally get to touch a real patient." (Jan)

In addition to access to real patients, safety issues were also discussed in the context of students' perceptions of inadequate supervision.

"We usually started with a list of patients and we didn't know who these patients were, we had no information about them, we didn't know what we could do ... Just told to get on with it". (Sue)

"... we were students without any supervision ..." (Kath)

Feedback was identified as a potential and welcomed source of learning, which was mainly perceived as insufficient.

“... going back home with three bullet points [of feedback] at the end of the day and didn't understand what they related to ... same 3 points given to everyone” (Sue)

Placement evaluation was very demotivating because students were evaluated only according to the time spent on placement and not according to their performance.

“Everybody's placement counted no matter what.” (John)

Ready for practice?

The learning outcomes gained from clinical placements were considered by the participants as insufficient to enter the real world. They felt mainly uncertain and unprepared.

“Clinical placements did not fully prepare me. It prepared me for work in the departments generally. I know how to approach the patient, how to make the patient stand up but for clinical practice, to assess a patient, know what was wrong with them and how to treat them, I don't feel ready.” (Kath)

As the above quotation illustrates participants felt prepared for routine 'general work'. However they felt unprepared for interpreting findings from assessment and felt they lacked the clinical reasoning skills that are fundamental to autonomous practice.

In addition, they felt unprepared for continuing education and self-development.

“I don't remember that anybody told me what book I should read and nobody told me that I should read any articles, new information which is published only in articles ... So, I think I wasn't prepared for it.” (Sue)

In general, all participants viewed their self-development linked to further academic achievements. The participants did not feel that much could be gained from learning from experience as there was no structure in place for supervision and professional development. The concept of reflection so frequently seen as a means of promoting professional development was not mentioned by any of the participants as something that they knew about, did or valued in helping their development.

Discussion

This study aimed to explore perceptions of Slovak physiotherapists on their clinical placement experiences gained during their Bachelor's degree. Findings showed that the students' perceptions of the physiotherapy educator–patient and the physiotherapy educator–student relationships have an important impact on the resulting experience gained from being on a practice placement. In both relationships the educator acts as a role model whose knowledge, professional competence, attitude and communication skills are observed and evaluated by the students (Brookfield 2001, Bennett 2003). The characteristics of a good role model, therefore of a good practice educator, have been discussed in several studies (Cross 2013, Cross *et al.* 2006, Bennett 2003, Brookfield 2001, Cross 1995). In this study participants perceived that they had only had good experiences when being supervised by a physiotherapy educator who cared and who was interested in students' perceptions and learning outcomes. Unfortunately, mostly negative experiences were reported by the participants due to what was perceived as unprepared, possibly non-caring and non-professional educators. The role of the practice educator does not seem to be recognised yet in Slovakia. Students are allocated to general physiotherapists who have no

formative preparation for this highly demanding role. Moreover, it seems they have no information about the purpose and goals of practice education. Such a failure in communication between faculty and physiotherapist leads to the poor preparation of mentors as demonstrated in Andrews *et al.* (2006). Unprepared educators have a negative impact on the learning environment which should be effective, supportive, challenging and safe to guarantee that students have the best opportunity to learn (Brookfield 2001, Black *et al.* 2010, Henderson *et al.* 2011, Leurer *et al.* 2011).

The educator's role modelling was also identified as a crucial factor in a study by Morris (2007) where this interaction was described as both a source of the most and the least facilitating learning experience, depending on the educator's attitude. Collaboration, respect and trust between educator and learner are crucial for successful learning (Brookfield 1986) as this creates a positive interpersonal atmosphere, which, in turn, is considered important for achieving learning outcomes and objectives (Higgs & McAllister 2005). In Slovakia, it seems that such conditions for learning are not provided. Instead, students on placements are treated as another 'pair of hands' who are there to help the practice educator with their workload, hoping that some learning happens along the way. It seems that neither of them is aware of the aim of the practice placement as clear guidelines are not available. Furthermore, Slovakian physiotherapy students are not evaluated or assessed on their placements despite the well-established link between evaluation, constructive feedback and student learning (Knowles 1975, Cross *et al.* 2006). The only criterion to accomplish the placement is to be present, as our participants also noted.

Even though most of the participants reported being treated as 'another pair of hands', they did not blame the educator, rather they blamed the system of placement provision which was perceived as unmotivating. Similar barriers to the educator's role were identified in the research by Heale *et al.* (2009). This research in Canada found that health professional mentors considered that time pressure, lack of resources, inadequate orientation, limited contact with the education program and balancing multiple roles were barriers to their educational role. With the enormous changes in practice over recent years, it can be a challenge for practitioners to create an appropriate learning environment for the preparation of professionals (Newton *et al.* 2012).

In the current study, participants reported that lack of time spent with the physiotherapy educator created serious safety issues. The 'fear of harming somebody' is more likely to occur on placement where insufficient support is provided. It is widely known that a learning environment should be supportive and non-threatening to fulfil its purpose (Brookfield 1986). It is vital that significant time and attention is given to providing a supportive learning environment, as this is a crucial source of learning and development (Lindquist *et al.* 2004).

The participants felt that the provision of an appropriate learning environment was the responsibility of the person organising the placements. However, the participants felt that the organisation was mainly poor and confusing as no placement model was evident and no information about the learning objectives and goals was stated. Moreover, the role of the educator was not recognised; students felt that they were sent to physiotherapy educators who had no formal preparation for such a demanding role. From what can be gathered from the participants' comments, in Slovakia there is a need for clear definition and delineation of the roles and responsibilities of the Rehabilitation Doctor, Physiotherapist and Physiotherapy Educator to ensure good working relationships between these professional partnerships (Henderson *et al.* 2007). Delineation of the roles, placement models and practice objectives would clarify responsibilities and goals. This would constitute the first step towards a better organisation of placement provision according to WCPT's (2001) guidelines. It would be useful for The Slovak Chamber of Physiotherapists to support their physiotherapists with the provision of specific Bachelor programme

competencies and link these to expectations of the practice placements. The Slovak Chamber of Physiotherapists has identified the need to promote lifelong learning by the introduction of a credit system, which should help maintain standards within the physiotherapy profession (Slovak Chamber of Physiotherapists 2011) and possibly encourage physiotherapists to view their role as educators more positively. The accredited course, currently favouring practical skills acquisition, should emphasise the importance of clinical reasoning skills and the development of facilitation/teaching skills.

Observation as a learning source was partially identified in this study. It was felt that it gave the students a sense of what it meant to be a physiotherapist. Lindquist *et al.* (2004) found that students are able to identify the context of rehabilitation and the physiotherapist's position within the working environment after their first practice placement, which is often mainly observational. However, participants focused mainly on the opportunity to access 'real patients' from the first placement. Similar findings were identified by Henzi *et al.* (2007) and Lindquist *et al.* (2004). Direct experience with real patients was perceived as positive also by Morris (2007); with the provision of sufficient support and supervision. Observation, supervision and interaction with the physiotherapy educator were identified as important learning sources in this study. However, interaction with other healthcare professionals, colleagues or peers was not mentioned. Students were not encouraged to identify learning from their own experiences as useful for their development. Therefore, it could be assumed that a step towards self-directed and lifelong learning was neither recognised nor achieved (Hammond & Collins 1991, Knapper & Cropley 2000) and inter-professional communication was not encouraged (Rodger *et al.* 2008). This may have limited learning opportunities focused on clinical competency development (Henzi *et al.* 2006). There is potential value in reviewing the concept of preceptorship in supporting the newly graduated physiotherapist's orientation to the workplace but also – possibly more significantly – for the development of clinical and professional expertise (Firtfo *et al.* 2005). In a review of medical doctor training, Kennedy *et al.* (2005) found that there is a lack of empirical research as to how and when progressively to give learners independence. Teunissen *et al.* (2007) suggest that rectifying this by gaining increased understanding may help guide our research and evaluation of learning in practice. Professional competence is achieved through self-awareness, flexibility and critical self-reflection, which are crucial skills for handling uncertainty (Black *et al.* 2010) which was highlighted as an area not encouraged for the participants in this study.

Learning from feedback and evaluation was interpreted as a welcome source of knowledge. Unfortunately, most participants reported that feedback had not been adequate. Therefore, participants had no opportunity to reflect on their performance and to improve it, and their learning cycle could not be completed (Kolb 1984, Honey & Mumford 2000). Moreover, their motivation for further learning was low, which they perceived as mainly being due to it being seen as non-essential in the evaluation by their physiotherapy educator.

Such a learning experience caused the participants to feel insecure, unprepared and lacking in confidence when considering entering the real world of practice. These feelings are common in fresh graduates (Divaris *et al.* 2008). Bandura (1986) claim that the level of self-confidence predicts the level of success in performing the task and on this basis it seems that new graduates in Slovakia need to be further supervised to gain essential clinical reasoning and self-directed and lifelong learning skills (Knapper & Cropley 2000, Brookfield 2001, Moon 2008) which are crucial professional components (Li *et al.* 2009) as they guarantee progression towards improvement at all levels in healthcare provision (Knowles 1975). Although they are officially deemed ready for the physiotherapy profession, new graduates must currently rely on developing their professionalism during the initial years of practice.

Limitations

In this study, there are several limitations to be addressed. The first concerns the qualitative nature of the study with purposive sampling and small numbers that may not be representative of other Slovakian physiotherapy graduate experiences. However, its rigour was maintained by detailed description and reflection upon each step and decisions made in the process of planning, collecting and analysing data. The second limitation is the sample. A larger, more geographically spread or more recently graduated sample could enhance the rigour of the findings, although it may not identify any new themes as perceptions, experiences and ideas had a tendency to be repeated. Therefore, the researchers are convinced that a richness of collected data was achieved. The third limitation is that participants volunteered to be involved and should not be considered to be necessarily typical Slovak physiotherapists as they were interested in education, they were in practice placements and the majority was aware of practice education in other countries. Different findings might be achieved when interviewing novice physiotherapists working only in Slovakia. The fourth limitation is that one of the researchers had a personal experience from practice placements in Slovakia. However, regular debriefings and discussions, as well as writing a reflective journal and applying self-reflection, were used as a means of preventing the researcher from biasing the participants' responses. The last limitation is the lack of literature relating to practice education in Slovakia, which means that the findings of the current study can only be discussed in the context of international literature.

Conclusion

A purposive sample of five participants provided evidence of students' perceptions and concerns related to their placements in Slovakia. Four out of five participants claimed to have a mainly negative experience due to their perceptions of poor clinical placement organisation and supervision. The major pitfalls identified by novice physiotherapists included: the hierarchical system of healthcare provision, the unrecognised role of the educator, overlapping roles of physiotherapists and doctors of rehabilitation, lacking delineation of placement models, lacking support, time, feedback and evaluation. Participants perceived that their clinical placement learning environment resulted in limited learning opportunities and outcomes achieved, making them feel unprepared for the profession and lifelong learning. Although the majority of the sample expressed overall dissatisfaction with the placements, some positive points were raised including working with physiotherapy educators who cared and having opportunity to access real patients from the first year of education. The findings suggested several limitations in practice placement provision for physiotherapy students in Slovakia. These constraints may be considered by universities, teaching hospitals, the Slovak Chamber of Physiotherapists and the Slovak Ministry of Health, as they are responsible for creating and providing practice education. Overall, there is a need for more research and interest in the area of physiotherapy practice education. This ought to include organisation of the placements, delineation of the physiotherapy curriculum with its learning objectives and education of educators.

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