Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information website.

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**Methods**: A quantitative study with reliability analysis design was conducted to investigate the reliability of the HIWET tool in evaluating the quality of online based health information from neck pain websites. The first part of the study involved an extensive literature search and development of the prototype version of the HIWET tool. The earlier version of the tool was pilot tested by evaluating its performance on five websites related to knee and back pain, and amendments were made to the tool to improve its performance. An additional pilot study on three randomly selected websites related to neck pain was conducted. Some functionality items were corrected in the tool to improve its performance, and the final version of the HIWET tool was developed with 25 items. Two independent rates used the final version of HIWET to test the inter-rater reliability of the tool in a sample of 20 websites related to neck pain. An Intra class correlation coefficient (ICC) analysis was completed using the SPSS version 24.0 to investigate the inter-rater reliability of the tool.

**Results**: A total of 20 websites related to neck pain were analysed, which included websites regarding the treatment and management of neck pain (n=7), signs and symptoms of neck pain (n=6), and diagnosis of neck pain (n=7). The HIWET tool rated the overall quality of health information of the websites as moderate to good. HIWET demonstrated fair to excellent levels of inter-rater reliability with an ICC of 0.55 (0.88–0.10) with p < 0.05.

**Conclusion(s)**: The preliminary results suggest that HIWET is a reliable tool for evaluating the quality of online health information of neck pain websites. As the tool is in its early developmental stage, other psychometric properties such as intra-rater reliability and validity of the tool need to be demonstrated in future studies.

**Impact**: HIWET has the potential to be a useful tool for patients and physiotherapists to understand the quality of online health information available for health promotion and patient care in this digital world. HIWET has the advantage of being a freely accessible tool, so availability and implementation will not be hindered by cost. Therefore upon validation, HIWET has the potential to be implemented into physiotherapy practice, education, and research relatively quickly.

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The telephone support was equally effective and valuable in both pilot groups from both quantitative and qualitative data. Both groups reported high satisfaction rates with an average of 9.5/10, with multiple positive qualitative feedback. This data suggest the user led video approach supported engagement within the group based on the comparison of retention rates.

**Conclusion(s):** The project demonstrates that these programmes have the potential to be an effective means of delivering pain education and have a place within the service post Covid-19. However, they are very much in their infancy and further virtual programmes within the FPMS are required to determine longer term effectiveness and efficiency.

**Impact:** Further research is required to determine whether the delivery of virtual physiotherapy led pain education and exercise groups are effective and offer comparable results to face-to-face groups. Additionally, research is required to establish which factors enable service users to engage effectively with virtual physiotherapy led pain education and exercise programmes.

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P020

**Digital transformation in practice based learning**

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**Keywords:** Digital; Placement; Impact

**Purpose:** Since February 2020 COVID 19 has presented significant challenges to physiotherapy staff and had devastating impact on many services putting continued provision of practice based learning (PBL) at significant risk. Academic and clinical professionals have been compelled to develop safe alternatives to traditional PBL, thereby ensuring students have adequate opportunity to meet statutory and professional body requirements.

The NHS Long Term Plan (NHS, 2019a) and Interim People plan (NHS, 2019b) identify digital transformation and significant growth of the Allied Health Profession workforce as essential for the continued delivery of high quality health and social care. Implementation of these plans is contingent on both adequate volume and a continuous pipeline of digitally able AHP graduates.

Working in partnership, Teesside University and Tees Esk & Wear Valley NHS Foundation Trust coproduced a technology enhanced 5 week service development and leadership learning opportunity within the clinical specialisms of Mental Health and Learning Disability to enable continued high quality PBL.

**Methods:** An iterative process of development began with wide ranging consultation and discussion across organisations and professional networks to inform the structure and content of the 5 week experience.

A programme of learning was developed comprising: formal teaching, individual and group directed learning, consultation, individual, peer and group supervision.

Due to the new and novel nature of this PBL, students were briefed and invited to express interest in involvement; six students were subsequently allocated.

In addition to standard evaluation processes all students took part in a focus group to enable them to share reflections and give comprehensive feedback to academic and clinical staff.

All clinical staff completed a feedback questionnaire to inform future development.

**Results:** Six students successfully completed 5 weeks technology enhanced PBL. All reported that this opportunity enabled them to achieve their personal, clinical, professional and statutory body outcomes and standards with a rounded experience of Mental Health and Learning Disabilities services. Students felt focused 1:1, group and peer supervision provided enhanced support and enabled high levels of learning and achievement.

Students, clinical and academic staff all suggested the opportunity should continue with only minor modification to the current format.

Placement capacity significantly increased. Whilst initial organisation was time consuming, with an overarching framework in place this will be considerably reduced for future occurrences.

**Conclusion(s):** The revered model of PBL which is patient facing and involves a 1:1 model of supervision can be effectively replaced with technology enhanced non patient facing experience using an innovative mixed methods model of supervision. This approach can provide students with insight and experience which is not possible via traditional PBL, develop their digital literacy, confidence, resilience and emotional intelligence and foster a broad understanding of healthcare.

**Impact:** This framework can be translated across organisations, settings and specialties offering solutions to the challenges presented by COVID19 and offer a high quality solution to ongoing PBL capacity deficit whilst adding value to the experience and development of students and clinical staff.

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