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| **Question** | **Answer** |
| Would you say it's good to review the principles doc to develop plan for taking students in setting not recently had students? | Absolutely. The principles are there to support you individually and as teams to make a start in supporting learners and develop and review the offer more established providers give. Each principle has some prompt questions and a QR code takes you to an online space to record your thoughts and actions and collaborate. We hope that the principles and the integrated workbook will enable new providers to consider their relevance when creating placements.  |
| Is there any thoughts on implementing more broad assessment areas in order to support 'team' based placements rather than PT or OT only so others may feedback on student placements with relevance | Learners on placement will be working towards meeting their module learning outcomes. Often a key element of this is team working (and that team may be of the same profession and multiple professions), and communication skills. You can work together (educator, learner and university) to tailor the placement opportunity to the learning outcomes of the placements - this might mean there are elements of your or your colleagues’ job that the learners don't participate in. The learning objectives within the Common Placement Assessment Form (physio only) are broad and provide opportunity for all the team to contribute.  |
| What do you feel challenges would be to placements when the team predominantly work from home since covid? whilst hybrid working is allowed the desk availability/access can be an issue. | This is a new, and now an established way of working. Having clear communication strategies in place is key - both verbally with regular check in calls and using online collaborative tools to keep in touch. You will need to use your skills in different ways to understand and support the learners’ performance (for example you may not always see how they approach writing a report, but will see the end result and can talk through the process they went through). This provides an opportunity to introduce a project element to placements which they maybe focus on their 'home days' if it's a hybrid placement. There's still opportunity to have multiple students taking a hybrid approach and learners can then top and tail when they are in the office and accessing desk space |
| given work pressures and lack of placements, especially in certain fields of OT (& I assume other AHPs too), has any thought been given to see if a non-standard model could be used where students have a rotational placement across multiple settings, so they get a snapshot, especially in year 1 where they need supervised more so easier to facilitate and overseen by uni with more supervisory role of educators. Therefore, less time intensive an invaluable snapshot for new students. | This is the perfect idea to bring along and discuss at the placement café! Learners do need to meet their placement module learning outcomes, and so that usually requires some continuity in opportunities to develop skills but there are many placements which are split and students might work in both an acute and community setting across the week, or have the beginning of their placement in one setting the second half in a different related setting. |
| how to get involve in research activity if we cannot access through university and also working in private sector? Thanks | If you are an RCOT member, then the regional and specialist sections are often actively engaged and participating in different pieces of work. We also have a research café and I'd encourage you to follow @TheRCOT on social media. For CSP members there are some dedicated web pages here https://www.csp.org.uk/professional-clinical/research-evaluation to research and evaluation. Also check out CAHPR (Council for Allied Health Professions Research) here https://cahpr.csp.org.uk/ - this page features lots of resources to support you in your next steps.  |
| Is there any data that shows the percentage of job applications to clinical settings (and successfully appointed) for dietetic students who have had the hybrid model of pbl on the master’s programme? Thank you to all for the great presentations.   | The vast majority of Teesside graduates enter a clinical dietetic role, most receiving job offers in advance of completing the program. Graduates tend to receive registration around October and many are currently interviewing for posts with one having secured a clinical dietetic role. Generally it does not appear that non clinical PBL is resulting in more students seeking a non-clinical role.  |
| Given work pressures and lack of placements, especially in certain fields of OT (& I assume other AHPs too), has any thought been given to see if a non-standard model could be used where students have a rotational placement across multiple settings, so they get a snapshot, especially in year 1 where they need supervised more so easier to facilitate and overseen by HEI with more supervisory role of educators. Therefore less time intensive an invaluable snapshot for new students. | This model is used in some dietetic depts. where students will rotate round specialist areas. There are pros and cons in that students enjoy exposure to lots of areas but continuity can be helpful to observe building of skills and confidence.  |