

NEW PRACTICE-BASED
LEARNING IN THE ALLIED
HEALTH PROFESSIONS
A TOOLKIT FOR INNOVATION
AND EXCELLENCE

Edited by
EMMA GREEN, ANITA VOLKERT,
ERIC NKANSAH OPOKU AND
KATRINA BANNIGAN



New Practice-based Learning in the Allied Health Professions

This innovative book presents a new, comprehensive overview of the range of approaches available for delivering practice-based learning in allied health professions.

With a strong educational focus, the book provides actionable strategies to deliver positive placement experiences for students, educators and universities alike. It features international contributions from both educators and practitioners, and brings together new models and ideas for the first time. These include evidence-informed evaluation of long-arm supervision, peer-assisted learning and technology-assisted placements, and simulated and interprofessional placements. Each chapter is also supported by case studies which illustrate the dynamics of each model, alongside guidance to students in preparing themselves beforehand. Both practical and timely, the book recognises the critical role that practice educators play in planning, designing, supporting, delivering and assessing practice-based learning experiences – whether in clinical, research or leadership contexts.

Offering a key resource to shape high-quality, impactful placements in allied health education, it will be essential reading for educators, practitioners and students across the allied health professions.

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A Toolkit for Innovation and Excellence

EDITED BY EMMA GREEN,
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Preface

This book is written for those who are passionate about shaping the future workforce of their profession. Practice-based learning as part of education programmes brings together academic theory and workplace practice to develop skills and competences for our students – and through their insights, challenges and perspectives, we also learn and grow.

Reflecting on my own journey as a student, I am reminded about how valuable my practice-based learning experience was, and I have a personal appreciation of the power of learning in context. The richness of those placements, the teaching and mentorship I received and the real-world application of academic learning to the clinical environment were key to developing my clinical skills and also contributed to shaping my values and professional identity.

Today, the landscape of health and social care continues to evolve – and so, too, must the practice-based learning opportunities, using evidence to develop new models. Hospitals and clinical settings remain vital but we must also embrace contemporary community-based models where people live their lives – not just where they receive treatment. This broader view allows students to understand health and their role in its widest sense – as a lived, social experience influenced by environment, relationships and culture.

We are all individuals and it is essential to recognise that every individual brings their own unique background, identity and lived experience into the learning environment – and this is as true for our students as it is for our colleagues and patients.

As educators and practitioners, we have a responsibility to create spaces where all students feel seen, heard and valued – and embedding principles of equality, diversity and belonging into our teaching and supervision is not an optional

add-on; it is fundamental to supporting learning, fostering professional growth and ensuring that students have the opportunity to thrive.

When we create thoughtful, inclusive and encouraging placements, we do not just support student growth; we nurture the future of our professions.

Interprofessional learning remains a cornerstone of high-quality practice-based education. Collaborating across professional boundaries not only reflects the reality of modern healthcare but also enriches students' understanding of their own roles within and across the broader system. Learning with others encourages mutual respect, communication and a person-centred approach to care.

The rapid integration of new technologies, including clinical simulation, robotics and artificial intelligence (AI) is transforming the way we deliver services and educate future practitioners. From AI-assisted diagnostics to robotic rehabilitation tools, these innovations are reshaping practice and creating new learning opportunities. It is essential for our students to engage with these developments to acquire the confidence and critical thinking required to navigate a health and social care landscape that is increasingly digital, data-driven and interdisciplinary.

As teachers, mentors and professional role models, we must be mindful that the students we support today are our colleagues tomorrow. They are the future of our professions. Investing in their learning through meaningful, inclusive and contextually relevant placements is not only an educational responsibility but a professional one. The responsibility to support student education in practice belongs to all of us, reflecting our commitment to the continued growth and excellence of all of our professions.

*Professor Carolyn McDonald
Chief Allied Health Professions Officer (Scotland)*

Chapter 1

Introduction

Context and rationale for contemporary approaches to practice-based learning

Emma Green and Anita Volkert

CHAPTER OVERVIEW

This book brings together for the first time innovative approaches to delivering practice-based learning in the allied health professions. It presents a wide portfolio of placement models, providing not only a comprehensive overview but also insights into the broader context of how to successfully implement practice-based learning for pre-registration learners in allied health. The book has a strong educational focus aimed to support the design and implementation of practical, real-world placement models. The essence of the book is to provide actionable strategies to deliver good placement experiences for learners, practice educators and universities alike. The book draws on evidence-based research to guide the design and implementation of these placement models. To make these concepts tangible, the book includes real-world examples from a variety of allied health pre-registration programmes across the globe, demonstrating how these models can be applied effectively in practice. Whether you are an educator, a practitioner or a learner, this book is a vital tool for shaping high-quality, impactful placements in allied health education.

In this introductory chapter, we will lay the foundation by defining the key concepts and scope of the book, setting the scene and explaining the rationale. Recognising that there is a wide range of terminology used internationally – and often interchangeably – within the field of practice-based learning, we identify and define the terminology used in this book, ensuring consistency and a shared understanding. This chapter also considers the key stakeholders within allied health practice placement – learners, practice educators and university, college or higher education institutes – and considers what makes a good placement from

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these key stakeholder perspectives. Finally, this chapter presents the structure of this book to provide a guide as to how to engage with this 'how-to' toolkit.

CHAPTER OBJECTIVES

The objectives of this chapter are the following.

- Outline the focus, scope and rationale for this book.
- Provide clarity and definition of the terminology that will be adopted within the book and recommended for use within wider practice.
- Consider key stakeholders of practice educators, learners and the university, and outline their expectations of what makes a good placement.
- Outline the content of this chapter and how the book should be used to support adopting new ways of engaging with practice-based learning.

INTRODUCTION: A FOCUS ON THE ALLIED HEALTH PROFESSIONS

This book is designed for practitioners, educators, practice educators and learners with a keen interest in practice-based learning. It is an essential resource for any allied health professional involved in shaping the future workforce and supporting the delivery of effective practice-based learning experiences. Allied health professionals are a diverse group of health and social care workers who play a crucial role in improving the health and wellbeing of populations worldwide, working alongside medicine and nursing. While definitions of which professions fall under allied health vary globally, there is consensus that it includes health and social care professionals who require a university degree and professional registration upon qualifying, excluding the professions of medicine, dentistry and nursing (ASAHP, 2015). Higher education institutes deliver allied health programmes, which are highly regulated by national and international standards to ensure safe, effective and ethical practice (Bissett et al., 2023). This book supports those working in these programmes, offering valuable insights into developing future professionals and fostering excellence in practice-based learning.

Allied health pre-registration programmes typically follow a modular curriculum that integrates academic learning with essential practice-based learning experiences, which are crucial for developing competence to practice (Rodger et al., 2008). However, there is considerable variation across professions regarding

the number of required practice hours required, the timing of placements and the diversity of practice settings (Bissett et al., 2023). Accrediting bodies for allied health often outline who can supervise placements, identifying certain models of placements that can be utilised, and for how many hours, e.g., use of simulation. However, often there is no specific guidance on the types and models of placement that can be used (Beveridge and Pentland, 2020). International or national standards within professions may also determine the criteria for this, e.g., the World Federation for Occupational Therapy (WFOT) (2016) requires 1,000 hours practice education for qualification for all WFOT accredited occupational therapy programmes, or criteria can be decided at a national level by professional bodies, e.g., the Royal College of Occupational Therapists (RCOT) sets a limit of 40 hours of simulation only that can be counted within the 1,000 hours required to graduate an occupational therapist (RCOT, 2019). However, although the configuration of the exact criteria may vary from profession to profession and country to country, there is commonality in that allied health profession education includes multiple practice-based learning opportunities designed to develop learners' capabilities and ensure that they meet the required proficiency and work readiness upon graduation (Nagarajan and McAllister, 2015). The flexibility in placement models offers the opportunity for creativity and innovation, allowing educators to tackle global challenges related to placement capacity in allied health (Briffa and Porter, 2013; Pope et al., 2023). This book responds to the shared need for a wide range of practice-based learning opportunities that align with regulatory or professional accreditation standards, whilst also addressing the increasing demand for placement capacity in pre-registration allied health education. In this context, the book provides practical solutions and guidance for universities, practice educators, practitioners and learners. It explores a range of contemporary approaches to practice-based learning, offering strategies to help meet current and future requirements for allied health students and ensure their competence as graduates.

WHAT IS PRACTICE-BASED LEARNING?

Practice-based learning for the allied health professions exists at the junction of academic work and work-based practice, serving as a kind of bridge or transition between university-based, classroom learning and the messy realities of practice (Schön, 1991). The complexity of professional practice has been described by Schön (1991, p. 42) as the "swampy lowlands" where these complex messy situations defy easy technical solutions. This 'betwixt and between' position is both what makes practice-based learning so interesting, but also what can make it so challenging. Compounding this, the terminology surrounding practice-based learning is broad, inconsistent, and varies across professions and countries, with many terms being used interchangeably (Pope et al., 2023). This lack of

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a unified approach can lead to confusion and a lack of consensus in practice and research (Beveridge and Pentland, 2020). Practice-based learning is an educational approach that emphasises applying theoretical knowledge in real-world practical settings. It serves as an umbrella term for a variety of learning experiences, all designed to foster student-centred learning by providing learners a safe environment to apply and refine their newly acquired knowledge and skills (Chartered Society of Physiotherapy [CSP], 2023). Internationally, the term ‘work-integrated learning’ is often used synonymously with practice-based learning. In the context of allied health, work-integrated learning has been described as

carefully designed learning activities, in a variety of settings, [that] provide allied health students with opportunities to develop abilities to integrate conceptual and procedural knowledge obtained during their on-campus studies with the know-how to make decisions about applying knowledge (such as propositional, procedural, personal, ethical and cultural knowledge) gained.

(Nagarajan and McAllister, 2015, p. 280)

While these definitions highlight the importance of bridging theoretical knowledge with practical application, they do not capture the full scope of what practice-based learning can offer. Beyond technical skills and knowledge, placement provides crucial experiences in professional socialisation and understanding team dynamics and working relationships, both within professions and across interdisciplinary teams (Rodger et al., 2008). Additionally, it gives learners the opportunity to develop their professional identity and build self-confidence (Snell et al., 2020).

Practice-based learning is typically supported and supervised by qualified practice educators who guide learners’ towards achieving specific learning outcomes and assess their competence for practice. This assessment covers both hard competencies, such as technical skills relevant to the profession, and soft competencies, including empathy, values, communication, teamwork and service user-centred approaches (Koh et al., 2022; Rossiter et al., 2023). Practice-based learning can take place in various settings, both on and off campus. On-campus examples include simulation or research placements, though these can also occur in real-world settings. Off-campus experiences might be in a wide range of practice or administrative settings. These practice-based learning experiences are described by different terms across contexts and professions – such as clinical education/experiences, practice, placement, practice learning, fieldwork, work-based learning and practicum – but all refer to opportunities whereby learners engage in practical, hands-on learning. In this book, we use the term ‘practice-based learning’ intentionally to emphasise the active learning process that occurs

in real-world settings, rather than the more passive process of simply being 'placed' somewhere. This aligns with the Allied Health Principles for Practice-Based Learning published in the United Kingdom (UK) (CSP, 2023). The term also encompasses the widely recognised four pillars of practice: education, practice, research and leadership (HEE, 2017). This broad definition reflects the diverse areas within which allied health learners can gain practice-based experience, preparing them for a holistic professional role.

Within practice-based learning there are a range of other terms used interchangeably. The following terminology (Table 1.1) will be used for consistency and clarity of understanding throughout the book.

Table 1.1 Terminology

Preferred term for this book	Definition	Other recognised terms
Practice-based learning	A range of learning experiences (on campus or in practice settings) that facilitate student-centred learning by providing learners a safe environment to apply and practice their newly acquired knowledge and skills (CSP, 2023). It provides learning opportunities to develop professional socialisation, self-confidence and identity within the context of professional practice within uni-professional and interprofessional team working spaces.	Work-based learning, work-integrated learning, fieldwork, placement, practicum, practice education, clinical education, practicum (prac)
Placement	A practice placement is a discrete period of structured and supervised learning whereby learners consolidate and develop learning by applying theoretical knowledge within work placement context to develop competencies for safe, effective, and ethical professional practice.	Practicum, fieldwork, clinical, practicals
Model of placement	A particular learning design approach to developing a placement, normally based on learning theories to facilitate and optimise student learning and support delivery of efficient and effective practice-based learning.	Placement models, placement approaches

Table 1.1 continued

Preferred term for this book	Definition	Other recognised terms
Learners or students	Learner is the student registered on the allied health programme who is engaging in the programme of study. Learners, students and apprentices reflect the growth and development of different routes into the allied health professions – and therefore, simply using the term student no longer encapsulates these developments (CSP, 2023). Therefore, it is becoming widespread practice to adopt the more global and inclusive term of ‘learner’ as a collective term for a student or apprentice and recognises these different pre-registration routes now available.	Students, apprentices
Practice educator	A practice educator is an appropriately qualified individual who is responsible for facilitating, supervising and assessing learners within placement. Practice educator is also a more inclusive and reflective term of the diverse role beyond just a clinical setting within which practice-based learning can take place (CSP, 2023). Therefore, the term ‘practice educator’ will be used within this book.	Supervisor, clinical educator, mentor

WHY THIS BOOK?

Traditionally, practice-based learning has been understood as a process whereby learners engage in practical, patient or service user-related activities with the supervision of a qualified professional employed within the service (Rose and Best, 2005). This has often been delivered through an apprenticeship model, whereby one practice educator is assigned to one learner in a clinical or practice setting (Rodger et al., 2008; Beveridge and Pentland, 2020). This model has long dominated practice-based learning in many allied health professions, and it continues to be a widely used approach. However, while this traditional model has proven effective, it does not fully account for advances in our understanding of how

students learn, nor does it consider the importance of developing skills beyond patient-facing roles, such as in research and leadership. Additionally, economic, political and societal shifts are putting pressure on the sustainability of the one-to-one apprenticeship model as the primary approach. This book addresses these challenges, offering a practical guide to rethinking and diversifying the delivery of practice-based learning. It explores new models and strategies that are better suited to today's realities, equipping allied health educators, practitioners and learners with tools to expand learning beyond the traditional scope while ensuring students are well prepared for the evolving demands of the healthcare environment.

Health and social care services are currently facing significant workforce demands, which are putting immense pressure on existing finite resources and challenging the sustainability of current practices, including practice-based learning. The global challenge of an increasingly ageing population – who are living longer but often with higher levels of frailty and comorbidities – exacerbates this issue. Coupled with medical advances which mean that children and adults are living longer, with higher levels of disability, and with a complex context of social justice issues affecting people's health and wellbeing is challenging health and social care services and practice-based learning. In response to these challenges, strategies are emerging that advocate for an early intervention and preventive approach to service delivery, emphasising collaboration with groups, communities, and society at large, rather than a focus on one-on-one interactions. This evolving landscape of need, alongside broader societal changes, necessitates a modernisation of practice-based learning. It is essential to equip learners with the skills to work collaboratively and effectively in teams across various settings, preparing future allied health professionals for the realities they will face in their careers (Markowski et al., 2021). Moreover, the current climate in health and social care has intensified the challenges related to workforce capacity among allied health professionals, directly affecting placement availability. This situation highlights the urgent need to explore alternative models of placement to ensure that future professionals receive the education and experience necessary to thrive in their roles (Pope et al., 2023)

A central rationale for this book is the recognition of the need to modernise the approach to practice-based learning. It introduces a variety of placement models and learning approaches that offer meaningful alternatives to the traditional one-to-one apprenticeship style. The models and examples presented in this book emphasise peer learning as a key element, shifting the role of the practice educator from the director of learning to a facilitator of learning opportunities. This reflects advances in our understanding of how adults learn within social and real-world contexts (Bandura and Walters, 1977; Lave and Wenger, 1991). alongside

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the more recent conceptualisation of the “professional development crucible” that outlines work-related learning as a situational, relational, and temporal experience (Patton et al., 2018, p. 135). This model provides an articulation of the complexity of practice-based learning by identifying four key spaces that are fluid and interact to develop students professional practice capabilities: workplace influences, clinical supervisors’ intentions and actions, students’ disposition and experiences and engagement in professional practices (Patton et al., 2018). By incorporating peer learning and recognition of spaces within the “professional development crucible” (Patton et al., 2018, p. 136), these models of placement encourage collaboration among learners and educators noting these contextual, relational and social elements of learning, fostering engagement with all four pillars of practice: clinical practice, education, research and leadership (HEE, 2017). This broader approach moves beyond the traditional focus on developing only practice skills and competencies, highlighting the importance of cultivating a well-rounded professional capable of thriving in various aspects of allied health.

WHO IS THIS BOOK FOR, AND WHAT ARE THEIR EXPECTATIONS OF A “GOOD” PLACEMENT?

This book has been written for anyone with an interest in practice-based learning, including learners, universities and practice educators. In line with the UK allied health “Principles of Practice-Based Learning” (CSP, 2023), it aims to demystify the practical aspects of designing and implementing various placement models by drawing on both evidence-based research and real-world examples. The goal is to support all stakeholders by providing a clear understanding of different placement models and offering practical guidance on their effective design and implementation. However, each stakeholder – whether students, practice educators or universities or higher education institutions – has unique expectations, needs and priorities when it comes to practice-based learning. These differing perspectives shape how placement models are applied in practice. Therefore, it is essential to consider general good practice principles for each stakeholder group when engaging with this book, ensuring placements are effective and beneficial for everyone involved.

A ‘good’ placement: learners’ perspective

From a learner’s perspective, a ‘good’ allied health placement is one whereby they feel connected, supported and valued, providing a safe and inclusive learning environment for developing clinical and professional skills. Majeed (2017) emphasises that positive placements are those which students speak about