



# The role-emerging, interprofessional clinical placement

## Exploring its value for students in speech pathology and counselling psychology

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KEYWORDS

CLINICAL PLACEMENT

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THIS ARTICLE HAS BEEN PEER-REVIEWED

**This paper examines the experience of a speech pathology and a counselling psychology student in a role-emerging, interprofessional clinical placement. Qualitative descriptive analysis was used to explore student and staff perceptions of the placement which took place within a pre-release detention centre, housing up to six women and their young children, within the Department of Corrective Services. Student reflections were obtained before, during and post placement completion. Reflections from academic staff involved in the project were gathered following placement completion. The analysis of these sources of data revealed that, while challenging, this placement strengthened students' collaborative problem-solving, advocacy skills and clinical competence.**



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Pedagogical debate frequently centres on the blending of theory and practice, where professional skills become further developed through the application of theoretical understanding within a clinical context (Sheepway, Lincoln & Togher, 2011). In recent times pedagogy has taken a direction that encourages students of different professions to participate in joint clinical education experiences; a change that has demonstrated value and is argued by some to become routine practice (Davidson, Smith & Stone, 2009). Published research specifically identifies that interprofessional experiences increase students' positive attitudes towards, and knowledge of, other professions as well as their ability to communicate and work collaboratively (Curran, Sharpe, Flynn & Button, 2010). In addition, evidence is reported that these opportunities strengthen and increase awareness of students' own professional knowledge (Ciccone, Priddis, Lloyd, Hersh, Taylor & Standish, 2012). Oandasan and Reeves (2005) also advocate for interprofessional education (IPE) programs to go beyond the classroom and involve a practical learning experience in which students are involved in a clinical placement. Such exposure is thought to increase students' learning through observing the relevance

of interprofessional collaboration to their own professional practices. Further research is needed to investigate the development of clinical skills within interprofessional clinical placements (Sheepway et al., 2011) and the challenges to developing and implementing these experiences.

Literature on role-emerging placements is found predominantly in discussions on the clinical education of occupational therapy (OT) students. Role-emerging placements are described as placements that occur:

*in a setting that: does not have an established program or staff person hired to fill the role; is coordinated and supervised by an off-site licensed therapist who is not employed by the setting and has students assigned to a site staff person as a contact for site concerns. (Solomon & Jung, 2006, p. 60)*

The term "non-traditional" is also used to describe role-emerging placements (Overton, Clark & Thomas, 2009; Solomon & Jung, 2006). Previous research suggests role-emerging placements have the potential to lead to role development in areas in which the profession has not previously worked as well as facilitating personal and professional growth (Bossers, Cook, Polatajko & Laine, 1997; Overton et al., 2009). Specifically role-emerging placements may promote a deeper level of learning as students explore their role within a new setting (Fieldhouse & Fedden, 2009), provide students opportunities to work more independently due to the absence of an on-site supervisor (Rodger et al., 2009), develop confidence in their problem-solving (Cooper & Raine, 2009), help them to see the client as a person and work within expanded roles (Bossers et al., 1997). Overton et al. (2009) commented on the similarities between the perceived benefits of role-emerging placements and those of interprofessional education (IPE), namely patient or client-centred practice, gaining personal and professional confidence, developing an understanding of other health professionals' roles and collaborative team work.

Although used in the clinical education of OT students, role-emerging placements are not widely reported in the clinical education of students from other health professions. In an international survey of speech pathology programs, seven out of the 45 participating programs reported using role-emerging placements (Sheepway et al., 2011). Additionally, few studies have reported on the development and use of role-emerging placements within interprofessional clinical placements. Solomon and Jung

(2006) reported on a placement involving an OT student and a physiotherapy student within a community health centre in which students developed rehabilitation services for people with human immunodeficiency virus (HIV). The students found the placement to be challenging but exciting and reported that the lack of clearly defined roles led to collaboration and problem-solving.

In this study, we aimed to add to the body of research on role-emerging interprofessional placements by examining the experience of other allied health students, specifically a speech pathology (SP) student and a counselling psychology (CP) student, within such a placement. The placement took place in a low security residential institution in the Department of Corrective Services in which the students worked with female offenders and their young children. Within a paediatric clinical context, parent-focused early intervention is a priority for speech pathology and counselling psychology as both professions work to facilitate healthy parent-child interactions (Ciccone et al., 2012). The two professions complement each other as speech pathologists encourage good communication between parents and their children to foster language development and counselling psychologists focus on the parent-child relationship and building interpersonal resilience through developing parental awareness and appropriate responsiveness to the mental states of their children (Slade, 2005). Within this placement, the students' intervention aimed to build the relationship between mother and child by promoting a responsive, interactive style of communication and facilitating each mother's awareness of her child's mental state.

In this paper, we detail the process behind the placement, the reflections of the staff involved and the influence of the role-emerging, interprofessional nature of the placement on the students' experience both at the time and 18 months later.

## Method

### *Background to the clinical placement*

The role-emerging placement described here took place within a low security residential institution in the Department of Corrective Services. The institution aims to rehabilitate female offenders as well as reintegrate them into the community. Facilities exist for a small number of offenders, who are mothers of young children, to have their children live in with them. At the time of this placement up to six women had their children, aged 0-4 years of age, living with them. The context of the current placement is described in detail in Ciccone et al. (2012).

### **The role of the students**

The placement provided a 20-week practical experience, one day per week. The students planned and facilitated a 90-minute, weekly group session for the mothers and their children, as well as providing the option for individual therapy sessions for mother-child dyads as required. All mothers who had their children living with them were expected to attend the group. The group structure included: song time, a craft activity and a period of book sharing. Throughout each activity mothers were encouraged to interact with their child. While a not-for-profit organisation had originally been running the group, the students took on responsibility for the joint planning and running of all the sessions and modified the activities completed within the group from the original format.

### **Clinical supervision, placement planning and ongoing communication**

In line with the nature of role-emerging clinics, clinical supervision was provided remotely by academic staff as the site did not employ a SP or CP. However, the students were supported on-site by a staff member from the not-for-profit organisation.

The following discussions and meetings were conducted in the process of establishing and running the placement:

- supervisor discussions: prior to the start of the placement the clinical supervisors met on four occasions to discuss and plan the placement. Within the meetings, the roles of the two professions and the professions' approaches to clinical practice were discussed.
- supervisor and student discussions: the supervisors and students met, as a group, twice before the placement, once after the first week and then twice more during the placement. Additionally the CP supervisor visited the institution on two occasions and the SP supervisors visited five times. Discussions during visits included points of commonality between the professions, the placement's clinical procedures and problem-solving any issues that emerged. The students also met individually with their profession-specific supervisor regularly across the placement and maintained weekly email contact to allow feedback on session planning and encourage self-reflection on the preceding week's sessions.

### *Participants*

The SP and CP students were in the final semester of their programs. For each student, this placement was the final placement prior to graduation. Both students had achieved their course-specific clinical competencies and were offered the opportunity to attend the placement to expand their range of clinical experience. The supervisors were two SP academic staff and a CP academic staff member.

### *Data collection*

Interview data were collected from the students on four occasions: prior to commencing the placement, after attending the placement for four weeks, immediately after the placement ended and 18 months post-placement completion. At the time of the 18-month follow-up interview both students had been working within their professions for 16 months allowing time for the students to gain the clinical experience needed to reflect back on the placement.

The pre- and immediately post-placement reflections were written questionnaires focused on the students' expectations for the placement (six questions in the pre-placement questionnaire) and their learning during the placement (seven questions in the post-placement questionnaire). The questions are detailed in Ciccone et al. (2012). The information collected four weeks into the placement was from a presentation the students gave at a university-based interprofessional conference. The students reflected on the lessons they had learned and what they thought was important for other students to think about in an interprofessional clinical placement. Finally, the 18-month follow-up was a face-to-face semi-structured interview between the first author and both students. Interviewing the students together encouraged their reflections and the expansion of their ideas.

The supervisors participated in a semi-structured focus group, facilitated by the second author 19 months after the placement had ended. The focus group was conducted



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after the interview with the students to allow for reflection on the comments made by students during their follow-up interview. The second author was not involved in the organisation or running of the clinical placement.

The follow-up interviews with students and staff were audio recorded and transcribed verbatim. The transcripts were read by all participants to check for accuracy. The university's Human Research Ethics Committee provided ethical approval for this study.

### Data analysis

The study employed a qualitative, descriptive analysis (Sandelowski, 2000) of all transcripts. This involved multiple readings of all data and initially coding line by line. The first and second authors then merged similar codes into categories and then into broader themes. All sources of information were analysed independently by the first and second authors (both SPs) and triangulation occurred through comparing all sources of data. To enhance rigour, the students and supervisors checked the interview transcripts and resulting themes for accuracy.

## Results

### Student experience

As described in Ciccone et al. (2012), analysis of the students' pre- and post-placement questionnaires and their student presentation suggested four key themes in relation to their interprofessional learning: that they developed an increased confidence in their own professional knowledge, a growth in understanding of the other's role, a clearer sense of collaborative practice, and recognition of the importance of learning by doing. Their responses on the influence of the *role-emerging* element of the placement were categorised into three further themes: being distanced from supervisors, being challenged by the novelty and nature of the service and developing "soft skills". For example, having to rely more on each other, the students identified the value of peer learning opportunities and peer support as well as their own capacities for self-directed learning:

*[we] have planned and reflected over our sessions, hypothesising what was going on with clients during group sessions, brainstorming and sharing our own clinical insights... (CP student)*

In particular, the students developed a strong advocacy role for the mothers and children whom they viewed as underserved and overly constrained. For example, in the post-placement interview, the CP student commented:

*The population that we're working with are particularly marginalised... they're the lowest of the low within even the prison hierarchy.*

From this perspective the students challenged the current policies in the unit, for example, by requesting that the mothers be allowed to take photographs of their children (previously denied for security reasons), by changing the original format of the mother-child group to include more interactive, language-based play, and requesting more resources. The role-emerging nature of the placement, the requirement for more independent problem-solving and the flexible approach to clinical reasoning taken by the students, enhanced the development of their interprofessional relationship and collaboration. In the post-placement interview they reflected on this:

*Yeah, probably because it was us against the world (CP student)*

*Yeah, yeah, I think it probably definitely brought us closer and more as a team so we could work together (SP student)*

During the follow up interview, both students commented on the lack of opportunity in the placement to use their 'direct' skills, meaning their discipline-specific clinical skills. Instead, they recognised that they had learned a significant amount through the placement in relation to what the SP student called "soft skills" such as being assertive, the ability to run groups, joint problem-solving, being able to deal with grief, having empathy, building rapport with a new client group, advocacy skills and being tolerant. Indeed, the experiences of the placement had a long-term impact on the way in which both students were managing their current work.

*I think a lot of the stuff that we learnt actually has helped me where I work now so for example like the advocating for clients... they all have disabilities, our constant role is to advocate... And then I'm working in a transdisciplinary model now so we used to have psychologists work with us so yeah, I had a bit of that experience and background knowledge... (SP student)*

### Supervisor experience

Three main themes from the focus group with the supervisors were identified: the nature of the placement and the importance of advanced planning, the need to select students carefully, and having open and honest relationships at all levels. For example, the unique nature of the placement setting, in an institution which was part of the Department of Corrective Services, and the combination of students was felt by all supervisors to be both unusual and highly valuable. The supervisors described the experience of the placement as "evolving", because they had not really known what to expect, and in fact, much of the early planning and proposed goals had to be re-evaluated as supervisors and students learned more about what was feasible. Supervisors also described the process as *very time intensive, expensive and challenging*, particularly in relation to the negotiations between the institution, the not-for-profit agency, the university, and even the students, all of whom had quite different agendas. The placement necessitated challenges to the status quo of "the system" in order to advocate for an environment conducive to a healthy mother-child relationship. Overall, the supervisors were positive about the placement but recognised that it requires heavy resourcing and commitment from all agencies.

Second, they noted that the placement was successful because the students were "handpicked", reflecting a similar approach taken by Solomon and Jung (2006). Both students were in their final year, had demonstrated high levels of competency in other placements, and had a good understanding of their own professional identity and role. They were viewed as resilient, quietly assertive, and mature, as the following excerpt from the focus group demonstrates:

*CP supervisor: Plus capacity to take a risk and go into the unknown.*

*SP supervisor 1: She was confident but she wasn't overconfident so she was willing to learn and just be open to the experience... she was fairly laid back... seemed to be a little more worldly than some of our students and she was very mature and emotionally mature...*

The confidence that the supervisors had in the students meant that they were not surprised by the students' passion to support very disadvantaged mothers and infants/young children as far as they were able:

*They became united in a cause really, didn't they? I think it was a combination of elements and combination of their personalities, their skill level, their compassion and the environment they were in and the system that they were up against so I think all of that together sort of united the two students in this cause... (SP supervisor 1)*

Third, they talked about the importance of open and honest relationships, between the three supervisors, between the two students and between supervisor and students. All supervisors had an open attitude to the fact that they were learning alongside the students, learning about the placement itself as well as learning more about the other profession and the way in which the two professions could work together:

*Look we're learning this at the same time, you know, we're going to be learning this together. (SP supervisor 1)*

The CP supervisor also noted:

*There was a lot of richness in the observations that the students brought to the supervision...*

Frequent communication was noted as being important to support the process of working together and establish expectations of the placement:

*whoever's setting up, before there's any students involved, the actual people doing it need a lot of time together to discuss, plan, you know, common language (SP supervisor 2)*

*And discuss expectations and you know a set of requirements so everybody's on the same page (SP supervisor 1)*

In this way the supervisors had the opportunity to model collaborative working to the students. Finally, they suggested that the fact that they were also learning and supervising a novel placement "did actually shift... that power level" (SP supervisor 1) such that there was a degree of partnership between supervisors and students in trying to achieve the best outcome for the clients within a limited time.

## Discussion

This research extended the concept of interprofessional role-emerging clinical placements from OT and PT students (Solomon & Jung, 2006) to a speech pathology/counselling psychology context, incorporating both student and supervisor data and a longitudinal perspective. The findings support those of Solomon and Jung (2006) in relation to attending to the process of student selection, allowing time for planning, the role of peer learning and support, and having realistic expectations for the placement. Our results suggest that the role-emerging nature of the placement facilitated students' development of a range of professional skills that they were explicitly aware of using within their clinical work, once qualified. Supervisors found it to be a learning experience that required an open mind and ongoing communication.

### Student selection

Solomon and Jung (2006) identified that the success of their placement was due to the quality of the students who

were on the placement. They stated "it is important to select students who are confident, open-minded, adaptable and able to communicate well with a wide variety of health professionals and clients" (p. 63). In keeping with this, supervisors in the current study also selected students who were confident, resilient, assertive and clinically competent.

### Communication, planning and realistic expectations

All participants noted the importance of frequent communication. Within this placement, communication facilitated the development of collaborative relationships, establishing placement expectations and professional roles and the ongoing development of the clinical service provided. Prior to commencing the placement, discussion was needed to manage the expectations of staff and students to ensure that the clinical processes and working relationship were realistic (Fieldhouse & Feddon, 2009; Rodger et al., 2009; Solomon & Jung, 2006). Once the placement had commenced, communication between all parties was required to develop the clinical goals and processes and the supervisors' and students' understanding of their collaborative roles within the clinical setting. Molyneux (2001) commented on the importance of communication to facilitate the shift in thinking from more traditional professional roles to a more flexible, client-centred approach while still maintaining professional boundaries.

### Peer learning

This role-emerging placement required the students to be collaborative, creative and adaptable in their clinical planning. Solomon and Jung (2006) also concluded that role-emerging placements facilitated collaboration and problem-solving for their students. Remote supervision required the students to trust and learn from each other rather than relying on immediate access to academic or clinical staff on-site.

The principle of peer learning applied to the supervisors, as well as the students, who learned more about the clinical processes of the other profession. Through this parallel process the supervisors modelled IP collaboration, creativity and problem-solving to the students within meetings. Clark (2006) has suggested that faculty should model teamwork behaviour to students rather than just provide lectures on it and act as a resource to support student learning.

### Development of "soft skills"

In line with current research (Howell, Wittman & Bundy, 2012; Overton et al., 2009), the students within this study were initially focused on the development of their direct clinical skills with less recognition placed on the interprofessional element of the placement. Within the current study, the follow-up interview conducted once the students had joined the workforce provided an important opportunity for reflection on their interprofessional learning. The students took this opportunity to identify their greater appreciation of the experience, their role within the placement and benefits for their current clinical work.

This paper encourages the use of role-emerging interprofessional placements for the development of interprofessional learning and collaboration. However, we recognise the limitations of research with a small number of participants in one clinical placement and so agree with the call by Solomon and Jung (2006) that further research is needed into the learning facilitated through different models of interprofessional practice. Particularly, we suggest that

work needs to be done to explore the costs (in supervisors' time) of establishing and maintaining role-emerging placements of this type. In addition, while we suggest that role-emerging placements stretch the boundaries of professional practice into new spheres, we also note that these opportunities may not be recommended for students who are more dependent on close direction and on-site supervision. This raises issues of equity in opportunities for clinical education – an issue that continues to be debated (Cooper & Raine, 2009).

In conclusion, role-emerging interprofessional placements offer training courses with an opportunity to challenge certain students beyond regular clinical placements by expanding services into new ground. They also give educators a chance to model good interprofessional collaborations and have the potential to encourage creative, client-centred and reflective practice.

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