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"Blended Placement: A Balancing Act"

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Abstract

The COVID-19 pandemic exacerbated healthcare practice education placement shortages. In Ireland, four occupational therapy programmes developed the blended onsite/offsite practice education placement model to increase placement capacity. Offsite learning included projects, supervision and telehealth, while clinical contact was prioritised when onsite. The aim of this study was to investigate the experiences of practice educators (PEs) who had supervised students using this model. The study used a qualitative interpretive methodology. PEs with experience of supervising a blended placement took part in semi-structured interviews. Reflexive thematic analysis was used to generate themes from the data. PEs felt the model benefitted students' self-directed learning and independence. PEs also valued the time apart from the students to be able to manage their own workload. Some were concerned about reduced clinical contact and operational challenges. Overall PEs were positive about the blended onsite/offsite placement model. The flexibility of the model for the PE is key to its sustainability. Findings from this study have informed the development of a Blended Onsite/Offsite Model (BOOM) Planning Guide, which may have applicability to other health and social care professions. The blended onsite/offsite practice education placement model may form part of a wider strategy to address placement capacity challenges.

Keywords: ***blended placement, health and social care professions, practice education, practice educators experiences***

Introduction

The growing demand for practice education placements in healthcare programmes is an ongoing challenge, both in Ireland and internationally (Brown et al., 2016; McBride et al., 2015; National HSCP Office, 2021; Taylor et al., 2017; Taylor, 2021). The traditional model, one practice educator (PE) supervising one student, is the most common placement model (Luhanga et al., 2010; Tai et al., 2020). However, studies have shown that cultivating innovative placement model options is important in addressing placement capacity issues (O'Connor, 2012).

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COVID-19 related impacts on healthcare services expedited the need for innovative practice education placements globally (Fronek et al., 2021; Marchant, 2021; Peart et al., 2022; Robinson et al., 2020; Taylor, 2021). The World Federation of Occupational Therapists (WFOT), the official international organisation representing occupational therapy, encouraged creative responses (WFOT, 2020), and Ireland's Health and Social Care Professions' regulator (CORU) advised that onsite, offsite, online and reflection activities could form part of a practice education placement (CORU, 2021) PEs across health and social care professions in Ireland reported several common challenges with facilitating placements. These included less client contact opportunities, safety concerns for PE and student and social distancing requirements (National HSCP Office, 2021; O'Connor et al., 2023; Taylor, 2021).

Placements that consist of time in the clinical setting and time working remotely are referred to as blended placements (Marchant, 2021). Based on the principles of constructivism, as well as being learner centred and context dependent, blended learning allows for greater flexibility and responsiveness in the teaching and learning process (Graham et al., 2013; Lewin et al., 2009; Nisbet et al., 2013). Two systematic reviews present emerging evidence that blended learning can contribute to development of clinical competencies and preparation for future practice (Liu et al., 2016; Rowe et al., 2012). However, there is no consensus in the literature on the definition of a blended placement model (Beveridge & Pentland, 2020), including what the ratio of onsite to offsite time should be.

In Ireland, a national model, which enabled students to complete some placement time offsite, was devised. This involved inter-institutional collaboration across the four current Occupational Therapy (OT) programmes, including one Master's and three Bachelor's level programmes. A key driver of the model was addressing impacts of social distancing within services. The Practice Education Coordinators (PECs) from these four programmes drew on knowledge and evidence of existing and emerging models (Dancza et al., 2013; Fortune et al., 2006; Twogood et al., 2020) to develop a blended onsite/offsite model; the '60:40', model so named based on the time ratio between on and off-site learning. Due to a lack of specific information and no agreement in the literature on a blended placement model definition (Beveridge & Pentland, 2020) the PECs co-designed the guidance described in the next paragraph which was communicated by email and via training webinars to the PEs .

PEs were advised that all activity planned as part of the model should be guided by the occupational therapy competencies (WFOT, 2020) students are expected to achieve and the CORU Standards of Proficiency (CORU, 2016). Students could complete work offsite from home, such as projects (Fortune et al., 2006), resource development and intervention planning. Some traditional face to face activities could be moved on-line e.g. supervision (Miller et al., 2003). There was also scope for students to complete telehealth interventions during offsite time (Zahoransky & Lape, 2020). Learning tasks, such as organising own workload and clinical problem solving, that facilitated student professional development when the PE was not present, were encouraged (Dancza et al., 2013; Syed & Duncan, 2019). Designated clinical time on site was guaranteed. On negotiating feasibility related to social distancing with PEs, reviewing the literature available (Dancza et al., 2013; Twogood et al., 2020) and ensuring students' competencies could be met (CORU, 2016; WFOT, 2020), it was agreed that a 60:40 onsite: offsite time ratio would be provided as guidance, but was not prescriptive. Students in Ireland on a blended placement could therefore attend face-to-face placement for minimum three days (60%) and work from home on associated placement tasks for maximum of two days (40%) each week. In general, using the guidance, the specifics of the model were developed largely via experimentation and experiential learning of PEs, rather than relying on a formalised model. PEs then aimed to create a balance of clinical and self-directed tasks for the student.

Many characteristics of the placement model such as telehealth, projects and long-arm supervision (supervision provided by an experienced clinician at a physical distance (Beveridge & Pentland, 2020)) are not new to practice education. However, the combination of these various methods to create a formal OT placement model reflected international developments in practice education (Lawton et al., 2021; Marchant, 2021; Wagg & Morgan, 2022). For example, a nursing study reported that students achieved their competencies by completing three days in the clinical practice setting and engaging in virtual learning tasks for the other two days (Wagg & Morgan, 2022).

While a number of blended placements have been described in the literature, a gap exists across the health and social care professions on PEs' perceptions of this model, in part because it was developed during a period of turmoil and rapid service change (Grafton-Clarke et al., 2022; Peart et al., 2022; Robinson et al., 2020; Teng et al., 2021). Marchant's (2021) study on student perceptions of a blended placement model during COVID-19 also highlights the need for PEs to ensure a quality learning experience and support for the student when planning a blended placement. Building on these findings is necessary to inform the model's sustainability and to meet the needs of all stakeholders.

The aims of this research were:

- To understand PEs' perceptions of the benefits and challenges of the blended placement model to PEs and to students' learning
- To develop a sustainable blended practice education model.

Methodology

Study design

Ethical approval was granted by the College of Medicine, Nursing and Health Sciences Research Ethics Committee, University of Galway (CMNHS REC No. 22-0017). The researchers were aware that PEs offer practice education placements voluntarily to the University. However, to be sensitive to the dynamics of perceived authority or influence it was made clear to participants that they could withdraw at any time without providing any reason. Details regarding placement sites and students have been omitted to protect anonymity.

This research study used a qualitative interpretive design to understand PEs perspectives on the blended model, as constructed through their interactions and experiences with the model (Braun & Clarke, 2013; Creswell & Creswell, 2018). This aligns with an epistemological stance of knowledge being gained through the interaction between the researcher and the participants (Creswell & Creswell, 2018).

Sampling and recruitment

Seven participants were selected by purposive sampling, allowing for recruitment of participants with relevant experience (Cohen et al., 2017). The sample for this study was occupational therapy PEs who had supervised at least one occupational therapy student from any one or more of the four occupational therapy programmes (Master's and Bachelor's level) using the blended model, since March 2020. Participants were required to have supervised a prior placement to compare their experiences. Seven participants were interviewed, within the preferred range of six – ten (Malterud et al., 2015; Sim et al., 2018). This sample size was deemed to provide an amount of rich and relevant information, sufficient 'information power' (Malterud et al., 2015, p. 1759), to meet the aims of the study.

The Association of Occupational Therapists of Ireland (AOTI) and Occupational Therapy Practice Educators Network acted as gatekeepers (Creswell & Creswell, 2018). Invitations to participate were sent via email by AOTI to their research database. The researcher provided written information on consent and relevant General Data Protection Regulation (GDPR) information prior to interview.

Method of data collection

Data were collected using semi-structured interviews (McGrath et al., 2019) (See Appendix 1) which allowed the researcher to explore the participants' individual perspectives and experiences. The semi-structured nature of the questions allowed for flexibility and probing facilitated deeper enquiry into participants' responses (McGrath et al., 2019). While focus groups were deemed suitable initially, analysis of information through group interactions was not considered as key to this study (Baillie, 2019; McGrath et al., 2019). Individual interviews were also identified as more suited to the novice researcher's (ENR) skill level and experience.

The interviews explored PEs' perspectives on how placements had proceeded, including benefits and challenges. An interview protocol was developed jointly by the first and second author following a review of the literature (Kallio et al., 2016). A reflexive diary entry by the first author of the pilot interview guided the finalisation of the questions (Kallio et al., 2016; O'Connor, 2012).

Online interviews ranged from 35 to 58 minutes and were recorded using the Microsoft Teams platform (Samuk Carignani & Burchi, 2022). Data were transcribed verbatim by the researcher and pseudonyms were used to ensure anonymity. Research data were stored in line with relevant GDPR and ethical approval. All participants were offered the opportunity to check a summary of their interview, written by the researcher, once the interview was completed. Three participants chose to do so, thus increasing credibility of the interview data prior to analysis (Houghton et al., 2013).

Method of data analysis

Data were analysed using reflexive thematic analysis (RTA) which is an appropriate method for exploring participants' experiences to develop themes (Braun & Clarke, 2019). Content analysis was not suitable as the study sought to reach beyond the information provided and the context, to develop common themes from the participants' experiences and how they relate to each other (Vaismoradi et al., 2013). Computer-assisted qualitative data analysis software (NVivo) was used to support the six phases of RTA: (1) familiarizing oneself with the data, (2) generating codes, (3) constructing themes, (4) reviewing potential themes, (5) defining and naming themes, and (6) producing the report (Braun & Clarke, 2021). At each step, the researchers returned to the entire dataset to confirm that the themes accurately represented the data.

This approach to analysis acknowledged that the first researcher's position and influence, in this case as practice education coordinator, could affect data interpretation and generation of themes (Barrett et al., 2020). Thus, the researcher adopted appropriate rigour-enhancing strategies throughout. For example, NVIVO provided a transparent analysis trail for trustworthiness and transferability (Connelly, 2016; Smith, 2018). The researcher provided thick descriptions to ensure transferability (Connelly, 2016; Golafshani, 2003; Houghton et al., 2013). Credibility in analysis was established through peer debriefing sessions with the researcher's supervisor (second author), held regularly online throughout the analysis process, with notes and memos on thinking around decision making (Connelly, 2016). These sessions confirmed the level at which the findings, and how they came about, were understood by both parties (Barrett et al., 2020; Houghton et al., 2013).

Findings

All participants had supervised a blended placement since April 2020 and had facilitated one or more students attending any one of the four occupational therapy programmes in Ireland. Four participants were working part time, between two and a half to four days a week. Participants worked across hospitals, community mental health, paediatric and primary care services. All students were completing a later stage placement, the third or fourth of four placements. See Table 1.

Three participants facilitated students to work offsite for two days per week (60:40). A further three PEs facilitated students to work offsite for one day (80:20). One student completed offsite tasks for half a day each week.

Students completed a combination of tasks offsite. Tasks included: intervention planning, delivering telehealth/phone interventions, resource development, project work, multidisciplinary team meetings, online peer learning module, supervision, assessment feedback and induction. Onsite time prioritised clinical face-to-face opportunities. However, offsite tasks may also have had a clinical component, e.g., telehealth.

The findings were organised into three key themes, each of which add to the understanding of the others. See Table 2.

Table 1

Participant and placement description and characteristics

Participants and Placement Description and Characteristics	Number of Participants
Years of experience as an OT	
1-5 5-10 10-20 20+	0 2 5 0
Years of experience as a PE	
1-5 5-10 10-20 20+	1 1 5 0
Clinical Practice Area	
Community Physical health Community mental health Community Paediatrics General Hospital	1 3 1 2
Part time or fulltime	
Part time Full time	4 3
Placement models previously facilitated (may have been more than one)	
Traditional model (1 student: 1 PE)	7
Shared/co-supervision model (1 student: 2 PEs)	3
Grade	
Senior Staff grade	6 1
Student placement level Placement 1,2,3 or 4 for blended onsite/offsite	
Placement 1,2 Earlier stage	0
Placement 3,4 Later stage	7
Ratio on time onsite: offsite	Number of participants
60:40 80:20 < 20% offsite e.g. 0.5 day	3 3 1

Table 2

Themes from the findings

Themes				
Theme 1		Theme 2		Theme 3
"Space to grow and learn"	↔	"Checking in" while "letting go"	↔	Managing Contextual Challenges
Subthemes				
Subtheme 1.1 Maximising the offsite time Subtheme 1.2 Maximising the onsite time		Subtheme 2.1 Developing Independence Subtheme 2.2 Communication		Subtheme 3.1 Student related challenges Subtheme 3.2 PE time use

Theme 1: "Space to grow and learn"

All PEs were positive about the blended model and its opportunities for student learning. They identified that they would consider supervising this placement model again in the future. As P3 commented "…it's a

really good model. I hope that there's lots that we've probably learned during all the COVID stuff that will continue as potential ways of practice going forward…" (P3).

PEs described in further detail their considerations when designing and planning the placement, including both the onsite and offsite learning tasks, presented here as subthemes. Five participants identified the impact the combined offsite and onsite tasks had on opportunities for self-directed and autonomous student development. They felt these tasks created space for developing the important graduate attributes of being responsible, creative, proactive and collaborative: "What really comes to mind is "a space to grow and learn"... having the different sites and the kind of physical or...mental space, that allows…for the student to actually be more autonomous… (P3). A critical element in designing this 'space' was planning the use of the time spent in offsite and onsite spaces.

Subtheme 1.1: Maximising the offsite time

All PEs acknowledged that a change in PEs' thinking regarding offsite learning may be required.

> …I would love to have in place a rolling set of projects...if we're asking them to do something else that's going to benefit us clinically…we need to understand that is going to change the way they practice as students in the clinical setting as well. (P2)

Two PEs who perceived the offsite time to have negatively affected clinical learning opportunities, lacked clarity on their role and the purpose of the offsite time. However, six of the seven participants identified a need for further support when uncertain about the benefit of the offsite time as part of the blended model.

> …on the day offsite…it was always the extra projects taking away from…the core competencies that they really need to master…maybe we could lean on college a bit more for some support around the learning needs that are explored on those days (P5).

Subtheme 1.2: Maximising the onsite time

While onsite time is a well-established core element in placements, the possibilities for using that time are changed by the increased use of offsite time. PEs discussed the need to balance offsite tasks with effective use of onsite time. All participants felt their service provided unique onsite opportunities for face-to-face clinical work, which supported a balanced placement: "I think with mental health, cause we're community service…I think there has to be a good portion of it on site, more than other services" (P3).

Two PEs placed greater emphasis on the importance of this clinical time onsite as being essential to students learning: "The students need to be on the wards...they need to be learning...they need to be involved with patients" (P6). Onsite time was changed by the blended model, as PEs structured the onsite time around patient facing and clinically related tasks only, as much as was possible.

Theme 2: "Checking in" while "letting go"

Blended placements offered challenges and opportunities in relation to the form of supervision i.e. long arm supervision, which was new to many of the PEs and different to the traditional 1:1, fully onsite model. All PEs described an aspect of their supervision of the placement, which one PE called "checking in". It served different purposes, including support for the student and monitoring student progress. This created a level of complexity to the PE role, both "checking in" while "letting go" and giving students opportunities to develop and learn.

> … you're allowing a little bit more independence and self-direction from your students …talking about trust…more like…a working relationship...than a student practice educator relationship….you're taking a little bit of a step back and allowing them to progress…(P4).

This supervision model particularly raised issues for developing student independence and for communication.

Subtheme 2.1: Developing Independence

A crucial part of practice education learning is the development of learner autonomy under the guidance of the PE. At the outset three of the PEs indicated concern about being able to fully support the students' learning, due to the student and PE not always being on site together at the same time. However the converse was the case with PEs indicating that students availed of opportunities to be self-directed and take responsibility for own learning i.e. by having to arrange an agreed time for clinical reflection with the PE: "...and the student I had, she was absolutely wonderful. She just relished the challenge...I mean the challenge of the blended model and the offsite supervision didn't seem to faze her" (P7).

For three PEs this different approach to developing student learning stimulated reflection on their supervision style: "…and letting a little bit go of that control...is the difference for me…And that's just for me to work on probably as well" (P1).

Subtheme 2.2 Communication

In addition to planning learning activities, communication during blended placements, especially when offsite, was pivotal to placement success. Additional contact was required to facilitate a relaxed and supportive supervision environment, to provide clarity on expectations, as well as informing student assessment. All PEs displayed a heightened awareness of the student's wellbeing and the need for supportive communication aiming to replicate the support students would experience if onsite with the PE.

> …you actually have to probably work a little bit harder on the communication if they're not here all the time, keeping in contact in different formats...it would be very hard to mark someone on aspects of the placement if I hadn't that communication link in the days in between... (P1).

Written communication and meeting record requirements needed consideration also. The lack of digitalised systems in three services was a significant challenge to completing clinical tasks offsite, with limited access for students to clinical information. One PE recommended a review of the record management system, indicating that this lack of timely access to client files affected learning opportunities.

Nonetheless, PEs remained solution focussed. For example, students used email effectively for many tasks (e.g. draft notes, reports, supervision agenda). Three PEs found email helpful in providing feedback on written work and as a means of gathering evidence of students' competency when working apart: "It's actually much easier to review and edit something that's typed anyway … then whenever they wrote it into the chart, they just let me know that I needed to sign it" (P3).

Theme 3: Managing contextual challenges

While planning and communication were identified by PEs as a strategy to create conditions conducive to a successful placement, there were also operational and context specific factors present. Again, PEs displayed a practical, problem-solving approach to their individual circumstances and challenges: "…there was virtual means of engaging with students…so I suppose I knew it was definitely possible…and I knew it was gonna take a little bit of problem solving" (P7).

Subtheme 3.1: Student related challenges

PEs described challenges within student's individual circumstances, including accommodation issues. These were heightened during COVID but identified by PEs as a concern for students on placement at any time. Six of the seven PEs felt the blended model allowed flexibility to manage such challenges. At times arrangements needed creative responses so that students had an appropriate space to work. Two students completed their "offsite" work away from the therapist but in a service building: "I gave her the freedom to...do that from home...but she was in a shared house. So, I set her up in the OT room..." (P1). One PE expressed concern that sourcing accommodation will continue to be a challenge for students in the context of a national housing crisis: "again rents and stuff in the city or wherever ... and your difficulties in sourcing placements…I think it could be a really interesting model to explore from that reason" (P1).

Three of the seven PEs reflected on whether the placement model was more suited to a certain type of student. These PEs expressed that students would benefit from being flexible in their approach to the placement.

> …those students that I had, that flexibility was brilliant, that it really worked well for them…And I could see that it may not work well for other people who maybe...weren't as comfortable with being quite flexible with their timetables and their schedules and that kind of thing... (P2)

Subtheme 3.2: PE Time Use

PEs need to combine placement supervision with a wide range of their other work responsibilities, which can put them under time pressure and personal stress. This placement structure meant that both the educator and the student spent time working apart. All PEs felt this not only helped the students to cope with some of the stress of being on placement, but also helped facilitate PEs to manage their own workload. As one PE noted: "I think we all felt that it can be really intense…a breather to do your own work and for them to do theirs and then come back together the next day…that was really nice.." (P1).

In addition, all seven PEs highlighted the benefit of time to plan and reflect. As P5 noted: "You have less time for your own other stuff or...to organise properly for the next weeks ahead…so yes, you do need some time to be able to do that" (P5).

The two PEs, who expressed doubts about the model, struggled when weighing up the loss of clinical time for the student against this benefit to themselves. These PEs placed greater emphasis on the need for students to learn from the clinical time. They described feeling under pressure to maximise the onsite time and perceived that the clinical time supported greater learning and relationships: "...it's probably better even to do it face to face, I suppose when they're on placement,…I think it's more personable maybe" (P6)

Discussion

The aim of this study was to investigate the experiences of PEs who had supervised students using this blended placement model. This study found that while challenges were identified, all participants were positive about the future, identifying the option of a blended onsite/offsite placement model as a facilitator in developing placement capacity, beyond pandemic exigencies. Drawing on the themes and

existing literature, this section will first consider the facets of the blended model, which are then integrated to create a guide for PEs in planning a blended placement.

The first facet relates to the design of time ratios and maximising time use across offsite and onsite time. The PEs in this study used a mix of onsite: offsite time ratios with the 60:40 ratio serving as a guide, which had to be planned fully by the PE, considering the site, PE and student factors. However, in the findings on planning the placement, particularly the offsite time, six PEs indicated they would like to have more guidance and structure to inform blended placements. Mulholland (2006) identified the importance of PE training and preparation in order to ensure a positive learning environment is created for the student. Consequently, PE information and training on the model including the particular detail to weigh up when determining an appropriate balance, will provide guidance and reassurance in creating a quality learning experience at this early stage of the model's development (Beveridge & Pentland, 2020). Provision of such training will also support its sustainability.

A key theme in the analysis has been that the PEs in this study found that the structure of the blended onsite and offsite placement created space for key skills, such as being self-directed and taking responsibility, to develop. The ability to be self-directed assists in the development of students professional practice skills (CORU, 2016; Dancza et al., 2013; Syed & Duncan, 2019). Experiencing autonomy and responsibility, also helps students form a strong professional identity (Ashby et al., 2016; O'Leary & Cantillon, 2020), the "backbone" of preparation for graduate practice (Cruess et al., 2016, p. 181). Lawton's (2021) study of physiotherapy students and educators experiences of an onsite and online practice education placement, found that similar experiences and skills gained by the students, were beneficial in preparing them for the realities of practice. However, self-directed learning can be interpreted by students as lack of support, and they may feel undervalued (Dornan et al., 2007). Such feelings can negatively impact student learning (Bhagwat et al., 2018). Indeed, some PEs in this study perceived students were missing out on valuable clinical time - a recognised view when introducing innovative models, especially those that involve non-client facing work (Beveridge & Pentland, 2020). This concern from PEs could create an environment where students are unclear about expectations and potentially feel unsupported. Throughout the planning and supervision of the placement, ongoing clarifications of expectations for students will be an important part of the PE's role (Golos & Tekuzener, 2019) and will vary from student to student. Therefore, the success of the blended model is dependent on another key facet of the model, which is the PE creating a balance of self-directed learning, with clinical face-to-face time and with appropriate levels of PE support (Sagasser et al., 2015).

In this study, PEs emphasised the importance of communication and building a supportive relationship with students. Recent studies of telehealth and blended placements highlighted similar findings (Marchant, 2021; Peart et al., 2022; Twogood et al., 2020). Telehealth research highlights the need to pay greater attention to cultivating the student-PE relationship, more than during traditional placements, due to possible student isolation (Peart et al., 2022). Forty three percent of students in Marchant's (2021) study of students perspectives of placement during the COVID-19 pandemic identified that working remotely did impact on their relationship with the team. There is a need therefore to consider opportunities for social interactions during a blended placement. These socialisations, as well as the previously discussed opportunities for autonomy and responsibility, help shape the students' professional identity (Ashby et al., 2016; O'Leary & Cantillon, 2020).

One facet identified as supporting sustainability was the benefit to the PE of time away from the student. This finding aligns with other studies where the PE and student had time apart (Beveridge & Pentland, 2020; Flood et al., 2010). Coleman et al.'s (2021) scoping review identified that there is limited evidence showing that PEs clinical time is negatively impacted when facilitating placements. However, the time demand continues to be perceived by PEs as a barrier to taking on this role (Bourne et al., 2019; Coleman et al., 2021; Fairbrother et al., 2016). PEs in this study mentioned that a key benefit of time apart was not the absence of the student per se but having time to reflect and plan. Therefore, it can be inferred that this feature is important as a support to PEs in meeting both their placement and wider work commitments, which supports the sustainability of the blended model.

Supervision provides the tool for building on the supervisees knowledge and skills and also for supportive communication (Dancza et al., 2022). The nature of the blended onsite/offsite model, and other innovative models means that long-arm supervision is increasingly common (Beveridge & Pentland, 2020; Clarke et al., 2014; Peart et al., 2022; Taylor, 2021). The educator needs to strike a balance in long-arm supervision, providing enough support to instil student confidence while also facilitating autonomy (Bonello, 2001; Dancza et al., 2013; Kirke et al., 2007; Rodger et al., 2014). PEs in this study recognised that the supervision structure can be adapted to suit the circumstances, considering both student learning and well-being (Salter et al., 2020). Sagasser et al.'s (2015) study of GPs identified the importance of support and training for this adapted supervisor role.

Practical challenges, related to the context, the PE and student circumstances (Beveridge & Pentland, 2020) were also evident. Access to resources e.g. space, are commonly identified by PEs as barriers to placement facilitation (Grafton-Clarke et al., 2022; Hanson, 2011; Varland et al., 2017). Marchant's (2021) study demonstrates some similar findings from the students perspectives. These include challenges with access to technology, space, and financial pressures. Students completing virtual placements in Twogood et al.'s (2020) study had no direct access to the clinical notes, with students writing their own notes for PEs to check. For some PEs in the current study, allowing students to work offsite/ from home provided the solution to managing limited office desk space. In this blended model, students had limited need for use of a desk and could share a desk with a part time worker due to a focus on face-to-face clinical work when on site. Consequently, the flexibility of the blended model enabled PEs to identify solutions to manage space thus eliminating a potential block to placement provision, which may increase placement capacity.

Students often have to travel and seek short-term accommodation for placement. In Ireland, the housing crisis currently presents a challenge for students (Waldron, 2022). Stress due to concerns such as housing and finances, can have a negative impact on student placement performance (Cassidy et al., 2020). This study found that housing costs for students may be reduced during a blended model, as students may not need accommodation at the placement site. However, housing does also need to be appropriate for blended learning i.e. having a suitable home space for remote working (Jessup et al., 2022; Swanson et al., 2022). PEs and universities need to consider what supports they can make available to facilitate a blended placement i.e. designated desk space within the university for students during blended placements. PEs in this study also contribute to a solution-focused approach to these practical challenges.

Blended placement models require planning and preparation to maximise the likelihood of a successful placement outcome (Beveridge & Pentland, 2020). However, much of the learning of our PE participants was personal and sometimes came too late to enable them to shape the placement optimally. Twogood et al.'s (2020) study of telehealth placements concluded that guidance for PEs as well as students would be beneficial. Informed by our study findings and discussion, the Blended Onsite/Offsite Model (BOOM) Planning Guide has been developed to guide the PEs in designing, planning and implementing a blended model. See Appendix 2. The guide can assist PEs to make informed choices when planning a blended placement, rather than being a prescriptive set of operating procedures. The guide includes a visual representation of the model and outlines the supports available, the core elements of placement design and planning, as well as the range of additional factors for consideration when planning.

The BOOM Planning Guide will assist PEs to be flexible and creative (WFOT, 2020) in planning a balanced, blended sustainable placement that supports all stakeholders. Findings from the literature would suggest that the BOOM Planning Guide may be applicable across many health professions and beyond the Irish context (Fronek et al., 2021; Lawton et al., 2021; Marchant, 2021; O'Connor et al., 2023).

Limitations

Although there was the risk of selection bias as PEs who had a more positive experience on practice placement may have been more interested in participating in this study, participants expressed divergent views. It must also be recognised that in the researcher's role as PEC, there exists a potential power relationship with the participants that might have made them less critical, and may have had an influence on the findings.

Recommendations for further study

As the blended model is in the early stages of being implemented, it would be valuable to carry out research to track its development and growth across occupational therapy and other health and social care professions, to understand the variety of ways it is implemented and the impact of training and supports. This initial iteration will be reviewed as it is put to use. Research exploring the impact of a blended model on student learning would be beneficial, adding to a greater understanding of the model and augmenting the current research findings.

Conclusion

All participants in this study viewed the blended placement model as a viable option for the future. The model presented PEs with an opportunity to allocate students time for more self-directed learning tasks, supporting advanced professional skill development. The benefit of the time working apart from the student is an important element in the sustainability of the model, while operational and contextual challenges continue to require a flexible solution focused approach. The BOOM Planning Guide, which is informed by the study findings, may help address these challenges and may be applicable to disciplines beyond Occupational Therapy. The blended model should be promoted as part of an overall strategy to address placement capacity challenges.

Glossary:

BOOM Planning Guide: Blended Onsite/Offsite Model Planning Guide has been developed to guide the practice educators in designing, planning and implementing a blended model

Practice Education Coordinator (PEC): In Ireland, University-based Practice Education Coordinators (PECs) are responsible for sourcing and organising occupational therapy placements (O'Connor, 2012).

Practice educator (PE): A PE is a registered occupational therapist who supervises, facilitates and evaluates students on practice education placement (NUIGalway, 2020)

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Appendix 1:

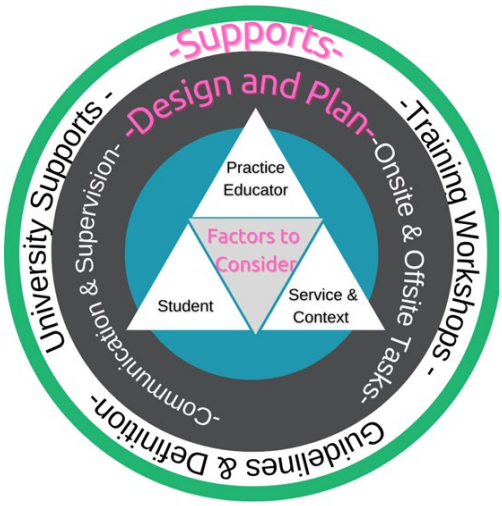
Semi-structured Interview Guide

Part 1: Placement Experience and Initial Perceptions
• To start, I would like you to give me some information about yourself as an OT and PE- how many years are you working, where do you work, part or fulltime? • Types of placements supervised in the past . Can you tell me about the placement, or placements, in which you supervised students using a blended onsite/off site model • And, to take you back to before the start of placement… did you opt for this model of placement, how did it come about, what was your initial viewpoint on that and why? • Did your opinion change over the course of the placement and if so, what influenced that change of thinking?
Part 2: Challenges of a blended onsite/off site model placement. In this section, we will look at your experience of the blended onsite/off site model and the challenges that this specific model presented.
• When you reflect on your experience of being a practice educator supervising a student on a blended placement what do you recall as being any challenges or disadvantages of that model from your perspective? ➢ How do you think this influenced your approach to facilitation and supporting students learning? ➢ How would this compare to challenges with other models of placement you have supervised? ➢ Can you give me an example of a challenging experience that you had with the student on placement, if any, and how you dealt with it?
Part 3: Benefits of a blended onsite/off site model placement. In this section, we will look at your experience of the blended onsite/off site model and any benefits that you perceived in relation to engaging in this type of placement.
• When you reflect on your own experiences of supervising a student on a blended onsite/off site model of placement, would you consider that there were any benefits or advantages to such a placement and if so, can you describe these? ➢ How do you think this influenced your approach to facilitation and supporting students learning? ➢ How do you think this influenced the students learning on placement? How does this compare with your experience of another placement model? ➢ Can you give me an example of a positive experience that you had with the student on placement in your role as supervisor, if any? ➢ If you had to describe the blended model in a couple of sentences to another colleague who is thinking of taking a student with this model how would you describe it
Part 4: Additional considerations – your experiences. In this section I would like to discuss your personal experience of blended onsite/off site model of placement in relation to other factors in placement provision
• Can you tell me about the preparation that you were involved in for facilitating this blended placement model? ➢ How would you describe the aspects of your role as practice educator supervising the blended model ?

➢ How did this compare to your role when facilitating a different placement model?
• I am just going to put up a visual now of what can be considered contemporary graduate attributes (Graduate attributes - Knowledge, Proactive, creative, responsible, collaborative, technical skills, Communication, Leadership). What is your view on the **impact on student's learning and development** when on a placement using a blended model, as one of their placement experiences? ➢ What did you experience, see, hear? Can you share any examples? ➢ How does this compare to your thoughts on opportunities for student development and learning in a different placement model that you may have supervised? Any other attributes, qualities, skills you feel were developed or not developed using the blended model?
Part 5 Recommendations for continued use of model
• What are your thoughts on this model as a viable model for the future? ➢ Are there factors in your local context (positives or constraints) that determine the effectiveness of this model in practice? ➢ Describe what may need to happen next
Wrap up question and Conclusion
Before we finish up, is there anything you would like to add to what has already been covered?

Appendix 2:

BOOM Planning Guide (Examples are indicative and can be edited/added to as needed in particular circumstances).

The BOOM Planning Guide for practice educators – **Optimising conditions for a blended onsite/offsite practice education placement**	
Definition: The Blended onsite/offsite practice education placement model enables students to attend face to face/onsite placement for minimum three days and work from home/offsite on associated placement tasks for maximum of two days each week (60:40 onsite: offsite ratio serves as a guide). Students' offsite work may include projects, resource development, intervention planning, on-line supervision, telehealth interventions. In addition, designated clinical time on site must be guaranteed. A guiding principle in setting learning tasks is that they support students to meet the learning competencies and CORU Standards of Proficiency (CORU, 2016). Learning tasks that facilitate student self-direction and autonomy are applicable to this model where the practice educator is not always in the same location or working on the same day as the student. The practice educator is responsible for the facilitation, supervision and evaluation of the student both on and offsite.	
	
Supports	
	Guidance document Definition and what is permitted University training and support for placement planning Clinical management and team support
Design and Plan	
Onsite learning Plan	Agreed off site to onsite ratio and clear schedule

	Induction plan Plan for optimising clinical practice experience and learning Plan for effective use of time for in-person communication and guidance Ongoing prioritisation of clinical opportunities when onsite
Offsite learning Plan	Discussion of offsite learning opportunities at team meetings Time ratio and plan for optimising offsite time, including primarily non-clinical activities Plan for time to reflect and for 'space to grow and learn' Resources/Materials to support learning
Communication and Supervision	Identify strategies to facilitate self-directed learning – expectations, define for PE and student, set clear learning outcomes and objectives. Communication – agree a communication plan, method, frequency, purpose. Include expectations and responsibilities of PE and student when offsite and onsite. Agree supervision arrangement – responsibilities, methods, expectations PE role – to support, provide clinical feedback and plan Team role - communication opportunities, socialisation
Factors to consider	
Consideration of PE factors	PE Hours of work Clinical schedule PE supervision style – preference to micromanage, able to "let go" PE reflection encouraged preplacement Understanding and expectations of self-directed learning
Consideration of Student factors	Suitable Accommodation- for home working, travel to work Expectations and understanding of being self-directed Support requirements Collaboration in advance with PE if possible Expectations re supervision A flexible approach by the student University supports
Consideration of Context & service factors	Department or team project decision Space and resources available Technology available Access to record system GDPR – impact on practice Management support University and wider supports Socialization