Innovation through Reflection and Collaboration: students and clinicians learn side by side

By Jane Stokes, Marian McCormick, Victoria Farrell, Maria-Loukia Bratsou

The SLT programme run collaboratively by University of Greenwich and Canterbury Christ Church Universities, the Universities at Medway programme, is always looking for ways of bringing students together with experienced clinicians. Projects shared by practising clinicians and student practitioners provide rich learning opportunities. The Maori concept of “ako” - to learn is to teach and to teach is to learn - has profoundly influenced our approach to practice education. We feel that wisdom gets passed to students most effectively through the conversations that practitioners have about clients in context.

In response to the move to 7 day working, speech and language therapists in Kent Community Health NHS Foundation Trust Children’s Speech and Language Therapy service were keen to trial a Saturday service. Students at the Universities at Medway programme appreciate extra experience to complement placements and, as postgraduates, bring prior experience and skills. In bringing together student practitioners and therapists wanting to offer an extended service we had an opportunity for collaborative reflection.

In early 2016 we ran a series of student-led child assessment clinics on 5 Saturdays. This experience was offered to students, when they had studied developmental communication difficulties, and had completed a paediatric placement. Students welcomed the chance to consolidate their knowledge. Six students worked in pairs to assess children on the waiting list, supported by two senior speech and language therapists and one member of university staff. This block did not form part of the students’ placement hours. It was not formally assessed but students engaged in collaborative learning, with experienced staff sitting in on sessions, and jointly reflecting in post session discussion. Students took responsibility for session management, choosing and administering assessments, giving feedback to parents and carers, and telephoning them with their clinical decision confirmed by the experienced SLTs. The sessions were videoed to promote reflective practice. Thirty appointments were offered to parents who chose Saturdays, and twenty-eight children attended. These appointments allowed the service to meet the requirements of the 18 week referral to treatment waiting times, and reduced the waiting list considerably.

What did the students get out of the project?

Students were overwhelmingly positive about taking responsibility for the Saturday clinics. They enjoyed working in pairs, which promoted exchange of ideas, participatory learning, development of critical thinking and mutual support and feedback. They developed professional confidence, strengthened their professional identity, and extended their ability to work with children and families. The students moved from “assisting” to “doing” with the attendant responsibilities of working within care pathways, prioritisation protocols and professional service guidelines. Without the pressure of assessment, the students had more flexibility. For some, this made them more
relaxed; for others, being accountable for clinical decisions made it feel like a real job. Through taking responsibility for clinical decisions, students felt their understanding deepened. Students reported that it was good to see lively debate between clinicians who at times differed in their approach to clinical decision making and it was acceptable to challenge and discuss decisions. The collaborative reflective discussions were particularly valued; interactive, team based learning was given prominence. The experience allowed the students to experience the complexities of caseload management, allowing space to think critically, supported by practising clinicians.

What did the experienced SLTs get out of the project?

The project gave the opportunity for the experienced SLTs to reflect on current service delivery. This resulted in changes made to the initial assessment care pathways particularly for children with language difficulties. These changes entailed offering children with language difficulties a block of parent child interaction therapy incorporating initial assessment. This reduces the need to have an isolated initial appointment and significant wait of up to 6 months before receiving the first therapy session. This decision arose directly from the collaborative reflection enabled through this project.

Staff capacity and access to venues will be considered as part of a service decision to offer Saturday appointments in future.

Students highlighted the value of student autonomy which has made the SLTs reflect on ways in which students on placement could take more responsibility for managing caseload and individual sessions. Group case presentation sessions, developed through this project, will also be considered as a complement to individual supervision.

The project also gave students prepared them for recruitment by familiarisation service care pathways and prepared them for recruitment. Importantly, this project showed the service the value of students as a resource for trialling potential service developments.

What did families get out of the project?

The families were uniformly positive. They were often able to attend with partners, parking was easy and they did not have to take time off work to attend. They reported great satisfaction with the service, commenting on the professionalism, kindness, attentiveness and excellent communication skills that the students displayed. They said they would not have known that they were students. They were impressed with the students’ ability to explain, and to make the children feel at ease.

How does this complement students’ learning on the university programme?

The opportunity to participate in guided decision making and supported group reflection was hugely developmental for the students. The involvement of academic staff offered insight into current issues of caseload management, service delivery pathways, and workload pressures. As a result of the project, the service made important decisions as to what they offered families and this is clear evidence of reflection on action and how change can occur through collaborative reflection. “Reflective practice occurs within a context which both influences and shapes our experience of it, and provides an opportunity for us to influence and shape it” (McCormick in Stokes and McCormick 2015, p.30).

What was the impact of this project, and what might the implications for the future be?

The initial aim of the project was to bring students and therapists together to explore the potential of providing a ‘Saturday Service’. The learning for all participants is clearly outlined above, in
relation to the original aims and objectives. Additional areas of impact that were not envisaged emerged as significant as the project progressed and the focus changed from the project itself to the developing partnership.

The impact of the project could not have been planned or known in advance. Important knowledge generation occurred through the process of delivery which was open and dynamic, but also sufficiently structured, (e.g. collaborative review and reflection at each session), to provide the conditions and context for discussion and feedback. A key component was the allocation of time for these activities to take place, so that challenges could be discussed and ideas exchanged and developed. The shared endeavour and process of reflective learning deeply enriched the practical and academic insights achieved through this collaborative process. The relationships fostered between participants came about through the sharing of spaces and experiences, as well as the initially determined structured opportunities for collaboration.

Collaborative reflection between students, practitioners and university staff enriched relationships and enhanced understanding of contexts of practice. Impact was mutual and reciprocal. All contributors in the project were able to describe gains in dimensions such as academic knowledge, practice ideas relating to service delivery, enhanced clinical experience and public benefit.

Although this particular project will not have an exact re-iteration, the principle of co-construction of projects has been so valuable that future projects will draw on the successes and benefits derived from this way of working and used as the basis for future collaborations.

Reference:


Jane Stokes, Senior Lecturer, Speech and Language Therapy University of Greenwich

Marian McCormick, Senior Lecturer, Speech and Language Therapy, Canterbury Christ Church University

Victoria Farrell, Highly Specialist Speech and Language Therapist, Kent Community Health NHS Foundation Trust

Maria-Loukia Bratsou Locality Clinical Manager – West Kent, Kent Community Health NHS Foundation Trust