Overview
This report provides a summary of the current nature of practice based learning within the profession of occupational therapy throughout the United Kingdom and Ireland. It is part of a larger project funded by the Fund for the Development of Teaching and Learning Phase 4, exploring the area of practice based learning across the five professions of Dietetics, Occupational Therapy, Physiotherapy, Radiography and Nursing. Questionnaires were circulated to all of the thirty-one Higher Education Institutions that offer pre-registration occupational therapy programmes. Twenty-one responses were received giving a response rate of 68%. Within occupational therapy, placements are organised to enable students to experience a range of different practice placements that require them to integrate knowledge, skills and attitudes to practice with a range of different people who have different needs and in different circumstances.

Current practice
Occupational therapy students are well prepared for practice placements in terms of preparatory workshops, Placement Handbooks, web based support material, prior visits to placement sites and good induction into placement. All occupational therapy programmes provide specific training courses covering a wide range of relevant topics for their practice educators and many respondents identified current developments to improve the support network for their practice educators. Benefits and limitations of participating in the education of students were highlighted along with measures to address the problems.

Discussion
The analysis of the findings has revealed that there are several areas of good practice within the organisation and management of occupational therapy practice placements throughout the United Kingdom and Ireland however, some discrepancies do exist between the rhetoric and reality of practice.

Summary
Practice educators enjoy and value their role in supervising and teaching students during their practice placements. Quality supervision is recognised as imperative during practice placements in order to facilitate the acquisition of professional competencies and enrich the quality of the placement experience. Whilst the quality of students’ practice placements appears to be high across the occupational therapy profession there are a number of areas which would benefit from further development and refinement. These are mainly related to resources required in order to make the placement environment conducive to student learning. Recommendations are made regarding how effective practice can be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement. These recommendations are applicable to inter-professional and uni-professional contexts.

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CASE STUDIES
OCUPATIONAL THERAPY
An Overview of the Nature of the Preparation of Practice Educators in Five Health Care Disciplines
Sincere thanks must be expressed to all the occupational therapy practice placement tutors across the United Kingdom and Ireland who very kindly took the time to complete the questionnaire and participate in this project. Also to Anne Lawson-Porter (College of Occupational Therapists) for forwarding recent information regarding student profiles and ratio of placement settings. Last, but by no means least, to the contributors to the report who reminded and encouraged colleagues across the regions to complete the questionnaire and who also provided valuable feedback on this report.

Since graduating as an occupational therapist in 1983, Patricia McClure specialized in the area of mental health and held various Senior and Head posts, in October 1995, Patricia took up an academic post at the University of Ulster, teaching on the BSc Hons Occupational Therapy programme practice placements.

Samantha Shann is a Senior Lecturer/Practice Placement Liaison Tutor, Northumbria University. Samantha has been involved in occupational therapy education since 1998, originally in Uganda, Africa and then at Northumbria University since 2002 she is the College of Occupational Therapists, Council Member for International Affairs representing the UK at the World Federation of Occupational Therapists.

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Joint Validation Committee:
This is the committee established jointly by the professional body (College of Occupational Therapists Education and Practice Board) and the regulatory body (Health Professions Council Education and Training Committee) with the delegated responsibility for recommending the approval and continued approval of programmes and qualifications that confer eligibility for entry to the Health Professions Council Register, and for evaluating the suitability of higher education institutions to deliver these programmes. The JVC comprises state registered occupational therapists with expertise in higher education and professional practice, educators in higher education, medical practitioners and employer representatives in health and social care.

Learning contract:
This is the agreement negotiated between the student and the practice placement educator on the expectations of the practice placement experience, taking account of the level of the student’s education in relation to the aims and objectives, learning outcomes and assessment of the particular practice education module.

Module:
This is an element of study within the programme that could either be an academic or a practice component that contributes towards the calculation of credit points for the academic award. A module may consist of several units of equal or proportionate weightings.

Placement Co-ordinator:
This is the practice-based member of staff who co-ordinates the placements either within the local trust or region, in collaboration with the practice placement tutor in the higher education institution. A placement co-ordinator is particularly useful when there is more than one practice educator offering placements in the service at any one time.

Placement handbook:
This is the handbook for the practice education component of a pre-registration programme. It contains the guidelines for students and practice educators, practice education timetable and assessment schedules, aims and objectives, learning outcomes and marking criteria for the student’s practice education across each level.
Glossary of Terms

OCUPATIONAL THERAPY

Placement resource file:
This is a file that contains the information about the particular placement, its operational policies and procedures that assure the quality of practice education from the perspective of all stakeholders. This file may include, for example, health and safety regulations and procedures, risk and workload management, support for practice placement educators and students, the student’s induction process, and the learning opportunities available to the student.

Portfolio of learning experience:
This is the student’s own record of her/his learning experiences throughout the pre-registration education that may provide evidence of both the student’s personal and professional development. This may include reflections on a particular aspect of occupational therapy and descriptions of opportunities to integrate theory and practice.

Practice placement educator:
This is the practice-based staff member who is mainly involved in the day to day management of a student on placement and responsible for the assessment of a student against agreed learning outcomes for the placement in relation to the student’s level within the programme and monitoring and evaluation the student’s learning outcomes in partnership with the university.

Practice placement tutor; (also referred to as practice placement co-ordinator)
This is the university-based HPC registered and experienced member of the professional academic staff appointed by the HEI full time:

• to ensure there are sufficient number and range of quality placements for the entire programme.
• to ensure the appropriate preparation of students, practice placement educators and the faculty for all aspects relating to practice education.
• to monitor, review and evaluate the practice placement experience of students, practice placement educators and faculty.
• to act as main contact for students and practice placement educators on matters relating to practice education.

Programme:
This is the curriculum designed and intended to lead to a qualification conferring eligibility for entry to the Health Professions Council Register. The programme must conform to the curriculum framework set by the COT (professional body), meet the minimum standards set by the Health Professions Council, meet the subject benchmark statements for occupational therapy (QAA), and meet the framework for qualifications in higher education in England, Wales, Northern Ireland and Scotland.

Pre-registration occupational therapy programmes are offered at 27 Higher Education Institutions (HEIs) throughout the UK. In the Republic of Ireland there are currently 4 occupational therapy programmes (of which only commenced during the academic year 2003/2004).

Within the UK there are approximately 5,200 students enrolled on a range of two, three and four year programmes, either on a full or part-time basis. There are:

• 22 full-time programmes lasting three or four years, which lead to a Bachelor’s degree (some with Honours).
• 17 part-time/in-service programmes for students who combine employment with study.
• 8 accelerated programmes lasting two years, for those with a degree and prior experience in health and social care, which award either a postgraduate diploma or Honours degree.
• 1 accelerated programme that leads to a Master’s degree.

(College of Occupational Therapists Standards for Education: Pre Registration Education Standards, 2003).

The duration of a pre registration programme must be a minimum of 90 weeks, of which a minimum of 1000 hours must be dedicated to supervised practice education to ensure integration of theory and practice. The academic and practice curricula are designed to form a complete educational programme, which ensures that students attain competence to practise occupational therapy at a level acceptable for registration with the Health Professions Council. The way in which the two curricula are integrated varies from university to university.

Some professional programmes are designed on a modular basis and comprise a designated number of discrete study units, some of which are compulsory and others which may be optional. Practice placements may be programmed within modules or as complete modules, or may be supplementary to academic units of study. Placements occur at different times during the educational programmes. Revised Minimum Standards for the Education of Occupational Therapists issued by the World Federation of Occupational Therapists in 2002 recommend that students should have some form of practice experience distributed throughout every year of the curriculum.

Some professional programmes are designed as integrated or linear courses where all students follow the same route. Professional subjects are introduced in the first year but are revisited in succeeding years so that the depth of knowledge and understanding develops steadily. Again, practice placements are interspersed throughout the course, each building on the one before. There are advantages and disadvantages to both course designs but whichever design is adopted; the pre-registration curriculum is designed to develop safe, competent occupational therapists fit for contemporary practice. Each Higher Education Institution has to ensure that its curriculum reflects the international and national reference standards and benchmarks set by:

The World Federation of Occupational Therapists (Hocking & Ness 2002).
The College of Occupational Therapists (COT 1996), The European Network of Occupational Therapy in Higher Education (Howard & Lancee 2003) and
Overview of Practice Education

Nature of Occupational Therapy

The World Federation of Occupational Therapists requires students to complete a minimum of 1000 hours practice experience with a qualified occupational therapist. Each university designs its own academic and practice programme and so the length and number of placements that make up the 1000 hours vary from course to course. Some universities arrange the first practice experience as a series of separate days over several weeks or a period of one week spent within one placement agency for the purposes of practice observation. This provides exposure to practice so that a student can begin to socialise into the profession and develop a sense of professional identity. These hours may not count towards the required 1000 hours as the student is not actually practising. Most practice placements however are undertaken on a full-time basis and can last anything from 3 to 12 weeks. These allow students the opportunity to become active members of the team and to participate in service delivery. Students usually have between three and five placements during their educational programme to complete the required hours (Alsop & Ryan 1996).

Practice Settings

Occupational therapists work in a diverse range of settings, which is continually increasing as professional roles and areas of practice expand and develop. Therapists are not only working as clinicians, educators, managers and researchers, but also as consultants, advocates and advocates. Some therapists coordinate services across different settings, others act as case or care managers to coordinate services for individual clients. Therapists work with people with different problems such as mental health problems and learning difficulties as well as physical problems. They also work with people from different age ranges and with those who need differing levels of care.

The focus of occupational therapy practice is changing so that it now includes primary, secondary and tertiary care. Primary care includes health promotion programmes to avert or delay the onset of other problems. Secondary care includes treatment, education and interventions that restore and optimise function. Tertiary care involves maintaining altered function by, perhaps, adapting the environment for a client, improving a client’s access to work, leisure or sports facilities or adapting equipment that a client needs to use.

In order to meet the requirements within the Revised Minimum Standards for the Education of Occupational Therapists (2002) and the College of Occupational Therapists Standards for Education: Pre Registration Standards (2003) students must experience a range of different practice placements that require them to integrate knowledge, skills and attitudes to practice with a range of different people who have different needs and in different circumstances. The range of student experiences always includes working with a range of people of all ages:

- from different socio-economic and cultural perspectives
- with recently acquired and long-standing occupational needs
- with health conditions that affect different aspects of physical and psychosocial functioning

(Hocking & Ness 2002).

Each programme must also ensure that each student has, where possible, experienced some of the following environments:

- primary, secondary, tertiary and community care
- existing and emerging services

Roles and Responsibilities in Practice Education

Practice education (previously known as fieldwork education) refers to the essential element of all occupational therapy educational programmes, namely the portion of learning that is facilitated in a site of service delivery, away from the academic environment (Green, 1996). It is a highly important component of each course. It is within the practice setting that students put their academic knowledge into practice and develop their reasoning and reflective skills, their interactive skills and their practical expertise (Alsop & Ryan, 1996). This is reflected in the College of Occupational Therapists’ (1993) definition which states that practice education is:

‘…an integral component of the total curriculum through which the student is enabled to develop, demonstrate and achieve competence to practice as an occupational therapist. Practice education complements, supports and informs academic studies and is undertaken as a partnership between a student, an identified practice educator and the education centre.’

Responsibility for the organisation and management of students’ professional practice placements is usually allocated to one or more of the occupational therapy academic staff who take a special interest in the development of this part of the curriculum.

Table One: A comparison of the ratio between health, social care & other practice placements across the UK (Ref: Monitoring Schedule Academic Year 2001-2002)

<table>
<thead>
<tr>
<th>Setting Country</th>
<th>Healthcare %</th>
<th>Social Care %</th>
<th>Other %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>90.69</td>
<td>6.41</td>
<td>2.90</td>
</tr>
<tr>
<td>Scotland</td>
<td>75.71</td>
<td>24.29</td>
<td>0.85</td>
</tr>
<tr>
<td>Wales</td>
<td>89.24</td>
<td>10.76</td>
<td>1.74</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>79.6</td>
<td>13.18</td>
<td>7.14</td>
</tr>
</tbody>
</table>
Aims of Practice Education

In explaining the aims of practice education it is important not only to acknowledge the aims specified by the professional body, which guides and monitors the educational activities of the profession, but also those which have been identified through research and practice reported in the professional literature:

- to promote professional competence, confidence and identity;
- to provide opportunities for students to work with patients and clients and implement the occupational therapy process;
- to provide opportunities for students to integrate theoretical and practical learning;
- to facilitate consolidation of students’ previous learning;
- to offer students the opportunity to experience new theoretical and practical learning;
- to promote the development of students’ reasoning and judgement;
- to promote reflection on and analysis of experience and practice;
- to facilitate inter-professional collaboration (Aboz & Ryan 1996).

Within the placement agency, mechanisms must be in place to monitor safe, effective, ethical, equitable and anti-discriminatory practice through the application of the best available evidence, adherence to national practice and service standards and compliance with the Code of Ethics and Professional Conduct for Occupational Therapists (COT, 2000) and the Statement of Good Character, Conduct and Health (HPC 2002).

Practice educators must offer appropriate models of supervision depending upon the resources and learning opportunities available plus the educational needs of the student. These may include role merging with a long arm style of supervision, collaborative with one practice educator working with two or more students, or when the placement is split between practice placement educators, settings or sectors.

Practice educators must have sufficient time to provide supervision, including formative and summative assessment. It must be evident from a learning agreement and the practice programme that the practice educator, in collaboration with the student, has identified, developed and used learning opportunities to support the achievement of the placement outcomes. The supervision record must also demonstrate that there is a minimum of one hour of formal supervision per week (Hocking & Ness 2002, College of Occupational Therapists Standards for Education: Pre Registration Standards, 2003 P3.4).

Professional Requirements and Standards

The Joint Validation Committee, now called the Pre-Registration Education & Training Working Group, (PRETWG) has recently overseen an overhaul of the College of Occupational Therapists’ Standards for practice education and for the validation and periodic review of occupational therapy programmes. While the standards that were set in 1993, 1994 and 1997 respectively served the profession well, they required updating to reflect education, health and social care in the 21st century.

The revision process involved considerable consultation and debate with key stakeholders within the profession. The update of the practice standards commenced in the autumn of 2001 with a forum for Placement Coordinators organised by the Joint Validation Committee. At the December 2002 meeting, the Joint Validation Committee endorsed the College of Occupational Therapists Standards for Education: Pre Registration Education Standards. They were subsequently approved by COT Council in April 2003 with the implementation pilot year being June 2003 – May 2004.

There are ten profession specific standards, five of which (E1-5) refer to the academic components of the programme and five (P1-5) to practice education. The practice placement standards can be used as a corporate device to review the standard of a service that offers practice placement education. These standards can also be used by individuals, when reviewing their own practice, as practice placement educators. The five practice standards are outlined below:

Standard P1:
There is a placement agreement between the Higher Education Institution (HEI) and the service with appropriate policies and procedures and sufficient facilities and resources to support practice education.

Standard P2:
Practice education is central to the curriculum as a means of achieving the programme outcomes, namely fitness for award, practice and purpose.

Standard P3:
There are sufficient properly prepared and supported practice placement educators to facilitate the achievement of learning outcomes for students, and maintain service delivery.

Standard P4:
A range of methods, designed to promote students’ personal and professional development and support the achievement of learning outcomes, is employed during each placement.

Standard P5:
There are rigorous, robust and effective assessments that measure safety, competence and professionalism during practice education in terms of fitness for award, practice and purpose.

Within each of these standards specific criteria which need to be met are identified, along with suggested evidence which would support that the standard is being met and the locus of responsibility for providing the evidence (for example, practice placement coordinator/practice educator/employer. Reference is made to specific aspects of these criteria throughout this report.

Inter-professional Learning

Students are expected to be able to practise together therefore it appears logical to educate them together. Inter-professional education can be defined as:

‘an educational approach in which two or more disciplines collaborate in the learning process with the goals of fostering inter-professional interactions that enhance the practice of each discipline.’

(Tresoline 1994)

In 2001 the QAA compiled a list of benchmark statements for healthcare programmes with the aim of identifying a common health professions framework. This emerging framework illustrates the shared context within which the education and training of health care professionals rests and the uniquely profession-specific context within which programmes are organised. Occupational therapy programmes throughout the UK and Ireland are committed to developing inter-professional elements within their programmes and several occupational therapy programmes are involved in specific pilot projects exploring this area. e.g. Common Learning Project.

Collaborative learning among professions should take place, both in the classroom and in clinical settings. Co-operation and collaboration should be woven throughout every aspect of the curriculum and built into every learning experience (Fitzpatrick 1998).

It is well recognised that a strong link between the education and practice components is critical to preparing...
health professionals for inter-professional collaboration. Although theory and classroom education is important, the clinical practice setting infuses a critical sense of reality into the learning process. It is therefore appropriate to use the reality of the practice setting to explore the experience of learning on a multi-professional level. Singleton & Hernandez, (1998) found that the earlier students are involved in inter-professional education, the more positive was the outcome in terms of better understanding of each others’ roles and more collaborative working.

The development of inter-professional education and training is identified as one of the key elements essential to the modernisation of education and training described in the NHS plan (DoH,2000a) and elaborated upon in the Meeting the Challenge Strategy Document for the Professions Allied to Medicine (DoH,2000b). In the latter, the importance of practice based education is highlighted and practice placements emphasised as an important way of preparing students to work in a variety of settings and across professional boundaries.

### Overview of Practice Education

#### OCCUPATIONAL THERAPY

#### Current Nature of Practice Education in Occupational Therapy

This chapter will provide a summary of the findings from the project questionnaire, which was forwarded to all of the 31 higher education institutions within the United Kingdom and Ireland that provide occupational therapy education. Twenty-one out of the thirty-one institutions responded, giving a response rate of 68%.

#### Nature of Student Placements

As previously stated the Revised Minimum Standards for the Education of Occupational Therapists (2002) stipulates that all occupational therapy students must complete a minimum of 1000 hours of fieldwork/practice experience to ensure integration of theory and practice. The 1000 fieldwork/practice placement hours refers to the time each student spends implementing an occupational therapy process for a real live person. Each Higher Education Institution has responsibility for the design of the curriculum it provides for occupational therapy students. Therefore the structure and position of placements within the curriculum varies from programme to programme. As discussed earlier, students undertake practice placements in a wide range of specialty areas within health, social care and other settings.

#### Student Status

Occupational therapy like many of the healthcare professions is a female-dominated profession and this is reflected in the findings of this survey that demonstrated that the student group within all of the course programmes is mainly female. National figures provided by the College of Occupational Therapists in it’s ten year review of occupational therapy student numbers in the United Kingdom, reveal that 9% of the student population is male.

The College of Occupational Therapists’ Code of Ethics and Professional Conduct (2000) clearly states in point 5.5 that it is part of every occupational therapist’s role to be involved in the education of occupational therapy students; ‘Occupational therapists have a professional responsibility to participate in the education of occupational therapy students, particularly in the area of fieldwork education (practice education).’

The reported percentage of individuals entering occupational therapy pre-registration education aged 21 years or over (‘mature students’) in the UK varied. Their number increased in England 1996-2002, stabilising at approximately 65%, therefore indicating that the profession appears to be recruiting more mature students, certainly within England than was previously the case. The picture in Wales and Scotland was more varied. In Scotland and Northern Ireland, the percentage of mature student entrants was lower than elsewhere in the UK. This could be partly explained by demographic differences, the location of accelerated programmes in the UK that recruit students who already have a first degree and by extension are 21 or over on entry, or by other unknown factors.

Respondents were asked to indicate, if possible, the number of students with disabilities within their student intakes. Fourteen of the twenty-one respondents were able to supply this information and this revealed that all of the programmes had a few students with a recognised disability. Some of these disabilities were physical (range: 2% - 3% of the student population) but the vast majority was classified as a learning disability, although the exact nature of the learning disability was not specified (range: 2% - 15% of the student population).

Occupational therapy students may apply for a bursary funded by either the Department of Health or their local education authority. These bursaries are means tested with the result that many students are indeed self-funding. Occupational therapy students’ practice placements are unpaid and they have a supernumerary status within the agency in which they are placed.

#### Status of Practice Educator

The College of Occupational Therapists’ Code of Ethics and Professional Conduct (2000) clearly states in point 5.5 that it is part of every occupational therapist’s role to be involved in the education of occupational therapy students; ‘Occupational therapists have a professional responsibility to participate in the education of occupational therapy students, particularly in the area of fieldwork education (practice education).’

However, it is clear that not all occupational therapists involve themselves directly with student education. Within
the United Kingdom there are currently approximately 25,000 registered occupational therapists and 5,200 students. These figures would imply that if every therapist participated in the education of students on placement, as stipulated in the College of Occupational Therapists’ Code of Ethics and Professional Conduct, practice placement tutors should never have any difficulties in finding sufficient placements for the students on their programme of study. Unfortunately this is not the case and practice placement tutors often have to spend considerable amounts of time trying to source sufficient placements for each cohort of students within their institution.

The Code of Ethics and Professional Conduct (2000) stipulates that practice educators must ensure that they have a clear understanding of the roles and responsibilities of students from novice to competent practitioner.

It could be presumed that universities in the greater London area and some other geographical areas would have greater diversity in the ethnicity profile of their students which would be representative of the general population in that area. However, if these figures were representative, it would imply that perhaps certain questions may need to be addressed regarding the ways in which the profession is perceived within these cultures. How is occupational therapy being marketed within schools/colleges and other educational establishments?

In order to achieve this, practice educators need to provide learning methods to support the developmental process and compatible with the stage of the student’s learning needs, the module outcomes and frequency of supervision to allow progression from observing the student on practice placement. However occasionally practice educators usually complete an Introductory Practitioner's Course before supervising their first student on practice placement. In some cases, the selection of practice educators may offer to take on the role without having previously completed a training course.

Unfortunately this is not the case and practice placement tutors/coordinators are very grateful for these offers and every effort is made to ensure that these practitioners are allocated a place on the next training course provided. This confirms previous findings by Davys & Beddow (2003) which indicate that placement coordinators are often reliant upon the goodwill of their colleagues in the practice setting when trying to meet the demand of finding sufficient placements for their students. For some new practice educators, their initiation into the role is a compassionate response to the university practice placement tutor who is desperate to find sufficient placements for the students.

Selection of Practice Educators

Variation exists across the programmes in the criteria set with regard to the qualifications and post registration experience recommended for the selection of practice educators. All respondents (100%) in this survey indicated that practice educators usually complete an Introductory Practice Educators’ Course before supervising their first student on practice placement. However occasionally when university placement tutors/coordinators are desperate to find sufficient placements for a student group, practitioners may offer to take on the role without having previously completed a training course.

Due to the frequent shortage of placements, university placement tutors/coordinators are very grateful for these offers and every effort is made to ensure that these practitioners are allocated a place on the next training course provided. This confirms previous findings by Davys & Beddow (2003) which indicate that placement coordinators are often reliant upon the goodwill of their colleagues in the practice setting when trying to meet the demand of finding sufficient placements for their students. For some new practice educators, their initiation into the role is a compassionate response to the university practice placement tutor who is desperate to find sufficient placements for the students.

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### Preparation of Practice Educators

All of the occupational therapy programmes provide specific training courses for their practice educators. Most are provided on the university site and some programmes also run specific courses within practice settings throughout their region. The courses are usually one or two days in length and practitioners are generally given a certificate of attendance as recognition towards their continuing professional development. Attendance on the course is not always compulsory before allocation of a student to a practitioner.

Each institution surveyed stated that it provides training courses for new practice educators on an annual basis. During the academic year 2002/03 all programmes except one provided at least one training course with many providing three or four to meet the demand from the practice setting. Obviously this generated considerable differences in the numbers of practitioners being trained within each institution to take on the role of practice educator, ranging from 30 to 200 practitioners. The practice educators’ courses held within each university are mainly taught by the academic staff within the placement team, although a few also use some experienced practice educators from their local practice settings. Two universities that are geographically close run a joint course, which is offered to staff working within Trust providing three or four to meet the demand from the placement site.

The practice educators’ courses held within each university are mainly taught by the academic staff within the placement team, although a few also use some experienced practice educators from their local practice settings. Two universities that are geographically close run a joint course, which is offered to staff working within Trust providing three or four to meet the demand from the placement site. An example of the most frequently taught topics include roles and responsibilities (100%), monitoring progress (100%), student assessment (100%), learning contracts (95%), communication (95%), confidentiality /ethics (90%), reflective practice (90%), teaching skills (90%), setting student tasks (90%). Interestingly these topics are mainly related to the roles, responsibilities, skills and tasks involved in the supervision and assessment of the students.

Topics less frequently covered were counselling skills (26%), discipline (42%), Health Professions Council (42%) and cultural diversity (45%).

### Inter-Professional Learning

All of the respondents (100%) stated that their programmes include elements of inter-professional learning. The nature and extent of this IPL varies across the programmes, however there are similar elements in a number of the programmes. Fourteen of the respondents specified that there were elements of inter-professional learning at all levels of their programme (every year). Some of the courses have one module per year, others structure the course to include 2 weeks of IPL at the beginning of each semester, whilst others have specific elements throughout the semester. The most common shared subjects/topics within the courses are:

- Anatomy and Physiology
- Psychology
- Sociology
- Research Methods
- Placement Preparation – Moving & Handling/Infection Control/CPR Training/Professional Ethics and Code of Conduct
- Communication Skills
- Team Working
- Professional Practice – Issues/Analysis

A few other examples of topics taught through shared learning included:

- Foundations for Practice
- Concepts in Health
- Client Focussed Care
- Case Study Work
- Cardiac Rehabilitation
- Neurology
- Health & Well Being of the Elderly Person

Interestingly, some of these topics which are taught on an inter-professional basis are the scientific/academic parts of the programmes and therefore beg the question as to how interactive the learning may be. Is it just a case of a large number of students being in the same room listening to the same lecture being delivered? Or is true inter-professional learning taking place? Obviously, some of the topics like communication skills, team working, professional practice issues, professional ethics and code of practice, client focussed work, case studies and placement preparation would appear to lend themselves more easily to true shared inter-professional learning.

The main professions that are involved in this shared learning with the occupational therapy students are Physiotherapy, Speech and Language Therapy, Nursing,
OCCUPATIONAL THERAPY

Current Nature of Practice Education in Occupational Therapy

Radiography, and Social Work. A few courses also have elements of shared learning with students from Midwifery, Medicine, Dentistry and Podiatry.

As can be seen from the above list there are many aspects/topics within the healthcare courses that can easily be taught within an inter-professional context with a wide range of disciplines.

Assessment of Practice Placements

Various methods are used to assess students’ performance on practice placements. The findings of this survey demonstrate that the main techniques used are observation of the students’ performance (95%), written reports (95%), recording and reporting (91%), case studies (80%) and oral presentations (79%). Table Three below indicates the frequency of use of the various techniques.

Developments in Methods to Assess Competence

When asked about developments in methods to assess competence to practise, nine respondents (43%) indicated positively that there had been developments within their particular programme. Examples of these developments were mainly in relation to the design and content of the report forms which had been made more competency-based to reflect a more competency-based curriculum. One respondent described the report used at the halfway stage of the placement which is completed collaboratively by the student and the practice educator and involves the student in reflecting upon their practice and identifying the skills and learning outcomes achieved to date. Another example included the refinement of the assessment criteria used for determining the grade/mark that the student should be awarded at the end of the placement. Other developments outlined were the use of individual learning contracts for the students.

On-Going Support Systems

Respondents were asked to outline what support systems they currently have in place for their practice educators. The most popular ones currently in use are telephone contacts (63%), placement visits (47%), email contacts (37%) and regular meetings for practice educators (47%). Other support systems identified included: Study Days/Seminars/Workshops/Forums; Web CT or similar web group/support resource; CPD Courses; Practice Placement Facilitator Posts. Many respondents described some developments they are currently exploring in order to improve the support that is provided to their practice educators. These include: Professional Development Programmes – to be run jointly with OT and PT; CPD and Seminar Courses; “Good Practice” Forum to develop practice across professions; Support groups for individual accreditation; Web CT packages; Appointment of practice placement facilitators; Increased number of meetings with practice educators within their settings – not just placement visits; Greater use of email; and Thank you letters.

Perceived Benefits/Limitations of Educating Students on Practice Placements

Respondents were asked to identify up to three benefits and three problems that practice based supervisors have highlighted or brought to their attention regarding the supervision of students on practice placement. Nineteen of the twenty-one respondents answered this question. Interestingly, although respondents identified many benefits, they also outlined many limitations to the overall experience. Some of these benefits and limitations may appear contradictory in nature, however they reflect the differing viewpoints of the respondents.

Benefits

Respondents identified a variety of benefits that practice educators have highlighted to them. They will subsequently be listed in order of frequency mentioned. The frequency and corresponding percentage of response will be provided in brackets with n = number of responses.

- Helps to reduce waiting lists and workload (n = 1: 5%).
- Provides links with other professions and develops clinical practice – brings recognition to the department (n = 1: 5%).

Limitations

Examples of limitations highlighted are:

- Lack of time allocated within practice setting to prepare for student’s arrival and lack of time to supervise student – often have to take student’s work home to read/check (n = 9: 47%).
- Lack of resources – desk space, library facilities, computers/internet access, rooms for tutorials (n = 6: 32%).
- Demand on time and energy if student is having difficulties – stressful if student is struggling/failing (n = 4: 21%).
- Inequity in availability of student allowance – given in some areas and not in others (n = 2: 11%).
- Therapists working alone – increased responsibility in supervising students. Intensive one to one relationship for a long period of time (n = 1: 5%).
- Lack of confidence in educational role (n = 1: 5%).
- Caseload management – sometimes too busy. (n = 1: 5%).
- Providing additional support for students with special educational needs (n = 1: 5%).
- Assessment – lack of clarity in using form and difficulty being objective (n = 1: 5%).
- Documentation too complex if students in the department are from more than one university (n = 1: 5%).
- Students too focussed on their grades (n = 1: 5%).
- Unable to take students due to departmental change/stress – changing remit of own practice (n = 1: 5%).

Table Three: Methods used to assess practice placements

<table>
<thead>
<tr>
<th>Method</th>
<th>% of courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio</td>
<td>47</td>
</tr>
<tr>
<td>Observation</td>
<td>95</td>
</tr>
<tr>
<td>Recording/reporting</td>
<td>91</td>
</tr>
<tr>
<td>Written reports</td>
<td>95</td>
</tr>
<tr>
<td>Reflective records</td>
<td>95</td>
</tr>
<tr>
<td>Case Studies</td>
<td>80</td>
</tr>
<tr>
<td>Peer discussion</td>
<td>44</td>
</tr>
<tr>
<td>Oral presentation</td>
<td>79</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
</tr>
</tbody>
</table>

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Measures To Address These Problems

Respondents were asked to outline what measures they thought would help to address these problems in an ideal world. The following suggestions were made:

- Greater recognition within the service of the importance of educating the future workforce – the role and responsibilities of practice educators should be formally recognized.
- Increase the number of practice educators to enable sufficient time to supervise students.
- Reduce the practice educators’ caseload/workload while supervising students on placement.
- Different models of supervision should be investigated to look at supervision issues.
- Appoint a mentor in every placement setting/trust to promote and support the practice educator.
- Accreditation should be formalised/standardised and certificated directly by COT (College of Occupational Therapists).
- More time/resources to enable practice educators to include students in their workload rather than add to it.
- Designated space/desk for students with internet access.
- Provision of a “Student Learning Resource” within the placement setting/trust for example, a room for all healthcare students to encourage greater inter-professional working and liaison between the student groups.
- Better preparation of practice educators – more training and time for study.
- Creation of a Placement Facilitator/Coordinator post for all healthcare students within each NHS Trust.
- More direction for practice educators regarding priorities of service/student support.
- Provide additional support mechanisms – Web CT, Practice Educators Support Group.
- Enable practice educators to feel more confident in asking students to increase their theoretical knowledge.
- Create effective partnerships between the higher education institution and the placement settings.
- Devise a national assessment form that is valid and reliable, to assess students’ performance on practice placement.
- Increase practice educators’ confidence in assessing students’ level of competence/performance on placement.
- Protect time for supervision.
- Send students on placement together to reduce the intensiveness of placement.
- Ensure there is good support from managers and other practitioners.
- Ensure HEI provides enough resources to enable every student at every level to be visited on placement.
- More funding for students – accommodation/transport costs.
- Provide more time and greater reimbursement for role.
- Discontinue Student Training Allowance – supervision of students on placement should be part of professional role and responsibility.

Areas of Good Practice

The areas of good practice identified from this survey are:

- COT Standards for Education: Pre Registration Education Standards – these standards are currently being piloted across all the OT programmes of education within the UK. The five Practice Standards and the criteria required to meet them facilitate placement agencies in reviewing the standard of a service that offers practice placement education and also individual therapists in reviewing their own practice as practice educators.
- Inter-professional learning – all programmes surveyed are currently involved in inter-professional learning amongst a range of professional disciplines. Most programmes include elements of inter-professional learning in all years of the course and several have incorporated case study work and evidence based practice into their inter-professional sessions.
- Practice educators – preparation for role – all the programmes provide training courses for occupational therapists wishing to take on the role of practice educator. These courses are taught by members of the academic staff within the HEI and many institutions have increased the number of courses provided each year in an attempt to increase the availability of practice educators to meet the demand for increasing numbers of student placements. One notable area of good practice is a training course provided at one institution that is run jointly by OT and PT for practice educators in both professions.

Discrepancy between Rhetoric and Reality

Some discrepancies appear to exist between rhetoric and reality within some aspects of occupational therapy education and placement provision. These are:

- Cultural background of students and practice educators – despite government initiatives to widen access to university education, making it more easily accessible to students from all cultures and backgrounds, the findings from this study show that the vast majority of occupational therapy students are White therefore implying that attempts to attract students from other cultures may not be working as effectively as hoped. Unfortunately the responses to this survey did not allow an accurate portrayal of the
cultural diversity of the student profile to be provided so it has to be acknowledged that the figures presented may not be truly representative. Information from the College of Occupational Therapists would suggest a marginal trend towards increased diversity, particularly in England.

- Accreditation of practice educators – in spite of accreditation of practice educators in occupational therapy having been in place for several years, the profession is still a long way short of fulfilling the standard of all practice educators achieving accreditation status. It is important to note at this point that some Higher Education Institutions currently only offer accreditation of occupational therapy services rather than individual practice educators. The accreditation process therefore needs to be reviewed in order to make it more realistically achievable for busy practitioners but still ensuring that only people with sufficient experience and expertise are recognised as practice placement educators by the higher education institution as stated in P3.3 within the College of Occupational Therapists Standards for Education: Pre Registration Education Standards.

- On-going support systems – although good support systems are in place to support both students and practice educators during the placement experience, only 47% of respondents indicated that placement visits were used as a means of support for the practice educators. As placement visits are a requirement for student support, it is presumed that all programmes do indeed provide them. However it is interesting to note that only 47% of the respondents specified visits as a support mechanism for practice educators. Presumably this was an oversight by the respondents at the time of completing the form as one of the recognised purposes of the practice placement visit is: ‘to support the practice placement educator through the educational process of the placement and ensure that the necessary resources to support that process are in place and being used effectively e.g. formal supervision, library/IT access, tutorial/support’. (COT Standards for Education 2003)

- Recognition of role – findings would indicate that the role of practice educator is not sufficiently recognised and acknowledged within placement settings. Practice educators have difficulty making time to prepare for the students’ arrival on placement and providing adequate supervision. There is no reduction in practitioners’ caseloads/workloads to allow for the supervision of students during practice placements. This is in spite of clear criteria within the Practice Standards (COT, 2002) which state in P3.2 that the roles and responsibilities associated with practice education are acknowledged by the setting. The operational policy for caseload management is supposed to give due consideration to the practice placement educator’s responsibility for pre registration occupational therapy education (Audit Commission 2001).

- Inequity in payment of student training allowance – there appear to be inconsistencies within and across the regions with regard to the payment of the student training allowance in spite of a nationally agreed system being in place for the profession. A particular area of discrepancy is within social care as many practitioners working for local authorities do not receive any supervisors’ allowance at all.

- Inter-professional learning – although IFL is being promoted across the different professions and efforts are being made to incorporate it within the curriculum of the various programmes, a lot of work is still required to make it a much more integrated part of the various programmes. This includes greater efforts being made within the placement agencies to encourage and facilitate inter-professional learning and working. Much more emphasis needs to be placed on collaborative, shared learning within the placement setting. Of course there are many difficulties in trying to facilitate this in terms of the co-ordination and design of the various healthcare programmes to ensure that different groups of students are actually on placement in the placement agencies at the same time. This may require considerable alterations to many educational programme structures.

Conclusions

Many of the occupational therapy programmes surveyed achieved excellent outcomes in the QAA Subject Reviews during the past few years and several were particularly praised for the high quality of their placement provision and education. The findings from this study reveal that there are many areas of good practice, which are well established within the organisation and delivery of occupational therapy practice placements. Specific aspects of good practice have been identified which could be integrated into existing and new courses. However the study has also highlighted areas of possible development and improvement that could further build upon this good practice.

Practice educators enjoy and value their role in supervising and teaching students during their practice placements. They regard student supervision as a two-way process that informs and challenges their practice and facilitates them in reflecting upon their own clinical practice. Quality supervision is imperative during practice placements in order to facilitate the acquisition of professional competencies and enrich the quality of the placement experience. Within occupational therapy, students receive regular informal feedback about their performance plus the recommended one hour of formal supervision per week. This meets the requirements within both the College of Occupational Therapists’ Standards for Education (2003) and the Revised Minimum Standards for the Education of Occupational Therapists (2002).

All higher education institutions providing occupational therapy education currently offer specific training courses to prepare practitioners to undertake the role of practice educator. However these courses vary in terms of content and length. Whilst there are many similarities regarding the topics covered on these courses, the findings of this study do not provide details about the actual material covered/taught on the courses so it can only be presumed that a wide variation of content may exist. As identified within the literature, the practice educator plays a significant role in the professional practice placement experience, therefore it is essential that the practice educators are well prepared for the supervisory role and the tasks associated with that role (Jones 1995).

Appropriate training should include:

- Information specific to the professional course.
- Teaching and learning styles/methods.
- Developing student learning contracts.
- Supervisory process.
- Mentoring.
- Reflective practice.
- Assessment.

Accreditation of occupational therapy services and individual practitioners is in place in many programmes. Variation exists regarding the requirements of each institution in order for individuals and services to achieve accreditation. Perhaps it would be beneficial to review the accreditation procedures with the intention of devising a standardised, formalised process across all occupational therapy programmes.

Many respondents to the survey highlighted several aspects of good practice regarding the support systems provided to both students and practice educators prior to and during placement periods indicating that effective partnerships are in place between the higher education institutions, the placement agencies and the students. Students are supported through the provision of placement handbooks, placement preparation workshops, prior visits to the placement sites and good induction programmes.

Examples of useful support systems for the practice educators include regular meetings between the university practice placement tutors and the practice educators, placement visits, telephone and email contacts.

The importance of inter-professional learning is recognised within the occupational therapy profession and many
Whilst the quality of student placements appears to be very high across the profession there are a number of areas which still require improvement. There is a presumption within the literature that practice educators are well supported by their colleagues, managers and agencies and are provided with the necessary training, resources and time to prepare for the role and that adjustments have been made to their workload to allow for their commitment to standard supervision (Ford & Jones, 1987). However, in reality, practice educators appear to be under considerable pressure to continue to manage heavy case loads and at the same time provide high quality supervision for their students. There are no reductions in workloads with the result that staff sometimes have difficulty providing adequate time for formal supervision and frequently have to take student work home to check/mark.

There is also a lack of resources within some placement agencies in order to support student learning for example, Internet access, desk space, library facilities and access to computers. It is widely recognised that placement experience is believed to have an influence on the professional development of students (Christie, Joyce & Moeller, 1985; Cohn, 1989; Hummell, 1997; Mitchell & Kampfe, 1993). Therefore, it is essential that everyone involved in the provision of student placements including management/employers begin to acknowledge the crucial role of practice education and the factors involved in improving the quality standards of placement. Prior to the commencement of each placement, practice educators should be allowed time to prepare for the placement and subsequently during the placement their caseload should be reduced to allow adequate time to supervise and assess the student, thereby ensuring that the optimum learning environment is created. Emphasis must also be placed on the importance of making the placement environment conducive to student learning.

Inequity exists across regions within the UK in the payment of the Student Training Allowance with the result that some practitioners refuse to supervise students on placement if they are not going to be reimbursed for taking on the role and responsibilities.

**Recommendations**

From this study the following recommendations can be made:

- There needs to be greater recognition, within placement agencies, of the role and responsibilities of being a practice educator. The role needs to be formally recognised with appropriate support provided by managers/employers in relation to time, resources and payment.
- Additional support systems should be put in place to support the practice educators in carrying out their role, for example:
  - Web CT package of learning resources/materials;
  - Professional development programme provided on an inter-professional basis;
  - Practice educators’ support network/group;
  - Experienced practice educators acting as mentors to new practice educators;
  - Placement visits should be conducted to provide support to the practice educator as well as the student.
- Placement coordinator posts – these often exist on a uni-professional basis but could be further developed to take on an inter-professional role in the future.
- Creation of practice placement facilitator posts – although more work is required regarding the potential role of PPFs.
- There are currently different models of practice in place. These models need to be more formalised and standardised across the regions.
- A “Student Learning Resource/Room” should be provided within the placement agency to facilitate greater inter-professional working and liaison between the student groups during practice placements. The room should have Internet access and could be used for joint tutorials. The provision of a facility like this would help to meet Standard P1.3 in enabling students and practice placement educators to have access to appropriate information resources such as the Internet, journals and publications held in both the HEI and the service setting. This would ensure that there is a range of resources and facilities to support independent learning and the facility would be welcomed by both students and practice placement educators.
- The process of accreditation of practice educators should be reviewed to ensure that the process is formalised and standardised across all of the occupational therapy programmes within the United Kingdom and Ireland. The College of Occupational Therapists is currently identifying a working group to undertake this project for implementation within the UK.
- Current assessment procedures for practice placements should be reviewed in an attempt to compile a nationally agreed assessment report for all occupational therapy practice placements. Further exploration and agreement is required as to whether students should be awarded a mark for their performance on placement and whether these marks should contribute to the final classification of degree. There are arguments for and against their contribution to the overall degree classification. The main argument for their inclusion is to reflect the importance of learning in practice situations for preparing future practitioners. The argument against is the difficulty in standardising the marking system to ensure equity across a wide range of placement settings and individual practice educators. A standardised measurement instrument should be devised applying all the usual tests of validity and reliability to persuade all parties that assessment on placement is fair.
- Opportunities for greater inter-professional learning should be incorporated into the placement experience through the use of tutorials, visits, journal clubs, and meetings.
- Encouragement of greater liaison between the students on a daily basis and joint working on collaborative case studies would also be beneficial. This requires educational programmes to be re-organised so that placement times coincide across the professional groups.
- Alternative models of placement should be explored, encouraging greater uptake of the 2:1 model, 3:1 model, long arm supervision and the role emergent model. Greater use should be made of junior staff grades – Basic Grade therapists and technical instructors can make very valuable contributions to the education of students.
References


