

A racial Inclusivity training resource for physiotherapy practice education: Evaluation Report 2022



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Research Team

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Acknowledgements

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Other support for the project

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The videos recordings were directed by **Pooja Gai**, director of **Tamasha**.

Editing of videos completed by **wab.studios**.

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The project was evaluated by **Nadine Ishani**.

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1 Introduction

This project has seen the co-development and pilot of a technology-enhanced learning tool, based on BAME student testimony, to be used to enhance awareness and strategies to promote inclusivity and anti-discriminatory behaviour towards physiotherapy students. The learning tool has been piloted in two formats - face-to-face and online - to develop an understanding of the most effective way to deliver the resources created to a team of clinical supervisors to help them support the students they supervise.

2 Background

Since 2003, widening participation (WP) in higher education has been a strategic objective of the Department for Education and Skills (2003), supported by the Office for Fair Access (2012). This includes promoting the effective recruitment, retention and progression of students who have historically been under-represented in higher education institutions including those from socio-economically deprived backgrounds, black and minority ethnic (BAME) backgrounds and from families with no history of higher education (Connor, Tyres, Modood & Hillage 2004). Such an aspiration has relevance for pre-registration physiotherapy programmes.

Historically the profession has been dominated by white middle-class women (Bithell 2007, Hammond 2009), with current representation reported by the CSP (2019a,b) as predominantly female (75% of qualified members and 61% of student members). Current data from the CSP (2019a,b) also reflects a continuing dominance of white members with only 8% of qualified physiotherapists describing their ethnicity as a BAME compared to 14% of the general population of England and Wales (GOV.UK 2018).

However, the ambition and need for diversity is undermined by significant concerns. Following the death of George Floyd, there has been increased global attention on systemic racism. These concerns have been demonstrated within the education of physiotherapy students in the UK.

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An attainment gap, common across higher education broadly, has been demonstrated within physiotherapy (Norris et al 2017). This is coupled with concerns of prejudice towards diverse students within the profession (Hammond et al 2019, Norris et al 2020). Given the imbalance of attainment is most noticeable in seen assessments, including clinical placements (Norris et al 2017) and student testimonies of negative judgement, racism and a reduced sense of belonging in university and on placement (Hammond et al 2019), there is an urgent need for action. For meaningful change to occur, inequity and unacceptable behaviours must be highlighted and understood. At the same time, strategies for reflection and redress need to be promoted with professionals responsible for student education within the HEI's and clinical arena. While this is required for all areas of diversity, this project focuses on racism because it has been shown to be the biggest influence on attainment (Norris et al 2017), and retention (Ryan et al 2017) and current calls for action are long overdue.

Within, and as a response to, previous work in this area, students have highlighted a desire and a need to be included in developments to challenge current hegemony, particularly in relation to race (Hammond et al 2019). The need for conversation and education based on the experiences as lived by physiotherapy students to enable educators to support marginalised students more adequately. While in recent months, there has been a proliferation of tools and resources for addressing racism (see European Network Against Racism - <https://www.enar-eu.org/Reports-Toolkits-153> and [University of Leeds](#) 2022 as examples), the specific nature of physiotherapy practice environment requires a response that is specific to this context. This project is a response to that call.

3 Purpose

The purpose of this document is to report on the development of this training resource, the pilot training sessions delivered in September 2022, and the evaluation of its impact.

4 Overview of project stages

4.1 Project collaboration

The project was funded by HEE through four universities: Brunel University London, St George's University of London, Buckinghamshire New University, and Oxford Brookes University. The universities collaborated to share the funding and distribute the project activities and associated costs. Initial approval was given in February 2021. Funding and contracts were not secured until May 2021, causing some delay to the start of the project.

Despite this, an initial scoping event was held on 22 February 2021 with interested stakeholders to share details of the project plan and invite contributions and advice. This event led to some modifications in the budget allocation to appropriately remunerate co-creators group members for their valuable time and contributions.

4.2 Stage 1: Development of the training resource

The training tool has been co-developed by the project team and co-creators which included physiotherapy practice educators and student representatives. This was to complement existing training for practice educators, currently delivered by higher education institutions.

The key steps included

- Student testimonies gathered as part of other research prompted by the project.
- Following ethics committee advice, students were invited to consent for their testimonies from these projects to be shared with the project team. Participants were offered a voucher to recognise their contribution.
- Developed a brief outline and aims for the project.
- Advertisement for co-creators to join project group via Physiotherapy national journal.

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- Recruitment of group to help co-create the training resource, including 5 physiotherapy students and 5 practice educators from individuals who self-identify as from a BAME background.
- Five meetings of the co-creators group November 2012 to September 2022 with discussions to consider learning outcomes, content, format, selection of testimonials, self-reflection, interactive aspects and other resources, and reflection on pilot evaluation.
- Video recordings of the selected testimonials by Tamasha – a theatre company that aims to nurture talent for emerging and established artists from the Global Majority.
- Development and refinement of learning resource materials

4.3 Stage 2: Pilot testing of the training resource with integrated evaluation

The training resource has been delivered online and face-to-face on two occasions as part of the pilot. The scope of evaluation was planned by the project team and implemented to assess impact and covers affect, knowledge and strategies for practice.

The pilot training sessions were hosted by local NHS Trusts with links to the project through the network generated by the co-creator group of students and educators. The sessions were facilitated by clinical educators with experience in training practice educators and supporting students on placement. The facilitators were invited to use the facilitator's guide to develop their training sessions

To evaluate the pilot training sessions, participants completed a pre and post-training questionnaire to assess whether the training had impacted their confidence in supporting students. This questionnaire was developed from the objectives of the study and was guided by other tools used to evaluate EDI training and included questions to ascertain change to attitudes and confidence. Focus groups were also conducted with the participants of the training resource; these sessions were led by the project evaluator and followed a topic guide. The topic guide was developed by the project team and based on the research that inspired this project, the elements incorporated into the training session, and the input from the co-creators group.

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Finally, the facilitator's were invited to give feedback on how they found the facilitator's guide and whether, in their expert opinion, there were any changes that were required as well as what they found effective in the training sessions.

4.3.2 Data analysis

There were multiple data included for analysis: quantitative pre-post training questionnaires and qualitative focus group interviews. Quantitative data from the pre and post-questionnaires were initially analysed using descriptive statistics. Inferential statistics were used to compare pre and post-results for participants and any comparisons between groups (online versus face-to-face, level of experience, other demographic variables). The post-questionnaire also included some questions on participant satisfaction. Open questions in this section were used to contextualise the quantitative results.

Qualitative data were transcribed verbatim, and any audio recordings deleted. Data was analysed by the research team using reflexive thematic analysis (Braun and Clarke 2013, 2022). This method of data analysis follows a six-stage method of coding data to develop themes shared across the data set. Participants who were involved in the evaluation are anonymised.

4.4 Stage 3: Finalisation of training resource and dissemination

The feedback from the evaluation (see Section 5 - Analysis) was shared with the co-creators group and the project team along with the revised facilitators guidelines for discussion. This gave the team the opportunity to review and clarify the changes made.

Feedback was collected from the practice educators who co-created the training resource and delivered the pilot training sessions. As experienced trainers, their insight into how well the training sessions ran allowed us to refine elements of the training. Following this the training resource was finalised.

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The finalised training resource will be made available to universities in the UK via HEE. The universities represented by the project team are looking to incorporate this training into the educator training they run to support their students on placement.

The team has submitted an abstract for consideration to present at the World Physiotherapy Congress in 2023, and the intention is to submit a version of this report for publication in appropriate academic journals.

4.5 Ethics

Ethical approval was received from the Brunel University Research Ethics Committee (Ref No: 38434-NHS-Jul/2022- 40976-1) on 11 August 2022.

5 Findings from the evaluation of the pilot

5.1 Quantitative results: pre-post training questionnaires

Nineteen people completed the training survey. Complete data is available for 18 participants, but 1 participant did not complete the post-questionnaire, and therefore in the analysis the follow up responses were taken as unchanged.

5.1.1 Participant characteristics

The participants varied in terms of demographic variables and experience as a physiotherapy practice educator. There were a mix of age groups with the majority 35-44 (n=8, 38%), and only 2 (9.5%) under 25. Sixteen (76%) identified from a white background and three (24%) from other ethnic backgrounds. There were 14 (67%) women and the majority (n=18, 95%) did not identify as having a disability.

In terms of experience, 17 (81%) participants were NHS Band 6 and the other 2 (9.5%) at Band 7 or above. There were no Band 5 participants. 17 (81%) participants had been a practice educator before with the majority supervised >2 students (48%) and 6 (29%) supervised 1-2 students.

Table 1: Participant demographics

Ethnicity	Gender Identity	Age Range	AfC Grading	Number of students supervised to date
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White (English/Welsh/Scottish/ Northern Irish/British/other) n=14	Female: n=14 Male: n=5	Under 25 = 2 25-34 = 5 35-44 = 8 45-54 = 4	Band 6 = 17 Band 7+ = 2	Less than 2 = 8 More than 2 = 11
Black /Asian/Minority Ethnic groups* n=3				

*Table 1 Notes: *Given the small sample and the sensitive nature of this project, data for ethnicity was not disaggregated to maintain anonymity and confidentiality of small number of participants.*

5.1.2 Pre-post training results

Participants were asked using a 7-point Likert scale from strongly agree to strongly disagree. Analysis of the data using Wilcoxon paired Samples non-parametric tests show a significant positive change toward more agreement for all statements. See Table 2.

Table 2: Pre-post training results

Statement	Pre Score Mean (median)	Post score mean (median)	Change in score Mean (median)	Range change in score	Related samples Wilcoxon Signed Rank Test
I am confident I that I can identify racist language	2.32 (2)	2.00 (2)	0.58 (1)	0-2	p=0.002
I am confident that I can identify a challenging situation related to race in practice education	2.58 (3)	1.67 (2)	0.53 (0)	0-2	p=0.004
I am confident in my ability to recognise all aspects of racism including microaggressions	3.58 (4)	2.33 (2)	1.16 (1)	-1-3	p=0.001
I am aware of the processes to escalate and manage racist behaviour that I witness	3.63 (3)	2.67 (3)	0.95 (1)	-2-5	p=0.025
I am comfortable in having conversations about race with students	3.37 (3)	2.33 (2)	1.05 (1)	-1-3	p=0.001

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and colleagues from racialised minority groups					
I am confident in taking action to challenge racism and racial discrimination in my role as a practice educator	2.95 (3)	2.11 (2)	0.84 (1)	-1-2	p=0.001
I am confident in my ability to support students who experience racial discrimination	3.47 (3)	2.11 (2)	1.32 (1)	0-3	P<0.001

Table 2 Notes: 1 =strongly agree, 2=agree, 3=slightly agree, 4= neither, 5=slightly disagree, 6=disagree, 7=strongly disagree

5.1.3 Variations between participant characteristics and course delivery method

We explored the data to see if the participants had different attitudes or confidence prior to or following the training either as a result of the method of delivery (online or face-to-face) or in relation to the background (age, gender, ethnicity or prior experience). Independent samples Mann-Whitney U Tests were used for 2 groups and Chi Squared for 3 or more groups.

- **Age** – no difference across groups, and maintained when in 2 categories (under 34 vs 35 and over)
- **Gender** – male vs female (no other category selected in the sample) – there were no differences in most levels. The only difference was in the variable ‘I am aware of the processes to escalate and manage racist behaviour that I witness’ where women were had a greater change in this statement (p=0.44)
- **Ethnicity** (White vs BAME background) – no statistical difference in any variable
- **Experience** with students (new 0-2 students vs 3 or more) – no significant difference in any variable
- **Delivery mode** (online vs face-to-face) – no statistical difference in any variable.

Disability and Band level were not compared due to small numbers in the comparison groups.

5.1.4 Participant perceptions of the course

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In terms of the overall perceptions of the value of the training resource, the majority of participants (n=15, 79%) found the content of the resource (very) useful, and 84% (n=16) felt the vignettes contributed to their learning.

In terms of the responses to the open-ended question ‘How effective do you think the delivery method is?’, most responded by saying it was effective or very effective, appropriate or good. Additional comments suggested that the resource facilitated discussion and debate well.

And in response to the open-ended question “How did you find the facilitation of the session?”, there were a variety of responses. The majority indicated it was very effective or good (very good). Additional comments suggested the approach was calm, respectful and non-judgemental. This enabled open discussions and facilitated a supportive environment. One participant noted that this was despite the awkward and challenging content (racism).

5.2 Qualitative results: focus group themes

Three themes were identified through analysis of the focus group discussions following the pilot training sessions: developing an understanding of microaggressions, the impact of racism and microaggressions on students, and uncertainty about what to do and practical steps when a situation has been identified.

5.2.1 Theme 1 - Developing an understanding of microaggressions

The participants talked about different ways that the training session had developed their understanding of microaggressions.

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This theme included conversation around how **microaggressions compare to overt racism**, with participants highlighting that microaggressions may be more difficult to identify in a practice setting.

I've been faced with so many more blatant racial incidents that these ones tend to go unnoticed because they're quite subtle

It was more kind of microaggressions because, I think, maybe the instance of that is almost certainly higher than the incidents of outright racism. And I guess it feels like a good step in the direction of being actively anti-racist.

Participants demonstrated their awareness of **changing language in society and practice** and how their understanding of racism has changed over time. It was suggested that some key terms be defined to ensure that all participants are starting the training with a shared vocabulary and to help set expectations of the content for the session.

I'm becoming more aware of a lot, for example, sayings that I was brought up using – that my parents used - but now I'm learning more about the origins of those sayings and why some of those things aren't appropriate to use.

Obviously things – the times – have changed.. in regards to what is OK to say and the kind of biases we hold. I always think about mentioning people's hair – of course we shouldn't be touching people's hair – but mentioning people's hair could be considered racial stereotyping – things like that. That just wasn't something I was aware of.

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Despite describing how their awareness had changed over time and through the training, participants highlighted concerns around how confident they felt in their **ability to identify a challenging situation** in a placement setting.

We've seen multiple scenarios and had had multiple discussions and we'll never have enough. And when we get a situation, probably never have enough understanding and knowledge regarding it.

I definitely feel more aware about these issues. And I think once you're more aware that's kind of that first step to then being able to sort of ask the questions to try or whatever, like what do I do in this situation. So, I think I definitely feel like it's maybe made me more aware of things that I wouldn't have thought of before

Participants identified the value of being able to identify microaggressions that students may encounter – both in terms of their **confidence in identifying situations** and the impact that this may have on their students, which will be discussed in the next theme.

5.2.2 Theme 2 – Recognising the impact of racism and microaggressions on students

During the focus groups, participants described what they believed the impact on the student could be, particularly in terms of the student's feelings and **sense of belonging**.

About realising from this training the knock on effect that it may make our student feel like they're not welcome in the profession

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They were interesting because they kind of focus more on, maybe subtle aspects of racism, rather than you know, outright racism – it's things like the microaggressions or, you know, not being made to feel as equals or other members of the team. And I think that's something that's probably more important to reflect on because it's just the start of the conversation but it's probably the things that we don't pick up on as much and probably have more affect on the students.

The groups also identified that **different students may want/need to take different approaches** to manage difficult scenarios on placement and that this needs to be considered when supporting students on placement, while noting that not all students will experience these challenges.

This can lead to uncertainty in how to handle a situation when an educator doesn't know a student well. This demonstrates the importance of **getting to know** each individual student.

With students it's also good to keep in mind that they are individuals and everyone likes to handle things differently

I think maybe I understand a little bit around how people feel as well. So we talked a lot about what was observed, but not necessarily the impact that it has, you know, because we have to sort of make assumptions about how people may feel, but actually, their experience at the time might be slightly off what we've been thinking you know.

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5.2.3 Theme 3 – The challenges of finding space and time to have conversations about race and knowing what to do

Participants identified that practice education brings about a unique set of factors that can make it **difficult to know what to do**. For instance, the student is part of the team, yet they are not employed by the organisation. Within their groups, they identified different approaches to situations involving race and considered their future approach. The participants identified that it can be difficult to have conversations about a sensitive topic and highlighted how important the workshop enabled them to **feel comfortable and safe** discussing race.

If you are in this space, you're sitting in a comfortable environment and you might feel more at ease to actually share your opinion.

Workshop participants highlighted that because they volunteered for the pilot, they may be more open to having these conversations than others. They were concerned that it may be more difficult to have these **conversations in a group that has been required to attend** the training rather than those who choose to.

Because we volunteered to be here, we're all interested in this training... when it goes to a broader group of people, that might be a challenge.

The participants seemed to indicate the training workshop had **created a 'support group'** of people who they knew in the workplace who would be open to having a conversation in future if anything occurred in practice. This sense of community was created through a shared understanding of microaggressions and how this might impact a student. The participants felt they would seek advice from each other than from other colleagues who may not understand the situation in the same way.

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I would feel more able to recognise the situation perhaps - I'm not sure. My confidence to deal with that, and how I would manage that situation. But then going back to the... I've got six people in this room where I know we've all spoken about this and rather than and probably I would go and speak to one of you guys rather than someone else who I don't have to because we've already broken down the [barriers] and we're all aware rather than go maybe going someone then go this initially they go what? What do you mean? We've already identified that this is an issue I don't have to then have that conversation to them. Do you feel you would know what to practically do? Or would that kind of. Other things to have in the workplace that you need to work out next, like maybe.

While the participants recognised the value of finding time and space for discussing race, they identified they hadn't been given any fixed action plans about what to do. Nevertheless, they also recognised that **there isn't a 'one size fits all' solution** due to the different experiences that people have had.

There's not one right answer. Actually, I thought I had an answer but I heard four others that were better than mine from the point of view that - you know – the different perspective. So I it's just I think it's really helpful from that point of view.

Following on from this, it is possible that participants were keen to understand what to do practically as they were mostly from a white background, and these were new experiences for them. One of the focus groups discussed the value of having someone in their training from a racialised minority background.

Actually we were quite fortunate to have someone with experiences – similar experiences

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While this is acknowledged, this is an important factor in considering how the workshop is facilitated. There is a risk that expectations for participants from racialised minorities to share their experiences demands emotional labour and potential trauma. Therefore, any additional expectations of racialised minority individuals would be inappropriate. As the majority of physiotherapists identify from a white background (82%), this dynamic is likely representative of future training workshops so the facilitation must avoid these expectations.

5.2.4 Feedback from focus groups for modifications to the training resource

Comments from pilot focus group	Response or potential modifications
Scenarios – real people (not cartoons or paper) and verbatim important -	Positive to emphasise
Benefits of facilitator – someone who is non-judgmental and also helpful link to HEI perspective	Positive to emphasise
<p>Online vs face-to-face – what is more effective?</p> <p>Both groups identified the strengths of the mode of delivery that they had and in many ways, they were similar</p> <ul style="list-style-type: none"> - Key benefits of small group so could feel safe with people you know (or could get to – eg breakout rooms, small group discussion) rather than large group - Safety /comfort - F2f preferable for reading body language and discussing sensitive topics. Online preferable for sharing as have the comfort /safety of own room and you don't feel in the spotlight in a room sharing own views 	Training package left option open for both methods.
Perhaps a little long in the beginning – eg introductions and why attend. Could see the advantage, but wanted to move on	<p>Introductions have been modified to some extent</p> <ul style="list-style-type: none"> - Online – in chat? And synchronous - F2F – write on a post it and then post on a wall and all can view as they continue or use menti.com
Lack of overt racism examples in the training	<p>Focus on microaggressions is now acknowledged in the training up front.</p> <p>Also overt racism can often can be identified and have clear actions within workplace policies (bullying and harassment, zero tolerance or anti-racism) so</p>

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	hence why not discussed here. This is also noted in the slide deck
What are the most commonly reported issues?	It is not possible to say what is most commonly reported, however the pre-reading links to the previous qualitative paper where themes were identified
Information at the beginning around privilege (eg worried that might not see things even after training)	This could take a long time and maybe beyond the scope of the package. We have made clearer signposting to other resources – e.g. Stephanie Nixon paper (coin model) and also the talks on line about privilege that we put in references
More information about terminology (participant spent some time looking up microaggression on phone)	Added a short video about microaggressions that could be embedded in pre-reading material - How microaggressions are like mosquito bites • Same Difference - YouTube - short and only 2mins
Questions for each scenario – too many, unclear, worried not get through them	In facilitator guide – questions have been distilled down into categories, Questions to understand/being aware: <ul style="list-style-type: none"> - What is going on? - What do you feel? - What might the student feel? Questions related to what to do? <ul style="list-style-type: none"> - What might be possible actions – see point below
Lack of practical steps – how to deal with? The participants acknowledged the benefits of the sharing what colleagues do but this has been identified in the theme about uncertainties for action	This has been acknowledged and the facilitator guide and worksheets have been modified to list some possible actions in a kind of multiple choice to then use in the workshop/training to consider the advantages/disadvantages risks/benefits of each action to come up with one or more preferred responses to any given scenario Eg. <ol style="list-style-type: none"> a. Ignore the situation / do nothing /shove under the carpet b. Interrupt the situation and point out the racist behaviour c. Let the situation continue and then as soon as possible point out the racist behaviour to the person responsible without informing the student to not burden them d. Speak with the student, demonstrate awareness of the racist behaviour and ask them what they want you to do e. Speak with the student, demonstrate awareness of the racist behaviour and work out a collaborative plan of action

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	<ul style="list-style-type: none">f. Report the racist behaviour to someone else – eg if a colleague to their line manager. If a patient to someone responsible (eg ward manager)g. Find the local policy first and then follow this.h. Spend time reflecting and come back to the situation in a day or 2 and consider one of the above actionsi. Other (suggest here)
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6 Conclusions

Equity and inclusion are necessary for a fairer and more diverse future workforce. To address some of the inequity and discrimination reported by physiotherapy students from racialised minority backgrounds, the project has produced a training resource for promoting racial inclusivity in physiotherapy practice education. The resource was co-created with students and practice educators from racialised minority backgrounds, and the project group was from a mixed background reflecting the desires of students from Black Asian and ethnic minority backgrounds who wanted their voices heard.

The training resource demonstrated reasonable efficacy for improving physiotherapy practice educators' confidence to supervise without prejudice and particularly recognise issues of racism (overt and covert) and the cumulative impact this may have on students. While the findings show that educators improved their confidence in challenging racism, they also expressed uncertainty and hesitancy in what practical steps should be taken. It is important to recognise that the training resource was designed as a short training session for greater accessibility and feasibility, so it may not be possible to have an impact on longer-term attitudinal and behaviour change to change practice. Similarly, steps taken to deal with issues presented will be context dependent, so the resource is deliberately not prescriptive in what actions should be taken. Nevertheless, through the resource, participants are encouraged to continue their professional development on anti-racism and are supported by some additional resources and reading. Future exploration of the use of the training resource in other contexts is necessary and should be planned. In addition, research to explore the longer-term efficacy of the training in making a more inclusive experience for racialised minority students is warranted.

We acknowledge the training resource was based on physiotherapy student experiences and designed for physiotherapy practice education in the UK. Therefore, we cannot make conclusions about other health or social care disciplines or other international contexts. Others are encouraged to draw their own conclusions from the report and view the training resource and whether it can be applicable in their own context

7 Recommendations

There are several recommendations to emerge from the project and the development of the training resource

Recommendation 1: Making the training resource accessible

It is essential that the training resource should be accessible to practice educators. Therefore, it is necessary that the training package are in an accessible format and hosted on the planned EDI pages of the HEE website where it can be accessed and used by colleagues for training in their local areas.

If there are delays in making the training resource available on HEE website, then the HEI's who have been involved in developing the resource (Brunel University of London, Bucks New University, Oxford Brookes University and Kingston/St Georges University) should be given permission to host the training resource on their websites.

Recommendation 2: Promotion and dissemination of the training resource

There is a need to promote the training resource when it is accessible on the website. This promotion could be targeted to HEI's already offering practice educator training and it could also involve promotion via dissemination events and social media. The project team would be happy to be involved in supporting the promotion campaign.

Recommendation 3: Training to be facilitated appropriately

There was a unanimous decision within the co-creation group that the training should not be completed individually online as some mandatory training as there are benefits from discussing issues and planning actions collaboratively with peers. This avoided a 'tick box' approach to this type of training. However, as the training can be completed online or face-to-face in small groups it does require a facilitator who has experience of facilitation and an understanding of

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the topic area and issues. The training is not meant to be standalone but meant to be a resource that a facilitator can use to engage discussion and action planning.

Recommendation 4: Encouraging racial inclusivity training as part of standard training

There was much discussion in the co-creation group about whether training should be mandated. However, we recognise that there may be some risks in enforcing such an approach. Therefore, we recommend that all new and established physiotherapy practice educators should be offered the opportunity for racial inclusive training using the training resource either delivered face-to-face or online.

Recommendation 5: Co-creation fostered in calls for future projects

The benefits of co-creation in this project have been numerous. First the training resource has been shaped and developed taking into perspectives of multiple stakeholders. In addition, there have been unanticipated benefits. The development of a new community of practice is already enabling potential new project opportunities. Many of the co-creators are working on related activities within and beyond their own organisations and in some cases have been promoted in part to the value of the work undertaken. While other factors might have contributed, we recommend that HEE /NHS promote co-creation as part of future funded projects.

Recommendation 6: Future evaluation and research

The pilot testing of the training resource was limited as the sample size was small and changes in attitude and satisfaction were only measured on the day. Therefore, the longer term benefits are not known such as if the training leads to changes in behaviour. There is a need for a more extensive evaluation of racial inclusivity training to assess the impact of behaviours of practice educators and potential outcomes (e.g. whether the training actually helps to disrupt the inequalities in practice education experienced by racialised minority students).

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Recommendation 7: Transferability to other healthcare professions

While the project was focused on physiotherapy, there may be similarities with the experiences of students from racialised minority groups in other health and social care disciplines. While not in the scope of practice of this project, we recommend that there is future work to explore the transferability to other healthcare professions. This might commence with professions more aligned to physiotherapy in demographic make-up and practice (e.g Occupational therapy and Speech and Language therapy) and then consider within the wider AHP umbrella.

Recommendation 8: Strategies for behaviour change

Based on this project and outcomes, there is a need for future work to examine practical steps and strategies that can help change the attitude and behaviours of practice educators to disrupt the inequalities in practice education experienced by racialised minority students in physiotherapy and other fields of practice.

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