



Occupational Therapy Council Accreditation Standards
Explanatory guide: the use of simulation in practice education/fieldwork
July 2013

1. Purpose of this explanatory note

This explanatory note has been prepared to assist education providers which use simulation as a component of the 1000 practice education/fieldwork hours required by the Occupational Therapy Council (Australia & New Zealand) Ltd (OTC) for an entry-level program of education in occupational therapy. Education providers must comply with all accreditation standards.

2. Context

The OTC Accreditation Standards (December 2013) require that a program of study will provide students with a range of different practice education/fieldwork opportunities to integrate knowledge, skills and attitudes to practise with a range of people who have different needs, and in differing circumstances. Practice education/fieldwork is an essential component of the entry-level curriculum to enable students to develop the capacity to provide an occupational therapy service and gain registration on completion of their accredited occupational therapy program.

The accreditation standards indicate collectively, fieldwork/practice education experiences must be of sufficient duration to allow integration of theory to practise. A minimum of 1000 hours' practice education/fieldwork is normally expected. The OTC expectations concur with the World Federation of Occupational Therapists (WFOT) requirement that "the 1000 hours refers to the time each student spends implementing an occupational therapy process, or an aspect of an occupational therapy process with or for a real live person" (WFOT, 2002:24).

The Accreditation Standards (December 2013) also indicate the range of experiences always includes:

- people of different age groups;
- people who have recently acquired and people who have long-standing health needs;
- interventions that focus on the person, the occupation, and the environment;
- experience in the provision of culturally responsive health care.

and encompass all of the following parameters:

- a range of personal factors such as gender, ethnicity that is reflective of the population that will be recipients of occupational therapy;
- individual, community/group and population approaches;
- health conditions that affect different aspects of body structure and function that cause different kinds of activity limitations;
- different delivery systems such as hospital and community, public and private, health and educational, urban and rural, and local and international.

3. Simulation in practice education/fieldwork

The Accreditation Standards (December 2013) indicate the 1000 hours of practice education/fieldwork may include up to 20 per cent of well-designed simulation experience, in line with the recommendations made by Rodger et al (2010). These authors indicate that simulation activities are "learning activities/experiences that make use of simulation modality that imitates a real clinical/professional situation but that may extend past the specific use of the modality e.g., to include discussion following the use of the modality, treatment planning after using simulation modality" (Rodger et al, 2010, p4). In addition, the OTC believes that Simulated

Learning Activities (SLAs) have value in enabling all students to complete practice education/fieldwork experiences that have been identified as core by local stakeholders.

The following points, developed by Rodger et al (2010), should be used by education providers in their development of occupational therapy simulation activity that contribute to the 1000 hours.

*Simulated Learning Activities may occur **prior to, during or following** clinical placements. The key potential uses of SLAs include:*

- *to enhance immediate pre-clinical block placement learning and contribute to increased capacity on placement by better preparing students to 'hit the ground running;'*
- *to assess achievement of threshold competencies prior to practice education/fieldwork placements to enhance quality and safety (e.g., safe manual handling practices);*
- *for use post practice education/fieldwork block placements to enhance professional reasoning prior to graduation.*

Simulation may use of a number of different modalities to imitate real situations, including but not limited to:

- *standardised patients;*
- *written case based scenarios;*
- *DVDs of simulated or real patients;*
- *role play;*
- *mannequins and part-task trainers, and*
- *virtual reality or computer-based patients.*

Of these modalities, standardised patients are recommended as the simulation modality that most closely approximates the requirements for fieldwork within occupational therapy in Australia.

(Rodger et al, 2010)

Use of above modalities does not on its own constitute practice education/fieldwork. In order for simulation activities to contribute to the 1,000 practice education/fieldwork hours, an education provider must demonstrate that the simulation activities meet the following conditions identified by Rodger et al (2010, p.49).

Simulated learning activities contributing to practice education/fieldwork hours:

- *must be designed to have a high level of authenticity for occupational therapy practice;*
- *must have a high level of complexity requiring student engagement and interaction;*
- *should be delivered with immediacy to interaction with a real client, (who may be portrayed by a standardized patient) and to occupational therapy practice education/fieldwork placements;*
- *must be designed and assessed with respect to meeting occupational therapy practice education/fieldwork placement objectives; and*
- *no one simulation modality can be used as a 'stand-alone' alternative to practice education/fieldwork time.*

In addition:

- *training should be provided for occupational therapy academics and clinical educators regarding the use of simulation;*
- *the impact of simulation activities on occupational therapy students' satisfaction, clinical competence, confidence, and level of skill development should be evaluated (by academics, clinicians and students);*
- *simulation tools and resources should be developed in collaboration with the occupational therapy workforce to support the authenticity of the learning activity, to enhance students' perception of the validity, and optimize the potential use in the workplace during practice education/fieldwork placements.*

(Rodger et al, 2010)

Simulation activities that contribute to the 1000 hours must be different from usual practical learning included in occupational therapy education programs, hence:

- the learning objectives relevant to an individual student's practice education/fieldwork must be clearly documented;
- the SLA's should be relevant to the student's level of learning;

- students should have opportunity for repetitive practice to develop and maintain their proficiency, and time for guided reflection on their learning;
- formative as well as summative feedback should be provided by an occupational therapy educator, and
- the time an individual student spends completing SLA's as part of their practice education/fieldwork experience must be recorded and verified by an appropriate supervisor, in line with the expectations for supervision outlined in the Accreditation Standards (December 2013).

4. References

Occupational Therapy Council. (2013). Occupational Therapy Accreditation Standards (December 2013). South Perth, WA: OTC. Access at www.otcouncil.com.au

Rodger, S., Bennett, S., Fitzgerald, C. & Neads, P. (2010). *Use of simulated learning activities in occupational therapy curriculum*. University of Queensland on behalf of Health Workforce Australia. Access at www.hwa.gov.au/publications.

World Federation of Occupational Therapists (2002). *Revised minimum standards for the education of occupational therapists*. (Forrestfield, WA: WFOT).

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Responsible OTC Director:	Chairperson, Program Accreditation Committee