



Report on Health and Social Care Professions Practice Education During and Post-COVID-19

Challenges, Barriers, Solutions and Opportunities
National HSCP Office, 2021



**Health &
Social Care**
Professions



FOREWORD FROM NATIONAL HSCP LEAD

I am very pleased to welcome this report, which provides an evidence informed plan and recommendations to address current and longstanding challenges with regard to HSCP practice placements. COVID-19 has had a devastating effect on the health and wellbeing of our people, the impact of which will be with us for years to come. I am very conscious and grateful for the critical contribution of HSCP to the on-going COVID-19 response in all domains of practice including diagnostic, therapy and psychosocial care services. The flexibility that HSCP have demonstrated in taking up new roles, the can-do attitude in taking a solution focused approach to enable new service delivery models and coming together to support patients and staff during this crisis has been recognised and widely commended by the HSE Chief Executive Officer and Chief Clinical Officer.

I am also very aware that for HSCP students and HSCP in the Education sector, COVID-19 has led to enormous disruption and required innovative and rapid adaptations to the usual models for education including practice placements. The document contains a number of solutions and opportunities enriched by Irish examples.

I recognise that dealing with so much change and uncertainty has been very difficult for HSCP students, HSCP in education and for HSCP practice placement providers. This report raises concern for timely graduation of current final year HSCP students and the longer-term impact of the legacy of placements hours to be recovered for HSCP students at other stages in their programmes. This crisis falls at a time when securing the supply of HSCP graduates is more important than ever with an unprecedented investment in HSCP to deliver prioritised health programmes including the Winter Plan, enhanced community services and new models of integrated care.

The HSE National HSCP Office and formerly the HSCP Education and Development Unit, has always had a keen focus on education and led the Review of The Practice Education System in 2011, which focused on the impact of investment to implement recommendations contained in the Bacon Report¹ (Bacon, 2001). Key learning from this was the overwhelming support for practice tutor roles in supporting practice education. The National HSCP Office led a group including representation from HSE HR and HSE operational divisions to develop a follow up report focused on issues with regard to securing practice placements related to an economic recession and reduction in staffing. The 2015 recommendations are echoed in this report, e.g. regarding the need for a national strategic approach including national and local governance arrangements to address issues with regard to quality, standardisation, supply, total numbers in training, and alignment with national strategy and workforce planning, and for national agreements to support practice education at local level.

We pledge to work with all key stakeholders to do what is possible to address the immediate challenges for final year HSCP students and agree a plan to prioritise and progress key recommendations in this Report.

I recognise and thank you all for your determination and hard work to overcome these challenges and I am confident that through working collaboratively involving all key stakeholders, that the solutions and opportunities identified in this report can be realised with long term benefits for HSCP practice education.

I close by offering my thanks to Dr Ann Coughlan, National HSCP Practice Placement Lead, Sinéad Fitzpatrick, Development Manager, Eileen Walsh, Senior Executive Officer, and the HSCP Office staff who supported this work. I want to offer a special word of thanks to all the HSCP working in education and in practice who contributed to the development of this report and who enable and facilitate training for HSCP students. Finally I want to commend all the HSCP students who have persevered through all the difficulties in the past year, I wish you all well in your education programmes and your future careers.

Jackie Reed,
National HSCP Lead

1 'Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists'.

ACKNOWLEDGEMENTS

The National HSCP Office wishes to acknowledge all the HSCP in the education sector and higher education institutions and HSCP Managers/HSCP in clinical practice, who took part in the National HSCP Practice Placement Recovery Survey, which informed the development of this report.

The National HSCP Office wishes to particularly acknowledge the reports and information received regarding many of the novel and innovative adaptations undertaken in practice placement education during COVID-19. These reports were received from Practice Education Co-ordinators, Practice Educators, Programme Directors and Practice Tutors of HSCP programmes, which were shared with the National Practice Placement Lead and are used as exemplars within this report.

The National HSCP Office also wishes to acknowledge the input of Bennery Rickard, Regional Librarian, HSE East, Research and Development, National Health Library & Knowledge Service, and Ronan Hegarty, Librarian, Naas General Hospital Library, for their involvement with the rapid scoping review literature search.



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PRINCIPLES TO GUIDE PRACTICE PLACEMENT RECOVERY

1. **An evidence informed approach is adopted to prioritise actions and required resources in response to COVID-19 related practice placement issues** with an initial immediate focus on enabling final year HSCP students to complete practice placement requirements, followed by continued concerted effort to address broader medium and longer term actions and supports.
2. **Working in partnership with all key stakeholders** is acknowledged as a requirement to progress the immediate response to the current issues and to develop a sustainable **agreed framework for future provision of practice placements for HSCP**. One of the key features of developing and sustaining the practice education model in the Irish health service has been the use of an organisational development (OD) approach which involves key stakeholders in all aspects of the process thus promoting ownership and collaborative problem solving⁽¹⁰³⁾.
3. **Take advantage of the rapid deployment of new technology and models of practice to reimagine the future of HSCP Practice Education**. In collaboration with all stakeholders in the HSE, HEI and clinical practice settings,
 - a. share and support replication of new models proven to deliver practice placements which meet the explicit requirement of practice education for students including competence development, regulatory requirements and preparation for work.
 - b. align with key strategic priorities including promotion of interdisciplinary practice education, support standardisation and high quality practice education and expansion of practice placement capacity.
4. **Optimise efficiencies and avoid duplication of effort in co-ordination and provision of practice education**. The roles of practice education co-ordinators and tutors are not being utilised as intended due to the time and effort involved in working with new and existing sites to secure practice placements.
 - a. An agreed framework for co-ordination and provision of practice education could contribute to improving this issue.
 - b. Explore options for systems and technological solutions to manage practice education placements, e.g. **“Practice Education Management System”** (PEMS) which is an online interactive database for clinical placements is warranted. This would support a flexible and comprehensive solution to leverage one system for all aspects of experiential learning.
5. **Support quality of practice education for HSCP**. All efforts arising from this report will be guided by the principle of supporting and enhancing the quality of practice education for HSCP. A separate research project commissioned by the National HSCP Office to develop a quality framework and evaluation tool for HSCP practice education is due for completion in Q3 2021. It is the intention of the HSCP Office to engage with all stakeholders to develop a plan to implement this quality framework and associated audit tool, which has been developed with involvement of all stakeholders.
6. **Capture and use the learning and experience** arising from the response to COVID-19 and previous developments with regard to practice education to inform a nationally agreed strategic and sustainable approach to practice placement provision for HSCP which addresses current and long-standing challenges in this area.

7. The value of practice education is recognised in a meaningful way through:

- a. Highlighting the benefits and rewards of facilitating practice education² for the professions,
- b. Sharing new developments and innovative practice in this area,
- c. Acknowledging the importance in protecting time and resources to support practice education.
- d. Recognition for the education role in health and social care professions, e.g. formal recognition of education in HSCP roles and development of a career framework incorporating education similar to the UK.
- e. Appraise and seek required support to implement the recommendations in the HSE National HSCP Office commissioned research project to develop a framework for incentivising/credentialing HSCP practice education.

2 <https://www.careerframework.nes.scot.nhs.uk/post-reg-framework/four-pillars-of-practice/>

Within the NHS (Scotland) The “Four Pillars of Practice “ is part of the Post Registration Career Development Framework for Nurses, Midwives and Allied Health Professions. The Four interacting Pillars of Practice are: Clinical Practice, **Facilitation of Learning**, Leadership, Research and Development.

GLOSSARY OF TERMS & ABBREVIATIONS

GLOSSARY OF TERMS

Practice Education Co-ordinator (PEC)-Funded by the HSE or HEI or jointly funded, but employed and based in the university. This senior grade Health and Social Care Professional (HSCP) is responsible for overall co-ordination of placements for the university and allocation of student placements, and the integration of theory to practice across entire programme.

Practice Tutors (PT) – funded by the HSE and based in practice education (clinical) sites. This senior grade post supports practice educators (managers, seniors or basic grade staff who will be clinical staff directly supervising students) and is involved in hands-on teaching and supervision of a group of students in one or two sites.

Regional Placement Facilitator (RPF) – funded by the HSE and based in the HSE/university. This senior grade HSCP offers a supporting role to practice educators and provides some hands-on clinical teaching

Practice Educator (PE)-The practice educator is a qualified, and registered where appropriate, HSCP professional who is responsible for the education, supervision and evaluation of a student from their profession in a HSE work setting.

Student – Means a person who is registered with a Higher Education Institution (HEI), on an approved health and social care professional education programme, for whom completion of practice placements is a professional requirement to graduate and practice.

ABBREVIATIONS

AUD	Audiology/Audiologist
CORU	Ireland's Health and Social Care Professions' regulator
CCO	Chief Clinical Officer
CMS	Clinical Measurement Science
DIET	Dietetics/Dietitian
HEI	Higher Education Institution(s)
HSCP	Health and Social Care Professions
HSE	Health Service Executive
MS	Medical Science/Medical Scientist
NHSCPO	National Health and Social Care Professions Office
OT	Occupational Therapy/Occupational therapist
PE	Practice Educator
PEC	Practice Education Co-ordinator
PHYSIO	Physiotherapy/Physiotherapist
POD	Podiatry/Podiatrist

PT	Practice Tutor
RT	Radiation Therapy/Radiation Therapist
RD	Radiography/Radiographer
RPF	Regional Placement Facilitator
SC	Social Care/Social Care Worker
SW	Social Work/Social Worker
SLT	Speech and Language Therapy/Therapist

HIGHER EDUCATION INSTITUTIONS (HEI)

DCU	Dublin City University
GMIT	Galway/Mayo Institute of Technology
IT	Institute of Technology
NUIG	National University of Ireland, Galway
RCSI	Royal College of Surgeons, Ireland
TCD	Trinity College Dublin
TUD	Technological University of Dublin
UCD	University College, Dublin
UCC	University College Cork
UL	University of Limerick

SECTION 1: EXECUTIVE SUMMARY

Introduction

The National Health and Social Care Professions Office of the HSE, commissioned this report in response to the threat to timely graduation of HSCP students due to the impact of COVID-19 on HSCP practice education. Ensuring the domestic supply of Health and Social Care Professionals (HSCP) is particularly important to enable delivery of key developments over the coming years: to enhance community services, to implement the Winter Plan and for implementation of new models of care for Older Persons and Prevention and Management of Chronic Disease.

Background

Practice education is an essential component of entry to practice education programmes for HSCP professions and, for CORU regulated professions, achieving the quantified placement hours across all stages of the programme is among the requirements for graduation and eligibility for registration. Work based placements for HSCP are predominantly provided by the HSE and HSE funded bodies in line with the requisite HEI education Programme curricula, regulatory requirements or where applicable, professional body accreditation criteria.

The HSCP entry to practice education programmes are a mix of undergraduate and postgraduate programmes across the domains of diagnostic, therapy and psycho-social services.

Securing the required practice placements for HSCP students is a long-standing issue involving many factors. The pre-COVID-19 curricula for HSCP education programmes have been widely disrupted by initial sweeping cancellations of clinical placements during the first wave of the virus. Persisting and pervasive pandemic related difficulties in securing sufficient practice placements opportunities are reported across multiple health and social care professions.

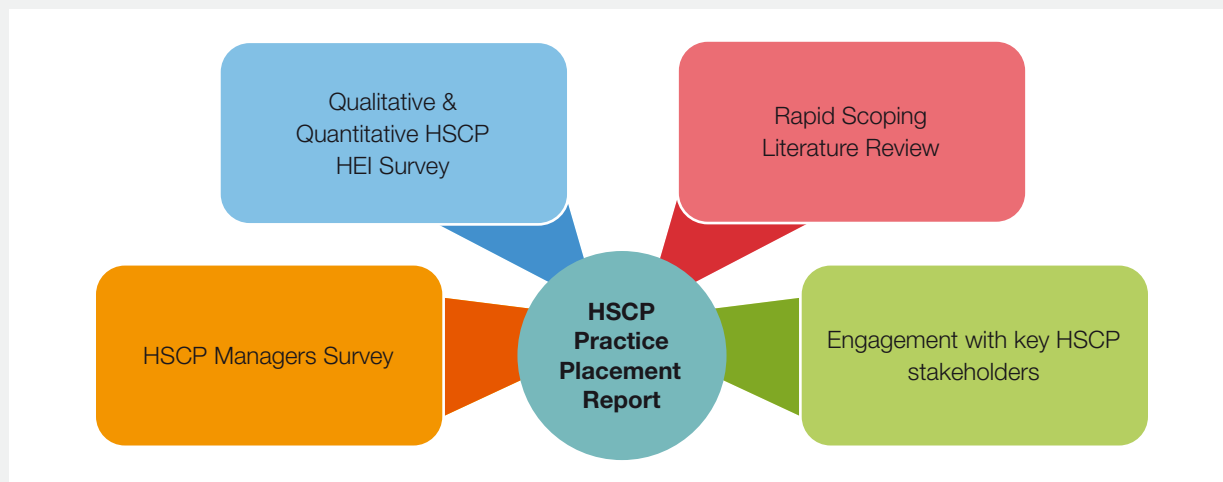
HSCP National Practice Placement Project

The National HSCP Office appointed a temporary HSCP Practice Placement Lead in October 2020. A National HSCP Practice Placement Recovery Survey including qualitative and quantitative surveys was conducted with HSCP working in Education Programmes in Higher Education Institutions (HEI) and HSCP Managers over November and December 2020. A Rapid Scoping Literature Review, and virtual meetings between the Practice Placement Lead and HSCP networks, groups and individual practitioners were undertaken from October to December 2020. The findings of the analysis and synthesis of this work is shared in this report informing the recommendations for prioritised actions. It was necessary to confine the scope of this work, and 12 health and social care professions³ were prioritised for inclusion on the basis of having an Education programme in Ireland with placements predominantly required in HSE/HSE funded settings.

3 Audiology, Clinical Measurement Science, Dietetics, Medical Science, Occupational Therapy, Podiatry, Physiotherapy, Radiation Therapy, Radiography, Social Care Work, Social Work, Speech and Language Therapy.

National HSCP Practice Placement Recovery Survey and Scoping Review

Figure 1: Development of the Report



Key Findings

The response from HSCP in the education sector was high with 75% and 83% response rate respectively to the quantitative survey and qualitative online survey. One hundred and thirty five responses were received from HSCP Managers representing a 24% response. Further details are provided in Section 2: Analysis Page 20-37.

Impact of difficulties in securing practice placements for HSCP Education Programmes for Final Year & All Students

Based on information provided in the HEI Survey⁴ in November/December 2020, **Twenty six percent** of required placements for **final year HSCP students** placements were outstanding and at least **277 students** affected with concerns expressed by HEI regarding delays in graduation. There is particular concern for final year Audiology, Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Social Care and Speech & Language Therapy students.

In total approximately **37% of placements** had not yet been secured and potentially at least **1,166 students** are affected across all stages of HSCP programmes.

At the time of writing, Ireland is in wave 3 of COVID-19 which has put enormous pressure on healthcare services requiring a number of measures including cancellation/reduction in non-urgent or time dependent services. This, and Level 5 restrictions imposed by the Government has affected placements due to start or continue during this period.

4 It is important to state that the figures presented reflect the response in late 2020 and the situation with regard to practice placements is ever-changing. As some respondents could not quantify numbers of placements/placement weeks secured for the some stages in their programmes for various reasons, e.g. prioritising final year students these figures should be interpreted in context.

KEY CHALLENGES IDENTIFIED IN THE NATIONAL HSCP PRACTICE PLACEMENT SURVEY AND THE RAPID SCOPING LITERATURE REVIEW

The leading difficulties identified by HSCP in HEI, HSCP Managers and in the international literature review include both COVID-19 and pre-existing challenges as follows:

- staffing capacity, including non-COVID-related challenges and COVID related issues, e.g. redeployment of HSCP,
- adequate space for social distancing and other COVID measures,
- access to practice tutor support,
- telehealth including access to technology and equipment,
- challenges with regard to quality of placements, e.g. access to appropriate caseload,
- Concern for student safety (and patient and staff safety).

See Section 2 pages 24-41 for a full report and discussion on the challenges.

SOLUTIONS AND OPPORTUNITIES TO THE CURRENT AND PRE-EXISTING CHALLENGES TO PRACTICE PLACEMENTS FOR HSCP

A synthesis of information collated from the international and national literature review, feedback and examples from the National HSCP Practice Placement Survey and engagement with key stakeholders is presented to provide a range of options to address challenges in practice education associated with COVID-19. If adopted these may yield benefits beyond the current challenges, by enabling expansion of capacity for practice placements, which is an existing constraint to increasing numbers of HSCP students that can be trained in Ireland. Detailed information regarding the identified solutions in Section 2 Page 28-29 and opportunities can be found in Section 2 pages 30-36.

Addressing the current challenges for Practice Education

There are three key pressing challenges affecting HSCP placement provision at this time:

1. Threat to timely graduation of final year HSCP students

Despite huge efforts by all concerned, the graduation of some final year HSCP may be delayed by COVID-19 disruption to practice education. Based on the information in the National HSCP Practice Placement Survey, **approximately 277 final year students** are affected. However given the impact of Wave 3 of COVID-19 on HSE services it is feared that this number is now higher.

2. The legacy of disruption to practice education including cancellations/deferrals of placements due to COVID-19

Affected students will need to recover placement hours and catch up on the required clinical placement time across the remaining period of their education programmes. This is especially challenging for postgraduate programmes generally run over two years, who must meet the placement requirements in a shorter timeframe.

3. Ongoing disruption to practice education in the 2020-21 academic year and beyond.

Restrictions and changes to service delivery in response to each wave of COVID-19, impacts capacity to provide health and social care professions practice placements.

RECOMMENDATIONS

Under Section 7 of the Health Act (2004), the HSE has certain obligations for the education and training of clinical staff. Analysis of the data and feedback in the National HSCP Practice Placement Survey 2020 and Rapid Scoping Literature Review indicate that several practical resources and supports are required to overcome the current challenges to timely graduation of HSCP students relating to practice education requirements. These include supports for practice placement providers to increase capacity, e.g. dedicated practice tutor/funding to release staff with protected time to facilitate practice placements, support for new models of practice education including telehealth, eLearning and technology enabled care.

- **Immediate Actions** and support to enable recovery of HSCP practice placements prioritising final year HSCP students at risk of having graduation delayed.
 1. Agree a plan of prioritised actions to minimise the impact of COVID-19 on timely graduation of final year HSCP students.
 2. Protect HSCP educators.
 3. Seek support for prioritised resources to enable recovery of HSCP practice placements including practice tutor support.
- **Medium to Longer Actions** required to support HSCP students with backlog of placement requirements carried forward and to address pressing strategic issues for practice education.
 4. In collaboration with stakeholders agree a national approach and governance arrangements for HSCP practice education.
 5. Provide a forum for practice placement providers to share learning and disseminate Innovative solutions.
 6. Work to enable adoption of digital solutions to practice education challenges.
 7. Support new evidence based models of placement.
 8. Examine potential benefits, cost and applicability of a centralised HSCP Practice Education Management System.
 9. Incentivise and nurture a positive culture with regard to practice education among HSCP including recognition of its importance and development of a career framework incorporating practice education.
 10. Develop a mechanism to support and demonstrate quality in practice education.
 11. Seek support for strategic workforce planning for HSCP incorporating future practice education requirements.
 12. Engage with key stakeholders to facilitate HSCP Career Progression with respect to practice education roles.

The National HSCP Office intends to work with key stakeholders to facilitate a joint effort and seek required resources to address current and longstanding challenges to providing HSCP practice education and to optimise the potential solutions and opportunities that have been created through enforced changes in practice due to COVID-19.

See Section 4 pages 55-60 for more details on recommendations.

**RECOMMENDATIONS IN DRAFT PENDING
APPROVAL AND SIGN OFF BY THE HSE**

SECTION 2: NATIONAL HSCP PRACTICE PLACEMENT RECOVERY SURVEY

Background

Health and Social Care Professions (HSCP) is a term used to encompass a diverse, highly educated and skilled range of professionals with significant contributions to make to the health, care, wellbeing and quality of life of the population. There are 18,350 Health and Social Care Professionals employed by the HSE (HSE Staff Census December, 2020) representing 25% of the clinical workforce the second largest clinical grouping, and approximately 14% of the overall health services workforce. Most HSCP require at least a National Framework of Qualifications (NFQ) Level 8 Qualification to be eligible to practice.

Practice education is a central element of entry to practice education programmes for health and social care professions and for those regulated by CORU, successful completion of the stipulated practice placements requirements (e.g. 1000 hours and discipline specific requirements) is compulsory for graduation and eligibility for registration. For many courses placements take place throughout all stages of the programmes including first year, in others, e.g. medical science the practical placement takes place in one block.

Practice education offers opportunities for students to translate theoretical learning into practice, experience working in different settings, and to develop relevant practical skills.

HSCP in clinical practice usually at senior grade or above, provide practice education, supported by practice tutors/practice co-ordinators.

Within the Health Act 2004, specific accountability and responsibility is assigned to the HSE in relation to education and training as follows:

“The Executive shall...to the extent practicable and necessary to enable the Executive to perform its functions, facilitate the education and training of –

- (i) students training to be registered medical practitioners, nurses or other health professionals, and
- (ii) its employees and the employees of service providers.”⁵

The HSE, National Health and Social Care Professions Office commissioned this report in response to the threat to timely graduation of HSCP students due to the impact of COVID-19 on HSCP practice education. Ensuring the domestic supply of Health and Social Care Professionals is particularly important to support the COVID-19 response and to enable delivery of key developments to Enhance Community Services, implement the Winter Plan, including implementation of new models of care for Older Persons and Prevention and Management of Chronic Disease over the coming years.

The National HSCP Office had engaged with the Heads of School and Course Directors of HSCP programmes in March/April 2020, initially regarding concern for final year students of 2019/2020. However it became apparent that many final year students had already completed their placements and for those that had not, a concerted effort was made by all involved to prioritise these students to meet necessary requirements for graduation. Ongoing contact with HEI throughout the summer highlighted growing challenges in securing placements for students in all stages of their programmes especially those who had placements postponed in April 2020.

Meeting practice placements requirements for HSCP programmes is a long-standing challenge even before the COVID-19 pandemic. The reasons are multifactorial.

- Increased pressures are reported for HSCP in clinical practice, e.g. changes in the complexity of caseloads, changing structures in the health service, reported staffing deficits with respect to increasing service demands, difficulties with recruitment and retention, unfilled cover for maternity/carers' leave and numbers of staff working part-time.
- An increase in the number of students seeking placements from additional HSCP programmes including new postgraduate programmes. For CORU regulated programmes, the same practice placement requirements, including specified hours, applies regardless of the duration of the programmes which is usually two years for postgraduate programmes.
- Difficulties in co-ordination of practice education across HSCP programmes.
- Variation in the level of support to placement providers, e.g. access to practice tutors or practice education co-ordinators.

Therefore the impact of the response to COVID-19 in necessary public health measures and significant changes to service delivery including: cessation of placements; redeployment of HSCP staff; and closure of some services, has led to unprecedented challenges for the education sector.

The National HSCP Office worked with key functions in the HSE regarding the issues including redeployment of HSCP staff and lack of communications regarding HSCP practice placements. Through engagement with the Chief Clinical Officer, the HSCP heads of school and/course directors were included in meetings regarding resumption of practice placements in the HSE July 2020. A joint memo from the Chief Clinical Officer and HSCP National Lead issued to Senior Managers and HSCP in Hospital Groups and Community Healthcare Organisations in December 2020 regarding the importance of supporting HSCP practice placements.

Also in July 2020, the National Health and Social Care Professions Office, prioritised funding for a time limited project to engage with key stakeholders to develop a solution focused and principle based framework for HSCP practice placement to address pre-existing and COVID-19 related problems. This project commenced in early October with the appointment of a temporary National HSCP Practice Placement Lead, Dr Ann Coughlan.

Over the past ten years, the National HSCP Office, (formerly the HSE, HSCP Education and Development Unit), in collaboration with key stakeholders from the HSE and HEI, led a number of projects related to practice education, e.g. development of agreed memorandum of understanding (in draft) for three health and social care professions and guidance regarding practice placements and practice education roles in the HSE. There were difficulties in implementing some of these developments due to lack of support from key stakeholders and lack of resources.

There is now a renewed focus on Education by the National HSCP Office and welcome engagement with HEI and others to support immediate and long-term actions required to address pre-existing issues and the challenges that have arisen because of COVID-19.

HSCP Regulator: CORU

HSCP regulatory requirements are overseen by CORU, Ireland's multi-profession health and social care regulator. Working in the public interest, its role is to protect the public through statutory registration of health and social care professionals⁽²⁷⁾. CORU is responsible for the statutory regulation, under the **Health and Social Care Professionals Act 2005** (as amended), of designated health and social care professions.

CORU includes the Health and Social Care Professionals Council and Registration Boards for each regulated profession. The Registration Boards set the standards that health and social care professionals must meet, ensures that the relevant educational bodies deliver qualifications that prepare professionals to provide safe and appropriate care, maintains and publishes a register of health and social care professionals who meet their standards, ensures that registered professionals keep their skills up to date by promoting continuing professional development (CPD), and runs fitness to practise hearings into the conduct and competence of a Registrant.

Table 1: Health & Social Care Professions currently and soon to be regulated by CORU

Currently regulated by CORU	Soon to be regulated by CORU
Dietitians	Clinical Biochemists
Medical Scientists*	Counsellors
Occupational Therapists	Orthoptists
Optometrists and Dispensing Opticians	Podiatrists \diamond
Physiotherapists	Psychologists
Radiographers and Radiation Therapists	Psychotherapists
Social Workers	Social Care Workers
Speech and Language Therapists	

* The profession of Medical Scientist is the only profession currently in the transition/grand parenting process. The transitional period for this profession commenced on 31 March 2019 and closed on 31 March 2021.

\diamond The Podiatrists Registration Board opened on 31 March 2021.

Approved education programmes must meet both: core criteria for education and training programmes, and profession specific criteria. Practice placement hours are specified for each education programme and for some, the number of hours in particular settings may be identified, e.g. for Occupational Therapy 1000 hours practice placement are required to include “a minimum of 250 hours within a mental health and/or psychosocial setting and a minimum of 250 hours within a physical/sensory disability practice setting”. (Reference CORU Occupational Therapists Registration Board, Criteria for Education and Training Programmes accessed online on 2nd February 2021 <https://coru.ie/files-education/otrb-criteria-for-education-and-training-programmes.pdf>). Since the beginning of the COVID-19 pandemic, education providers have adapted and implemented changes to practice placement. CORU is supportive of these changes provided they meet the relevant Registration Board’s Criteria and Standards of Proficiency. (Ref. CORU <https://coru.ie/files-education/information-for-education-providers-impact-of-covid-19-on-practice-placements.pdf>).

Practice Educators and Practice Tutors

Arising from implementation of recommendations in the Bacon Report,⁶ 2001 aimed at increasing the number of places for three health and social care professions: occupational therapy, physiotherapy, and speech and language therapy, the Department of Health funded posts to support practice education in 2005/2006. The investment by the Department of Health led to the development of three new posts with nationally agreed job descriptions in support of HSCP providing necessary clinical placements. These posts were Practice Education Co-ordinators (PEC), Practice Tutors (PT) and Regional Placement Facilitators (RPF). HSE funded posts are based on a ratio of 1:20 i.e. one practice tutor post in support of twenty students, as was agreed by the DOHC/HSE/NIG and Chief Therapy Advisor.⁽¹²⁴⁾

Further important work to support practice education followed in 2007, led by three Therapy Project Managers:

- Guidelines for Good Practice in Practice Education
- Professional Competencies for each of the three professions
- Practice Educator Competencies
- Continuing Professional Development Planning Tools

(All available on the HSCP hub on HseLanD.ie or from the National HSCP Office)

6 “Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists’ (Bacon, 2001).

HSCP Practice Education – Practice Tutor Model

The overwhelming message from the data collected in the “Report on The Review of the Practice Education System” (HSE, 2011) was that the practice education co-ordinator and practice tutor posts are a positive and beneficial development contributing to the overall capacity and quality of practice education. At that time approximately 80% of the planned posts were in place. However, the findings also indicated noticeable discrepancies between posts and the number of students facilitated, both within and across professions. Similarly there were discrepancies in the numbers of students facilitated across some locations with and without specific practice education resources⁽¹²⁴⁾. The 2015 “Report of the Review of Practice Tutor Posts in Occupational Therapy, Physiotherapy and Speech and Language Therapy” recommended securing the current level of tutor posts with no further reductions and noted that reductions in practice placement posts were clustered along the Western regions and in the South⁽¹⁵⁰⁾.

Recent evidence in an Irish context has highlighted several benefits of this practice tutor model. These include the shared responsibility that occurs between the practice educator, practice tutor (PT) and practice education co-ordinator (PEC) during assessment and supervision. This benefit is endorsed by both students and practice educators⁽¹¹⁹⁻¹²¹⁾. Sites supported by a practice tutor have been perceived as centres of excellence for student facilitation, due to the throughput of students there^(120, 121). In a 2020 report on a profile of physiotherapy practice educators and practice tutors in Ireland 70% of practice educators indicated that they currently receive support from a practice tutor⁽¹¹⁸⁾. The practice tutor model has also been successfully piloted in Canada and boasts similar benefits⁽¹²²⁾.

The value of this model is explicit in the number of other health and social care professions who have adopted it including the roles of tutors and PEC, in support of practice education, although securing funding for these posts falls to local services and/or HEI. At present not all HSCP have practice tutor assignments. Some PT posts are currently vacant or have been redirected into a clinical service role.

HSCP Practice Placements and COVID-19

In December 2019, COVID-19 emerged and rapidly spread worldwide. Transmission of SARS-CoV-2, the virus that causes COVID-19 is high and as a result rigorous public health measures such as quarantine, lockdowns, and shelter-in-place orders were imposed.

On 12 March 2020, the Irish government shut all schools and colleges and ‘in person’ teaching and learning activity paused. The delivery of knowledge in a traditional classroom or lecture theatre setting changed to exclusively online teaching overnight. According to UNESCO and UNICEF, the global impact of school closures in early March affected over 290 million students⁽⁹¹⁾, and by 7 June 2020 it impacted on 1.725 billion students in 193 countries entailing 99% of the world’s student population.

This resulted in the suspension of classes for Health and Social Care Professions students at Universities and Higher Education Institutes throughout the Republic of Ireland (ROI) and a temporary pause of practice placement experiential learning opportunities within the Health Service Executive (HSE) public health system. This action was in response to social distance rules, which were strongly recommended by the WHO to prevent the spread of COVID-19⁽²⁾. This situation was unplanned both for academic instructors, practice educators and students.

In HEI HSCP programmes continued with theoretical components, some bringing forward theory modules or dissertations from the next year or stage of the programmes. Universities transitioned into both synchronous and asynchronous remote teaching. Final year Radiography students returned to placements quite quickly and were retained in placement sites during the pandemic under the clinical governance of occupational health as they were deemed to be ‘essential’. All placements within the Irish Health service resumed within months, however the placement pause has resulted in a **significant backlog** which will need to be recovered over the course of the programmes.

As a consequence of COVID-19, HSCP practice placements became scarce due to, staffing issues including the redeployment of HSCP staff to COVID-19 related tasks, introduction of increased infection control measures, requirements of social distancing and, in the early stages, access to Personal Protective Equipment (PPE). Access to placements in disability services was significantly reduced; these are key sites for placements of many HSCP, e.g. OT, Social Care, Psychology and SLT. In some HSCP departments services were stopped completely and the space reallocated for pandemic related requirements. Audiology, Podiatry, Speech and Language Therapy and Occupational Therapy Services were particularly impacted.

The legacy of these changes is the backlog of practice education hours and weeks, which must be recovered for students to progress through each stage of their degree; and ultimately achieve the required learning outcomes and competencies to graduate and become eligible for state registration with their professional bodies and CORU.

It is critical that timelines for Health and Social Care Professions education programmes in the 2020-2021 academic session proceed as scheduled as far as possible in order that workforce supply is maintained. At the time of writing, the Irish government has imposed Level 5 restrictions in response to the third wave of COVID-19 with large numbers of patients with COVID-19 presenting to hospitals and requiring high support/critical care. The system is under severe pressure and while no instruction was given with regard to cessation of placements, it is expected that some placements will be deferred due to staffing capacity issues.

National Practice Placement Recovery Survey of HSCP HEI and HSCP Managers

To understand the implications of providing HSCP practice placement education during COVID-19 in addition to pre-existing challenges, a National HSCP Practice Placement Recovery Survey including qualitative and quantitative surveys was conducted with HSCP in HEI and HSCP Managers. This was undertaken from October to December 2020. In addition a Rapid Scoping Literature Review and virtual meetings between the Practice Placement Lead and HSCP networks, groups and individual practitioners also took place during this period. The findings of which, are shared here and informed the development of recommendations for prioritised actions.

The National HSCP Office acknowledges that this survey was undertaken in the midst of the COVID-19 pandemic when the invited participants were under significant work and time pressures.

METHODOLOGY

A national survey was developed by the National HSCP Office and distributed in November/December 2020. The survey participants were Heads of School, Course Directors, Practice Education Co-Ordinators in HEI which offer HSCP programmes, and HSCP Managers within the Irish health service.

By necessity the survey was confined to 12 health and social care professions, prioritised for inclusion on the basis of professions who have an education programme in Ireland with placements predominantly required in HSE/HSE funding setting.

Professions included in the HSCP Practice Placement Recovery Survey

- Audiology
- Clinical Measurement Science
- Dietetics
- Medical Science
- Occupational Therapy
- Podiatry
- Physiotherapy
- Radiation Therapy
- Radiography
- Social Care Work
- Social Work
- Speech and Language Therapy

One profession, psychology was not included as another practice education related project focused on psychology was underway within the HSE. Brief information regarding practice placements for psychology is included in Appendix 5. Professions such as Optometry, Orthoptics and Counselling source a significant portion of their practice education outside HSE service sites. Other HSCP programmes have links to Universities and HEI outside the state, and source their placements there.

HEI Survey

A 2020 Quality and Qualifications Ireland⁷ report stated that challenges arose for some HEI during COVID-19 in the following areas: the quality of technology-mediated interactions between people; other limitations of available educational technology; adapting pedagogy at short notice; restricted activities; the changes to the learning environment from a student perspective; staff workload; delays in securing professional recognition body approvals in some cases; library, copyright and data issues and issues arising from individual circumstances⁽²¹⁾.

In cognisance of the above report and based on engagement by the HSCP Office with HSCP working in education, an Excel template (Appendix 1) was developed and circulated by the National HSCP Office to HSCP Heads of School, Course Directors and Practice Education Co-ordinators on the National HSCP Office Contact List. The purpose of the this template was to gather quantitative information for both undergraduate and postgraduate programmes regarding practice placements, required, secured and outstanding across all stages of the programme but particularly final year students.

Additionally HSCP in HEI were also asked to participate in an online survey devised to conveniently gather quantitative and qualitative data regarding the challenges and solutions to providing practice placements including of eLearning, telehealth and different models of practice (See Appendix 2).

HSCP Managers Survey

A profession specific Excel template survey was developed and circulated to HSCP Managers on the National HSCP Office HSCP Managers contact list, in November 2020 to gather quantitative and qualitative data regarding the number of practice placements sought in their service by the HEI, and the number which the HSCP service was offering in the academic year 2020-2021 (see Appendix 3). Two reminders were sent in November and December. To facilitate response from HSCP managers in section 38/39 organisations providing disability services, the National HSCP Office contacted the Disability Federation of Ireland in December, to request distribution of the survey to HSCP managers on their contact list and the deadline for responses was extended to December 4th 2020.

Rapid Scoping Literature Review

In addition to the national survey it was important to capture the current knowledge in the international literature and to this end a Rapid Scoping Review of relevant national and international literature was also undertaken in November December 2020 and completed in February 2021. A summary of the findings of the scoping review are reported in Section 3.

Virtual meetings with HSCP working within the education sector

Meetings with HSCP working in education including Practice Education Co-ordinators (PEC) offered the opportunity to share their experience in facing the real-time placement challenges, and communicate to the HSCP Practice Placement Lead the evidence informed solutions implemented to allow practice education to proceed where possible. Brief written submissions on these solutions were requested by the HSCP Practice Placement Lead (Appendix 4) and are used as exemplars within this report. The aim is to highlight the current challenges in HSCP practice based education and engage with all the relevant parties to gather information regarding evidence informed, potential solutions and opportunities to improve the current situation.

⁷ Quality and Qualifications Ireland (QQI) is an independent State agency responsible for promoting quality and accountability in education and training services in Ireland. It was established by the Qualifications and Quality Assurance (Education and Training) Act 2012. All QQI awards are quality assured, and are nationally and internationally recognised. All current HSCP HEI Programmes are validated by QQI.

ANALYSIS

The data and evidence collected has been analysed for both quantitative and qualitative information and informs the identification of potential solutions to the acute COVID-19 practice placement recovery issue in addition to persisting challenges.

The Survey analysis is presented as follows:

- Survey Response
- Impact of difficulties in securing practice placement
- Challenges
- Solutions
- Opportunities

Survey Response

Table 2: Response to the National HSCP Practice Placement Survey 2020

HEI Qualitative Survey		
No. of online surveys sent to HEI.	No. of replies received	Response rate
52	39	75%
HEI Quantitative Survey		
No. of Excel Template Surveys sent to HEI	No of replies received from HEI	Response rate
52	43	83%
HSCP Managers Survey		
No. of Excel Template HSCP Managers Surveys sent	No. of replies received from HSCP Managers.	Response rate
563	135	24%

Impact of difficulties in securing practice placement

The information presented is a summary of analysis of data provided in the HEI excel templates shared with the HSCP office through the HSCP HEI survey conducted in November/December 2020 including 12 health and social care professions.

Notes for interpreting the data from HEI qualitative and quantitative Survey

- The situation with regard to practice placements is ever-changing and the data presented gives an indication of the situation at a point in time, November/December 2020.
- The total number of final year (FY) students affected is based on information provided and for some programmes a number could not be given, e.g. a respondent from one education programme for occupational therapy expressed concerns for FY students, but could not provide the number affected, similarly a number of Social Care education programmes reported concerns for FY students but could not quantify the numbers affected at the time.

- In addition some respondents were not in a position to quantify numbers of placements/placement weeks secured for students at other stages in their programmes for various reasons, e.g. prioritising FY students, delaying requests for other placement requirements and negotiations were ongoing at that time.
- At the time of writing, Ireland is in wave 3 of COVID-19 which has put enormous pressure on healthcare services requiring a number of measures including cancellation/reduction in non-urgent or time dependent services and an increase in healthcare staff on COVID related leave. This and Level 5 restrictions imposed by the Government has further impacted on the number of planned placements due to start or take place during this period

As a consequence of the COVID-19 pandemic and related exacerbation of pre-existing placement issues, there has been a substantial reduction in the number of practice placements available to Health and Social Care Profession students since March 2020.

In addition to the continuing limitation of placements in the current 2020-2021 academic year there is also a legacy issue for many HSCP programmes in all stages (years), with placements outstanding from 2019-2020. These placements owing have rolled over into the current year and remain to be completed for students to progress and achieve their respective requirements for graduation and registration, where applicable.

Concerns have been expressed by HEI regarding delays in graduation. Ensuring the domestic supply of Health and Social Care Professionals is particularly **important for workforce planning and to enable delivery of key developments in the Irish health service.**

Table 3: Key Findings from the National HSCP HEI Practice Placement Quantitative Survey (November/December 2020)

Approximately 37% of placements have not yet been secured
Potentially at least 1,166 students are affected across all stages of HSCP programmes ⁸ . <i>See Table 4</i>
Final year HSCP students 24% of placements outstanding At least 277 students affected with concerns expressed by HEI regarding delays in graduation. <i>See Table 5</i>
In terms of numbers of students potentially affected and number of placements not yet secured there is particular concern for the following professions Audiology, Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Social Care and Speech & Language Therapy
Nine professions have secured less than 80% of required placements with a range of 9%-78%
Only Medical Science and Radiography had secured all of their required placements. Radiation Therapy had secured 88% of placements.

Some placements planned in late 2020 to take place in January 2021 have been impacted by the third wave of the pandemic.

8 Little data available regarding placements for students in Y1 and Y2 undergraduate programmes as focus is on securing FY then Y3UG/Y2/PG placements and not all respondents could quantify the numbers of placements/placement weeks secured.

SECTION 2 NATIONAL HSCP PRACTICE PLACEMENT RECOVERY SURVEY

Table 4: Data on Practice Placements Required, Secured and Students in 12 HSCP reported in National HSCP HEI Survey November/December 2020

Profession	Number of Placements required	Number of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting PP Requirements	Potential No. of students affected
Audiology	22	2	91%	390	35	355	91%	Yes	12
Clinical Measurement	109	95	13%	997	773	224	22%	Yes	8
Dietetics	169	86	49%	1910	1155	755	40%	Yes	40
Medical Science	81	81	0%	2314	2314	0	0%	No	
Occupational Therapy	498	227	54%	4402	2487	1915	44%	Yes	78
Physiotherapy	1462	630	57%	7584	3166	4418	58%	Yes	309
Podiatry	115	54	53%	869	394	475	55%	Yes	54
Radiation Therapy	213	213	0%	1290	1134	156	12%	No	0
Radiography	979	979	0%	5640	5623	17.6	0%	Yes	Na
Speech & Language Therapy	475	245	48%	2162	1204	958	44%	Yes	214
Social Care	643	314	51%	7441	3267	4174	56%	Yes	390
Social Work	411	320	22%	5929	4135	1793	30%	Yes	61
Total	5,177	3,246	37%	40,928	25,688	15,240	37%		1,166

Table 5: Data on Final Year Practice Placements Required, Secured & Number of FY Students Affected as reported in the HSCP HEI Survey November/December 2020

Profession Final Year	Number of Placements required	Number of placements secured	% required placements not yet secured	Number of placement weeks required	Number of Placement weeks secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for FY students meeting PP requirements	Potential number of students affected
Audiology	12	1	92%	240	20	220	92%	Yes	12
Clinical Measurement	25	25	0%	325	325	0	0%	No	0
Dietetics	70	54	23%	967	755	212	22%	Yes	25
Medical Science⁹	81	81	0%	2314	2314	0	0%	No	0
Occupational Therapy	161	124	23%	2128	1798	330	16%	Yes	NA
Physiotherapy	612	302	51%	3661	1819	1842	50%	Yes	112
Podiatry	30	30	0%	343	257	86	25%	Yes	30
Radiation Therapy	50	50	0%	300	300	0	0%	No	0
Radiography	284	284	0%	1805	1787	18	1%	Yes	NA
Speech & Language Therapy	168	89	47%	1137	601	537	47%	Yes	55
Social Care	58	39	33%	674	446	228	34%	Yes	18
Social Work	193	189	2%	2814	2264	551	20%	Yes	25
Total	1,744	1,268	27%	16,708	12,686	4,022	24%		277

9 Placement takes place in one block and for two education programmes in third year.

CHALLENGES

Practice-based learning is a global mechanism for HEI and health care professions to provide students with experiential learning to bridge the gap between their academic present and their professional future. It provides a practical opportunity to apply their taught knowledge into skill acquisition⁽⁶⁰⁾.

With the advent of COVID-19 the Higher Education Institutes and Universities pre-COVID curricula for HSCP programmes was widely disrupted by initial sweeping cancellations of clinical placements during the first wave of the virus. The delivery of knowledge in a traditional classroom or lecture theatre setting transitioned into both synchronous and asynchronous remote teaching via online educational platforms.

The end result of the sudden and unforeseen challenges associated with COVID-19 combined with existing difficulties in meeting HSCP practice education requirements is reduction in availability of HSCP practice placements.

The challenges identified in the HEI Survey, HSCP Managers Survey and the Scoping Literature Review are summarised in a table below.

Table 6: Challenges to Securing & Providing HSCP Practice Placements

Note: Barriers common to both HEI and HSCP Managers are **highlighted**. Challenges common to the international literature review and those identified in the National Survey of HEI and HSCP managers are **highlighted**.

Ranked challenges identified by HEI UG programmes to the provision of practice placements	Ranked challenges identified by HEI Postgraduate programmes to the provision of practice placements
<ol style="list-style-type: none"> 1. COVID-19 Staff redeployment 2. Telehealth 3. Space and Physical Distancing requirements 4. Access to Practice tutors 5. Non-COVID-19 Staff capacity issues 6. Access to Telehealth facilities 7. Student safety during COVID-19 pandemic 	<ol style="list-style-type: none"> 1. Space and physical distancing requirements 2. Regulatory requirements 3. Altered working hours 4. Access to Practice Tutors 5. Practice Educator stress 6. Support from hospital management 7. Sites with no Telehealth facilities yet
Ranked challenges identified by HSCP Managers to the provision of practice placements	Challenges Identified in the International Rapid Scoping Literature Review
<ol style="list-style-type: none"> 1. Staffing Capacity issues both COVID-19 (including redeployment) and non COVID related 2. Space and Physical distancing requirements 3. COVID-19 Measures 4. Disruption to service and practice 5. Lack of practice tutor/support structures 6. Access to technology & Telehealth 7. Access to appropriate caseload 8. Need for co-ordination across programmes/ rescheduling cancelled placements (including overlapping placements, rescheduling cancelled placements, placements carried forward) 9. Maternity leave 	<ul style="list-style-type: none"> • Quality of practice placement experience during COVID-19 • Social distancing and PPE • Working from home • IT equipment and access • New digital ways of working • Student safety • New flexible models of practice placement education • Practice educator stress • Lack of Regulator guidance or flexibility on: number of pre-registration hours &/or how these hours are achieved, derogations or exemptions secondary to COVID-19

HSCP Managers Survey

The National HSCP survey sought responses from managers regarding these challenges to inform the development of potential solutions to securing the recovery of practice placements requirements for HSCP programmes.

It is important to note that the response to the Managers survey was approximately 24% and the response rate as a percentage of the total number of managers for the individual professions varied from 0% to 50%.

Each Manager was asked to provide details including challenges for each programme from which students were accepted for placements. Therefore when reviewing challenges the number of votes for challenges reflects this i.e. there may be more votes for a challenge than the total number of managers' responses.

HSCP managers are responsible for ensuring the continuation of their services to the public, while faced with a myriad of COVID-19 related complex and rapidly evolving challenges, e.g. introduction of increased infection control measures, the requirements of social distancing, PPE. In many professions COVID-19 has resulted in increased demand on diagnostic, interventional and therapeutic services. HSCP managers are also a critical link in maintaining access to practice placement based learning opportunities for HSCP students in each profession.

In some HSCP significant numbers of staff were redeployed to support the National End to End Test and Trace COVID-19 Model. Some services ceased temporarily, e.g. the Audiology HEI based clinic in UCC. These placements were cancelled and then eventually shortened owing to the knock-on effects of the COVID-19 pandemic.

Social distancing requirements limit the number of HSCP staff and students who may be physically present in examination rooms, treatment rooms or laboratories. HSCP Managers were under pressure in maintaining service capacity while dealing with the impact of COVID-19 on staff, and ensuring a socially distanced work environment, consequently providing practice placements for HSCP students became an added difficulty.

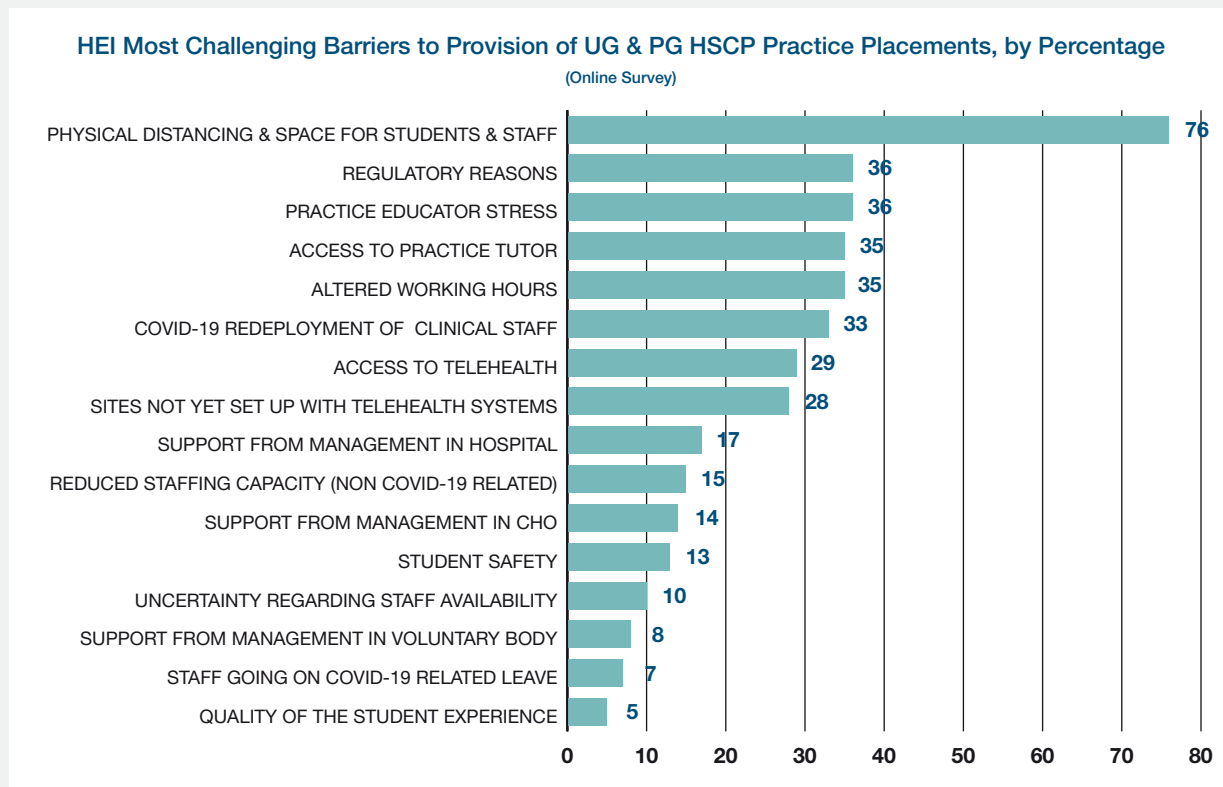
Table 7: Top 10 Challenges to Providing Practice Placements Identified by HSCP Managers

Top 10 Challenges for HSCP to Providing Practice Placements	Votes
Staff capacity	111
Space	101
COVID-19 measures	39
Disruption in service/practice & Lack of practice tutor/support structures	23
Telehealth & Access to technology	22
Access to appropriate caseload	19
Need for co-ordination across programmes/rescheduling cancelled placements (including overlapping placements, placements carried forward)	9
Risk to patients, students and staff & Cover for Maternity leave	8
Time needed for Students in early stages or who had previous placements cancelled & Travel Issue for Students in primary care	7
Changes to placement structure	4

HEI Survey

When combining the results from HEI UG and PG courses regarding the “most challenging barriers to provision of HSCP practice placement” the issue of physical distancing and space for students and staff was the most significant issue identified by 76% or just over three quarters of the online survey respondents. (Figure 2)

Figure 2: Barriers to Provision of Practice Placement for Undergraduate & Postgraduate programme as Identified in HEI Survey



Securing placements for final year placements for both undergraduate (UG) and postgraduate (PG) programmes is a priority. For some undergraduate programmes little or no information for placement requirements/placements secured for year 1 and year 2 was available at the time of the survey, as the focus is on final and third year students and some of these placements were not scheduled to take place until later in the academic year. The challenge in meeting practice placement requirements is more intense for 2-2.5 year *postgraduate* programmes.

Figure 3: Barriers to Provision of Practice Placements for UG Programmes as Identified in the HEI Survey

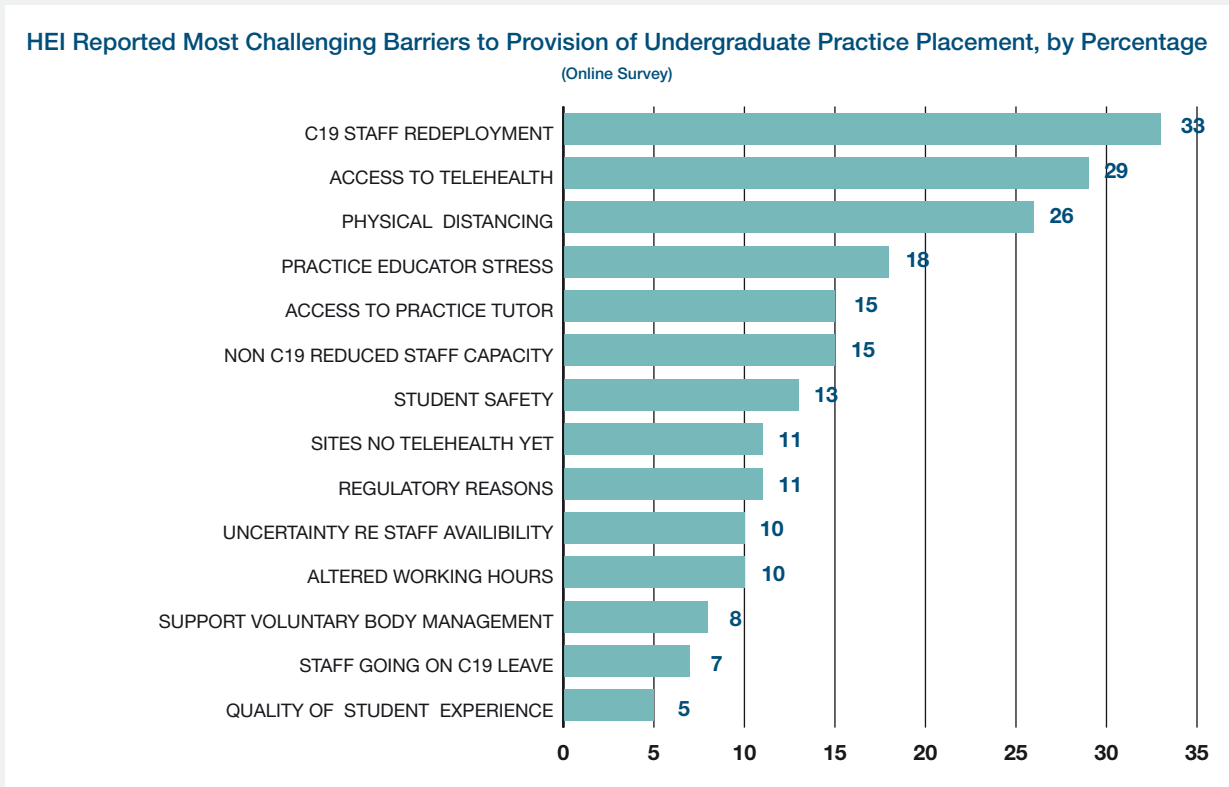
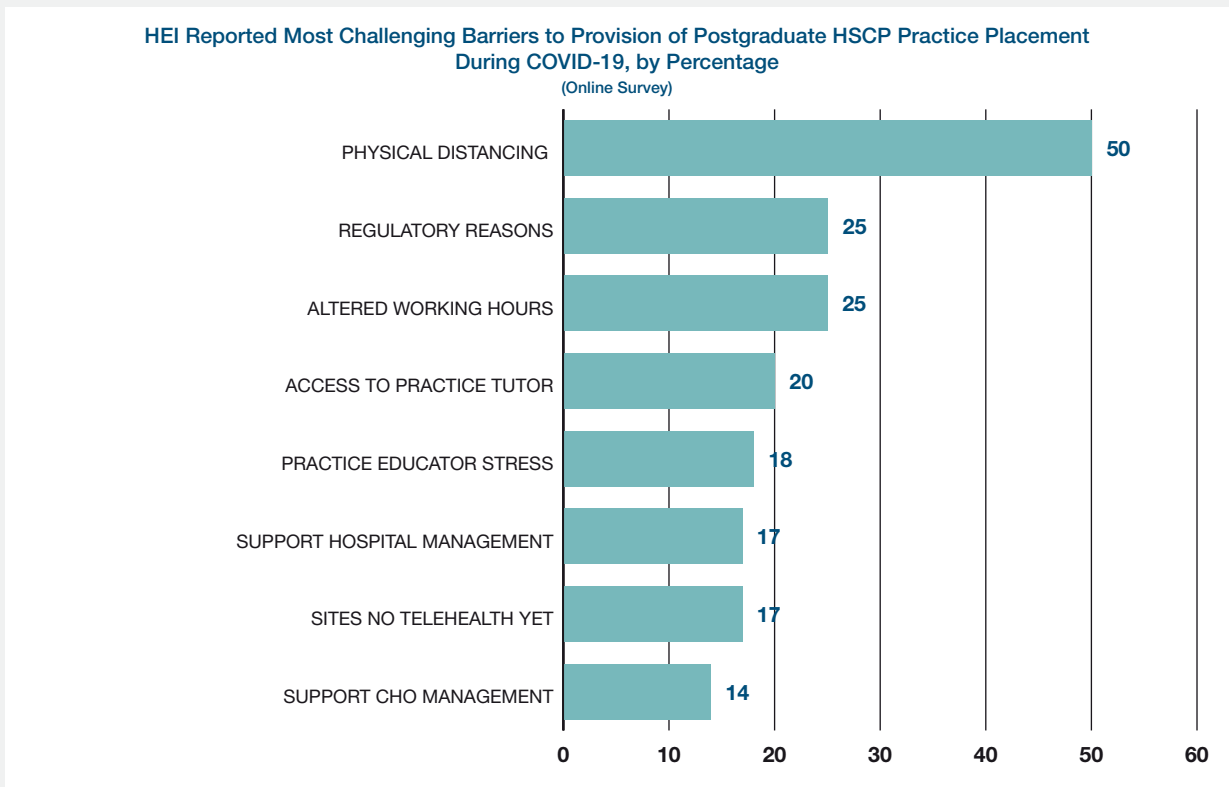


Figure 4: Barriers to Provision of Practice Placements for Postgraduate Programmes as Identified in the HEI Survey



SOLUTIONS IDENTIFIED TO SUPPORT PRACTICE BASED LEARNING

Contributors to the HEI national survey identified solutions and opportunities to support practice placement education and facilitate placements during the pandemic (Tables 8,9,10). Brief written submissions were requested by the practice placement lead (Appendix 4) and are used as exemplars within these tables.

Potential **solutions** were identified as a means of addressing the problem of the shortage of practice placements and facilitate the continuation and recovery of practice based education weeks.

Table 8: Examples of Solutions to the Challenges to Practice Education due to COVID-19 Identified in the HEI Survey

HEI identified solutions to challenges of practice placement during COVID-19	Percentage/ Number of HEI respondents who identified this solution	Examples of solution implemented to facilitate the continuation of HSCP practice placement based learning.
Virtual meetings with HSCP working in education	92% 36	Examples of virtual learning were highlighted by practice educators. These included the use of MS Teams to communicate with students on a daily basis as well as for formal supervision. Using Attend Anywhere Practice Educators could be observed by students or give feedback on students patient interventions. Online learning has been used as a method of pre-placement induction to a setting.
HEI Pre placement COVID-19 training, including IPC for students, PPE fit.	90% 35	HEI have delivered COVID-19 focussed pre placement induction which included courses in HSE LanD and instruction in HSE infection and control protocols with training in proper fitting of personal protective equipment.
Remote or eLearning	82% 32	Various modes have been widely adopted in HSCP practice education. For example Audiology PG HEI based clinic in UCC has adopted peer assisted learning with one student physically present with the Audiologist and patient during testing and hearing aid fitting, while two other students observe remotely via video link in a separate room on site. Attend Anywhere can enable students to join diagnostic, treatment or therapy sessions or interviews. Remote solutions may be an opportunity for students to attend the home visit/intervention virtually to observe practice.
HEI training for educators	80% 31	HEI have offered training in eLearning for practice educators.
Flexible learning hours	77% 30	Staggered start and finishing times as well as evening and weekend working when areas are quieter. HSCP student's timetable had adapted with 77% now facilitated with flexible learning hours.
Telehealth	74% 29	74% of education now incorporates Telehealth via communication hubs and apps such as MS Teams, Attend Anywhere, and Cisco Webex.
Team approach to educating students	64% 25	Students have been hosted in a service/department, rather than as traditionally with a named supervisor. Inter professional learning experiences have been explored to promote joint working with other HSCP. (University of Limerick, School of Allied Health) An example is students gaining a range of insights by linking with different clinicians and MDT during remote consultations. More specialists and master clinicians have been involved in teaching students on placement.

HEI identified solutions to challenges of practice placement during COVID-19	Percentage/ Number of HEI respondents who identified this solution	Examples of solution implemented to facilitate the continuation of HSCP practice placement based learning.
ICT equipment/access	56% 22	56% of HEI facilitated access to ICT for practice placement. However some students had to share laptops and access to HSE approved devices and systems was reported as a constraint in some cases, e.g. for accessing medical notes, treatment plans etc. Suggestions included staggered access to equipment & liaising with local ICT departments to increase number of computer access points to increase capacity and ensure physical distancing.
Telephone meetings and consultations	56% 22	Telephone calls have been widely used for support of students, discussions regarding placement issues, and for consultations with patients to conform to social distancing requirements.
Videoconferencing	51% 20	Lectures and tutorials were delivered via video conferencing and access to case discussions, treatment planning and MDT meetings have been made available via this medium.
ICT facilitated group classes	49% 19	Online learning platforms have options for breakout rooms which have been used for group classes, e.g. TU Dublin BSc (Hons) Clinical Measurement Science “Brightspace” platform served as a channel for on-line teaching, assessment (logbook uploaded and corrected on-line) and virtual class discussions/meetings.
Case or Project based learning	20% 8	20% of HEI reported using case or project based learning to support the achievement of learning outcomes and competencies.
Other Technology Enabled solutions	18% 7	Zoom and WhatsApp have been used by PE to maintain frequent contact with students and as a rapid method of tracking student placements requiring intervention secondary to close contacts or test and trace requirements.
Extend or change placement weeks	18% 7	It has been necessary to defer, extend or change placement weeks due to national responses to different waves of the pandemic. Curricula scheduling has been fluid to adapt to these changes. However it may be necessary to complete a specified learning outcome before progression to the next stage of a programme may be allowed.
Clarification of regulatory issues by CORU	15% 6	Clarification by CORU on the statutory designation of the amount of placement hours required pre-registration was welcomed by HSCP.
New Placement Agencies	12% 5	HEI had identified and were using new placement education sites which had not been involved with HSCP practice placements pre COVID-19, e.g. Young Parkinson’s Ireland, MS Ireland, Arthritis Ireland, COPD support groups, Social care placements were secured in some new smaller sites when other sites were unable to accept students on placement.
Simulation	8% 3	Simulation scenarios have been used to replace practice placement weeks, e.g. Physio TCD and RCSI.
Number of respondents	39	

OPPORTUNITIES IDENTIFIED FOR PRACTICE BASED LEARNING

For HSCP and HSCP students practicing and training during COVID-19 offers unique pedagogic opportunities to reconsider the methodology and process of practice based learning from new perspectives. These challenging conditions can be a pivotal moment of opportunity for reshaping practice education, with the implementation, development and diffusion, among educators and students, of the application of digital technologies to the sustainable development of practice based learning.

A range of opportunities were identified by HEI survey and also by HSCP in education roles during virtual meetings between the Practice Placement Lead and HEI/HSCP networks, including the Practice Education Co-ordinators network (PECNet), groups and individual practitioners undertaken from October to December 2020.

The development of close links with the HEI and PECNet offers the opportunity to seek their input and assistance in implementing the recommendations and key actions of this report.

The examples in the tables below are taken from brief written submissions requested by the HSCP Practice Placement Lead from practice education co-ordinators (Appendix 4). Similarities between solutions and opportunities became apparent during analysis of data.

Table 9: Ranked Opportunities for Practice Education in response to COVID-19 Identified in the HEI Survey

Opportunities identified by HEI and practice educators for practice placement based learning during COVID-19	Percentage/ Number of respondents who identified this opportunity	Examples of opportunities for practice placement based learning identified by HEI and practice educators during COVID-19
Digital Ways of Working/ Technology Enabled Care Solutions	82% 32	Along with Practice Educators students can learn how to use technology and may also support the use of technology with staff who may lack skills or confidence in this area. Technology solutions and Telehealth have offered the opportunity to re-think and re-imagine service delivery and service development. Telehealth clinical placements are a way of future-proofing students for the world into which they will graduate.
Flexible learning hours	74% 29	Asynchronous learning allows students more control over their time permitting offline access to recordings of teaching sessions and lectures. Some HSCP have extended their working day with students partaking in remote clinics taking place in the evening. An example is SLT in NUIG. Adult patients have appreciated evening appointments and parents welcome their children not having to take time out of school day. Radiography students have had the opportunity for practice placements over weekends or in on-call environments.
Use of variety of Models of Practice Placement	62% 24	Rather than the more commonly used one-to-one model of one educator to one student the opportunity has been taken to trial and adopt a variety of practice placement models. These have included teams of educators, peer assisted learning, technology enabled remote placements, and commonly hybrid models i.e. 60:40 models with the students placement experience split between in person and online experience.
Team Approach	59% 23	Students have been hosted in a service/department, rather than as traditionally with a named supervisor. Inter professional learning experiences have been explored to promote joint working with other HSCP.(University of Limerick, School of Allied Health) An example is students gaining a range of insights by linking with different clinicians and MDT during remote consultations.

Opportunities identified by HEI and practice educators for practice placement based learning during COVID-19	Percentage/ Number of respondents who identified this opportunity	Examples of opportunities for practice placement based learning identified by HEI and practice educators during COVID-19
Facilitation of learning	57% 22	e.g. Opportunity to evaluate the use of role play by PEs to develop student skills in communication, assessment and interventions. Exploration if <i>learning outcomes</i> may be met in one setting or within a bubble to avoid travel and contact with multiple teams. Case and project based learning with consideration of placement learning outcomes and to meet service development outcomes., e.g. falls prevention programme, PG Physiotherapy University of Limerick, School of Allied Health.
Education, Research and Development	54% 21	Students have the opportunity to participate in research projects and audits, and to be exposed to new technology thereby encouraging innovation in telehealth. Students may have the opportunity to learn about service re-design. Research into the new models of placement could be undertaken jointly with HEI and students.
Student Safety	49% 19	e.g. Opportunities identified by the use of Attend Anywhere along with virtual shadowing where students are virtually brought with the educator to the patients house (NHS Scotland OT). Recorded sessions either virtual or face to face with a patient could form part of a PAL placement model while ensuring physical distancing requirements for students.
Other opportunities including Peer Assisted Learning	44% 17	Recorded sessions with patients (with informed consent), perhaps virtual or face to face could form part of a peer assisted learning placement model. (e.g. Remote Donegal SLT student NUIG).
Development of Clinical Skills using novel methodology	41% 16	Telehealth appointments for hearing aid fitting and review (PG Audiology HEI/UCC Clinic). Additionally, funding was secured for software which allowed each student to practice hearing assessments from their own laptops to develop clinical skill. This software was utilised through continuous assessment culminating in an online exam. Opportunities to develop and enhance communication skills during initial patient engagement to ascertain the level of intervention required. Students could gain experience through shadowing/observing in other related specialist areas.
Simulation/ Virtual Simulation	8% 3	Simulated learning environments (SLE) may be used to train certain attributes and skills. Opportunity to develop multiple simulation scenarios using manikins or actors as patients which can be video recorded for future use (Physiotherapy Australia). Virtual Simulation Learning Environment (VSLE) can replace clinical time in cardiorespiratory physiotherapy practice and has been demonstrated to satisfy clinical competency requirements, discipline specific skills, generic skills such as communication, critical thinking and clinical reasoning. ¹⁰ In a Virtual Patient Simulations in Health Professions Education: Systematic Review and Meta-Analysis, the skills that improved were clinical reasoning, procedural skills, and a mix of procedural and team skills. ¹¹

10 Blackstock FC, Watson KM, Morris NR, et al. Simulation can contribute a part of cardiorespiratory physiotherapy clinical education: two randomized trials. *Simulation in Healthcare: Journal of the Society for Simulation in Healthcare*. 2013 Feb;8(1):32-42.

11 Kononowicz AA, Woodham LA, Edelbring S, et al. Virtual Patient Simulations in Health Professions Education: Systematic Review and Meta-Analysis by the Digital Health Education Collaboration *J Med Internet Res* 2019;21(7):e14676.

Opportunities: Models of Practice

HEI HSCP programme respondents identified that Technology Enabled Care Solutions (82%) and flexible learning hours (74%) in association with the adoption of a variety of **Models of Practice** (62%) have been the key opportunities leveraged to support practice placement learning during the pandemic.

The HEI respondents were asked to further identify the Models of Practice being utilised at the time the survey was completed. These will inform new approaches for current and future challenges and needs with regards to practice education. A variety of Models of Practice can make a positive contribution to increasing the practice placement capacity in Health and Social Care Professions.

Details and descriptors of the various types of Models of Practice are outlined in Section 3 of this report: Summary of Rapid Scoping Review, pages 42-54.

Table 10: Models of Practice In use by HEI respondents to the National HSCP Practice Placement Survey

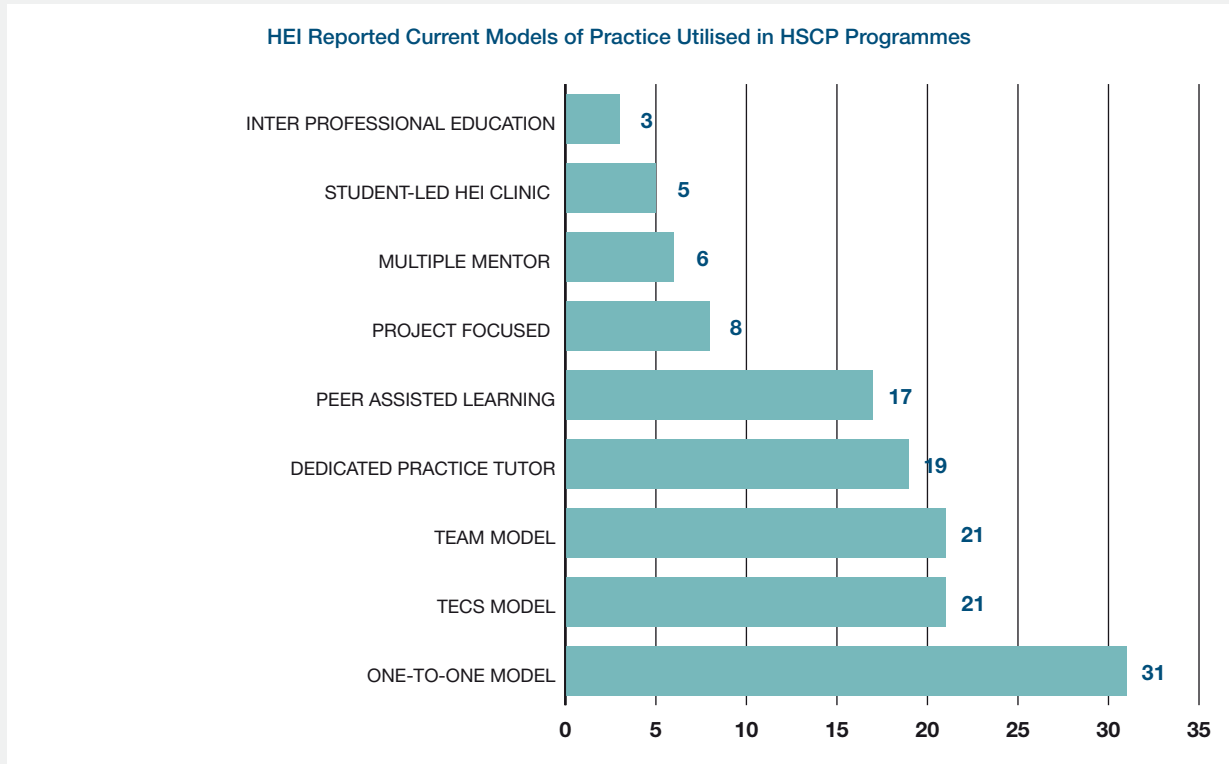
Models of Practice opportunities identified by HEI respondents to National Survey	Percentage/ Number of Respondents	Examples of Models of Practice Opportunities utilised by practice educators and HSCP Students
One-to-one model: One Practice educator supervises and assesses one student	79% 31	<ul style="list-style-type: none"> One practice educator supervises and assesses one student. This was the most commonly used model in the pre-COVID era. Virtual one to one models, e.g. NUIG practice tutor and SLT student in Donegal for duration of the virtual one to one placement
Technology Enabled Practice Placement (TEPP): eLearning, eHealth, virtual online platforms/webinars	54% 21	<ul style="list-style-type: none"> Research project completed in person or via remote/ telehealth link (PG Audiology UCC) Virtual pulmonary rehab sessions for students (PG Physio UL) Virtual clinical placement (SLT NUIG) Virtual SLT clinic, 27 4th year students offer approx. 30 telehealth appointments daily & creating a bank of video podcasts to ensure families have support material to review between sessions (SLT NUIG) Pre placement joint introduction to telehealth module, delivered online to 60 students UG Physio RCSI/TCD) Student involvement in telehealth and peer to peer tele supervision (PG Physio UL) Virtual classes delivered, e.g. pulmonary rehab and multiple sclerosis (UG Physio TCD) Online teaching and assessment with log book uploaded and corrected online and virtual teaching (UG Clinical Measurement Science TU Dublin) Link to schools (with permission of parents) to provide advice to teachers and provide therapy programmes in speech and language (SLT NUIG)
Team Model: Two or more educators sharing the supervision of one or more students.	54% 21	<ul style="list-style-type: none"> Case-based learning using master clinician (SLT UCC/TCD/NUIG/UL) SLT team NUIG PG Physiotherapy UL Practice Tutors report that in a Kilkenny PCCC the tutors, and student on are working with physiotherapists on site on establishing a virtual falls prevention program. Practice Educators in hospital sites meet Practice tutors on MS teams (UG Clinical Measurement Science TU Dublin)

Models of Practice opportunities identified by HEI respondents to National Survey	Percentage/ Number of Respondents	Examples of Models of Practice Opportunities utilised by practice educators and HSCP Students
Dedicated Practice Tutor: Dedicated practice tutors have protected time to supervise several students or provide enhanced support for colleagues providing supervision	49% 19	<ul style="list-style-type: none"> This is an increasingly commonly used model within practice placements in the Irish health service.
Hybrid Approaches: Practice Education experiences that use combinations of two or more other distinct approaches	44% 17	<ul style="list-style-type: none"> Practice educators in for example the therapy professions took the opportunity to use 60:40 hybrid placements where students placements were part face to face and partly virtual. Mixture of models commonly used in conjunction with case or project based learning.
Peer Assisted Learning: Two or more students concurrently working with one educator with an expectation that the students work together in ways that facilitate learning and team working	44% 17	<ul style="list-style-type: none"> Student involvement in telehealth and peer to peer telesupervision (PG Physio UL). Audiology HEI/HSE in house clinic adapted 1:3 practice educator to student ratio. 1:1 in audiology lab due to social distancing, other 2 students observe via video link in adjoining room.
Simulation: Simulated placements use mannikins, actors, other students, simulated environments, video or interactive computer packages for learning	26% 10	<ul style="list-style-type: none"> Opportunity for simulation based learning (SBL) for first year UG Physio RCSI students. Lecturers and clinicians developed simulated authentic clinical experience across neurology, MSK, respiratory and care of the older person. SLT in UCC. Shorter on site placements supplemented by simulated learning. Simulated clinical interactions, e.g. giving feedback on assessment results to patients.
Long arm supervision: provided by an experienced clinician who is not based at the same location as the student	23% 9	<ul style="list-style-type: none"> PG Physio in UL. UG SLT NUIG.

Models of Practice opportunities identified by HEI respondents to National Survey	Percentage/ Number of Respondents	Examples of Models of Practice Opportunities utilised by practice educators and HSCP Students
Project Focused/Case-based: This model sees a student work on a project or a series of cases as the focus of their placement.	21% 8	<ul style="list-style-type: none"> Clinical student projects to participate and contribute to service development within departments (UG Physio TCD). Research project on rare conditions (SLT UCC/TCD/NUIG/UL). Research project completed in person or via remote/ telehealth link (PG Audiology UCC). 5 weeks of online case studies delivered during a cancelled placement (PG Audiology UCC). Virtual platform multisite student case presentations (PG Physiotherapy UL). Case-based discussions across scope of practice (SLT UCC/TCD/NUIG/UL). Case-based learning using master clinician (SLT UCC/TCD/NUIG/UL). Case-based learning using Aphasia bank (SLT UCC/TCD/NUIG/UL). Practice Based Learning case seminars online using breakout rooms to allow for optimum participation resulted in 20 hours of additional clinical training for students (PG Audiology UCC).
Multiple Mentor: Team of educators supervising a team of students	15% 6	<ul style="list-style-type: none"> Case-based learning using master clinician (SLT UCC/TCD/NUIG/UL).
Student-led HEI Clinic (supervised): Students run clinics for specific populations in the HEI, with support and supervision from practice educators and academics.	13% 5	<ul style="list-style-type: none"> Virtual SLT clinic, 27 4th year students offer approx. 30 telehealth appointments daily & are creating a bank of video podcasts (SLT NUIG). 12 week student-led MSK clinic in MRH Portlaoise (PG Physio UL). National Optometry Centre (NOC) TU Dublin. It is a purpose built state-of-the-art centre. The main function of the NOC is to facilitate clinical training for TUD Optometry students.
Inter Professional Education: students from different professional programmes learn collaboratively in practice.	8% 3	<ul style="list-style-type: none"> Facilitation of practice education with embedded practice-based IPE for Physio, SLT, OT and Dietetic students through collaboration between HSE ULHG and UL Intermediate Care Facility June-October 2020.
Number of respondents	39	

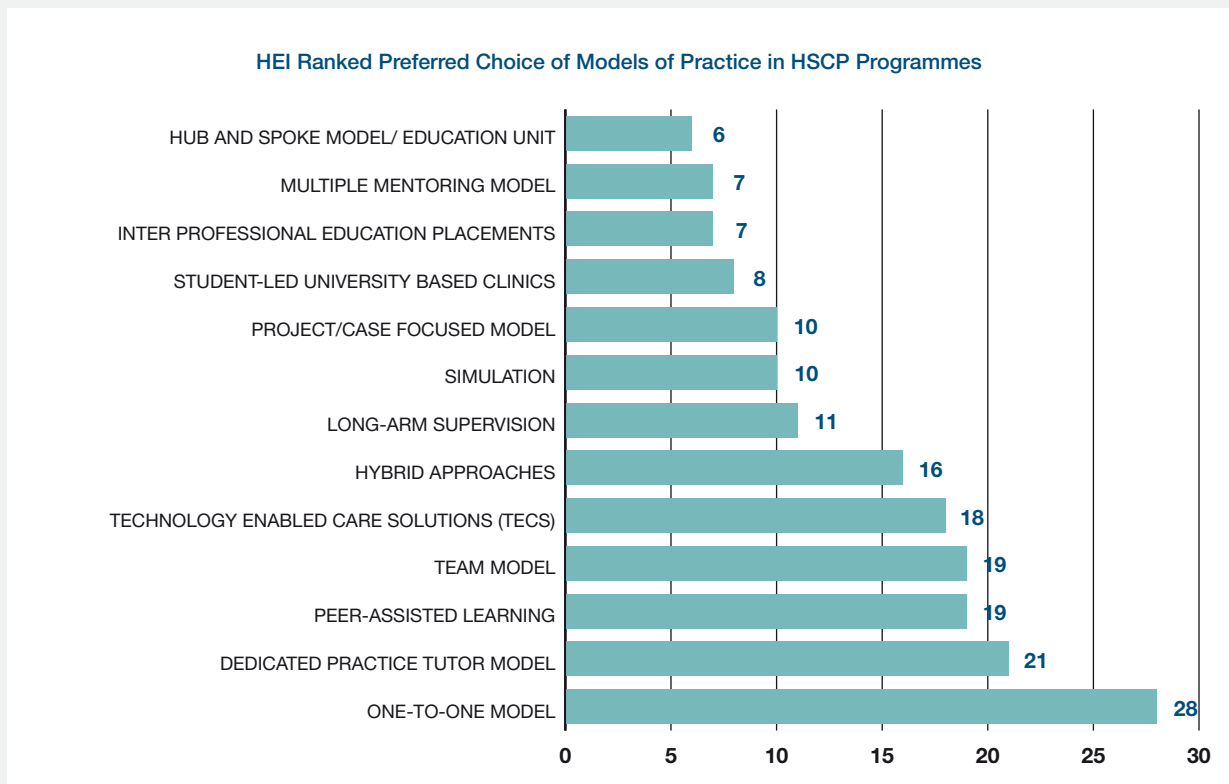
Hybrid models with combinations of different model components have been widely reported by Practice Education Coordinators. Despite only 8% (3 sites) reporting the current use of an inter-professional education (IPE) model 47% of 39 respondents to a stand-alone question re IPE agreed that the Inter-Professional model of practice education could make a positive contribution to meeting some of the requirements for practice placement hours.

Figure 5: Current models of Practice for Practice Education for HSCP Programmes Identified in the HEI Survey



* TECS: Technology Enabled Care Solutions

Figure 6: Ranked Preferred Models of Practice Education for HSCP Programmes Identified in the HEI Survey



NVivo¹² Identified the following themes via direct coding reference.

Table 11: Qualitative Analysis Using Free Text Replies to the HEI Online Survey Question: Combinations of Models of Practice

Qualitative “Themes” identified by NVivo TM from HEI national survey Regarding: combinations of models of practice	No of times referenced
Hybrid Placement Model	11
Collaborative practice placement	10
Team model	9
One to one model	9
Remote alternative placement model	9
Tripartite supervision	9
Simulated placements	5
Placement Pod	4

HEI HSCP Educators have reported using combinations of methods in Hybrid Placement Models to achieve prescribed learning outcomes and competencies, e.g. case studies and focussed project based practice, student supervision by a team of educators, some simulated practice hours, and 60:40 split of face to face learning and remote placement with links to telehealth clinics.

12 NVivo™ is a qualitative data analysis computer software package produced by QSR International. Accessed 22/02/2020.

EVIDENCE OF THE IMPACT OF COVID-19 ON HSCP PRACTICE EDUCATION

Impact of difficulties in securing practice placements for Health and Social Care Education Programmes on HSCP final year and students at all stages

It is evident from the HEI response that the challenge of securing sufficient placement hours is increased by a number of factors including:

- The need to/reschedule placements to recover placement hours lost due to cancellation of prior placements in 2020.

"We cannot determine the numbers as yet, however sourcing placements is incredibly difficult at this present time" Occupational Therapy HEI Educator

- Reluctance among providers to commit to placements in 2021 due to uncertainty with regard to future waves of COVID-19 and related effects on staff capacity and service provision.

"The whole cohort could be affected – I have 17 students behind one block"

"I have not campaigned for the placements MAY 2021 yet as the 4th years are the priority – this cohort are just finishing in December 2020 they have been out since August and each block there has not been enough capacity so there have been some students not offered placements during this time hence why we have a deficit of 2,975 hours" Physiotherapy PEC

- The number of placement weeks committed to do by providers do not match requirements and are reduced compared to the usual placement duration.

"...graduation delayed in 2021 for students, and best case scenario – December 2021/January 2022. It is not only a question of hours to be made up in the final year. Students mustmeet the competency requirements of the course. Students need to have enough time on placement to develop these competencies with support of their educators." Speech and Language Therapy Educator

At the time of writing, Ireland is in wave 3 of COVID-19 which has put enormous pressure on healthcare services requiring a number of measures including cancellation/reduction in non-urgent or time dependent services. This and Level 5 restrictions imposed by the Government has further impacted on the number of planned placements due to start or take place during this period.

- Some programmes offer greater support in terms of practice education co-ordinators and tutors. Some have reported that the current level of support being provided to secure placements is not financially viable in the longer term. Some HSCP providers have indicated that intake (numbers accepted to the programmes) may be or have been decreased due to backlog of placements for existing students and concern regarding ability to secure placements.

"Big sacrifices have been made by staff to support students and placement sites. This is neither fair or sustainable and staff are exhausted" Dietetics Educator

DISCUSSION

The reduction in availability of HSCP practice placements due to the COVID-19 pandemic is the greatest barrier to securing the required practice placement learning hours essential for the achievement of learning outcomes and competencies required for HSCP students to progress, graduate, register with CORU (where applicable), and become members of professional bodies.

There have been ongoing longitudinal difficulties for HEI HSCP programmes in meeting demands for practice placement, which pre dated the emergence of COVID-19 however these have been significantly exacerbated by the constraints imposed on the health service by the pandemic. (See Section 2 Background pages 15).

The principal challenges can be summarised as follows:

<p>COVID-19 related changes in staffing capacity:</p>	<ul style="list-style-type: none"> • COVID-19 measures including social distancing requirements have limited the numbers of staff and students who may be physically in the same space as patients and clients. • This has led to disruption in usual practice and forced changes in work patterns and reduction in some services, e.g. departments split into teams. • Staff on COVID-19 related leave either as a result of contracting COVID-19/staff identified as a close contact of a positive case. • Staff redeployment into COVID-19 response roles. • Accumulation of annual leave accrued during wave 1 and 2 limiting capacity to commit to practice education.
<p>Existing challenges to practice education provision</p>	<ul style="list-style-type: none"> • Access to supports for practice education in particular lack of practice tutors and practice education co-ordinators, who are highly valued in providing dedicated time to facilitate placements is repeated in both HEI and HSCP Managers survey. • Increasing volume and complexity of the HSCP workload. • Access to senior staff with required experience and training to provide practice placements. • Difficulties with regard to cover for maternity leave were cited by a number of managers. • Increase in number of education programmes especially postgraduate programmes. The minimum placement hours required for shorter PG programmes is the same as UG programmes. • Challenges with regard to the culture regarding 'Facilitation of Education' and the training of students. Key learning from the NHSCPO 2011 report⁽¹²⁴⁾ was the overwhelming support for practice tutor roles in supporting practice education. There is currently a lack of beneficial national agreements to support practice education. Recommendations of the NHSCPO 2015⁽¹⁵⁰⁾ follow up report included the need for a national strategic approach, including national and local governance arrangements to address issues with regard to quality, standardisation, supply, total numbers in training, and alignment with national strategy and workforce planning, and for national agreements to support practice education at local level.
<p>Telehealth, Access to ICT equipment and Technology</p>	<ul style="list-style-type: none"> • Respondents to both the HEI and HSCP Managers survey reported issues with access to equipment, technology and telehealth. Furthermore the rapid change from face-to-face to online service provision was seen as a challenge to practice placement for some HSCP in practice as it required development of policies, procedures and gaining confidence in using this before including students on practice placements.

HEI and HSCP Managers Practice Placement Survey

The Irish and international literature also reports multiple barriers to meeting practice placement requirements⁽¹⁰³⁾ which include services reporting a lack of time and resources to accept students, increased caseloads and caseload complexity, more part time working and services struggling to continue to maintain their core services etc.

The disruption in practice education placement schedules which have resulted from the pandemic has resulted in delays and an accumulation of practice placement hours for students at all stages and which will impact on the completion of their practice education programmes.

For the 12 professions included in the survey approximately **41,000 weeks of practice placement were reported to be required** over the duration of these programmes (3 or 4 years in length). Circa 25,700 weeks or 63% were reported as being secured at the time of survey in October/November 2020. Approximately **15,240 weeks or 37% had not yet been secured. The potential number of students affected was estimated at 1,166.**

Nine professions had secured less than 80% of the required placements with a range of 9%-78%

There is a particular focus on securing placements for final year placements for both undergraduate (UG) and postgraduate (PG) programmes. This means that there was little or no information available for placement requirements/placements secured for year 1 and year 2 in undergraduate programmes, some of which are not due to take place until later in the academic year. The challenge in meeting practice placement requirements is more intense for 2-2.5 year postgraduate programmes.

Based on the information in the HSCP Survey in November/December 2020 of the approximate **16,700 weeks of practice placement required for final year students** almost 12,690 placement weeks (73%) were secured among the 12 HSCP surveyed. Approximately **4,020 weeks or 24% of placement weeks were outstanding with approximately 277 students affected. Concerns have been expressed by HEI regarding delays in graduation.**

This deficit must be recovered to enable HSCP students to achieve the prescribed learning outcomes and competencies required for graduation, eligibility for registration with CORU Ireland's multi-profession health and social care regulator and/or accreditation by professional bodies. Timely graduation and registration is critical to HSE workforce sustainability, particularly at present with significant investment including HSCP to implement enhanced community care, the Winter Plan, new models of care, and to support the COVID-19 response.

It should be noted that while postgraduate programmes may have greater support in terms of practice education co-ordinators and tutors, some have reported that the current level of support being provided to secure placements is not financially viable in the longer term. Some HSCP education providers have indicated that intake (numbers accepted to the programmes) have been decreased due to backlog of placements for existing students and concern regarding ability to secure future placements.

Higher education institutions have been under pressure to generate revenue, e.g. by increasing student numbers. Universities often find themselves competing with each other for available placements. This is contrary to one of the core principles of organisational development which is the reduction of inappropriate competition between parts of an organisation and the development of a more collaborative condition⁽¹⁰³⁾. The response to COVID-19 has seen many heads of school/course directors collaborating with each other to highlight the issues and seek to find/share solutions.

Placement offers within the context of the COVID-19 pandemic may be last-minute, and are often associated with significant anxiety and stress for both student and practice education co-ordinator. There may be difficulties in sourcing accommodation in the placement location at short notice and personal financial support issues for students. This has been significantly exacerbated during the COVID-19 pandemic. Practice Education Co-ordinators indicate that securing placements are dependent upon personal and previous professional and collegiate relationships.

The response to the Managers survey was approximately 24% and the response rate as a percentage of the total number of managers for the individual professions varied from 0% to 50%. However the survey was undertaken during the pandemic and manager's priorities were determined by service commitments and COVID-19 related issues.

Based on the limited data available there is a suggestion that the usual intake of students is reduced by approximately 20% and number of weeks agreed as expressed as percentage of the weeks requested is approximately 80%. It should be noted that some respondents actually increased their intake of students to ensure that final year students could meet requirements.

HSCP managers are a critical link in maintaining access to practice based learning opportunities for HSCP students in each profession. In some HSCP significant numbers of staff were initially redeployed to COVID-19 swabbing and contact tracing duties and some services ceased temporarily, e.g. Audiology HEI Based Clinic in UCC.

Both quantitative and qualitative analysis identifies **staffing capacity** and **space** and as the two most reported challenges faced by HSCP Managers in offering practice placements for students. Staffing capacity encompasses both COVID-19 staff related and other issues. These include: redeployment; staff shortages; COVID-19 related absences (while unwell or self-isolating due to exposure to the virus); cover for maternity leave in a background of overall reduction of staff availability; backlog of annual leave, staff fatigue; and increased clinical demands. These are the reported reasons for either not accepting students or reducing intake.

Social distancing requirements significantly limit the amount of students and staff that may be physically present at any one time in an examination or treatment area. Due to COVID measures some HSCP departments were split into teams. COVID-19-related disruption to usual and elective services and working in split teams, has limited the exposure of students to a wide and appropriate caseload mix. Infection prevention and control measures have impacted on the ability of students on placement to travel in the same vehicle as their practice educator on home visits.

Access to practice tutor support was identified as a significant challenge among many respondents and also was acknowledged as a solution by one HSCP Manager as “essential in offering approximately 30% increase in placements this year.”

It is very obvious that fatigue, burnout and stress associated with COVID-19 in practice educators is a major factor. Uncertainty with regard to staffing and current/potential future restrictions on services impedes HSCP managers' ability to commit to placements.

It has been reported that planning for practice placements does take additional time taking account of social distancing requirements, availability of staff, balancing potential staff absence due to COVID, maintaining services, and managing a backlog of annual leave. Difficulties posed by overlapping placements due to rescheduling of cancelled placements were reported. One HSCP manager reported that the same level of preparation and completion of paperwork is required “for 2 week placement as for 12 week placement.”

Access to equipment and/or technology to facilitate telehealth or virtual clinics has been reported as an issue particularly for HSCP students and for HSCP in community settings and appears to be less of an issue in acute hospital environments.

There were a very small number of reports that HSCP managers were under pressure from HEI to accept students and similarly a very small number reported a lack of HEI support for services who had accepted students.

HSCP managers have endeavoured to continue to offer practice placements in an effort to accommodate more HSCP students, with a particular focus on ensuring final year students meet their practice education requirements. Some report taking more students but for shorter periods. Many departments continued to accept students on practice placement right through the summer months in 2020 with no break between academic years. Some services changed placement hours to less busy times and weekends.

There are issues that are not resolved easily in terms of providing hands on experience when space for social distancing is an issue but other identified issues including access to technology for students and staff which comes up across both Primary Care/Community and Acute Settings could be more easily addressed.

HSCP Practice Placement in broader context of the Irish Health Service

The COVID-19 pandemic has produced a crisis in practice placement and has driven a response from HSCP across all domains; diagnostics, therapy, rehabilitation and psycho-social and social care.

A HSE recruitment drive is underway to support the implementation of Enhanced Community Care, Slaintecare, the Winter Plan, new models of care for Older Persons and Prevention and Management of Chronic disease. While a very positive development in terms of expanding departments, there may be some short term difficulties associated with changes in personnel which may impact on ability to provide practice education. This could be alleviated by additional supports.

Practice tutor posts were lost or absorbed into clinical staff during the last recession. This has negatively affected the ability of some departments to accept HSCP students in the absence of a dedicated tutor to teach, manage and supervise the students practice based learning experience.

There are a number of HSE approved practice tutor posts which are currently unfilled, which is also adversely affecting the ability of departments to accept students on placement. Departments who do not have access to practice tutor support report particular difficulties in offering student practice placements due to the increased clinical load and some HSCP who have previously engaged with practice education, are now not in a position to do so.

Both the International literature and the National Survey indicate that **eLearning, the use of Telehealth, Technology Enabled Practice Placements and changes to Models of Practice** were the major contributors to support practice placement education and facilitate its continuation during the highly disruptive COVID-19 pandemic. Telehealth has been demonstrated to have an important role in healthcare delivery. It is now timely to use technology and support the transformation and innovation needed, as an enabler to educating HSCP staff and students, as well as facilitating new models of provision.

The National HSCP Office identified a need to support HSCP in response to the rapid transition to telehealth and recently launched the *Health & Social Care Professions (HSCP) Telehealth Toolkit*⁽⁵⁶⁾ and its sister document, *HSCP Telehealth Practice Examples in Clinical Services*. This Toolkit provides an overview of telehealth and its practical application in supporting HSCP in the redesign of frontline services which provide alternatives or enhancement to face-to-face care. It is intended for use by HSCP, managers of HSCP services and HSCP leads who collectively play a vital role in creating the conditions for the implementation of quality telehealth services. The practice examples are intended to support HSCP to incorporate these developments into their practice.

SECTION 3: SUMMARY OF RAPID SCOPING LITERATURE REVIEW

Scoping reviews offer an alternative to a traditional systematic review. Varying definitions of the methodology exist, common to these is the concept of the reviews being comprehensive, but having a *shorter time line*. The latter was important given the widespread disruption to HSCP student education and training secondary to the COVID-19 Pandemic. The purpose of a scoping review is to inform emergent decisions in health-care settings. The review should be transparent, rigorous and useful. The scoping review aims to map evidence on a topic and identify main concepts, theories, sources, and knowledge gaps.

This section provides a brief summary of the HSCP Practice Placement Rapid Scoping Review, the full report is available from the National HSCP Office as an accompanying document. See the HSCP Hub on HSELand.ie.

The aim of the rapid scoping review was to answer the following questions:

- What are the challenges, barriers, solutions and opportunities to providing Health and Social Care Professionals practice placement based experiential education during and post COVID 19?
- What are the advantages and disadvantage of eLearning, Simulation, Virtual Education and Telehealth Solutions in supporting recovery of practice placements in HSC Professions during and post COVID-19?
- Does the adoption of innovative and agile Models of Practice support the provision, recovery, and increase the available capacity of practice placements in Health and Social Care Professions during and post COVID-19?

METHODS

A rapid scoping review literature search was undertaken separately by the National Practice Placement Lead and 2 librarians from the HSE National Library Service using both controlled vocabulary and keywords. The search included HSCP, and nursing and medical education relating to systematic reviews and meta-analysis.

Table 12: Methodology of the Rapid Scoping Literature Review

Concept	Any peer reviewed and published articles; grey literature on: Challenges, barriers, solutions, planning, delivery, implementation, models of practice placement, practice based learning, experiential learning; fieldwork; eLearning, virtual learning, telehealth and digital technology in practice placement; and COVID 19 in health and social care professions/allied health professions.
Context	An unexpected and dramatic reduction in the availability of practice placements for HSCP precipitated by the response to the COVID-19 pandemic, in the context of pre-existing challenges to meeting practice placement requirements for these professions. Identification of the challenges, barriers, opportunities and solutions to obtaining placements in health and social care professions is required. This is required to develop a framework and plan to inform engagement with key stakeholders in order to address these challenges and reduce the impact on timely graduation of HSCP students.
Sources	Research, Opinion, policy documents, Reports or professional organisation frameworks if relate to practice placement education context.
Inclusion/Exclusion	Health and Social Care Professions and Nursing and Medicine, 2000-2021, exclude articles not in English.
Search strategy	Initial search of MEDLINE/PubMed Central, CINAHL, Educational Resources Information Centre (ERIC), Applied Social Science Index and Abstracts (ASSIA), Cochrane Library Google Scholar for key words, database search. An additional hand search for relevant articles from reference lists was undertaken.
Data Extraction	via data extraction tools and charting.

A total of 211 potential studies were identified through database searching, reference searching and hand scrolling and 14 additional records identified through other sources. Meta-analysis and systematic review articles were identified as of particular interest.

Relevant studies were screened for inclusion based on the following criteria:

1. The study aimed to evaluate the challenges and barriers, opportunities and solutions to Practice Placement education during COVID-19.
2. The study aimed to evaluate the effectiveness of Practice Placement involving E-learning, simulation, telehealth and adapted models of practice for HSCP students.
3. An acceptable study design was used.

We excluded articles as follows:

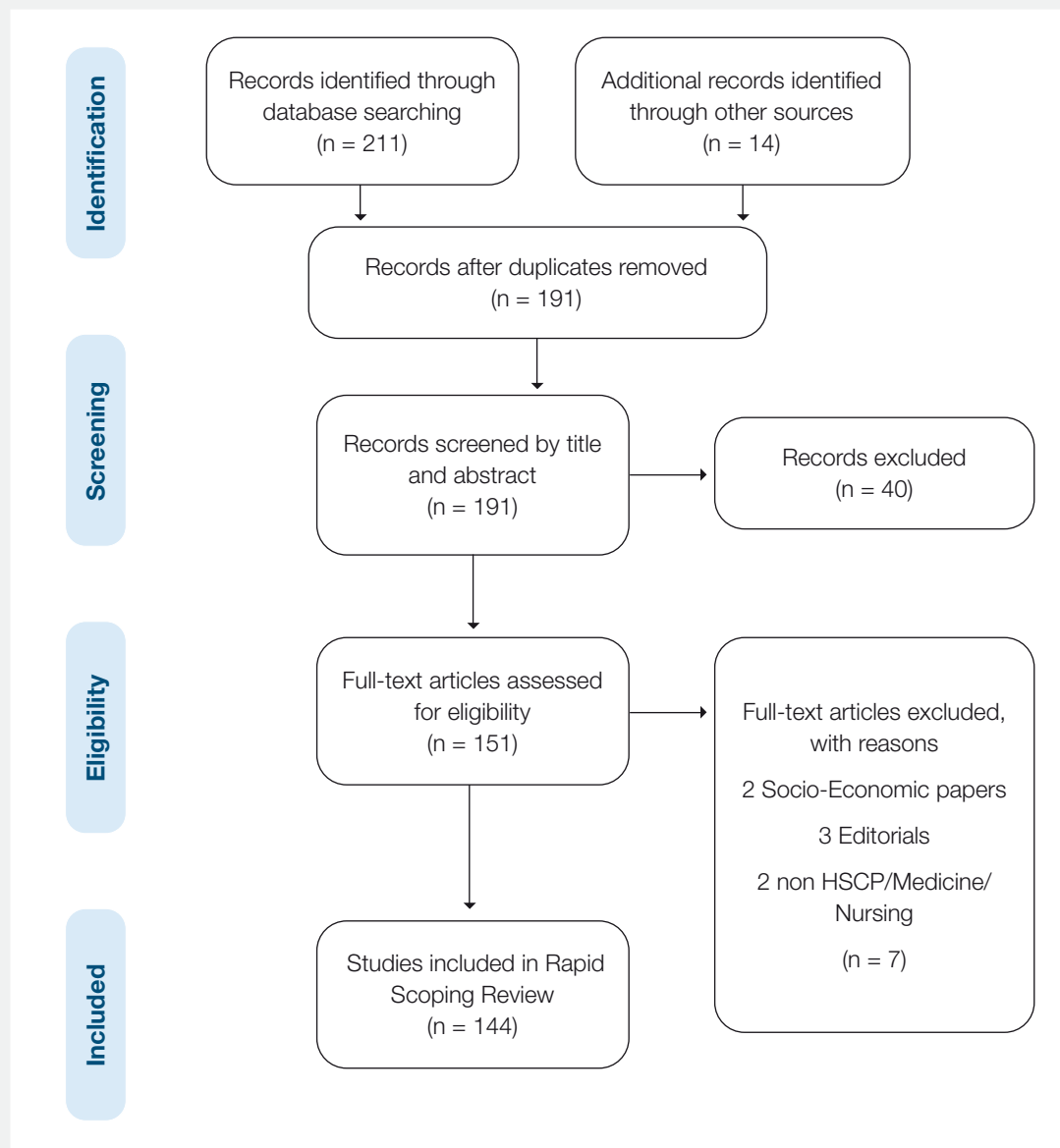
1. Inclusion criteria were not met.
2. Insufficient detail in paper.
3. Major subject of study was peripheral to search terms of RSR.

For abstracts that did not provide sufficient information to determine eligibility full length articles were retrieved.

A search of grey literature was also undertaken due to the relatively short time period since the identification of the first case of SARS-CoV-2 was first reported by officials in Wuhan City, China, in December 2019.

After duplicates were removed 191 of the potentially relevant articles were screened by title and abstract resulting in 151 relevant studies. After a full text review of these articles 144 were retained and 7 articles excluded with reasons.

Figure 7: PRISMA Flow Diagram



CHALLENGES TO PRACTICE PLACEMENT BASED EDUCATION IDENTIFIED IN THE RAPID SCOPING REVIEW

- Reduction in availability of practice placements associated with COVID-19^(3,17,21,25, 26,52,59,60,63,64,67,71,72,82,84,85,140)
- Quality of practice placement experience during COVID-19^(5,7,8,17,20,21,22,46,52, 61,62,65,71,86,106)
- Social Distancing and Personal Protective Equipment (PPE)^(4,5,17,19, 21,23,25,26, 72,76,82,136,137,138,139,140,151)
- Remote Working^(4,5,16,21,23,58, 59,65, 70, 71 72, 80,86,97, 140)
- ICT Equipment and access^(72,70, 83, 84)
- New digital ways of working^(23,56,58,59,65,71,72, 77,115, 118)
- Student safety^(56,59,60,67,71,72, 76,77,78,80,81,82,83,110,111,112,130,135,136,138,139,140)
- New flexible models of practice education^(15,20,22,23,25, 26, 28-30,32-52, 54, 59-64,66,67,69,81,83-85,87,88,90,99,100,101, 125-129, 132-135, 141)
- Practice Educator stress^(21,93,94,95,96,97,135,152,153)
- Lack of regulator guidance on how pre-registration hours, how these hours may be achieved, and derogations & exemptions secondary to COVID-19^(3,4, 21,27,124)

SOLUTIONS AND OPPORTUNITIES IDENTIFIED IN THE RAPID SCOPING LITERATURE REVIEW

Both the International literature and the National Survey indicate that **eLearning, simulation, the use of Telehealth, and changes to Models of Practice** were major contributors to support practice placement education and facilitate its continuation during the highly disruptive COVID-19 pandemic. eLearning and eHealth has the potential to support safer, more efficient, high quality integrated practice placements and healthcare systems. HSCP are well positioned and have the skills to support digital transformation within the Irish health service as outlined in the Sláintecare Report⁽⁵⁷⁾ improving patient/client experience, improving clinician experience, lowering costs & achieving better outcomes.

The disruption of HSCP practice placements has created challenges for both students and educators who have been compelled to reconceptualise, reorganise and rethink clinical practice education.

THE CONTRIBUTION OF ELEARNING TO PRACTICE EDUCATION DURING COVID-19

There has been a rapid transition to virtual eLearning during the COVID-19 pandemic as modern technologies have created new platforms for advancing medical, nursing and HSCP education. eLearning has gained in popularity due to the potential benefits of personalised and group instruction, allowing learners to tailor the pace and content of courses to their individual needs, increasing the accessibility of information to remote learners, decreasing costs and facilitating frequent content updates⁽⁶⁾.

Reports on replacing or supplementing clinical placement learning with eLearning include: a mix of online synchronous and asynchronous teaching using a combination of seminars, videoconferencing, simulation, flipped classrooms with question and answer time, video review of client consultation, procedures and procedural videos, diagnostic examinations, therapeutic interventions, small group discussions, project work, role-plays, example group sessions in clinical practice, giving feedback to students on site, and for assessments of student competencies. A 2015 systematic review evaluating the impact on online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education reported that the available evidence suggests that online learning for teaching clinical skills is no less effective than traditional means⁽⁸⁾. A 2019 Systematic review of undergraduate medical education found that online learning has advantages to enhance undergraduates' knowledge and skills, therefore, can be considered as a potential method in undergraduate medical teaching⁽⁷⁾. A 2015 WHO systematic review on eLearning for undergraduate health professional education found that computer based eLearning can be equivalent and perhaps even superior to traditional learning in terms of knowledge and skills gained⁽⁹⁾.

The effectiveness of online learning in practice education is influenced by many factors. Some factors create barriers for online learning such as administrative issues, social interaction, academic skills, technical skills, learner motivation, time and support for studies, technical problems, cost, and access to the internet. Other factors could result in low-quality online learning for example an ineffective design and arrangement of multimedia materials^(7,1). Having access to programme material anytime, as many times as needed, allows students to better recall the information and practice the skills that are required for practice based education.

Though some published systematic reviews on eLearning have provided some promise that eLearning would be equally as effective as traditional methods of learning or teaching, still there is very limited evidence demonstrating when and how best eLearning enhances education and practice placement based learning, and the factors associated with it^(4, 7,8,9,10,12,16,17). Similarly, several studies make claims for eLearning and learning enhancement, but the results appeared rather mixed⁽¹⁶⁾. A Cochrane Review including 16 randomised trials (involving 5,679 health professionals), published in 2018, examining the effects of eLearning versus traditional learning, reported little or no differences in patient outcomes or health professionals' skills and behaviours⁽⁶⁾.

The most influential advantageous factors for practice placement eLearning during COVID-19 include: technology management; support from management; increased student awareness to use eLearning systems; and a high level of knowledge of information technology from instructors, students, and universities⁽⁴⁾.

Most of the currently published evidence, including the systematic reviews on eLearning, appear to have three major limitations: (a) they are mostly descriptive; (b) they have failed to clearly demonstrate the outcome measures; and (c) the majority have faults due to weakness or inappropriateness in study designs.

Further well-designed research into the use of blended learning incorporating eLearning in clinical education is needed; in particular research consequential to the widespread adoption of eLearning and telehealth technologies in practice education during the COVID-19 pandemic will further inform the knowledge base in this emergent area of education.

SIMULATION BASED LEARNING SOLUTIONS IN PRACTICE EXPERIENTIAL EDUCATION

Simulation-based learning (SBL) is recognised as a safe, authentic, experiential learning experience in healthcare education and has been used to develop or enhance a variety of skills in both students and clinicians. SBL as an educational method is used by health-care disciplines because of the ability to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion^(89,90,97,99,100). Examples of the adoption of SBL have been collected in this national HSCP practice placement project.(UG Physiotherapy RCSI, UG SLT in NUIG See Table 10)

Manikins or actors or practice educators may act as patients during practice scenarios in simulated clinical environments, or using video or interactive computer packages for learning. Skill development includes discipline specific skills and procedures as well as generic skills such as communication, critical thinking, and clinical reasoning skills. It provides the opportunity to bridge the theory to practice nexus delivering better prepared students entering placements or the workforce⁽⁹⁰⁾. Simulation has been proven to be pivotal for healthcare professions learning, rapid changes to practice and changes to the delivery of clinical care during the COVID-19 pandemic⁽⁶⁴⁾. SBL is embedded in the physiotherapy degree curriculum in Australia and is a significant contributor to all of Australia's 19 Physiotherapy programmes⁽¹⁰²⁾, with research indicating that it can replace 20-25% of the HSCP students clinical practice based education^(61,62).

During the COVID-19 pandemic investment in simulation and simulation based learning (SBL) as a way to train students by the BSc in Speech and Language Programme by NUIG has reduced the need for placement hours by approximately 20%.(Appendix 4 SLT NUIG Report)

Recent investment (during the COVID-19 Pandemic) in HSCP practice comprises a complex mixture of clinical skills, patient safety, communication, and engagement with the inter-professional team. Simulation offers practice in these skills in a formative and supportive environment, providing a valid placement experience that can be provided to high numbers of students and better prepare them for their traditional clinical placements⁽⁹⁹⁾.

Virtual or online simulation can be as effective as face-to-face role play for learners' perception of tasks, as well as having the added benefit of being able to repeat the task or experience in a practice education environment⁽¹¹⁶⁾.

TELEHEALTH SOLUTIONS TO PRACTICE PLACEMENT EDUCATION

Telehealth is the delivery of health care services by health care professionals where distance is a critical factor, through using information and communication technologies (ICT) for the exchange of valid and correct information⁽²³⁾. Telemedicine and virtual care can be integrated into the healthcare system and student practice placement education as an approach to maximise the efficiency of healthcare delivery and as a means of reducing the risk of cross-contamination caused by close contact during the COVID-19 pandemic. Practice placements should encompass all modes of service delivery, and as such telehealth is recognised as an acceptable placement model^(60,61). The student, tutor or practice educator can work from home, a clinical site or a university location. Learning outcomes can be achieved and clinical competency assessment tools can be used during telehealth placements. Telehealth clinical placements are a way of future proofing students for the working world into which they graduate, which ensures they are a good fit for current and future health service requirements.

The National COVID-19 Telehealth Steering Committee has approved solutions to allow clinical consultations take place remotely during the pandemic using videoconferencing, e.g. Cisco Webex, Attend Anywhere, & Microsoft Teams. These solutions also support communication and collaboration across the Irish health service. Similar solutions have been adopted internationally.

In a project supported by the National HSCP Office a HSCP Telehealth toolkit¹³ has been developed⁽⁵⁶⁾. This Toolkit is a practical guide to support HSCP in the redesign of frontline services which provide alternatives or enhancement to face-to-face care.

The context of COVID-19 has demonstrated that our health system can adapt and change quickly and the acceleration of telehealth service implementation by the HSE with support from HSCP and other clinical colleagues is testament to this.

MODELS OF PRACTICE EDUCATION SOLUTIONS

There is a growing demand for pre-registration practice education in Health and Social Care Professions nationally and internationally. Longitudinal challenges in securing sufficient HSCP practice placement education opportunities have been clearly identified in the literature^(28,29,30). Papers identifying issues relating to placement capacity typically include calls to increase opportunities by encouraging professionals to offer placements. Many of the bodies internationally which set standards for pre-registration health and social care professional education specify a minimum total duration for practice education but do not specify how this ought to be achieved⁽²⁸⁾.

This Rapid Scoping Review has identified that the adoption of alternate Models of Practice (MOP) in experiential education, and combinations of various established Models including new innovative and technology driven MOP, have the potential to support other identified solutions such as eLearning, simulation based learning, and Telehealth and contribute to sustaining practice placement education through the pandemic.

These solutions have enduring value both during COVID-19 and to support future provision of HSCP practice placement opportunities. The potential to expand practice placement capacity by the adoption of innovative models is supported by the literature^(61, 62).

In the following table seven commonly used models and five new innovative models are described; The models are illustrated with examples where available.

Table 13: Established and Innovative Technology Enabled Care Models in Experiential Practice Placement Education

Established Model of Practice	Examples of Model of Practice
One practice educator to one student (1:1) model	<ul style="list-style-type: none"> • Traditionally the more favoured method of HSCP practice placement education. Widely used in pre-pandemic era.
Dedicated Practice Tutor	<ul style="list-style-type: none"> • The addition of a 0.4WTE experienced Dedicated Practice Tutor in SLT at NUIG has contributed to the adoption of a hybrid of Peer Assisted Learning and Technology Enabled Practice Placements, Simulation Based Learning of clinical skills, Remote placements, and case-based learning and facilitated an increase in the number of students working with the practice educator and tutor facilitate 8 student placements (4 per day). Investment in simulation based learning (SBL) as a way to train students has reduced the need for placement hours by approximately 20%. • Established in some professions in Ireland, e.g. Occupational Therapy Physiotherapy, Speech and Language Therapy. • In an Interprofessional collaborative model of Physiotherapy and Occupational therapy in the Mayo Clinic USA, a dedicated practice educator/tutor role is intrinsic to the implementation of the programme.
Peer-assisted learning (PAL) model	<ul style="list-style-type: none"> • In Undergraduate Physiotherapy programmes in TCD and RCSI second year students on placement were allocated one practice educator per group of three students 1:3, rather than the usual 1:1 model. This was supported by case study and collaborative peer learning approaches to project work. • In UG Physiotherapy Trinity College Dublin (TCD) & RCSI due to space limitation (staff, tutors, patients, and limited rooms) there is an increased focus on peer-assisted learning activities.
Team Model	<ul style="list-style-type: none"> • The TCD BSc. Occupational Therapy (OT) made greater use of the knowledge and skills of all OT staff in the placement department for year 2 placements, with all levels of Occupational Therapists providing input to the student practice education experience.
Supervised Student-Led Clinics	<ul style="list-style-type: none"> • Brookfield HEI/HSE Clinic, which is housed within the School of Clinical Therapies in UCC provides therapeutic intervention in Speech & Language Therapy, Occupational Therapy and Audiology. Additional Student clinics in SLT,OT and Audiology. • In PG Audiology programme in UCC testing and hearing aid fitting services for adult and paediatric clients are provided by Audiologists-in-training under the supervision of qualified Audiologists. • The Podiatry UG programme in Glasgow Caledonian University (GCU) includes a student-led Podiatry clinic.
Simulated Practice/Virtual simulated practice	<ul style="list-style-type: none"> • Simulated clinical placement for 1st year Physiotherapy students in RCSI SIM Centre. • TCD/TUD UG Human Nutrition and Dietetics programme used simulated practice scenarios to replace part of placement education. • Investment in simulation based learning (SBL) as a way to train students has reduced the need for placement hours by approximately 20% in Speech and Language Therapy UG programme at NUIG since the onset of the pandemic. • UCD Postgraduate MSc in Clinical Nutrition and Dietetics programme developed. <ul style="list-style-type: none"> • A 2-week simulation programme as part of the 14-week acute clinical care practice placement. The programme included problem-based patient scenarios, patient simulation, resource development and clinical presentations via a virtual learning platform. The learning outcomes were improved knowledge, skills and confidence in managing patients requiring oral and/or enteral nutrition support. Students were assessed against the CORU standards of proficiency for stage of dietetic training.⁽¹⁴⁷⁾ • Year-1 (UCD) MSc in Clinical Nutrition and Dietetics students worked together to design, implement and evaluate a virtual healthy eating week for staff and students. This work was fully integrated into their 14-week practice placement module. Students were timetabled to prepare, deliver and evaluate this initiative. Their learning was supported by the MSc practice tutors and Healthy UCD Committee. Assessment was mapped to the CORU standards of proficiency. Peer evaluation was used to assess ability to work within a team.⁽¹⁴⁸⁾ This authentic virtual learning opportunity allowed all 20 students to achieve the standards of proficiency in public health nutrition, as well as achieve proficiency in communication, team-working and professionalism.

Established Model of Practice	Examples of Model of Practice
Inter-Professional Education	<ul style="list-style-type: none"> • SLT UG programmes in UCC, TCD NUIG, and UL engaged in Inter-professional learning with other students from other disciplines. • Physiotherapy, Speech and Language Therapy, Occupational Therapy and Human Nutrition & Dietetics students from the School of Allied Health were co-located for practice placements in the Intermediate Care Facility an innovative collaboration between University of Limerick (UL) and HSE UL Hospitals Group. The ICF was fully-staffed 68-bed hospital facility, open from June to October 2020 which provided care to patients, fit for discharge from acute hospitals, who may benefit from additional rehabilitation during the pandemic.
Innovative Technology Enabled Practice Placement Models	Examples of Technology Enabled Practice Placement/Technology Enabled Care Solutions (TEPP/TECS) Model of Practice.
Virtual or Technology Enabled Practice (TEPP) Model	<ul style="list-style-type: none"> • One SLT student from Donegal engaged in a total Remote/Virtual Placement using tele-supervision, with PE and supervisor based in Galway. • Virtual pulmonary rehabilitation sessions have been incorporated into the practice placement experience for physiotherapy student groups in University Hospital Limerick. • A novel placement model to facilitate virtual student placements ('virtual placements') was developed, tested and then rolled out across Connect Health¹⁴ in the UK using the Plan-Do-Study-Act quality improvement methodology. The model combines shadowing a broad range of virtual clinics with delivery of patient-facing online exercise classes via the Facebook Live platform and completion of virtual projects to support knowledge consolidation. This virtual student placement model enabled an increase in student capacity of over 400% compared with 2018-2019 with 182 students starting between May and August 2020.
Telehealth Placement Model¹⁵	<ul style="list-style-type: none"> • Each week, under supervision, 27 fourth year SLT students from NUIG offered approximately 30 telehealth appointments daily. To support the delivery of this service, SLT students are creating a bank of video podcasts to demonstrate activities being addressed in therapy. This is intended to ensure that families have support material to review between sessions. • PG Physiotherapy programme in University of Limerick (UL) established Telehealth programs for Multiple Sclerosis (MS) Ireland groups outside of the mid-west, Arthritis Ireland, COPD support groups and more recently Young Parkinsons' Ireland. This initiative removed 300 patients off the waiting list. • One PG Physiotherapy student in UL ran 10 sessions a week for activity promotion in MS and Parkinson's Disease as an element of his placement. • Conversation Partner Scheme for adults with acquired communication difficulties delivered via telehealth. SLT UG Programmes (UCC, TCD, NUIG, UL). • UL Occupational Therapy: Remote telehealth placements provided through DCD (Developmental co-ordination disorder/Dyspraxia) Ireland with RPFs as Practice Educators for 16 students to complete their PE4 placements (6 week block). Telehealth placements were also completed with Access Campus with whom there was an already existing relationship and partnership. As a result of this work, protocols have been developed for remote telehealth placements for the future. • In the postgrad Physiotherapy programme in UL Students and educators provided feedback around the advantages of telehealth in particular in developing the following competencies; service development and provision, active listening skills, subjective assessment skills and patient education and exercise prescription and instruction. Due to the challenging nature of communicating using telehealth platforms, these skills were particularly challenged and students showed strong initiative and adaptability in accommodating to same.

14 Connect Health ('Connect') is the largest, independent provider of integrated community Musculoskeletal (MSK) and Physiotherapy services in the UK, serving over 350 000 National Health Service (NHS) patients per year.

15 Examples taken from Appendix 4.

Innovative Technology Enabled Practice Placement Models	Examples of Technology Enabled Practice Placement/Technology Enabled Care Solutions (TEPP/TECS) Model of Practice.
Near Peer Mentoring Model	<ul style="list-style-type: none"> • One or two more experienced student's role model and reinforce the learning of one or two less experienced students. – In their ongoing interactions, the peers are both helping each other to learn, and learning by teaching. • Near Peer model has been delivered by occupational therapists at University of Sydney, Westmead and Auburn Hospitals and Liverpool Hospital in Australia.
Case/Project Based Learning Model	<ul style="list-style-type: none"> • The postgrad programme in Audiology in UCC delivered 5 weeks of online case studies during the period when their student would normally have been on placements which were cancelled due to COVID-19. • BSc Clinical Measurement (Cardiac, Neuro, Respiratory, and Vascular physiology) programme in TU Dublin case studies and scenarios were developed, and students performed tests and applied knowledge to produce diagnostic reports. • TCD/TUD UG Dietetics programme created virtual caseloads for students.
Hybrid Model/ Blended Learning	<ul style="list-style-type: none"> • A blended hybrid Physiotherapy Telehealth placement was undertaken at a primary care community centre (PCCC) in Kilkenny by a PG Physiotherapy UL student as a waiting list management initiative which removed 65 patients off the list. • Multiple examples reported throughout HSCP practice education during COVID-19. See Appendix 4 Reports from PECS's to Practice Placement lead.

HEALTHCARE STUDENTS: LEARNING ARISING FROM COVID-19

Students have been compelled to adapt to a wholesale shift to on-line educational delivery. Some students will readily embrace this shift to e-learning, valuing its flexibility in geographical location and time, whereas others will experience discomfort because of their limited digital literacy or absence of physical human engagement and camaraderie⁽⁸⁴⁾.

Seventeen out of 24 studies reported in a 2020 systematic review, found that eLearning has been one of the successful approaches and tools to facilitate the process of learning amongst healthcare professionals in practice⁽⁸⁶⁾. A study of medical students in Singapore, regarding teaching anatomy over Zoom during COVID-19, described the general satisfaction of students⁽¹⁰⁸⁾. A qualitative study of 32 nursing students in Spain who switched from face-to-face to eLearning during the pandemic indicated that eLearning was most troubling for older students, those from rural areas, with work and family responsibilities and students with limited electronic resources⁽¹⁰⁹⁾. Another qualitative study of 60 medical students from Saudi Arabia showed that online learning was well-received and that students recognised some advantages of such education, such as time-saving and improved utility of time. However, students indicated that they encountered multiple challenges as well, including methodological issues, problems with content perception, technical and behavioural issues during educational sessions, and online exams. The majority of the pre-clinical students included in the study indicated that they would prefer eLearning during the next academic year as well⁽¹¹⁰⁾.

A recent 2020 study aimed to explore attitudes and concerns of health sciences students in Croatia regarding the complete switch to eLearning during the COVID-19 pandemic. The authors postulated that health sciences university students may have been particularly affected by this change due to a lack of practice placement education. A total of 2,520 university-level health sciences students were satisfied with the exclusive eLearning during the COVID-19 pandemic in early 2020, as well as their personal and institutional adjustment to the new normal in university education⁽¹¹¹⁾. Compared to classroom learning, 65.5% of participants reported equal or higher motivation to attend exclusive eLearning. Less than half of the students indicated they felt deprived or concerned due to the lack of practical lessons. 55.7 % of participants indicated that in the future, they would prefer to combine classic classroom and eLearning i.e. a blended learning format.

A 2020 Australian paper reported on innovative: Remote, Technology Enabled, Telehealth, Team Supervised and Peer Assisted Allied Health placements in response to COVID-19 for Physiotherapy, OT, and SLT students. Students completed an online telehealth module prior to placement to facilitate their translation of practice. Student

learning needs were aligned with host site objectives. All students passed their placements and learning outcomes were achieved. The reported outcome is that students enhanced their clinical and professional skills and provided community services to clients that would otherwise not have been provided during a pandemic⁽⁷¹⁾. A November 2020 online survey reported the impact of COVID-19 upon student radiographers in clinical training. Participants were educational institutions in 12 countries. The need for improved communication regarding clinical placements scheduling was identified. Almost 50% of students on clinical placements between January and June 2020 identified the completion of assessments as challenging. Just 66% of respondents with COVID-19 imaging experience stated being confident with personal protective equipment (PPE) use⁽¹⁴⁰⁾.

The Student Experience of Practice Placement during COVID-19: Examples from the Irish Health Service

The comments below are examples from a CPD Webinar for OT Practice Educators in October 2020:

Managing placements in changing times, hosted by the Practice Education Coordinators in NUIG, UL, UCC & TCD
(Permission obtained from OT PECs for inclusion)

Comment from OT HSCP student:

“As students, we really appreciate that this is a difficult time to work in a healthcare setting. We understand that it is a stressful and challenging time for all, but we are so eager to adapt to suggestions and help out in any way we can”

Speech and Language Therapy students in NUIG engaged with a range of innovative placement opportunities including **Telehealth and remote placements**. (Appendix 4 Reports from Practice Educators and PEC to National Practice Placement Lead).

A Practice tutor reported that:

“Student feedback is very positive; students are developing knowledge and skills and seeing the difference their input is having to the communication needs of their clients. They are learning not just from their Clinical Educators but from each other. This is definitely an advantage over traditional face-to-face clinical placements where peer support can often be lacking. With permission from parents, we have also linked with schools to provide advice to teachers and to forward much needed therapy programmes. Another unique advantage of telehealth is that we have set up appointments with clients while at school through the facilitation of the teacher. Parents have joined these calls from home or work”

The Students' Voice

The comments below are examples from a range of Irish OT HSCP Students regarding their practice placement experiences during COVID-19¹⁶

Perspectives on Working from Home (60/40 approach)

“Overall I think students are very eager to get as much opportunity as possible. I actually really liked the 3/4 day week as it gave ample time to focus on the project and made it more feasible within the 9-week timeframe. It was probably the busiest placement I've had yet and I was never left idle even when working from home!”

Placement in Primary Care: Telehealth and Visits

“As an OT student, it was quite easy to adapt to the use of telehealth for completing initial assessments over the phone. Home visits were still completed when necessary, with PPE donned and at a social distance. The clinic was also available to facilitate 1:1 sessions with clients who were able to attend. These were kept as short as possible and clients were advised to wear a mask and sanitise their hands on arrival”.

16 CPD Webinar for OT Practice Educators:
Managing placements in changing times. Hosted by the Practice Education Coordinators in NUIG, UL, UCC & TCD in October 2020.
(Permission obtained from OT PEC's for use).

Managing placement with a smaller case load in a day hospital for older adults

Due to COVID-19 during my placement I managed a smaller case load than usually expected by a final year student. However, this was beneficial as it allowed me to put more effort into intervention planning for the service users on my caseload and to increase client contact with them."

Doing things differently

"Within the service, we found telehealth challenging for delivering groups as the population the group was directed towards were not familiar with using technology. Therefore, we ran more community groups such as a walking group that allowed us to facilitate groups outdoors maintaining social distance and adhering to government guidelines"

"I was involved in developing OT activity packs that were posted to the older adults within the service who were cocooning and reported enjoying receiving same."

Managing Non-Client Contact time/Project

"I devised a COVID-19 and fatigue management educational leaflet for post-COVID clients based on published rehabilitation booklets from U.K. and Irish hospitals".

"I don't think my competencies suffered because of the different ways of working. In fact, I particularly felt that it improved other competencies such as those relating to communication competencies". I did as much work as I could with clients over the phone",

"I had the time and opportunity to research the best evidence and devise the best resources for their care."

Project Based Placement

"Another student and I completed a research project on the impact of cocooning on older adults and created an information leaflet about maintaining a routine during COVID-19. We completed two literature reviews on the topic and were able to discuss some tips with clients if the topic came up during home visits"

"Having a day to work from home/in the office each week to complete this work was essential, but I definitely feel like I achieved something extra while still having great exposure to client contact. This project was suited to the role of health promotion in primary care, but projects of a similar vein in other settings would interest students and create a sense of achievement for them"

DISCUSSION OF RAPID SCOPING LITERATURE REVIEW

The impact of COVID-19 on healthcare systems and medical, nursing and health and social care professions practice education has been unprecedented. Journals have expedited peer review to ensure COVID-19 related innovations and adaptations reach educators in a timely manner. This has resulted in a large number of articles of varying quality being published in a very short timeframe.

The key challenge internationally to the provision of HSCP practice placement during COVID-19 is the significant reduction in the number of placements available secondary to the exigencies of practice during the pandemic. Remote synchronous and asynchronous eLearning educational and practice placement educational developments were rapidly deployed by HEI and will likely persist beyond the pandemic.

Maintaining clinical exposure in some form is important for HSCP students impacted by COVID-19. The Rapid Scoping Literature Review identified a range of publications which describe a variety of ways to pivot education to virtual spaces which was previously classroom or direct interaction practice placement based. It has been reported that clinical placement based learning has been partly or in some accounts wholly replaced with other teaching methods. The

International evidence indicated that online and continued experiential learning/clinical contact has been supported without physical presence in clinical workplaces and can be achieved using telehealth, simulation based learning, supervised telephone, & video consultations PPE, and physical distancing. During the COVID-19 pandemic, online medical training including simulated clinical scenarios avoided training interruption and the majority of participant students gave a positive response on the perceived quality of this training modality⁽²⁰⁾. Adaptations to the pandemic and lockdown measures have leaned heavily on technology. The effects may have differences across various health professions particularly those with an emphasis on psychomotor skills. Professions which dwell more around skills face more challenges than those that focus around cognitive outcomes. These include programmes for professions requiring physical contact, e.g. physiotherapy, occupational therapy, clinical physiology⁽²⁵⁾.

Dedicated Practice Tutors (where available) focused specifically upon practice education of a student group in one or two centres have offered significant support to the continued engagement of services with HSCP Practice Placement education. In some services without dedicated practice tutors practice placement could not proceed during the pandemic. Dedicated practice tutors maintain staff and student satisfaction. A 2014 Australian paper investigated the evolution of the clinical educator role to increase student placement capacity within a Dietetics department. A Clinical Educator position (0.5 full-time equivalent) was established as a “manager of student placements (*i.e. equivalent to the Practice Tutor role in HSCP practice education in Ireland*) as opposed to the traditional ‘hands-on’ clinical supervision or student team teaching role. Over four years (2008-2011) staff participation in supervision increased from 42% to 98%. A survey reported that students were satisfied or very satisfied with the clinical placement. Department activity statistics were maintained across the four years despite a 165% increase in clinical placement activity. The development of the Clinical Educator from “hands-on” to “manager of student placements (*Practice Tutor*)” increased the department’s capacity to facilitate clinical placements while maintaining productivity and staff morale⁽⁴⁰⁾.

The more traditional and commonly used one practice educator to one student (1:1) model of practice education has been significantly impacted by the COVID-19 disruption placing limits on learning opportunities for HSCP students. The literature offers support both for recovery of outstanding practice placement hours and the opportunity to increase the capacity for practice based learning within health and social care professions by movement away from the 1:1 model of practice education where possible. Replacing the 1:1 model with Peer Assisted Learning (PAL) offers the opportunity for one practice educator to instruct a group of student peers in for example a 1:3 structure (1 Practice Educator and 3 students) working together as a peer group in ways which facilitate learning.

PAL is an established approach associated with increased professional competence and confidence that results from a greater degree of active learning. PAL is also associated with increased educational outcomes, increased experiential and cooperative learning, increased student motivation, improved interpersonal relationships, and consistent reports of improved student outcomes and satisfaction^(132, 50,51,52). The model increases the number of placement hours provided by practice educators without negatively impacting student experience or service delivery^(132,141).

The use of teams of educators rather than a single educator reduces the risk for limited learning if student-educator relationships are suboptimal, or if a student becomes dependent on a single role model. Use of the Team Model offers increased diversity of learning opportunities for students with increased provision of placements due to reduced impact from part-time work and scheduled days off. There are also opportunities to support the development of novice educators by including them in the supervisory team.

Group supervision, peer-assisted learning and project work are all embedded in the supervised student-led clinics model with enriched opportunities to enhance communication skills, integrate theory with practice, and develop clinical reasoning and practice. Adopting the Case/Project based learning model for all or part of a placement Model contributes to increased capacity and is reported to support development of advanced communication, influencing and leadership skills, develop an increased sense of reciprocity between the education institution and host organisation and progress the development of personally and professionally transformative skills.

The adoption of different conventional models of practice placement education, e.g. Peer Assisted Learning, the use of Teams of educators, case and project based learning, supervised student-led clinics has been widely used during the COVID-19 pandemic with positive educator and student evaluations. According to the literature Simulation Based Learning (SBL) can replace 20-25% of physiotherapy clinical practice education^(61,62).

Many of the models for practice placement used or adapted during this period are novel and have been evaluated via various methodologies. All Technology Enabled Care Solutions (TECS) models can reduce where appropriate footfall into practice settings and patients homes, accommodates social distancing requirements and can assist in reducing the risk of virus transmission.

Technology enabled practice placements (TEPP) support continued clinical contact using approaches to mitigate risk for learners where in-person patient care opportunities are not currently possible. These placements are not workplace-based in the traditional sense, but they do use authentic “remote” patient interactions with telesupervision by the practice educator. The online platform allows multiple students to take part and collaborate and support each other with their learning.

A Telehealth placement model is another evidence based route to the provision of blended placement. There is a reduced need for patients to travel to their appointments, ability to provide care to those who are shielding or self-isolating, and it supports clinicians to conduct clinical work from home. Exposure to Telehealth clinical practice is valuable for students and to the health service as it assists in embedding telehealth into routine service delivery.

All of the above models contribute to increase capacity and opportunities in practice placement education. In reality hybrids of conventional models and Technology Enabled models have been adopted through blended learning in HSCP practice education since the onset of the pandemic. This has ameliorated the practice learning environment and enhanced placement availability.

If widely adopted these may yield benefits beyond the current challenges, by enabling growth of capacity for practice placements, which is an existing limitation to increasing the amount of HSCP students that can be trained within the Irish Healthcare System.

The rapidity of change in HSCP experiential learning from the COVID-19 pandemic will undoubtedly contribute to and address the gaps in the body of knowledge around eLearning in practice based education and Technology Enabled Practice Placement. Technology and simulation can be used to deliver some, but not all, learning and assessment experiences. Further research is required to describe the role of these models in meeting the needs of a practice placement system which has been traditionally grounded in experiential learning. It is important to keep records of responses and innovations: these may shape future practice education and training.

Further studies and sharing of experience are required by HEI, and HSCP Practice Educators to document, and disseminate the impact of the pandemic to the practice placement educational system.

SECTION 4: CONCLUSION AND RECOMMENDATIONS

CONCLUSION

This Report describes pre-existing and COVID-19 related challenges in meeting practice placement requirements, reported by HSCP working in education and HSCP managers, combined with information from the international Rapid Scoping Literature Review. Potential solutions and opportunities are explored with examples of application in Ireland where available. The students' perspective is included, in reflections on their personal experience of new models of practice education and based on feedback from the Practice Education Co-Ordinators.

There is some overlap noted between the conclusions and recommendations of this Report and the Report on the Review of Practice Tutor Posts in Occupational Therapy, Physiotherapy and Speech and Language Therapy (HSE National HSCP Office, 2015)⁽¹⁵⁰⁾

The key challenge affecting HSCP practice education over and above well-known and pre-existing difficulties in securing adequate placements is the reduction in practice placement capacity as a result of COVID-19. The consequences of this challenge are summarised below.

1. Concern for timely gradation of Final year HSCP students in this academic year.

Despite huge effort and prioritisation of final year students, the graduation of some students may be delayed by COVID-19 related disruption to practice education. Based on the information in the National HSCP Practice Placement Survey, **approximately 277 final year students** were affected.

2. The legacy of disruption to practice education including cancellations and deferrals of placements due to COVID-19 for students at all stages in their education programmes.

Affected students must recover placement hours and catch up on the required clinical placement time across the remaining period of their education programme. This is especially challenging for postgraduate programmes who must meet the placement requirements in a shorter timeframe, generally run over two years.

3. Ongoing disruption to practice education in the 2020-21 academic year and beyond.

Restrictions and changes to service delivery in response to each wave of COVID-19, reduces capacity to provide health and social care professions placements.

The Value of HSCP to the Health Service

"Maximising the impact of HSCP for the benefit of service users and reflect service user input" is a key reason for the development of *HSCP Deliver, A Strategic Guidance Framework for Health and Social Care Professions, 2021-2026* (HSE, 2021)⁽¹⁴⁹⁾. The value and commitment of Health and Social Care Professionals in the following areas has been highlighted in the COVID-19 response including but not limited to:

- Diagnosis – Medical Scientists, Radiographers, Respiratory and Cardiac physiologists all have a role in the investigation, diagnosis and informing management of patients with COVID-19 and informing treatment with regard to COVID-19 sequelae in the recovery phase.
- Acute Management – Physiotherapists, Speech and Language Therapists, Dietitians, Occupational Therapists provide therapy and support to critically and acutely unwell patients.
- Supporting development and implementation of community assessment hubs.
- Provision of essential care in acute wards, nursing and residential care settings and homes.
- Psycho social supports and patient liaison services – Psychologists, Social Workers, Counsellor/Therapists provide support for patients and staff.
- Rehabilitation – Occupational Therapy, Physiotherapy, Speech and Language therapy, Dietetics among other HSCP support patients recovering from long term effects of COVID-19.
- Supporting the National End to End Test and Trace model.

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Additional HSCP are required to implement the Winter Plan, Enhanced Community services, disability services, supported discharge and new models of integrated care. Therefore it is essential that the effect of COVID-19 and long standing pressures in practice education are addressed to minimise the impact on HSCP students and to meet current and future demands for HSCP graduates.

The response to COVID-19 has brought about and/or accelerated changes to practice education and service delivery. While disruptive in the short term, this offers opportunities for the future to take a fresh approach to enable students to achieve skills, competencies and experience required to meet regulatory requirements and to prepare them for entering the workforce.

eLearning, telehealth and adapted models of practice have been widely adopted during the COVID-19 pandemic to enable continuity in practice placements to facilitate students to reach their clinical competence. Many of these positive changes will continue as we move into the post COVID-19 era as they have been demonstrated to contribute in a significant way to a system, which was already struggling to meet existing demands.

RECOMMENDED ACTIONS

Under Section 7 of the Health Act (2004), the HSE has certain obligations for the education and training of clinical staff to the extent that such is necessary in order to further its objectives.

“The Executive shall...to the extent practicable and necessary to enable the Executive to perform its functions, facilitate the education and training of (i) students training to be registered medical practitioners, nurses or other health professionals, and (ii) its employees and the employees of service providers.”¹⁷

Analysis of the data and feedback in the National HSCP Practice Placement Survey 2020 and Scoping Literature Review indicate that several practical resources and supports are required to overcome the current challenges to timely graduation and progression of HSCP students relating to practice education requirements. These include supports for practice placement providers to increase capacity, e.g. dedicated practice tutor/funding to release staff with protected time for supporting practice placements, supports for new models of practice education including telehealth, eLearning and technology enabled care.

Recommendations are made for actions in the immediate and short term and, medium and longer term to address the challenges and realise the potential of the opportunities arising from the response to COVID-19.

The National HSCP Office intends to work with key stakeholders to facilitate a joint effort and seek required resources to address current and longstanding challenges to providing HSCP practice education and to optimise the potential solutions and opportunities that have been created through enforced changes in practice due to COVID-19.

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Immediate and Short Term Actions

Recommended Actions for Immediate implementation		Resource Dependent
Action	Immediate actions and support to enable recovery of HSCP practice placements prioritising final year HSCP students at risk of having graduation delayed.	
1. Agree a plan of prioritised actions to minimise the impact of COVID-19 on timely graduation of Final Year HSCP	1.1 Appraise and prioritise options to immediately increase practice placement capacity concomitantly;	No
	1.2 Establish a forum for engagement with HSCP HEI Education Programmes with an initial focus on immediate issues with regard to practice education to agree prioritised actions to address these, in collaboration with all relevant stakeholders;	Yes
	1.3 Engage with key stakeholders including HSE Senior Management and HEI regarding resources required to implement agreed prioritised actions.	Yes
2. Protect HSCP Educators	2.1 Seek commitment to protect HSCP involved in provision of practice placements* from COVID-19 related redeployment with particular focus on the professions whose final year students are at risk of delayed graduation.	No
	2.2 Provide assurances to HSCP managers regarding protection of HSCP staff committed to practice education from future redeployment to enable acceptance of students on placements* (Dependent on agreement and support for Action 2.1). *except for exceptional circumstances.	No
3. Seek support for Resources to Enable Recovery of HSCP Practice Placements	3.1 Seek support from key stakeholders for dedicated funding and required supports for final year practice placements to:	Yes
	3.1.2 Fill and protect prioritised vacant practice tutor posts in HSCP professions.	No
	3.1.3 Provide temporary full and part-time COVID-19 related HSCP Tutor posts, and/or funding to release HSCP staff to support practice education for prioritised professions/areas based on Action 1 in consultation with HSE and HSCP management.	Yes
	3.1.4 Where possible and necessary, facilitate dedicated space to enable HSCP students to complete practice education.	Potentially

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Medium to Longer Term Actions

Recommended Actions for implementation in the medium to longer term		Resource Dependent	
Action	Actions required to support HSCP students with backlog of placement requirements carried forward and to address pressing strategic issues for practice education		
4. Agree a National Approach and Governance Arrangements for HSCP Practice Education	4.1	Seek agreement from HSE Senior Management to: <ul style="list-style-type: none"> a) review, update, complete and seek national sign off from HSE on existing draft Memorandum of Understanding (MOU) and agreements with HEI and HSE regarding HSCP practice placements for Physiotherapy, Occupational Therapy and Speech and Language Therapy and b) Concurrently develop MOU for other Health and Social Care Professions with a view to widespread adoption of protocols, MOU and SLA at national and local level. 	No
	4.2	Establish a Working Group with agreed governance arrangements to complete the actions in 4.1 (dependent on agreement of Action 4.1).	No
	4.3	Engage with stakeholders including HSCP Managers and HSE management to establish HSCP Practice Placement fora at local level to address issues as they arise.	No
	4.4	Engage with HEI through the HEI Forum (Action 1.2), regarding strategic planning and other relevant HSCP matters with respect to practice education.	No
	5.1	Establish a forum for practice placement providers to share and disseminate learning and build confidence.	No
5. Provide a forum for Practice Placement Providers to share learning and disseminate Innovative solutions	5.1.2	Work with key stakeholders to develop workshops for HSCP practice educators to implement models of practice with a number of different approaches, which have the potential to significantly increase the practice placement capacity within the Irish health service including: Peer Assisted Learning (PAL), Team Models, And Technology Enabled Practice Placements.	Small resource requirement – aim to use existing resources and technology
	5.2	Provide a mechanism to promote and share the benefits of practice education contributions which students make to practice.	
	5.2.2	Promote more visibility of practice education as an integral component of and benefit to HSCP departments ideally in an interdisciplinary forum, e.g. presentations regarding student initiatives/research in waiting list initiatives, adoption of new technology etc.	
6. Work to enable adoption of digital solutions to practice education challenges	6.1	Engage with all stakeholders to support increased use of eLearning, telehealth, simulation, and virtual reality simulation in practice based education:	Aim to use existing resources
	6.1.2	Raising awareness through implementing Action 5. and promoting the HSCP Telehealth Toolkit and Practice Examples (National HSCP Office, 2021 available from the HSCP Hub on HSeLand.ie).	
	6.2	Engage with HEI, HSE, Office of the Chief Information Officer and key stakeholders to review issues and enable student access to laptops, phones and technology required to participate in virtual practice based learning including with patients/service users.	Potentially small resource
	6.2.2	Development of business cases for prioritised required resources.	
	6.3	Establish and/or promote forums to facilitate discussion with all stakeholders on recognition of the innovative and evidence based Technology Enabled Practice Placement (TEPP) education models as precipitated by the COVID-19 Pandemic.	No

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Recommended Actions for implementation in the medium to longer term	Resource Dependent
<p>7. Support new evidence based models of placement</p>	<p>7.1 Engage with HSCP in HEI to support adoption of Hybrid Models of Practice proven to facilitate increased practice placement capacity, e.g. targeted new practice educator facilitated student-led clinics and simulation based learning, through sharing the benefits and where applicable supporting development of business cases for required resources.</p> <p>7.1.2 Webinars on virtual shared learning platforms such as Attend Anywhere, MS Teams, Cisco Webex, etc. aligning with HSE OCIO recommendations regarding virtual health.</p> <p>7.1.3 Engage with HSCP Leaders and PECNET regarding involvement in the organisation, scheduling and content of each webinar.</p> <p>7.1.4 Provide CPD recognition for participants.</p> <p>7.2 Explore the potential for development of targeted new practice educator facilitated student-led clinics based in HEI as have been developed in: HSE/UCC Brookfield Health Sciences Clinic which provides therapeutic intervention in Speech & Language Therapy, Occupational Therapy and Audiology and the National Optometry Centre, a purpose built state-of-the-art centre for the clinical practice training of optometry students in Technological University Dublin (TU Dublin).</p> <p>7.2.2 Explore with HEI the expansion of dedicated student practice training facilities such as the Clinical Measurement Physiology Lab in TU Dublin. Hands on practical experience hours may be accrued in a dedicated environment with the added benefit of fit-for-purpose Year 3 and final year students prepared for the reality of clinical practice.</p> <p>7.3 In line with international practice, engage with HEI regarding increased use of simulation based learning (SBL) – which encompasses scenarios to develop clinical skills, both discipline specific skills and generic skills such as communications, critical thinking and clinical reasoning skills.</p> <p>7.4 In line with international practice, seek to support increased use of virtual simulation based learning (VSBL) – specialist simulation technology as deployed in, e.g. radiography, sonography and radiation therapy, through optimisation of existing resources and engaging with the HEI in development of business cases for additional prioritised resources.</p>
<p>8. Examine potential benefits, cost and applicability of a centralised HSCP Practice Education Management System</p>	<p>8.1 Explore the merits, applicability, acceptability and costs of establishing a HSCP Practice Education Management System (PEMS) with key stakeholders as has been done in other jurisdictions. These are online tools for managing all placement activity and student work based learning in one place.</p> <p>8.2 Consider and appraise funding options for such a system in conjunction with all stakeholders.</p> <p>8.3 If agreement reached to proceed with this explore options for resource required for such a system.</p>

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Recommended Actions for implementation in the medium to longer term		Resource Dependent
9. Nurture a positive culture of practice education in HSCP	9.1 Provide opportunities to highlight and share examples of good practice with regard to practice education and benefits of practice education to services, e.g. include a category for students and practice education in National Awards such as National HSCP Best Practice and Innovation Awards.	No
	9.2 Collaborate with key stakeholders in strategic and operational management functions to promote recognition of the importance, value and benefits of practice education to the service and dedicated time required to support this from clinical staff.	No
	9.3 Formally recognise the importance of practice education, e.g. seek consensus and support for measures to encourage practice education, e.g. incorporation of “facilitation of practice education” where appropriate, into each practitioner’s personal development plan.	No
	9.4 Seek agreement and renewed support from key stakeholders for inclusion of practice education in all relevant HSCP job descriptions and required skill sets for all relevant HSCP job interviews.	No
	9.5 Engage with key stakeholders to develop and progress a plan to implement recommendations in the Report from a HSCP Office commissioned research project to develop a Framework for Incentivising/Credentialing HSCP practice education which is expected to be completed in Q3 2021.	No
	9.6 Engage with key stakeholders regarding development/adopting a career framework and model for practice education, e.g. NHS career framework for health (Skills for Health, 2010) incorporating “Four Pillars of Professional Practice” (NHS Scotland) for HSCP. The focus on education in this model supports acceptance that education including practice education (where applicable), is a core aspect of the role of each individual HSCP.	No
10. Develop a mechanism to support and demonstrate quality in practice education	10.1 Engage with key stakeholders to develop a plan and progress to implement the proposed Quality Framework and Evaluation Tool for HSCP practice education in the final report of the National HSCP Office commissioned research project which is due to complete Q3 2021.	No
11. Strategic workforce planning for HSCP incorporating projected practice education requirements	11.1 Engage key stakeholders to agree a plan to address key workforce requirements regarding education.	No
	11.2 Secure dedicated resources to support strategic workforce planning for HSCP considering current and future supply, demand, new models of service provision and, models to optimise practice education provision to meet demand and resource requirements.	Yes
12. HSCP Career Progression with respect to practice education roles	12.1 Proactively cultivate joint and mutually beneficial academic relationships, which recognise the central role of practice education teams in sustaining an evolved model of practice placement education.	Yes
	12.2 Explore and seek support for recognition of joint academic/clinical roles and academic career pathway for HSCP.	Yes

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APPENDICES

APPENDIX 1: HEI QUANTITATIVE SURVEY (EXCEL TEMPLATE)

SURVEY LIST OF QUESTIONS WAS IN EXCEL WITH DROPDOWN OPTIONS FOR ANSWERS WHERE POSSIBLE FOR CONVENIENCE.

Questions on Undergraduate/Postgraduate Survey for Final Year Excel Sheet

Q1. Undergraduate Course Name

Q2. CORU Accredited Course? Select below

Q3. No. of Placements required Final Year Y4/Final Year Y2 for Postgraduate Programmes

Q4. No. of Placements secured Y4/Y2 for Postgraduate Programmes

Q5. Number of placement hours required Y4/Y2 for Postgraduate Programmes

Q6. No. of placement hours secured Y4/Y2 for Postgraduate Programmes

Q7. Number of placement hours/weeks carried forward for UG Y4/Y2 students

Q8. % of placement hours/weeks outstanding to be recovered pre-graduation due to COVID-19 in Final Year 4/Year 2 for Postgraduate Programmes

Q9. Is there concern re final year students meeting practice placement requirements? Select below

Q 9a. If you answered yes to Q10 how will this affect graduation? Select from dropdown menu below

Q 9.b If you answered Yes to Q10 How many students are affected?

Q10. Expected Graduation date for Final Year students

A separate Excel sheet was completed for each year of Undergraduate (3 or 4 Years) or Postgraduate Course (2 Years) Q10 for all other years apart from Final Year:

Q11. If so how many students are affected?

APPENDIX 2: HEI ONLINE QUANTITATIVE AND QUALITATIVE SURVEY

National HSCP Office Higher Education Institutions – Practice Placement Recovery Online Survey November, 2020

The National HSCP Office is conducting a survey of Higher Education Institutions (HEI) and HSCP Managers regarding HSCP practice placements in response to concerns regarding the impact of restrictions associated with COVID-19 and other challenges, on timely graduation of HSCP students. The survey is a combination of a SurveyMonkey™ survey and a separate Excel template.

This survey will take about 20 minutes to complete and contains questions focused on two themes: 1. Practice placements and 2. Models of practice education.

Note: We are not collecting personal details through SurveyMonkey™ and therefore ask if you are willing to be contacted regarding this project to please contact us by email adding HSCP HEI Practice Placement Recovery Survey in the subject line to HSCP.NationalOffice@hse.ie by 17:00 on 19th November 2020.

Question Title

1. Please select the HSCP Courses you currently provide?
 - Audiology
 - Clinical Biochemistry
 - Clinical Engineering
 - Clinical Measurement Physiology
 - Clinical Perfusion Science
 - Counselling and Psychotherapy
 - Dietetics
 - Medical Physics
 - Medical Science
 - Occupational Therapy
 - Optometry
 - Orthoptics
 - Phlebotomy
 - Physiotherapy
 - Play Therapy
 - Podiatry
 - Psychology
 - Radiation Therapy
 - Radiography
 - Social Care Work
 - Social Work
 - Speech and Language Therapy

Question Title

2. Below are the reported barriers to the provision of practice placements in undergraduate courses. Please rank in order, with 1 the least challenging and 5 the most challenging.

- Physical distancing and space for students and staff
- Student safety
- Quality of the student experience
- Practice Educator stress
- Access to Practice Tutor
- Covid-19 redeployment of clinical staff
- Uncertainty regarding staff availability
- Reduced staffing capacity (non Covid-19 related)
- Staff going on Covid-19 related leave
- Altered working hours
- Support from Management in Hospital
- Support from Management in CHO
- Support from Management in Voluntary Body
- New digital ways of working
- IT equipment and access
- Access to telehealth
- Sites not yet set up with telehealth systems
- Tele-practice not suited for the area of practice

Regulatory reasons

Question Title

3. Any other barriers not listed above/Any other comments?

Question Title

4. Below are the reported barriers to the provision of practice placements in postgraduate courses. Please rank in order, with 1 the least challenging and 5 the most challenging.

- Physical distancing and space for students and staff
- Student safety
- Quality of the student experience
- Practice Educator stress
- Access to Practice Tutor
- Covid-19 redeployment of staff
- Uncertainty regarding staff availability
- Reduced staffing capacity (non Covid-19 related)
- Staff going on Covid-19 related leave
- Altered working hours
- Support from Management in Hospital
- Support from Management in CHO
- Support from Management in Voluntary Body
- New digital ways of working
- IT equipment and access
- Access to telehealth
- Sites not yet set up with telehealth systems
- Tele-practice not suited for the area of practice
- Regulatory reasons

Question Title

5. Any other barriers not listed above/Any other comments?

Question Title

6. If your University runs both undergraduate and postgraduate courses is there a difference in access to student placements for each group? If so please describe and explain?

Question Title

7. What staffing supports are currently in place for practice placements?

Practice Education Co-ordinator Yes/No

Practice Tutor Yes/No

Regional Practice Facilitator Yes/No

Question Title

8. If in place, please outline the number of PECs for each course? (i.e. 1 x SLT, 1 x OT, etc.)

Question Title

9. If in place, please outline the number of PTs for each course? (i.e. 1 x OT, 1 x Physio etc.)

Question Title

10. If in place, please outline the number of RPFs for each course? (i.e. 1 x Physio, 1 x OT etc.)

Question Title

11. How are these posts funded?

Question Title

12. What solutions are in place to support practice placements? Please choose as appropriate.

- HEI training for educators
- HEI training for students
- Pre placement COVID-19 focused induction for students
- Flexible learning hours
- Infection Prevention Control Measures – Training
- Infection Prevention Control Measures – PPE Fit/Training
- Virtual meetings with educators
- Communications Apps or Hubs, i.e. Attend Anywhere, WhatsApp, Microsoft Teams, Cisco WebEx
- IT equipment/access
- Virtual student learning
- Team approach, i.e. two or more educators sharing the supervision of one or more students
- Any other comment?

Question Title

13. Please identify any opportunities for practice based learning in the current climate?

- Use of a variety of Models of Practice Placements
- Digital ways of working
- Clinical Skills
- Team approach
- Facilitation of learning
- Student Safety
- Flexible learning hours
- Research and Development
- Any other opportunities not listed above?

Question Title

14. Please indicate the current models of practice placements being utilised?

- One-to-one Model: One practice educator supervises and assesses one student
- Peer-assisted learning: This model involves two or more students concurrently working with one educator, with an expectation that the students work together in ways that facilitate learning and team working
- Simulation: Simulated placements use manikins, actors, other students, simulated environments, video or interactive computer packages for learning
- Technology enabled care solutions (TECS Model) in practice placement: the use of ehealth, virtual online platforms & webinars to support practice placement education
- Team Model: Two or more educators sharing the supervision of one or more students
- Multiple mentoring model: team of educators supervising a team of students
- Long-arm supervision: Provided by an experienced clinician who is not based at the same location as the student
- Dedicated practice tutor model: Dedicated practice educators have protected time to supervise several students or provided enhanced support for colleagues providing supervision
- Project focused model: this model sees a student work on a project as the focus of their placement.
- Hub and Spoke Model/Education Unit: This model has a base or hub with an identified practice educator but requires the student to spend portions of placement in various departments, organizations, institutions or agencies (spokes) who collaborate to provide intra and inter professional learning opportunities
- Student-led university based clinics: Students run clinics for specific populations in the HEI, with support and supervision from practice educators and academics
- Inter Professional Education placements: Student from different professional programmes learn collaboratively in practice
- Hybrid Approaches: these are practice education experiences that use combinations of two or more other distinct approaches

Question Title

15. Please rank in order of choice the current models of practice placements being used?

- One-to-one Model: One practice educator supervises and assesses one student
- Peer-assisted learning: This model involves two or more students concurrently working with one educator, with an expectation that the students work together in ways that facilitate learning and team working
- Simulation: Simulated placements use mannequins, actors, other students, simulated environments, video or interactive computer packages for learning
- Technology enabled care solutions (TECS Model) in practice placement: the use of eHealth, virtual online platforms & webinars to support practice placement education
- Team Model: Two or more educators sharing the supervision of one or more students
- Multiple mentoring model: team of educators supervising a team of students
- Long-arm supervision: Provided by an experienced clinician who is not based at the same location as the student
- Dedicated practice tutor model: Dedicated practice educators have protected time to supervise several students or provided enhanced support for colleagues providing supervision
- Project focused model: this model sees a student work on a project as the focus of their placement.
- Hub and Spoke Model/Education Unit: This model has a base or hub with an identified practice educator but requires the student to spend portions of placement in various departments, organizations, institutions or agencies (spokes) who collaborate to provide intra and inter professional learning opportunities
- Student-led university based clinics: Students run clinics for specific populations in the HEI, with support and supervision from practice educators and academics
- Inter Professional Education placements: Students from different professional programmes learn collaboratively in practice
- Hybrid Approaches: these are practice education experiences that use combinations of two or more other distinct approaches

Question Title

16. Are you using a combination of models of practice placements? If so, please outline below.

Question Title

17. Do you think that the Inter-Professional model of practice education could make a positive contribution to meeting some of the requirements for practice placement hours?

- Yes
- No
- Please comment?

Question Title

18. Any other comments on the models of practice placements?

Question Title

19. Does the HEI use ICT solutions including Telehealth in student practice placement? If so, please select.

- Online eLearning, e.g. lectures, tutorials, webinars
- Communication Apps or Hubs, i.e. Attend Anywhere, WhatsApp, Microsoft Teams, Cisco WebEx
- Videoconferencing
- Telephone
- IT facilitated group classes
- Other Technology Enabled Solutions (TECS)
- If Yes, to any of the above, please supply some information on your experience with telehealth solutions?

Question Title

20. What other measures are being taken to enable students to meet practice placement requirements?

Question Title

21. Would you be willing to share your experience with new practice education models with others? If yes,

- In a document?
- In a meeting/webinar?
- Other (please specify)

Question Title

22. If you are happy to share your experience, please email your contact details to:

hscp.nationaloffice@hse.ie.

Email subject line: HSCP HEI Practice Placement Recovery Survey

APPENDIX 3:

HSCP MANAGERS SURVEY (EXCEL TEMPLATE)

Survey list of questions was in Excel with dropdown options for answers where possible for convenience.

- Q1. HSE HSCP Service location. Please select from Dropdown menu in cell below.
- Q2. University/HEI Degree Course from which students are placed. Select Below
- Q3. Departments usual total intake of students on practice placement
- Q4. Total Number of Placements requested by HEI for 2020/2021
- Q5. Total No. of student placements agreed to date
- Q6. No. of weeks requested
- Q7. No. of weeks agreed
- Q8. Challenges to offering placements
- Q9. Is there any further information you wish to add? Please use cell below for free text.
- Q10. Departments usual intake of Fourth/final Year (Y4)students on practice placement
- Q11. Total Number of Y4 Placements requested by HEI for 2020/2021
- Q12. Total No. of Y4 student placements agreed to date
- Q13. Any specific challenges to offering Y4 placements
- Q14. Departments usual intake of *insert Year * students on practice placement
- Q15. Total Number of Y3 Placements requested by HEI for 2020/2021
- Q16. Total No. of Y3 student placements agreed to date
- Q17. Any specific challenges to offering Y3 placements
- Q18. Departments usual intake of Second Year (Y2) (FY for PG) students on practice placement
- Q19. Total Number of Y2 Placements requested by HEI for 2020/2021
- Q20. Total No. of Y2 student placements agreed to date
- Q21. Any specific challenges to offering Y2 placements
- Q22. Departments usual intake of First Year (Y1) students on practice placement
- Q23. Total Number of Y1 Placements requested by HEI for 2020/2021
- Q24. Total No. of Y1 student placements agreed to date
- Q25. Any specific challenges to offering Y1 placements

APPENDIX 4: BRIEF REPORT SUBMISSIONS FROM PECS TO NATIONAL PRACTICE PLACEMENT LEAD RE: SOLUTIONS ADOPTED TO SUPPORT PRACTICE PLACEMENT DURING COVID-19 PANDEMIC

The National HSCP Office wishes to particularly acknowledge the reports and information received regarding many of the novel and innovative adaptations undertaken in practice placement education during COVID-19.

These reports were received from Practice Educators, Programme Directors, Practice Tutors and Practice Education Co-ordinators of HSCP programmes, which were shared with the National Practice Placement Lead and are used as exemplars within this report.

Sincere thanks to:

Teresa O'Rourke, PEC MSc Audiology UCC

Lorna Doran PEC BSc (Hons) Clinical Measurement Science TU Dublin

Dr Annemarie Bennett, Assistant Professor in Dietetics, Trinity Centre for Health Sciences.

Claire Gleeson, PEC Occupational Therapy TCD, Caroline Hills PEC OT NUIG and UHG, Eimear Ni Riain PEC OT UL.

Helen Heery, PEC, and Dr. Ailish Malone UG BSc Physiotherapy in RCSI, Lucy Alpine PEC BSc Physiotherapy Trinity College Dublin, Alison Holmes Practice Tutor MSc Physio UL.

Laura Loftus Speech and Language Therapy, Practice Tutor NUIG, Kerrie O'Grady PEC SLT, UCC.

Eleanor Kelly. Practice Learning Coordinator, Masters in Social Work NUIG

PROFESSION: AUDIOLOGY

Audiology Report from Teresa O'Rourke UCC

Contact: Teresa O'Rourke, or Ellie Sweeney. Received on: 3/12/2020

Case Study: Practice Education in Audiology

University College Cork

Understanding the Problem

COVID-19 has offered many opportunities to diversify our programme delivery. For context, we provide a two year MSc programme. Theory and practice placement are linked throughout the entirety of the two years. Students start placement in our in-house HSE community audiology clinic on their very first day and normally, would have an additional three off-site placements throughout the year. These placements were cancelled and then eventually shortened owing to the knock-on effects of the Covid-19 pandemic.

Improvement Initiative

In order to ensure the clinical training provided was not compromised, five weeks of online case study training was completed for students in both years. This was delivered during the time the students would normally have been on placement. This development comprised pre requisite reading for the students, followed by a Practice Based Learning (PBL) style case seminar. The PBL was delivered online using breakout rooms to divide the class and allow for optimum participation. This resulted in approximately 20 hours of additional clinical training for students. This was delivered in the lead up to their off-site placement to prepare them for when they would arrive in clinics around the country.

While on placement, students participated in research projects and audits. They regularly provided telehealth appointments for hearing aid fitting and review. The students also adapted to taking case history over the phone prior to the patients arriving on site. Where available, students participated in 'attend anytime' appointments that were being offered by HSE staff. Students' mid-placement review meetings were conducted online and over the phone.

All of the students mid-placement review meetings were conducted online and over the phone. Overall, the feedback from the HSE was extremely positive with the students adapting well and even helping to implement COVID19 protocols. I would like to acknowledge the dedication of my HSE Audiology colleagues. Through many teleconferences we worked together as a team to ensure the continuity of placements and as a result I am delighted to say that our class of 2020 graduated on time in October and we anticipate that the class of 2021 will also receive an on time graduation.

As we moved to this semester within the university, our in-house clinic was adapted to accommodate the 1:3 practice educator student ratio that we would normally expect to have. Owing to restrictions, it was only permitted to have a 1:1 ratio but the clinic was adapted to allow remaining students to observe appointments via video link. Additionally, funding was secured for software which allowed each student to practice hearing assessments from their own laptops. This software was utilised through continuous assessment culminating in an online exam.

Initial Evaluation

Overall, the feedback from the HSE was extremely positive with the students adapting well and even helping to implement Covid-19 protocols. Our class of 2020 graduated on time in October.

Lessons Learned

I would like to acknowledge the dedication of my HSE Audiology colleagues. Through many teleconferences, we worked together as a team to ensure the continuity of placements.

For further information, please contact: Teresa O'Rourke or Ellie Sweeney in Audiology, UCC

PROFESSION: CLINICAL MEASUREMENT SCIENCE

Contact: Lorna Doran, PEC for BSc (Hons) Clinical Measurement Science. Received 13/12/20

TU Dublin Adaptations to Placement for COVID-19

From our perspective in CMS, there has been no alternate route available during the COVID-19 pandemic to put theory into practice with the exception of hands on practical training in a hospital setting. As you know EEG, ECG, PFTs and ABIs can only be learned by doing – practice and repetition in the clinical setting is what is required.

1. Logbook submitted online. Student keep a digital folder of their logbook write ups and submit two every week to an online file created in Brightspace. This allows me to assess and supply feedback through the online evaluation tool. Once we submit this feedback the student receives an alert.

Pro – move away from hardcopy to innovative online learning. Easier than taking photos of hardcopy pages and uploading/emailing. Files all kept in single location, easy access.

Con – feedback given individually rather than at group setting during tutorial which increases workload.

2. Case-study profiles. In the event that placement is suspended owing to COVID-19 or if a situation arises where students have little access to patients during placement, case studies can be developed to enable learning to continue.

Examples of real-life or similar to real patients are put together to create a patient profile including patient history, symptoms and a set of results. The student must study the cases as they would if they came across this patient and performed the test which produced these results. They must then apply their knowledge to produce diagnostic reports. Vascular students are also expected to determine if and why further testing may be required.

Case studies are produced and set up on Brightspace assignments.

Pro – continue with ongoing learning of understanding and interpreting data in preparation of diagnostic reports an assessment of need for further testing which are important learning outcomes in vascular physiology.

Con – No practice of diagnostic procedure involved. May become over reliant on data than overall patient profile – interacting directly with patient allows for implication of results to be more relevantly applied.

Lot of work to produce correct and supply feedback to each case study.

3. Adaptation of Lecture material

3rd and 4th year lecture material was adapted and updated to prepare students for placement in the absence of face to face in class demonstrations and benefit of in class expertise, e.g. resourcing of academic papers, reviewing online videos to identify suitable diagnostic imaging of various vascular scans as teaching tools, online images of normal and abnormal vascular findings over a range of test to help with recognition of expected results and pathology.

Pro – useful tool to aid student learning in basic and advanced imaging when limited access to patients is available on placement and when access to in class equipment is unavailable.

Con – Increased work load on tutor and student. No training of practice involved to produce images.

Relying on student to access the material provided, self-direct learning. May also be a positive.

4. On-line quizzes/MCQ/Assignment – Developed and produced through Brightspace, encourages and assess student engagement.

Pro – clear indication of learning outcomes being met or otherwise.

Con – increased work load on producing and evaluation of same.

Other areas;

Online exam

Online tutorials

Individual virtual meetings with students to discuss any issues/concerns relating to placement.

Review of logbook and assessment requirements.

TEACHING – Recorded online demonstrations for clinical practice. Recorded the lectures so students can re-listen when they are out on placement in order to link academic learning with clinical practical. Encourage students to share experiences with peer during online tutorials about their COVID-19 and placement experience Enhanced student engagement during teaching sessions with, breakout rooms and relevant group topics for discussion. Also, Clinical paper reviews for focus and engagement. Liaised with Library to purchase online clinical text books for students to access.

ASSESSMENTS – Incorporated online viva for practical assessments in response to restrictions and infection control measures. More Online Quizzes for all years to encourage engagement in all content areas of the module. Practical assessment was revised in order to comply with COVID-19 guidelines. Restructured papers to reflect open book exam-questions focus more on clinical case scenarios and interpretation of clinical data.

LOGBOOK – Online weekly logbooks with analysis of clinical data, e.g. ECG these are analysed by the students and a weekly tutorial given to review analysis. This aids student engagement and allow them to identify where they need to focus. This keeps students engaged and monitors progress when out on hospital placement.

Liaison with practiced educators to adjust training manuals in accordance with infection control guidelines for clinical practice during COVID-19. Revised training manuals to reflect COVID infection guidelines and to reflect clinical practice during COVID. (reference to international guidelines reflecting best practice)

TUTORIALS – Increase in virtual contact tutorial time to engage with students more while out in clinical placement. Increased contact time with practice educators via weekly emails and telephone calls to support and maintain good communication throughout pandemic, also to inform clinical tutors about any relevant changes occurring clinically. Presentations have been moved online for students in order to comply with infection control.

Theory, learning and assessment adaptations:

1. From the theory and logbook perspective a Connectivist approach was taken and 'Brightspace' (TU Dublin's Online Learning Platform) served as a superb channel for on-line teaching, assessment (logbook uploaded and corrected on-line) and virtual class discussions/meetings.
2. Practical assessments were performed by hospital PEs as opposed to clinical tutors to reduce the number of people visiting hospital departments. Viva were performed on-line after the in-house hospital assessments (by TU Dublin clinical Tutors).

Training Practice educators adaptation:

3. Practice Educators in-hospital have been given the option to meet on MS Teams with the PEC and Clinical Tutor to run through the Practice Education Handbook and Clinic Training Manual with an option to meet prior to placement and during placement to maintain hospital/TU support system.

PROFESSION: DIETETICS

Report from Dr Annemarie Bennett, Assistant Professor in Dietetics, Discipline of Clinical Medicine, Trinity Centre for Health Sciences. On behalf of the BSc Human Nutrition and Dietetics degree, delivered jointly by Trinity College and TU Dublin. Updated and received: 22/04/21

eLearning

Relevant HSEland modules were utilised to enhance learning and revision on clinical case studies and clinical skills development.

Telehealth

The current principal platform for telehealth on placement is phone. Video calls are used, but less often than phone reviews, for reasons of suitability, availability, and patient preference.

Simulations

Where it was needed to support skill development among students, registered dietitians simulated different scenarios with students. Challenging psychosocial circumstances and communication challenges (upset, anger, reluctance to engage), and significant others (carer, spouse) were included in the scenarios to increase fidelity.

Inter-professional learning

With the Assistant Professor in Inter-professional Learning in Trinity College, several opportunities were created for students across disciplines in the Faculty of Health Sciences to work together on clinical cases in an inter-professional and multidisciplinary capacity.

Project placements

None undertaken.

Case-based placements

No placement was exclusively case-based. Where necessary, detailed casework was developed for students, with prompts and questions on each case. Where appropriate, casework was also provided for the same 'patient' on multiple occasions, to ensure that students had the opportunity to assess change over time.

Adjustments to final assessments

Final assessment forms used to assess students have remained the same as those used pre-COVID. Consolidation of placement includes students demonstrating that they can manage a caseload independently and within safe limits. Throughout consolidation, students liaised with a qualified dietitian each day to discuss the cases they prioritised and the plan they deemed clinically appropriate to implement. Questions were posed during these discussions to prompt clinical reasoning and to ensure students were practising within safe limits.

PROFESSION: OCCUPATIONAL THERAPY

Contact: Updates and information regarding placements during the COVID-19 pandemic from the Practice Education Coordinator: Claire Gleeson in the Discipline of Occupational Therapy in Trinity College Dublin, the University of Dublin. Received on 04/12/2020 and 5/01/2021, updated 26/04/2021

Updates and Efforts made to manage and facilitate placements for Occupational Therapy Students in Trinity College during the COVID-19 pandemic:

- The four OT universities; NUIG, UL, UCC and Trinity formed a working alliance at the outset of the pandemic to support each other and work collegiately in developing innovative approaches to ensure management of the practice education components of the programmes. The Practice Education Coordinators met regularly via online platforms to discuss and manage placement related issues. In addition, two interuniversity webinars were held by the Practice Education Coordinators in the four universities. The first webinar was hosted in October 2020 titled: CPD Webinar for OT Practice Educators: Managing placements in changing times. This webinar was attended by over 200 Occupational Therapists nationally and identified ways for practice educators to support placements for students. (Powerpoint slides were provided to Dr. Ann Coughlan). A second interuniversity practice education webinar was also held on 17th December, titled: CPD Webinar for OT Practice Educators: The Practitioners' Voice, with over 90 Occupational Therapists attending. The focus of the webinar was to showcase the models implemented by Occupational Therapists across different practice areas (e.g. Primary Care, acute general hospital, mental health and Child and Adolescent Mental Health) in supporting Practice Education placements during the COVID pandemic and included models such as the 60: 40/80: 20 model, role emerging placements, telehealth, peer facilitated placements, and the 2:1 model etc.
- The Practice Education Team in Trinity College developed a number of resources/booklets to support placement models during the Covid pandemic:
 1. Information for Occupational Therapy Students commencing a Practice Education Placement during the COVID-19 Pandemic (Resource provided)
 2. Information for Occupational Therapy Practice Education sites facilitating student placements during the COVID-19 Pandemic (Resource provided)
 3. Project-Based Placements Resource to support Practice Educators and Students in the implementation of this project placement model (Resource provided)
 4. Peer Assisted Placement Model Resource to support preparation and implementation (Resource provided)
 5. Fact sheet for Practice Educators in supporting placements during Covid pandemic (Resource provided)
- The Practice Education Team in Trinity College delivered numerous practice education training sessions to practice educators online, approximately five PE training sessions were provided.
- Contact was made with all occupational therapy sites on the practice education database enquiring about placement opportunities and follow up phone calls were made to ascertain allocations.
- Ongoing negotiations and contact was necessary with higher management in placement sites to ensure placements could proceed.
- Risk assessments were carried out on placement sites in advance of students commencing placements, practice tutors were involved in these procedures as well as the Practice Education Coordinator.
- Regular contact was made, and meetings were held with all practice tutors to ascertain challenges on the ground in facilitating placements.
- Practice Tutor sites increased their capacity to facilitate placements and support students to complete their placements.
- Some placement periods were either decreased or increased in order to ensure that placements could be sourced, and regulatory requirements were met.
- Practice Tutors engaged in online training to ensure they were upskilled in delivering teaching modules online. The Practice Tutors were trained via Trinity Academic Practice.
- An interdisciplinary study day was held by the various Health and Social Care Professions based in Trinity and was delivered to occupational therapists nationally to offer additional training and support.

- Initial and ongoing support was provided by the Practice Education Coordinator and Regional Placement Facilitator to all practice educators who were facilitating students during the pandemic.
- Students attended additional lectures pre-placement to support them in advance of commencing a placement; these lectures included infection control, telehealth, risk management etc.
- Practice Tutors reassured and supported Practice Educators on tutor-sites worried about supporting a student during the pandemic –, e.g. an extra person in the space, risk of close contacts etc.
- Regular liaison took place between the Tutors and the university to offer fair and equitable numbers of placements for each cohort.
- Alterations were made to how tutorials and teaching were provided on site in tutor-based placement sites;
 - IDT tutorials were rearranged.
 - Tutorials were delivered online via Zoom.
 - Practical tutorials were altered to limit close contacts.
 - There was an increased focus on prompting students to work collaboratively when completing project work, developing resources and during tutorials in terms of scaffolding each other's learning during discussion.
- Tutorials provided by the tutors on practice tutor sites were opened to students on non-practice tutor sites to offer additional support. These tutorials were delivered via zoom, this was done to support their progress on placement but also resulted in opportunities for peer support in addition to greater depth of discussion during tutorials owing to greater numbers of attendees and diversity of placement experiences.
- Practice tutors from other Health and Social Care Professions met to discuss individual responses to managing placements in the Covid pandemic and to share learning and reflections.
- Project based placements became a more central element to overall placements.
- Different placements models were implemented by practice educators, including the two to one model, the one to two model, three to one model, split placements, and role emerging models.
- Telehealth placements were also utilised to ensure placements could commence on sites. Students were provided with secure online platforms to engage in same.
- Students were encouraged to work from home in accordance with all necessary GDPR guidelines and guidelines from their placement sites and in line with public health guidance to manage office space, close contacts etc.
- Practice Tutors worked alongside Occupational Therapy managers to manage the placements.
- Doodle polls were used and found to be useful in sourcing placements on practice tutor sites.
- Regular contact was made with students (weekly Zoom calls, emails and phone calls) to support them during their placement.
- Weekly emails were sent by the Practice Education Coordinator to students and practice educators to offer support and guidance.
- Half-way phone-calls and Zoom calls were provided to students and practice educators to support placement delivery.

OT NUIG and UH Galway

Contact: Caroline Hills. Received: 04/12/2020

As you know from the survey, the eight week placement in March for third years had to be cancelled as advised by the HSE. Students carry out a case study on placement so this was replaced by case-based learning. Students were supervised by academic staff in small groups and completed a 5,000 word case study on case scenarios that related to their cancelled placement area of practice. Placement hours were not allocated for this work.

All the OT programs shared information and we all agreed to promote the 60/40 model of placement. A fact sheet for educators was circulated to consider this new model.

The national webinar slides that OT PEC's provided for educators included student voices from NUI Galway students among others at the end of their first placement block. The content reflected all student views from all universities.

Webinars were undertaken with all educators before placements and promoted the 60/40 model and this enabled placement of all fourth years on placement. For NUI Galway students this comprised one 9 week placement August to October and one 9.5 week placement October – December.

University of Limerick Occupational Therapy Placements during COVID-19

Contact: Eimear Ni Riain. Received December 4th 2020, updated 26/04/2021

In March 2020, the global COVID-19 pandemic had a significant effect on the usual method of delivery of the Occupational Therapy (Professional Qualification) education programme at UL

A dynamic change in mode of programme delivery was required to ensure that students had an opportunity to develop practice knowledge and skills while meeting learning outcomes and CORU standards of proficiency required to progress satisfactorily, minimising delays to graduation and entry to the workforce.

Reconfiguring academic timelines was essential to accommodate and facilitate practice placement roll-out. With two cohorts of students getting ready to commence practice placement we had to prioritise the final year students. Year one students' placement PE2 was deferred to the beginning of the next academic year, with the academic programme being brought forward to be completed during the summer.

Practice education experiences included novel hybrid practice solutions, alleviating the pressure on traditional placement sites. Developments included: online learning plans, telehealth guidelines, student-led telehealth service community partnerships; project placements. In order to do this additional resource in the form of 2 WTE practice education staff members was provided by the University to support therapists in practice and create placement opportunities.

PE4 (Final placement)

E learning

Practice education 4 was disrupted by COVID 19. A 2-week learning plan was implemented with all students in April 2020 including case studies, online learning through HSE land modules, simulation module (WFOT), and relevant case studies. The students then completed the remainder of their placement on practice sites or via telehealth.

This was validated by CORU registered Occupational therapists.

Telehealth

A new opportunity to run telehealth sessions for children with DCD was created in partnership with the University and DCD (Developmental co-ordination disorder/Dyspraxia) Ireland. The PE team worked closely with DCD Ireland to establish this opportunity. Telehealth placements were also completed with Access Campus with whom there was an already existing relationship and partnership. Regional Placement Facilitators were the Practice Educators for 16 students, completing their PE4 placements (6-week block). As a result of this work, protocols have been developed for remote telehealth placements for the future.

Some HSE sites facilitated students through a mixture of telehealth and face to face client work.

PE 2 (second placement)

HSE Practice educator facilitated a two to one model of remote telehealth.

A small number of students completed 1-2 week learning plan, which facilitated a later start date for some for PE2.

This learning plan was validated by CORU registered Occupational therapists.

PE3 (third placement)

Nine students were facilitated through a remote telehealth co-supervision model through DCD Ireland (RPFs as Practice Educators)

All half way visits completed via telehealth where possible or phone

PE1 (First placement)

This first practice education placement for the 2021 intake of students was unable to be held in practice settings. The usual 4 week module was split, with 2 weeks being completed online, with a variety of simulated learning activities mapped onto the appropriate learning outcomes. This module was delivered by the practice education team. The two remaining weeks were added to later placements to support achievement of the remaining learning outcomes.

Project or case-based work

The practice education team promoted project type placement, 60/40 model for PE2 and PE3. This placement model facilitated the sites requirements for reduced staffing levels and social distancing on site. Students could work off site for up to two days per week on a project related to the placement experience. This model enabled some placements to proceed.

Teaching online

Online pre brief and debrief to students by the Practice education coordinator.

Online Practice Educators workshops August (UL)

Interuniversity webinar October and December

PROFESSION: PHYSIOTHERAPY

RCSI Physiotherapy Adaptions and Initiatives in Education

Contacts:

Helen Heery, BSc Physiotherapy in RCSI, Practice Education Team heheery@rcsi.com

Dr. Ailish Malone, BSc Physiotherapy in RCSI, Physiotherapy Lecturer ailishmalone@rcsi.ie

RCSI Physiotherapy Adaptions and Initiatives in Education

The move to online assessment in response to Covid-19 created challenges for Physiotherapy, most notably in the need for amendment to practical, OSCE or viva examinations which could no longer take place face-to-face. A module-by-module approach was taken in seeking the optimum online substitute for the original planned assessments. For example, in First Physiotherapy, NMSK2 OSCE was revised to an online MCQ exam conducted over eSpeedwell, retaining fidelity to the original planned OSCE by including only case-based questions. Other modules retained a short-note question (SNQ) assessment format, restructuring for online delivery. In Final Physiotherapy, the last assessment for the Complex Clinical Case Management module was intended to be a viva voce of a clinical case report. Given the risks associated with internet connectivity for this high-stakes exam, the decision was taken to amend to a case presentations format, allowing students to present cases of patients they had seen on Clinical Placement whose complexity met the requirements of the module. This assessment was conducted over Blackboard Collaborate, with a back-up option to allow students to submit a narrated PowerPoint presentation of their case in the event of a loss of connectivity. Thankfully, the need for this contingency did not arise. The format and delivery of the case-based viva voce assessment was commended as an example of good practice by RCSI's Digitally Engaged Learning working group. As we continue with a blended learning focus throughout the 2020/2021 Academic Year, it is likely that other assessments will adapt to the online format of a viva voce, which provides unique insights into the capacity of novice healthcare practitioners to think critically about a clinical problem (Hungerford et al, 2015).

A seismic transformation in healthcare delivery, triggered by the COVID-19 pandemic, has lowered the barriers to adoption of digital technologies (Ohannessian et al. 2020). Telehealth has allowed physiotherapy services to reduce face-to-face contacts, while preserving patient access to vital services. It is important that students too experience these service changes, to ensure they are prepared to meet the demands of the clinical environment on qualification (Smith et al, 2020). The practice education team in RCSI in partnership with Lucy Alpine, the practice education coordinator in TCD, worked together to develop a Telehealth module, aimed to equip students with the knowledge and skills needed for engaging in telehealth consultations while on clinical placement. Second and final year students participated in the module during their first placements after lockdown. The content was a mix of lectures and practical skills workshops, facilitated by a team of lecturers, clinicians and tutors. Students demonstrated they are technologically proficient and can help services in the adoption and implementation of telehealth. Practice placements should encompass all modes of service delivery, and as such, telehealth is recognised as an acceptable placement model (Twogood et al. 2020, McMahan et al. 2020). The practice educator/tutor/student can work remotely from a clinical site, university location, or from home. Most learning outcomes detailed in the national clinical assessment tool can be achieved by a telehealth placement. We look forward to a growth in telehealth placements and the opportunity for students to demonstrate their value in clinical practice.

Simulation based learning (SBL) uses specifically designed activities, involving manikins and simulated or 'standardised' patients who are trained to behave as patients, allowing students to practice their clinical skills in a safe learning environment (Blackstock and Jull, 2007). It provides students with an opportunity to link theory to practice and can improve students' confidence and communication. The process of debriefing, an essential SBL component, can promote clinical reasoning and judgement skills through a reflective learning process (Eppich and Cheng, 2015). SBL is embedded in the physiotherapy curriculum in Australia with research indicating that it can replace 20-25% of clinical education (Watson et al 2012, Blackstock et al 2013). When placements resumed in Ireland, following the lockdown, final year students were prioritised for access to clinical sites. However, first year students in RCSI missed their introductory clinical placement in May 2020, a requirement for progressing to second year. SBL is used routinely by the School of Physiotherapy in RCSI to augment the delivery of the academic curriculum, with consistently high levels of student engagement. However, simulation had never substituted clinical placement prior to the pandemic related placement crisis. The scarcity of placements for the novice students was the impetus for delivering the introductory clinical placement in the state of the art Simulation suite in RCSI.

A team of lecturers and clinicians worked together to develop an authentic clinical experience across the core areas of neurology, musculoskeletal, respiratory and care of the older person. Simulated patients were provided with training relating to the clinical scenarios to foster realistic student-patient interactions. Students were able to achieve their placement learning outcomes, and responded very positively to the simulation experience. The RCSI School of Physiotherapy is keen to explore how simulation can increase placement capacity, and add value to both the academic and practice education curricula.

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TCD Discipline of Physiotherapy. Blended Learning and Innovations for Clinical Placements during the Pandemic

Contact: Lucy Alpine PEC BSc Physiotherapy Trinity College Dublin. Received 10/12/2020

Dr Fiona Wilson (Head of Discipline) approved report.

The coronavirus disease has led to significant disruption to the clinical environment and major adjustments to the delivery of healthcare services. As practice education represents over a quarter of the BSc in Physiotherapy programmes the impact of the pandemic had a direct effect on this aspect of the programme. Changes to clinical placements was required resulting in rapid adaption to operational practices, pedagogical approaches and innovative methods of teaching and learning.

To ensure students were prepared for the new clinical learning environment additional learning was undertaken in advance of placement which enabled students to be prepared for work-based placement. New learning approaches employed both on and off site facilitated students to develop competencies during their placement periods. In the Discipline of Physiotherapy, Trinity College a number of blended learning approaches were adopted across placement sites. This includes the following initiatives:

Teaching Innovation	Description
TCD/RCSI a joint 'Introduction to Telehealth Module'	A two-day Telehealth module delivered online consisting of three lectures and four interactive workshops. This module was delivered to 60 students and was positively evaluated by students. This innovation was presented at the INHED Conference, 2021.
Increased focus on peer learning activities	Due to space limitation there is an increased focus on peer learning activities to support learning and the efficient use of space.
Telehealth as a regular part of musculoskeletal outpatient clinical placement	Telehealth is a new development as part of clinical placement. Students incorporated telehealth interventions as part of service delivery. Students are involved in providing virtual online classes, e.g. Pulmonary Rehabilitation and Multiple Sclerosis.
Online tutorials	Some sites front loaded tutorials to the beginning of placements to further prepare students, e.g. managing COVID case scenarios etc. Practicing telehealth assessment and communication skills with supervised student-to-student phone call and video sessions. Presentation of case studies and patient reviews online.
Adaption of F2F tutorials	Use of PPE for face-to-face tutorials/practical sessions.
Additional simulation role play	Role play and increased preparation time to gain practical skills, e.g. suctioning etc.
Clinical Projects	Student participating and contributing to service developments within department by undertaking a service improvement project, some work could be completed off site.

No adjustments were made to continuous assessment used to grade students during placement. These innovations have contributed to supporting clinical learning to move forward in a time of crisis. The TCD Interdisciplinary Practice Education Co-ordinators Community of Practice plan to survey the impact of COVID-19 on placement experiences which will shed further light on the impact of the pandemic on clinical placements.

Postgraduate MSc Physiotherapy UL

Contact: Alison Holmes MISCP Practice Tutor MSc Physio UL

We've been doing a lot as we saw telehealth as a way to provide blended placements and maximise placements available.

It started with involvement in the Active Neuro Project, establishing programs for MS Ireland groups outside of the mid-west, Arthritis Ireland, COPD support groups and more recently Young Parkinson's Ireland. I currently have 1 student running 10 sessions a week for activity promotion in Multiple Sclerosis and Parkinson's Disease as an element of his placement.

In addition to this we are setting up telehealth services on our placement sites, we had a 12 week student-led MSK clinic at Midland Regional Hospital Portlaoise. We now have a blended approach ongoing at a Primary Community Care Centre in Kilkenny as a waiting list management initiative and are working with physiotherapists on site on establishing a virtual falls prevention program. My colleagues at UHL have been also involved in virtual pulmonary rehab with their student groups.

In addition to client services we have also changed many aspects of the student placements to virtual platforms such as multi-site case presentations, QIPs facilitating the development of resources to assist provision of services virtually such as education videos and webinars for clients within Portlaoise prison as covered by Portlaoise Hospital, one of our sites.

Update on 27/04/21:

Students and educators provided feedback around the advantages of telehealth in particular in developing the following competencies; service development and provision, active listening skills, subjective assessment skills and patient education and exercise prescription and instruction. Due to the challenging nature of communicating using telehealth platforms, these skills were particularly challenged and students showed strong initiative and adaptability in accommodating to same.

The increased availability and use of tele conferencing facilities allowed increased peer interaction and activities across multiple sites and increased exposure to clinical scenarios through peer learning. It also facilitated access to and increased availability of educator and tutor expertise across sites also. Practically it allowed for placement related activities to be undertaken off site to accommodate social distancing and space limitations within departments when necessary.

PROFESSION: SPEECH AND LANGUAGE THERAPY

Contact: Laura Loftus SLT Practice Tutor BSc (Hons) SLT NUIG

Case Study: Practice Education in Speech and Language Therapy, NUIG

Understanding the Problem

Speech and Language Therapists (SLT) work with children and adults who have communication and swallowing disorders. To become a Speech and Language Therapist, students are required to complete their practice education training through clinical placements in hospitals and healthcare facilities where they acquire and develop these skills. As a consequence of COVID-19, fewer clinical placements were available for speech and language therapy students owing to increased measures of infection control and the redeployment of therapists to COVID-19-related duties.

Improvement Initiative

In response to this situation, SLT in NUIG turned to telehealth. This is the first such practice education initiative in SLT and this virtual clinical placement is delivered in collaboration with SLTs from the HSE West, HSE Donegal and Voices for Down Syndrome, Galway.

Each week, under supervision, 27 fourth year SLT students offer approximately 30 telehealth appointments daily. To support the delivery of this service, SLT students are creating a bank of video podcasts to demonstrate activities being addressed in therapy. This is intended to ensure that families have support material to review between sessions.

Initial Evaluation

This virtual clinical placement model has enabled clients both young and old to receive much valued and needed Speech and Language Therapy intervention. Also, since many of the students have completed their Higher Diploma in Irish at NUI Galway, therapy has been offered as Gaeilge as required. Clients value that SLT has resumed and that they are not waiting for services. Furthermore, they report satisfaction with the service being provided in the comfort and safety of their homes. Sound and picture quality using “Attend Anywhere” has been reported to be excellent and users appreciate that the service requires no travelling or expense. Telehealth has enabled us to offer a service (under supervision) to clients as far away as Co. Donegal.

Student feedback is also positive; students are developing knowledge and skills and seeing the difference their input is having to the communication needs of their clients. They are learning not just from their Clinical Educators but from each other. This is definitely an advantage over traditional face-to-face clinical placements where peer support can often be lacking. With permission from parents, we have also linked with schools to provide advice to teachers and to forward much needed therapy programmes. Another unique advantage of telehealth is that we have set up appointments with clients while at school through the facilitation of the teacher. Parents have joined these calls from home or work.

It has also been possible, for the first time, to conduct clinical examinations using telehealth. The opportunity to use telehealth has meant that the examiners are linked externally and not “present” in the room as cameras and microphones are left off. Clients are made aware of their presence but quickly forget that the session is being observed as part of an examination.

Lessons Learned

Telehealth cannot replace face-to-face clinical placements in their entirety. There are certain skills that need to be acquired through these more traditional methods so a blended approach may be required moving forward. Telehealth clinical placements are a way of future-proofing students for the world into which they will graduate, making them a good fit for health service requirements. Clear opportunities now exist to roll telehealth out to all cohorts of students across the academic year 2020-2021, investigate use of telehealth from a parent/teacher training perspective and investigate the use of group therapy from a telehealth perspective.

Additional information via email on 17/12/20 from Laura Loftus SLT NUIG

I think I should add some context to the figures I sent in around SLT placements at NUI Galway. Yes we have secured a 100% of placements for Year 2-4 but we are doing this by changes we have introduced in the department

1. I am working 3 days clinically (which under normal circumstances I wouldn't). The academic team have taken work from me to allow that to happen. Long term this is not sustainable but in a crisis we all accepted it needed to happen.
2. The University has employed a Practice Tutor on a 0.4 WTE contract to help with placements in Semester 2. She is very experienced and is happy to facilitate 8 student placements (4 per day). Not many therapists would be able to do that.
3. We have invested in simulation as a way to train students thus reducing the need for placement hours by approximately 20%.
4. The Practice Tutors @ NUI Galway are very experienced clinicians and very comfortable supporting large numbers of students.
5. Finally the telehealth placement has encouraged therapists to take placements from NUI Galway as they see our students as a way to help them to transition to using telehealth as I have been told.

All these measures has meant I have been able to reduce my reliance on external placements.

BSc (Hons) Speech and Language Therapy UCC

Contact: Kerrie O'Grady UCC PEC. Received 14/12/2020

A brief bullet point summary of the adaptations and innovations which SLT educators have put in place this year to facilitate the students to progress, where possible:

- Case-based discussions across the scope of practice
- Case-based learning using Master Clinician
- Case-based learning using Aphasia Bank
- Involving students in telehealth and tele-supervision
- 60:40 model of placement delivery
- Creating resources for clients and families
- Development of Video Podcasts to support telehealth
- Shorter on-site placements supplemented by simulated learning
- Simulated clinical interactions (e.g. giving feedback on assessment results)
- Practice Tutor facilitated HEI based placements
- Online learning modules, e.g. HSE land
- Research project on rare conditions
- Inter-professional learning with other students from other disciplines
- Development of guidelines, in conjunction with the IASLT, for supporting student Speech and Language Therapy placements in the context of COVID-19
- National Recruitment Drive
- Webinar promoting alternative approaches to practice education during COVID
- Adaptation to placement exams to accommodate distancing (i.e. co-marked via videoconference, changes to activities and criteria to reflect existing marking rubric)
- Flexibility in student placement hours on site and tasks completed remotely to meet social distancing requirements and restrictions in space on site
- Adaptations to placement structure (i.e. extension of blocks, variation in placement schedule) to increase learning opportunities and flexibility in placement delivery for students during COVID
- Funding of additional Practice Education staff to support project placements
- Conversation Partner Scheme for adults with acquired communication difficulties delivered via telehealth
- SLT UG Programmes (UCC, TCD, NUIG, UL) Project placement developed in conjunction with local school

PROFESSION: SOCIAL WORK

Masters in Social Work NUIG

Contact: Eleanor Kelly. Received 16/12/20

March 2020

The MSW 2 group were on their first placement when the COVID 19 associated lockdown happened in March. This resulted in their placements being suspended three weeks earlier than planned. Thankfully all outstanding final Tripartite's took place virtually and all students received a pass grade.

To address this shortfall in placement hours the MSW team presented a plan to CORU and this Practice Learning Supplementary requirement has now been accepted by the regulatory body. The students will submit a reflective essay on their learning from first placement in line with CORU competencies and how it contributed to their learning on second placement. In addition to the essay students will also submit a 5-7min audio presentation based on the essay. This will be completed by January 2021 and should ensure that the students have no shortfall in their learning due to COVID.

In September 2020 we welcomed a new group of MSW 1 students to the course.

Between the 28th September and the 27th October 2020 the Preparation of Placement module was delivered totally online. From Friday 30th Oct to Friday 11th December this module was taught in a large lecture theatre adhering to all the public health guidelines. We were very keen to have face to face classes in this module to ensure that the students were absolutely prepared for their placement which will commence on January 11 2021. We were only allowed to have in class teaching for two hours as opposed to three hours so supplementary readings and reflections were given to the students to complete outside of class. We also had additional face to face classes on Friday afternoons to integrate the learning from the week's online lectures and troubleshoot any issues that were arising for the students.

In addition many different resources were prepared to support Practice Teachers while the students were on placement.

These included Hybrid Placement Document prepared by TCD MSW team, Practice Based Scenarios prepared by all the Social Work Providers across the university sector. The placement coordinators across the sector also prepared a resource Padlet for practice teachers. This resource provides information on all aspects of placement in one place that is easily accessed by Practice teachers.

Also in NUIG we offered additional opportunities for Practice Teachers to come together online to discuss the issues arising in providing a placement in the midst of COVID 19 restrictions etc.

APPENDIX 5

INFORMATION REGARDING PRACTICE PLACEMENT FOR PSYCHOLOGY

Psychology was not included in the National HSCP Practice Placement Survey as a HSE Report regarding practice placements in the profession was in development and subsequently completed in January 2021, *The Report of the National Psychology Project Team – Establishment of a National Psychology Placement Office and Workforce Planning (HSE, 2021)*⁽¹⁴²⁾. This report was instigated by HSE Community Operations following work to implement revised standards related to a review of the eligibility criteria for staff and senior grade psychologists in 2016. The HSE Report included three psychology domains, clinical, counselling, and educational.

Trainee clinical psychologists are employees of the HSE and each associated education programme is aligned through memorandum of understanding with one or more sponsoring Community Healthcare organisation(s) (CHO). Practice placements for educational and counselling psychology Programmes are arranged as per other HSCP, through negotiation by the HEI and Psychology managers.

The Psychological Society of Ireland (PSI) currently accredits psychology training Programmes in Ireland.

Similar challenges to other HSCP in providing practice placements have been identified in the Psychology Report including:

- Availability of supervisors who meet the accreditation criteria as described by the professional body, the Psychological Society of Ireland.
- Lack of an appropriate physical environment.
- Lack of access to IT requirements.
- Capacity for providing practice placements has decreased further due to COVID-19 and social distancing requirements.

The Psychology Report makes recommendations regarding increasing capacity for practice education.

In response to COVID-19, the PSI issued guidance with regard to clinical psychology training Programmes for a temporary derogation to supervisor requirements for from requiring a Senior Clinical Psychologist to a Senior Psychologist. For trainees currently on counselling psychology training programmes, the requirement for the supervising psychologist to have counselling or psychotherapy training/expertise will be suspended temporarily. No changes were deemed necessary for educational psychology training programmes.

APPENDIX 6

PLACEMENT RECOVERY SURVEY 2020 – PROFESSION SPECIFIC INFORMATION

Information is provided in this section based on feedback from the National HSCP HEI Practice Placement Recovery Survey and HSCP Managers Practice Placement Recovery Survey for the 12 professions included in this project.

NOTES REGARDING INTERPRETATION OF DATA FROM NATIONAL HSCP HEI PRACTICE PLACEMENT RECOVERY SURVEY

The information presented is a summary of analysis of data provided in the HEI excel templates shared with the HSCP office through the HSCP HEI survey conducted in November/December 2020 including 12 health and social care professions.

It is important to understand that the situation with regard to practice placements is ever-changing and the data presented gives an indication of the situation at a point in time.

In addition some respondents were not in a position to quantify numbers of placements/ placement weeks secured for the some stages in their programmes for various reasons, e.g. negotiations were ongoing at that time, prioritising final year students and delaying requests for other placement requirements.

The figures for final year students potentially affected with delayed graduation does not include a figure for Occupational therapy as respondents could not provide a number at the time of submission.

UG = undergraduate programme. PG = postgraduate programme.

NOTES REGARDING INTERPRETATION OF DATA FROM NATIONAL HSCP MANAGERS PRACTICE PLACEMENT RECOVERY SURVEY

The response to the Managers survey was approximately 24% and the response rate as % of total number of managers for the individual professions varied from 0% to 50%.

Each Manager was asked to provide give details including challenges for each programme from which students were accepted for placements. Therefore when reviewing challenges the number of votes for challenges reflects this i.e. there may be more votes for a challenge than the total number of managers' responses.

Responses to questions regarding usual intake of students, number of placements requested, number of placements agreed and number of weeks agreed was not completed consistently by all responders and therefore quantitative analysis was limited.

PROFESSION: AUDIOLOGY

Education Programmes:

Discipline	Course Title	Higher Education Institutions	CORU Approved Programme (A)
Audiology	MSc Audiology	UCC	Not applicable

Audiology is not subject to regulation by CORU.

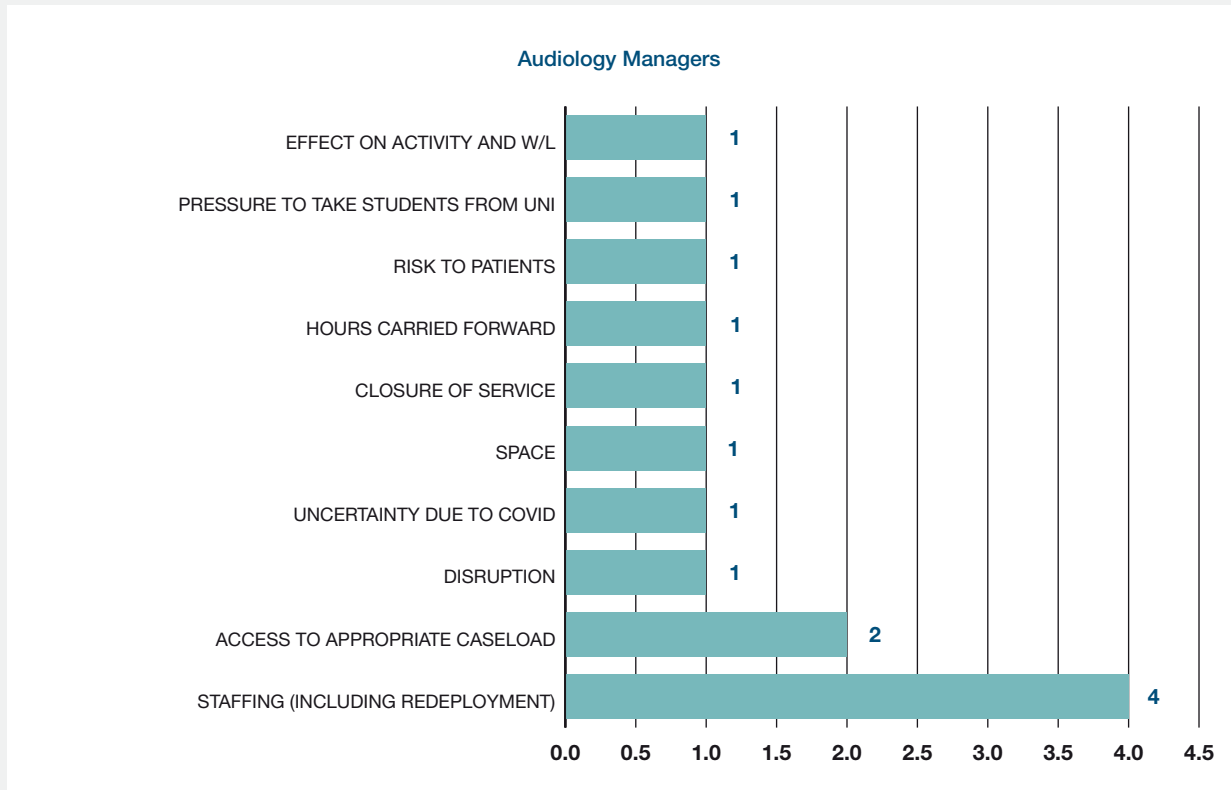
Results from HSCP HEI Quantitative Survey: Audiology Students at all stages and Final Year Students

No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks secured	Concern for students meeting practice placement requirement	Potential number of students affected
22	2	91%	390	35	355	91%	Yes	12
Final Year Students								
12	1	92%	240	20	220	92%	Yes	12

Results from HSCP Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Audiology	29	5.0	17%	50%

Top Challenges to Practice Placement during COVID-19 Identified by Audiology Managers



Comments from Audiology Managers: Results and comments indicate that redeployment and closure of services are major factor in the difficulties in securing practice placements for audiology students. Managers reported feeling under pressure to accept students despite these challenges. Commitment to providing placements was stated “staff went over and above to facilitate the student placements.”

PROFESSION: CLINICAL MEASUREMENT SCIENCE

Education Programmes:

Discipline	Course Title	Higher Education Institution	CORU Approved Programme (A)
Clinical Measurement Science (5 disciplines: Cardiac Physiology, Gastrointestinal Physiology, Neurophysiology, Respiratory Physiology & Vascular Physiology)	BSc (Hons) Clinical Measurement Science	TUD	Not applicable

Clinical Measurement Science is not subject to regulation by CORU.

Results from HSCP HEI Quantitative Survey: Clinical Measurement Students at all stages and Final Year Students

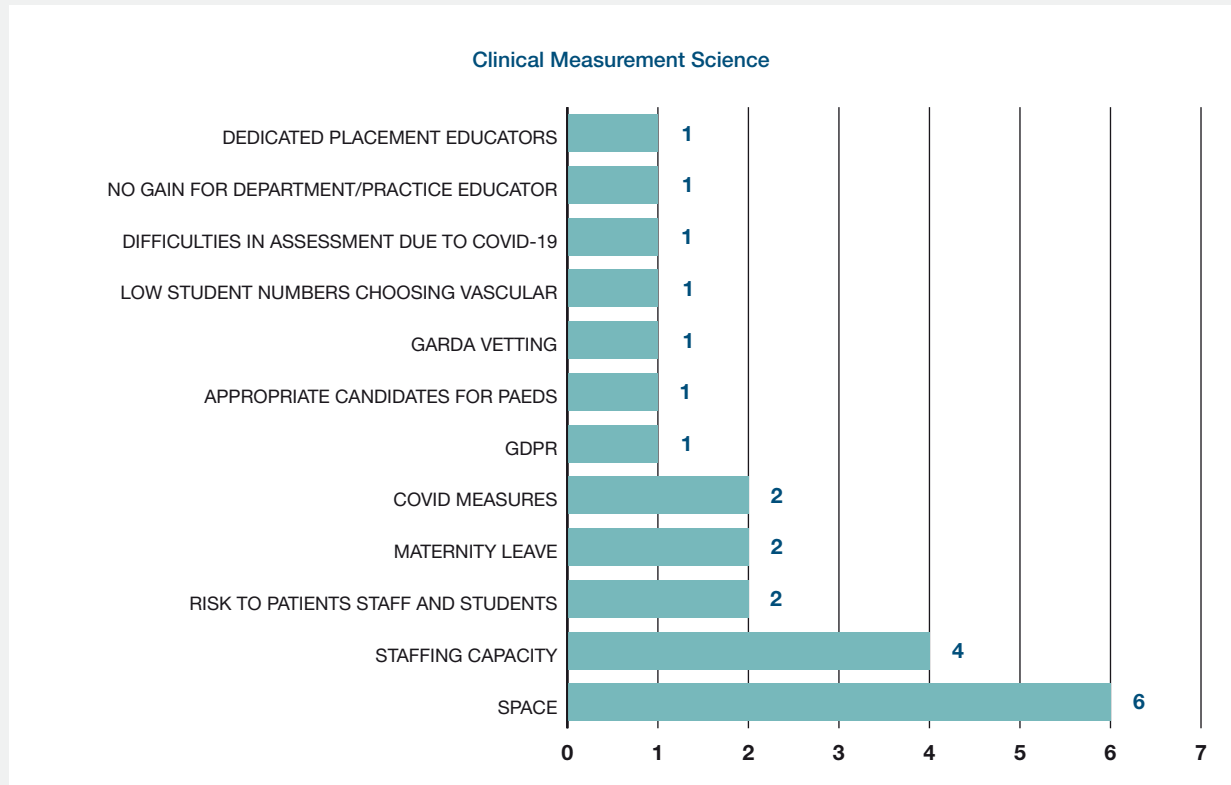
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
109	95	13%	997	773	224	22%	Yes	8
Final Year Students								
25	25	0%	325	325	0	0%	No	0

Comment from HEI Clinical Measurement Science Survey: at the time of submission placement hours for year 3 students is being lost due to COVID, provisionally 8 students affected, this number may change depending on ongoing COVID situation.

Results from HSCP Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Clinical Measurement	35	9	26%	14%

Top Challenges to Practice Placement during COVID-19 Identified by Clinical Measurement Science Managers



Comment from Clinical Measurement Science Managers: In addition to space and staffing capacity, concern was expressed for patient (especially for vulnerable patients) and student safety particularly as space is an issue for many. Difficulties in accessing appropriate caseload for students and sufficient opportunities to demonstrate competency was also reported related to COVID-19.

PROFESSION: DIETETICS

Education Programmes:

Discipline	Course Title	Higher Education Institutions	CORU Approved Programme (A)
Dietetics	MSc Clinical Nutrition and Dietetics	UCD	A
	MSc Clinical Nutrition and Dietetics	UL	A
	BSc in Human Nutrition and Dietetics	TCD/TUD	A

Criteria for placements as set out by the Registration Board for Dietitians include:

Minimum placement duration: 1000 hours.

Specific placement requirements: “The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency. At least one placement should be of sufficient length to enable continuity of learning and demonstrate consistency of performance and case load management in a clinical setting. This placement should usually be not less than 400 hours and should be completed within the final year of the programme.” (Dietitians Registration Board Criteria for Education and Training Programmes, CORU)

Results from HSCP HEI Quantitative Survey: Dietitian Students at all stages and Final Year Students

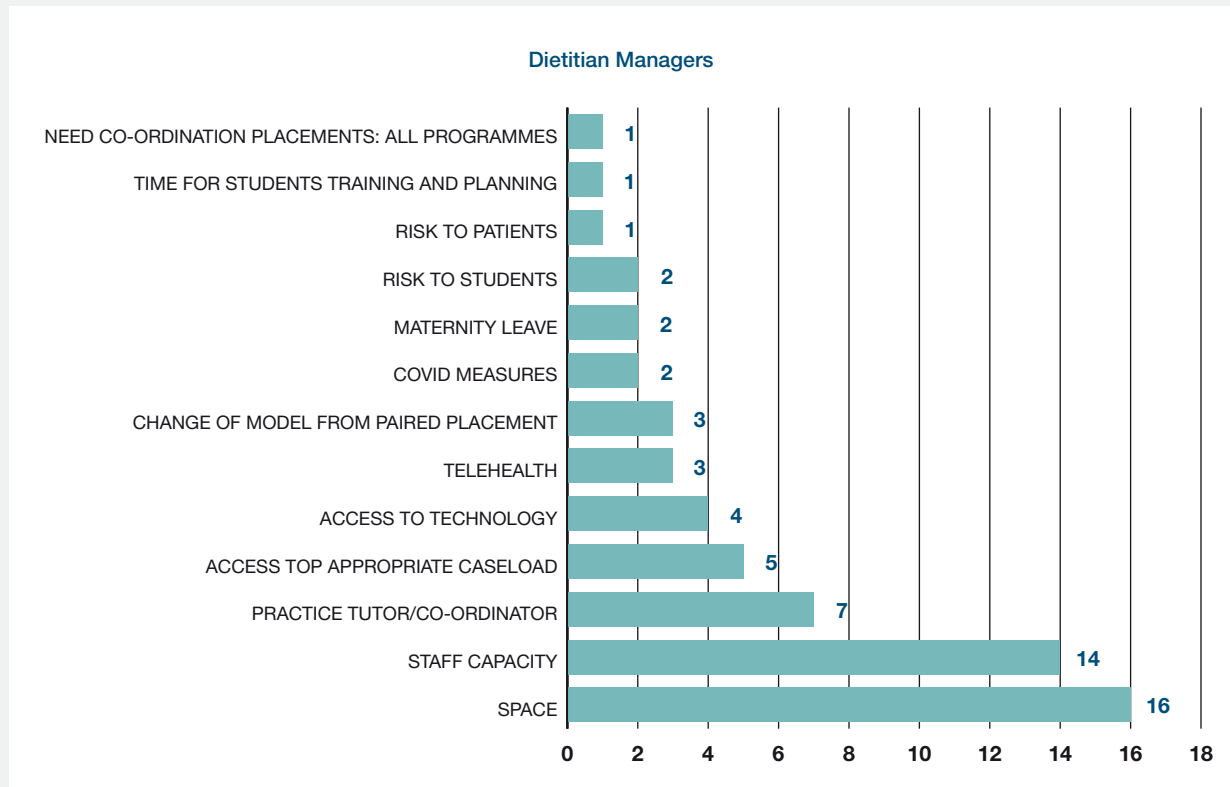
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement not yet weeks secured	Concern for students meeting practice placement requirement	Potential number of students affected
169	86	49%	1910	1155	755	40%	Yes	40
Final Year Students								
70	54	23%	967	755	212	22%	Yes	25

Comments from HEI Dietetics survey: At the time of submission, negotiations were ongoing with regard to placements for all stages of the programmes and HEI reported that managers were not committing to placements until January/February 2021. One postgraduate programme runs January to December and placements take place over the summer months 2020/2021. It is reported that the level of support required by the HEI to enable placements to take place during COVID-19 is not sustainable.

Results from HSCP Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Dietetics	64	18.0	28%	33%

Top Challenges to Practice Placement during COVID-19 Identified by Dietitian Managers



Comments from Dietitian Managers: Commitment to practice placement expressed but also need for flexibility due to COVID-19 and considerations for welfare of students, patients and staff. The importance of practice tutor supports is the leading challenge after space and staffing capacity. Respondents spoke of difficulties in different settings – cannot do home visits to vulnerable patients with students in primary/community care settings. Introduction of new models of service delivery, i.e. telehealth required development of SOP including students.

PROFESSION: MEDICAL SCIENCE

Education Programmes:

Discipline	Course Title	Higher Education Institutions	CORU Approved Programme (A)
Medical Science	BSc (Hons) Medical Science	GMIT	
	BSc (Hons) Biomedical Science	Cork IT/UCC	
	BSc (Hons) Biomedical Science	TUD	

Criteria for placements as set out by the Registration Board for Medical Scientists

Registration Board include:

Minimum placement duration: 1000 hours.

Specific placement requirements: "The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency." (Medical Scientists Registration Board Profession Specific Criteria for Education and Training Programmes, CORU)

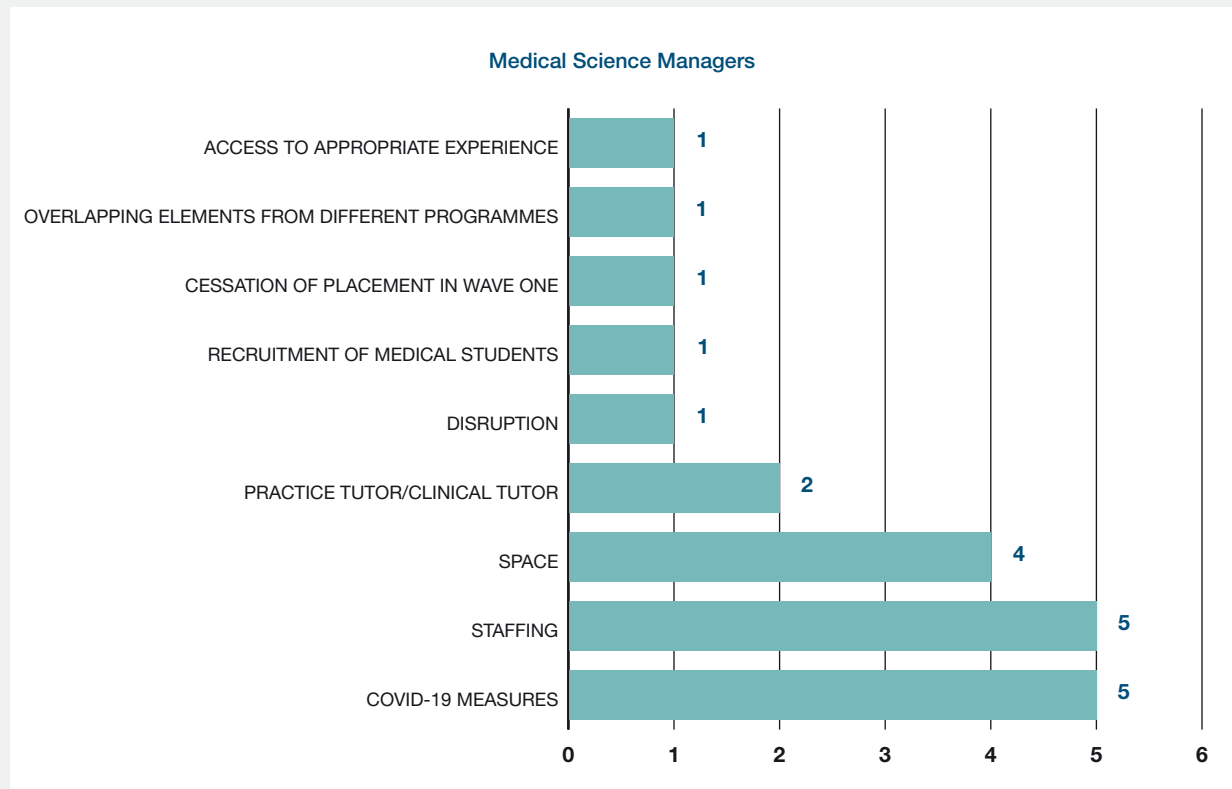
Results from HSCP HEI Quantitative Survey: Students in Placement Year

Total								
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
81	81	0%	2314	2314	0	0%	No	0

Comments from HEI Medical Science Survey: Note number of weeks is the minimum required most achieve more than this. For two programmes practice placement is in year 3. For one programme practice placement is a PG diploma.

Results from Medical Science Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Medical Science	44	13.0	30%	6%

Top Challenges to Practice Placement during COVID-19 Identified by Medical Science Managers

Comments from Medical Science Managers: Respondents highlighted the importance of 'hands-on' experience in the laboratory. Some reported that placements had to stop due to increased workload, staffing capacity issues and confined laboratory space. One responder reported that a new programme including videos and on line learning had to be developed to ensure the students covered the curriculum.

PROFESSION: OCCUPATIONAL THERAPY

Education Programmes:

Discipline	Course Title	Higher Education Institutions	CORU Approved Programme (A)
Occupational Therapy	MSc Occupational Therapy	UL	A
	BSc Occupational Therapy	UCC	A
	BSc Occupational Therapy	NUIG	A
	BSc Occupational Therapy	TCD	A

Criteria for placements as set out by the Registration Board for Occupational Therapists include:

Minimum placement duration: 1000 hours.

Specific placement requirements: “Students must complete a minimum of 250 hours within a mental health and/or psychosocial setting and a minimum of 250 hours within a physical/sensory disability practice setting.”

“The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.” (Occupational Therapists Registration Board Criteria for Education and Training Programmes, CORU)

Results from HSCP HEI Quantitative Survey: OT Students at all stages and Final Year Students

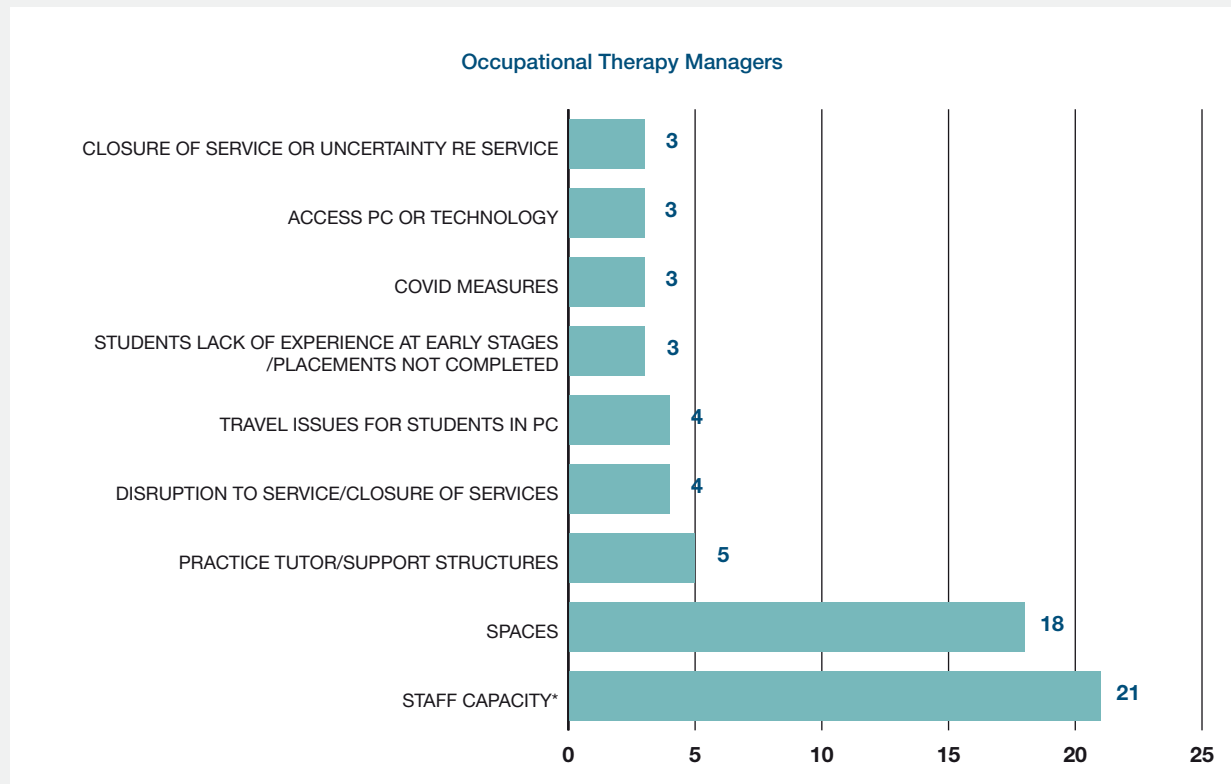
Totals								
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
498	227	54%	4402	2487	1915	44%	Yes	78*
Final Year Students								
161	124	23%	2128	1798	330	16%	Yes	na

* Figure does not include final year students as the number affected was not known at the time of the survey.

Comments from HEI Occupational Therapy Survey: Data regarding the number of final year students who may be at risk of delayed graduation was not available but concern has been expressed in one programme with regard to meeting regulatory placement criteria for this cohort. One responder reported that the HEI has been forced to employ two “clinicians to provide placements themselves and create telehealth placements to ensure the need can be met” which is not sustainable. A common theme in feedback across all professions is articulated in this quote from a respondent from an OT programme “Sourcing placements is incredibly difficult at this present time”. Data on practice placements secured for students in earlier stages of the undergraduate programmes was not available due to prioritising final year and year 3 undergraduate students. Many of these placements are due to take place later in the academic year. As with other programmes new models of placements have been utilised and the possibility of having to extend placements into summer is suggested. The backlog of placement hours accrued due to COVID-19 will continue to pose challenges for OT programmes for years to come.

Results from Occupational Therapy Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Occupational Therapy	82	21	26%	19%

Top Challenges to Practice Placement during COVID-19 Identified by Occupational Therapy Managers

Comments from OT managers: The importance of practice tutor support was noted by a number of managers, e.g. “has been essential in offering approximate 30% increase in placements this year”. Closure of day and residential services was reported by a number of respondents. Stress, fatigue and burnout among OT staff especially in acute settings and accumulation of annual leave was reported. Issues with carrying students in Therapist car was raised by OTs in community/primary care setting particularly with regard to COVID-19 measures.

PROFESSION: PHYSIOTHERAPY

Education Programmes:

Discipline	Course Title	Higher Education Institutions	CORU Approved Programme (A)
Physiotherapy	BSc Physiotherapy	UL	A
	MSc Physiotherapy	UL	A
	BSc Physiotherapy	TCD	A
	BSc Physiotherapy	UCD	A
	MSc Physiotherapy	UCD	A
	BSc Physiotherapy	RCSI	A
	MSc Physiotherapy	UCC	A

Criteria for placements as set out by the Registration Board for Physiotherapists include:

Minimum placement duration: 1000 hours.

Specific placement requirements: “The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.” (Physiotherapists Registration Board Criteria for Education and Training Programmes, CORU)

Results from HSCP HEI Quantitative Survey: Physiotherapy Students at all stages and Final Year Students

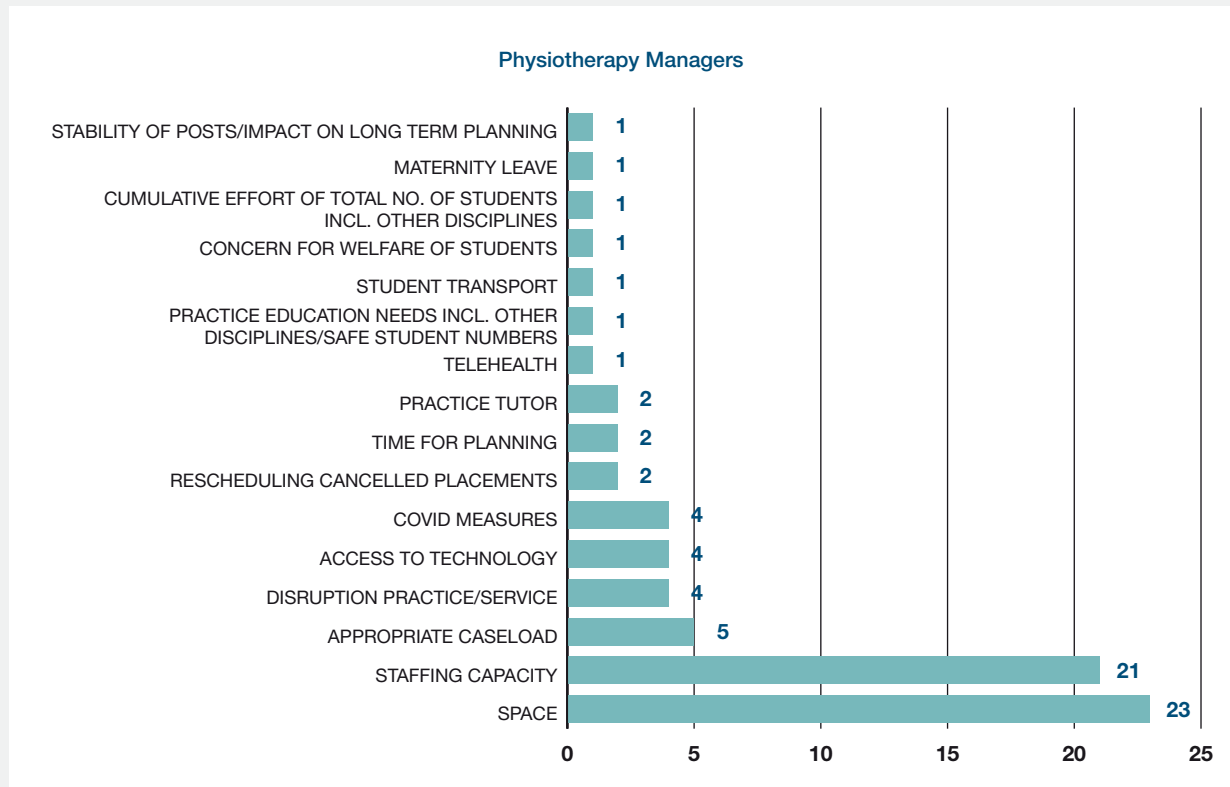
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
1462	630	57%	7584	3166	4417	58%	Yes	309
Final Year Students								
612	302	51%	3661	1819	1842	50%	Yes	112

Comments from HEI Physiotherapy Survey: A high level of concern was expressed for timely graduation of final year students. Two undergraduate programmes and two postgraduate programmes expect at least some final year students’ graduation will be delayed in 2021 and for some this may be delayed to 2022. Placements for students at other stages of their programmes are at risk as it is likely that some placement offers for these cohorts will be converted to final year placements. The impact of the accumulated backlog of placement hours will be an issue for years to come.

Results from Physiotherapy Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Physiotherapy	85	20.0	24%	18%

Top Challenges to Practice Placement during COVID-19 Identified by Physiotherapy Managers



Comments from Physiotherapy Managers: The commitment to provision of practice placements is evident as are the difficulties with regard to staffing capacity including: COVID-19 related redeployment and staff leave (close contact/sick leave); staff moving to other posts and; inadequate staffing particularly in community settings. One responded called for “more leadership and central advice disseminated to sites with respect to placement resumption/ coordination, e.g. webinars for sharing info etc.” eHealth is seen as a positive enabler of practice education, however limited access to required ICT infrastructure is a threat to consistent implementation. The impact of COVID-19 on services as related to practice education was expressed with regard to access to appropriate caseload.

PROFESSION: PODIATRY

Education Programmes:

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Podiatry	BSc Podiatric Medicine	NUIG	N

Criteria for placements as set out by the Registration Board for Podiatrists include:

Minimum placement duration: 1000 hours.

Specific placement requirements: “The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.” (Podiatrists Registration Board Criteria for Education and Training Programmes, CORU)

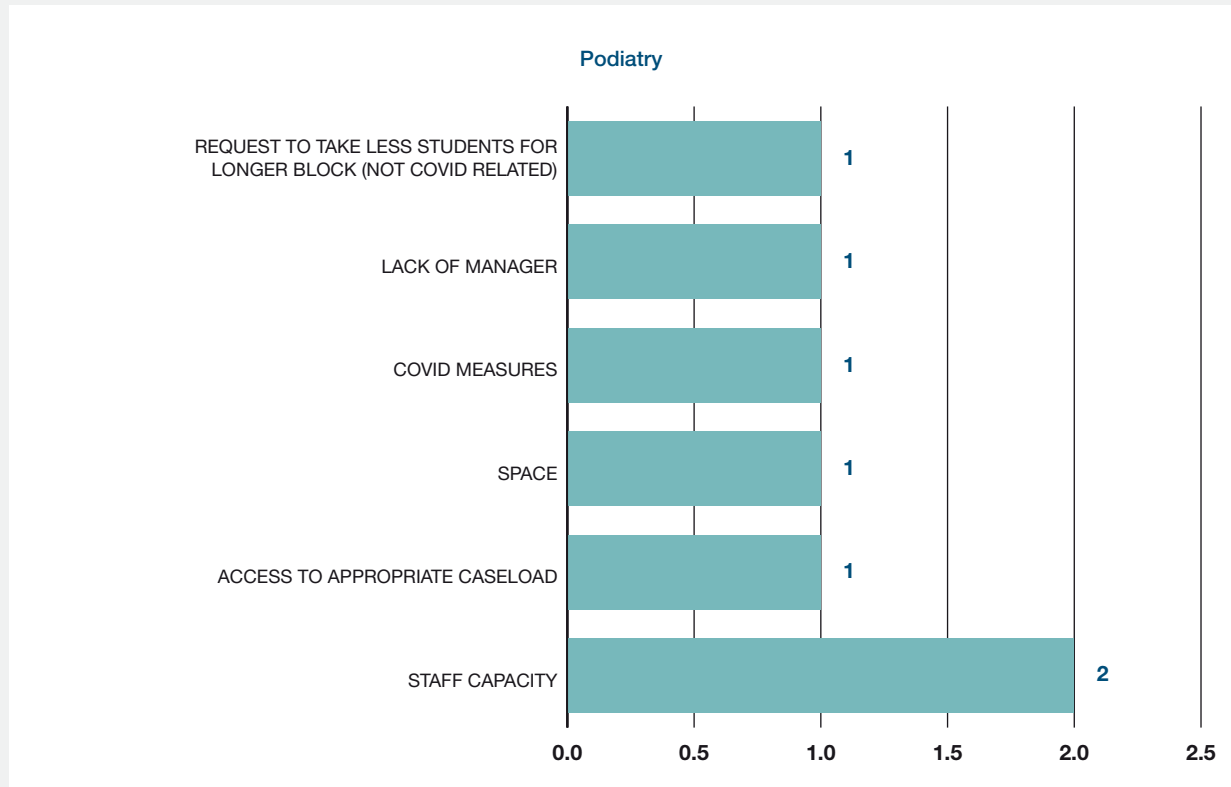
Results from HSCP HEI Quantitative Survey: Podiatry Students at all stages and Final Year Students

No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
115	54	53%	869	394	475	55%	Yes	54
Final Year Students								
30	30	0%	343	257	86	25%	Yes	30

Comments from HEI Podiatry Survey: There is concern and priority given to final year students. The impact of placements hours carried forward is apparent.

Results from Podiatrists in Practice Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of Clinical Specialist and Senior Grade Podiatrists
Podiatry	19	5.0	26%	8%

Top Challenges to Practice Placement during COVID-19 Identified by Podiatrist in Practice

Comments from Podiatrists in Practice: Commitment to provision of placements was evident “so we had to find a way to get the students back in from September 2020.” The potential impact on ability to provide student placements due to future restrictions affecting service provision (reported at the time of survey in late 2020) and not having a manager grade were reported as challenges to practice education.

PROFESSION: RADIATION THERAPY

Education Programmes:

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Radiation Therapy	BSc (Hons) in Radiation Therapy	TCD	A
	MSc Radiation Therapy	UCC	A

Criteria for placements as set out by the Registration Board for Radiographers include:

Minimum placement duration: 1200 hours with at least 280 hours in one block.

Specific placement requirements: “The number, duration and range of practice placements are appropriate to support the delivery of the programme and the achievement of the standards of proficiency. This must include a mix of placements in a variety of areas of potential employment for the profession at appropriate stages within the programme of study. The variety of practice placements should include: 1) Pre-treatment 2) Dosimetry 3) Making immobilization devices 4) All treatment 5) CT simulator” (Radiographers Registration Board Criteria and Standards of Proficiency Education and Training Programmes, CORU)

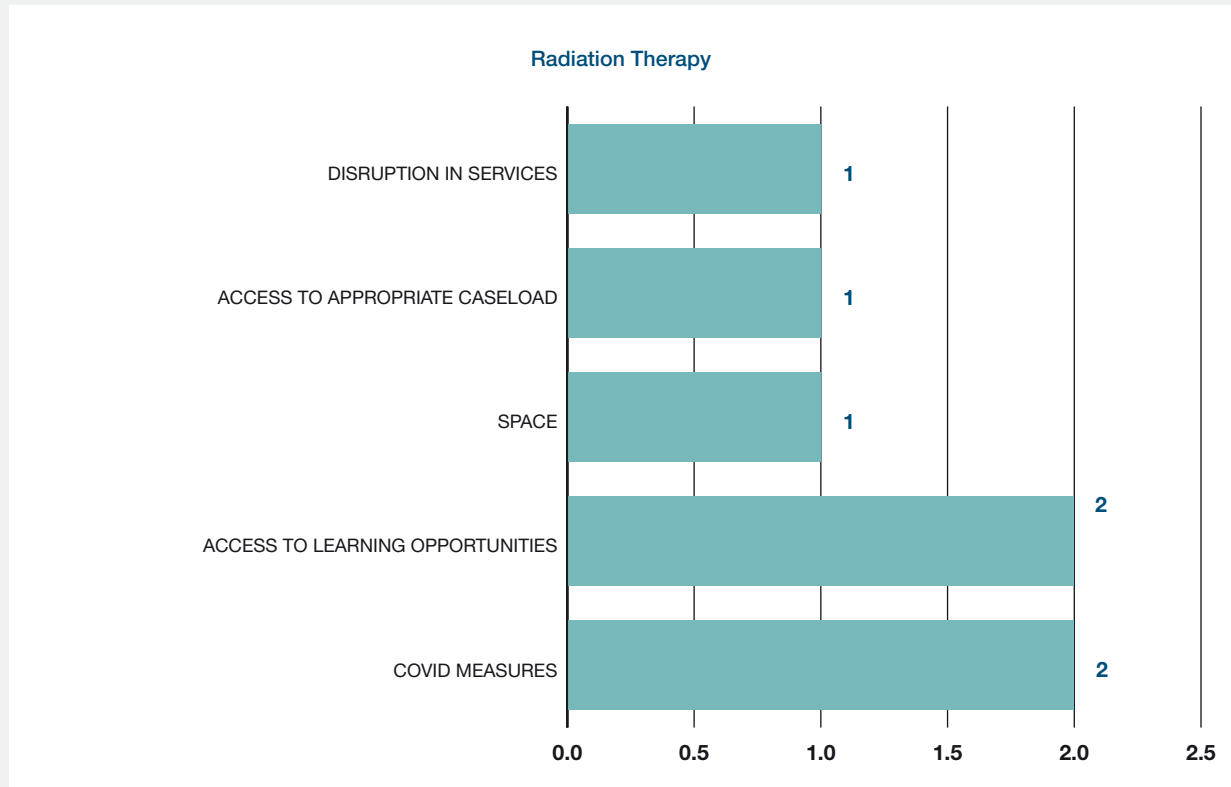
Results from HSCP HEI Quantitative Survey: Radiation Therapy Students at all stages and Final Year Students

Total numbers								
Number of Placements required	Number of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
213	213	0%	1290	1134	156	12%	No	0
Final Year Students								
50	50	0%	300	300	0	0%	No	0

Comments from HEI Radiation Therapy Survey: No concerns expressed.

Results from Radiation Therapy Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Radiation Therapy	8	2.0	25%	40%

Top Challenges to Practice Placement during COVID-19 Identified by Radiation Therapy Managers

Comments from Radiation Therapy Managers: Space for social distancing has an impact on one to one teaching and decreased time to run console. Contact with some patients such as those with tracheostomy is reduced. Accessing additional PPE was also a challenge at times.

PROFESSION: RADIOGRAPHY

Education Programmes:

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Radiography	BSc (Hons) Radiography	UCD	A
Radiography	MSc Diagnostic Radiography	UCC	A
Radiography	Diagnostic Radiography (M.Sc.)	TCD	
Radiography	BSc (Hons) Diagnostic Radiography (Graduate Entry)	UCD	

Criteria for placements as set out by the Registration Board for Radiographers include:

Minimum placement duration: 1200 hours with at least 280 hours in one block.

Specific placement requirements: “The number, duration and range of practice placements are appropriate to support the delivery of the programme and the achievement of the standards of proficiency. This must include a mix of placements in a variety of areas of potential employment for the profession at appropriate stages within the programme of study.” (Radiographers Registration Board Criteria and Standards of Proficiency Education and Training Programmes CORU.) The variety of practice placements should include stipulated radiography diagnostic tests and patient groups.

Results from HSCP HEI Quantitative Survey: Radiography Students at all stages and Final Year Students

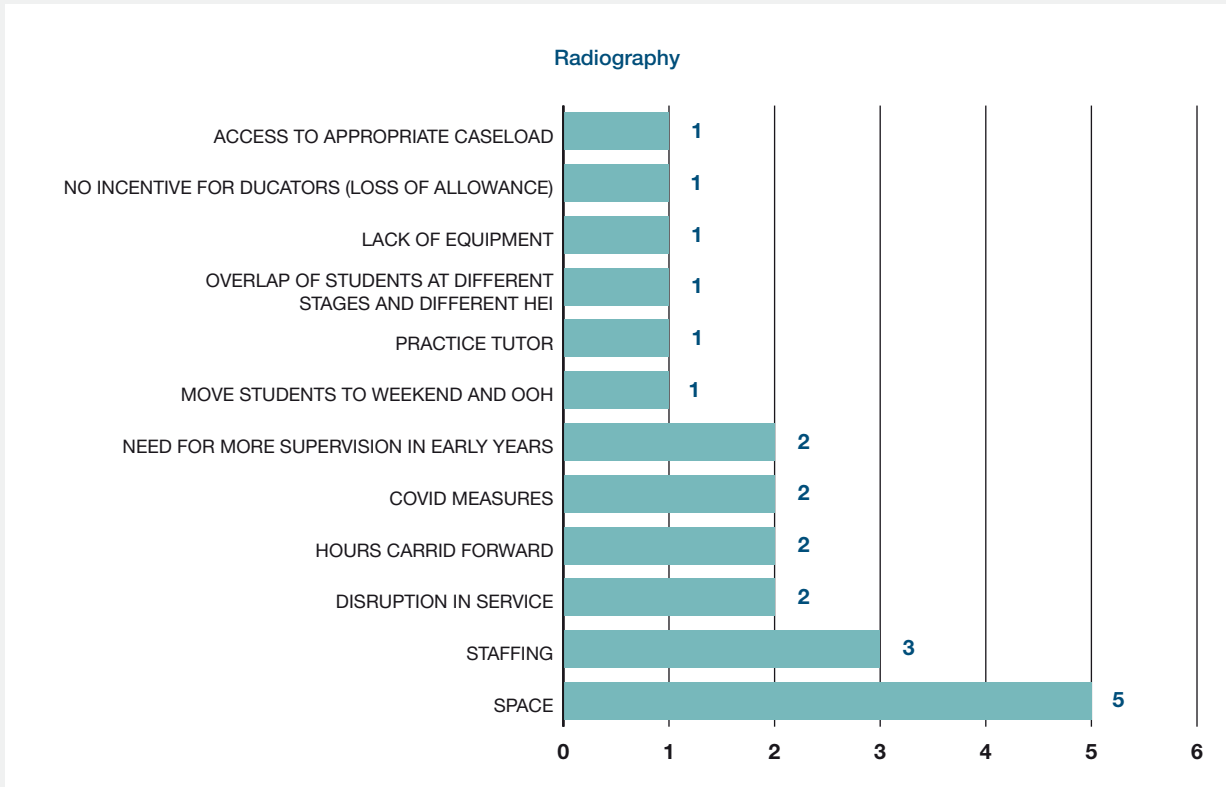
Total								
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
979	979	0%	5640	5623	18	0%	Yes	0
Final Year Students								
284	284	0%	1805	1787	18	1%	Yes	Na

Comments from HEI Radiography Survey: The difficulties for sites in providing placements were acknowledged especially with regard to the impact of COVID-19 on work practices and staff. It was noted that securing placements was due to the support of Radiography Service Managers through relationships developed with the HEI. A call was made for national level support for “governmental/national support for a cohesive structure to be in place to embed healthcare students’ placements across clinical departments to ensure viability of practice education”

Results from HSCP Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Radiography	46	7.0	15%	8%

Top Challenges to Practice Placement during COVID-19 Identified by Radiography Service Managers



Comments from Radiography Service Managers: Changing student placements to weekend and out of hour's service was reported as both a solution, and a challenge, in terms of getting agreement to do so. In addition to the leading challenges space and reduced staffing, the backlog in placement hours required by students was also highlighted. It was noted that additional time is needed to plan for students to provide opportunities to develop competencies and that this is best supported by a dedicated practice tutor to avoid impact on patients' access to service.

PROFESSION: SOCIAL CARE

Education Programmes:

(there are over 30 Social Care education programmes and only those that responded to the National HSCP Survey listed here)

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Social Care	BA and BA (Hons) in Professional Care Practice	Carlow IT	
	BA and BA (Hons) in Applied Social Studies in Professional Social Care	Carlow IT (Wexford)	
	BA in Applied Social Studies in Social Care		
	BA (Hons) in Applied Social Studies in Social Care	Carlow College	
	BA (Ord) in Social Care Practice		
	BA (Hons) in Social Care	Dublin TUD City	
	BA (Hons) in Applied Social Studies in Social Care	Limerick IT	
	BA (Hons) in Applied Social Studies in Social Care	Limerick IT (Thurles)	
	BA (Hons) in Social Care	NUIG	
	BA (Ord) in Applied Social Care		
	BA (Hons) in Applied Social Care	GMIT	
	BA in Social Care	Open Training College	

Criteria for placements as set out by the Registration Board for Social Care Workers include:

Minimum placement duration: 800 hours

Specific placement requirements: At least 350 hours of the 800 hours must be delivered in a minimum of two practice placements. "The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency." (Social Care Workers Registration Board Criteria for Education and Training Programmes CORU, 2017)

Results from HSCP HEI Quantitative Survey: Social Care Students at all stages and Final Year Students

No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
643	314	51%	7441	3267	4174	56%	Yes	390
Final Year Students								
58	39	33%	674	446	228	34%	Yes	18

Comments from HEI Social Care Survey: 8 programmes did not respond and data fields. Of the 7 programmes that responded, three expressed concern for timely graduation of final year students.

Feedback regarding challenges in providing practice placement from Social Care Ireland:

As no response was received from the HSCP survey to social care managers, the National HSCP Office contacted Social Care Ireland¹⁸ to get some feedback regarding practice placements from the perspective of providers. A significant proportion of placements take place in disability services. The need to protect particularly vulnerable clients has had a major impact on social care placements. Many social care services have deferred or cancelled placements when some services including day services, and residential care services were forced to reduce services significantly and or close.

PROFESSION: SOCIAL WORK

Education Programmes:

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Social Work	Masters of Social Work	UCC	A
	Postgraduate Diploma in Social Work Studies	UCC	A
	Bachelor of Social Work	UCC	A
	Masters of Social Science (Social Work)	UCD	A
	Graduate Diploma in Applied Social Studies	UCD	A
	Masters in Social Work	TCD	A
	Postgraduate Diploma in Social Work	TCD	A
	Bachelor in Social Studies (Hons)	TCD	A
	Masters in Social Work	NUIG	A
	Master of Arts in Social Work,	Institute of Technology Sligo	A

Criteria for placements as set out by the Registration Board for Social Workers include:

Minimum placement duration: 1000 hours.

Specific placement requirements: At least 350 hours of 1000 hours must be in one block and full time “The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.” (Social Workers Registration Board Criteria for Education and Training Programmes CORU, 2019)

Results from HSCP HEI Quantitative Survey: Social Work Students at all stages and Final Year Students

No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
411	320	22%	5929	4135	1793	30%	Yes	61
Final Year Students								
193	189	2%	2814	2264	551	20%	Yes	25

Comments from HEI Social Work Survey: There is concern for graduation of final year students in two out of six programmes. Current Final year students carried forward approximately 142 weeks due to cancellation of placements in 2020 as a result of COVID-19. Two Undergraduate programmes reported concern for Year 3 students.

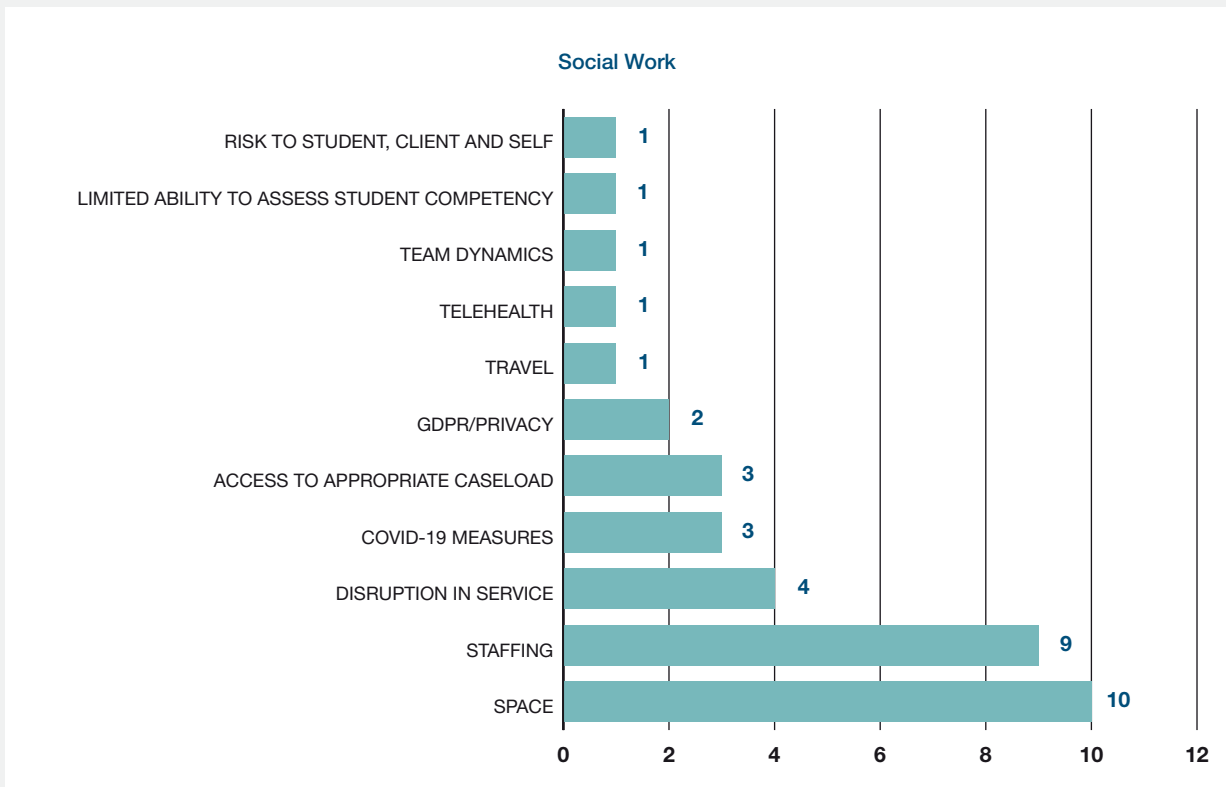
Some students who wish to work in the HSE are likely to lack experience in this area due as for some this could not be facilitated. This is considered desirable if not essential for employment in the HSE.

One respondent reported that the “University provided 8 days of Preparation for Practice/Online and Professional Skills Development/Covid-19 and Infection Control and consulted with CORU on this plan to support practice placement”

Results from Social Work Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Social Work	77	14.0	18%	4%

Top Challenges to Practice Placement during COVID-19 Identified by Social Work Managers



Comments from Social Work Managers: In keeping with challenges identified by other HSCP managers, access to space and necessary equipment is a leading one for Social Work Managers. “Students need access to a desk, phone and computer to safely and efficiently do their work. Lack of a designated space also poses a GDPR risk due to the removal Social Work Files from the one office to another”. The challenge with regard to staff capacity is significant as “this involves weekly clinical supervision and monitoring/supervising a student’s workload in addition to their ordinary duties.” Concern was expressed regarding the loss of learning opportunities due to remote working, lack of home visits and COVID-19 related constraints.

PROFESSION: SPEECH AND LANGUAGE THERAPY

Education Programmes:

Discipline	Course Title	Higher Education Institute	CORU Approved Programme (A)
Speech and Language Therapy	BSc Speech and Language Therapy	TCD	A
	BSc Speech and Language Therapy	NUIG	A
	MSc Speech and Language Therapy	UL	A
	BSc Speech and Language Therapy	UCC	A

Criteria for placements as set out by the Registration Board for Speech and Language Therapists include:

Minimum placement duration: 450 hours with at least 300 hours in a supervised clinical practice setting.

Specific placement requirements: “The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.” (Speech and Language Therapy Registration Board Criteria for Education and Training Programmes, CORU)

Results from HSCP HEI Quantitative Survey: SLT Students and Final Year Students

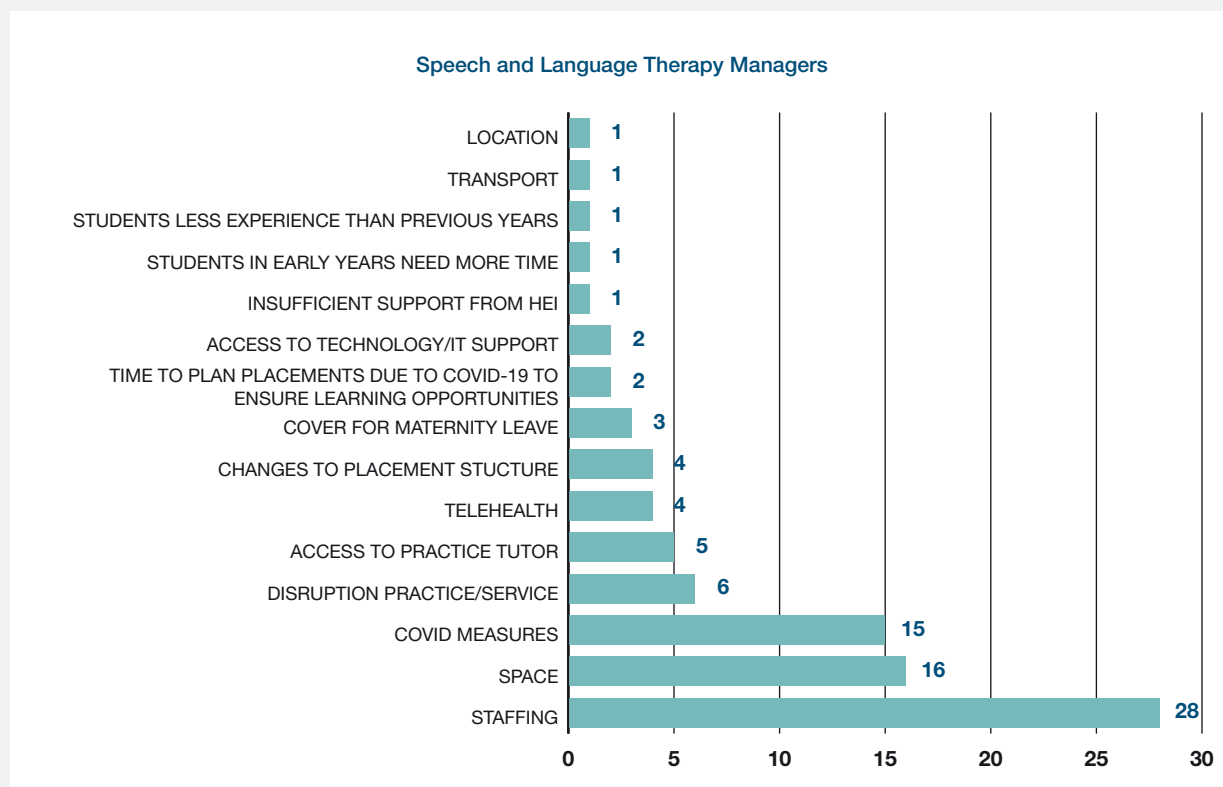
No. of Placements required	No. of placements secured	% of required placements not yet secured	Number of placement weeks required	Number of Placement Weeks Secured	Number of weeks required not yet secured	% of required placement weeks not yet secured	Concern for students meeting practice placement requirements	Potential number of students affected
475	245	48%	2162	1204	958	44%	Yes	214
Final Year Students								
168	89	47%	1137	601	537	47%	Yes	55

Comments from SLT HEI Survey: Speech and Language Therapy practice placements have been severely impacted by COVID-19. Many placements take place in community and disability settings which have been affected by closure/reduction in service provision and staff redeployment. HEI programme directors and heads of school have pointed to the issue being broader than just meeting requirements for placement hours, it is also necessary to ensure that placements support competency requirements. Final year students are being prioritised but still concern remains for timely graduation with many programmes depending on planned placements going ahead in early 2021, which is under threat due to wave 3 of COVID-19. The impact of conversion of placements for students at other stages in their programmes to FY placements means that the effect of COVID-19 will put pressure on HEI to meet a backlog in placement hours for years to come.

Results from Speech and Language Therapy Managers Survey

Summary	No. surveys sent	No. of responses	Response rate	Response rate as % of total managers
Speech and Language Therapy	66	21.0	32%	28%

Top Challenges to Practice Placement during COVID-19 Identified by Speech and Language Therapy Managers



Comments from SLT Managers: Feedback was received from managers in a range of settings including acute care settings in adults and children, primary care and community services, disability and rehabilitation facilities. Staffing capacity is by far the leading challenge identified by managers. This includes redeployment and uncertainty regarding staffing levels due to future redeployment. Access to practice tutors is reported as barrier to facilitating placements and improving this could address another barrier reported, the extra time needed to plan placements to ensure students can access learning opportunities. Limited space and social distancing requirements follows as the second biggest issue in provision of practice education for SLT.



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