

Placement models

Innovative ways of doing allied health placements with NDIS provider organisations.



FUTURE ALLIES

Developing tomorrow's NDIS Allied Health professionals

Placement models

Introduction

A key message from the research is that all stakeholders should embrace new and innovative ways of doing placements to fit in with the requirements of the NDIS.

Collaborate with the NDIS provider to find the supervision model that suits the University, the educator and the NDIS provider which delivers the learning outcomes for the student.

Establish realistic expectations and goals for the educator/s, not just for the student.



Placement models

NDIS Provider

Schedule opportunities for the educator/s to debrief and reflect during and after the placement.

For inexperienced educators, seek peer mentors to assist with preparation for the placement and support during the placement.

Have an agreed upon process / framework to scaffold gradual increases in independence the suits the student's capability and the placement context.



Placement models

Traditional model - (1 to 1 educator to student)

This is a traditional, apprenticeship model with a mentor / mentee relationship, usually with direct supervision.

It can be useful in the early stages of training to allow closer supervision and promote modelling of skills and to develop clinical reasoning.



Placement models

Traditional model - (1 to 1 educator to student)

Advantages

- Close supervision
- Modelling of skills and clinical reasoning

Disadvantages

- The student is largely dependent on the one educator to facilitate training
- Limits the capacity of providers to offer placement



Placement models

Interdisciplinary model/Inter-professional supervision – (1 or more educators to 1 or more students)

This is where the educator is from a different discipline to the student where many professional, interpersonal and communication skills are common across allied health professions and can be facilitated by educators in other disciplines.

This model can also be used with an educator from the same discipline and a co-educator from a different discipline.



Placement models

Interdisciplinary model/Inter-professional supervision – (1 or more educators to 1 or more students)

Advantages

- Students learn that there are common skills across disciplines

Disadvantages

- Discipline specific education and supervision is also required and must also be provided



Placement models

Cooperative/Collaborative Model - 1 supervisor to 2 or more students

This encourages and support peer to peer supervision. Peer learning is an essential part of modern placement education and can take many forms

- Students co-supervise each other
- Senior students supervise junior students
 - Students form journal clubs to develop their use of evidence based practice
 - Students work jointly on planning and delivering participant supports
 - Students present cases to each other and the AHP team

Students should be encouraged to consult, learn and collaborate with each other. This can decrease the reliance on the educator and support the student's developing independence.

Placement models

Cooperative/Collaborative Model - 1 supervisor to 2 or more students

The role of the educator is changed as they can delegate more clinical responsibilities to the students more efficiently, freeing them up to become a resource for the students. This can lead to an increase learning opportunities within the clinical setting.

Multiple students can be supervised by one educator. This can allow for more, or longer, support sessions to be provided to participants.



Placement models

Cooperative/Collaborative Model - 1 supervisor to 2 or more students

Advantages

- Peer learning opportunities
- Group feedback (increases efficiency)
- Students can run multiple sessions at the one time
- Peer feedback and observation opportunities
- Students enjoy being on placement with a peer

Disadvantages

- Increased educator load, at least in as the educator is developing in their skills in supporting multiple students. This initial increase in load decreases with time
- Reduction in observation of individual student



Placement models

Split Model / Multiple Supervisors - 2 supervisor to 1 students

Assigning one student to two educators can work in a setting where numbers of staff are employed part-time. Traditionally, full-time staff only were involved in placements, but this model allows part-time staff to supervise and can maximize the resources of the staff.

Multiple educators for one student.

Students benefit from working with and being exposed to different approaches and techniques .

Responsibility should be shared and agreed by the educators, so it is essential that there is effective communication and clear expectations between them. This is particularly important when providing feedback to the student when assessing the student's skills.



Placement models

Split Model / Multiple Supervisors - 2 supervisor to 1 students

Advantages

- Workload can be split between educators which can give the student/s more time with educators
- Primary educator can mentor a less experienced secondary educator
- Peer checking between educators can increase confidence in assessing the student at mid and end placement. This can build both the student's and educator's skills around assessment and reporting of student performance



Placement models

Split Model / Multiple Supervisors - 2 supervisor to 1 students

Disadvantages

- A lot of time is needed to liaise between educators setting up mutual expectations and assessing student progress
- Students can become confused by differences in feedback/expectations
- Each educator may spend an unnecessary amount of time engaging in 1:1 feedback with the student
- No opportunity for peer learning
- Students can feel isolated



Placement models

Shared / Remote Supervision Model – Primary supervisor is in a different location to the student/s

Remote or telehealth supervision involves a regular commitment of supervision from an allied health professional or university staff member (as negotiated prior to the placement), as well as additional support and education is provided by other staff in the provider organisation.

This model is useful in situations where on-site, same discipline supervision is not possible or feasible, e.g. in remote areas or in organisations that do not employ allied health professionals.



Placement models

Shared / Remote Supervision Model – Primary supervisor is in a different location to the student/s

The allied health professional or university staff member facilitates student learning of specific clinical skills. The provider staff facilitate student learning around disability and NDIS content, as well as professional behaviours and other non-clinical skills.



Placement models

Shared / Remote Supervision Model – Primary supervisor is in a different location to the student/s

Advantages

- Opportunities for rural and remote providers and participants to have students on placements

Disadvantages

- Potentially complex to establish
- Internet access must be reliable



Placement models

Reference List

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