

Enhancing Peer Learning through Online Placements for Health and Social Care Professions

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Abstract

This article reports on the innovative design and the delivery of an online placement for university students, in response to the suspension of face-to-face placements due to COVID-19 restrictions in April 2020. A high quality, evidence-based and pedagogically sound experience was built, delivered and reviewed. The online placement not only met the professional standards and demonstrated equivalence in achieving placement learning outcomes, compared to traditional face to face placements, but also offered emergent benefits. The online placement showed enhanced peer learning and improved professional reasoning development by the students. In view of the interest and need for alternative placements, online placements were explored further, contextualised and built into a model which came to be known as Peer-Enhanced E-Placement (PEEP). Throughout 2020, and into 2021, the ‘logjam’ of increased student numbers and reduced placements, dramatically increased the interest in alternative placement learning and the PEEP model. A PEEP professional development acquisition experience was developed and piloted, to disseminate, scale and contextualize the approach by health and social care teams. Feedback from the pilot acquisition experiences indicated that the participants were able to design and implement PEEPs in their own contexts with their students. The scaling up and roll out of the PEEP acquisition experiences now extends to over fifteen professions. Conclusions include that the PEEP model offers a viable, acceptable and successful online practice-based learning option for health and social care students, achieving equivalence in placement learning outcomes and enhanced peer learning.

Keywords: *equivalence; online learning; pedagogy; peer learning; placements*

Introductory context

Practice-based placements for learning and development are a professional and statutory requirement for health and social care students. There are requirements for students to complete a specific number of assessed placement hours to fulfil their professional standards for qualification. Practice placements are

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important for health students; they provide authentic experiences of day-to-day professional practice, offering opportunities to develop their professional reasoning. Placements are an essential contribution to learning and typically have taken place within clinical environments, mostly on a one-to-one student to educator ratio (Tai et al., 2021).

Prior to COVID-19, alternative approaches for placements for health and social care students were recommended (Sevenhuysen et al., 2017). The strategic push for increased health and social care student numbers was placing a strain on the capacity and availability of placements for students (Department of Health and Social Care, 2019; Royal College of Occupational Therapists [RCOT], 2017).

In 2020, the COVID-19 pandemic resulted in the suspension of many face-to-face placements, necessitating immediate innovation, to assist with the recovery of lost hours for suspended placements and to support the progression of learning for students (Salter et al., 2020). The ongoing challenges of providing face-to-face placements alongside the increased student numbers requiring placements, added further to the problems of meeting statutory student placement learning requirements. A system wide placement logjam occurred (Salmon, 2021).

Background

The first Peer Enhanced e-Placement (PEEP)

An online practice learning placement was designed, delivered and reviewed by an academic team for a cohort of second year Occupational Therapy students at the University of East Anglia, United Kingdom (UK) in April to May 2020, in response to the suspension of face-to-face practice placements, due to COVID-19 restrictions. The placement came to be known as the Peer Enhanced E-Placement (PEEP). It was designed in ten days and delivered to 37 undergraduate Occupational Therapy students over a full-time, three-week period (Taylor, 2020a; Taylor, 2020b).

This first PEEP was delivered entirely by academic staff role-playing case studies (simulated placement), but the PEEP model has developed since to include contact with clinical staff and patients through digital means (online placement). Therefore, the PEEP will be referred to as an online placement.

The key driver for the rapid design of the alternative practice learning placement was to ensure that student progression through their programme continued without delay. The usual professional placement standards, placement learning outcomes (Royal College of Occupational Therapists [RCOT], 2019), placement paperwork and processes of the University were at the core of the PEEP design. These approaches ensured quality consistency and familiarity for the students, at a time of uncertainty in their studies.

Decisions were taken to emulate the traditional face-to-face student experience of practice learning placements through an entirely online experience. Meta-analyses of empirical studies (Salmon, 2020) have demonstrated that “there is robust evidence to suggest online learning is at least as effective as the traditional format” (Nguyen, 2015, p. 1). A high quality, fit-for-purpose learning experience was built into the online placement as shown in Table 1.

The student cohort of 37 was split into six smaller peer groups. The timetables created structure to enable alignment between independent learning, thinking, reflection, presentation, group work and regular feedback time. Students managed a clinical case load and worked through the Occupational Therapy process, which helped the students to integrate theory and practice (Parkinson et al. 2011). Students were supported by the scaffolded pedagogical process (Salmon, 2011) to undertake live interviewing and assessment experiences, make decisions and create treatment plans. Students were provided with clear points to reflect upon, articulate and justify their professional reasoning and decision making to their peer group, individually through their student e-handbook and with their long-arm supervisors.

The full use of the University’s Virtual Learning Environment/Learning Management System (VLE/LMS) BlackBoard ensured a variety of functions in a safe and supported digital environment. The resources and learning processes were built in the VLE/LMS against the timetable to provide clarity and coherence of expectations and pathways.

Table 1

The structure and content of the PEEP

Schedule	Supervision and support	Learning opportunities	Learning outcomes	Assessment
Monday to Friday 9am-4.30pm	Long arm supervisors	Individual learning	The usual placement learning outcomes for that stage of learning.	Usual written feedback and assessment forms
3 week-long PEEP	Case study leads	Peer group learning	Individual learning contract goals written by students	Timetabled individual supervision with long-arm supervisor
Structured week for students to manage a caseload	Peer group support	Live peer led sessions in front of rest of cohort e.g., initial interviews	Use of a student e-handbook for critical reflections and evidence of learning	Case study presentation in final week of PEEP

Peer learning offers great potential within health professional student education. Larue et al.'s (2015) systematic review of the literature around simulated placement learning as replacement and as adjunct to clinical experiences, conclude that more attention should be given to online placement provision. Lim et al. (2020) note that peer learning in the VLE/LMS supports the achievement of learning outcomes, hence the initial PEEP learning design increased opportunities for peer engagement, learning and collaboration (Saab et al., 2020).

Formative learning experiences in critical thinking can be achieved through synchronous and asynchronous design of collaboration, focussing on higher-order questioning and peer discussion (Al-Husban, 2020). Critical thinking is further enhanced when frequent opportunities are offered for feedback from peers, educators and supervisors (Bagshaw, 2020). In an online environment, there is an increased potential to focus on critical thinking and analysis, by promoting independence, self-advocacy and problem solving relevant to clinical practice. These components were structured into the design of the PEEP and reflect stage five (development) of the five-stage model of teaching and learning (Salmon, 2011), a well-established and widely adopted evidence-based framework to support online teaching and learning.

Feedback

After every regular placement in the University programme, students provide written feedback on their placement experience. Placement feedback offers an important opportunity for the ongoing and required quality assurance monitoring of the student experience.

All students and academics involved in the first PEEP were invited to provide written feedback on their experiences of the PEEP, to help ascertain the quality of the practice-based learning experience and whether the PEEP would be run again for other students. The following questions were asked.

- (1) What learning was most useful about this week?
- (2) What learning could be included that was not in this week?
- (3) Would you recommend this week for other students? If yes, why? If no, why not?

Ethical principles were adhered to and all feedback was anonymised. Confidentiality of the feedback was maintained throughout and responses were stored in a password protected online file.

There were common responses from the student and academic feedback. These included significant value placed on the peer group learning process, the live immersive sessions and individual development of professional reasoning and organisational/case management skills. Students described the VLE/LMS as a 'safe space' to explore their learning, and apply theories into practice, without the feeling of 'being constantly assessed'.

Suggestions for improvement included additional timetabled feedback sessions early in the PEEP and additional live immersive sessions throughout the PEEP.

The feedback suggested that the learning design and delivery had offered strong support for the students' learning journeys and enabled the fulfilment of the established professionally accredited placement learning outcomes. The whole cohort of students ($n = 37$) engaged in and completed the online placement, with 36 meeting the placement learning outcomes to enable them to pass their placement. Summative assessment included the case study presentations, their written weekly feedback and long-arm supervision meetings, recorded on the usual final placement assessment paperwork.

Discussion

Equivalence of learning

The equivalence of learning in the digital placement context was explored by the PEEP team by addressing the achievements by the students of their placement learning outcomes. Through examining published research and literature, the team strove to interpret and further understand the students' achievements. Individual learning was demonstrated through the online opportunities that the structure of the PEEP enabled, and through evidence of application of theory to practice through the development of in-depth professional reasoning. Evidence of learning with and from peers reinforced the benefits of peer learning pedagogical underpinnings for the PEEP placement delivery and started to address the question of whether online placements can produce equivalent practice-based placement learning outcomes. The online placements offered learning resources and experiences covering a wide range of scenarios, simulations or role plays to support the equivalence of learning for case management, and offered experiences that are not possible in regular face-to-face placement learning environments ([Savin-Baden et al., 2010](#)).

A significant amount of research, evidence and literature has been published, highlighting the benefits of combining human teaching and technology ([Salmon, 2019](#)). Salmon's five-stage model ([Salmon, 2011](#)), based on grounded research, describes optimum ways of enabling online learning to be successful. The five-stage model provided a framework for PEEP's structured and paced online learning, including essential pedagogical design and the support of educators and supervisors at each stage.

The five-stage model of online learning

The five-stage model shown in [Figure 1](#) provides an explanation of the pedagogical value of the learning reported in the student and academic feedback from the first PEEP.

Stage one - access and motivation

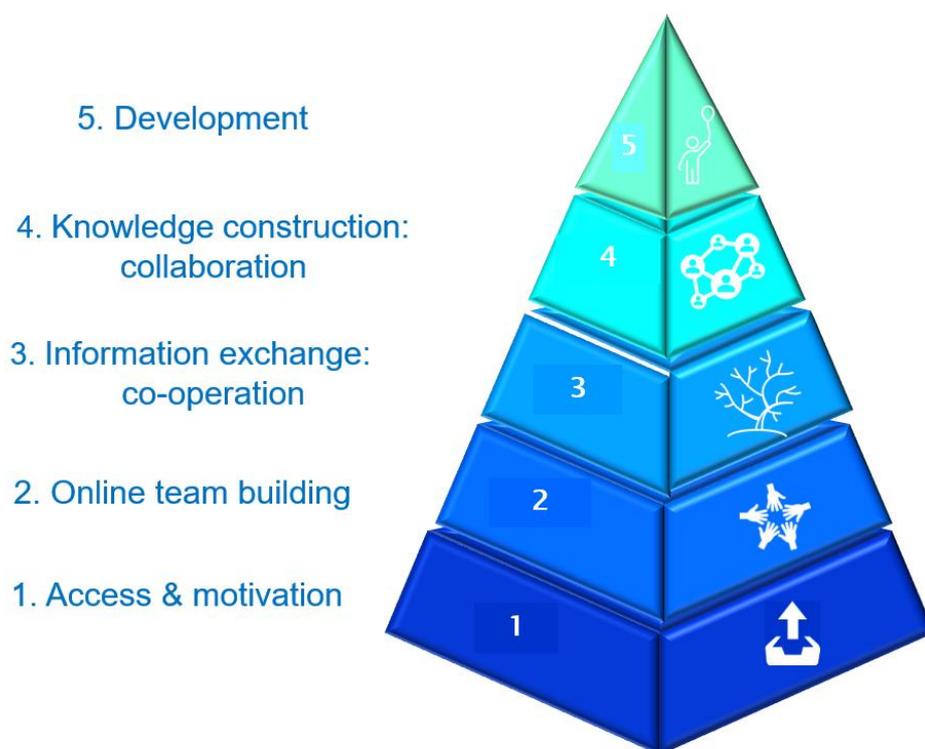
There was quick access to the online learning with a clear timetable and PEEP process. International students were able to participate alongside UK students. All live sessions were recorded so students could access the information after the live sessions.

Stage two - online socialisation

The students engaged throughout in peer groups undertaking common tasks. PEEP peer groups were organised to avoid established friendship groups; students needed to navigate the group formation and dynamics, as in the workplace. They had self and shared interests in achieving a pass for their placement. Mutual trust and respect were promoted and expected between group members.

Figure 1

The Five-Stage Model (For more information, see <https://www.gillysalmon.com/five-stage-model.html>)



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Stage three - information exchange

There was consistent delivery of information, with the promotion of active engagement by all students. The built-in guided reflections and feedback processes supported the information exchange. The PEEP timetable design progressed the student in their learning from engagement in the resources to become more contributing and independent learners.

Stage four - knowledge construction

The students' grasp of concepts developed through the peer group work process, with an interplay between the individual and group learning. The pedagogical process of critical analysis was progressed into independent autonomous working through the professional reasoning process, with more emphasis on independent learning in the latter stages of the PEEP, and articulation of their learning during individual assessments in the final week of the PEEP. The VLE/LMS was used to co-ordinate discussions and questions to keep students informed in a consistent manner, as the locus of control for learning moved towards the students taking responsibility for leading the learning.

Stage five - development

Professional reasoning is a fundamental skill of an Occupational Therapist to carry out effective work involving highly complex modes of thought (Marquez-Alvarez et al., 2019). This skill also extends across multiple health and social care professions. Through the PEEP pedagogical scaffolding, by the end of the experience, students had built their learning and reached a point where they were critical in their approach to their own learning and showed evidence of developing deeper professional reasoning. This deeper professional reasoning was demonstrated in their individual e-handbooks, through their case study presentation and their individual discussions with their long-arm supervisor.

Peer learning pedagogy

Peer learning is described as a beneficial and rich pedagogical strategy (Topping, 2005; Topping et al., 2017) to assist students to achieve their learning outcomes (Chojecki et al., 2010), particularly in the digital environment (Lim et al., 2020). Ravanipour et al.'s (2015) study demonstrates that peer learning offers supportive and in-depth learning and prepares students for clinical work.

The PEEP students reported that they appreciated the shared endeavour of their placement learning which drove their engagement. The PEEP structure provided scenarios or situations for peer groups to work on together, thus fostering both co-operative and collaborative learning (Salmon, 2011, Stages three and four; Topping et al., 2017). Beneficial opportunities for working together and articulating, summarising, questioning, disagreement within their peer groups was recognised by the students as contributing to their learning of the processes of in-depth professional reasoning.

The critical reflections achieved through peer group learning (Carr et al., 2018) also supported the metacognition of learning for students, so that they became aware of not only what outcomes they achieved, but also how they had learned, and how they could take their growing competencies forward (Pratiwi, 2019; Salmon, 2011, stage five). Metacognition was encouraged, enabled and supported the PEEP students through their e-handbook, by guided reflections.

Online learning experiences can build bridges between the academic learning and the clinical environment, which is one of the key functions of practice-based placement learning. The observation of peers' performances in tasks can result in more in-depth learning for students (Tai & Sevenhuysen, 2018). Peer observation through immersive live sessions online was also reported frequently as very positive learning experiences, in the feedback from the students. The goals in the individual learning contracts enabled students to work towards individual objectives alongside the shared placement learning outcomes, to maximise the student learning journey (Topping et al., 2017).

To conclude, the structure and scaffolding pathways of the PEEP, the experiential and immersive components, the peer group work, the guided supervision and reflections, all led to facilitate the transformative peer learning (Zafran, 2020).

Plan for wider dissemination and adoption

The range of planned and emergent benefits included highly purposeful student experiences, increased group formation leading to shared reviews, reflections and collaboration between student peers and wide in-depth discussions. Strong theory-to-practice learning was notable from the first PEEP and its feedback and students also achieved practice in working online. Through the interpretation of the feedback and learning outcomes from the first PEEP, it was concluded that the design and approach resulted in a legitimate practice-based placement learning experience for students. The equivalence and legitimacy were validated through the endorsement of PEEP as a practice-based learning placement by the Royal College of Occupational Therapists professional body on their website (RCOT, 2020).

The rich learning and strong pedagogical underpinning for the online design and peer group learning process made PEEP a very desirable option for others in the health and social care sector, who were exploring alternative models of placement delivery. From May 2020, the pandemic continued to create severe shortages of opportunities for placements across the health and social care higher education sector.

PEEP was successfully 'translated' to an adaptable model and then scaled to impact on these bigger issues of the systemic placement logjam. An acquisition experience was developed to share the PEEP model and facilitate individual placement teams in university departments and health and social care organisations to design a PEEP that was customised for their local requirements and their professions. It also supported the scaling of the PEEP model and enabled rapid implementation. The acquisition experience was intended to ensure that participants understood the key PEEP principles and were able to adopt its robust digital and pedagogical design.

The acquisition experience continues to be delivered entirely online for accessibility and viable delivery at scale, and to model the benefits of working together online.

Participants are encouraged to explore the online delivery of the PEEP, and to understand the threshold concepts (Wright & Hibbert, 2015, Land et al, 2015) that are needed to enable a pivot from the traditional face-to-face model of placement delivery to a PEEP. A threshold concept can be explained as a portal that reveals new ways of thinking. For PEEP, the new way of thinking requires understanding of online pedagogy, with its requirements and benefits. The PEEP acquisition experience is delivered in three parts: pre-workshop activities, synchronous online workshop and follow-up.

- (1) The pre-workshop activities encourage participants to fully explore their professional placement standards and learning outcomes. They are also enabled to delve into which specific placements during their degree process that would benefit the most by a PEEP. The participants also explore the five stages of learning (Salmon, 2011) and the original PEEP (Taylor, 2020a). A strength, weaknesses, opportunities and threats analysis (SWOT) is also completed to determine factors that may influence their adoption of a PEEP locally and for their professions.
- (2) The half day online workshop presents participants with the key threshold concepts that are required to pivot to the online provision of placements. Further exploration of the pedagogical underpinning of the PEEP design and implementation are explained, providing participants with confidence in the robustness of PEEP. The key components and learning pathways in the storyboarding and exemplar timetable for a PEEP are described, deconstructed and applied to the PEEP pedagogical principles. The variety of PEEP options and how to mould into existing placement structures is presented. During the workshop, the placement teams work together to begin to customise the PEEP timetables for their specific student placement learning outcomes and how they will implement the PEEP within their local placement provision structure. The teams come back together during the workshop to share their plans resulting in rich discussion and cross-fertilisation of ideas between the groups, and to receive feedback from the PEEP team, and each other.
- (3) Post workshop activities include completion of a short quiz to confirm their understanding of the key design and pedagogical principles of a PEEP. Participants also complete an evaluation of the PEEP acquisition experience for future development of the experience content and delivery. A certificate of completion is awarded to completing participants. They also receive a copy of the student e-handbook that is in an easily adapted and customised format.

A PEEP acquisition experience prototype was piloted with teams of dietitians, occupational therapists, physiotherapists, optometrists, operating department practitioners and social workers from health sciences schools from two large Universities in the UK. Feedback was received to improve quality of the structure and content of the prototype. Twelve educators attended and completed the PEEP acquisition package prototype and provided feedback for quality assurance on the acquisition experience. As a teaching quality prototype involving staff, full ethical approval was not deemed necessary. Ethical principles were adhered to and all feedback received was anonymised. Confidentiality of the feedback was maintained throughout, and the feedback was stored in a secure manner.

All respondents (100%) agreed that the PEEP acquisition experience engaged participants in how to implement a PEEP locally for their cohorts of students. Respondents agreed that a PEEP could be customised for their own professions' needs. All were planning to replace some of their current practice placement provision with a PEEP. Participants confirmed that they were adequately prepared with the necessary knowledge to design and implement a robust PEEP locally. The PEEP acquisition experience continues to be adapted, improved, and scaled, and full ethical approval was received to conduct a larger action research project, to fully evaluate the PEEP acquisition experience UK wide adoption across multiple health and social care professions (University of East Anglia, reference number 2020/21-026).

Conclusions

Health and social care placements have always been an essential part of pre-registration programmes; to offer students the opportunity put theory into practice. Until the COVID-19 pandemic, the format and the delivery were predominantly face-to-face on a one-to-one student to educator basis.

Pre-existing placement capacity challenges across the health education sectors and professions were exacerbated by the pandemic during 2020 and 2021. Many measures were introduced including social distancing and the temporary physical closure of educational institutions, adding to the challenges for delivery of face-to-face teaching and placement provision. Placement availability has in turn been restricted, and coupled with increasing student numbers, has produced further logjams for provision. Consequently 2020 was a moment for the acceleration of alternative placement provision solutions (Salter et al., 2020), to which PEEP contributed (Salmon, 2021).

The PEEP offers an online placement option for health and social care students to support practice-based placement learning. The PEEP was originally designed as an emergency response to the pandemic, but feedback to date suggests that it is a legitimate and sustainable model of placement delivery beyond the COVID-19 pandemic. The robust design and strong evidence based pedagogical underpinning to a PEEP provides a rich online learning environment for students, maximising the benefits of peer group learning, with their placement learning outcomes at the core of its delivery.

The PEEP acquisition experience was created to support individual placement teams to customise their local PEEP and has had positive feedback and impact. Placement teams are now implementing their PEEPs and are finding that students can achieve their placement learning outcomes and report similar depth of learning in professional reasoning. The PEEP will continue to be rolled out and implemented, building the evidence base for this innovative placement solution.

During the first PEEP, equivalence for learning towards placement learning outcomes was demonstrated. In addition, emergent benefits and unique opportunities during the PEEP processes ensued from the peer group learning and online delivery, compared to the traditional one-to-one model of supervision of a clinical face-to-face placement. A process of transformative learning took place supported by the scaffolded design and strong pedagogical structure of the PEEP. The experiential and immersive sessions, peer group work, and guided supervision and reflection facilitated transformative peer learning.

This evidence of equivalence, coupled with the extensive deployment of research-based online and peer learning, provides a robust pedagogical combination underpinning the design and delivery of the PEEP. Participation in a PEEP acquisition experience prepares the individual placement teams by informing and equipping them with the process of designing an online and pedagogically robust PEEP practice-based learning experience.

Colleagues addressing placement logjams need clear examples, highly appropriate models and the opportunity to explore and make them relevant and useful. The driver of the pandemic enabled rethinking of practice learning innovations which demonstrated not only viability but also emergent properties through deploying quality online learning.

Further work

The PEEP acquisition experience was rolled out to over 15 health and social care professions during the latter part of 2020 and continues into 2021. At the time of writing this article, in April 2021, there are 60 placement teams planning to implement a PEEP for their health and social care students, resulting in the creation of over 13,000 weeks of placement time, to replace some of the traditional face-to-face placement capacity. Reports from completed PEEPs suggest that there has been rich in-depth learning for the students, replicating the findings from the original PEEP evaluation. An ethics approved (University of East Anglia, reference number 2020/21-026) action research project is exploring how the PEEP acquisition experience has enabled placement teams to adapt and adopt the PEEP, to build the evidence base and develop and refine the PEEP acquisition experience further.

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