

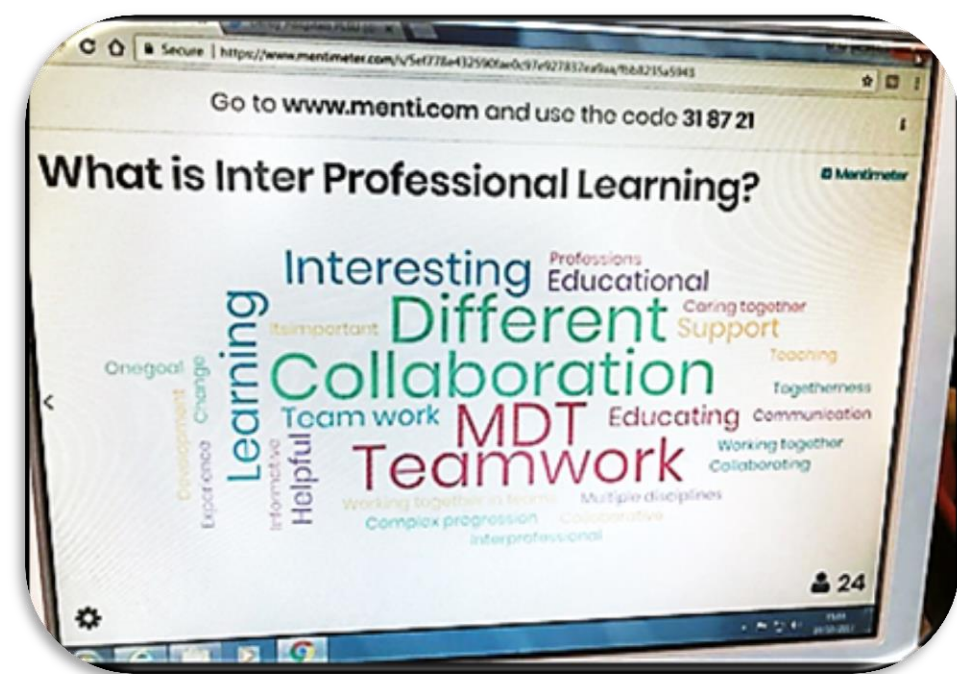
## An inter-professional peer learning placement model involving Occupational Therapy (OT) students and OT and Physiotherapy Educators within hand therapy to enhance practice placement education

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### Background

Derby Teaching Hospitals NHS Foundation Trust (DTHFT) strives to provide the highest quality learning experience for all students whilst they are on practice placement within the Trust. With many new routes into healthcare education and the removal of the NHS bursary scheme, this required AHP placement facilitators (PPF's) to review and increase current therapy placements. Professional bodies have been encouraging innovative placement projects to grow placement capacity through alternative methods of supervision. AHP PPF's, from the Practice Learning Support Unit (PLSU) Jayne Seagrave and Natalie Matchett therefore explored alternative placement models to the traditional apprenticeship (1:1) style model currently used in the majority of Physiotherapy and Occupational Therapy (OT) teams. They found strong supporting evidence for the use of an inter-professional (IP) collaborative or peer-learning model whereby educators supervise 2 or more students and utilise the benefits of peer-learning. Peer and IP learning is also well established within University courses, however this is not always replicated within clinical



placements. An IP peer learning approach to placements supports current IP education in HEI's and will embed the IP ethos early into practice. Its needed to create a culture of future practitioners who will have shared responsibility and compassion to care, to improve health outcomes for patients (Pew, 2007). After presenting these ideas to the Therapy Teams, a practice placement educator (PPE) in the Pulvertaft Hand Unit expressed a desire to try an IP peer learning model in her team. In collaboration with the University of Derby, a pilot of the peer learning placement model was agreed and four, 3<sup>rd</sup> year OT students were allocated to a team of OT and Physiotherapy Educators on placement in Hand Therapy.

### Introduction

Practice placement education is a key component of healthcare training and so it is essential that it provides a supportive and safe learning environment for all students (HCPC 2017). Feedback from previous students showed the importance peers could play in their education, not only helping with the tutoring process but also for pastoral support. A collaboration between PLSU PPF's, OT and Physiotherapy Therapy Educators and a local Higher Education Institute (HEI) was established to create an IP peer learning supervision model for the 4 OT students. This IP and peer learning approach was maintained throughout placement to broaden the learning experience, enhance knowledge and share expertise in the context of student education (Barr and Low 2013).

### Aims

To contribute to preparing Therapy students to be a 'collaboration ready' workforce and showcase how students can be involved in IP and peer learning practice placements.

- ✓ Students to work as an IP team within Hand Therapy to relate theory and practice together and learn about the MDT
- ✓ Educators and PLSU facilitators to ensure IP and peer learning opportunities
- ✓ Build a strong working relationship enabling better patient outcomes
- ✓ To improve work place practice and productivity
- ✓ Maximise placement opportunities and capacity

### Method

- Approached experienced Therapy Educators and local HEI's; collaboration to explore opportunity for an IP peer supervision model
- Consideration given to placement experiences of students and requirements of placement areas within the organisation, including support from Line Managers to implement a new model.



- Group induction time table and tutorials. OT and Physiotherapy Team involved in delivering specific topic sessions within Hand Therapy
- Peer learning supervision and pastoral support from PLSU Placement Facilitators
- Initial questionnaire, midway review and end of placement evaluation to gather all perspectives

(Barwell J et al 2013)

### How did we teach and foster IP and peer learning?



Students were regularly exposed to the simulation of real experiences, to learn by 'doing'. Our sessions were student centred, self-directed and interactive some of Knowles (1980) key assumptions about adult learners. Our approach allowed student peers to learn 'about, from and with' each other through sharing experiences and reflecting on practice. The use of blended social media platforms was employed by facilitators and students were encouraged to tweet their feedback and reflections. Group projects were set, one being to develop and produce a patient education video for use on YouTube. PPF's created opportunities for progressive 'scaffolding' learning (Vygotsky, 1978) through bi-weekly IP peer sessions to address the IP components via active participation, blended teaching strategies and problem solving activities.

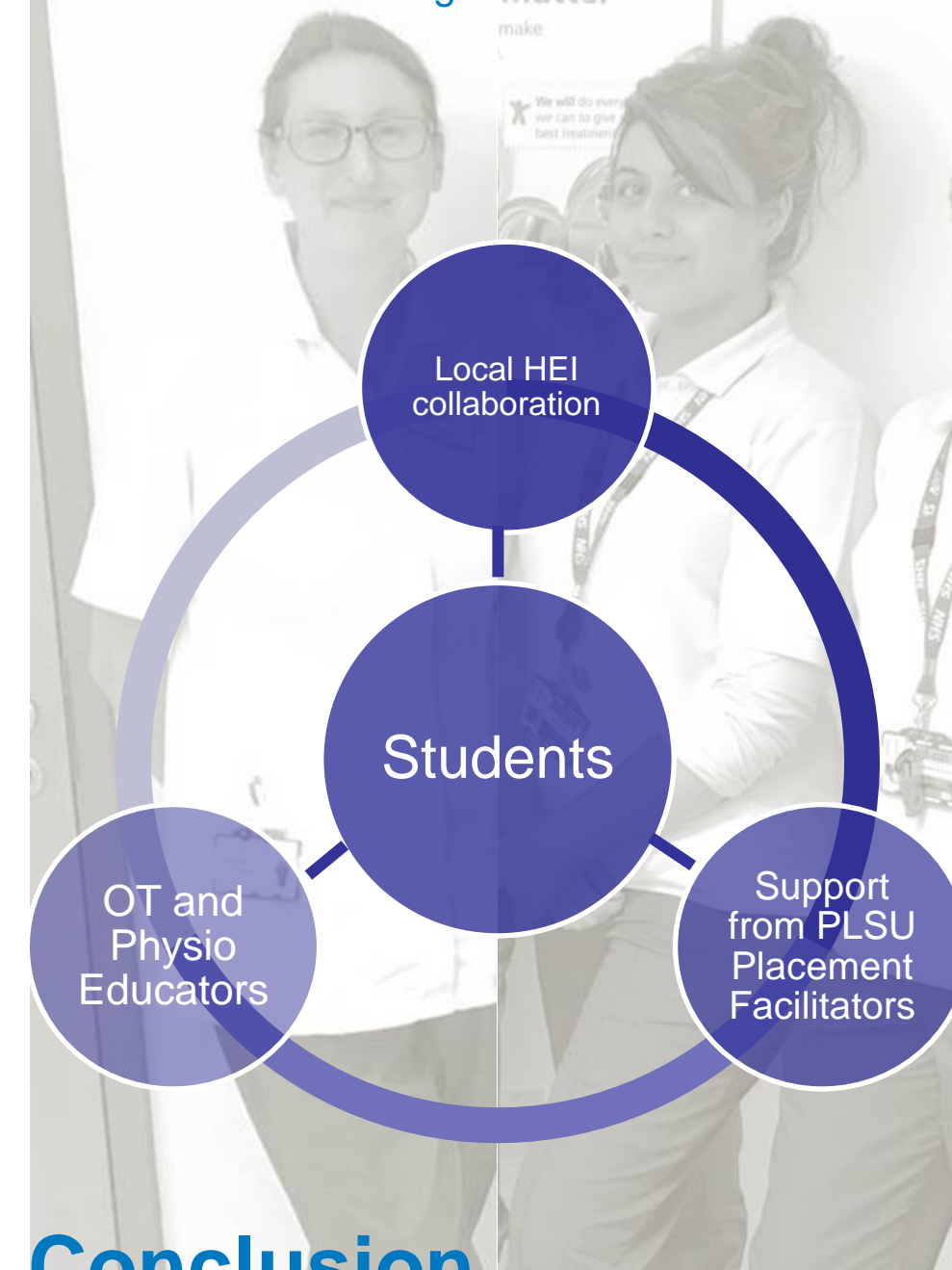
### Evaluation

The model was received and evaluated well by both students and educators and all agreed IP peer working should be part of placement experience. It generated positive attitudes and behaviours, showing cooperative and collaborative working. It was a positive learning experience for students but did not detract from each student's individual placement learning outcomes. **The end of placement evaluation revealed what impact the IP peer learning approach had on their placement:**

- The team approach and cross disciplinary competency teaching was welcomed by students
- Impacted on better patient outcomes and care when they collaborated together
- Enhanced their learning by having their student peers to learn from
- Made pledges to continue to be involved in IP and peer learning practice when qualified practitioners

*'The model allowed our hardships to be shared, eased and resolved without always having the need to go to our Educators' OT Student*

DTHFT Peer Learning Placement Model



Evaluation	Recommendations
Space and lack of resources	Need to use PLSU teaching rooms and library more
Students allocated to placements at different times.	Need for mapping of student placement allocations within PLSU Team
Different outcomes/learning needs for each student	Consideration for individual learning styles (VARC, 2018/Honey and Mumford, 1992)
On-going trail and evolution of peer supervision content	Consider more formal/structured sessions (Action Learning sets) Develop e-learning resource package
Championing peer and inter-professional placements within a multi-disciplinary setting	Involvement of other area/teams and other AHP's and Medical students
Impact of relationship with peers on success of model not discussed in detail	Need to explore the importance of relationships developed within peers
Pre-Placement Information	Provide pre-reading/FAQ sheets and additional support materials on information about the peer learning model

### Conclusion

The IP peer learning model proved to enhance the learning environment and increased IP practice on placement. The benefits seen supported educational learning theories with participants challenging and supporting each other in improving practice, which resulted in positive outcomes including greater autonomy, resilience and professional behaviour (Barwell J et al, 2013). Moving forward, an IP peer learning approach will include wider Allied Health professions, Medical and Nursing students with on-going input from their affiliated HEI's.

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