

An Introduction to PRACTICE EDUCATION

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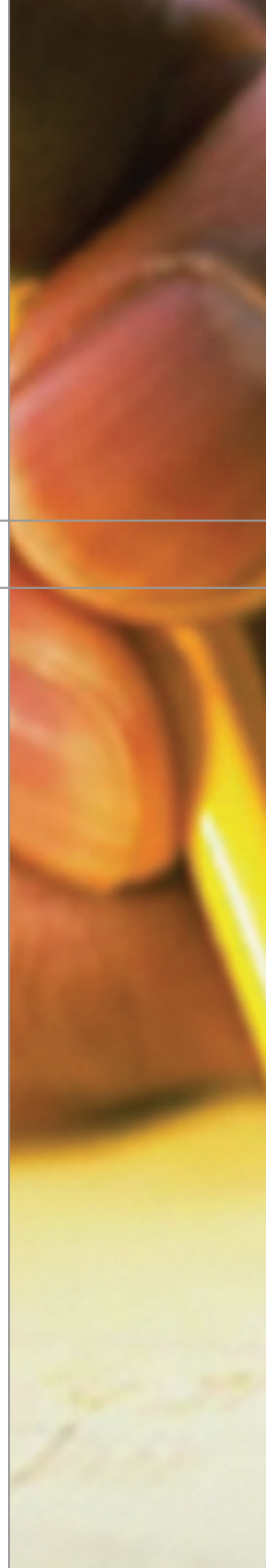
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An Introduction to **Practice Education**

Introduction	02
The Role of Practice Education	03
The Relationship between the Academic Programme and Practice Education	07
Approaches to Teaching and Learning	08
Expectations of Practice Educators	12
References	17

PRACTICE EDUCATION

Introduction

This resource offers a general introduction to practice education - setting the scene, but not focusing on any particular service environment. It covers the following aspects:

- The role of practice education - what it is, its purposes, and who is involved
- Approaches to teaching and learning - a brief overview of some of the current approaches and terminology relating to teaching and learning, and of learning styles and preferences
- Expectations of practice placements - what, in general terms, will be expected of you as a practice educator, and what you might expect of a student and the university.

When you have completed this section and any exercises contained within it, you should be able to:

- Outline the importance of practice education in relation to the professional programmes
- Appreciate different learning approaches and relate them to practice education
- Appreciate different learning preferences and describe their characteristics
- Recognise the needs, diversity and expectations of students on practice placement
- Recognise your own needs and expectations as a new practice educator, and consider areas of conflict.

PRACTICE EDUCATION

The Role of Practice Education

What is practice education?

Practice education is the term used to describe

That special part of a professional educational programme in which students gain 'hands-on' experience of working with clients under the supervision of a qualified practitioner.

(Alsop & Ryan, 1996, p.4)

Waters (2001) states that the purpose of placement is three fold:

1. to allow the acquisition of professional knowledge, skills and attitudes.
2. to allow the theorising of practice and the practicing of theory.
3. to allow professional identity formation and enculturation (the process by which students are inducted and adopt their professional culture)

The term practice education is now generally preferred to those in use previously, such as professional fieldwork experience and clinical practice, with the practitioner known as the student's practice educator. The acceptance of the terms by the Professional Bodies acknowledges the variety of working environments in which therapists now find themselves, outside of the traditional hospital and clinic settings and, in particular, in community-based and inter-professional services. The choice of words also emphasises the educational nature of the process.

Who is involved in practice education?

Leaving aside for the moment the position of service users themselves, the main parties involved in practice education - students, practitioners acting as practice educators, service managers, professional bodies, Strategic Health Authorities and the university.

What do you think practice education can achieve for each of these groups?

Spend a few minutes focusing on each group and jot down your ideas.

What might be the 'costs' involved for each?

Taking each of the parties in turn - the university, the student, the practitioner, the service manager, professional bodies and Strategic Health Authorities - we will look briefly at some of the benefits and 'costs' for each in participating in practice education.

PRACTICE EDUCATION

The Role of Practice Education

The University

Practice education is a compulsory element of an undergraduate course for health care practitioners. In most programmes, it constitutes between one third to a half of the duration of the course.

The use of practice placements allows the university to make the student aware of the differing needs of various groups of individuals, and of the wide range of settings providing services for them. A planned and integrated approach also ensures that practice education can provide practical experience for students at the appropriate time, and reinforce and consolidate aspects of the academic course.

Practice educators are a vital source of information for the university in relation to student progress. However, the university itself must ensure that it communicates effectively with practice educators and provides sufficient support and guidance for them to carry out their role. This process involves a high level of collaboration between the university and the placement sites to ensure that the quality of practice education meets the needs of all stakeholders. The costs and benefits of practice education (PE) for the university might be summarised as:

Benefit of PE to the university

- Information on student progress
- Balanced, high quality, practical experience for students
- Provision of an essential part of the course

Cost of PE to the university

- Practical support for practice educators
- Provision of information on students and curriculum
- Education and support for practice educators

The student

Research evidence suggests that practice education allows students to practise problem-solving skills, to observe and question the application of practice, and to 'gain insight into the reality of work and the pressures of the work environment' (Alsop and Ryan, 1996, p.7). In addition, placements in a range of settings enable students to gain a comprehensive view of service delivery and help to inform career choice.

Alsop and Ryan (1996, p.8) comment on the opportunity provided by practice education for students to develop 'attitudes and interpersonal skills essential for professional practice'. They identify the benefits as

- A sensitivity to, and an understanding of, the needs of individuals
- The ability to relate and communicate in a professional manner
- The ability to suspend personal judgements and values
- An approach which empowers patients to make informed decisions

Finally, practice education allows students to identify themselves with, and become socialised into the health professions, and can make them aware of the relevance of Continuing Professional Development (CPD) for practice educators.

Are there any 'costs'? Practice education means that students:

- Have to be able to adjust to new environments and personnel in a variety of placements areas
- Must be prepared to travel to reach placement sites
- Are subject to assessment during, and at the end of the placement
- Have fewer holidays than many undergraduates, reducing the opportunity for paid employment and/or travel.

Nevertheless, practice education is highly regarded by students.

PRACTICE EDUCATION

The Role of Practice Education

The practitioner

Practice education is the essential bridge from classroom to service delivery settings. The Department of Health (Nov 2003) identified ten key roles for Allied Health Professionals. One of these states:

To train and develop, teach and mentor, educate and inform Allied Health Professionals, students, patients and carers, including the provision of consultancy support to other roles and services in respect of patient independence and functioning.

Department of Health (Nov 2003)

The professional bodies make it clear that it is a moral and professional responsibility for practitioners to provide opportunities for practice education as students work towards professional qualification. This requires you, the practitioner, to take on a different role - that of an educator rather than of a therapist.

As the student relies on practice education in their development towards professional competence, so the process of practice education itself will allow you to develop your capabilities as a practice educator - an important aspect of your own continuing professional development. Engaging in student supervision will encourage you to reflect on, and reappraise your own practice and that of your service setting, and may expose you to new theoretical knowledge and practices.

The benefits are that it will:

- Enable you to gain insight into your own skills as a therapist and your own professional identity
- Give you the opportunity to consolidate and verify your own development
- Develop the acquisition of new skills and knowledge to facilitate learning in the practice environment.

The 'costs' for practitioners will be described in more detail later (see the expectations of professional practice), but it will almost certainly mean that you will need to be more organised as well as being willing to expose your practice to external scrutiny. Service users will still be your priority and you will need to ensure that your workload level allows you to give sufficient time to practice education. Managerial and peer support networks are an essential resource for you during any placement.

The service manager

Practice education can be viewed by those in charge of delivering services as a means of securing the quantity and quality of professional staff required for the future - a worthwhile investment for their own service setting as well as for the profession as a whole.

Service managers will be called on to give time to support other staff who are supervising students, and will need to consider whether workload levels allow practice education and service delivery to be managed effectively. It may be feasible for staff to take on additional, straightforward cases, which can be dealt with by students, under the appropriate level of supervision.

The benefits are that it will:

- Provide an investment for their own service setting
- Development of all staff
- Positive marketing of the service that may aid future selection and recruitment.

The costs are that it will:

- Time consuming for staff
- Productivity may be affected
- Training issue for staff.

PRACTICE EDUCATION

The Role of Practice Education

The Professional Bodies

In 2000, The Chartered Society of Physiotherapy agreed 5 key principals as a basis for good practice in practice based learning, including that: clinical education is part of the responsibility and role of all clinical practitioners. CSP Council Minutes (2000), C005, Minute 355 (1).

The College of Radiographers Statement for Professional Conduct, statement number 6 says 'additionally, radiographers have a responsibility to engage in developing the body of knowledge, and in teaching and educating fellow colleagues, students and the public about the science and practice of medical imaging and radiotherapy treatment and care.' The College of Radiographers 2002, Statements for Professional Conduct.

The College of Occupational Therapists (OT) Code of Ethics and Professional Conduct (2000) states 5.5, 'OT's have a professional responsibility to participate in the education of OT students, particularly in the area of practice education'. The College of Occupational Therapists (OT) Code of Ethics and Professional Conduct (2000).

Strategic Health Authority (SHA)

The SHA commission the number of students in training. It is in their interest to ensure the quality of the whole learning experience, including practice education.

It should now be clear that practice education can achieve a wide range of positive outcomes for all parties involved, but that effective communication and collaboration between the stakeholders is essential.

A final note, on the place of the service user in professional practice education:

It has already been stated that service delivery remains a priority for practice educators. The Patient's Charter (1995, p.6) gives service users the right to refuse treatment by medical students, and this can be extended to include all students undertaking professional practice. Ensuring that you have the agreement of service users to the presence and participation of a student is vital - without them, practice education would be a very limited experience indeed! The Good Practice in Consent Implementation Guide by the Department of Health (2001) gives more details.

PRACTICE EDUCATION

The Relationship between the Academic Programme and Practice Education

Undergraduate programmes vary between universities, both in their overall structure and in the way in which professional practice is integrated into the academic programme. As a practice educator it is essential that you are familiar with the structure of the academic programme so that professional practice can be put into context. Higher Education Institutions provide the relevant information in the form of practice education handbooks, courses, meetings, updates etc

Practice Education - Organisation, Focus and Location

As the range of settings and roles in which practitioners work increases, so do the possible locations for practice education. Practice now includes primary, secondary and tertiary care, with practitioners working with individuals of all ages and levels of need that may have physical, psychosocial or mental health problems, and learning disabilities. Placements may include community-based and inter-professional settings, as well as those more traditionally located in hospitals and clinics. Students should gain knowledge and skills appropriate to specific settings (such as assessments and decision-making) as well as those, which are appropriate across the professions (such as history-taking, attitudes to health care and interpersonal skills).

Why is it important for you, as a practice educator, to know that programmes differ and that students undertake a range of practice placements?

It is important that you have at least some knowledge of a student's academic programme and previous practice experience when they undertake a placement with you, in order that you can begin to establish a 'baseline' for the student's practical learning and can help him/her build on this. You should receive documentation from the student and/or his/her university before the placement to assist you in this.

In the next section, we take a brief look at some approaches to teaching and learning, which are particularly relevant to practice education, and at how your own learning style might influence your approach to supervising a student.

PRACTICE EDUCATION

Approaches to Teaching and Learning

In this section we look briefly at a number of approaches to teaching and learning which are relevant to professional practice education, and clarify some of the terms you might come across. Later in the section, we help you think about your own learning preferences and how these might affect your approach to educating students.

As you are aware, programmes leading to professional qualifications differ in the way they are organised. They will also differ in the way that they deliver the curriculum, using new methods of teaching, and perhaps incorporating problem-based learning, Baden and Major (2004). Nevertheless, most programmes still retain some traditional elements, such as lectures. Students embarking on practice placements may find that the way they learn in the workplace will be very different from much of their learning at university - for example, in the way information is presented to them, and in the way they may need to seek out information for themselves.

Think back to when you were a student.

Write down 3 features of a good and the 3 features of a poor placement experience that you had.

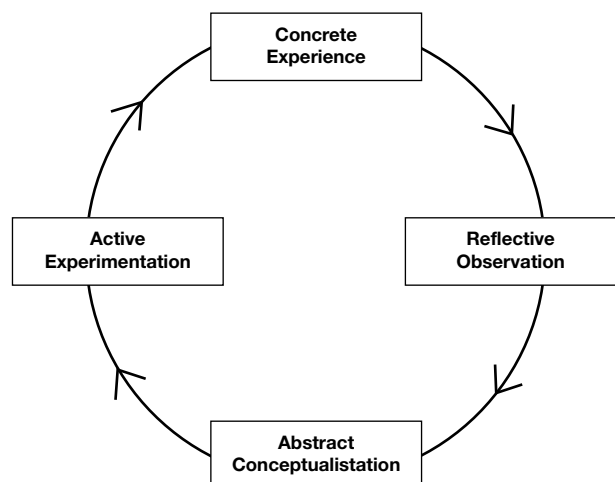
How did these experiences affect your learning experience?

Experiential learning

In most cases, the learning that students will engage in during practice education can be described as *experiential learning* - learning from experience. They will have less need for memorising and reproducing facts (a *surface* approach to learning) than for developing understanding, and being able to relate new experience to existing knowledge (a *deep* approach). Vital to this is the notion of *reflection*. Because much of what students encounter in the service environment will be new to them, they must be able to make sense of what they see and do - through reflection - in order that 'experience' becomes 'learning', Jasper (2003).

Definition of type of reflection may be useful as in clinical practise you use many different types of reflection and these are not necessarily most useful for a student.

Many writers have explored this area, including Kolb (1984). He represents the process of experiential learning as a learning cycle, as in the diagram below.



PRACTICE EDUCATION

Approaches to Teaching and Learning

In terms of practice education:

Concrete experience

refers to something that the student sees or does

Reflective observation

is concerned with the student reviewing the event or experience in his/her mind and exploring what happened, and what s/he and others felt about it

Abstract conceptualisation

relates to developing an understanding of what happened by seeking more information and forming new ideas

Active experimentation

takes place when the student tries out the new ideas, which result from earlier experience and reflection

Concrete experience

is concerned with adopting the new ideas into practice, starting the learning cycle again.

Students need time to engage in the process of reflection, and can be encouraged to do so through discussion (before, during and after an event) with their practice educator, Bolton (2001).

Reflective learning plays an important part in the development of professional practitioners, as has been shown in the research of Schön (1983), and is involved in the development of clinical reasoning.

Clinical reasoning concerns thinking, or talking, about the way you work, and giving the reasons for what you do. It forms the basis of the therapeutic process and underpins problem solving. It involves:

- The acquisition of a knowledge base
- The development of a breadth of ideas to help in problem-solving
- The identification of probable solutions
- Informed action.

Clinical reasoning is complex, and does not follow a straightforward, linear procedural path. It cannot be taught, as it is embedded in practice and develops as the understanding of clinical problems grows. It is usually an internal process, hidden to others, as therapists are unused to talking through what they are doing. However, you can help students understand what is involved if you are able to explain how you have come to make specific decisions, or to take a particular course of action. Schön has shown how students can be 'coached' in a safe environment, by repeating a task and stopping at intervals to explain an action or point out important factors, or by stopping during a task and asking the student to decide on the next action to take, Higgs and Jones (1999), Ryan and McKay (1999).

Independent or self-directed learning

Experiential learning, in which reflection plays such an important part, is closely linked with ideas about the way adults learn. Knowles (1979) and Boud (1988) are influential writers in this area. Knowles has shown that adults:

- Aspire to be, and usually become, more independent as they mature
- Have a rich resource for learning in their own experiences, and learn more effectively through experiential means
- Are aware of the specific learning needs generated by real-life tasks and problems
- Like to apply their newly acquired skills and knowledge to their immediate circumstances.

Students can be encouraged to become more independent, and to take more responsibility for their own learning - for example, through identifying their own learning needs for a particular placement. The role of the practice educator, therefore, is to facilitate learning, rather than to take charge of it.

PRACTICE EDUCATION

Approaches to Teaching and Learning

There are other terms you may come across, and which might be useful in thinking about practice education. These include:

Autonomy

A state of having responsibility for decision-making and of being independent in learning; practice educators can assist students in working towards this goal.

Contract learning

The use of a negotiated document drawn up by the student and his/her practice educator; the contract specifies what the student will learn, how this will be accomplished, within what period of time, and what the criteria for evaluation will be.

Problem-based learning

Students, usually in small groups, are presented with clinical scenario; with the guidance of a facilitator they have to define the problem(s) involved and identify and seek out the information they need in order to understand and identify possible solution pathways.

Spiral learning

A process in which educational concepts, knowledge and skills are presented in a recurrent manner, so that proficiency and integration are progressively fostered and tested in the development of understanding and practical competence; aids the development of clinical reasoning.

Divide a sheet of paper into two and label one half "University" and the other half "Practice education".

What are the main features of teaching & learning in each of these contexts?

Compare your thoughts with those suggested in our answer.

HIDDEN ANSWER ONE (end of section)

Watch the video clips.

http://pcwww.liv.ac.uk/~dhock/OT_1.wmv

http://pcwww.liv.ac.uk/~dhock/OT_3.wmv

What are the positive and negative features of the teaching & learning experience in this video clip?

Your role, as a practice educator, is going to be crucial in helping a student to learn and to develop autonomy. It is important to know your learning style as this will influence your preferred teaching methods, which may not be appropriate for all students. A variety of teaching methods should be adopted to facilitate student learning in practice, O'Sullivan (2002).

Students with particular learning needs should discuss their individual requirements with the practice educator.

To identify your preferred learning style you could complete the learning style questionnaires on the following websites:

www.vark-learn.com

www.peterhoney.com

Whatever your preferences, it is what you *do* as a practice educator that is important. Research suggests that it is the facilitator of learning (in this case, you, as practice educator) who has much to do with setting the climate of the learning environment (your particular service setting). What expectations there will be of you, and what you might expect of professional practice students and their university, is the focus of the next section.

PRACTICE EDUCATION

Approaches to Teaching and Learning

Suggested Answers

The way in which teaching and learning occurs will not fall neatly into one or other of these two categories; there will be an overlap between them. However, these might be some of the characteristics you would observe when comparing a 'traditional' university course and practice education.

University

Teacher-directed, student is presented with information

Information is presented in an orderly, logical manner

Student may be relatively passive

Transfer of information largely based on word

What is to be learnt is decided for the student

Learning may be purely intellectual

The learning experience is only part of the student's environment

'Success' may depend on ability to memorise

Motivation for learning external, eg. exams

Learning develops from knowledge of general principles, to knowing particular applications, to being able to put these into effect

Based on principles of teaching

Professional practice education

Student has to find things out for self

Information comes from many sources, in a random manner

Student is actively engaged with experience

Information gathered through action, written observation, discussion

Student has to develop ability to identify own learning needs

Learning will involve emotions, attitudes, physical skills

The whole environment is a source of learning

'Success' will require understanding

Motivation for learning internal - the need to know, be able to do

Learning based on observation of action, to understanding of consequences, to understanding general principles, to anticipating effects of application

Based on theories of learning

PRACTICE EDUCATION

Expectations of Professional Practice

Expectations of practice educators

Some Professional Bodies and Higher Education Institutions have written specific guidelines about the expectations they have of their professional practice educators. For example, The College of Occupational Therapists (COT, 2003) Standards for Education, Standard 3.2.6-10 concern practice education and The Chartered Society of Physiotherapy (CSP, 2004) Accreditation of Clinical Educators Scheme Guidance.

General expectations would include that the practice educator

- Act as a role model for the student
- Be up-to-date and confident in their own area of practice
- Work to the professional Code of Ethics
- Display a clear professional identity
- Use clinical reasoning
- Be reflective and use evaluation
- Respect teamwork
- Be sensitive and flexible in relation to student needs.

These criteria provide a general, broad view of expectations of the practice educator that would be acceptable to service managers, students and to the university.

Expectations of practice educators and of their service

In addition, Alsop and Ryan (1996) indicate that for each student undertaking a practice placement, the university will have expectations not just of you, but also of the service setting in which you work, and of its management.

- That a named practitioner will take responsibility for supervision
- That the practice educator has relevant experience and is willing to accept a student

- That staff in the service operate an Equal Opportunities policy
- That the service maintains good standards of practice and has a staff development policy
- That the student can be given relevant experience to meet the objectives of the placement
- That the practice educator communicates adequately with university staff and seeks to understand the student's programme of study and assessment procedures
- That the practice educator manages and facilitates the student's learning, takes time to give regular feedback on performance and evaluates the student's practice fairly and as objectively as possible.

(Adapted from Alsop and Ryan, 1996, p.57)

Watch the video clips.

http://pcwww.liv.ac.uk/~dhock/OT_2.wmv

http://pcwww.liv.ac.uk/~dhock/OT_4.wmv

Identify the expectations of the student and practice educator in these situations. Note the differences. Continue working through this section to gain the answers.

Even though it is considered to be a professional responsibility, not all practitioners are willing to take students, or necessarily have the abilities to be an effective practice educator. As well as being a competent practitioner and an appropriate role model, furthering your own professional development and being aware of new trends in the profession and your own field, there are other facets that need to be considered.

PRACTICE EDUCATION

Expectations of Practice Educators

These can be brought together under four main headings:

Manager

This includes:

- Liaison with university and service colleagues
- Managing patient care
- Managing the learning environment
- Planning student's programme
- Carrying out student briefing
- Dealing with conflict, difficulties
- Managing student withdrawal from the placement

Advisor

This includes:

- Identification of problems
- Understanding that professional practice requires an educational relationship, not a therapeutic one
- Addressing student's problems where appropriate
- Seeking additional help, where appropriate

Educator

This includes:

- Identification of student's stage of development
- Knowledge of learning styles
- Awareness of learning theories, concepts of clinical reasoning
- Negotiation of learning objectives or contract with student
- Facilitation through reflection
- Provision of ongoing feedback and regular supervision sessions

Assessor

This includes:

- Knowledge of assessment scheme and forms
- Understanding of grading system
- Being able to judge and verify a student's level of competence
- Dealing with a failing student

PRACTICE EDUCATION

Expectations of Practice Educators

The role of a practice educator

Knowledge, abilities, qualities and attitudes

Another way of looking at the role of the practice educator is to consider what they need to *know* and what they need to be able to *do*, and what might be important characteristics in terms of *qualities* and *attitudes*.

Take three sheets of paper and label them 'Knowledge', 'Abilities' and 'Qualities and attitudes'.

Spend some time writing down, as many things as you can think of that might be essential for a practice educator and how these can be practically demonstrated. Initially, it might help to concentrate on one heading at a time.

When you have finished compare your lists with those given HIDDEN ANSWER BOX TWO (end of chapter)

These lists were generated by a group of occupational therapists undertaking professional practice education training; so don't worry if you don't come up with as many ideas!

Knowledge and abilities can be improved; attitudes can be more difficult to change. However, the attitude of the practice educator has a large part to play in establishing an effective learning environment for students.

What impact do you think negative attitudes and experiences would have on the learning and behaviour of a student on practice placement?

What impact do you think positive attitudes and experiences would have on the learning and behaviour of a student on practice placement?

Spend about 5 minutes considering and writing down your responses to each question.

How do your notes compare with Alsop & Ryan's findings (1996) pages 44-46?

Overall, positive attitudes will tend to have a beneficial effect on students' learning and attitude, whereas negative characteristics - being rigid, dominating, arrogant, uncaring, lacking in confidence, unsupportive, belittling - can have the opposite effect.

By this stage of the section, you are probably feeling that being a practice educator will not only require you to be superhuman, but will also be a one-way process!

Nothing could be further from the truth. Students can learn more, and gain a more realistic picture of their own performance, if you are honest about your own weaknesses, and they should be able to appreciate some of the difficulties of combining the roles of practitioner and practice educator. At the end of a successful placement, your need to feel valued should be rewarded by the student, your service manager and the university.

PRACTICE EDUCATION

Expectations of Practice Educators

The needs of the practice educator - expectations of others

Remember that professional practice education is a partnership. In your new role, you have the right to expect that you will receive support from your line manager in taking on a student, as well as on-going support and supervision while s/he is with you.

- In some professions you would be expected to prepare for the arrival of the student, to supervise and facilitate the learning of the student, to discuss the student's caseload - and to deal effectively with your own workload.
- You should have sufficient documentation from the university, via the clinical tutor or co-ordinator, to enable you to act effectively as a practice educator, and you should expect to be informed of curriculum developments and more specific arrangements for the placement. The university should maintain sufficiently close links with your organisation in order to provide support for you and the student during the placement period, and respond promptly to any problems that might occur.

What should you expect of the student?

Another list - perhaps one that you can add to. Professional practice students should:

- Come to the placement well-prepared and informed
- Behave and dress in accordance with the service setting
- Engage in the placement and take advantage of the learning opportunities it offers
- Take part in the induction process planned for them
- Notify you of, for example, any health-related problem which might have an effect on their placement with you
- Take responsibility for their learning, making good use of learning opportunities and demonstrating a commitment to their own professional development

- Engage in reflection on their performance and behaviour, and be open to constructive criticism and applying guidance
- Work in accordance with the Professions Code of Ethics and Professional Conduct - for example, in relation to respecting confidentiality
- Take responsibility according to his/her stage of training, but acknowledge the limits of his/her responsibility and experience so as not to endanger him/herself or other people
- Aim to achieve a balance in their work and social/personal life
- Provide you with feedback at the end of their placement experience.

(Adapted from Alsop and Ryan, 1996, p.59)

Reflection

We hope you have enjoyed working through this resource. Think back over the sections.

- Can you outline the reasons why professional practice education is important to all the stakeholders involved?
- Are you able to list three of the approaches to learning discussed in the section on teaching and learning, and say how they relate to professional practice education?
- Can you describe the characteristics of your own preferred learning style?
- Are you able to recognise the needs and expectations of students on practice placement?
- Are you able to recognise your own needs and expectations as a new practice educator?

You may find it helpful to 'test' yourself by writing down brief answers to these questions, and then checking them against the relevant sections.

If you are unsure of any of these areas, spend a little while going back over the material.

PRACTICE EDUCATION

Expectations of Practice Educators

Suggested Answers Two

Knowledge:

- Clinical
 - of speciality
 - of routines
 - of working practices
- Multi-/inter-disciplinary team, and relevance to individual profession
- Policies, procedures and legislation
- Induction - fire regulations, Health and Safety, lifting and handling
- Code of Ethics
- Of student - learning style
 - experience, interests
 - 'baseline' of knowledge and skills
- Self, and own strengths and weaknesses
- Own work area and resources available elsewhere
- Level the placement student is undertaking
 - University requirements, eg. written work
 - course structure
 - assessment procedures

Abilities to:

- prepare/plan appropriate induction
- arrange timetable for self/student/other members of team where appropriate
- impart clinical skills
- share knowledge at the appropriate level and in an appropriate style
- assess - being non-threatening and open-minded
- observe
- communicate
- manage time in relation to cases and student
- reflect on own and student's performance
- support effectively through formal and informal supervision
- delegate appropriate cases to student
- identify stress and manage it effectively - own and student's
- be able to give constructive support and criticism

Qualities and attitudes

- approachable
- friendly
- warm
- organised
- supportive
- honest/open
- real/genuine
- positive
- enthusiastic
- reliable
- knowledgeable
- sense of humour
- adaptable
- good listener
- professional - can give leadership, show respect to service users, work in multi-disciplinary team
- facilitator
- 'juggler'
- not over-protective
- clear - not giving out mixed messages
- patient
- interested in student
- appear confident in role (even if don't feel it!)
- non-judgemental
- enthusiastic
- flexible
- respectful of student's needs and situation
- tolerant
- committed
- self-aware
- objective - fair and firm

PRACTICE EDUCATION

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PROJECT AIMS

The Project aims to make practitioners more effective at supporting & supervising students in the workplace across a range of healthcare disciplines.

The professions involved in the project are:

- Dietetics
- Nursing
- Occupational Therapy
- Physiotherapy
- Radiography

The principal questions to be addressed in this project are:

- What constitutes effective practice in placement education?
- How can effective practice be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement?
- How can this good practice be developed and embedded in the contexts of health and social care within a multicultural workforce?

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