



Name of the project/ initiative

Supporting female Muslim students in physiotherapy education

Which teaching sessions/modules/ courses/directorates are involved in the initiative?

BSc (Hons) Physiotherapy, MSc Physiotherapy

Briefly describe the initiative and the students who have participated.

Physiotherapy is a profession in which physical contact and touch is an essential part of a therapeutic interaction with patients. Similarly developing rapport through good interpersonal skills is a necessary part of practice. However in some cultural groups, having direct physical contact or exposing the face for communication with another individual (particularly of the opposite sex) may be considered inappropriate. We made an assumption that any student applying to study physiotherapy would understand the interactive nature of the profession and would consent to participate fully. And each student signs an agreement at the beginning of the course stating amongst other things that they will expose the face for communication in all teaching and clinical settings. However the course team were challenged by a Muslim student who commenced the course in 2010 and was wearing a hijab and niqab in the classroom.

This provided us with an opportunity to review our understandings of what makes for appropriate communication and physiotherapy practice. By working collaboratively with this student we made several changes to our practices including:

1. We modified our 'student agreement' signed by all students at the beginning of the course, so that the need to expose the face was only in the context of classroom activities in which students were practising skills with other students, role players, simulation situations or clinical practice. Therefore in other areas of the university, lectures, tutorials this student continued to wear her hijab and niqab.

2. We provided screens for practising physiotherapy skills in the same teaching room as other groups of students. Previously some students (including female Muslim students) did not volunteer as a model for other students as this would mean exposing body parts and this would

not be appropriate for cultural or personal reasons. This meant that these students may not benefit from feeling how techniques are applied to help them empathise with the recipients of physiotherapy practice. Other factors that were important here were to ensure that the screens were 'normalised'. Therefore the screens were always in the room so that the students did not have to request them. Similarly all staff (teaching and technical) were made aware so that they helped to ensure that the teaching space was set up to enable use of screens. We also now do not expect all students to act as a model in practical exams, before drawing up a timetable students can indicate a preference (e.g. only model for another female student)

3. We introduced a specific session on 'introduction to touch' for all students. The aim of the session was to help students understand different forms of touch used in physiotherapy (Eg. supportive, reassuring, therapeutic) and raising awareness of the implications for different genders, generations and cultural and ethnic groups. An important aspect of this session was to utilise the diversity in the group and encourage students to share their own perspectives. Students in the session are encouraged to see the benefits of these differences, rather than problematize them

4. Using a case study from doctoral research of a female Muslim student's struggles to be accepted in physiotherapy, we have developed a teaching session that invites exploration and debate of the students' own views and experiences, particularly so that they acknowledge how power and hierarchies may affect interactions in practice.

5. In conjunction with St Georges University of London, a 'Religion and Belief Code of Practice' <http://www.sgul.ac.uk/images/about/Policies/religion-belief-code-of-practice.pdf> was developed to provide guidance for students and clinical mentors about reasonable expectations for dress on clinical placements that is culturally sensitive. This was first publicised on our external website in 2014. This guidance enabled a dialogue with our female Muslim students and our practice colleagues as it discusses policy (e.g Bare Below the elbows) and cultural practices and has some helpful suggestions on what are reasonable adjustments (e.g disposable sleeves). In the student case it gave the student confidence to make requests when she was going to a new placement setting.

What has been the impact? Is there any data on the effect on student performance? If it is too early for this, what are students saying about it?

Overall there has been several areas of impact. Firstly having a student wear a niqab and hijab has challenged staff and other student assumptions that the face needs to be exposed to ensure good communication.

The student who commenced her studies in 2010, has since successfully graduated. Unfortunately despite our efforts to include her in the course, she did not feel that the NHS would be accepting of her culture and has chosen to work outside the UK for a charitable organisation.

As the number of female Muslim students who choose to study physiotherapy is relatively small, it is difficult to consider any impact on student performance more broadly. However in 2015-16, the student attainment gap, demonstrates positive findings with students from BME backgrounds Value Added Score (VAS) of 1.37 versus students from white backgrounds 1.16 and an improvement since 2014-15 (1.14). While this change cannot be attributed to these changes entirely, it may be that cases such as this have enabled colleagues to critically discuss inclusion and see the positive benefits of diversity.

How far could this be adopted elsewhere in Kingston University ?

This case-study:

- exemplifies the ways in which course teams can successfully navigate and alter academic teaching practices that were traditionally considered to be 'non-negotiable'.
- reflects the importance of candid discussions between staff and students about the complex interlinkages between religion, spirituality and academic learning and teaching practices , as well as professional practice (see also Elliot, 2017 for an example of teaching in social work).
- Encourages staff in other academic disciplines to question 'the way things have always been done' and to adopt more reflective practices in their learning and teaching practices.

The 'Religion and Belief Code of Practice' <http://www.sgul.ac.uk/images/about/Policies/religion-belief-code-of-practice.pdf> may be helpful starting point for courses/ students undertaking

Any other comments and contact for further information:

John Hammond, J.hammond@sgul.kingston.ac.uk