



I CAN DO IT! - AND I KNOW IT, BECAUSE I HAVE DONE IT

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Abstract

Internships are the most important learning environments for all health and social care students. Practical training periods build up students' professional self-reliance by crystallizing to them the competencies they have gained, but also indicating areas they need to develop further. The students need to be able to work together with experienced therapists who are capable and willing to encourage their younger-colleague-to-be to trust on themselves and to challenge themselves even more, of course without forgetting patient safety and other obligatory policies. The role of experts is challenging. They are in charge of patients and effectiveness of organization, but also crucial enablers for the students' professional growth with all its aspects. The experienced therapists are the best in knowing their patients' illnesses and therapy needs, but they might need some support from teachers to understand the level of students' knowledge, skills and individual learning capacities.

1. Introduction

Physiotherapy and occupational therapy are both professions which are based on various sciences, but have both their own body and theories. Both are closely related to both health, social, behavioral and medical sciences, which are from their own point of view supporting dynamically developing evidence based methods that are founded, used and adapted by both of these therapists. (OKM, 2006; Laitinen – Väänänen, 2008).

Working with and for other people is the most important and challenging part of the professions, and that's why therapist need to be aware both from themselves but especially the diversity of clients (Lindquist, Engardt, Garnham, Poland, & Richardson, 2006). When understanding one's history and values, therapist are able to respect and take those into the consideration. This ability can be gained only by active and conscious reflection focused on both the subject and the process. (Sarja, 2000).

Reflective orientation against one's professional competencies is both target and the main mean when educating therapy professionals for future (Laitinen - Väänänen, 2008). You become a reflective self-determining professional only after learning by reflecting your own learning processes and outcomes, competencies, skills and

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attitudes (Suhonen, 2009; Lindquist et al., 2006). That's why students should be able to discuss enough with more experienced professionals about their skills, competencies and learning acts and outcomes (Laitinen – Väänänen, 2008; Reeves, Freeth, McCrorie, & Perry, 2002; Sarja, 2000).

Minimum learning outcomes and required competencies for all health care professionals are defined by multiple authorities in each country but also internationally (European Parliament, 2006; OKM, 2009; ENPHE, 2014). Besides those general guide lines, national and international professional associations and networks guide and support universities educating occupational therapists and physiotherapists (like WCPT, ENPHE and FAP for physiotherapists and WFOT, COTEC and TOI for occupational therapists).

2. Material and methods

Effective learning processes is depending both from structures and actions

Practical training either in workshops at school or in real working life are elementary parts of curricula in many professional education programs. Finnish Ministry of Education demands there has to be 75 ECTS practical training included in curricula for occupational therapy and physiotherapy education which entire magnitude is 210 ECTS.

That practical training consists of workshops at school, working life orientated projects and clinical internships. (OKM, 2006). In Oulu University of Applied Sciences (OUAS) there are around 50 ECTS for clinical internships in hospital etc. settings for both occupational therapists and physiotherapist (OUAS, 2014a).

There are various theories describing learning processes and determining how learning would be most effective. But there is something common in all of those. If you want learning to be effective, there should be some theoretical studies and some practical studies, but also some reflection and sense of pleasure and feeling of being empowered. (Suhonen, 2009).

According to that and also many national and international guide lines for education there is a lot of diversity how practical training is organized in different countries (ENPHE; WOFT) and even in universities in same country.

One of the mostly applied in Finland is "Recommendation for arranging practical training periods for physiotherapy students" done by Finnish Association of Physiotherapists (FAP). Goal for the document was to standardize and to keep up good quality even when economics are turning more and more hard year by year. (FAP, 2011).

Quite many studies have indicated that it is important for student's professional growth and motivation, that she/he could have his first internship as soon as possible (Laitinen - Väänänen 2008; Lindquist et al., 2006).

In OUAS therapy students have their first orientation internship (2 weeks) already after a few months of studying and the first longer internship (6 weeks) with wider and already more specific professional objectives on their third term (OUA, 2014a).

There is some pressure to have it even earlier, but students need to have enough basic theoretical studies before going to work with real clients and patients. This is part of affiliation between the university and hospitals and clinics in the area (OUAS, 2014b). No one expects students to know too much, but they need to have the basic tools and understanding of the most common situations of therapy (Laitinen - Väänänen 2008; Reeves et al., 2002).

Optimal learning processes are created and done in co-operation between student, working life and university

Co-operation between universities and working life begins actually far before students even enter the university. The curricula needs to be created together, not only to fit with working life needs of today, but to fit needs expected to be there in future (Suhonen, 2009). There needs to be co-operation when required competencies are defined, but also when planning how those can be reached. (Laitinen - Väänänen, 2008; OKM, 2006.)

The knowledge therapists need to possess grows all the time. That's why experts from hospitals, clinics and universities need to discuss continuously to find the most elementary content. (Suhonen, 2009.) For curriculum purposes the knowledge can be classified to those "Must know", "Should know" and "Nice to know".

Like in many countries, also in Finland universities and professional associations have in co-operation written down their mutual understanding of "Must know" issues for both professions (OKM, 2006). Those descriptions are noted in all universities educating physiotherapists and occupational therapist, and they are updated regularly. The other two areas can be offered as free-choice studies or according different universities' special focus areas.

Even when only "Must know" –issues are included in curricula, everything elementary cannot be taught in classrooms or workshops at university. Some phenomena and skills are better to be taught later on in hospitals or clinics, in real settings (Laitinen - Väänänen, 2008). Like working with patients in intensive care units. No way can any university purchase all up-to-dated equipment therapist use there. These executional plans need to be written on curriculum to ensure that the process will be executed year by year with all student groups.

In OUAS we write, together with therapists from working life and some soon-to-be-graduate students, quite detailed "streams" how learning processes for the most important competencies are planned to be built trough certain theoretical courses and practical training periods following them.

First we write objectives for the phenomenon, and after that decided what could be taught in class room and needs to be known before entering internships and what would be better (or easier, or more interested) to be taught in hospital or other clinical environment.

These lists of required issues needed to be known and possessed after the practice have been starting point for competence based evaluation criteria for practical training periods. Those descriptions and criteria are checked up and updated yearly. (OUAS, 2014a; OUAS, 2014b.)

Universities should also offer clinical supervisors education focused on “How to guide students during practical training” (Laitinen – Väänänen, 2008; Lindquist et al., 2006). In OUAS we have arranged regularly multiprofessional courses for clinical supervisors (OUAS, 2014c).

Supervisors get familiar with learning theories and methods for supporting and guiding students. These educational 3-6 ECTS programmes have been work-life orientated and all the tasks have been adapted on needs of their own organization. Clinical supervisors have created for instance organizational guide books for welcoming and evaluating students. (OUAS, 2014c.)

Besides these multiprofessional courses all degree programmes in OUAS arrange regularly meetings and seminars for clinical supervisors. In those seminars clinical supervisors, students and teachers discuss and share knowledge and experiences in order to share good practices from hospital or clinic to another and from supervisor to another. Learning café and other co-operative learning methods are widely used in these seminars to inspire all participants to share their ideas and experiences with others (Kaera, 2008).

Both supervisors and students have been pleased with these seminars, and they have emphasized that after these meetings they have got both support to their present guiding methods, but also new ideas for their working with students, and that they also understood more the point of view of others. Ability to understand different approaches and points of view is crucial for effective multiprofessional working. (Reeves et al., 2002).

Students need guidance and support on their way to professionals

Students are in charge of their own learning process, but they need support and guidance from both supervisors and teachers (Kaera, 2008). Students learn from their practical supervisors first of all therapeutic methods but also professional conscious use of self (Laitinen – Väänänen, 2008; Lindquist et al., 2006).

That’s why it is more than important that supervisors analyze together with students not only students acts, but also their own critical reasoning and thinking processes in general (Suhonen, 2009; Sarja, 2000). Discussions should not be limited and focused only on patients or therapy methods, but also emotions, prejudices and suspicions should be discussed in safe interaction (Laitinen - Väänänen, 2008; Reeves et al., 2002).

Students should be encouraged to use supervisors as mirrors which reflect to students both students’ strengths and incipient skills, but also knowledge, skills and attitudes needed in working life today and in future (Suhonen, 2009; Laitinen – Väänänen, 2008). Reflective learning process leads to deep understanding and strong self-reliance (Sarja, 2000), which are crucial for life-long learning needed in all professions globally.

Students of today are quite good in searching information, eager to learn and ready to try what they have learnt (Suhonen, 2009), but understandably they have limited knowledge and how-to-do-it skills. Clinical supervisors are the best in

knowing patients' need, therapy methods and protocols available in the clinic or hospital (FAP, 2011; Laitinen - Väänänen, 2008).

Sometimes they might be too busy or have not good enough computer skills to update their scientific database or searching evidence for new therapy methods, but that is something students can reciprocally offer to their supervisors. Good, equal and bilateral "learning together" process leads to a win-win situation (Suhonen, 2009; Reeves et al., 2002) that is one of the best ways in encouraging and motivating students to challenge them even more.

Sometimes clinical supervisors might not know thoroughly students' curriculum and have some difficulties in understanding "rookies" minor skills and knowhow. Being aware of students' knowhow when starting their internships is maybe the most difficult task for supervisors. (FAP, 2011; Laitinen - Väänänen, 2008; Reeves et al., 2002).

At least in Finland each university has its own curriculum even if there are national and international descriptions of competencies needed to gain (OKM, 2006). Yes, the goal is clear and common, but each university has its own path how to go there. That's why for subjects are studied in different order which might challenge the supervisors. Even students from same university are all individuals with various and multiple skills, orientations and expectations (Lindquist et al., 2006).

That is also one reason why students need to write down their own perception of their enter-phase knowledge, skills and individual objectives for the period (Laitinen - Väänänen 2008; Reeves, Freeth, McCrorie, Perry, 2002). But the most important reason for writing down individual learning objectives is that thinking about "What could be learnt in that specific internship?" and modulating those thoughts into sentences makes them more clear and conscious for the student himself (Sarja, 2000).

And of course, after knowing those the supervisors can more easily offer best possible learning experiences, feed-back and support to their students. (FAP, 2011; Suhonen, 2009; Laitinen - Väänänen, 2008; Reeves et al., 2002). Individual learning objectives are also taken into the consideration when evaluating learning outcomes and processed during and after practical training (Laitinen - Väänänen, 2008).

From students' point of view it is important that clinical supervisors and teachers are leading and supporting students according same principles and rules (Laitinen-Väänänen 2008; Reeves, Freeth, McCrorie, & Perry, 2002). They need to know enough from each other organization's resources and policies, and of course share the idea of learning by doing (FAP, 2011; Lindquist et al., 2006).

Supervisors are first of all responsible of patients' wellbeing (Reeves et al., 2002) and teachers of students' learning process (FAP 2011), as well as student is responsible of his own learning acts. The roles and responsibilities need to be discussed together beforehand (Laitinen - Väänänen, 2008; Sarja, 2000), and in best scenario also written down so that those can be easily re-checked.

When supporting students' learning process teachers co-operate and support

both students and supervisors. Even with diminutive resource practical training periods need to be monitored by teachers, whose role is to support both students in their learning process and supervisors in their guiding process. (FAP, 2011; Laitinen – Väänänen, 2008).

In optimal situation this trio works together regularly (Reeves et al., 2002), but due to economic situation, at least in Finland, teachers have nowadays too little time to participate enough. But even though, teachers are in charge of arranging and facilitating students' learning processes on all levels and contexts (Kaera, 2008), and also the ones to confirm did students gain their learning objectives (OUAS, 2014d; Laitinen – Väänänen, 2008).

3. Conclusions

Students learn reflective attitude and skills towards their own professional self and skills by practicing reflection in discussions together with their student mates, supervisors and teachers. That gives them good basis for life-long learning as a person and therapy professional, which will be seen on their work both with patients and clients, but also when they are guiding new students to learn in practical settings.

Reflective working and learning attitude of both students, supervisors and teachers is the best way of growing up as a fully competent professional for future. It is not only student who learns and grows up, but also supervisors and teachers develop to be even better professionals by reflective discussions with students. Reflection produces reflection!

Supervisors in hospitals and clinics guide the students mostly from the point of view of working in their own organization. They are important key persons in preparing the students to general and specific norms and expectations of working life. The most important task for teachers is to support individually each student's learning process and professional growth, but also to support supervisors in their guiding work.

Good co-operation between working life and universities strengthens also graduates' chances of becoming employed and most of all, it is the best way of staying professionally updated throughout one's career (ARENE, 2014). That is also a good reason for searching, sharing and expanding good practices How to lead students learning processes during clinical internships. You just need to do your honest best!

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Professional associations and networks mentioned in introduction:

WCPT World Confederation for Physical Therapy

ENPHE European Network of Physiotherapy in Higher Education

FAP Finnish Association of Physiotherapists

WFOT World Federation for Occupational Therapists

COTEC Council of Occupational Therapist for the European Countries

TOI Finnish Association of Occupational Therapists