

The time is now to upscale all placements to a minimum of two students

Volkert, Anita; Bannigan, Katrina

Published in:
British Journal of Occupational Therapy

DOI:
[10.1177/03080226221097300](https://doi.org/10.1177/03080226221097300)

Publication date:
2022

Document Version
Author accepted manuscript

[Link to publication in ResearchOnline](#)

Citation for published version (Harvard):
Volkert, A & Bannigan, K 2022, 'The time is now to upscale all placements to a minimum of two students', *British Journal of Occupational Therapy*, vol. 85, no. 7, pp. 475-476. <https://doi.org/10.1177/03080226221097300>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please view our takedown policy at <https://edshare.gcu.ac.uk/id/eprint/5179> for details of how to contact us.

The time is now to upscale all placements to a minimum of two students

From the perspective of practice-based learning (placements), Covid-19 has been a torrid time for practice educators and higher education. It has also been an exciting time because new models of placements have not just been developed, they have been piloted and integrated into practice at an unprecedented speed. New types of placements include technology enabled, with students working either fully or partly online; virtual mobility, where students complete an international placement virtually, whereas before they would have travelled to an international destination to undertake a placement in situ; and the Peer Enhanced E-Placement (PEEP) model (RCOT, 2022). There has also been a greatly enhanced use of project placement models, including more use of research and public health projects; simulation and peer assisted models with some placements adopting more than one student per educator; and 4:1, 6:1 and 8:1 models have been trialled successfully (CSP, 2022). Learners are enjoying these placements, they are enriching the practice environment and enabling quality learning experiences, as well as meeting learning outcomes (Markowski et al, 2021).

We are in a position we could never have predicted pre-pandemic; we could never have imagined such changes in established practices. So, you can be forgiven for thinking why an editorial about placements? However, a challenge remains and it is one of scale. Many of the new practice-based learning models operate on a one to one model, i.e. one learner with one practice educator (Beveridge & Pentland, 2020). Unfortunately, this is unsustainable in the long term (Markowski et al, 2021). Globally, we are experiencing an increasing ageing population, and an ageing population that is living longer, but with higher levels of frailty and comorbidities. Additionally, there are more children, as well as adults of working age, living with higher levels of disability. On top of this, there is a complex interplay of social justice issues impacting people's health and wellbeing. Modelling suggests that this will only increase over the next ten to thirty years. The allied health professions, whose role focuses on enhancing health and wellbeing whilst living with long term and complex issues, have a vital role to play in the future health and wellbeing of the world's population (HRSA, 2020).

In order to capture the zeitgeist one simple solution is to move to a 2:1 model as standard practice. This would effectively double our placement capacity in occupational therapy overnight. This is an approach that has been used by our fellow allied health professions successfully (CSP, 2022; Markowski et al, 2021), and has also been extensively researched across the practice-based learning literature (Markowski, 2021; Beveridge & Pentland, 2020). Whilst this model can sound like it would be twice as much work, the research evidence, and anecdotal reports, say that it can actually feel like less work than supervising one student (Sevenhuysen et al, 2015). This is because this model uses a peer learning approach, rather than being two students working separately with an educator on a one to one model. Instead, students work together; they may have different skills sets from previous placements and life experiences which they can share and teach each other; they can offer each other informal support, and during any "down time" that may crop up, they can spend time with each other. There are of course potential pitfalls and things to watch out for, such as issues of competition or conflict between students that may arise. This may need talking through and resolution through supervision. Different supervision models can also be used within this model – students can be supervised individually or jointly for example, although evaluation would need to be an individual process, and this time needs to be factored in by practice educators.

In conclusion, despite the difficulties of the Covid-19 pandemic, our profession has shown itself to be creative and resilient. New models of practice-based learning have been adopted and piloted, but now is the time to take another bold step and implement a profession-wide approach to peer learning where a minimum of two students are involved in every placement. If we make this

standard practice within the profession, we solve a long-standing problem overnight and ready our workforce for the future.

References

Beveridge, J. & Pentland, D. (2020) A mapping review of models of practice education in allied health and social care professions. *British Journal of Occupational Therapy*, 83(8), pp. 488-513.

Chartered Society of Physiotherapists. (2022). *Creating a great placement*. Chartered Society of Physiotherapists. Available from: <https://www.csp.org.uk/professional-clinical/practice-based-learning/creating-quality-learning-environment> [Accessed 25/2/22].

Health Resources and Services Information. (2020). *Allied health workforce projections*. Available from: <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/allied-health#:~:text=By%202030%2C%20we%20project%20these%20increases%20in%20supply,therapists%20and%2027%25%20increase%20to%20302%2C360%20physical%20therapists> [Accessed 25/2/22]

Markowski, M., Bower, H., Essex, R. and Yearley, C., 2021. Peer learning and collaborative placement models in health care: a systematic review and qualitative synthesis of the literature. *Journal of Clinical Nursing*, 30(11-12), pp.1519-1541.

Royal College of Occupational Therapists. (2022). *Delivering pre-registration practice based learning – alternative models*. Royal College of Occupational Therapists. Available from: <https://www.rcot.co.uk/alternative-practice-placements> [Accessed 25/2/22].

Sevenhuysen, S., Farlie, M.K., Keating, J.L., Haines, T.P. and Molloy, E., 2015. Physiotherapy students and clinical educators perceive several ways in which incorporating peer-assisted learning could improve clinical placements: a qualitative study. *Journal of Physiotherapy*, 61(2), pp.87-92
<https://doi.org/10.1016/j.jphys.2015.02.015>.

Ms Anita Volkert

Lecturer in Occupational Therapy and AHP Practice Placements Lead, Glasgow Caledonian University

Professor Katrina Bannigan

Head of Department, Occupational Therapy, Human Nutrition and Dietetics, Glasgow Caledonian University