An online fitness to practise specific module alters physiotherapy students' health knowledge, perceptions and intentions

Kristin Lo BPT (Honours), PhD
Senior Lecturer, Department of Physiotherapy, Monash University, Melbourne, Australia

Alison Francis Cracknell BApSci (Physiotherapy), Grad Cert (HPE), PhD candidate
Director of Clinical Education, Department of Physiotherapy, Monash University, Melbourne, Australia

Ruben Hopmans B.Multimedia, MIT (Research)
Project Coordinator, Department of Physiotherapy, Monash University, Melbourne, Australia

Stephen Maloney B.Pty. MPH. PhD, MBA (exec)
Associate Professor, Department of Physiotherapy, Monash University, Melbourne, Australia

ABSTRACT

Health professional students experience fitness to practise (FTP) issues but commonly do not seek help. Strategies to support students' FTP in preparation for clinical placement are warranted. This article adds further insights into curriculum to support students' FTP. The purpose of the study was to gain insight into students' perception, levels of confidence, knowledge, understanding and help-seeking intentions regarding FTP issues and their supports.

Year 3 and 4 Bachelor of Physiotherapy students provided open-ended responses regarding the impact of undertaking an education module to increase their awareness of FTP issues and associated support systems.

After completing the module, students were more confident to define FTP, able to identify support systems and more likely to seek help for FTP issues. They were less likely to self-manage FTP issues although this was not statistically significant. After viewing the curriculum students increased their awareness of where to seek help from 52/68 (77%) to 50/50 (100%). Students also increased their understanding of what to do if a peer had an FTP issue from 31/68 (45%) to 46/50 (92%). The factors that both facilitate and discourage help-seeking behaviour were discussed.

An FTP specific module altered students' perceptions, levels of confidence, knowledge and understanding regarding FTP issues. It also increased students' intentions to seek help. Strategies to support students' FTP issues were described with discussion of strategies to improve the FTP specific module.

We acknowledge the traditional owners of the land on which this work occurred and pay our respects to their elders, past and present.

INTRODUCTION

Health professional students experience fitness to practise (FTP) issues consisting of impaired clinical competence, physical and mental health impairment and professionalism issues (Parker, 2006). While FTP has primarily been explored in medicine, there is also research on FTP in nursing (Tee & Jowett, 2009), dentistry (Shaw, 2009), psychology (Johnson, Porter, Campbell, & Kupko, 2005), occupational therapy (Warne, 2002) and medical radiation (Wright, Jolly, Schneider-Kolsky, & Baird, 2011). There is however little research on FTP within the discipline of physiotherapy.

Supervising physiotherapy students with FTP issues may impact on clinical educators' wellbeing and work satisfaction (Lo,

Curtis, Keating, & Bearman, 2017). Physiotherapy students' self-declaration of FTP issues has been used to proactively flag and supportively manage FTP (Dyrbye, Schwartz, Downing, Sloan, & Shanafelt, 2011). Self-declaration of FTP issues has been done specifically with physiotherapy students (Lo, Maloney, Bearman, & Morgan, 2014). It has been found that the key factors that support students' self-declaration include confidentiality, positive relationships with staff and a supportive environment (Lo et al., 2014).

Health professional courses are stressful, and students may not have formalised strategies for managing these negative emotions. The stress can be amplified on clinical placements and stress management techniques are, therefore, indicated in modern health professional educational programmes.

The literature shows that medical students seek support from family and friends and avoid professional advice particularly in the case of mental health issues (Chew-Graham, Rogers, & Yassin, 2003). Avoidance of help-seeking starts early in medical education due to a perceived stigma (Chew-Graham et al., 2003). As Devereux and colleagues (2012) have identified, students may lack information as to what might potentially impair their practice and could be concerned that disclosure may affect their academic progression. Education on FTP must, therefore, include education regarding the definition of FTP and signs and symptoms of FTP issues that may impact on their practice. This education is important both for the students themselves but also for their friends and colleagues. Information on confidentiality about FTP issues and academic progression is also considered to be an important inclusion.

While more relevant recent research on the topic of FTP was unable to be located, Schweitzer (1996) found that students may also lack awareness of appropriate student support. Students need information on FTP issues to encourage them to identify, disclose and seek support, or encourage their friends to seek support, for any FTP concerns (Devereux et al., 2012). The lack of FTP knowledge may be addressed by educating students and forming effective partnerships between academic and student support services to mitigate risk and help to identify appropriate management strategies (Kernan, Wheat, & Lerner, 2008). Such a programme may include educating students on available services, such as mental health supports including counselling. One of the goals of this early intervention is to prevent students experiencing a *"cycle of failure"* where students experience unsatisfactory performance which decreases their confidence, leading to the potential for further unsatisfactory performance (Cleland, Arnold, & Chesser, 2005).

Research by Roberts et al. (2005) also found the majority of medical students had not sought care due to training demands, cost and desire for confidentiality, and these issues need addressing. A potential FTP learning module, therefore, needs to include content on confidentiality and FTP issues. A provision in the busy timetable needs to be made for discussing and supporting FTP. Funding needs to be sought for university support services such as general practitioners and counsellors.

The authors aimed to investigate whether a short online module focused on defining and using examples of FTP issues, stress management and the benefits of obtaining confidential support would alter the perceptions of obtaining help for FTP issues. The research question was *"How do students' perception, levels of confidence, knowledge and understanding, and help-seeking regarding FTP and appropriate supports change in response to an online module focusing on support strategies for FTP issues?"*

METHOD

Educational context

Third and fourth year undergraduate Bachelor of Physiotherapy students have a significant increase in their exposure to clinical practice. Transitioning to a workplace learning environment may be associated with an increase in stress and an increased incidence of FTP issues. An online education programme regarding FTP issues and the benefits of obtaining proactive support was developed. Fitness to practise (FTP) issues were

defined according to Parker's definition of FTP (Parker, 2006) and discussed in a supportive manner. This FTP specific module focused on privacy and students' rights. Case studies of students who had successful outcomes after receiving help and a video of a current student and her experience of an FTP support meeting with the university unit coordinator were included. Links to appropriate professional services, such as doctors and counsellors, were included along with additional university supports, for example, disability support services. External mental health support services were also included, such as "beyondblue" (beyondblue, 2017) which is an independent, not-for-profit organisation supported by the Australian Federal Government and every State and Territory Government in Australia. Links to "Headspace" (Headspace, 2017) a popular website on mindfulness (awareness of the present moment), were also included. Mindfulness has been found to positively modify stress in randomised controlled trials (de Vibe et al., 2013; Erogul, Singer, McIntyre, & Stefanov, 2014) and has a number of other benefits in terms of wellbeing (Lo et al., 2017). Given students are most likely to contact their family or friends within the course, it was important to include content on what to do if a peer has an FTP issue. Also included were some mindfulness practices which included a body scan and meditation practices.

The FTP specific module was written in Articulate Storyline™ by an instructional designer. This design allowed for interactive tasks where students matched answers, for example, students' issues with the relevant support service. The FTP specific module was administered through the online learning management system Moodle™. A link was provided to an article (Lo et al., 2014) that discusses the benefits of proactively seeking support for FTP issues.

Design

This study was a mixed methods study of the perceptions of physiotherapy students.

Population

All year three and four students of the 2015 cohort in the undergraduate Bachelor of Physiotherapy programme at Monash University, which was a total of 151 students, were eligible for inclusion.

Data collection

Ethics approval was granted by Monash University Human Research Ethics Committee, approval number CF10/1321 - 2010000703. Students were invited to participate in an anonymous pre- and post- survey regarding FTP. As no survey fitting the criteria had been previously developed, a survey was constructed and piloted with academics with expertise in FTP issues to enable its face validity. The pre-survey was based on a survey used to evaluate mental health first aid programmes (Jorm, Kitchener, Fischer, & Cvetkovski, 2010). This survey was modified to suit the FTP module. The post-survey was developed through consultation with academics to identify the types of information that might be useful to discern as part of an FTP learning module. The developed post-survey was then piloted with academics and health service providers. The 15 item pre-survey and the 18 item post-survey are provided in Appendix 1. Questions 2-5 were rated on a modified Likert scale, for

example from 1 = not at all confident to 5 = very confident. The remaining questions were open-ended questions.

Data analysis

The quantitative data were analysed using Graph pad TM with pre- and post-data being analysed by dependent t-testing. Parametric testing was used for Likert scales (Norman, 2010). Given four comparisons were made (pre- and post- measures of confidence to define FTP, confidence to identify relevant supports, likelihood of students self-managing, and likelihood of students seeking help), a Bonferroni adjusted alpha level of 0.0125 was used (Bland & Altman, 1995). The qualitative data were summarised independently by two researchers based on thematic analysis (Braun & Clarke, 2006). Responses were coded into themes with a period of consensus to refine the themes. Responses were then recoded into the defined themes until data saturation. A second period of consensus followed including selection of illustrative quotes.

RESULTS

Confidence

Sixty-eight students provided pre-data and 40 students, post-data. The confidence levels of students' ability to define FTP is provided in Figure 1.
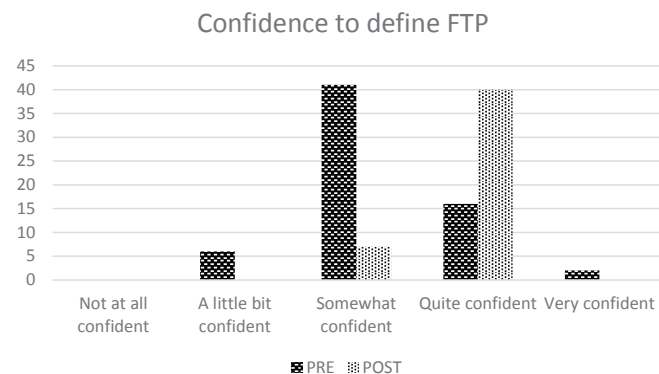

Figure 1: Confidence to define FTP

Forty students had both pre-survey and post-survey data and these data were used in repeated measures t-testing (Table 1).

The confidence levels of students to identify relevant university support is provided in Figure 2.
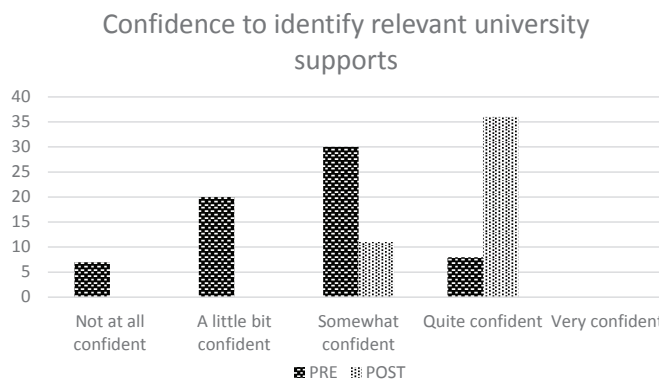

Figure 2: Confidence to identify relevant university supports

Self-managing

The likelihood of students self-managing FTP issues can be seen in Figure 3.
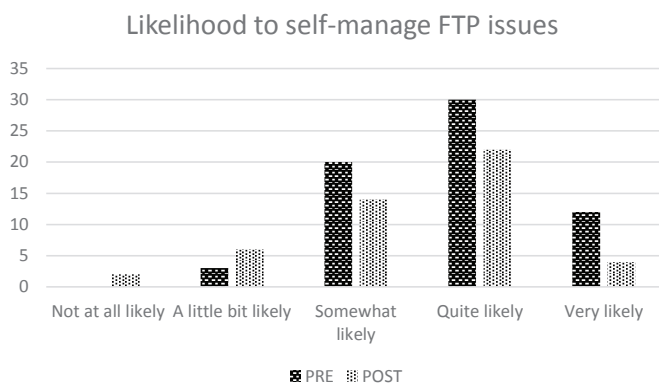
Figure 3: Likelihood to self-manage FTP issues

Table 1: Results of repeated measures t-tests for pre and post the FTP specific curriculum

Variable	n	Pre		Post		t	df	Sig (2 tailed)	95% CI
		m	SD	m	SD				
Student confidence to define FTP	39	3.10	0.72	3.90	0.31	7.14	38	< 0.0001	0.57 to 1.02
Student confidence to identify relevant supports	39	2.47	0.92	3.76	0.43	9.17	38	< 0.0001	1.00 to 1.57
Likelihood of students self-managing	38	3.69	0.83	3.41	0.99	1.81	38	0.08	-0.60 to 0.03
Likelihood of students seeking help	36	3.33	1.10	4.14	0.76	6.45	35	< 0.0001	0.55 to 1.06

Notes: m, mean; SD, standard deviation; CI, confidence interval

Seeking help

The likelihood of students seeking help for FTP issues can be seen in Figure 4.

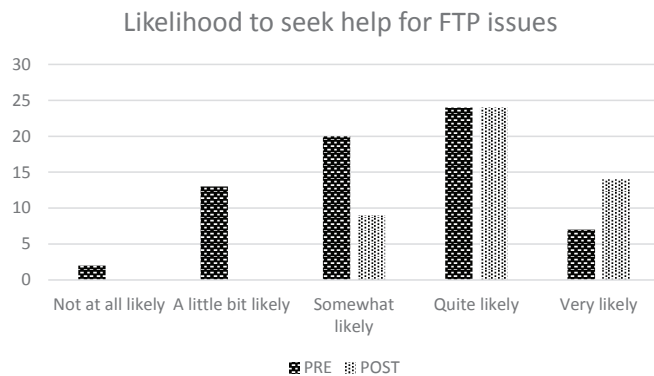### Likelihood to seek help for FTP issues

Figure 4: Likelihood to seek help for FTP issues

FTP issues

In the pre-survey 17 (17/68; 25%) students had a previous FTP issue. All students stated that this had affected their clinical placements. There were five students who felt absenteeism affected their clinical placements (5/17; 29%): "[I] *had to withdraw 2 weeks into a placement. I felt it hard to resume and pick up where I had left off"*.

There were two (2/17; 12%) students who stated FTP issues affected their clinical competence: *"I wasn't able to think clearly and concentrate/focus on my performance when I had other things that I was thinking about at the time".*

Five (5/17; 29%) students stated that FTP issues were related to their mental health status: *"If you are extremely anxious this may cause you to make silly mistakes you wouldn't normally make, causes you to find it hard to adapt to different environments ... [and] makes it hard to perform/demonstrate skills to different supervisors".*

Five (5/17; 29%) students provided no reasons for their FTP issues. Nine (9/17; 53%) students with FTP issues sought help. Of those that had not sought help, three students stated that they *"Didn't realise that it was affecting me that badly".* Other students stated this was due to *"Not wanting to appear incompetent"*, there was *"No interest or input from the staff member I spoke to about it"* and *"I did not feel comfortable talking to anyone".*

Nine (9/68; 13%) students identified as having a current FTP issue. These students anticipated that this issue would affect their clinical placement in the following ways: *"Talking to staff that I am not comfortable with, coping with stress"*, *"Difficulty obtaining all information during placement from patients and HCP (Health Care providers)"* and *"Loss of confidence from previous negative experiences on placement".*

Promoting help-seeking

When asked what might help encourage help-seeking, students responded with factors such as *"Wanting to do well in the placement, and wanting the FTP issue to not be the one to affect my results".* These students also wanted *"Encouragement from positive staff"* and knowledge that *"There are no repercussions".* Students indicated that they could benefit from *"More awareness of how to seek help"* and *"Knowing about*

the services available". When asked what might discourage help-seeking, students responded: *"A supervisor who lacks understanding or empathy"*, *"Feeling like nobody can really help me"* and *"Being found out that I'm not coping as well or as competent".* These students also listed *"Stigma"*, *"Time constraints"* and *"Feeling isolated on a placement"* as issues. One student mentioned that they *"Have had to seek help before, several times, and I am quite sick of needing to … contact(ing) relevant parties and filling out forms to get the assistance I need".* There was one other interesting response *"If I feel like it's not self-manageable, I will seek help with the support of peers".*

When asked whether they knew where to seek help for FTP issues, 53 (53/68; 78%) student said *'Yes'.* Thirty-seven (37/68; 54%) knew someone with an FTP issue and 31 (31/68; 46%) knew what to do if a colleague had an FTP issue.

Results from the post-survey found that 12 (12/50; 24%) students had an FTP issue. All respondents (50; 100%) knew where to seek help about FTP issues. Forty-six (46/50; 92%) students knew what to do if a colleague had an FTP issue. After viewing the FTP specific module, 49/50 (98%) students were more likely to identify FTP issues in themselves and others. Forty-five (45/50; 90%) were positively influenced by viewing the FTP specific module.

Module duration

The FTP specific curriculum took an average of 44 minutes (SD 17.92, range 20-90 minutes) to complete.

Key learnings

In regards to the FTP specific module, three themes representing key learnings were identified in the open question responses. These themes are listed below along with illustrative quotes:

1. **To identify key resources** (n = 26 responses) *"Be aware of the available resources that the university can provide"* and *"Three-minute mindfulness training which can be utilised during the day".*

2. **To proactively seek help when needed and not to be afraid of asking** (n = 22 responses) *"Seek help from support services to come up with strategies to better cope with issues which can impede performance during placement (or even while working)"* and *"The university is there to help us if we have a fitness to practise issue. We should utilise this". "You may put yourself and others at risk if you do not seek help".*

3. **Define FTP and recognise possible impairments** (n = 14 responses) *"Recognising possible impairments which may affect FTP, including professional behaviour, physical and mental health, and commitment to learning"* and *"Fitness to practise is an important multifactorial area that needs regular attention and awareness".*

FTP issue identification

After viewing the FTP specific module, 49 (49/50; 98%) respondents said they were more likely to identify FTP issues in themselves and others. The increased likelihood to identify FTP issues was represented in two themes, detailed below with accompanying quotes:

1. **Awareness of definition of FTP** (n = 24 responses) *"I now know what is the definition of an FTP issue, whereas before it was a little grey as to what would and wouldn't be considered as an issue"*.

2. **Importance of identification and seeking help** (n = 9 responses) *"I can see that it is simple to raise the issue and the Uni will support me"*. *"I am aware of what to suggest for friends to do. I am aware of the process required to discuss any issues"*.

Ability to self-manage

Viewing the FTP specific module impacted on 45 (45/50; 90%) students' ability to self-manage FTP issues. For five (5/50; 10%) students, however there was no change in their ability to self-manage. For those students that the module had an impact on the influence was positive as described in four themes with quotes below:

1. **Proactive strategies** (n = 12 responses) *"It has given me more insight and awareness of what are the possible aspects in mental/ physical health and competence that might affect my performance and motivation during placement. It has provided me with more options and services to seek help in university that I was not aware of"* and *"There is always help out there. The onus is on me"*.

2. **OK to seek support** (n = 10 responses) *"I would be more likely to seek out extra help now having completed the module rather than keep my issues to myself"*.

3. **Awareness of wellbeing strategies** (n = 4 responses) *"Managing stress/sleep issues"*.

4. **Confidence** (n = 3 responses) *"I think I feel more confident about seeking assistance if I were to have an FTP issue in the future"*.

Seeking support

Four (4/50; 8%) students said they were *"Already aware when to seek support"*. Forty-six (46/50; 92%) students, however stated they were more likely to seek support as illustrated by the following three themes:

1. **Awareness of support services** (n = 25 responses) *"It provides details on who to contact, and how they may be of assistance"*.

2. **Beneficial processes** (n = 16 responses) *"Yes definitely, as all the cases had successful outcomes due to the help and services of the uni"* and *"I know how important it is to consult with the university and clinical supervisors to really deal with whatever is affecting my learning and performance"*.

3. **Easy** (n = 8 responses) *"It looks easy and confidential"*. *"It reminded me how easily accessible the uni's support groups are and how lovely the physiotherapy staff are - very approachable"*.

Impact on help-seeking

When asked "*Were there any factors that may impact on you seeking help for FTP issues?*" Twenty-nine (29/50; 58%) respondents said "*No*". The respondents that said "*Yes*" described this under the following three themes:

1. **Significance of issues** (n = 5 responses) *"The reason why I would hesitate is because sometimes my problems do not seem significant when compared with others. Hence, I do not want to come off as an incompetent student who cannot deal with her own emotions/ feelings"*, *"Knowing that you are not the only student to have had or experiencing FTP issues"*.

2. **May complicate issue** (n = 4 responses) *"…Sometimes [I] feel getting others involved may complicate the situation"* and *"Supervisors may be prejudiced if they know the issue"*.

3. **Reluctance** (n = 5 responses) *"I feel I would not have the time to seek help e.g. go to appointments for counselling"*. *"Having never been to see a counsellor or anything like that before I think I would be a bit hesitant"*. *"Confidentiality as I know that even though it is said that the unit coordinator will tell no one, I'm pretty sure they will"*.

FTP module components

When asked "What components of the FTP specific module did you find least helpful, most helpful and any suggested improvements?" respondents discussed these under a number of themes as seen in Table 2.

Respondents were then asked if there were any other comments / queries or suggestions. The eight responses were reported in one theme:

1. **Positive comments** (n = 8 responses) *"The whole module was very clear, easy to follow and didn't take too long and has definitely made me feel more confident in identifying any FTP issues I may have and the best way to manage these. As well as reassure me that it is ok to seek help"*.

DISCUSSION

Physiotherapy students were more confident in their ability to define FTP and identify relevant supports after completing the FTP specific module. However, no significant change was observed in their likelihood to self-manage FTP issues. Students stated that they were more likely to seek help for FTP issues. This was a statistically significant change. This latter finding may challenge the literature that health professional students tend to obtain informal 'curb-side' assistance from colleagues (assistance given when the opportunity arises e.g. when they are walking home from clinical placement) (Roberts et al., 2000). At the post-survey, thirty-eight (38/47; 81%) students were *"Quite likely"* or *"Very likely"* to seek help for FTP issues. This is a promising finding.

In the pre-survey, 17/68 (25%) students had an FTP issue compared to 12/50 (24%) students in the post-survey. These figures could be considered high, highlighting the importance of this work. All students with FTP issues stated that these affected their clinical placements, such as impacting on clinical competence, absenteeism and mental health issues. Mental health issues and interpersonal concerns, such as issues about family or relationship issues, are particularly important to identify as these factors have been found to negatively impact on academic performance (Kernan et al., 2008). Given these factors are amenable to change, are frequent in occurrence and have

Table 2: Components of the FTP module that were least and most helpful and suggested improvements

Least helpful	Most helpful	Improvements
1. **Videos** (n = 9 responses) There were comments about the length of videos, difficulty loading due to slow internet speed and video content *"Also more videos or at least reasons for seeking FTP help from the unit coordinator; it is often not clear whether I should be seeking help with my issue, as I think that it may not be classified as such".*	1. **Links to resources** (n = 23 responses) *"Slides that have links and questions that require us to look up information and sites about the services"* and the *"Journal article".*	1. **Duration** (n = 10 responses) *"Lots of reading, maybe compress it/make it shorter particularly the privacy information". "The slides were very brief with information on for example mental health; I would've liked more information on the topics. It sort of just skimmed the surface, but I am aware that maybe that's how it's supposed to be?"*
2. **Mindfulness content** (n = 8 responses) *"The meditation type slides".*	2. **Videos** (n = 13 responses) *"The video showing Krista and Kristin [university unit coordinator] as it shows how the conversation could go with the unit coordinator; it definitely makes it less scary".*	2. **Video case studies** (n = 7 responses) *"Maybe include more case studies so that students can maybe relate to one of the many scenarios where students should seek help with".*
3. **Too much information** (n = 4 responses) *"I'm much more likely to read a quick summary of key points than to go browse a whole document. It is good to have them to refer back to though!"*	3. **Interactive activities** (n = 10 responses) *"The mini quizzes throughout the module were extremely helpful in consolidating learnt information, the videos and the website hyperlinks were easy to follow, making learning enjoyable".*	3. **Hurdle task** (n = 3 responses) *"This module should be a hurdle task for Year 3 students prior to commencing clinical placements".*
4. **Matching questions** (n = 2 responses) *"The matching questions (they are pretty obvious in their answers). Nevertheless, they made the module a little more interactive and fun to do".*	4. **Case scenarios** (n = 7 responses) *"Case studies. One with a medical issue and one with a mental health issue helped cover all bases".*	4. **Technical issues** (n = 3 responses) *"Only technical things something on the Moodle screen that acknowledges you have completed it".*
	5. **Definition of FTP** (n = 3 responses) *"Descriptions as the start of the different types of FTP".*	

the potential to significantly impact on academic performance, they should be a priority for intervention (Kernan et al., 2008).

Factors identified by students that may facilitate help-seeking behaviour were encouragement from positive and approachable staff, knowing that there are no repercussions, privacy and beneficial processes. Awareness of how to seek help including easy access to available services and knowledge of how to apply for special consideration were also important to students. These findings align with those of Tee and Jowett's (2009) that support was needed to achieve a student-friendly, private, online FTP self-declaration process and that effective procedures are needed for follow-up, to enable issues to be addressed in a timely manner.

It is also important to, where possible, address factors that may discourage students from seeking help such as a lack of staff empathy, stigma of certain FTP issues or perception that issues are not bad enough and should be self-managed. Tertiary education providers should also address the perceived lack of privacy, time constraints and feeling isolated on clinical placement. Additional factors include the perception that

disclosing FTP concerns may complicate issues or prejudice supervisors, students feeling like they are the only one with an FTP issue, the repetition of contact to obtain support such as special consideration, and dispelling fears about consulting health practitioners. These factors are similar to Givens and Tija (2002) who found that depressed medical students cited the barriers to seeking professional help as being a lack of time, perceived lack of confidentiality, stigma associated with using mental health services, fear of documentation on academic record, fear of unwanted intervention, and cost. The cost of student support services was not an issue for this cohort as the University health services, counselling and academic support are included in university fees.

The response of one student, that when they feel like an issue is not self-manageable they seek help from peers, is characteristic of previous responses in the literature (Roberts et al., 2000).

The key learnings were to define FTP and the importance of being more able to recognise possible impairments, understand the processes in place to support FTP, identify key resources, understand the benefits and achieve confidence in proactively

seeking help, understand privacy legislation, and create a supportive environment. The importance of a supportive environment is supported by Kernan (2008) who states that academic success can be optimally achieved when the barriers to wellbeing are low and strategies are in place to address health concerns that may impact on student learning. This environment can best be fostered when the health concerns that have the most potential to negatively affect learning are known.

Further learnings from the FTP specific module were to practise wellbeing strategies such as mindfulness, be aware that students may place others at risk if they do not seek help, and to understand that the onus is on the students themselves. The latter reflects the limitations found in a nursing and midwifery university FTP programme where processes did not encourage student self-reflection or taking responsibility of their issues by self-declaring FTP concerns (Tee & Jowett, 2009).

The insights demonstrated by this cohort of students are different to those observed by Cleland (2005) who found that underperforming medical students did not consider it their responsibility to seek help. The reason for the difference between our findings and those by Cleland may be a consequence of the type of students who may participate in a voluntary educational programme.

The important aspects to include in an FTP module were links to resources, case study videos demonstrating student scenarios, and an example of a meeting with the academic unit coordinator to increase participant confidence to access help. Interactive activities such as mini quizzes which can be reattempted and website links throughout the FTP specific module to consolidate learning material were also beneficial inclusions. Descriptions of FTP issues are important to include as well as written resources, such as relevant journal articles. It is important for tertiary education providers and policymakers to be made aware of these important inclusions. In the development of the FTP module, the education developer and the instructional designer needed to work together to create an informative and engaging educational experience. Great care was taken to accurately inform students and no adverse educational impacts were noted.

Limitations to the module

To address any limitations of the video used, the videos need to be succinct and include realistic examples of the behaviours that are deemed inappropriate. In trying to make the module interactive, students with limited internet access need to be acknowledged and alternative options be made available to them. As suggested by participants, the module must incorporate summaries of key points so students receive clear messages in an efficient manner. The module also needs to have access to full documents so that they can be referred to for further reading.

As students found the wellbeing content both a strength and a limitation, this content should be kept concise and relevant. The module's interactive matching questions were a helpful inclusion however the answers need to be less obvious. A relatively small number of students completed the package and this could be

increased by making the module a 'hurdle' or compulsory task prior to attending clinical placement. Technical issues such as acknowledging when students have completed the module on the learning system home page could be addressed. There could be more content on topics such as mental health with details on how to navigate the services available using the university website.

This study was a pilot of Australian physiotherapy students and we are not aware of the demographic differences between students or cultures of different academic programmes limiting the transferability of the findings. As we reassessed the outcomes immediately post-module, we cannot comment on the long term impact of the module. This would be an area for future research. Including gender, age, ethnicity and marital status of participants and the types of FTP issues experienced by participants in a future survey would improve the generalisability of the findings.

Future research

Future research includes the potential to create consistency across Australia and New Zealand in supporting students with FTP issues as has been done with the physiotherapy bi-national practice thresholds (Physiotherapy Board of Australia & Physiotherapy Board of New Zealand, 2015). Approaches are also required to support clinical educators in the supervision of students with FTP issues. There is potential for this education resource to be accessible to both clinical educators and university academic staff to increase their awareness of relevant support services.

CONCLUSION

FTP issues are common in health professional education and often arise on clinical placements where stress levels peak. Students are traditionally less inclined to seek help for FTP issues. An FTP specific module has demonstrated increased student learning and understanding with regard to seeking help. Strategies to improve FTP specific curricula are important for universities and policymakers to consider.

KEY POINTS

1. Health professional students experience fitness to practise (FTP) issues particularly on clinical placement but are less inclined to seek help.

2. To our knowledge there is no evidence regarding online FTP specific curricula for health professional students.

3. Students need more information on FTP issues and relevant support services to encourage them to identify, disclose and seek help for any FTP concerns.

4. An online FTP specific module can improve student help seeking confidence.

5. Tertiary education providers and policymakers are encouraged to utilise student feedback when considering an FTP specific module.

DISCLOSURES

ADDRESS FOR CORRESPONDENCE

Kristin Lo, Department of Physiotherapy, Monash University, Peninsula Campus Building B, McMahons Road Frankston, VIC, Australia 3199. Telephone: +61 3 9904 4137. Email: kristin.lo@monash.edu.

REFERENCES

beyondblue (2017). Retrieved from https://www.beyondblue.org.au/?&utm_source=google&utm_medium=cpc&utm_campaign=Branded-All-OtherKW&utm_term=beyond%20blue&gclid=CK2XseK50c8CFU0DvAodJ5oINQ.

Bland, J. M., & Altman, D. G. (1995). Multiple significance tests: the Bonferroni method. *British Medical Journal, 310*(6973), 170.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa.

Chew-Graham, C. A., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems. *Medical Education, 37*(10), 873-880.

Cleland, J., Arnold, R., & Chesser, A. (2005). Failing finals is often a surprise for the student but not the teacher: identifying difficulties and supporting students with academic difficulties. *Medical Teacher, 27*(6), 504-508.

de Vibe, M., Solhaug, I., Tyssen, R., Friborg, O., Rosenvinge, J. H., Sorlie, T., & Bjorndal, A. (2013). Mindfulness training for stress management: a randomised controlled study of medical and psychology students. *BioMedCentral (BMC) Medical Education, 13*, 107. doi:10.1186/1472-6920-13-107.

Devereux, J., Hosgood, P., Kirton, J., Jack, B. A., & Jinks, A. M. (2012). Why do students fail to disclose health problems? *Nursing Times, 108*(1-2), 18-20.

Dyrbye, L., Schwartz, A., Downing, S., Sloan, J., & Shanafelt, T. (2011). Effectiveness of a brief screening tool to identify medical students in severe distress. *Journal of General Internal Medicine, 26*, S49-S50.

Erogul, M., Singer, G., McIntyre, T., & Stefanov, D. G. (2014). Abridged mindfulness intervention to support wellness in first-year medical students. *Teaching and Learning in Medicine, 26*(4), 350-356.

Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine, 77*(9), 918-921.

Headspace (2017) Retrieved from https://www.headspace.org.au/.

Johnson, W. B., Porter, K., Campbell, C. D., & Kupko, E. N. (2005). Character and Fitness Requirements for Professional Psychologists: An Examination of State Licensing Application Forms. *Professional Psychology: Research and Practice, 36*(6), 654.

Jorm, A. F., Kitchener, B. A., Fischer, J.-A., & Cvetkovski, S. (2010). Mental health first aid training by e-learning: a randomized controlled trial. *Australian and New Zealand Journal of Psychiatry, 44*(12), 1072-1081.

Kernan, W. D., Wheat, M. E., & Lerner, B. A. (2008). Linking learning and health: a pilot study of medical students' perceptions of the academic impact of various health issues. *Academic Psychiatry, 32*(1), 61-64.

Kirkpatrick, D. L. (1975). *Evaluating training programs:* Tata McGraw-Hill Education.

Lo, K., Curtis, H., Keating, J. L., & Bearman, M. (2017). Physiotherapy Clinical Educators' perceptions of student Fitness to Practise. *BioMedCentral (BMC) Medical Education. 7*(1), 16.

Lo, K., Maloney, S., Bearman, M., & Morgan, P. (2014). Proactive Student Engagement with Fitness to Practise. Journal of Biomedical Education, 2014*, 8*. doi:10.1155/2014/578649.

Lo, K., Waterland, J., Todd, P., Gupta, T., Bearman, M., Hassed, C., & Keating, J. (2017). Group interventions to promote mental health in health professional education: a systematic review and meta-analysis of randomised controlled trials. *Advances in Health Sciences Education*, 1-35. doi:10.1007/s10459-017-9770-5

Norman, G. (2010). Likert scales, levels of measurement and the "laws" of statistics. *Advances in Health Sciences Education, 15*(5), 625-632.

Parker, M. (2006). Assessing professionalism: theory and practice. *Medical Teacher, 28*(5), 399-403.

Physiotherapy Board of Australia & Physiotherapy Board of New Zealand. (2015). *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand*. Retrieved from https://www.physioboard.org.nz/physiotherapy-practice-thresholds-australia-aotearoa-new-zealand.

Roberts, L. W., Hardee, J. T., Franchini, G., Stidley, C. A., & Siegler, M. (1996). Medical students as patients: a pilot study of their health care needs, practices, and concerns. *Academic Medicine, 71*(11), 1225-1232.

Roberts, L. W., Warner, T. D., Carter, D., Frank, E., Ganzini, L., & Lyketsos, C. (2000). Caring for medical students as patients: access to services and care-seeking practices of 1,027 students at nine medical schools. *Academic Medicine, 75*(3), 272-277.

Roberts, L. W., Warner, T. D., Rogers, M., Horwitz, R., Redgrave, G., & Care, C. R. (2005). Medical student illness and impairment: a vignette-based survey study involving 955 students at 9 medical schools. *Comprehensive Psychiatry, 46*(3), 229-237.

Schweitzer, R. D. (1996). Problems and awareness of support services among students at an urban Australian university. *Journal of American College Health, 45*(2), 73-77. doi:10.1080/07448481.1996.9936865.

Shaw, D. (2009). Ethics, professionalism and fitness to practice: three concepts, not one. *Br Dent J, 207*(2), 59-62.

Tee, S. R., & Jowett, R. M. (2009). Achieving fitness to practice: Contributing to public and patient protection in nurse education. *Nurse Education Today, 29*(4), 439-447.

Warne, C. (2002). Keeping in shape: achieving fitness to practice. *British Journal of Occupational Therapy, 65*(5), 219-223.

Wright, C. A., Jolly, B., Schneider-Kolsky, M. E., & Baird, M. A. (2011). Defining fitness to practice in Australian radiation therapy: A focus group study. *Radiography, 17*(1), 6-13. doi:10.1016/j.radi.2010.10.001.

Appendix 1.

Q1. What is your current year of study?

Q2. Do you feel confident to define FTP? (1 = Not at all, 2 = a little bit confident, 3 = somewhat confident, 4 = quite confident, 5 = very confident)

Q3. How confident are you to identify relevant resources in the university to support FTP? (1 = Not at all, 2 = a little bit confident, 3 = somewhat confident, 4 = quite confident, 5 = very confident)

Q4. If you had a FTP issue, how likely are you to self-manage? (1 = not at all likely, 2 = a little bit likely, 3 = somewhat likely, 4 = quite likely, 5 = very likely)

Q5. How likely are you to seek help for FTP issues? (1 = not at all likely, 2 = a little bit likely, 3 = somewhat likely, 4 = quite likely, 5 = very likely)

Q6. Have you previously had a FTP issue?

Q7. Did it affect your clinical placement?

Q8. Did you seek help?

Q9. Do you feel you currently have a Fitness to Practise (FTP) issue?

Q10. If you feel it will affect your clinical performance, please describe how below

Q11. Are you planning on seeking help?

Q12. What might encourage / discourage you from seeking help?

Q13. Do you know where to seek help about FTP issues?

Q14. Have you known someone else with a FTP issue?

Q15. Do you know what to do if a colleague has a FTP issue?

Post survey

Q1. How many minutes did the FTP specific module take?

Q2. Do you feel confident to define FTP? (1 = Not at all, 2 = a little bit confident, 3 = somewhat confident, 4 = quite confident, 5 = very confident)

Q3. How confident are you to identify relevant resources in the university to support FTP? (1 = Not at all, 2 = a little bit confident, 3 = somewhat confident, 4 = quite confident, 5 = very confident)

Q4. If you had a FTP issue, how likely are you to self-manage? (1 = not at all likely, 2 = a little bit likely, 3 = somewhat likely, 4 = quite likely, 5 = very likely)

Q5. How likely are you to seek help for FTP issues? (1 = not at all likely, 2 = a little bit likely, 3 = somewhat likely, 4 = quite likely, 5 = very likely)

Q6. What were the key learnings from this FTP specific module?

Q7. Do you have a current FTP issue?

Q8. Are you planning on seeking help?

Q9. Do you know where to seek help?

Q10. Do you know what to do if a colleague has a FTP issue?

Q11. After viewing this FTP specific module, are you more likely to identify FTP issues in yourself or others? Please describe why this might be?

Q12. Has this FTP specific module impacted on your ability to self-manage FTP issues? Please describe why might this be?

Q13. If you had a FTP issue are you more likely to seek supports after viewing this FTP specific module? Please describe why might this be?

Q14. Are there any factors that may impact on you seeking help for FTP issues (eg: confidentiality / benefits of seeking help etc)? Please describe why might this be?

Q15. What components of the FTP specific module did you find least helpful?

Q16. What components of the FTP specific module did you find most helpful?

Q17. How could this FTP specific module be improved?

Q18. Any other comments / queries / suggestions?