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# **Interprofessional Education Challenges in contemporary Social Care Placement Education**

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## **Abstract**

*It is vital in contemporary practice that interprofessional education is effective and it requires engagement from students from a variety of different professions using interactive learning methodologies to develop social care professional student's knowledge, skills and attitudes, behaviours and perceptions. Interprofessional education is a complex adult learning (andragogy) approach that is most effective when integrated throughout a programme of study moving from the basic to the most complex learning activities that bridge the gap from post-secondary to practice education settings. Educational accreditation standards being developed to stimulate the advancement of interprofessional education will have an impact on policies in both academic and practice settings.*

## **A Reflection**

Learning to become a competent social care professional has always been a two part process – that which focuses on “classroom or lecture” teaching, and that which engages students in an apprenticeship with qualified professionals in real-life settings. Third level academic institutions depend upon practice settings for an apprenticeship education of their social care professional students. Practice education settings require competent professionals to deliver excellent levels of high quality care to individuals. Until recently, the delivery of health and social care professions education has been almost entirely discipline based, with each discipline educating their own students in isolation – whether on campus or in the community. Currently, there is an increasing emphasis on all health and social care professionals to learn how to be competent collaborators. This emerging shift in education has led to a new interest in different approaches to the delivery of health and social care professions education which embraces more opportunities for interactions amongst and between learners across disciplines.

Presently in the Irish context, there is limited research on professional supervision and practice education in social care. Additionally, there is no regulated framework or consistency of professional standards for placement educators in the social care profession. The professionalization of Social Care has changed the landscape for Social Care workers, educators and indeed service users in Ireland. Regulation of the Social Care profession is set to be implemented by the Health and Social Care Professional Council (CORU) in the next two years. CORU is Ireland's first multi-professional health regulator. It was set up under the Health and Social Care Professionals Act 2005. CORU sets out to identify the competence of the individual social care practitioner and sets standards of these competencies such as effective communication, personal and professional development, interpersonal and professional relationships.

Practice education placements for social care students have always been a highly valued and important component of their professional education (Baldry Currens & Coyle 2013, Gidman 2013). Practice education immerses students into real-life situations, providing practical, hands-on experience for skill developments, offers immediate application of knowledge and professional socialisation, qualities that enact theories of situated learning (Lave & Wenger

1991, Knowles et al. 2011) Through their own actions students come to realise the knowledge they need for future practice (Marshall & Cooper 2001). “The defining characteristic of work-based learning is that working and learning are coincident” (Boud 2001, p34).

Practice education settings are being recognised as ideal environments in which students can witness and practice how to work interprofessionally with other in multidisciplinary teams, that is, to learn about, with and from each other, for the purpose of collaboration to improve the quality of care (WHO 2010). It is now recognised that effective interprofessional education (IPE) requires active engagement of students from different professions using interactive learning methodologies to develop a professional student’s knowledge, skills, attitudes, behaviours and perceptions. IPE is a complex adult learning ( andragogy) approach that is most effective when integrated throughout a programme of study moving from the basic to the more complex learning activities that bridge from post-secondary to practice education settings.

Practice education is understood to be a core component of any health or social care professional programme of studies that is devoted to applying the principles of a profession to professional practice, in the contemporary workplace. Practice education is organised and complements activities and programmes provided by communities in a number of formats e.g. disability, mental health, primary care. Practice education comprises both the placement of students in such agencies, and the education provided to those students by qualified practitioners or practice educators. The term Practice Education serves two purposes. Firstly, to encompass a variety of technologies used by health and social care disciplines to describe supervised learning experiences such as the most common “clinical practice” mainly used by nursing and allied health professions and “field experience”, used by social work. Secondly, practice education indicates that supervised learning in a practice environment is part of an educational continuum that extends from on-campus classrooms to a variety of practice settings.

The education of social care students relies upon practice settings for the delivery of a significant part of the education and training required for graduation. The role of practice settings in supporting this educational mandate, however is often not reflected in a country’s post secondary system – health and social care policies and procedures. It is clear that education of health and social care professionals is undertaken in an exceedingly complex and constantly changing environment. No matter what area or jurisdiction is asked in the social care sector, it is almost universally agreed that it is exceptionally difficult to provide students with adequate practice opportunities that are embedded into educational programmes through accreditation expectations. Financial constraints on social care and education alike have resulted in changes to programmes and staffing cutbacks which in turn has decreased the flexibility for social care and community organisations to effectively support education for practice. Meanwhile, major technological changes in both social care and education sectors are dramatically influencing the education process and contributing to growing pressures relating to the development of the social care workforce.

Staffing patterns have changed with fewer supervisory and management positions, increased flexibility in hours, temporary and part-time contracts and often less experienced staff. At an organisational level, these factors combine to decrease the ability and flexibility to effectively support students in practice education settings both for their professional training, and for interprofessional learning. It has become increasingly difficult to provide the breadth of practice education placements that are considered sufficient and appropriate to meet

competency requirements. Frequently, employers in the social care sector complain of students graduating as “practice ready” but not “job ready”.

From an educational perspective, changes in social care are requiring new skill sets and a different type of graduate, regardless of the discipline. Curricular changes to meet required new skills influence practice education; for example, through the need for diverse learning settings at earlier stages of a professional educational programme. These changes create increasing challenges and demands in the coordination of, and communication about, learning experiences provided under the rubric of practice education.

The literature relating to practice education highlights a number of themes including the benefits for students, organisations and practice educators / supervisors, supports required for effective practice education and the respective responsibilities of educational and social care organisations. The benefits are well known. For students, they include the exposure to everyday contemporary practice, the ability to apply theory into practice, increased competence and the strengthening of skills and self-confidence (Letizia & Jenrich 1998). The benefits perceived by practice educators include their own personal satisfaction from sharing knowledge and expertise, stimulation of their own personal growth, honour and recognition for their work, an abiding satisfaction from watching the student grow, and the opportunity to teach and improve their own teaching skills (Dibert & Goldenberg 1995, Ferguson 1996). The benefits for organisations are clear and include the new ideas and enthusiasm that students bring to an organisation, the ways in which student teaching enhances staff confidence, expertise and recruitment and the opportunities afforded to staff to undertake special projects of research with students.

Despite the identified benefits, there are a number of issues associated with practice education. These include, but are not limited to the fact that selection of practice educators is often made on the basis of which individuals in an agency are available to supervise a student or students, rather than by demonstrated adult learning skills; for example expertise, leadership, sound decision-making, communication, interest in professional growth, comprehensive knowledge base, organisational abilities, effective teaching skills and commitment to the role of practice educator ( Letizia & Jenrich 1998). Practice educators are frequently given little or no preparation to take on the many roles required of them, including the complexities of appropriate and informed evaluation of their own teaching, and what students have learned ( Letizia & Jenrich 1998). Many practice educators experience difficulties understanding the expectations of an academic programme or his/her role as an educator, particularly that of evaluator of student competencies. It has been frequently observed that practice expertise does not necessarily translate into supervisor skill (Keith 1993). Because of the different nature of classroom learning versus practice learning, there are frequently discrepancies between the goals of social care and educational institutions, and because of the intense nature of practice, burnout of practice educators is not recognised or clearly understood on the academic side, particularly when practice workloads are heavy and there is little or no recognition of the important role played by practice educators in social care education.

Clearly, the importance of coherently and congruently planned collaboration, and clear and frequent communication between and among educational programmes, agencies and practice educators cannot be over emphasised. As agencies move closer to interprofessional learning and practice, the roles of professional education and interprofessional education will need to be clearly placed in an appropriate context. It is supervisor burnout that has attracted the most

concern and a number of possible mechanisms have been suggested to recognise and support the important role played by practice educators /supervisors.

There are a number of approaches that could not only address the problem of supervisor burnout but which at the same time could facilitate and sustain appropriate practice education contexts.

Firstly, at senior management level, there must be a strong commitment of all stakeholders to collaborative practice, and to the shared goal of facilitating the highest level of practice education to ensure a competent workforce which is prepared for interprofessional collaborative practice and care. It must be recognised by social care and educational organisations that there is a collective responsibility and benefit to the provision of high quality practice education. Social care organisations need qualified and competent staff to meet human resources and service plans based on the needs of their clients. Higher education institutions have the responsibility to ensure the provision of a competent graduate. Efforts to ensure “practice ready” and “job ready” professionals are of benefit to all – the students /graduates, receiving social care, organisations, educational institutions and ultimately the clients and communities served.

Secondly, there must be recognition and support for practice educators, and established mechanisms to develop supportive relationships and open lines of clear communication. The literature identifies a number of opportunities for recognising additional workload responsibilities for practice educators. These include, but are not limited, the following; the use of financial awards; credit towards an educational degree; reduction in workload during periods of practice education placements, demonstration of value and appreciation through recognition events and written letters, formal recognition mechanisms; cross-appointment to the educational institution; development of clear role expectations; guidance and support in developing learning possibilities; appropriate and useful feedback on teaching; facilitation of research opportunities and consultation with the academic department; greater access to email and internet. In particular, ongoing continuing professional development (CPD) for practice educators is important, including: formal training in the principles and methods of evaluation; new learning related to both disciplinary areas of practice and emerging interprofessional teaching methods; access to reduced fees for CPD; agreement on leave for; and allowing a period of adaptation (e.g. 3 months) for staff introduced to a new area/unit, before being expected to supervise and support a student. CPD for practice educators lies at the core of learning enhancement. How we see ourselves as practice educators is just as important as the competence and insight that we develop over time. It is crucial that practice educators reflect on and update their practice, monitor and develop their own professional impact, and draw on evidence and research in order to inform their practice.

Thirdly, in order to maintain an effective and successful practice education programme, practice educators must have access to academic support in order that they have up to date information on changes within academic departments, and knowledge and understanding of the evaluation of the student performance, outside of practice education settings.

Lastly, given the many changes occurring in contemporary social care and education practice, there is an urgent need for partnership, coordination and communications between organisations. This includes better communication regarding curriculum change and development; a shared understanding of the academic and professional objectives of practice education; and a shared knowledge of how to manage difficulties and conflict in practice education settings. Practice education needs innovation models for interprofessional learning

programmes, based on the social care needs of the population, which would provide valuable insights into how professional knowledge and skills might be best employed to address social care workforce shortages.

Currently there is no universal database or inventory of practice education placements that is able to identify links between social care and educational institutions, the numbers and types of students placed and a large number of related demographic items of interest. Developing such data would provide an opportunity to better assess current practice education and evaluate opportunities for improving the coordination and appropriateness of these placements for interprofessional learning across Ireland.

In conclusion, practice education represents what Rittel & Webber (1973) have called a “wicked problem”. Wicked problems are “difficult or impossible to solve. Their solutions depend on incomplete, contradictory and changing requirements that are often difficult to recognise. And they are confounded by complex interdependencies between actors and agents”. If ever there was a wicked problem, innovation in practice education is surely one. What could be more complex than relationships with higher education institutions, and the health and social care sector – and the professions? As interprofessional education advances and new expectations and responsibilities are placed on practice education, it will require acute attention to detail in the future.

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