Defining therapeutic clinical placement expectations: A training framework for enhancing clinical supervision

GERALDINE SHEEDY[1]
MYRIAM CLANCY
Munster Technological University, Cork, Ireland

Work-integrated learning (WIL) offers students a work based learning experience, assisting them to bridge the gap between theoretical knowledge and professional practice. The researchers in this study were interested in researching and directly assessing WIL on their various therapeutic training programs. The research explored multiple perspectives of WIL from the viewpoint of students, graduates, host organizations and external clinical supervisors, using interviews and open-ended questionnaires. Analysis of the data indicates that a lack of clarity, consistency, and communication results in undefined expectations for quality clinical supervision. The findings highlight the significant role of clinical supervision and ways to address this to ensure that the quality standards are renewed for the therapeutic training context. Findings from the literature and the study conclude with the creation of a training framework for external clinical supervision of WIL within therapeutic training programs.

Keywords: Work-integrated learning, quality standards, training framework, therapeutic training, clinical supervision, psychotherapy, play therapy

Work-integrated learning (WIL) has a pivotal role to play in Technological Universities as they respond "to the major challenges of future work for the economy, technology and the environment" (Technological Universities Research Network, 2019, p. 4). The clinical training programs here are well established and embedded in the curriculum, over a long period of time. However, the WIL component of these programs has never been formally reviewed and evaluated. This matches Yorke and Vidovich's (2014) contention that whilst quality standards are upheld within academic institutions, WIL can often be neglected. This case study investigated the WIL element of the Bachelor of Arts in Counselling & Psychotherapy and Master of Arts in Play Therapy programs at Munster Technological University in Cork, Ireland. Important tasks of WIL on these programs include a University Placement Coordinator, vetted Clinical Placements, client suitability screening, feedback mechanisms, contracts between students, placements and university, vetted external supervisors, meetings between coordinator and supervisor, placement handbooks and clear assessment guidelines.

The National Strategy for Higher Education to 2030, often referred to as the Hunt Report in Ireland, provides a comprehensive framework for the development of higher education in the country over a 20-year period. It was published in 2011 and serves as a roadmap for enhancing the quality, accessibility, and sustainability of Ireland's higher education system. It outlines the need for greater engagement with wider communities to enhance equality in access to education and social cohesion. WIL provides this opportunity to build relationships between communities and universities, thus offering value to students, universities, and society in general. WIL in therapeutic disciplines is often referred to as clinical placement or clinical work practice. It is a form of work-based placement, embedded into therapeutic training programs. WIL is considered an integral part of training as students learn the skills and gain the necessary practice-based educational experience to work in a clinical capacity. Given that WIL is an effective pedagogy that connects educational institutions with communities and organizations, assessment of quality is mandatory (Ajjawi, R. et al., 2020; Bosco & Ferns, 2014). Winchester-Seeto (2019) contends that quality measurements for WIL in higher education

[1] Corresponding author: Geraldine Sheedy, Geraldine.Sheedy@mtu.ie

can fail to hit the mark with regard to assessing quality in general and for development purposes. CORU, Ireland's health regulator, will soon regulate counselling & psychotherapy, including monitoring training courses (CORU, (2025). WIL is seen as crucial for education and training in this field. Best practice guidelines for incorporating WIL in therapeutic training are explored as current WIL frameworks do not adequately address the needs of therapeutic training programs.

LITERATURE REVIEW

Measuring Quality of Work-Integrated Learning

MacCallum Sullivan and Goldenberg (2015) contend that "Any psychotherapy institution will represent at once both the best attempt of a group of people to promote and provide high standards … and the worst of their efforts to defend against anxieties thus aroused" (p. 109). This dynamic is similarly observed in therapeutic trainings where adherence to the highest standards of excellence is juxtaposed with the management of anxieties on the part of students and others. Valenstein-Mah et al. (2020) observed that no active evidence-based psychotherapies (EBP) training modality consistently enhances healthcare providers' EBP knowledge, skill acquisition, competence or satisfaction compared to other active training modalities.

In the realm of academia, the exploration of quality in teaching and learning within WIL has been thorough. Various works (Campbell et al., 2019; McRae & Johnston, 2016; Orrell, 2011; Sachs et al., 2017; Stirling et al., 2016; Winchester-Seeto, 2019) have examined this topic extensively. However, there is a lack of literature pertaining to a framework for WIL in therapeutic training programs. An analysis of the common elements identified in the WIL literature could greatly enhance WIL on therapeutic trainings. Winchester-Seeto (2019) identifies a series of elements essential for creating a comprehensive framework. These include the following:

1. Authenticity of experience
2. Being embedded in curriculum
3. Student Preparation
4. Supporting learning activities
5. Supervision, including feedback
6. Reflection
7. Debriefing
8. Assessment
9. Inclusive approach to WIL

Whilst these elements are not specifically linked to therapeutic or clinical training, they are very pertinent within such an educational environment. The following review explores these elements, noting their commonality across different literature and their significance to therapeutic training.

Authenticity

Authenticity in WIL entails providing students with meaningful work that allows for appropriate autonomy and responsibility. WIL should prepare students to engage authentically with workplace practices. It is essential for placements to mirror the post-training work that students will undertake, offering opportunities for meaningful professional work. Smith et al., (2016) suggest that the WIL experience allows students the opportunity to participate in meaningful professional tasks, while also

providing them with appropriate levels of autonomy and accountability. This ultimately leads to notable contributions to the host organization.

Embedded Within the Curriculum

WIL must be interwoven within a deliberate, discipline-centered curriculum. This alignment with the program curriculum is necessary for a cohesive integration of WIL, as advocated by Smith et al.,(2016) and Campbell et al. (2019). Classroom learning should be directly linked to clinical work, fostering an integrated approach to practice.

Student Preparation and Supporting Learning Activities

WIL serves as a transformative journey bridging classroom theory, experiential learning, and therapeutic practice. Whilst role play and theoretical input lay a foundation, immersive WIL experiences are essential for authentic learning. (Coll & Eames, 2000; Jackson, 2015; Patrick et al., 2008) Similarly, supportive learning activities are crucial to bridge theory with practice. The WIL environment must support students' learning and create a positive experience. Active learning, facilitated by lecturers and supervisors, entails sharing experiences and learning from peers, with access to resources such as space, equipment, and mentorship being imperative (Billett , 2011; Cooper et al., 2010; Orrell, 2011).

Supervision

Quality supervision is crucial for a positive WIL experience for all stakeholders (Coll & Eames, 2000; Ferns et al., 2015). Creating an environment conducive to learning entails establishing a safe, inviting, and supportive space that fosters a sense of belonging, where students feel valued and comfortable (Winchester-Seeto et al., 2021). Clinical supervision in therapeutic work is a formal arrangement for therapists to regularly discuss their work with an experienced professional in the field. It also helps to monitor, develop, and support the supervisee's practice (British Association of Play Therapists, 2023; Irish Association for Counselling and Psychotherapy, 2018; Irish Play Therapy Association, 2023). Through a combination of reflective practice, feedback, ethics training, and personal support, clinical supervision helps trainees to develop into competent, ethical, and self-aware practitioners. Supervisors guide the integration of theoretical knowledge with practical application, while also attending to trainee's emotional and professional development. Supervision serves as a protective factor, helping trainees manage the emotional demands of their work while fostering professional support (Watkins, 2011). Clear communication and understanding between workplace and university supervisors is essential for everyone to comprehend their roles and responsibilities and to ensure student support and success (Winchester-Seeto et al., 2016).

Reflection

Reflection is defined as an ongoing process in which individuals enhance their knowledge and skills by critically analyzing their personal and professional experiences (Bolton, 2001; Dewey, 1910; Kim, 1999; Nolan, 2008). Self-reflection is a central component of experiential learning and facilitates the development of students' skills and capacity by integrating experiential learning with theoretical components (Smith et al., 2016). Self-reflection plays a vital role in the training of student therapists, enabling them to deepen their understanding of themselves and their interactions with clients. Clinical supervision has a vital role to play in enabling trainees to critically reflect on their practice (Fook &

Gardner, 2007) facilitate ongoing learning, enhance self-awareness and improve therapeutic skills (Rogers, 1961; Schön, 1987; Thorne, 2007).

Debriefing

Smith et al., (2016) emphasize the importance of debriefing for student readiness and is generally considered as a post-experience process involving guidance, questioning, and feedback to unpack and understand an experience (Winchester-Seeto & Rowe, 2018). Group debriefing, as suggested by Billett (2011), may facilitate student sharing and learning from each other's experiences.

Assessment

Assessment in WIL supports learning by aligning goals with implementation, addressing challenges, and seizing opportunities. It helps to focus student attention on the key learning objectives and the outcomes that have been achieved (Boud et al., 2020). Supervisors have an important role to play in assessing students' skills and competencies (Billett, 2001) along with facilitating student self-assessment (Jackson, 2015). Falender and Shafranske (2004) examine the importance of feedback in clinical supervision, describing how supervisors provide formative and summative assessments that guide trainee learning. Whilst the importance of clinical competencies in assessment of trainee therapists is well documented in the literature (Falender, 2014; Kostínková et al., 2023) external supervisors face challenges with how to share effective feedback.

Inclusivity

Ensuring equal access to WIL is paramount. Literature demonstrates the importance of developing principles, guidelines, and strategies for inclusive WIL to enhance accessibility. These principles aid higher education institutions in making WIL more inclusive for all students (Mackaway et al., 2014; Orrell, 2011; Sachs et al., 2017; Winchester-Seeto et al., 2016).

A robust and detailed quality framework for WIL is essential to guide its development and implementation effectively within the diverse social, economic, and political factors that influence it. WIL is shaped by a variety of external influences beyond a linear relationship, as evidenced in the literature outlined above. This emphasizes the need for institutions to navigate and adapt to these complexities to integrate theory with practice and enhance the educational experience for students. While universities bear responsibility for WIL outcomes, it is vital for them to acknowledge and address these external influences, to better support students.

Therapeutic Training Programs in this Study

The BA Counselling & Psychotherapy and MA Play Therapy programs include well-established WIL. Bates et al., (2007) describe WIL as "a three-way partnership between the student, workplace, and educational institution" (p.126). In the therapeutic trainings under study here we include the fourth *prong* of external clinical supervision. Bates et al. (2007) consider that the university should assume the responsibility with students given increasing responsibility as they progress through the program. The WIL structure on both training programs is akin to most clinical training programs in Ireland and the UK. Programs consist of classroom teaching (theory, experiential and skills practice), clinical work on placement (WIL), and clinical supervision with a qualified clinical supervisor. Clinical supervisors form part of an external supervisory panel created by the university. Therapeutic trainings tend to be unique in that the external clinical supervisor is not part of the core training team and usually external

to the placement center. All references to supervision in this paper relate to external clinical supervision.

Clinical placement tends to take place in voluntary settings – health service settings, schools, counselling centers and family resource centers. Brown (2022) contends that placement agencies can vary significantly in the level of security they provide, ranging from small charities with precarious funding and reliance on volunteers to well-established departments within organizations. This observation is consistent with the placements in this study.

Management of the WIL module is controlled by the university and assessment carried out by external clinical supervisors in collaboration with the university. Host Organization personnel are not involved in assessment. Students do not receive payment for the clinical work they undertake. Students carry out their clinical placement for a number of hours each week (directly working with clients and analysis) for the duration of their training. Students on both training courses must be aged 25 and over. Training courses in Ireland tend to align themselves with the competencies of professional accrediting bodies to monitor quality.

Rationale for Research

McRae et al., (2021) stress the importance of evaluating the quality of WIL experiences for key stakeholders. However, Van Rijn et al., (2008) highlight the lack of research into psychotherapy training. It is essential, therefore, to thoroughly assess and define the strengths and areas for improvement in clinical training programs. Such an evaluation is particularly crucial as external supervisors and host organizations who are not directly involved in day-to-day operations but oversee from an external perspective, play a critical role in evaluating the quality and effectiveness of these programs (McRae et al., 2021). Due to the lack of research and evidence, the researchers sought to explore methods for maintaining and ensuring quality standards within WIL.

Given the lack of an integrative WIL framework for therapeutic programs, this research was interested in exploring experiences of those on the ground. Whilst it was considered that both programs already have systems in place which are largely aligned with guidelines for best practice (Campbell & Pretti, 2023; Campbell et al., 2019; Ferns & Arsenault, 2023; McRae et al., 2021; Winchester-Seeto, 2019), the researchers were curious to delve deeper into the workings of WIL on their clinical programs to identify any potential gaps or areas for improvement.

RESEARCH AIMS

The research aimed to assess the WIL component of two therapeutic training programs with a view to enhancing the quality of WIL within the therapeutic training field. It aimed to better understand its design and highlight any improvements that could be made. It was also interested in reviewing current implementation and ascertaining if there was a variance between the WIL experience of the student and the lived practice of therapists.

METHODOLOGY

Given the collaborative nature of WIL, this research was interested in looking at multiple perspectives of WIL including student (current & past), host organizations (placements) and external clinical supervisors. Reflexive thematic analysis (RTA) is a rigorous and systematic qualitative approach to data analysis which allows for the identification and analysis of themes or patterns in a set of data

(Braun & Clarke, 2012). A reflexive approach to data analysis differs from other forms of thematic analysis whereby the researcher is seen to play an active role in the production of knowledge (Braun & Clarke, 2019). Codes or themes reflect the researcher's own interpretation of the data, and the aim is not to achieve 'accurat*e*' or 'reliable' coding. Researchers engage reflexively and thoughtfully with the data set and are actively involved in interpreting codes and themes pertinent to the research question. Where there is more than one researcher, the aim is not to pursue consensus but instead it allows for a richer interpretation of meaning in a collaborative and reflexive analytic process. Researchers are encouraged to embrace the reflexive, subjective and creative nature of RTA (Braun & Clarke, 2019).

Given that the researchers have had an involvement with placements on the program this 'insider status' (Brannick & Coghlan, 2007) positioned them well to gain a deep understanding of the issues involved. It is also acknowledged that bias may be present, which was mitigated through ongoing peer critical reflection.

Ethical approval (No. MTU-HREC-FER-23-027-A) for this study was received from the University's Human Research Ethics Committee.

Data Collection and Analysis

Data was collected via anonymous semi structured interviews (see Appendix A) that were recorded and transcribed, and open-ended questionnaires (see Appendix B). Data were analyzed using an RTA approach (Braun & Clarke, 2019). Interviews were conducted over Teams or Zoom and questionnaires created on MS Forms and distributed via email.

Although both investigators were involved with these clinical trainings, there wasn't any cross over between placements and/or students because the researcher from the Counselling & Psychotherapy program interviewed those involved with the Play Therapy program and vice versa.

Following collection of the data, both researchers listened to the recordings, read the transcripts and answers to the questionnaires several times, making notes of observations, reflections and patterns that were striking. Each researcher coded the data independently focusing on themes related to quality of WIL and challenges encountered. They then met to compare and discuss codes, engaging in an iterative process whereby codes were refined and revised. They discussed any discrepancies, clarified perspectives and in some instances recoded data together to ensure consistency. As codes were collated and themes identified, the central theme of expectations was defined, and this was further broken down into three sub-themes. The researchers then re-read the complete data set, in order to ensure coherence and to define the relationships between the central theme and the subthemes.

Participants

Four host organizations where students are currently on placement were randomly selected and invited to interview. Two responded to the invite and participated. One was from Play Therapy and one from the Counselling & Psychotherapy program. Six external clinical external supervisors with three or more years external supervisory experience who were currently supervising students were randomly selected and invited to interview. All six responded and were interviewed. Thirty-eight students in their final year of placement (and final year of training) were invited to respond to the questionnaire. Final year students were selected as they have a good grounding in placement at this advanced stage. A total of 17 responded and completed the questionnaire. Thirty-nine recent graduates of both programs were invited to respond to the questionnaire thus ensuring data was collected from

participants with the most recent experience and information on placements. A total of 11 responded. These are two specific clinical training programs within a single department with a small sample size.

FINDINGS

Following analysis of the data it became apparent that there were many elements of clinical placement that were working well. In these instances, satisfaction on the part of external supervisors (S), students/graduates **(**Q) and host organizations (Pla) was high. Words like "joyful", "practical and relevant" (S, 1"a blend of left and right brain" (S, 4) demonstrate this. All participants considered that the WIL component provided meaningful work, and it provided students with the opportunity to work "at the coalface" (S, 4). One placement described how having students on placement brought "vitality" and "diversity" (Pla, 1) and students "contributed positively to the overall environment." (Pla, 1) Placements were considered to provide "meaningful clinical experience" (Pla, 2) and an excellent learning environment. One student described placement as "the most beneficial part of the training" (Q, 14). External supervisors also reported great satisfaction accompanying students on their journey and witnessing their progression. There was a consensus that the WIL in both programs provided students with a valuable opportunity to apply theory to practice. In the words of one participant "Learning about the theory is vital, but putting it into practice and experiencing the outcomes from it could not be achieved in any other way." (S, 3). Results were consistent across both training programs.

In situations where participants faced difficulties, a central theme that emerged was the importance of managing expectations. This overarching theme was further subdivided into the three sub-themes of clarity, consistency and communication.

Expectations

Of the n=36 responses, results from stakeholders (n=26) indicated that a lack of clearly defined expectations on the part of student, external supervisor, host organization and university tended to lead to uncertainty and dissatisfaction. When expectations were implied and not explicit, there was a lack of clarity and consistency and, therefore, communication was poor. Conversely, of the n=36 responses, n=18 indicated that when these three elements were present it resulted in more clearly defined expectations and enhanced the overall process.

Clarity

Clarity in the process of determining client suitability for students is essential. Concerns were raised about inconsistent screening practices for client referrals, underscoring the need for a more transparent approach. Greater clarity from the outset regarding suitable referrals could assist with this. A designated placement liaison to screen clients could help ensure consistency and transparency in this area. A significant area where increased clarity was needed concerned the level of commitment required from students on placement. One participant highlighted instances of "balls being dropped" (S,1) by students due to competing demands between their academic responsibilities and external employment. This issue was compounded by the perception that students were struggling to balance multiple commitments, with one participant describing the situation as students "serving many masters." (S, 2). Given the substantial time and resources invested in students, placement coordinators expected students' primary focus to be on the placement.

Clarity was called for by a small number of supervisors regarding their duties with one stating "I'm not sure if there's a clear enough directive that directs us as external supervisors" (S,4). Similarly, some

students asked for clarity regarding the role of supervision in advance of the placement. However, one student stated that nothing could have prepared them for being in the therapy room – only doing it. Another student stated "I was as prepared as one can be" (Q, 3) implying that there some aspects of placement that were impossible to prepare for.

Consistency

Responses highlighted the varying levels of support offered by placement centers to students ranging from very high to a low level of support. One placement described having an "open door policy" (Pla, 1) for students and talked about the additional structures they put in place to facilitate supporting a student on placement. This included thorough induction, on-site group supervision and regular meetings with students. However, not all placements went to the same lengths and this inconsistency was noted. One student noted that the level of orientation to the placement seemed to be "dependent on the placement manager" (Q, 11). This inconsistency led to uncertainty regarding expectations.

External supervisor support was considered paramount and whilst some autonomy was given to students – there was a shared understanding between students and external supervisors that students needed to be scaffolded. It was generally agreed that students' capacity varies in the earlier part of their training work to those at a later stage when trust and confidence is developing. Whilst external supervisors viewed their role as one of support, students tended to report inconsistencies in terms of the level of support offered by external supervisors. Several external supervisors contended that they didn't receive enough guidance from the university at times and thus tended to revert to the way they were trained or on the practices that they themselves had developed. This led to much inconsistency with one student reporting varying experiences of supervision amongst their peers.

Interestingly, external supervisors reported inconsistency in how receptive students were to supervision with some becoming defensive and possibly perceiving feedback and support as criticism. Varying personal attributes were considered a reason for inconsistencies across students with competence seen to depend greatly on the individual student. Factors such as the amount of personal development undertaken by an individual prior to the programs, previous work experience and an understanding of the role of supervision were all considered important factors in how one prepared for and adjusted to placement.

Consistency across assessment and grading was mentioned frequently by external supervisors and students. There was a sense that external supervisors needed more direction in assessing students and inconsistency amongst external supervisors around assessment was commented on by some students. The use of audio and video recordings was greatly appreciated by students and external supervisors. Not only was it seen to serve as a crucial learning resource, it also significantly contributed to maintaining consistency in assessment.

Communication

Analysis of the data allowed greater insight into the interface between students, external supervisors, host organizations and university. Given the structure of clinical training, it is common for external supervisors to have no contact or communication with host organizations. The student tends to be the main person who liaises between host organization and external supervisor and even, at times, the university. Some external supervisors contended that they would like more contact with the university tutors as they tended to meet only to discuss challenging students or when issues arose. External supervisors found the grading of students to be very challenging; however, external supervisors who

met with the university for grading and assessment purposes found this to be a very helpful practice. Some external supervisors said they didn't know what material students were covering and would find it beneficial to have a breakdown of modules and what is being taught. Whilst they had copies of the university handbook, they considered that meeting as a group of external supervisors with teaching staff would be beneficial. They considered conversations with the placement coordinator to be very helpful and supportive and would welcome more open communication to clarify expectations. There was much enthusiasm expressed for the provision of continuous professional development by the university.

Communication between host organizations and university was fluid and non- structured at times with no formal feedback structure. Placement visits from the university were considered an important feature and host organizations would welcome more of these. Whilst both trainings had a placement coordinator within the university and feedback mechanisms were in place, it was felt that a more formal review structure was needed. It was indicated that when there is a lack of communication, concerns can go under the radar, hence the need for a more streamlined communication process from the outset. Whilst host organizations have an integral part to play in a student's training, they have little control over assessment of the student as the external supervisor and University are responsible for the student's clinical work and assessment of their fitness to practice. Feedback to university, particularly concerns around fitness to practice, was a "missing piece that warrants further discussion" (P, 2). More formal feedback channels were considered important with clearly defined procedures required.

DISCUSSION

Given that the practice of psychotherapy and play therapy are characterized by uncertainty, complexity, uniqueness, and conflict (MacCallum Sullivan & Goldenberg, 2015; O'Hara, 2012) it is not surprising that similar challenges may arise on therapeutic training courses and, in particular, within clinical placement. Whilst best practice guidelines and frameworks can assist in alleviating much of this uncertainty and anxiety, the current research uncovered underlying implicit elements that also need to be addressed. Findings indicate that even with guidelines and comprehensive frameworks in place, expectations can differ and potentially lead to ambiguity. Results also suggest that three key elements - clarity, consistency and communication – are crucial to ensure expectations are aligned.

It was evident from the analysis that while it is important to focus on various stakeholders, the significant differences present within WIL settings pose challenges for standardization. Considering that clinical supervision is essential for all aspects of WIL and the lynchpin for all other domains, it is an area that requires substantial attention. Clinical supervision is the area where clarity, consistency and communication can have maximum impact on WIL. Hence, this analysis has culminated in the development of a comprehensive training framework, emphasizing clinical supervision. The upcoming discussion will provide a more detailed presentation of this training framework.

Clinical Supervision

Clinical supervision is an essential prerequisite and a core component of therapeutic training. It is essential not only for monitoring technical skills and treatment planning but also, as noted by McMahon and Patton (2000), for fostering professional identity, ethical decision-making, and self-awareness. Whilst all external supervisors are trained, accredited and adhere to their professional bodies' code of conduct for external supervisors (British Association of Play Therapists, 2023; Irish Association for Counselling and Psychotherapy, 2018) much of the training provided to external supervisors does not address the nuances and specifics of supervising trainees.

The literature shows that there is minimal training provided to external supervisors for supervision of therapists in training (Bambling et al., 2006; Milne & James, 2002; Wheeler & Richards, 2007; Wilson & Weatherhead, 2015). This research reveals numerous complexities that are especially relevant to the supervision of trainee therapists, including subtle distinctions particular to individual courses. Specific training around the unique challenges posed in supervising student therapists may be beneficial to support clarity, consistency, and clear communication amongst external clinical supervisors.

Despite having protocols in place (handbooks, contracts, communication channels) there is a requirement for more robust mechanisms regarding supervision. Some external supervisors described falling back on their own practices, which supports Stoltenberg and Pace's (2008) findings that external supervisors are often left to rely heavily on their own clinical judgement in making decisions about roles, processes, and outcomes of supervision. Few external supervisors receive any training in supervising trainees and tend to base many of their deliberations on their own experience of being supervised. Aligned with the argument presented by Winchester-Seeto et al. (2016), effective communication and collaboration between external supervisors and the university is considered critical for supporting student success. Training could possibly enhance open communication and ensure that external supervisors stay informed.

Whilst there is insufficient empirical evidence to draw conclusions concerning which models of clinical supervision are most effective regarding training therapists (Stoltenberg & Pace, 2008; Westefeld, 2008) what is apparent is that support from the university is required for consistency amongst external supervisors. Training in how to best scaffold students' development may help to manage expectations and maintain consistency for an optimal learning environment. Bernard and Goodyear (2018) outline several supervision models, including the Developmental Model and the Integrated Developmental Model (IDM). These frameworks highlight the progression of the supervisee from initial feelings of anxiety and a lack of competence to stages characterized by autonomy and mastery. This enables supervisors to adapt their strategies to align with the developmental needs of their trainees. Holloway (1995) discusses the integral role of supervision in bridging theoretical knowledge with practical application, allowing trainees to refine their clinical approaches and tailor interventions to client needs. Universities play a central role in providing this essential training, which should be regularly reviewed, evaluated, and revised.

Based on the findings of this research and to address the issues identified, a comprehensive training framework for clinical supervision of work placement for therapeutic trainings was developed. Box 1 below gives an overview of this framework, and the following section outlines the necessary components of the training framework.

BOX 1: Training framework for clinical supervision.

1. **Providing support and navigating challenges**
   - Scaffolded Learning
   - Offering support and gradually fostering independence autonomy and self-reliance

2. **Giving Feedback** to students
   - Delivering feedback effectively
   - Promoting reflection
   - Use of rubrics

3. **Trainee-External supervisor Relationship**
   - Communication
   - Addressing concerns
   - Supervision for external supervisors.

4. **Feedback channels**
   - Formal review structures
   - Increasing student involvement
   - Clearer feedback channels and procedures

5. **Referrals, Roles and Responsibilities.**
   - Assess suitability of clinical referrals within placement
   - Roles and responsibilities.
   - Induction, policies and procedures

6. **Assessment**
   - Student assessment
   - Guidelines and rubrics

Providing Support and Navigating Challenges

The first component of this training aims to enable supervisors to effectively support students in their learning and development. Whilst supervisors acknowledged their role as one of providing support, a notable discrepancy was evidenced in the level of support offered to students. It is imperative to ensure consistency in the support provided, which could be achieved through further guidance from university teaching teams. External supervisors have a crucial role to play in students' autonomy development whereby they begin to take control of their own learning. Bates et al. (2007) highlight the role that WIL has in developing one's sense of professional identity and self-efficacy. Wilson and Weatherhead (2015) contend that trainee self-efficacy is central to their development as therapists and effective clinical supervision plays a central role in this. Effective supervision from an external supervisor is crucial, striking a balance between offering support and fostering independence. This promotes increasing autonomy and self-reliance and scaffolds the student in their growth and

development. To effectively support external supervisors in their role of assisting students, it is important for training providers to offer training and preparation to external supervisors.

1. Giving feedback

Comprehensive guidelines and training in feedback delivery and rubric use is a key element to this training. Supportive, constructive and timely feedback is central to the supervision process and plays a central role in assisting the supervisee to move to a place of independence and self-efficacy (Winchester-Seeto et al., 2021). Wilson and Weatherhead (2015) emphasize the importance of training external supervisors in delivering effective feedback to trainees, highlighting its utility and necessity. They argue that supervision feedback and reflection are crucial for trainees to acquire therapy skills beyond clinical practice. Tailored feedback is essential in therapeutic training, which uniquely integrates theory, practice, and personal growth. Training could equip supervisors with the skills necessary for delivering feedback and understanding rubrics.

2. Trainee-external supervisor relationship

Winchester-Seeto et al. (2021, p.88) contend that the supervisory relationship is a key factor in facilitating learning and assisting in the development of the novice professional. They assert that the supervisor's ability to *challenge* and *influence* the student will be largely contingent upon a *safe*, *respectful* and *honest* relationship. Wilson and Weatherhead (2015) highlight the necessity for clinical supervisors to effectively communicate and discuss the supervisory relationship with trainees. Given the potential for WIL to take students" outside their comfort zone and induce intense emotional responses"' (Winchester-Seeto et al., 2021, p.88) a constructive external supervisory relationship is crucial. Providing support and guidance to supervisors through training could prepare them to address issues in the supervisory relationship, foster open and effective communication and offer reflection on supervision practices. This approach aligns with Winchester-Seeto et al.'s (2021) emphasis on reflective practice for maximizing learning experiences.

3. Feedback channels

Consistent and frequent communication plays a vital part in successful supervision. Whilst communication channels currently exist between external supervisors and training providers, training in the implementation of more formal review structures is essential. Streamlining the communication process from the beginning is recommended and all stakeholders – students, external supervisor and university - should be involved in the process to allow collaboration in a consistent and transparent manner. Bates et al. (2007) contend that it is essential for students to be actively involved in this communication as they progress towards greater responsibility and independence throughout the duration of the program. This includes establishing more formal procedures for feedback and structured reviews, as well as increasing student involvement in the feedback process. Establishing clearer feedback channels and defining procedures for addressing issues and identifying responsibilities may also serve to support external supervisors when concerns arise in relation to a student's fitness to practice. Winchester-Seeto et al. (2021) make the case for consistent and open communication to ensure successful learning and pastoral support, as well as effectively addressing challenging situations such as student struggles, illness, and unforeseen circumstances. Training for external supervisors in these procedures and protocols would be highly beneficial and help to foster good communication from the outset.

4. Referrals, roles and responsibilities

Problems arise in finding suitable referrals for trainees due to inconsistencies in placement settings. With an absence of clinical personnel, external supervisors must be equipped to assess and determine

referrals. The implementation of this framework equips supervisors with the skills necessary to evaluate referrals and gain a comprehensive understanding of trainee roles. Bates et al. (2007) emphasize the need for clear guidelines and continuous engagement. This training would also include induction on university and placement policies, with regular meetings and reviews for consistent communication.

5. Assessment

External supervisors expressed a desire for increased collaboration with the university teaching team for grading and assessment purposes. This training will provide clear direction from the university on the implementation of standardized student assessment practices. Ajjawi et al. (2020) contends that creating successful assessment practices is a significant challenge for training courses when incorporating WIL as they are "often in diverse settings, away from the university, with little or no direct university oversight" (p. 304). Wilson and Weatherhead (2015) point to the lack of research into how supervisors assess and evaluate the competency of trainees. External supervisors must be adequately trained to ensure authentic assessment alignment. This includes clear guidelines from training providers, detailed rubrics, and meetings with faculty focusing on student assessment.

LIMITATIONS AND FUTURE DIRECTION

This study examined two specific training programs within a single department with a small sample size. Expanding the study to encompass a wider range of clinical training programs, both in Ireland and internationally would be worthwhile. With the impending regulation of training through Ireland's health regulator, CORU, it will be important to ensure that the framework meets professional regulatory requirements (CORU, 2025). It is envisaged that development of a framework that aligns with regulatory standards will be of great interest to clinical training programs nationally. It is essential to adopt a collaborative approach to ensure the engagement of supervisors. Designing and implementing a framework that they find useful and beneficial will be vital for this process.

The outcomes of this research have primarily centered on a training framework for clinical supervision. Further research is already underway with a broader cohort of clinical supervisors to explore the provision, adoption and implementation of this framework. Findings also indicate potential for the development of a training framework for host organizations in the future. Next steps involve a comprehensive review of the framework in collaboration with key external stakeholders, academic staff, and placement organizations. This review process will ensure that the framework is critically evaluated from multiple perspectives, allowing diverse insights and feedback to be gathered. Engaging with external stakeholders, such as industry professionals and placement providers, will help align the framework with current professional standards and practical expectations. Similarly, input from academic staff will be integral in ensuring that the framework supports educational objectives and aligns with curricular requirements. By involving these stakeholders, the aim is to refine and enhance the framework, ensuring it is both academically rigorous and practically relevant, ultimately improving its effectiveness in supporting WIL.

CONCLUSION

In response to the need for guidance on an integrative WIL framework within therapeutic training, this research aimed to enhance the existing quality framework for WIL in these trainings. The outcome is a comprehensive training framework for clinical supervision of WIL on therapeutic trainings. The implementation of this training framework is expected to advance WIL in the therapeutic training field. It is emphasized that this training should not be a one-off event but rather an ongoing collaborative

effort that requires continuous engagement and review. Like the dynamic and relational nature of the therapeutic relationship, supervision of WIL is an evolving process. This framework is not a static process but constantly adapting and developing over time. This will necessitate ongoing collaboration and evaluation as it evolves with professional guidelines. By adopting and implementing this training framework, it is anticipated that practices and policies for WIL in therapeutic training programs will be informed, ensuring clarity, consistency, and communication in all aspects.

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APPENDIX A: Interview questions.

External supervisors

1. What is your experience of supervising a student on placement?
2. When you meet students initially, do you discuss their expectations about support available from supervision?
   a. Do they have a clear understanding of the roles and responsibilities of supervision?
3. Did you have a clear understanding of the roles and responsibilities of placement external supervisor?
   a. Do you feel prepared/trained for your role?
   b. Any further supports needed?
4. Do you think students are aware of their roles and responsibilities in relation to their placement?
5. Do you feel students are given the opportunity to do meaningful clinical work in their placement?
   a. Are they given enough responsibility?
   b. Are they given enough autonomy?
6. Do you feel placements adequately prepare students for future work as a therapist?
7. Are you familiar with the learning outcomes that the students have to achieve on placement?
   a. Are you familiar with **the theory** the students are engaging with in the programme?
8. Given the nature of the training, students have to engaged in their own personal process work through personal therapy (and within the course itself), skills training along with learning theory. When you see the student in the room for supervision do you see that Integration? Is that integration evident?
9. Are students prepared for common difficulties that may arise on placement?

10. What is your experience of students' capacity to reflect on their clinical work during placement? (For example, reflective journal, reflecting on therapist/client feelings, write ups, individual supervision, group supervision etc)
11. What is your experience of student assessment on placement? *Do the assessments reflect* their learning and acquired skills? If so, how? If not, how?
    a. What kind of assessments supported their learning and development?
12. Is the current **placement component** of clinical training inclusive of all students? How could it be more inclusive?

Interview questions for host organisations

1. What is your experience of hosting a student on placement?
    a. Do you feel students are given the opportunity to do meaningful clinical work in their placement?
    b. Are they given enough responsibility?
    c. Are they given enough autonomy?
2. Does it contribute to the organisation?
3. Does it meet your expectations?
4. Do you think placements prepare students for working as a therapist? (C&P)
5. Do students receive sufficient orientation to the workplace and its requirements?
    a. Did they have the opportunity to discuss their expectations about support available and know their responsibilities? If not, what could be done further?
    b. Are students aware of the roles and expectations of all parties? If not, what could be done further?
    c. Are students prepared for common difficulties that may arise? If not, what could be done further?
6. What has been your experience of student supervision on placement?
   Do you have a clear understanding of the roles and responsibilities of supervision?
7. Is the current placement component of clinical training inclusive of all students?

APPENDIX B: Questionnaires

Students

1. What is your experience of being on placement?
   i.e., *Do you feel you get the opportunity to do meaningful clinical work in your placement? Are you given enough responsibility? Are you given enough autonomy*?
2. Is it meeting your expectations?
3. Is it fostering learning?
4. Is what you are learning in class aligned with what you are doing on placement?
5. Do you integrate experiential, theoretical, and practical learning on placement?
6. Does your placement prepare you for working as a therapist?
7. Did you receive orientation to the workplace and its requirements?
    - Did you have the opportunity to discuss your expectations about support available and know your responsibilities?
    - Were you aware of your roles and expectations of all parties? Were you prepared for difficulties that may arise?)

8. What has been your experience of supervision on placement?
    - Individual supervision
    - Group Supervision
    - Do you have a clear understanding of the roles and responsibilities of supervision?
9. What is your experience of reflection during supervision? (*For example, reflective journal, reflecting on therapist/client feelings, write ups, individual supervision, group supervision etc*)
10. What is your experience of clinical practice assessment? *Did it reflect the work you put into your placement?*
11. Do the assessments reflect your learning and acquired skills? If so, how? If not, how?
12. What kind of assessments support your learning and development?
13. Is the current placement component of clinical training inclusive of all students? If so, how? If not, how?

Graduates

1. What was your experience of being on placement?
2. Did you feel you got the opportunity to do meaningful clinical work in your placement? Were you given enough responsibility? Were you given enough autonomy?
3. Did it meet your expectations?
4. Did it foster learning?
5. Is what you learned in class aligned with what you did on placement?
6. Did you integrate experiential, theoretical, and practical learning on placement?
7. Did your placement prepare you for working as a therapist?
8. Did you receive orientation to the workplace and its requirements?
    - Did you have the opportunity to discuss your expectations about support available and know your responsibilities?
    - Were you aware of your roles and expectations of all parties?
    - Were you prepared for difficulties that may arise?
9. What has been your experience of supervision on placement?
    - Individual supervision
    - Group Supervision
    - Did you have a clear understanding of the roles and responsibilities of supervision?
10. What was your experience of reflection during supervision? (For example, reflective journal, reflecting on therapist/client feelings, write ups, individual supervision, group supervision etc)
11. What was your experience of clinical practice assessment? Did it reflect the work you put into your placement?
12. Did the assessments reflect your learning and acquired skills? If so, how? If not, how?
13. What kind of assessments supported your learning and development?
14. Was the placement component of clinical training inclusive of all students? If so, how? If not, how?

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the Work-Integrated Learning New Zealand (WILNZ; www.wilnz.nz), and the University of Waikato, New Zealand.

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL is primarily in two forms: 1) *research publications* describing research into aspects of work-integrated learning and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion preferably including suggestions for further research.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights to how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, the Journal seeks manuscripts describing a practice of WIL as an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference
Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge. https://doi.org/10.4324/9781003156420-4

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

Publisher: Work-Integrated Learning New Zealand (WILNZ)
www.wilnz.nz