

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

Sue Annetts and Richard Day

School of Healthcare Sciences, Cardiff University

Correspondence Details: Sue Annetts, Ty Dewi Sant, Heath Park Campus, Cardiff.
CF14 4XN. Annetts@Cardiff.ac.uk

The Informed Study Project: How Innovative Online Self Evaluation of Fitness to Practice Can Support Successful Transition into a Professional Higher Education Programme

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 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 attempted to ask 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 (Cherastidtham & Norton, 2018). Nelson et al 2012 propose the Individual and Institutional 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:

Physiotherapy: Informed Study

The great thing about studying on the BSc (Hons) Physiotherapy is that there is a wide range of activities that comprise the whole experience. The aim of the Informed Study Project (ISP) is to provide clear and practical information about the physical and mental requirements of the BSc (Hons) Physiotherapy and to encourage prospective students to reflect on their readiness to engage in the programme.

It is essential that students are able, in due course, to achieve the learning outcomes of the programme which are designed to reflect the requirements of the [Health Care Professionals Councils \(HCPC\)](#) and the [Chartered Society Physiotherapy \(CSP\)](#). Students can apply to register with the HPC when they successfully complete the programme, and consequently commence practice on patients as a physiotherapist. One of the responsibilities of the HPC, as a statutory regulator is to ensure that members are fit to practise. Therefore students need to be aware of what fitness to practice means when they enrol on the programme.

If at any point you have questions about the nature of the course, or about your ability to participate, please contact the departmental disability contact (details below). They will be happy to discuss the requirements of the programme and to consider, with you, the adjustments you may potentially need to participate successfully. You may also wish to contact the Disability and Dyslexia Service.

BSc (Hons) Physiotherapy Disability Contact:
 Sue Annetts, Lecturer
 Email: Annetts@cardiff.ac.uk
 Phone: 029 20687731

Disability and Dyslexia Service
 Email: Dyslexia@cardiff.ac.uk
 Phone: 029 20743811



What is Fitness to Practice?

This means having the skills, knowledge and character to practise your profession safely and effectively (http://www.hpc.org.uk/assets/documents/10002FD8FTIP_What_does_it_mean.pdf).

Lectures

The purpose of a lecture is usually to present a new topic, whilst incorporating student participation. Where appropriate, presentations and any additional reading material are available on Learning Central prior to the session. It is generally appropriate to print this off and read it before the session so further personal notes can be made as necessary.

Students will spend the majority of the session sitting and attending to the presentation, while taking notes about the information presented. Presentations are usually in sections of 20 – 25 minutes, between sections there may be opportunities for students to ask questions and also participate in directed discussions with other students.

“ Lectures are engaging ... and although some of the content can be hard to get your head around if you need something clarifying there is always someone happy to help.”
 - Laura, First Year Student



Information on Lectures	
Duration	Maximum of 3 hours, but with at least one 30 minute break
Number of students	Maximum of 110
Venue	Tiered lecture theatre with fixed seating and benches
Teaching Style	Information is presented within a spectrum of audio-visual delivery methods including lecture presentations using Microsoft PowerPoint and similar software, videos and sometimes involves patients coming in and discussing their condition.

Tutorials

When students commence the programme they are allocated to a tutorial group of approximately 15 students. Tutorials usually provide an opportunity for deeper learning of new or previously explored topics, and are also a good opportunity for students to ask questions they may not feel comfortable asking in a lecture format.

If the tutorial is related to a previous lecture, students need to prepare by reading the lecture notes prior to the tutorial.

“ I was apprehensive ... about meeting so many new people but the small tutorial group structure (of about 15) meant I got to know those people first and then it was easy.”
 - Fred, Second Year Student



Information on Tutorials	
Duration	Usually last for an hour followed by a break, but may last up to two hours.
Number of students	Maximum of 30 if a double tutorial group, but 15 if a single tutorial group
Venue	Small teaching rooms with moveable chairs and desks
Teaching Style	Tutorials are generally of an interactive nature and have a wide range of formats but usually involve small group work e.g. groups of 6 – 8

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.

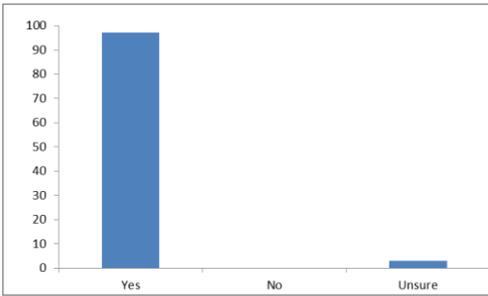
The first intake to undertake the ISP was in 2011, following a satisfactory equality impact assessment. At this time the intake was approximately 80 students and since then the ISP has successfully operated each year; each year the cohort size has increased with the 2017 cohort being approximately 2017. 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

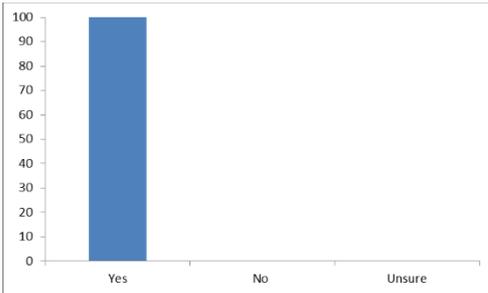
a) Bristol online survey

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

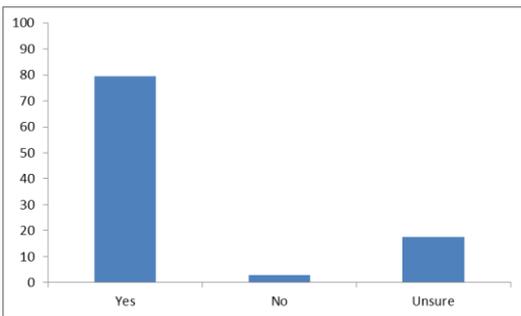
Question 1: *Do the "Suitability for Physiotherapy" web pages provide useful information regarding the BSc (Hons) Physiotherapy programme*



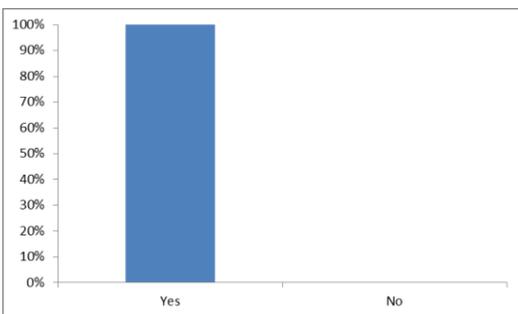
Question 2: *Are the "Suitability for Physiotherapy" web pages well presented?*



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)

Year of Intake	Commissioned Numbers	% Attrition (for duration of programme to date)
2011	96	3.13
2012	103	2.91
2013	89	10
2014	95	4.25
2015	121	4.96
2016	134	7.46
2017	134	2.24
Mean attrition		4.99

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 respondents 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 areas 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.

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