Author’s response to reviews

Title: Students with specific learning disabilities experiences of pre-registration physiotherapy education: A qualitative study

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Author’s response to reviews:

We thank the reviewers for the time to consider this paper and the very useful comments they have made. We have made a number of substantial changes to the manuscript which we hope demonstrate an appropriate response to them. Specific responses to points are given below for clarity.

Reviewer reports:
Riikka Hofmann, PhD (Reviewer 1): This manuscript addresses a highly relevant topic but there are a number of weaknesses in the design and reporting of the study and the focus is unclear. Detailed comments are made below for the improvement of this manuscript.

Focus and Literature review

Focus on their experiences of education - is there a specific enough way in which this focus is being connected to the overall purpose of the study on understanding attainment differences?

RESPONSE. We accept the relevance of this comment, and further that there is a slight mismatch between our previously stated aim in the article and the study itself. Following our previous study which identified the attainment gap and due to the dearth of literature in physiotherapy specifically, it was our intention to explore students broad experience in order to consider the range of factors which may influence their success/attainment (both positively and negatively). As such the intended focus was always on their broad experience. We have now amended this by clarifying our aim which we hope now makes this more explicit.

The vagueness of focus is apparent in the findings - e.g., it is not clear how the category 'it was such a relief' is related to the study's focus on attainment gaps. A tightening and clarification of the focus is required. For example the focus on students' experiences of adjustments in
assessments (theme 2) is clearly relevant for the focus, especially when it pushes past the notion of additional time.

RESPONSE. The purpose of theme 1 was to give the context of these specific students in their educational journey, a context which they highlighted as important to their experience studying physiotherapy. The process of diagnosis and understanding of their own condition was critical to how they were then prepared and approached their studies and also how they constructed their own identity. We would argue that this theme remains relevant to the findings of the study and particularly so now the aim has been clarified.

The notion of disability is only vaguely discussed. Which group of students is this study focusing on? The criticisms and problems of the social model of disability are not addressed. There is no mention of the more recent affirmative model. This is a clear limitation of the study.

RESPONSE. We are thankful to the reviewer for drawing our attention to this omission. We were mindful that a long discussion regarding disability theory was not within the scope of this article hence its summarised version, but this has now been expanded. While this is necessarily still limited we have tried to give the readers a brief overview of the models of disability proposed in the literature that we believed to be relevant to this subject and therefore were mindful of in the course of the study. We have made note of the affirmation model and return to it in the discussion in relation to the student narratives.

I also wish that there would have been a more explicit focus and considering of issues specific to physiotherapy given that the rationale for this study was that existing research from other clinical fields is not sufficient.

RESPONSE. The paragraph at the bottom of p3-4 demonstrates the specific literature in physiotherapy and highlights the limited research in this area. Given this dearth we believed it important to explore the experience of physiotherapy students specifically. Naturally, given all the participants were physiotherapy students the findings are specific to that context. However it is clear that many of their comments in relation to accessibility of learning environments, the practical assessments etc could also relate to other clinical based studies. Indeed we explicitly draw attention to this in the discussion. There are areas of potential specificity which we discuss in relation to the particular clinical roles, but this are necessarily somewhat general as the students did not discuss them specifically. It is important to note that despite our focus on physiotherapy students, the themes probably do reflect other courses /disciplines issues (rather than a unique perspective). But we do believe we have added to the discussion about this.

Sampling, Design and Methods

Connected to this, I would like the authors to provide a clear rationale as to why the chosen methods are the best ones to address the issue at hand. Various other methods are conceivable, starting from survey methods (given that they do state that ideas exist from other fields as to what the barriers might be), which would have enabled a broader perspective and potentially the analysis of associations between factors.
The rationale currently provided is that phenomenological methods were chosen "in-keeping with the focus on the students' experiences of life as a student physiotherapist with a disability" (p.5), but this is not the focus that has been delineated above in the Introduction.

RESPONSE. We accept that there are different ways in which a study like this could be approached. Based on a previous study attainment gaps for students with a disability were identified and therefore multiple questions could be asked. Our rationale for designing a phenomenological study to explore how students with disability experience physiotherapy education is multifactorial:

- prioritising the student voice is that this is largely absent from the literature to date. As a consequence there is limited knowledge on whether the ideas from other fields on potential barriers are relevant to this student cohort or not.

- the focus in physiotherapy to date has been on visual and physical disabilities rather than hidden disabilities. Hence this was an exploratory study which is more suited to qualitative methodologies based on student experience.

- We see this study as exploratory and future methods such as survey design might be appropriate to explore which factors are more significant across a larger population.

As stated above we do believe the focus on the student experience through their education is relevant for the aims of this study and as noted previously our aim more explicitly reflects this.

Regarding sampling, a rationale and criteria used in the inclusion of participants is needed so that we can know whom and what the study's conclusions may apply to. A 'Convenience sample' as strategy is proposed and I think this entirely insufficient: 'Convenience' is not a sampling strategy, the authors define this as: "those students who volunteered" but this applies to every sample, we never force anyone to take part even in probabilistic sampling. We need a clear understanding of who was targeted and why, why such a target group is relevant for the study and the possibility of contributing some novel to knowledge, which group was ultimately achieved and what opportunities and limitations this creates for the knowledge contribution from this study. If the study is only based on some opportunistic participants then publishability is strongly questioned.

RESPONSE. This is an interesting point and speaks to some of the debates in the qualitative literature regarding purposive and convenience sampling in particular. For this study, we have clarified the target population in the methods – e.g. physiotherapy students who had a diagnosed disability at a point in their student career where they could comment on all aspects of the educational experience (eg practice learning). They therefore were considered the experts in the very experience we were trying to understand. This is common in qualitative methods and either convenience or purposive sampling is used in this instance. For practical reasons we chose to undertake the study at 2 institutions that would represent a reasonable population to sample. We have added detail in the methods to indicate this. We did not create a more concrete sampling strategy in relation to gender/ disability type etc due to the numbers being limited within the institutions and therefore we did not want to overly constrain.
A description of the students who participated, including their gender and disability has been included in order for the reader to consider transferability of the findings.

The authors also need to state, given the sample, which groups of students are the findings able to say something about, particularly given the strong focus on dyslexia in the sample. Similarly, the majority of participants were not diagnosed until University.

RESPONSE. This was noted in the limitations within the conclusion. This has now been brought forward to the start of the discussion to make it clear that the results have limits to their potential transferability.

I would like to know how the focus group schedule drew on existing literature and gaps in the existing literature to ensure new insights could be gained, a range of experienced elicited and stereotypical assumptions avoided.

RESPONSE. We have modified this section of the methods to try to make the process of development clearer.

The authors mention that in the data analysis "Negative case analysis was conducted to check thematic development" but there is no evidence of this in the findings section.

RESPONSE. We accept the fact that there is no explicit mention of negative cases in the findings. However, cases are presented which go against the majority viewpoint that was presented (which were highlighted as a result of the negative case analysis). For example, in theme one we discuss the student whose diagnosis was late and the subsequent impact on her identity. In theme 4 we note that staff ignorance was not universal.

Results

Some comments have already been made above. There are some very relevant insights coming out of this study but there are also opportunities for further analysis and reflection. For example, the authors discuss the challenge that since these students struggle to follow the standard pace of lectures which other students can follow, they are frustrated because they have to spend extra time trying to understand the material. The authors do not comment how this could be otherwise - how could these students acquire the same knowledge and understanding in the same amount of time as others? Or should other adjustments to time demands elsewhere be made to compensate?

RESPONSE. This point is discussed in both the results and discussion. The pace of the lecture for example is made significantly more challenging due to a perceived lack of processes in line with inclusive education such as slides up in advance, with appropriate content, formatting etc. The students were not frustrated because they had to spend more time on the material, but because they had to spend more time due to a lack of consideration by the lecturers to make simple changes which they had requested and could reasonably expect given recommendations. The discussion has been considerably altered and we hope that this is now more clearly articulated.
I would also have liked the authors to comment on the nature of the target expertise that is required - is the matter of adjustments for knowledge-based assessments only a matter of enabling these students to gain marks comparable to other students in these assessments, or is there an acknowledgement that they will need to develop comparable skills of engaging with such knowledge and materials as professionals in the field once they leave education. I wonder if this might call for additional or different types of adjustments to the ones discussed?

RESPONSE. In the re-drafting of the discussion we have drawn on these points more explicitly. While we come to no conclusions, the narratives from the students do raise a number of relevant concerns regarding the nature of assessment and required clinical skills and we have tried to explicitly state this concern and the potential implications/actions for education providers in the field.

Trish Hafford-Letchfield, EdD, MA, BA (Reviewer 2): Thank you for inviting me to review your manuscript. This is an important area given the increasing stressful environment of the NHS which can disproportionately impact on Disabled students it is and useful to consider your professional experiences within this context.

I thought that the content was interesting and highlights some of the potential for utilising professional skills and knowledge such as in physiotherapy to support students more holistically. I have provided the following comments which I hope will help to improve your manuscript further:

1. I suggest that the discussion about disability, its categories and terminology, i.e 'hidden', 'adjustments' etc are framed or referenced using the Equality legislative framework. There could be a lot more context setting in relation to the challenges of both education and practice environments in the NHS which make it more difficult for students to 'come out'. This coming out or the notion of it, in respect of 'invisibility' could also be better explained throughout the paper and the factors that may contribute to student disclosure, or our responses to disclosure. You may find Ryan et al (2016) report on NHS Disabled Workforce useful here. https://www.england.nhs.uk/wp-content/uploads/2015/07/edc3-july-2015.pdf also via http://eprints.mdx.ac.uk/18741/ . Currently I find the use of terminology such as 'hidden', 'disabled students', 'students with disabilities' inconsistent throughout the paper and a bit confusing and the debate about terminology, disability rights could be better framed and referenced. There is a lot of political debate which is not acknowledged (see also Campbell-Kumari's work on 'Abelism').

RESPONSE. We found these comments very helpful. We have expanded our introduction on disability giving a stronger frame of reference for the study. In that we briefly introduce ableism which we return to in the discussion, specifically in relation to the decision making around practical assessments. We have also changed the terminology to be consistent and in-line with specific disabilities.

2. If possible from your sample, it might be fruitful to acknowledge how disabilities intersects with other protected characteristics of students.
RESPONSE. While we agree that this would be of interest, we did not collect data on other protected characteristics nor did we ask students about their experiences of studying based on other characteristics or the intersection of multiple protected characteristic. As a consequence this is not information we could include.

3. The approach to recruitment and sampling needs more detail beyond it being a convenience sample. For example you talk about 'unseen' disabilities, so how was this used to engage your target population. You also talk about students in the target group having a 'diagnosed condition' which again needs to be framed in how disability is defined in legislation as it may not always be diagnosed (which your study revealed in respect of one of its student participants)

RESPONSE. This has been clarified in the methods section.

4. The reference to one of the researchers being disabled could be clarified further in terms of any relevance or not to insider research, influence on sample and any comments on how this impacted the research. For example, was this a deliberate strategy in the move towards more co-produced research design?

RESPONSE. There was no strategy for co-production however we did feel the inclusion of a researcher with a disability strengthened the study in two distinct ways – one in the discussion with the students and the second within the analysis of the transcripts. Additional detail relating to this has been added to the article.

5. Could you provide more detail on how you reached your themes, with reference to the methodology literature. What was involved in the inductive process - how was the data coded for example.

RESPONSE. Some additional detail is given in the analysis section to clarify. The process followed is also articulated more fully in the cited reference.

6. A few summative points at the end of each theme will improve the flow of the manuscripts.

RESPONSE. A brief paragraph pulling the main points together has been added at the end of each theme.

7. Most of the findings relate to academic learning environment and it would be helpful to hear more about the transition between this and practice, particularly given the findings about the role of practice educators utilising their skills to help students with recognising challenges and supporting them. What are the implications here for the profession and its contribution to education and modelling good practice in the NHS.

RESPONSE. The focus on academic learning was a clear drive from the students themselves as this was the arena that they perceived most limited their successful engagement with their studies. The discussion has been re-written and here we have tried to make more explicit the need for better communication between university and clinical environments in order to improve the decision making process in practical assessments but also to understand more about how
diversity can be celebrated. While we accept that this may not be the experience of all disabled students, the strong sense that practice educators had a more positive and flexible approach to the students learning then the university was clear in these narratives and therefore we have suggested that the learning in education needs to somewhat reconsidered – from placement to university.

Overall, a very interesting paper that could be strengthened with a sharper focus on the context and process of learning through the students experience and to draw out the implications for education in both academic and practice.