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Learning from COVID-19 Experiences to Progress System Change in Practice Education

*Yvonne Thomas[a], Merrolee Penman[b] & Elizabeth McKay[c]

a: University of Worcester, UK; b: The University of Sydney, Australia; c: Edinburgh Napier University, UK.

Introduction

The COVID-19 pandemic and the introduction of public health restrictions challenged health and social care service delivery and had unforeseen consequences for practice-based learning policies and procedures. While acute health services focussed on the urgent demands of COVID-19 patients, outpatient, community, social care and GP service providers rapidly pivoted their service delivery models towards telehealth, online and virtual delivery. In the UK, the lockdown resulted in many face-to-face practice placements being cancelled or ending abruptly. Higher Education Institutions (HEIs) faced the unprecedented challenge of facilitating practice-based learning for thousands of allied health professional students in line with social restrictions, whilst maintaining educational and professional standards. Many professions have an hours-based practice education standard embedded in professional accreditation and regulatory processes; occupational therapy programmes require a minimum of 1000 hours practice education (Thomas & Penman, 2019), Canadian physiotherapy programmes require students to complete a minimum of 1025 hours (Canadian Council of Physiotherapy University Programmes, 2019), UK speech pathology programmes require completion of 150 sessions (Royal College of Speech and Language Therapists, 2021), and Australian social work programmes require a minimum of 1000 hours practice-based learning (Brown et al., 2015). We observed that such requirements resulted in delays in student graduations during this period. Even when students had been assessed to have met all the required competencies, the hours requirement mandated in their degree programmes prevented students from graduating.

The urgent need to increase the health workforce acted as a driver for creativity and innovation and the motivation to continue progressing students through their degrees to join the workforce. While the curriculum accreditation requirements regarding the number of hours was not adjusted, professional bodies encouraged the implementation of innovative practice-based learning strategies, which have provided a unique opportunity to learn from students', HEIs' and practice educators' experiences. The aim of this article is to reflect on our learning of practice-based education across a range of allied health professions, during this time, and to reconsider the requirement for hours-based standards of practice-based education.

**Corresponding Author:* Yvonne Thomas, University of Worcester, Institute of Health and Society, Henwick Park, Worcester WR2 6AJ, UK. Email: yvonne.thomas@op.ac.nz

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Opportunities for Innovating Practice-Based Learning

Our observations, experience and reflections of practice education during the COVID-19 pandemic confirms the rapid development of alternative models of practice-based learning (Beveridge & Pentland, 2020), to achieve allied health professional students' competencies through application of knowledge and skills in virtual, on-line and alternative face-to-face practice learning environments (Toogood et al., 2020). During the COVID-19 restrictions, students completed practice learning with no face-to-face interaction with clients or practice educators, using virtual communication to deliver services (Campbell et al., 2020) or blending virtual and real-world learning (Hanrahan & Carroll, 2020). Project-based placements allowed students to design programmes for specific populations, e.g., for elders with dementia or health and well-being for first year health students. Other students have contributed to service delivery and research-related activities in clinical trials, working in academic departments or other organisations (A. Dario, personal communication, January 14, 2021). Importantly, on completion of these learning opportunities based on many different models, our experience affirms that the majority of students achieved expected levels on competency-based assessments. The notion of what constitutes a placement has changed for the foreseeable future and the boundary of time and place has taken on new meanings.

We have found that innovative placements have resulted in learners demonstrating depth of understanding about, and application of their knowledge and skills to, people's lives and contexts. Students reflected on their practice, 'getting to grips' with a novel situation, understanding it from a range of perspectives, and adapting practice and theory in new and diverse ways. In these placements learning focused less on conventional work schedules, the number of clients, specific skill sets, and types of diagnosis, and more on deep learning through application of professional knowledge in new contexts; on meaningful and transformative learning (van Schalkwyk et al., 2019). With the support of their educators, we have observed students adapting to arising circumstances, negotiating with others, communicating effectively, and contributing to service developments as well as specific service delivery. In these placements students often work from home, working intensely at times and often outside of normal business hours. They managed their time and scheduled online meetings through negotiation, often with multiple partners. We frequently observed students achieving the competencies and the outcomes of their placement-based learning earlier than anticipated and requiring additional tasks to ensure that practice-based hours standards were met.

Lessons Learnt

By moving away from traditional face-to-face service delivery and from one-to-one supervision models, and embracing new pedagogies in practice learning at speed, we have had the opportunity to reconsider the efficacy and value of hours-based standards. By focusing on the achievement of competence, we have learned that agility, flexibility, innovation, and collaborative working with a range of partners beyond our normal contexts are valuable learning experiences for all. We have trusted our learners who, with guidance and support can go further than we initially expected, developing depth in their learning and understanding of others and their worlds; recognising that the development of professional competence has been possible in diverse settings virtually, with different staff and models of engagement (Toogood et al., 2020).

Furthermore, our partnerships have been renewed, re-affirming that HEI and practice are two sides of the professional development coin, and importantly, that we each rely on each other to contribute to the growth of students in their chosen profession (Salter et al., 2020). The need to reaffirm this relationship was brought sharply into focus with the realisation that placement cancellations would ultimately delay entry of students into the workforce. This pipeline into practice has highlighted this symbiotic relationship and the need for shared commitment to supporting our future workforce (Nisbet et al., 2021).

Significantly, we have learned from practice education during COVID-19 that the assessment of competence can be separated from the completion of hours in place-based practice, and yet the minimum hours standard for many professions remains inviolable.

Moving forward and away from hours

The origin of an hours requirement is longstanding in many professions and is consistent with outdated educational theories, based on 'time served' in apprenticeships (Thomas & Penman, 2019). Allied health practice has undoubtedly changed since these standards were set, when healthcare was delivered in large institutions with lengthy inpatient admissions. Likewise, health professional education has shifted in its goals to the development of leadership qualities, the ability to synthesise information for decision-making, effective teamwork in health systems, and to the application of core competencies to address local priorities, consistent with transformative learning (van Schalkwyk et al., 2019). The belief that learning occurs uniformly across all learners over a specified length of time, regardless of the student's past experience, the level of engagement or the complexity of the task, is inconsistent with these education goals and theory. Yet the hours standards continue to drive programme curricular and practice learning design.

Internationally, many health professional programmes struggled to meet the hours requirements for practice-based placement due to the disruption caused by COVID-19. The call for innovation in practice-based education is not new, yet the rapid adoption of innovative practice learning during COVID-19 has supported our understanding that competence for practice can be achieved in diverse placement experiences, and is demonstrated by sound evaluation methods. Assessment of student competence, against clear learning outcomes and criteria, is a more reliable and valid assessment of a potential graduate's ability to practice safely and competently, than counting the number of hours completed.

Conclusion

COVID-19 has created opportunities for innovation in allied health practice-based learning, embracing virtual and telehealth services, research and project-based placements, and engaging students in a much broader range of learning experiences than ever. The focus of all practice-based learning should be on the achievement of graduate competence, acknowledging that students learn in different ways and at different speeds. The adherence to hours-based practice learning standards is unsupported by evidence and persists largely due to tradition (Thomas & Penman, 2019). Evidence is emerging from our recent experiences that allied health students can and do achieve professional competence and readiness to practice through diverse practice-based placements, often not conforming to traditional working schedules. In line with this, we propose that a review of the hours-based standards of practice education is timely, and professional standards should focus on readiness to practice through the achievement of competencies alone.

ORCID

Yvonne Thomas https://orcid.org/0000-0002-9403-0280
Merrolee Penman https://orcid.org/0000-0002-4802-2052
Elizabeth McKay https://orcid.org/0000-0001-8898-5083

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