

## **Responding to the growing demand for practice education: Are we building sustainable solutions?**

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### **Published**

2015

### **Journal Title**

Australian Occupational Therapy Journal

### **Version**

Accepted Manuscript (AM)

### **DOI**

[10.1111/1440-1630.12181](https://doi.org/10.1111/1440-1630.12181)

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# **Responding to the growing demand for practice education: Are we creating sustainable solutions?**

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**Running Title:** Building sustainable solutions for practice education

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**Word Count:** 150 (abstract) and 1525 (main text) Table 1 467, Table 2 359

**Number of References, Tables, and Figures:** 20 references, 3 tables, and 1 figure.

# **Responding to the growing demand for practice education: Are we building sustainable solutions?**

## **Abstract**

Practice education occupies the nexus between occupational therapy education and professional practice, it is inextricably connected to and influenced by key stakeholders including higher education, professional bodies, employers and regulating agencies. Across the past decade growth in the number of occupational therapy students across Australia, combined with changes in the structure of the employment sector, have combined to place pressure on capacity of higher education providers to source enough suitable practice education opportunities for each student across the course of their education. Recent innovative responses designed to address practice education shortfalls have, in many cases, created solutions to the immediate problem of enough practice education hours, but are these solutions appropriate and sustainable? The authors call for each stakeholder, influential in occupational therapy practice education, to work together to build national definitions and accreditation standards for practice education to promote sustainable development of occupational therapy practice education standards across Australia.

**KEY WORDS** *practice education, fieldwork, professional, occupational therapy.*

## **Introduction**

The Australian Government employment projections suggest that occupational therapy should see the third highest growth of all 'Professionals', with an estimated growth of 21.9% to November 2018 (Labour Market Information Portal, 2014). In line with this growth the higher education sector has responded by providing more occupational therapy programs to meet the projected workforce need (Larkin & Watchorn, 2012). In 2014, it is estimated that there are over 4300 students enrolled in occupational therapy programs in 19 Australian universities (personal communication L. Adamson, May, 2014). The increase in student numbers across Australia has placed pressure on the capacity of higher education providers to source sufficient and suitable practice education opportunities for students (Larkin & Watchorn, 2012). These students will require a combined total of 4.3 million hours or 537,500 days of practice education over the next four years, placing significant pressure on universities and practice settings to meet the requirement of 1000 hours of practice education per student for entry to practice.

While employment figures are increasing in occupational therapy, there have been changes made to the structure of health and other systems where occupational therapists are employed and which have traditionally provided the majority of practice education hours. Changes have been due to reduced public funding to both community and the acute health sectors (Rosen, Gurr, Fanning, & Owen, 2012) and changes in employment models such as outsourcing of health services (Young, 2005).

In this article the authors will outline how stakeholders have created innovative solutions to meet the growing demand for practice education, yet asking, are these solutions suitable and/or sustainable? We will identify who we believe are the key stakeholders for practice education and call for the creation of a national body to address the growing demand for practice education opportunities. The authors believe that a coordinated approach to assessing tensions and addressing barriers and opportunities for practice education will promote the management of practice education as a shared professional concern across the country.

### **The importance of practice education**

An occupational therapy student's competence for practice cannot be predicted through academic performance alone (Gray et al., 2012). Practice education is integral to developing and assessing competence for practice as it provides opportunities for students to: observe experienced occupational therapists in practice (Vroman, Simmons, & Knight, 2010); plan interventions (Gray et al., 2012); improve confidence in decision-making (Doherty, Stagnitti, & Schoo, 2009); and increase self-awareness and demonstrate competence for practice (Doherty et al., 2009). The current Accreditation standards require that students complete 1000 hours of practice education, including one placement of at least eight weeks duration, in accordance with the guidelines established by the World Federation of Occupational Therapists (WFOT) (2002).

The duration and models of practice education placements vary across year levels within programs and between programs across each state in Australia (Hitch, Nicola-Richmond, & Larkin, 2013). Variations include part-time or full-time practice education experiences and the duration of practice education varies from two days to ten weeks. Whilst these variations are not all recent responses to the need to provide sufficient practice education experiences for students, it is recognised that the variations have in part enabled a flexible and responsive approach to the organisation of practice education within university programs in collaboration with the occupational therapy workforce. At the same time variations in the organisation of practice placements have been driven by changes in the sectors within which occupational therapists work as these changes have impacted workforce practices, professional demands and capacity for placement support (Hitch et al., 2013).

Practice education is a professional concern and it follows that the responsibility for meeting the challenge of the growing demand for practice education is shared by a group of key stakeholders. Key stakeholders include professional bodies, employers, therapists, students, educators and government agencies. Each stakeholder's roles and interests in practice education are described in Table 1, and their relationship is illustrated in Figure 1.

<<Table 1 here>>

<<Figure 1 here>>

The challenge of addressing these requirements for practice education is further compounded by competing, and sometimes conflicting, funding models and differing priorities within sectors (Duckett, 2009). University budgets are federally driven, with some private sector support, while health care systems are state funded and driven. These differences, combined with professional requirements, can create conflicting agendas and expectations which can be difficult to address.

Given the range of stakeholders involved, and the importance of the professional relationships supporting the education of our future workforce, the authors propose that alignment of purpose through stakeholder collaboration is critical for success. Alignment will ensure clear communication with occupational therapy practitioners around practice education requirements thereby garnering enthusiasm to support practice education. In addition, collaboration and alignment amongst key stakeholders may serve to reduce potential fragmentation of innovative solutions, encourage the sharing of innovations and best practice outcomes of responses, ultimately reducing the competition within and across sectors and building sustainable practice education opportunities.

### **Strategies for managing quantity and quality of practice education**

In response to workforce changes and university program changes (e.g. increasing numbers of programs within a geographical location and increasing student cohort sizes) a range of innovative responses to meet placement demand have arisen. Table 2 describes several of these responses, including simulated experience, student-led clinics, role-emerging practice education and project-based placements within health facilities. Designing and implementing these initiatives has required substantial resourcefulness and ingenuity from stakeholders. The resulting options have diversified practice education opportunities and allowed universities to currently meet student requirements, whilst also in some cases addressing community needs (Copley et al., 2007; Fortune & McKinstry, 2012).

<<Table 2 here>>

Although designing creative solutions is a proactive response to tackling the growing demand for practice education, university programs have had few guidelines to refer to during this period. Each university, together with their own stakeholders, has needed to generate their own solutions to manage imminent practice education shortages within their own context.

The Occupational Therapy Council (OTC) (2013) has adopted recommendations made in Rodger, Bennett, Fitzgerald and Neads (2010, p. 49) stating that up to 20% of the 1000 practice education hours can be delivered via simulated experiences and that these experiences must meet specific conditions (OTC, 2013, p. 2):

- A high level of authenticity for occupational therapy practice
- A high level of complexity, requiring student engagement and interaction

- Delivery with immediacy to interaction with a real client and to practice placement
- Design and assessment that meet the objective of occupational therapy practice education
- Not being used as a standalone alternative to practice education time

Although these recommendations have been welcomed by the University sector, the extent to which simulation contributes to practice education is still largely untested (Rodger et al., 2010) and there is still limited research into teaching and learning experiences on role emerging placements (Dancza et al., 2013).

An additional consideration for reviewing the appropriateness and sustainability of these practice education options is that the seeding and development costs have been met in a variety of different ways, for example, through Health Workforce Australia project initiatives, via university-funded supervision, or through payment-for-supervision agreements. When seeding funding is complete universities are expected to maintain the ongoing costs of the practice education initiative; which raises the question of whether some initiatives are potentially unsustainable. It is unclear whether universities can sustain the costs of the innovative solutions developed over the past few years under time-limited project funding (Copley et al., 2007) such as funding provided through Health Workforce Australia. It is also unclear to what extent these solutions will work to meet the ever growing demand for practice education into the future. For example in Queensland there have been two new Occupational Therapy programs established in 2014 bringing the total to seven programs across the State, with the majority clustered in the South-East corner of the state.

### **Bringing key stakeholders to the table**

There is an imperative need to bring all stakeholders to the table to ensure that practice education continues to be delivered to a level that allows graduation of competent occupational therapists across Australia. The authors of this paper, all members of Queensland Occupational Therapy Fieldwork Collaborative (QOTFC), argue that a unified approach is required - with all stakeholders working together strategically towards a solution. We propose that a unified approach would include the establishment of a national body representing the views of each of the stakeholders influential in occupational therapy practice education. This body can build national definitions and accreditation standards for practice education that will promote sustainable solutions and meet the needs of all stakeholders. The higher education sector needs to join with other stakeholders in developing a unified approach to ensure that diverse methods of practice education provision such as university-led clinics, role-emerging placements and simulated learning are designed suitably to prepare students for practice. This unified approach would also encourage collaboration on research and evaluation to build an evidence base supporting sustainable solutions to practice education demand and promote best practice outcomes. With the establishment of a nationally unified approach, all stakeholders could work together to address the tensions, barriers and opportunities for addressing immediate demand thereby reducing competition between university programs and promoting management of practice education as a shared professional concern.

### **Acknowledgements**

We acknowledge Dr Chi-Wen Chien, Ms Cate Hilly and Dr Kieran Broome's assistance in providing comments and revision in the completion of this article.

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TABLE 1.

*The role and interest of key stakeholders in occupational therapy practice education*

<b>Key stakeholder</b>	<b>Role and priorities</b>
Professional Bodies	<p>The World Federation of Occupational Therapists (WFOT) is the peak body for the occupational therapy profession internationally and stipulates the minimum requirements for occupational therapy practice education standards. <a href="http://www.wfot.org">http://www.wfot.org</a></p> <p>Occupational Therapy Australia Limited (OTAL) is the peak national professional body in Australia. <a href="http://www.otaus.com.au/">http://www.otaus.com.au/</a></p>
Regulatory Body	<p>The functions of the Occupational Therapy Board of Australia (OTBA) include:</p> <ul style="list-style-type: none"> <li>• Developing standards, codes and guidelines for the Occupational Therapy profession</li> <li>• Approving accreditation standards and accredited courses of study.</li> <li>• Registering Occupational Therapy practitioners and students.</li> <li>• handling notifications, complaints, investigations and disciplinary hearings.</li> <li>• Assessing overseas trained practitioners who wish to practise in Australia.</li> </ul> <p>OTBA functions are supported by Australian Health Practitioner Regulation Agency (AHPRA). <a href="http://www.occupationaltherapyboard.gov.au/About.aspx">http://www.occupationaltherapyboard.gov.au/About.aspx</a></p>
Accreditation Bodies	<p>The Occupational Therapy Council (OTC) is an independent body contracted by Occupational Therapy Board Australia (OTBA) to review the standards for accreditation of occupational therapy education programs, including practice education. OTC is an evolving entity and will change its relationship with OTAL in the near future to become aligned under AHPRA and the occupational therapy board of Australia. <a href="http://otcouncil.com.au/">http://otcouncil.com.au/</a></p>
Higher Education Sector - Educators and Students	<p>Universities offer different curricula and fieldwork models to fit with local resources/needs. Students are required to complete 1000 hours of practice education and demonstrate that they meet minimum standards of competence for entry to practice. Universities have the responsibility of monitoring students' progress in learning and competence in the university setting and whilst on placement, ensuring that students have been assessed for their fitness for practice. They also provide support for both students and practice educators.</p>
Employers	<p>Research shows that positive practice education experiences influence graduate career choices (Rodger et al., 2007). Training students in industry-specific skills prior to hiring can reduce time and money spent in on-the-job training and skill development in the early stages of employment (Rodger et al., 2007; Thomas et al., 2007) and stimulates interest in working in the area while assisting the workplace with caseload management. Students can also provide up to date practice knowledge. Employers are also aware that potential workload management issues associated with provision of practice education may impact on productivity (Barton et al., 2013).</p>
Occupational Therapy Practice	<p>Practice educators have an essential role in building the future profession and usually view supervision of students as a professional responsibility (Thomas et al., 2007). The</p>

Educators	key issues identified by this stakeholder group include: role strain (Barton et al., 2013), impact on income, increased liability, and limited time to spend with students (Merritt, Perkins, & Boreland, 2013)
Health Workforce Australia	Health Workforce Australia (HWA) was an initiative of the Australian Government, and provided a positive focus for practice education from which occupational therapy has benefited. With the closure of HWA on August 6 <sup>th</sup> 2014 the sustainability of the innovative programs developed is now in question. <a href="https://www.hwa.gov.au/">https://www.hwa.gov.au/</a>

FIGURE 1: Relationship between key stakeholders in occupational therapy practice education

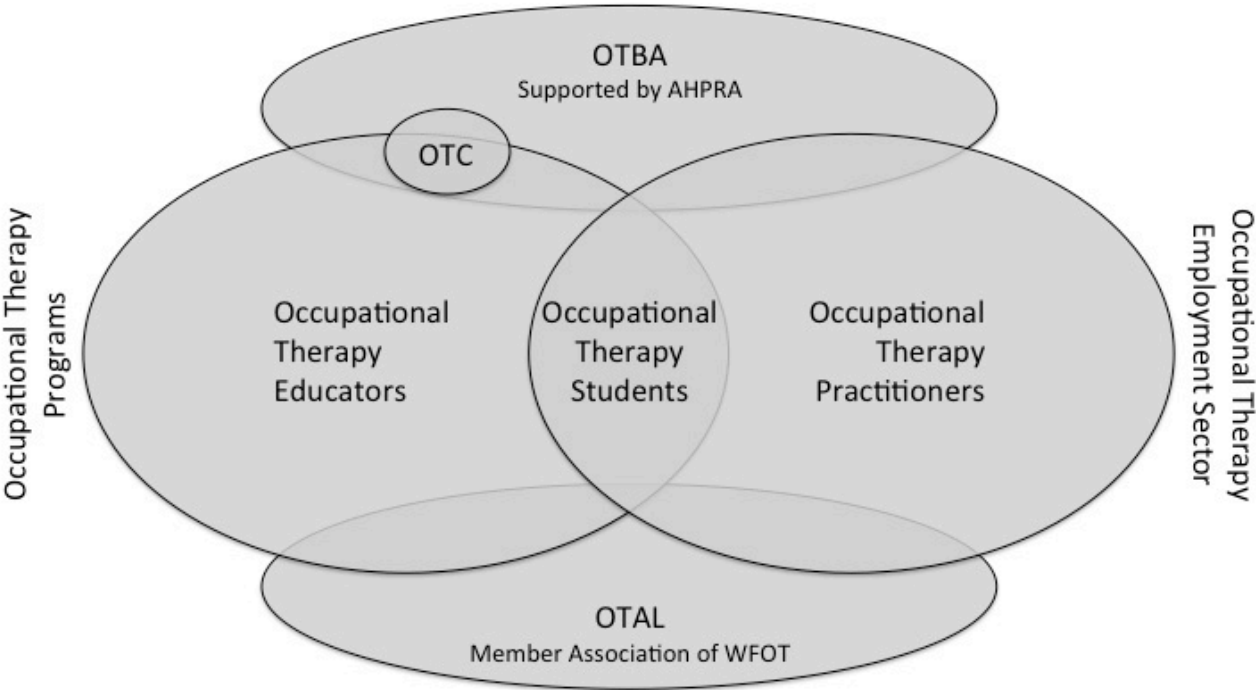


TABLE 2:

*Innovative approaches to provision of practice education*

<b>Approach</b>	<b>Description</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b>Simulated experience</b>	“Simulated learning activities refer to learning activities/experiences that make use of simulation modalities but that may extend past the specific use of the modality, e.g., to include discussion following the use of the modality, treatment planning after using simulation modality and so on.” (Rodger et al., 2010, p. 5).	<ul style="list-style-type: none"> <li>• Opportunity to provide a consistent learning experience.</li> <li>• Prepare students to “hit the ground running” (Rodger et al., 2007, p. S95).</li> <li>• Can alleviate some pressure on Universities and practice education providers.</li> <li>• The OTC has documented the accepted approaches to development of simulation activities following Rodger et al.’s (2010) recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• High costs.</li> <li>• Contribution to learning largely untested (Rodger et al., 2010).</li> </ul>
<b>Student-led clinics</b>	There has been a growth in the number of student-led clinics over the past decade (Harman & Roberts, 2010) with some run as in-house clinics and others as community-based clinics. Anecdotal evidence suggests that most student-led clinics focus on pre-block practice education however some universities also offer full-time placements in their clinics.	<ul style="list-style-type: none"> <li>• Can be designed to meet a local community need, diversify student learning experiences, and provide opportunity for inter-professional learning (Copley et al., 2007).</li> <li>• Can alleviate some pressure on Universities and practice education providers.</li> <li>• Flexible delivery options possible (e.g. one morning a week for six weeks).</li> </ul>	<ul style="list-style-type: none"> <li>• Research is still needed to evaluate the contribution of student-led clinics.</li> </ul>

<b>Role emerging practice education</b>	Role-emerging practice education (practice education where there is no occupational therapist on site)	<ul style="list-style-type: none"> <li>• Role-emerging practice education can promote occupational therapy, build new pathways for occupational therapists to diversify practice contribute to the development of occupation-based programs (Rodger et al., 2007).</li> </ul>	<ul style="list-style-type: none"> <li>• Research is still needed to evaluate the contribution of role-emerging practice education.</li> </ul>
<b>Project-based placements</b>	Project-based placements are one form of role-emerging practice education (Fortune & McKinstry, 2012). In project-based placements students work on projects related to prevention, health promotion, or service development activities that could be applied at a community, organisation or population level.	<ul style="list-style-type: none"> <li>• Alternate supervision models have been developed, including supervision provided by non-occupational therapist, by academics or a combination of both (Rodger et al., 2007).</li> </ul>	<ul style="list-style-type: none"> <li>• Can be challenging to supervise and sound supervision models are important to develop.</li> </ul>