Therapy Project Office

Practice Education Models

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Introduction
The aim of this project was to review practice education models and to explore the relative merits and limitations of each in terms of promoting quality and capacity in practice education, within the Irish context. Outlining the current status of practice education models, the project concludes with recommendations for development and quality improvement initiatives.

Practice Education
In recent years, the term ‘practice education’ has been adopted by the Irish therapy courses to describe the component of the academic programme that previously was referred to as ‘clinical education’, ‘fieldwork’ or ‘clinical placements’. International literature would also reflect these various terms which are still widely used. For all of the professional educational programmes of the three professions, practice education forms a central part of the curriculum and accounts for up to one third of the student’s time. Participation in supervised practice education is the main means by which students integrate theory based learning with the realities of practice and through which professional competence is achieved (Alsop & Ryan, 1996). The main purpose of practice education is to enable students to become safe and competent therapists (Ferguson & Edwards, 1999). Within an evolving and dynamic health care system, it is recognised that learning opportunities for students will vary and evolve due to changing structures in service delivery and new and emerging areas of practice. Likewise, it is important that models of practice education do not stay static but that new models and modes of learning can be incorporated to accommodate change and to ensure that students are competent to practice in the future.

In addition to promoting quality learning outcomes for practice education, new and alternative models of practice education also offer a means to build on capacity. Internationally, the reality of shortages of placements and the subsequent demands on traditional therapy settings to facilitate students has often been the catalyst to investigate and initiate alternative models (Fisher & Savin-Baden 2002a; McAllister 2005; Martin et al 2004). In recent years, at a national level in Ireland, there has also
been a need to focus on issues of capacity and quality in practice education and these are currently being pursued by a strategic partnership group, the National Implementation Group\(^1\) This initiative follows recommendations from the Bacon Report (2001) on Workforce Planning for ‘certain professional therapists’ in Ireland which has lead to an increase in professional educational programmes for Occupational Therapy, Physiotherapy and Speech and Language Therapy over the past five years. As a consequence there has been an increased demand on therapy services to provide extra student placements. While each of the professions has an ethical responsibility to contribute to student education, maintaining both capacity and quality remains a challenge for all of the therapy courses. In keeping with international approaches to this challenge, new and different models of practice education warrant attention as a means to promoting both capacity and quality.

**Current Status of Practice Education Models in Ireland**

For each of the three professions, the practice education component of the curriculum is accredited by the respective Professional Body. In Occupational Therapy, the Association of Occupational Therapists of Ireland (AOTI) on behalf of the World Federation of Occupational Therapists (WFOT) stipulates that students must participate in 1,000 hours of practice education. In a recent review of requirements and in keeping with the spirit of the WFOT Revised Minimum Standard of Education 2002, the AOTI now allow for up to 300 hours spent in ‘role emerging placements’ to be counted as practice education hours (AOTI 2007). (Role emerging placements will be elaborated on further in this review). Occupational Therapists can become practice educators once they have over one year’s working experience.

For Physiotherapy, the Irish Society of Chartered Physiotherapists (ISCP) also requires 1,000 hours of supervised practice education as recommended by the World Confederation of Physical Therapy. This requirement ensures that Irish standards of education meet international standards.

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\(^1\) National Implementation Group for Clinical Placement provision for Occupational therapy, Physiotherapy & Speech & Language Therapy
The Irish Association of Speech & Language Therapists (IASLT) require educational programmes to provide a breadth of learning experiences in a variety of settings that reflect the nature of contemporary practice (2006). The minimum requirement is for 450 hours of ‘tutored clinical experience’ of which 300 must be under the direct supervision of a qualified Speech & Language Therapist. After two years clinical experience, a Speech and Language Therapist can become a practice educator.

These accreditation requirements are the current parameters within which practice education is defined, managed and developed by the therapy courses and need to be adhered to when new models are introduced. What now follows is a review of practice education models from both an Irish and international perspective.

**Practice Education Models**

In reviewing the literature, it is noted that the term ‘models’ (as related to practice education) can be applied in varied ways to include supervision structures and student – educator relationships; the context of the practice and teaching and learning approaches to enhance the educational process for both the student and the educator.

For the purpose of this report, practice education models are defined and explored under the following three areas:

1. The supervision relationship & ratio of students to educator
2. The practice education context
3. Teaching and learning approaches.

Examples from the Irish context will be drawn from a descriptive survey of current practice education carried out by the Therapy Project Office across the three professions. It is acknowledged that this survey is limited to descriptive information drawn from the practice education co-ordinations across the three disciplines and does not quantitatively outline the use of different models of practice education.
Section One

The supervision relationship & ratio of students to educator

The Supervision Relationship
In the past, development of practical competence in the therapy professions has developed through practice education placements where the student serves an apprenticeship, learning alongside a mentor or skilled professional (DeClute & Ladyshewsky, 1993). In this apprenticeship model, the student will ‘learn to do things in the same way’ as the therapist and emphasis is placed on the repertoire of skills and experience that the therapist has to offer within the confines of the work setting (Alsop & Ryan, 1996:133). The learning outcomes are set by the parameters of the setting and the therapist’s repertoire. In contrast, an educational model lays emphasis on learning aims and objectives for the student and applies adult learning principles such as self directed learning. An adult learning approach has permeated the curriculum design of all of the therapy courses and their educational philosophy. Likewise the practice education component of the curriculum of all three of the therapy professions in Ireland has endorsed and adopted an educational rather than an apprenticeship/training approach where the supervision relationship is one of the student as ‘learner’ and the therapist as ‘educator’. All have adopted a competency based assessment approach to evaluate the learning outcomes at each developmental stage of practice education. This shift to an educational framework has demanded that therapists develop new skills and knowledge to fulfil the role of educator. Consequently, there is a call for formal and informal educational supports to promote the quality and consistency of practice education supervision.

The Supervision Ratio - One Student to One Practice Educator Model, 1:1
The most widely used model in practice education is having one student to one educator. Worldwide, this model of practice education placement remains the most frequently used model within the practice education context across the three professions and as a result is often considered to be the baseline against which the
other models are compared. Alsop & Ryan (1996: 45) note that while the one student to one educator relationship is often put forward as being the most effective learning model for students, there is no clear evidence to back this up but merely a commonly held belief that it is more costly and demanding to have more than one student to manage at any one time. The advantages cited in the literature are subjective and not clearly transferable. It is noted that students get individual attention and that ‘educators find managing a 1:1 relationship ‘less demanding compared to other supervision models’ (Lekkas et al. 2007). The one to one supervisory relationship is suggested as a good model for therapists who are beginning to take students and beginning to develop as practice educators (Bartholomai & Fitzgerald, 2007). It is suggested that this last noted advantage of the one to one model could be applied in the Irish situation as a way of encouraging newer therapists with the relevant experience and requirements to begin to facilitate students.

From information gathered in the Therapy Project Office’s practice education survey, the 1:1 supervisory relationship is also the dominant model to be found in Ireland, across the three professions. This 1:1 model can also be referred to as the ‘traditional’ supervision model.

*The Supervision Ratio – The Collaborative Model*

Peer learning and peer supervision (also documented as collaborative learning) is when more than one student is placed with a practice educator. With the recognition of the benefits of peer learning in education generally, a shift towards providing peer learning opportunities as part of the practice education programme should likewise reflect the changing roles of recognising students as ‘learners’ and practice educators as ‘teachers’ (Rozsa & Lincoln 2007). In a comparative case study evaluating practice education models (1:1, 2:1 & 3:1), Martin et al (2004) found that the 2:1 or collaborative model, offered more opportunities for peer support and enhanced the quality of the peer learning in comparison with the traditional model. Based on the methodology of this Brighton study, similar qualitative research has been carried out in the last year by the Occupational Therapy Department of the University of Limerick with the aim of contributing to the Irish body of evidence for the use of the collaborative practice education model (Gallagher & Cahill, 2008). The research
findings from Gallagher & Cahill are similar to the Brighton study in that they found that the perceived advantages of the 2:1 model included enhanced opportunities for student learning, particularly in the development of clinical reasoning skills. They also found that educators perceived that students felt more confident and supported with the company of peers (2008:23). Challenges for 2:1 model/collaborative model were found to include facilitating different learning styles; meeting learning objectives for individual students and the practical time management of supervision for more than one student (2008:24). Structured group supervision is proposed by Bartholomai & Fitzgerald (2007:27) as a solution to the challenges of managing supervision for multiple students.

Key to the effectiveness of the collaborative model is preparation and planning by all practice education partners. Farrow et al (2000) propose that both students and educators must be fully informed and prepared to understand the principles of self directed and collaborative learning and that roles and responsibilities for all must be made explicit prior to the placement. Fisher & Savin Baden (2002a) point to the need for infrastructure, support and resources to be developed before the collaborative or group model can be implemented.

Within the Irish context, the new practice education teams are central to co-ordinating a supportive infrastructure for students and practice educators and for the development of alternative models such as the collaborative model. Practice Education Co-ordinators across the three professions report that therapists are reluctant to take on two or more students and cite accommodation as a major barrier. However it has been noted from the survey carried out by the Therapy Project Office, that there is an increase in the uptake of collaborative model placements which has been attributed to the confidence that therapists gain from support and from attending specific training in the use of this model.
Section Two

The Context of Practice Education

Traditional Placement Context
A traditional placement is one where practice education takes place in an established therapy service, under the direct supervision of a therapist. This model is the most widely accepted model across the three professions, both within the Irish and international context.

Non Traditional and Role Emerging Placements
Across the professions, a shortage of traditional practice education placements has often been the impetus for promoting the use of non-traditional placements settings. Wood (2005) defines such placements as occurring under the supervision of a therapist where the setting is non-traditional, i.e. outside the existing formal structures such as in the voluntary sector. This same author distinguishes non-traditional placements from ‘role emerging placements’ describing these as placements that also take place in a non-traditional settings but where a therapist is not employed. There were no examples of role emerging placements noted in Physiotherapy and Speech & Language Therapy in Ireland. Role emerging placements are largely cited in Occupational Therapy literature. They may or may not involve direct client contact. An employee at the placement site who is not a therapist provides the day to day supervision and is supported in doing so by an educator from the Higher Educational Institute (HEI). Professional supervision for the student is supplied on a ‘long arm’ basis by an educator who is not based in the setting. From the research study, Wood goes on to outline the perceived strengths associated with the use of both these alternative context placements to include the development of independent thinking, planning & problem solving skills and exposure to possibilities outside of traditional health structures in terms of the scope for creative interventions and programmes for clients. The challenges were found to include feelings of isolation by the student; student anxiety regarding how prepared they are for the next traditional placement and
the additional workload for the HEIs in terms of the support that both students and educators need in alternative settings (Wood 2005:377).

Within the Irish context, role emerging placements can now be counted as practice education hours for Occupational Therapy. Within the UK, evidence would point to an increasing use of role emerging placements in Occupational Therapy programmes where students gain professional experience in situations that are without established therapy structures (Alsop 2007). The College of Occupational Therapists have developed guidelines to encourage and support non Occupational Therapy services in facilitating students on role emerging placements (2006). Such resource packages would have relevance within the Irish context to promote and support the quality development of innovative practice education models.

**Project Placements**

Within the Australian context, ‘project placements’ have been introduced which are likewise based in non-traditional settings and from which students learn and apply project management skills of preparing proposals, scoping and managing projects (Fortune et al 2006). The focus on such placements does not include direct client contact experience. These authors put forward two strong arguments for the inclusion of such practice education experience. The first is that a driver of practice education should be that changing health care priorities require us to rethink graduate competencies and as such to prepare students for future roles in healthcare structures. The second, is that until practice education is organised to include such models as role emerging or project placements, there will always be a finite amount of placements to draw from whereas, if such new and emerging contexts and approaches are incorporated as mainstream, then practice education programmes will be operating with infinite resources. This will in turn reduce dependency upon traditional settings and promote overall efficiency (Fortune et al 2006:233).

However, both in the UK and internationally, there is debate and controversy regarding the use of non-traditional placements (Alsop & Ryan, 1996: 25, Fisher & Savin-Baden 2002b; Kirke et al 2007:S19). In particular, these authors highlight concerns from therapists that students will not be adequately socialised into the
profession or be able to develop a strong professional identity. While the examples above have been drawn from the discipline of Occupational Therapy, similar debates regarding innovations in practice education are taking place in Physiotherapy and Speech & Language Therapy (Strohschein et al 2002; McAllister 2005). It would appear that new and alternative models in practice education are challenging traditionally held attitudes regarding what constitutes a placement and what are the best models. Lekkas et al (2007:26) in their review of models used in Physiotherapy put forward the conclusion that there is no ‘gold standard of clinical education’ and that ‘the perception that one model is superior to any other is based on anecdotal and historical precedent rather than on meaningful, robust comparative studies’. Bruton (2004) also noted the dearth of evidence based research regarding practice education models to provide solutions as to how best to address the need for increased placements, such as in the current Irish situation. The need for evidence based research to become a driver of practice education curricula is highlighted by Lincoln and McCabe (2005) who caution on the move to embrace new models just to address shortfall issues rather than firstly addressing the need to research their application.

**Split Placement Model**

The ‘split placement’ model involves students working in more than one service area, usually within the same organisation. It may involve the student being placed with the same staff member who works in multiple areas or it may involve placing the student with different staff for each area. In guidelines for split placements drawn up by the Chartered Society for Physiotherapists (CSP, 2002), the importance of ‘managing’ such placements is emphasised to ensure that all involved clearly understand their roles and responsibilities. In particular, they recommend that one person on the team should take overall responsibility for co-ordinating and managing the student placement.

**Interagency Model**

In their quest to find solutions to building practice education capacity while at the same time incorporating innovative learning, Fisher & Savin-Baden (2002b:280) put forward a type of split placement model that they term the ‘interagency model’. It involves a placement that is split between a traditional therapy service setting and a
community agency. There would be shared responsibility for student learning. This would have particular application for maximising the reserve capacity of part-time therapists who frequently do not engage in practice education. For the student there would be the advantages of experiencing a non-traditional setting and of gaining from the learning benefits of developing autonomy and resourcefulness. This would be in addition to gaining core professional experience under the direct supervision of a therapist. In their study, the authors found interest from therapists in developing this model further. They do emphasise, as in stressed in so much of the literature, the importance of establishing an appropriate infrastructure to support any new model such as the interagency model and to ensure effective communication and collaboration between all of the partners.

**On Site Clinic Model**

An ‘on site clinic model’ for practice education involves providing students with placements in a therapy service which is located on the University campus. An example of such a physiotherapy service is described by Sanders (1999) in which the academic staff provide the service and supervise students on placements. The advantages noted in this study include the opportunity for academic staff to maintain their clinical skill and at the same time, share their expertise with students. Placements offered students opportunities for direct client contact which could logistically be scheduled into the early stages of the academic course and which could offer a high level of supervision appropriate to their stage of learning.

Both on site and off site clinics staffed by academic staff are evident within the developing Irish context. Speech and Language Therapy have the most established use of this model. One of the Occupational Therapy courses is in the early stages of establishing an on site clinic, which is staffed by a HSE funded therapist rather than by academic staff. It is not being used for formal placements that contribute towards practice education hours but it has the advantage of facilitating preparation for practice education through specific skill acquisition such as interviewing or usage of assessment tools. Another on site clinic is funded by a voluntary agency and is developing Speech & Language Therapy services for persons with learning disabilities. Students have the opportunity to gain practice experience and in
particular, this on site clinic is developing the use of audio visual aids to support student learning which is in turn incorporated into the practice education programme.

**Inter professional Learning Model**
The Centre for the Advancement of Inter-professional Education defines inter-professional education as occurring when “two or more professions learn with, from and about one another, to facilitate collaboration in practice” (CAIPE, 1997, cited in Baxter, 2004). The Focus is on shared learning and on developing the skills of collaboration between different professionals. This is seen as differing from multidisciplinary learning where the setting allows different disciplines to work alongside each other but not necessarily in a dynamic or interactive way (Baxter, 2004). From a study by Reeves et al (2002) using a training ward designed to facilitate supervised, inter-professional learning, it was found that students highly valued the experiential learning in terms of preparing them for the real world of future work. The focus in this study was on planning and delivering inter-professional care on an orthopaedic ward in addition to enhancing teamwork skills. The authors noted in their findings that the assigned placement facilitators found that their role was a very demanding one which included facilitating reflective sessions for the student teams.

In Baxter’s study (2004) on the inter-professional learning experiences of Speech & Language Therapists set in an acute hospital, one of the noted positive learning outcomes for students was that they had to use clear communication and language that was understood by all other professions rather than using discipline specific terminology. The same author in her study on how to design and implement an inter-professional placement points to the need to ensure that the key learning objectives are made specific for all concerned prior to the placement, so that learning is targeted. The study involved final year, post graduate Speech and Language Therapy students. The core group of other professional students participating in the interdisciplinary placement came from Physiotherapy, Occupational Therapy, Nursing and Medicine (Baxter 2004:104). Feedback from the students was that they gained valuable insights into client needs and into working as a team member (Baxter 2004:110). The author did however have reservations about the contribution of inter-professional placements in the development of a student’s professional role, but rather saw their greatest
contribution as that of building on the student’s team work ability. Baxter concludes that inter-professional placements offer a model within a work-based setting which centres on real clients and their needs and that such learning experiences can complement traditional uni-disciplinary placements rather than replace them.

While there are no planned and targeted interdisciplinary placements noted in the Irish context at the time of writing, Practice Education Co-ordinators noted the increased potential for shared learning experiences across the three disciplines. With the development of on site tutors and regional placement facilitators, there is regional and site specific potential for further development and formalising of shared teaching sessions and the nurturing of interdisciplinary reflection on practice. Anecdotally, such developments have begun in an informal way and could be developed further to complement placements in the traditional settings.

It is suggested that both this inter-professional learning model and the interagency model described earlier, would warrant further exploration, particularly within the context of the developing Primary Community and Continuing Care (PCCC) structures where cross disciplinary, partnership and interagency relationships are encouraged.
Section Three
Teaching and Learning Approaches

Simulated Learning
The Royal College of Speech and Language Therapists (RCSLT) include the use of simulation and role play as acceptable ‘focused clinical teaching’ for students (2003:9). Syder (1996) outlines a study in the use of simulated clients to develop the clinical skills of Speech & Language Therapy students concluding that as a clinical teaching method it is a ‘valid and much needed supplement to traditional individual National Health Service placements’. Syder suggests that it is best used when introduced early in the academic career of the students as it allows students to take time out of the therapy session to discuss what they might say next and therefore allowed them to focus on the process of the interaction in detail (1996:189).

Computer Simulation
Computer simulation involves the use of computer programmes to replicate mechanical or biological functions. Stewart (2001) examines the role of computer simulation in the development of clinical reasoning skills from an occupational therapy perspective. In outlining a multidisciplinary project to develop a computer model which simulates the hip fracture process, Stewart points to the advantages of applying such technology to assist novice therapists and students develop clinical reasoning skills. This is achieved through the explicit explanation of the clinical reasoning process at each stage of intervention whereas in practice, the clinical reasoning of clinicians is implicit in the therapy process.

Computer Programmes
Use of computer programmes to present cases to students has become apparent in the Irish context. Patient Assessment Training System (PATSy)² is one example of such a program. PATSy is described on the website as a large web based multimedia database of clinical cases that is currently in use at more than 15 universities across

² www.patsy.ac.uk
the United Kingdom and in the Speech and Language Therapy courses here in the Republic of Ireland. The Speech and Language Therapy domain is used as a resource in teaching students how to diagnose speech and language impairment in brain injured patients and serves as a repository of patient cases for researchers and clinicians. PATSy provides a learning environment in which students may practice clinical reasoning in diagnosis. It provides students with opportunities for practice on a wider range of cases than they would typically see in practice education placements including access to rare cases. PATSy allows students to obtain pre-clinical experience and to rehearse diagnostic skills several times on the same (virtual) patient. An advantage of this system is that it can provide ‘anytime, anywhere’ access, which has implications for its application in practice education sites.

Other disciplines also report using various CD rom educational packages and audio visual aids both on site during practice education and as part of the preparation process. The potential for developing such teaching aids was noted by all.

In Bruton’s report on Clinical Placement Provision he outlines ‘innovative learning delivery methods’ for best practice in practice education (2004:22). He describes simulation and other modes of skills acquisition as an adjunct and not a replacement for practice education placements. He also pointed to the potential to integrate e-learning as part of the overall development of practice education models. E-learning has not been explored in this review and warrants further study to comment on its potential application within the Irish context.

Implicit in the application of all innovations is the need to acknowledge that training and support structures for both students and practice educators need to be in place in order to progress and introduce new practices. As such, the integration of alternative teaching and learning modes as adjuncts to placement experience will be a challenge for the new practice education teams to meet as part of their overall strategic development.
Discussion
This project has outlined examples of models of practice education and explored some of the pros and cons for the introduction of new and alternative models. The literature review has put forward two widely held beliefs. Firstly, that the promotion of alternative practice education models is motivated by the need to increase capacity. Secondly, alternative models should be incorporated into the mainstream of placement provision as part of the evolving need to constantly redefine graduate competencies as the demands and structures of Health Services as likewise constantly changing. Higgs & Edwards (1999: 6) argue this point and state that there is a need for the educational sector to constantly evaluate and redefine the type of graduates that are being prepared to meet the needs of a changing Health Sector. Within the context of the evolving Irish health services, there is a need for the concept of professional competence to include the ability to be able to adapt to changing work structures and new service delivery models. However, the influence of the new practice education teams and support structures for practice education has lead to encouraging developments. In particular, training and educational opportunities have increased the variety of models and settings now in use. Introducing new and emerging learning approaches and non-traditional learning situations into practice education is one such area that can contribute to shaping graduates who are prepared for the complexities and challenges of future service needs.

Finally, Joffe (2007) calls for practice educators to become informed about alternative models as a way of enhancing the educational experience for students and ultimately for patient care. She reminds us that as students and educators differ in their learning styles and life experiences there should likewise be an acknowledgment of using varied approaches to create the context of practice education learning and not to adopt a ‘one size fits all’ approach. This should be adopted as a guiding principle in the development of practice education models, within the Irish context.
Recommendations

- Evidence based research into the application of practice education models within the Irish context should be encouraged and supported.

- The view that practice education can be considered as an opportunity for the professional development for both the student and the educator needs to be encouraged through both formal and informal education.

- The importance of planning, preparation and partnership between all of the parties involved in the practice education process should be strategically addressed by the newly formed practice education teams in partnership with the major stakeholders.

- The development of resource packs and good practice guidelines by the practice education teams should contribute to supporting and promoting quality and efficiency for all stakeholders in the practice education process, irrespective of the model of practice education being used.

- Interdisciplinary collaboration between the practice education teams in providing and nurturing interdisciplinary learning for students warrants attention in the strategic development of practice education in Ireland.

- The use of technology as an adjunct to practice education learning warrants further exploration.

- As students and educators differ in their learning styles and life experiences, there should likewise be an acknowledgment of using varied approaches to create the context of practice education learning and not to adopt a ‘one size fits all’ approach. This should be adopted as a guiding principle in the development of practice education models, within the Irish context.
References:


Lekkas P; Larsen T, Kumar S; Grimmer K; Nyland L; Chiochase L; Jull G; Buttrum, P; Carr L; Finch, J. (2007). No model of clinical education for physiotherapy students is superior to another: a Systemic review *Australian Journal of Physiotherapy,* Vol 53 (1) 19-28.


