

# Association of Paediatric Chartered Physiotherapists COVID-19 Survey

## Analysis: Continuing Professional Development

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### Introduction

Continuing professional development (CPD) is a legal requirement of healthcare professionals including physiotherapists (Lawton 2003, HCPC, CSP). It includes areas of personal and professional development that should be carried out regularly to ensure safe and effective practice, striving for improvement of patient care and health outcomes (Sargeant, 2018, French 2008). Professional learning can occur in many forms and physiotherapists can meet requirements through a wide array of activities relating to their role and specific to their individual practice (French 2008).

During the unprecedented outbreak of COVID-19 pandemic the healthcare communities, have faced a multitude of restrictions that have challenged and transformed the delivery of patient care. This also affected physiotherapists working with children and young adults, who whilst ensuring safety of self and others, had to adjust to rapid change in workloads and working arrangements - ranging from redeployment, furlough or redundancy to the introduction of home working, with reliance on on-line service delivery. The outbreak of highly contagious virus posed of unique challenges to accessing professional learning in healthcare and gave rise to an array of new learning needs (Anderson 2020, Price 2020, Rose 2020). In these difficult circumstances the healthcare professionals must be supported to ensure their learning needs are met, their professional development continued, and their lifelong learning potential fulfilled, regardless of challenges.

### Aim

This paper aims to explore the continuing professional development of paediatric physiotherapists during the COVID-19 pandemic in the UK. Understanding the experiences of paediatric physiotherapists will enable the Association of Paediatric Chartered Physiotherapists (APCP), and other CPD providers to develop professional learning activities that can withstand social and workplace restrictions that may occur in the future.

### Methods

An electronic survey was sent to all APCP members between June 4<sup>th</sup> and June 17<sup>th</sup> 2020. A qualitative approach utilising Framework Analysis (Ritchie 2014) has been applied. A detailed methodology of the design, development delivery and analysis of this electronic survey is reported in the introduction and methodology section of this series. Further consideration of methodological limitations within this project have been detailed in the Introduction and methodology section.

This domain of the survey was explored through key questions presented in Table 1.

| Table 1: Survey Questions                                                      | Type of question |
|--------------------------------------------------------------------------------|------------------|
| 1. Has your CPD changed over the past 3 months                                 | Closed (Yes/No)  |
| 2. How has your CPD changed during this period?                                | Open ended       |
| 3. Please share any CPD challenges you have experienced during this period.    | Open ended       |
| 4. Please share any CPD opportunities you have experienced during this period. | Open ended       |

Table 1: Survey questions within Continuing Professional Development (CPD) Domain.

## Results

The analysis of the CPD domain revealed that the professional learning activities of paediatric physiotherapists were significantly affected during the pandemic. A total number of 14 sub-themes were grouped into three main themes within the CPD domain: forms of CPD, virtual learning, professional practice transformation.

| <b>Theme I: Forms of CPD</b>              |                                                                                                                                                                                                                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subthemes</b>                          | <ol style="list-style-type: none"> <li>1. Mandatory training</li> <li>2. Departmental/Team based training</li> <li>3. Self-directed learning</li> </ol>                                                                |
| <b>Theme II: Virtual Learning</b>         |                                                                                                                                                                                                                        |
| <b>Subthemes</b>                          | <ol style="list-style-type: none"> <li>1. Digital Literacy</li> <li>2. Technology and Infrastructure</li> <li>3. Quality</li> <li>4. Connectivity</li> <li>5. Learning autonomy</li> <li>6. Active learning</li> </ol> |
| <b>Theme III: Practice Pattern Change</b> |                                                                                                                                                                                                                        |
| <b>Subthemes</b>                          | <ol style="list-style-type: none"> <li>1. Time management</li> <li>2. Service development initiatives</li> <li>3. Priorities</li> <li>4. New skills</li> <li>5. Teams</li> </ol>                                       |

## ***Forms of CPD during the COVID-19 pandemic***

Respondents described a wide variety of learning activities undertaken as part of their CPD during the COVID-19 pandemic. Reported activities were grouped into subthemes: Mandatory training, Departmental/team based learning and Self-directed learning.

Mandatory training was often the only learning activity that was available or prioritised during the pandemic, and considered by many respondents as CPD. The majority of these respondents reported that training was completed on-line, which was regarded as timesaving.

There was however a large group of respondents who were not able to access their mandatory training at all during COVID-19 pandemic, mostly due to cancellation of courses or lack of time. This meant for some professionals that their statutory and mandatory training became outdated.

*'I have not been able to access anything other than mandatory training.'* (R299)

*'Some mandatory training is currently cancelled due to social distancing measures.'* (P125)

*'Booked courses prior to COVID-19 have all been cancelled including some mandatory training which is now out of date.'* (R272)

*'Easier to complete mandatory training online than attend face to face from a time management point of view.'* (R72)

Respondents viewed technology, personal protective equipment (PPE) and redeployment training as mandatory activities, due to the changing nature and requirements of their professional roles, with recognition that this learning would take the place of other more usual CPD activities.

*'There was so much info around Covid-19 that some of the more everyday CPD got lost in the background.'* (R176)

*'There has been a lot of training for redeployment which I will be able to continue into everyday work.'* (R18)

Team-based learning within the departments was reported to be significantly affected by the COVID-19 pandemic. This was attributed to enforced safety measures, such as social distancing, changes in staffing capacity due to redeployment and shielding, and altered working patterns to meet the clinical pressures of COVID-19. Many reconnected with teams through the use of on-line platforms (Zoom or Microsoft teams being amongst most frequently used programmes). Here, respondents gave examples of prompt reactivity, where the shift to alternative team-based learning, including in-service training, occurred quickly and without much disruption to learning

*'Currently not providing the normal team Inservice through Zoom or Teams etc due to clinical priorities and service requirements.'* (R419)

*'Our monthly Inservice training stopped initially but is now re-started.'* (R363)

*'Not changed - been able to continue supervision via Microsoft Teams and telephone.'* (R180)

*'It's saved a lot of travel time and Microsoft teams works really well for presentations. I had a whole day of training via teams!'* (R450)

Clinicians also missed the opportunity for face-to-face peer learning and supervision within joint treatment sessions, and more informal learning opportunities that would otherwise occur without planning.

*'Missing regular joint working single professional and multi-professional for assessing tricky children. Not the same virtually.'*(R387)

*'Not enough time. Harder to get informal supervision as not seeing colleagues face to face.'*(R204)

*'Harder to get opportunities to do clinical mentoring, previously done 90% by joint working at bedside.'* (R10)

Respondents who experienced redeployment reported an appreciation for new learning relationships and positive learning support from their teams. Although some described both: the importance and difficulty of maintaining contact with their paediatric-specific teams.

*'New opportunities to work with colleagues in adult team, but not relevant to Paediatrics.'*(R347)

*'CPD during redeployment. Difficult to break away from my new team to access CPD relevant to my usual role. It's difficult to get protected time to do work for my usual Paediatric role.'*(R21)

Whilst some respondents passively faced the absence of CPD opportunities, others described a more proactive and autonomous approach to sourcing professional development, describing a range of self-directed learning activities

*'Team teaching and journal club were also put on hold during this time so CPD had to be much more self-led.'* (R132)

*'Any challenge overcome is an opportunity - was able to do it from my home and sometimes even at the best time for myself.'* (R458)

Respondents felt disappointed by cancellations of events and conferences. For a large number of respondents attending national and international paediatric-specific conferences is main source of CPD, usually providing opportunities to gain new knowledge and network amongst professionals, was reported to be very limited during the pandemic. Others appreciated comfort and flexibility, safety (related to shielding), others because of increased time-pressures at work.

*'There are limited opportunities to attend larger group activities which are also intended to develop networks where personal interaction and small break out groups is lost.'* (R375)

*'Online stuff is brilliant. Don't have to travel - saves hours of time (and diesel). Available to all (including staff working from home and shielding staff group).'* (R87)

*'I attended an international conference from my own home.'* (R185)

Reading journal articles was a commonly reported activity, both independently and as part of journal clubs. Accessing discussions on clinical scenarios and problem-solving sessions were amongst other frequently reported activities. The importance of reflective practice and learning was frequently mentioned by respondents.

*'We have continued to try and attend CPD sessions via Microsoft meetings and continued with Journal club and analysis of research papers online.'* (R350)

*'I have done many more reflections particularly when I was re-deployed.'* (R7)

There were several respondents who despite being re-deployed, reshaping services or shifting practice to virtual spaces, did not regard these experiences as part of their CPD. On the contrary, one respondent wrote: *'We got limited access before anyway. I am viewing the whole experience as CPD.'* (R21)

## ***Virtual learning***

A rapid and forced shift to virtual environments impacted respondents' access to learning and engagement with CPD activities. Within this theme 6 subthemes were identified: Digital Learning, Technology and Infrastructure, Quality, Connectivity, Learning Autonomy, Active Learning.

Digital literacy was an important subtheme highlighting the importance of skills as enablers of access to virtual learning. Some respondents were finding this challenging; others were motivated to develop new IT competencies.

*'First I need to learn how to access webinars etc..... being of the 'older' generation all really is totally new to me and a challenge.'* (R192)

*'Before lockdown I'd thought about accessing webinars but never got round to it, now I feel more*

*confident to do it.*' (R194)

Many respondents offered criticisms of the quality of online resources, content of educational events and their delivery. Many admitted missing the active component of a learning experience, including the practical activity and/or participation in group discussions, during conferences, webinars and team meetings.

*'Reading online gets old after a while, hard to listen and watch too many in a row.'* (R133)

*'A lot of free stuff out there, difficult to know the quality of it if not accessing it through a known resource (such as APCP).'*' (R419)

*'I find it very difficult to focus on webinars as I'm a very hands on/practical learner and also like to discuss things which you can't do over a PC. Although there are chances to ask questions which is a positive.'* (R61)

*'I have missed the practical and hands on CPD that I normally enjoy.'* (R120)

Poor quality of technological infrastructure at work – whether in the office or at home, was also a barrier to accessing virtual CPD.

*'Technology access problematic therefore I have done this from home in my own time.'* (R379)

*'There is a wealth of info suddenly and tricky to know what to prioritise at times. My internet connection at home drops off and this has made streaming some things tricky.'* (R203)

The majority of respondents described a noticeable increase in the professional learning content available on-line. Some respondents commented on struggling with an increased exposure to digital information. Respondents frequently commented on the practical and economic advantages of virtual learning, how it saves both time and money, particularly on travel between sites. Whilst decreasing travel, virtual learning offered the ability to build broader networks and connect with colleagues within their team and other professionals, both nationally and internationally.

*'Many more opportunities for supervision/ support with or by colleagues via Teams, or webinars advertised by various agencies including APCP online.'* (R15)

*'I've felt overloaded with info and it's been difficult to take on board especially when things were changing on a daily basis.'* (R97)

*'More opportunity to learn from practitioners abroad and in other trusts due to online webinar.'* (R23)

*'Access via technology meant it was easier to participate.'* (R228)

*'Lots more online resources and training has been developed to make it more accessible and use of video recordings to allow access to talk (especially international ones) where you cannot attend live so opportunities is not missed.'* (R470)

Respondents' learning autonomy was often facilitated in a digital learning space, offering greater convenience, particularly with recorded webinars, and an ability to take control and responsibility for ones' CPD activity. Yet, some respondents admitted feeling guilty spending time on CPD amid the pandemic and its associated healthcare pressures.

*'There is a certain amount of guilt that you have the time to be able to access CPD during this time when others are busier.'* (R20)

*'Also feeling a bit guilty with using this time for CPD and not getting out into the community to see kiddos.'* (R141)

### **Practice pattern change**

Analysis revealed a multitude of changes in professional responsibilities and working patterns which were influential to CPD activity during the pandemic. New Skills, Time management, Service development, Priorities and Teams were amongst subthemes identified within Practice Pattern Change theme.

For the majority of respondents, keeping pace with rapidly changing information related to COVID-19 was at the forefront of their learning needs, including training and updates on use of personal protective equipment (PPE). Redeployment training opportunities were perceived by some to be valuable, both now and for the future, whilst others felt disappointed not to have been redeployed after completing training. Redeployment of colleagues left services with reduced staffing levels, causing increased time and emotional pressures and for those running the 'skeleton services', whilst reducing their capacity for CPD. Many said that CPD was not their priority during this time, as they were concentrating on responding to the changing needs of services.

*'We are working beyond our capacity due to amount of staff redeployed therefore we do not have time for CPD.'* (R214)

*'between redeployment to the wards and continuing keeping up to date with my normal job I have found it difficult to fit in as much CPD as normal.'* (R132)

Time management was a recurrent subtheme. There was a split between those who reported more time and those who lacked time for CPD. Those who reported more time for CPD attributed this to service closures and reduced face-to-face contacts, whilst others noted a loss of time, resulting from cancelled study leave and protected learning time.

*'Due to not seeing patients face to face it has allowed more time to look into online resources and complete mandatory training.'* (R264)

*'Working from home has allowed me more time to do other CPD.'* (R75)

*'Most of it [CPD] is in my own time as day very busy chasing around support for families in my care.'* (R324)

*'All study leave was cancelled.'* (R236)

*'We also usually have protected band 6 teaching time on Thursday which were cancelled and due to start again soon.'* (R135)

*'We have been extremely busy as a service working at capacity and prioritising patient contact therefore there has been limited time to access CPD opportunities.'* (R132)

*'intended to access webinars but managing caseload so time consuming not prioritised this.'* (R72)

Many respondents described the disintegration of teams as a result of redeployment, and less opportunity for collective learning.

*'Redeployed staff working shifts and 7 days and therefore hard to organize time when can meet together for group reflections / supervision.'* (R134)

Many respondents considered service redevelopment in response to COVID-19 as part of their CPD and an opportunity to upskill or gain new skills in this area.

*'More time to consider innovative changes that might benefit the service.'* (R292)

The competing priorities were also apparent at home where work-life balance was destabilised. For many, lockdown and school-closures resulted in home-schooling responsibilities that had to be prioritised alongside finding time for self-care.

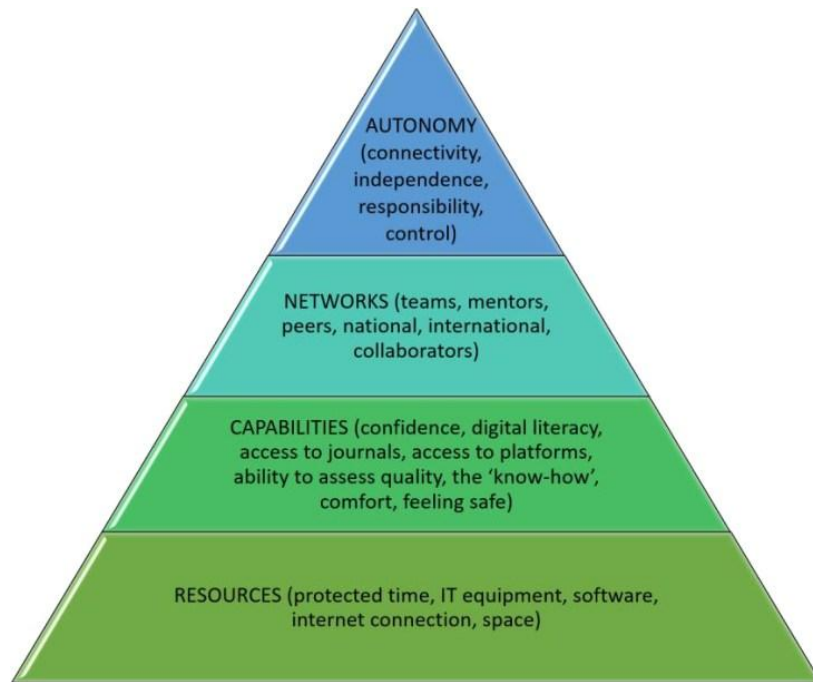
*'(CPD was) a challenge as I have had the additional role in home schooling my children.'* (R46)

## Discussion

The results of the CPD domain of this survey give an insight into paediatric physiotherapists' professional learning activities and experiences during the COVID-19 pandemic. The findings illustrate that there has been a rapid and forced change in CPD activity, with two key factors underpinning these changes: 1. The shift to digital environments and 2. the change in professional responsibilities and capacities.

*'I have felt emotionally drained and needed to do something different out of work time.'* (R8)

Further exploratory analysis of the survey responses aided re-conceptualisation of needs related to professional learning into four categories of factors and conditions: Autonomy, Networks, Capabilities and Resources (ANCR for Learning Framework), which were considered influential to respondents' engagement in CPD during COVID-19 (Figure 1). The factors and conditions are organised from the most basic level of needs at the bottom, to higher-level conditions at the top and focus on learners and their needs that once fulfilled allow learner to focus on CPD activity.



*Figure 1. The ANCR for Learning Framework - (Autonomy, Networks, Capabilities, Resources)*

### **Level One: Resources**

This level encompasses the group of resources that were deemed necessary for successful engagement in professional learning and interaction. The protected time assigned to the learning process (time to plan, attend, reflect and record) was considered a resource of uppermost importance. Lack of time was one of the most frequently reported barriers to enabling CPD activities. Strong dependence on technology during the outbreak of COVID-19 posed a challenge of inequality to learning access, which varied between different NHS Trusts, departments, and households. Lack of appropriate infrastructure (internet connection, software, computer etc.) to take part in an online learning frequently limited access to CPD.

### **Level Two: Capabilities**

The broadest level of conditions relating to respondents' abilities when resources were in place or were not an issue. An important condition for CPD during the pandemic was capability and confidence when accessing CPD. This includes ability to navigate digital learning environments, acquiring technical knowledge, and making informed choices regarding content and quality of events with confidence. The impact of social distancing and lockdown measures caused stress and anxiety or even guilt related to learning during the pandemic amongst many paediatric physiotherapists around the UK and were detrimental to successful development. Feeling safe and confident was an important condition for accessing CPD effectively. Learning in digital environments has been established in the academic world over the past decade. With blended learning, flipped classrooms and asynchronous learning being used to minimise the lecture content and maximise the active learning experience. This has undergone development in undergraduate healthcare studies. However, this has not been consistently implemented in professional learning courses or events

outside of higher education. On-line CPD underwent rapid expansion during the COVID-19 pandemic, however this will require further transformation and careful considerations of: the content, capabilities of the educators to facilitate professional learning online and learner's ability to effectively engage in the process and ensure the knowledge transfer.

### **Level Three: Networks**

The third level of this conceptual model considers the importance of learning communities and networks. Professional teams and learning networks (often interdisciplinary) were important for paediatric physiotherapists. Regardless of the size of the groups or context, the sense of belonging in a learning community was described frequently and was a strong facilitator for CPD engagement. This level echoed the third level of Maslow's hierarchy of needs, which involves feelings of belongingness including close and extended social connections (Maslow 1943, Milheim 2012). Many teams experienced disintegration and breakdown in regular learning activities, contributing to a sense of isolation. Respondents who were involved in knowledge sharing, meaningful collaboration with colleagues and wider networks were amongst those most engaged in CPD. Social learning theory highlights importance of social interaction within communities of practice (Crain 2010, Wenger 1998). It remains that learning is relevant and embedded in the practice context, central to constructing learner's identities (Patton 2013). The shift of learning to digital spaces offered opportunities to collaborate with wider learner networks (cross-specialties during re-deployment, or at the national or international level of educational events) and broaden respondents' professional identity.

### **Level Four: Autonomy**

The fourth level considered learner's autonomy that involved taking control and responsibility for the CPD process. This survey provided numerous examples of pursuing alternative learning opportunities during this extremely challenging time. Here, autonomy of learning was often presented in respondents who exhibited the ability to adjust, facilitated by conditions achieved at lower levels of the hierarchy – appropriate resources including time and the capabilities in accessing learning. The influence and importance of networks when considering autonomy of professional learning could not be ignored. Zone of proximal development (Vygotsky 1978) refers to the difference between what person can achieve through independent learning to what they can achieve through collaboration with others (Ormrod 2018, Crain 2010). It also highlights the role of the educators in providing the scaffolding (tools and support) to enable emergence of new skills. Our analysis confirmed that the connectivity was an important catalyst of learning within autonomous professional development especially in times of physical isolation.

## **Conclusions/Summary**

Promotion of technology to create opportunities to maximise educational value should be encouraged with careful consideration of equality in accessing resources – not only these related to technology and equipment but also access to protected time for engagement with professional learning. The results of this survey clearly highlight the importance of networks and learning communities, and their role in facilitating access to CPD. Findings show that autonomy of professional development thrives with collaboration. This is one of the critical

areas for the APCP and other professional networks to focus on, as they can facilitate and create safe and welcoming environments for knowledge exchange both virtually and face-to-face. The pandemic significantly impacted on the paediatric physiotherapy practice and professionals' access to learning. Extra care should be taken to rebuild the confidence, diagnose barriers and facilitators of professional development, and provide guidance on the new ways of accessing CPD activities. Although courses, lectures and modules are firmly driven by learning outcomes, it is not always the outcome that is the most important part of our learning, but the process of learning itself, including the reflection on what knowledge has been gained.

The ANCR framework, conceptual model of factors and conditions for professional learning during the COVID-19 pandemic, has been informed by analysis of a nation-wide survey of APCP members. This model can facilitate paediatric physiotherapists' engagement with CPD, by supporting the reflection and identification of clinicians' needs and barriers arising at each level. Furthermore, this model can help with planning the resource provision and organisation of events to maintain and enhance physiotherapists' engagement with professional learning in the post-COVID-19 recovery phase of service provision in the UK.

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