

# NEW STUDENT PRACTICE EDUCATION MODELS AND INNOVATIVE STRATEGIES TO SUPPORTS STUDENTS DURING OUR NEW NORMAL

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COVID -19

# Objectives

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- To provide suitable innovative practice education models to help support the increased demand for student spots in hospitals
- Creating and supporting practice education learning spaces
- To provide a new Frame of Reference for supporting struggling students
- To understand in the interplay between autonomy, risk, and responsibility

# Knowledge Transfer Model

Reardon, R. Lavis, J & Gibson J (2006) From Research to Practice: A Knowledge Transfer planning guide. Institute for work & health. Canada

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Knowledge Transfer is about exchanging knowledge, relationship building and the nurturing of research by bringing it into practice.

The goal of the model is to help you, the audience, to build capacity to use research knowledge and help direct education goals in clinical education.

It helps evaluate collaborative efforts to bring research and you, the users, together to develop, implement and interpret evidence (Dobbins, Rosenbaum, Plews, Law and Fysh 2007).





# New Practice education Models

(Beveridge & Pentland 2020)

## Peer-Assisted Learning

**2 or more students with an educator**  
Students work together

Increased professional competence  
Confidence  
Active learning  
Increased self-confidence and clinical proficiency

## Team Model

**1 Student with 2 or more educators**  
Increases number of educators due to part-time therapists being able to participate

Increased the diversity of learning opportunities  
Opportunity to support novice educators

## Project – Focused Model

**Students work on a project as the focus of their placement**  
Low risk and can increase capacity for student placements.

Advanced communication skills  
Influencing and leadership skills  
Increased reciprocity between university and practice site

## Student-Led University- Based Clinics

### **Student run clinics for specific populations**

Group supervision, peer-  
assisted learning and project  
work was included in the  
model

Increased demand on  
supervising educator  
Enhanced integrated  
working skills

## Hub and Spoke Model

### **1 to 2 students with practice educator**

Practice experience  
shared amongst a  
multidisciplinary team

Exposure to complex  
inter-agency care and  
a deeper  
understanding of the  
patients' journey

## Clinical Education Wards

### **Multiple students and collaborative educators**

Increased  
independence  
Balance of autonomy,  
support and patient  
safety

Beveridge and Pentland (2020) note that the current evidence base does not allow clear recommendation for specific models to be made.

### **Advantages to BC Children's:**

- Increase capacity of student placement offers
- New challenges and innovative learning for educators and students
- Increase service delivery
- Supporting future colleges

### **Disadvantages:**

- Increased capacity may come to an expense of the learning experience, satisfaction and quality of service
- Higher workload in educator's preparation and the demands on coordinating multiple students





# Learning Spaces (Patton, Higgs & Smith 2018)

# Workplace Influences

1. Well resourced clinical workplaces help facilitate the students' ability to formulate and implement a wide range of interventions.
2. A sense of being welcome: enables the students to expand learning opportunities. Fostering skills and confidence to ask questions.
3. Cultural aspects had negative impacts on students' creativity, as educators preferred certain approaches and norms.

# Engagement in Professional Practice

- Engagement in professional practice was influenced by the supervisors and the students' dispositions
- Student interaction with patients shaped student learning. Allowing for integration of theory and an improvement in recall, understanding, and clinical reasoning
- Interprofessional interactions helped students see other staff as resources of information and a contribution to the patients' story
- The students' engagement in professional practice and confidence influenced the students delegation of tasks

# Clinical Educators' Intentions and Actions

- Educators are central to shaping the students learning experience
- The educators' workload largely influenced the time educators had to answer questions and provide feedback. High workload impacted negatively where students were often completing unsupervised work and often left completing non-clinical tasks
- The importance of role modelling with confidentiality and patient safety
- Important to remember that intimidation can occur and influence students feeling confident and their ability to ask questions

Students aren't immune to the stresses of this new COVID normality:

- Ensure resources, education regarding personal protection equipment and a safe physical learning space for the students are created
- Be mindful of your influence and the other healthcare professionals
- Foster a relationship where trust can be built and provide feedback so that the students feel confident and comfortable to learning in this practice site.

Plan:

A collaborative OT & PT welcome folder should be created to ensure that new students are aware of physical resources, the practice site and educational materials regarding COVID-19 and safe practices.



# Supporting the Struggling Student Frame of Reference

(Boileau, St-Onge & Audetat 2017)



## Subjective

Detecting the problem based on a subjective impression

Educators should trust their impressions  
'Gut Feelings' should prompt further observation and documentation  
This should be identified early, within the first quarter of the students' placement

Identifying early allows for efficient remediation. It may help avoid red flags and critical incidents

## Objective

Collecting and documenting objective data

Gather data on more than one occurrence (direct or indirect, formal or informal interactions)  
A sufficient amount of direct observation is required  
An informal discussion or a 'diagnostic' conversation should occur before the next step.

Use the students learning goals and the Universities assessment form for guidance  
Unsure evidence is tangible and reliable, achieved through direct and indirect observations

# Assessment

Interpreting the data based on assessment

Consider:

- Insufficient Knowledge
- Clinical reasoning
- Attitude
- Affective problems

Often interrelated. Address one issue at a time

It is important to pinpoint the underlying issue as precisely as possible

# Plan

Planning the agreed upon remediation

A plan should be completed with student. You and the student should agree on the assessment before moving onto the plan.

Provide extra teaching and an individualized learning plan to resolve the issue

A clear process for remediation should be created with the student

The remediation process should be integrated in the students' regular activities

This strategy will encourage you as an educator to identify the issue quickly and help you work through a clear process to supporting the student in overcoming any obstacles.



# Empowerment of Students on Placement (Clouder & Adefila 2017)





# TRUSTWORTHINESS

# 1. The Ubiquity of Risk

The biggest contribution to delegating tasks was the students' confidence.

Risk was ranked the most important by six educators.

## Recommendation:

Provide detailed treatment protocols for practice areas.

Provide clear task breakdown for students.

Provide adequate support and discussions prior to tasks can support the students in feeling confident

## 2. Relationship Between Trust and Trustworthiness

Twenty-two out of the twenty-six educators prioritized trust, suggesting that belief in the students' abilities is crucial.

The need to establish trust early in the practice placement is emphasized.

Students also reported that when they felt trusted, they felt competent.

Encouraging students to take on more responsibility is symbolic of a level of trust.



### 3. Graduated Supervision

Failing to meet the educators' expectations needs careful consideration if the students' confidence is not to be altered.

Increased supervision and lack of opportunities are seen negatively by students.

The struggling student does tend to result in more close supervision and reduction in independence.

# Take Home Messages

- Provide an early series of building tasks and hands-on support for the student
- Encouraging educators to allow some risk for the student to build confidence and competence
- Educators are encouraged to step back and gently push the student away in a controlled attempt to help build self-efficacy and self-confidence
- Confidence may fluctuate, however, if trust is established, the student should still feel comfortable with the relationship and continue to build on task complexity.



# SUMMARY OF EVIDENCE AND ACTIONS

1. Chose your practice education model carefully. Each model has work with varying levels for advantages and disadvantages (Beveridge & Pentland 2020)
2. Identify the struggling student early and use the SOAP frame of reference (Patton et al 2018)
3. Prepare and set-up a supportive learning environment to ensure success and help build confidence (Patton et al 2018)
4. Trust mitigates risk. Building the relationship and spending the extra time at the beginning getting to know your student helps forge trusting relationship it will prove to be more lucrative for both you and the student (Clouder et al 2017)

# References

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