# Facilitation of Learning (FoL) – ENPHE
# Good Practice for Physiotherapy Education

**1. Title of the Good Practice + Author(s) + e-mail:**

**Peer-Assisted Learning in Physiotherapy Education**

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**2. Background & Rationale:**

Peer-Assisted Learning (PAL) is an approach where students learn with and from each other, taking active roles in the learning process. It is increasingly used in physiotherapy education as a way to support both academic and clinical skill development [1]. Peer-assisted learning has been shown to improve students' clinical skills, confidence, and collaborative learning in physiotherapy education [2].

A common challenge in physiotherapy programmes is helping students build clinical reasoning, communication, and practical skills when there are many students and limited teaching time. Traditional teaching does not always give enough chances for active involvement, and some students may feel uncomfortable speaking or participating in front of teachers. PAL helps solve these issues by creating a more supportive and cooperative learning environment. It can increase students' confidence, improve communication, and strengthen their understanding. It is especially useful in clinical learning, where students can work together on cases and better link theory with practice.

I categorise my case under the following theme (please tick the appropriate box):

- ■ Clinical reasoning skills
- ■ Learning between students
- ☐ Simulation-based learning
- ☐ Lack of motivation
- ☐ Tailored learning for student diversity
- ☐ Facilitation of online physiotherapy
- ☐ Self-regulation in physiotherapy learning (professional issues)
- ☐ Blended learning strategies
- ☐ Other: .....

**3. Learning Objectives:**

By participating in this activity, students will be able to:

- Improve their clinical reasoning skills
- Communicate more effectively with peers
- Give and receive constructive feedback
- Increase confidence in discussing clinical cases
- Apply theoretical knowledge to practical situations
- Develop skills for independent and self-directed learning.

**4. Implementation & Description of the Good Practice:**

This practice is integrated into practical sessions. Students work in small groups (usually 3 participants) to encourage active participation and interaction.

Each session is based on a clinical case (real or simulated). Students take turns leading the discussion, analysing the case, and suggesting assessment and treatment options. Other group members ask questions, share ideas, and provide feedback.

Example: This practice is introduced in the first year during the course on physiotherapy assessment. Students work in groups of three, taking on different roles: physiotherapist, patient, and observer. In each session, the "patient" presents a simple complaint (e.g., pain, limited movement, or balance issues).

An important part of the activity is developing professional communication and respecting patient rights. The student acting as the physiotherapist must introduce themselves clearly, explain what they are going to do and why, and ask for the patient's consent before any physical contact. This helps students build good habits related to ethics and patient-centered care from the beginning of their studies.

The "physiotherapist" then performs basic assessment procedures, such as goniometry, muscle testing, coordination and balance tests, and gait assessment. The focus is on practicing fundamental examination skills and explaining the process. The "observer" watches the interaction, evaluates the performance, and later provides feedback. They also reflect on what was done well and what could be improved. After the activity, students briefly discuss their experiences within the group. Roles are rotated so that each student has the opportunity to practice all positions.

The teacher supports the process as a facilitator, ensuring correct techniques and guiding reflection when needed. This method creates an active and safe learning environment, where students can practice skills, learn from each other, and build confidence early in their studies.

**5. Evaluation & Feedback:**

Feedback in this activity is mainly formative and focused on learning improvement. Students receive feedback from their peers, especially from the observer, who comments on clinical skills, communication, and professionalism. The teacher also provides additional feedback, correcting mistakes and highlighting important points.

Short reflection discussions are included after each session, where students share their experiences and identify what they did well and what they could improve.

This activity is not formally assessed. It is used as a learning tool to support skill development, practice, and reflection.

**6. Challenges & Solutions:**

At the beginning of the first year students still have a limited skills and knowledge of physiotherapy assessment and can only demonstrate the very basic assessment techniques rather than a full, complex examination. In addition, the "patient" is a fellow student who is healthy and may not be able to realistically represent clinical conditions. Another challenge is that observers may feel unsure or uncomfortable pointing out mistakes, which can limit the quality of feedback.

**7. Impact & Sustainability**

This practice helps students build basic clinical skills, improve communication, and gain confidence early in their studies. It also supports the development of professional behaviour, such as clear patient communication and respect for patient rights. Overall, this practice is sustainable and can be continued long-term as part of the physiotherapy curriculum.

**8. References & Supporting Materials:**


1. Siddanagoudra, Savitri1. Peer-assisted Learning: A Cornerstone for the Physiotherapy Curriculum in India. Indian Journal of Physical Therapy and Research 7(2):p 118-120, Jul–Dec 2025. | DOI: 10.4103/ijptr.ijptr_94_25
2. Dixit, A. D., Raj, A. R., & Sharma, R. S. (2025). Peer-Assisted Learning in Physiotherapy and Allied Health Courses: A Randomized Implementation Study. *Current Research in Dental, Physiotherapy and Pharmaceutical Sciences (CRDPPS)*, *1*(3), 49-62.


**If you have any questions about the template, please email: Matthias.eggermont@vub.be**

**Thank you in advance for completing the template and for your valuable input.**

**Niki Stolwijk, Anke van Erp, Livia Hoeben en Matthias Eggermont**