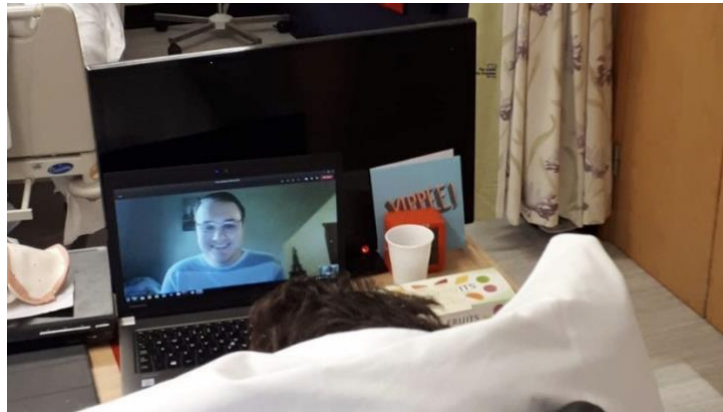# The added advantages of a virtual placement

The practice educator perspective

I contacted Leeds Beckett University (LBU) to see whether any student SLTs would be interested in volunteering via Microsoft Teams to provide some conversation practice and interaction opportunity to a young patient on the rehabilitation ward.

The patient had been in source isolation for a year following admission with a brain injury and due to the COVID-19 pandemic was no longer able to have visitors. The LBU placements team asked whether this opportunity could be turned into a placement to help an international student who was unable to return to the UK due to travel restrictions, and we gladly accepted the challenge!

The 'virtual placement' took place over three months, with sessions twice a week. These were carried out by the student and facilitated and observed by an SLT in the room with the patient. A weekly reflection, feedback and discussion session and some separate case study tutorials helped to inform the core skills assessment at the end of the placement. The student was also able to observe the patient in a physio session to gain experience of multidisciplinary (MDT) working.

As a first foray into the world of virtual placements, this experience allowed us to work out the best way to deliver a placement and get used to the technology required while only demanding a few hours a week of my time as a practice educator. This was especially important at a time when service demands were high and ever-changing due to the pandemic.

For the student, the placement provided consistent sessions over a few months, allowing him to really get to know the patient and see improvement. The twice-weekly sessions provided opportunities to demonstrate most of the core skills required, including rapport building, note writing, session planning, goal planning, reflection, and carrying out sessions independently. A few core skills were harder to assess, such as administering and interpreting assessments, but these were able to be signed off by using tutorials to discuss other cases.

For the patient, it was a really positive experience too – it allowed us to give him additional therapy sessions and provided a more 'real' communication situation/opportunity in which to practise speech strategies. It also gave him the chance to interact with someone his own age, at a time when his contact with the outside world was so limited.

I would encourage all placement educators to think outside the box when it comes to providing placements – you can find ways to enhance your service and patient experience by using students as part of your team.

Due to COVID-19, these kinds of opportunities are becoming more common – we should grab them with both hands because the benefits are clear for the student, the educator and the service user!

Helen McDonald, practice educator, Leeds Teaching Hospitals NHS Trust

The student perspective

Last autumn, I had the privilege of undertaking a virtual placement with Leeds Teaching Hospitals speech and language therapy service. It involved working one-to-one with a client who had been isolated to a side room of a rehabilitation ward.

The goal of this placement was to provide the patient with the opportunity to practise conversation skills and serve as a form of social interaction in a time where hospitals were not allowing visitors due to the COVID-19 pandemic.

The placement lasted for roughly three months in total, consisting of bi-weekly sessions of 30 minutes to an hour, depending on the goals of the session and the patient's MDT schedule. At the time of the placement, I was in the US and unable to return to England due to travel restrictions. Because of this, the placement was conducted entirely through Microsoft Teams with the assistance of a supervisor who would come in to set up the technology for the patient and assist if any technological issues arose. Fortunately, aside from the occasional WiFi glitch, there were no major technical problems – a wonderful achievement given the transatlantic nature of the placement!

Admittedly, I was initially skeptical about how much of an impact I could have working with a patient entirely online. I also worried that my learning would be limited under this arrangement. I am proud to say that neither of these concerns ever became an issue. Despite the virtual setting, I learned valuable clinical skills including strengthening session planning, functional goal writing and SMART target writing, the importance of establishing a strong rapport, and the value of patient-centered practice.

I also feel that this experience helped me to become a more adaptable clinician. Should a situation like the one we are currently in ever arise in the future, I feel confident knowing that virtual learning experiences can and do have a positive impact on both the student and patient. With the patient's consent, I even got to observe a virtual physiotherapy session, and the physio team were excellent about answering any questions I had before and after their session with the patient.

Adjusting to the time difference was easily overcome by careful scheduling. Adapting to technology was also a challenge at first. But with time working out when to speak and how to use different screen share options for session activities got much easier and we made it work to the best of our abilities.

I would encourage students going on placement in any setting or situation to build a strong rapport with a patient. This can be achieved through active listening and tailoring session tasks to the patient's personal interests. For example, the patient I worked with is a big football fan, so I tailored activities accordingly. For students who are embarking on a similar virtual placement opportunity, I would advise them to familiarise themselves with the technology as much as possible in advance of service delivery.

It was a great experience that I will always remember. I am so grateful to both Helen and LBU for providing me with this opportunity despite being nearly 6,000 miles away.

Joel Faucett, second year LBU MSc student