

Disability Resource Hub Disclaimer

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Supporting Student Placements in the Community and Disability Sector

Do you work in the Community or Disability sector?

Are you passionate about supporting others to develop their professional skills and knowledge to support people with disability?

Have you considered supporting students to gain valuable experiences whilst on placements in your workplace?

Students in the Workplace

Organisations operating within the Community and Disability sector are encouraged to consider how they can support student placements that provide valuable learning experiences for students and prepare them for a potential career in these sectors. To ensure these sectors continue to grow as a responsive and appropriately qualified workforce, it is important for organisations to embrace a learning and development culture that includes support for future as well as existing workers. In order to prepare students to provide quality support, it is critical that the Community and Disability sectors work closely with education providers to ensure that students are prepared with the skills to work within a variety of settings.

Potential Benefits

What are the benefits of hosting student placements?

- Provides opportunities for the clinical educator to reflect on their own clinical practices and encourages growth in this area
- Provides avenues of staff to develop their skills in supervision at all stages of their career
- Improves staff knowledge (evidence based practice, current theory) and skills (time management, supervision, conflict resolution etc.)
- Provides the opportunity to develop and enhance resources, as students complete projects and undertake research
- Brings energy to the workplace through a student's enthusiasm and willingness to learn.
- Enhances staff collaboration within and across a staff member's profession
- Satisfaction from sharing knowledge and expertise as clinical educators see the students develop
- Students can assist with the workload
- Networking and resource sharing opportunities between the organisation and universities
- Opportunities to offer employment to students that are an asset to the organisation
- Opportunities to promote the service or organisation within the workplace and the community

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- Continuous improvement of the organisation through development of the clinical educators and resources made available through the students.

What are the benefits of student placements for the clients involved?

- Clients may benefit from additional contact hours with a student or input from a student at no additional cost
- The future care of clients will be enhanced through continual development in the capacity of the future clinicians
- Students bring a different perspective to client interactions, and new ideas that can be incorporated into interventions

What are the benefits for a student completing a placement in the Community and Disability sectors?

- Provides them with practical experience that a chance to consider these sectors for future employment
- The opportunity to learn professional skills to support people with disabilities in all sectors
- Enhances their communication skills
- Develop clinical and professional competence in a specialised field of practice
- Builds their self confidence and team skills
- Students may have the opportunity to gain employment from the organisation in which they complete their placement
- Fosters advanced clinical reasoning skills, and encourages application of core skills in a complex setting.

Clinical Placement Models

Organisations and staff can consider a range of clinical placement options to identify which type of placement/s may be most effective for their staff and workplace. Some examples of student placement models are outlined below:

- Apprentice / traditional: one clinical educator / supervisor to one student in any clinical setting (1:1)
- Shared supervision / multiple mentoring / shared responsibility : multiple clinical educators work as a team to supervise a single or multiple students
- Shared placement: an extension of shared supervision, with the two supervisors involved supervising the student(s) across two different sites.
- Collaborative / multiple students: one clinical educator supervises two or more students with an emphasis on peer and self- directed learning.

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- Role emerging: completed in a setting where clinical services are not currently provided, however potential exists for the role. Students may gain supervision from a Clinical Educator outside of the organisation.
- Interprofessional placement: Students from different disciplines work together on a day to day basis within a team e.g. Multidisciplinary or transdisciplinary teams and/or complete targeted projects each providing their individual perspective.

For more information on student placement models click on the link below:

<http://www.clinedaus.org.au/topics-category/placement-models-and-approaches-to-supervision-88>

Planning for student placements

Before an organisations or workplace considers a student placement, staff must consider the following key areas relating to their organisation:

Capacity – The availability of staff/clinical educators, their work/caseload, placement and education models.

Sustainability – Does the organisation have capacity for student placements beyond the first placement? What systems are in place to streamline this process? Is there a workplace champion for student placements?

Consistency – How can student placements be managed in a consistent manner across the organisation/industry?

Efficiency – Student education and training is managed in a way that promotes the efficient use of the organisation's resources.

Collaboration – How can the organisation, university and the industry work together to promote appropriate placements that will provide the most effective learning experience for the students?

Conclusion

When organisations consider the potential benefits of student supervision for the students, staff, clients, organisation and industry as a whole, the need for quality student placements becomes clear. Consistent opportunities for students to gain experience within the fastest growing sectors is essential to the overall development of the Community and Disability sectors themselves, as well as the continual improvement of support available for people with disabilities.

Placement Models

Model	Advantages	Disadvantages
<p><u>One Clinical Educator to One Student</u> This describes a more traditional model of student supervision where one student works closely with one Clinical Educator for the length of their student placement.</p>	<ul style="list-style-type: none"> • Individual support for the student • Increased opportunity to support individuals without the need to share clinical experiences • The productivity of the team hosting the student may not be affected (although the Clinical Educator may experience increased workload) 	<ul style="list-style-type: none"> • Students may be dependent on one Clinical Educator for their learning requirements • Little (if any) opportunity for peer and collaborative learning between students occur. • Greater time commitment of Clinical Educator (when compared to other models)
<p><u>One Clinical Educator supervising multiple Students (2,3 or more)</u> This model of student supervision describes a number of students being supervised by one Clinical Educator.</p>	<ul style="list-style-type: none"> • Enhances opportunities for peer learning • Creates a social network for students • Enhances clinical competence and independence • Promotes an active learning environment • Facilitates teamwork • 	<ul style="list-style-type: none"> • Students' concerns regarding adequate supervision • Model may not be applicable to all clinical areas (e.g. physical restriction on student numbers) • Compatibility of students in the group • May encourage increased competitiveness between students • Increased organisational and administrative workload for supervisor
<p><u>Multiple Educators to One Student</u> In this model one student is supervised by multiple Clinical Educators either on the same site or across organisations. The Clinical Educators may come from the same professional background as the student</p>	<ul style="list-style-type: none"> • Diverse interdisciplinary learning opportunities • Student exposure to multiple educators and styles of supervision • Exposure to more than one clinical area • Shared workload for educators • Increased opportunities to include more staff 	<ul style="list-style-type: none"> • Need for increased collaboration between staff for purposes of assessment and planning • Students may find model challenging e.g. understanding how differing professionals can work together to provide holistic supports.
<p><u>Peer Learning</u> Students from the same or different professional backgrounds have specific and incidental opportunities to learn with and from each other by explaining their ideas to others and by participating in activities in which they can learn from their peers.</p>	<ul style="list-style-type: none"> • Students develop their skills working together as a team and can transfer these skills to other clinical situations • Enables students to practice articulating their clinical reasoning • Stimulates creativity in clinical reasoning • Students may feel more comfortable asking questions of peers than supervisors. 	<ul style="list-style-type: none"> • May encourage peer competition • Need for Clinical Educators to review work to ensure accuracy of information

Placement Models

One Clinical Educator to One Student

This describes a more traditional model of student supervision where one student works closely with one Clinical Educator for the length of their student placement.

Advantages	Disadvantages
<ul style="list-style-type: none"> Individual support for the student Increased opportunity to support individuals without the need to share clinical experiences The productivity of the team hosting the student may not be affected (although the Clinical Educator may experience increased workload) 	<ul style="list-style-type: none"> Students may be dependent on one Clinical Educator for their learning requirements Little (if any) opportunity for peer and collaborative learning between students occur. Greater time commitment of Clinical Educator (when compared to other models)

One Clinical Educator supervising multiple Students (2,3 or more)

This model of student supervision describes a number of students being supervised by one Clinical Educator.

Advantages	Disadvantages
<ul style="list-style-type: none"> Enhances opportunities for peer learning Creates a social network for students Enhances clinical competence and independence Promotes an active learning environment Facilitates teamwork 	<ul style="list-style-type: none"> Students' concerns regarding adequate supervision Model may not be applicable to all clinical areas (e.g. physical restriction on student numbers) Compatibility of students in the group May encourage increased competitiveness between students Increased organisational and administrative workload for supervisor

Multiple Educators to One Student

In this model one student is supervised by multiple Clinical Educators either on the same site or across organisations. The Clinical Educators may come from the same professional background as the student *e.g. more than one Speech Pathologist supervising a student/s or from a different professional background*

Advantages	Disadvantages
<ul style="list-style-type: none"> Diverse interdisciplinary learning opportunities Student exposure to multiple educators and styles of supervision Exposure to more than one clinical area Shared workload for educators Opportunities to include more staff 	<ul style="list-style-type: none"> Need for increased collaboration between staff for purposes of assessment and planning Students may find model challenging e.g. understanding how differing professionals can work together to provide holistic supports.

Placement Models

Peer Learning

Students from the same or different professional backgrounds have specific and incidental opportunities to learn with and from each other by explaining their ideas to others and by participating in activities in which they can learn from their peers.

Advantages	Disadvantages
<ul style="list-style-type: none">• Students develop their skills working together as a team and can transfer these skills to other clinical situations• Enables students to practice articulating their clinical reasoning• Stimulates creativity in clinical reasoning• Students may feel more comfortable asking questions of peers than supervisors.	<ul style="list-style-type: none">• May encourage peer competition• Need for Clinical Educators to review work to ensure accuracy of information