

Peering into placement: Evaluation of a pilot work-integrated learning program at a university music therapy center

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This pilot study evaluated an on-campus work-integrated learning (WIL) program within a university music therapy center, addressing a notable gap in music therapy education. Using a mixed-methods pre-post design, student perceptions were assessed through the Music Therapy Practicum Scale (MTPS) and the Clinical Placement Questionnaire - Student version (CPQS-S). Students perceived the Center as a supportive learning environment, and the MTPS results demonstrated statistically significant improvements in self-rated professional competence, particularly in foundational therapeutic skills. Future research should employ controlled, multi-site, and longitudinal mixed-method designs to examine sustained impacts on graduate readiness and incorporate perspectives of supervisors and educators. Recommendations for institutions include explicit andragogical reframing of professional practice, structured and consistent supervision to support self-efficacy, and formal recognition of the resources required to sustain individualized on-campus WIL models.

Keywords: Music Therapy, on-campus clinic/center, evaluative program

Work-integrated learning (WIL) encompasses structured educational experiences that integrate academic theory with professional practice to foster the skills, knowledge, and competencies required for successful entry into the workforce (Ferns et al., 2021; Wynne et al., 2024; Zegwaard & Pretti, 2023). WIL may take diverse forms, including workplace placements, on-campus training centers, and simulation-based learning experiences, all designed to bridge the gap between theory and practice. It is widely recognized as a core component of higher education, particularly in health-related disciplines, where experiential learning supports the transition from student to practitioner. Effective WIL programs rely on strong partnerships between educational institutions, industry, and community organizations to ensure learning experiences are relevant, meaningful, and aligned with educational objectives and professional standards (Cooper et al., 2010; Ferns & Lilly, 2015; Fleming et al., 2018).

Internationally, WIL is a central component of music therapy education and is embedded within professional accreditation and registration requirements across multiple regions. In countries including Australia, Canada, the United States, the United Kingdom, and parts of Europe, music therapy programs mandate substantial supervised clinical hours as a prerequisite for professional recognition. These requirements position WIL not as an adjunct to coursework, but as a foundational andragogical mechanism through which students develop therapeutic competence, professional identity, and ethical practice. Scholars have emphasized that effective music therapy WIL must address not only technical skill acquisition, but also the relational, reflective, and emotionally complex dimensions of therapeutic practice (Fuller & Thompson, 2025; Goodman, 2011; Wheeler & Williams, 2012). Wheeler et al. (2005) highlighted the importance of scaffolded clinical learning environments that integrate structured supervision and reflective practice to support professional formation, while (Goodman, 2023) has drawn attention to the sustainability challenges facing traditional placement models and the growing need for innovative, institutionally supported approaches to clinical education.

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Collectively, this international discourse underscores increasing recognition that alternative and hybrid WIL models, such as on-campus clinics, may play a critical role in ensuring equitable access to high-quality practice education in music therapy.

Despite the centrality of WIL in music therapy training, programs continue to face logistical, supervisory, and resource challenges, particularly in securing sufficient high-quality placements. These pressures highlight the need for innovative approaches, including on-campus training centers that can support student learning while maintaining professional standards. Addressing these challenges requires structured learning frameworks capable of guiding students' professional development while facilitating reflective and meaningful practice. Among the theoretical models underpinning WIL, Kolb's Experiential Learning Cycle (1984) remains one of the most influential. This model conceptualizes learning as a cyclical process involving concrete experience, reflective observation, abstract conceptualization, and active experimentation. In professional education, this framework emphasizes not only engagement in practice, but also critical reflection, theoretical integration, and iterative application – processes essential for developing therapeutic reasoning, relational competence, and adaptability in therapeutic contexts.

The design of on-campus WIL centers offers unique opportunities to intentionally support each stage of Kolb's learning cycle. Unlike traditional placement environments, where supervision and student learning may be constrained by service demands, on-campus centers may provide a more controlled educational setting. Within such environments, educators can deliberately structure clinical experiences, schedule guided reflection and debriefing, and scaffold learning through explicit links between theory and practice. This intentional design enables students to move beyond participation in clinical activities toward deeper understanding, conceptual integration, and informed experimentation, reducing the risk of passive or observational learning experiences.

Within music therapy education, WIL plays a pivotal role in preparing students for the complexities of therapeutic practice. However, training programs frequently encounter challenges related to placement availability, consistency in onsite supervision, and logistical constraints, issues echoed across international contexts (Bortolazzo et al., 2026). These challenges have intensified in recent years due to increasing course sizes, heightened workload for community practitioners, and shifts in funding structures that limit placement capacity. In specialized disciplines such as music therapy, where suitable sites and qualified supervisors are relatively limited, these pressures are particularly pronounced.

In response to these challenges within Western Sydney University's Master of Creative Music Therapy program, a dedicated on-campus training facility, the MusicTherapy@Western Center, was established. Developed in response to feedback from students, university academic and professional staff, and community supervisors, the Center aims to address placement shortages while enhancing supervisory consistency and educational quality. By situating practice within the university, the Center seeks to bridge the gap between theory and application, through a structured, supportive learning environment aligned with the program's practice-oriented goals.

On-campus WIL centers are increasingly recognized within allied health education as a sustainable response to placement shortages while maintaining regulatory and educational standards. These models reduce travel and access barriers, ensure supervision by academically aligned therapists, and create opportunities for authentic clinical experiences embedded within reflective and educationally intentional frameworks. Research examining allied health students' experiences in on-campus training

centers suggests benefits including increased confidence, reduced anxiety, and enhanced opportunities for reflection and feedback (Erickson & Hutson, 2023; Shapley & Hamuka, 2019). However, empirical research specifically examining music therapy students' experiences within on-campus WIL settings remains limited. Existing literature has largely focused on off-campus placements, with emphasis on supervision quality, therapeutic relationship development, and the emotional demands of clinical practice (Copley et al., 2007; Schwartzberg & Silverman, 2017, 2025; Wheeler, 2000).

To address this gap, the present study evaluates a pilot WIL program situated within a university-based music therapy center. This initiative provides a unique opportunity to examine students' perceptions of learning and professional development within a controlled, on-campus clinical environment. The study is guided by the following research questions:

Research Questions

1. How do music therapy students perceive their development of professional competencies through a WIL program within a university music therapy center?
2. What factors contribute most to music therapy students' learning experiences in this setting?

METHODS

Overview

This study employed a mixed-methods design to explore the experiences of music therapy students' experiences within a pilot work-integrated learning (WIL) program situated in a university-based music therapy center. The evaluation focused on students' perceptions of their therapeutic and professional development, as well as the factors contributing to learning within an on-campus placement context. Ethical approval was obtained from Western Sydney University's Human Research Ethics Committee (H15893).

Researcher context

The research team comprised music therapy academics within the training program who are experienced educators and clinical supervisors. The team included the chief researcher, who also served as placement coordinator and a member of the teaching faculty, and was involved in the conceptualization and operation of the university music therapy center. While this close professional involvement provided valuable contextual insight for interpreting the data, the authors acknowledge that it may also introduce a positive bias toward the on-campus WIL model. To mitigate this risk, deliberate steps were taken to maintain an arms-length approach during data collection and analysis, including the use of standardized measures, anonymized data handling, and a deliberately critical and balanced interpretation of the findings, particularly within the discussion section.

Context and program structure

The MusicTherapy@Western Center provides a structured clinical learning environment for students enrolled in the Master of Creative Music Therapy program at Western Sydney University. The Center operates through a university-industry partnership model in which an external community music therapy provider delivers therapeutic services within the university environment. Within this arrangement, university-employed educator-supervisors are physically onsite with students and maintain responsibility for student practice-based learning, supervision, and assessment, while

Registered Music Therapists (RMTs) employed through the industry partner retain responsibility for client care, therapeutic decision-making, and clinical governance.

The purpose-built facility includes two therapy rooms equipped with upright pianos, a range of high-quality instruments, and professional audio systems, as well as one-way observation rooms that allow unobtrusive session viewing. Additional facilities include a dedicated student workroom, waiting area, kitchenette, bathrooms, and a supervisor consultation room. The observation rooms enabled educator-supervisors and peers to engage in live observation, reflective discussion, and collaborative review of therapeutic processes without interrupting therapeutic work.

Importantly, the Center was not designed as a simulated or simplified practice environment. Because therapeutic services continued to operate through an active external provider, students remained exposed to many of the interpersonal, organizational, and clinical realities characteristic of professional practice, including changing client needs, cancellations, differing therapist approaches, scheduling disruptions, and the emotional and cognitive demands associated with therapeutic work. The structured nature of the environment therefore did not remove the complexity of practice, but enabled these experiences to become more visible and educationally accessible through embedded supervision and reflective support.

The pilot WIL program ran for 10 weeks, aligning with the university's semester structure. Six students participated, attending the Center two full days per week. Students were supported by a supervisory team consisting of one educator-supervisor and two Registered Music Therapists (RMTs). Student engagement was multi-faceted and included session facilitation, individual supervision, informal group discussions, and a mandatory weekly one-hour small group supervision with other students in the training program.

In the semester prior to commencing this placement, all students had completed 160 hours of simulated practice, including observation and analysis of recorded sessions, repertoire preparation, and a six-day aged care placement. During the pilot WIL program, a typical day involved preparation for therapy sessions, skill development activities led by the educator-supervisor, and collaborative review of session plans. Students co-facilitated music therapy sessions alongside an RMT, while peers observed via the one-way rooms. Following sessions, students engaged in therapeutic discussion, completed client documentation, and received feedback from supervisors. Formal mid-semester and end-of-semester evaluations complemented ongoing informal supervision, supporting continuous professional development and readiness for subsequent placements and future professional practice. Table 1 presents an exemplar of a typical training day in the pilot program, demonstrating the integrated structure of student engagement across therapeutic practice, structured observation, and embedded supervision and reflection.

TABLE 1: Exemplar of a typical day during the MusicTherapy@Western Center pilot program.

Time	Active therapeutic practice & co-facilitation	Structured observation and documentation	Embedded supervision & reflection
9:30		All S: Arrive onsite, prepare for the day.	
10:00		All S: Articulate planned therapeutic engagements and intentions.	ES: Leads day briefing and establishes student learning focus.
10:45	S1 – S3: Set up space (Therapy Room 1). S4 – S6: Set up space (Therapy Room 2).		
11:00	Demonstrate planned session activities to peers: S1 – S3, Therapy Room 1; S4 – S6, Therapy Room 2.		ES: Moves between Therapy Rooms 1 & 2 to support student learning.
11:45			All S: Reflective discussion based on workshop learning; ES: Facilitates whole-group discussion.
12:30		All: Lunch break.	
1:00	All S check in with RMTs to clarify roles and focus for sessions.		ES: Supports integrated pre-session briefing.
1:30	Individual Session 1: RMT1, C1, S1 (Therapy Room 1). Individual Session 2: RMT2, C2, S4 (Therapy Room 2).	S2, S3: Structured observation (Observation Room 1). S5, S6: Structured observation (Observation Room 2).	ES: Guides observation (Observation Rooms 1 & 2).
2:00			RMTs and S debrief.
2:15	Group Session: RMT1, C3 – C6, S2, S3 (Therapy Room 1). Individual Session 3: RMT2, C7, S5, S6, (Therapy Room 2).	S1: Structured observation (Observation Room 1). S4: Structured observation (Observation Room 2).	ES: Guides observation (Observation Rooms 1 & 2).
3:15			RMTs and S debrief.
3:30	Individual Session 4: RMT1, C8, S1 (Therapy Room 1). Individual Session 5: RMT2, C9, S4, S6 (Therapy Room 2).	S2, S3: Structured observation (Observation Room 1). S5: Structured observation (Observation Room 2).	ES: Guides observation (Observation Rooms 1 & 2).
4:00			RMTs and S debrief.
4:15	Individual Session 6: RMT2, C10, S2, S3 (Therapy Room 2).	S1, S4, S5, S6: Structured observation (Observation Room 2).	ES: Guides observation (Observation Room 2).
4:45			RMTs and S debrief.
5:00	S1 – S3: Pack up space (Therapy Room 1). S4 – S6: Pack up space (Therapy Room 2).		
5:30		Finalize client notes and documentation.	

Note: ES = Educator-supervisor; RMT = Registered Music Therapist; S = Student; C = Client.

Supervision structure

Supervision was delivered through a coordinated model involving an educator-supervisor and two RMTs. The educator-supervisor, a staff member within the training program, was responsible for ensuring alignment between clinical experiences and curriculum objectives, including fostering therapeutic reasoning, facilitating reflective discussions, and monitoring progress against subject learning outcomes. The RMTs, employed by the partner organization, contributed current industry expertise and modelled professional practice during therapy sessions.

To maintain a cohesive and educationally responsive learning environment, the educator-supervisor held regular coordination and debriefing meetings with the RMTs throughout the placement. These meetings focused on students' engagement, therapeutic performance, and progression toward learning

objectives, enabling collaborative planning for future sessions. This feedback loop supported supervision that was both clinically authentic and educationally intentional, reinforcing adult learning principles.

Music therapy clients

Clients receiving therapy during the pilot WIL program were service users of the partner organization, a local business owned by an alumnus of the training program. The partnership was formalized through a service agreement outlining ethical responsibilities, confidentiality, and informed consent processes. Clients were informed of student involvement in therapy sessions under supervision, and consent was obtained prior to participation.

Clients were not research participants and were excluded from all data collection. They ranged in age from infancy to older adulthood and presented with diverse developmental, neurological, and psychosocial needs. This arrangement enhanced the authenticity of the WIL experience while safeguarding client welfare through adherence to professional and institutional ethical standards.

Recruitment

Participants were recruited from first-year students enrolled in the Master of Creative Music Therapy at Western Sydney University. At the time of recruitment, approximately 35 students were enrolled in the first year of the program. An in-class information session, led by the academic program advisor (Researcher) and placement coordinator (Chief Researcher) outlined the placement opportunity and emphasized voluntary participation and confidentiality. Students were informed that submission of an Expression of Interest (EOI) for the placement did not obligate participation in the research study.

Following the session, detailed participant information sheets were distributed via email, and students were given three weeks to submit anonymous EOIs. Six students were selected for the placement and invited to participate in the study. Written and informed consent was obtained prior to data collection. No reimbursement or incentives were offered.

Procedure and Measures

Data were collected at the beginning and end of the 10-week placement using two validated instruments:

- Music Therapy Practicum Scale (MTPS): A 15-item self-report measure assessing perceived therapeutic skills, professional development, and therapeutic application of music (Biasutti, 2019). Items were rated on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree)
- Clinical Placement Quality Survey - Student Version (CPQS-S): A 32-item instrument assessing placement quality across five domains, including supervision, learning opportunities, and overall placement experience. The survey included a combination of Likert scale items, binary responses, and open-ended questions (Jones et al., 2022).

Students also provided open-ended written responses at pre-test regarding their learning expectations. The combination of quantitative and qualitative measures enabled a comprehensive evaluation of perceived competence development and placement quality.

Data analysis

Quantitative data was analyzed using GraphPad Prism and descriptive statistics. Given the small sample size and ordinal nature of Likert-scale data, descriptive statistics were calculated, and paired pre-post comparisons were conducted using the Wilcoxon signed-rank test. Qualitative responses were thematically reviewed and coded to identify recurring patterns relevant to students' learning experiences.

To enhance rigor and trustworthiness, the research team maintained an audit trail by documenting analytic decisions and processes. Interpretations were cross-validated through peer review and member checking. Ethical considerations included minimizing re-identification risk within the small cohort, and therefore all identifying information was removed prior to analysis. Participant codes (P01-P05) were used for pre-post comparisons, and code keys were destroyed following analysis to prevent re-linking data to individuals. These participant codes (P01-P05) are used throughout the Results sections to report findings.

RESULTS

All six students completed the pre-test, however as only five completed the post-test, analyses are therefore limited to these five participants (N=5).

Analysis of the students' personal learning objectives revealed three dominant themes highlighting their readiness for experiential learning and their expectations for the WIL program. These themes closely align with the core objectives of WIL, moving beyond clinical skill acquisition to encompass professional identity development and reflective practice, demonstrating their preparedness to actively enter into the WIL program.

- 1) *Client interaction and communication*: Students emphasized wanting to develop skills to establish rapport and communicate effectively with clients [P01], as well as gaining confidence in leading sessions [P02, P04].
- 2) *Application of theory to practice*: Several students aimed to translate theoretical knowledge into real-life scenarios by wanting to learn how to design individualized treatment plans, as well as managing session dynamics, including time and client behavior [P03].
- 3) *Professional growth and reflective practice*: Students expressed a desire to broaden their music therapy knowledge [P05], deepen understanding of diverse client needs [P04], and cultivate reflective practice [P02, P03].

Music Therapy Practicum Scale (MTPS) Results: Across all 15 items, students reported substantial increases in perceived professional competence, with item-level percentage improvements ranging from 41.18% to 144%. To evaluate overall change, while respecting the ordinal nature of Likert-scale data and the small sample size, an aggregated score was calculated at the participant level by computing each student's mean score across all 15 items at pre-test and post-test. These participant-level means were then compared using a Wilcoxon signed-rank test.

Using this approach, the aggregate pre-test mean score was 2.56 (out of 5), increasing to 4.25 post-test, representing a mean difference of 1.69 points. All five participants demonstrated higher post-test scores relative to pre-test scores and showed an overall percentage improvement of 66.15%. The Wilcoxon signed-rank test conducted on these aggregated scores indicated a statistically significant improvement in self-rated professional competence, ($p < 0.001$).

In contrast, item-level Wilcoxon analyses did not reach the conventional significance threshold ($\alpha = 0.05$), with p -values of .0625 for items with five non-zero differences ($N=5$), and .125 for items with four non-zero differences ($N=4$). These non-significant results likely reflect the limited statistical power inherent to small-sample analyses. Notably, no negative ranks were observed across any items, indicating that all five participants reported improvement in every competency area. When considered alongside the substantial practical gains observed at the item level (mean differences ranging from 1.40 to 2.60), the aggregated results (Table 2) indicate consistent, positive change across the full skill set. Collectively, these findings support the conclusion that the WIL placement at the MusicTherapy@Western Center had a significant positive effect on the students' self-perceived professional competence.

TABLE 2: Changes in aggregated Music Therapy Practicum Scale scores from pre-test to post-test.

	Pre-test M	Post-test M	M Diff	% Improvement	p
Overall aggregated score.	2.56	4.25	1.69	66.15%	.001

MTPS items 1-5: Foundational and planning skills: This section assessed skills in designing individualized plans, identifying client needs, planning therapeutic engagements, and evaluation. Item 1 (designing treatment) demonstrated the highest percentage improvement (144.44%), and item 2 (identifying client needs) also showed a high improvement (88.89%). The Wilcoxon Signed-Rank Test statistic ($T = 0$) for items 1-3 yielded a two-tailed p -value of 0.0625, narrowly failing to meet the $\alpha = 0.05$ threshold. Table 3 presents pre-test to post-test changes in MTPS Items 1-5, which relate to foundational and planning skills.

TABLE 3: Changes in Music Therapy Practicum Scale items 1-5 related to foundational and planning skills.

Scale Item	Pre-test M (SD)	Post-test M (SD)	M Diff (SD)	% Improvement	p
Item 1: To design individualized music therapy treatment.	1.80 (0.447)	4.40 (0.548)	2.60 (0.548)	144.44%	.0625
Item 2: To diagnose client needs.	1.80 (0.447)	3.40 (0.894)	1.60 (0.548)	88.89%	.0625
Item 3: To design the objectives of a music therapy treatment.	2.60 (0.894)	4.40 (0.548)	1.80 (0.836)	69.23%	.0625
Item 4: To design the musical experiences of a music therapy treatment.	2.60 (0.894)	4.40 (0.548)	1.80 (1.10)	69.23%	.125
Item 5: To design the evaluation of a music therapy treatment.	2.20 (1.095)	3.80 (0.836)	1.60 (1.673)	72.73%	.0625

MTPS items 6-10: Session management and evaluation: This section focused on practical application of skills, including session conduct, behavior management, time management, and ongoing evaluation. Item 7 (managing challenging behaviors) showed the second-highest MTPS skill gain, with a 100% improvement. Items 6–9 all had Wilcoxon p -values of 0.0625, indicating a consistent pattern of near-

significant improvement across these core therapeutic skills. Table 4 presents pre-test to post-test changes in MTPS items 6-10, which relate to session management and evaluation skills.

TABLE 4: Changes in Music Therapy Practicum Scale items 6-10 related to session management and evaluation skills.

Scale Item	Pre-test <i>M (SD)</i>	Post-test <i>M (SD)</i>	<i>M Diff (SD)</i>	% Improvement	<i>p</i>
Item 6: To conduct music therapy sessions.	2.40 (0.548)	4.20 (0.447)	1.80 (0.447)	75%	.0625
Item 7: To manage maladaptive behavior in music therapy sessions.	1.60 (0.548)	3.20 (0.836)	1.60 (0.548)	100%	.0625
Item 8: To manage time in music therapy sessions.	2.80 (0.836)	4.20 (0.836)	1.40 (0.548)	50%	.0625
Item 9: To evaluate client responses and to adapt the intervention accordingly in music therapy sessions.	2.20 (0.447)	4.20 (0.836)	2.00 (0.707)	90.91%	.0625
Item 10: To respond to significant events in music therapy sessions.	2.20 (0.768)	3.60 (1.269)	1.40 (0.894)	63.64%	.125

MTPS items 11-15: Professional and administrative skills: This final set of items focused on communication, administration, and ethical/legal responsibilities. Item 15 (ethics) showed the lowest percentage improvement (41.18%), despite a relatively high pre-test mean of 3.40. Item 13 (administrative duties) also showed a low gain (43.75%). For items 11 and 12, the post-test means reached the maximum value of 5 (SD 0.00), indicating that all five participants reported maximum competence in communicating with staff, colleagues, and supervisors post-WIL. Table 5 presents pre-test to post-test changes in MTPS items 11-15, which relate to professional and administrative skills.

TABLE 5: Changes in Music Therapy Practicum Scale items 11-15 related to professional and administrative skills.

Scale Item	Pre-test <i>M (SD)</i>	Post-test <i>M (SD)</i>	<i>M Diff (SD)</i>	% Improvement	<i>p</i>
Item 11: To communicate with staff.	3.40 (0.548)	5.00 (0.00)	1.60 (0.548)	47.06%	.0625
Item 12: To communicate with trainees, colleagues, supervisors.	3.40 (0.548)	5.00 (0.00)	1.60 (0.548)	47.06%	.0625
Item 13: To perform administrative duties.	3.20 (0.836)	4.60 (0.548)	1.40 (0.894)	43.75%	.125
Item 14: To interpret the rights and legal responsibilities of the music therapist.	2.80 (0.836)	4.60 (0.548)	1.80 (0.447)	64.29%	.0625
Item 15: To adhere to the ethics of the music therapist.	3.40 (0.894)	4.80 (0.447)	1.40 (0.548)	41.18%	.0625

Clinical Placement Quality Survey - Student version (CPQS-S): The CPQS-S results provide contextual insight into students' perceptions of the WIL placement environment, highlighting areas of strong consensus alongside notable variability in experiences of clinical exposure and professional confidence.

WIL environment and support: Overall, students reported a highly supportive placement environment. All five participants indicated that they received a comprehensive orientation during the first week, including introduction to the facility, policies, and physical environment, and unanimously agreed that the placement was welcoming and inclusive. All five participants confirmed the availability of appropriate resources and physical space to support non-clinical tasks, and all agreed that the assessment process was fair and transparent.

Positive perceptions extended to educator communication and interpersonal support, with four of the five participants rating educator performance as 'good' or 'excellent'. Participants reported that placement expectations, including professional conduct, timetables, therapeutic load, learning objectives, and feedback processes, were discussed within the first week. Three of the five participants [P02, P03, P05] reported 'always' feeling comfortable asking questions of their educators, while two [P01, P04] reported feeling comfortable 'often'. All five participants indicated that they felt respected in their role within the Center, with all reporting they 'often' felt like a valued member of the team. However, when reflecting on overall clarity of placement expectations, there was some variation, with two of the five participants [P02, P03] indicating that they 'strongly agreed' that expectations were clear, two [P01, P04] 'agreed', and one [P05] reported being 'unsure'.

Clinical participation and post-placement confidence: Responses related to clinical participation revealed variability in students' perceived experiences of direct client contact. Although all five participants confirmed that the facility had sufficient resources and space to support both clinical and non-clinical activities, reported levels of direct client interaction varied widely. Two of the five participants [P02, P05] reported that direct client contact comprised only 0-20% of their placement time, while the remaining participants reported substantially higher levels of interaction; 41-60% [P04], 61-80% [P01], and 81-100% [P03].

Perceptions of active participation in client care similarly varied. Two of the five participants [P02, P03] reported 'always' being provided adequate opportunities to participate in client care, one reported 'often', and two [P04, P05] reported 'sometimes'. Post-placement confidence in independent practice also showed a polarized pattern: Three of the five participants [P02, P03, P04] reported feeling 'confident' or 'very confident', whereas two [P01, P05] reported feeling only 'somewhat confident' or 'not confident'. However, these findings should be interpreted in light of participants' status as first-year students, with two additional semesters and approximately 480 placement hours remaining prior to independent professional practice.

DISCUSSION

The aim of this pilot study was to evaluate the impact of a WIL placement program delivered within a university-based music therapy center. This discussion integrates quantitative findings from the Music Therapy Practicum Scale (MTPS) and contextual qualitative data from the Clinical Placement Quality Survey – Student version (CPQS-S), interpreting them through established learning theories to address the two research questions.

How do music therapy students perceive their development of professional competencies within a WIL program within a university music therapy center?

Students overwhelmingly perceived the WIL placement at the Center as an effective mechanism for developing therapeutic and professional competencies. This was evidenced by a highly statistically significant improvement in aggregated MTPS scores ($p < 0.001$), representing an overall mean increase

of 66.15%. The consistency of this improvement, reflected in the absence of negative ranks across all fifteen MTPS items, suggests that the placement provided a universally positive development experience for all five participants.

From a theoretical perspective, these findings indicate that the WIL placement successfully functioned as a concrete learning experience, initiating Kolb's Experiential Learning Cycle. The opportunity to engage in authentic clinical activity appears to have supported students in translating theoretical knowledge into practice, thereby strengthening self-efficacy, a key determinant of professional readiness. Notably, students' pre-placement learning objectives, particularly those related to leading sessions independently and increasing professional confidence, were clearly reflected in post-placement gains.

However, perceived competency development was not uniform across all skill domains. The strongest gains were observed in areas closely aligned with academic knowledge and session preparation, including the ability 'to design individualized music therapy treatment' (144.44%), and 'to manage maladaptive behavior in sessions' (100% improvement). These outcomes align with Knowles' (2020) principles of adult learning, particularly the emphasis on relevance and immediate applicability of knowledge. The structured university-based environment likely supported students in applying theoretical frameworks to clinical planning and foundational session management, reinforcing the value of prior coursework.

In contrast, the lowest percentage gains were reported for competencies requiring complex professional judgement within broader organizational contexts, specifically how 'to adhere to the ethics of the music therapist' (41.18% gain), and how 'to perform administrative duties' (43.75% gain). While these smaller gains may initially suggest limited learning in these areas, the relatively high pre-test mean scores indicate that students entered the placement with a strong perceived baseline competence. The more modest post-test increases may therefore reflect fewer explicit opportunities to extend or deepen these competencies during the placement, rather than an absence of learning. This pattern suggests that while the placement effectively supported abstract conceptualization and active experimentation, opportunities for developing mastery of administrative and ethical dimensions may require more explicit scaffolding.

What are the key factors that contribute to music therapy students' learning experiences within a university music therapy center?

Students' learning experiences within the university music therapy center were shaped by an interaction between consistently strong structural supports and more variable perceptual factors related to students' understanding of their professional role.

Structural factors facilitating the learning environment: The CPQS-S findings indicate that the structural integrity of the on-campus center played a central role in facilitating learning. Unanimous agreement across the five participants regarding the quality of orientation, availability of resources, and inclusivity of the environment suggests that the placement provided a psychologically safe context conducive to experiential learning. These foundational conditions are essential for students to engage meaningfully in professional development.

Further, the maximum post-test scores on MTPS items related to communication with staff, and colleagues highlight the effectiveness of the placement in fostering professional interpersonal skills.

This outcome aligns with students' stated learning objectives and supports the role of structured on-campus placements in promoting collaborative professional identity development.

Importantly, although the Center provided a highly structured and supportive learning environment, students continued to encounter many of the interpersonal, organizational, and clinical realities characteristic of professional practice. As therapeutic services were delivered through an active external provider operating within the university setting, students remained exposed to changing client needs, cancellations, differing practitioner approaches, scheduling disruptions, and the emotional demands associated with therapeutic work. The structured nature of the placement did not necessarily remove the complexity of practice, but enabled these experiences to become more visible and educationally accessible through embedded supervision and reflective support. Rather than removing disruption from the learning process, this arrangement may have also supported students to engage more intentionally with moments of uncertainty and challenge, experiences that can contribute to reflective and transformational learning and professional growth (Mezirow, 1997).

Perceptual factors, defining the scope of clinical work: A more complex contributor to the differentiated learning experience was student's subjective interpretation of what constitutes 'clinical work'. Although students reported that the facility provided adequate resources and opportunities, two of the five participants reported that direct client interaction accounted for only 0-20% of their placement time. This discrepancy is unlikely to reflect a true absence of clinical exposure and may instead reflect a combination of factors, including evolving professional identity in which early-stage students equate clinical learning primarily with direct session facilitation, as well as cohort heterogeneity. Students entered the program with varying levels of prior therapeutic experience, confidence, and individual professional interests, which likely shaped both baseline competencies and perceived changes across different skill domains. As such, variability in competency gains should not necessarily be interpreted as uneven program effectiveness, but may reflect naturally occurring differences in individual learning trajectories within a small cohort.

Such perceptions may inadvertently exclude essential professional activities, such as documentation, ethical decision-making, and administrative processes, from being recognized as meaningful learning experiences. This distinction is critical, as these same domains were associated with the lowest MTPS gains. If students do not conceptualize administrative and ethical responsibilities as integral components of clinical practice, perceived development in these areas may remain limited regardless of actual engagement.

This perceptual gap may also help explain the polarized confidence ratings observed post-placement, with three of the five students reporting high confidence, while two remained uncertain. Confidence in independent practice requires integration of the full professional role, extending beyond technical therapeutic skills. These findings suggest that WIL programs may benefit from explicitly framing administrative, ethical, and organizational responsibilities as high-value learning outcomes, consistent with Knowles' (2020) emphasis on self-directed, problem-centered adult learning.

Limitations and future directions

As a pilot study, these findings should be interpreted with caution. The small sample size (N=5) limits generalizability and statistical power, and individual experiences, particularly outliers, may exert a disproportionate influence on results. In addition, cohort heterogeneity—including variation in students' prior experience, confidence, and professional interests—may have influenced baseline competencies and patterns of perceived change across domains. Therefore, while the MTPS

demonstrated consistent self-reported improvement, these findings should be considered indicative rather than definitive.

The exclusive reliance on self-report measures represents a further limitation. Although the MTPS and CPQS-S capture important perceptions of competence and confidence, they do not directly assess observable skill proficiency. Responses may also be influenced by social desirability or evolving self-awareness. Future studies would benefit from incorporating objective competency assessments and richer qualitative data to triangulate findings.

Additionally, the absence of a control group restricts causal inferences. Improvements cannot be attributed solely to the WIL placement, as concurrent coursework or personal development may have contributed. Future research employing controlled or comparative designs would strengthen conclusions regarding program effectiveness. Finally, as the study was conducted at a single university music therapy center, findings may not be transferable to other institutional contexts. Multi-site studies would enhance external validity and facilitate identification of best practices.

Despite these limitations, this pilot study provides an important foundation for understanding WIL in music therapy education. Future research should employ larger samples, longitudinal designs, and mixed-method approaches to examine sustained impacts on graduate readiness. Expanding inquiry to include perspectives of supervisors, educators, and organizational partners, will further inform the development of effective on-campus WIL models, contributing to broader efforts to strengthen experiential learning in health-related disciplines.

CONCLUSION

The pilot study provides preliminary evidence that an on-campus WIL model can function as a highly effective and structurally sound environment for initiating the professional development of music therapy students. The highly statistically significant improvement in aggregated MTPS scores ($p < 0.001$), alongside unanimous student endorsement of core structural supports, including orientation, resources, and a welcoming environment, demonstrates the model's capacity to deliver the concrete experiential foundations required for early professional growth.

At the same time, the findings reveal a critical developmental challenge in a perceptual gap between technical skill acquisition and the integration of the full professional role. Students demonstrated substantial gains in foundational and therapeutic planning competencies, such as session design, and behavior management, which align with clearly defined and observable tasks. In contrast, the lowest gains were observed in competencies requiring applied professional judgement within organizational contexts, including ethics and administrative responsibilities. This discrepancy appears linked to students' evolving understanding of what constitutes 'clinical work', as evidenced by reports of limited direct client contact by some participants. Tasks occurring outside the therapy room may not yet be recognized by early-stage students as integral to client care, potentially limiting the incorporation of these competencies into their emerging professional identity.

The challenge of integrating the full scope of practice may have had direct implications for self-efficacy, contributing to the differing results of post-placement professional confidence. While students may develop technical proficiency during placement, confidence in independent practice requires mastery of administrative and organizational dimensions alongside therapeutic skills. Taken together, the findings suggest that while the on-campus center excelled at fostering technical competence, future iterations of the program must place greater emphasis on explicitly validating and integrating the

broader professional context. Doing so is essential to support the development of a holistic, resilient professional identity that bridges the gap between technical skill competence and confident, independent practice.

Recommendations

Based on the strengths and challenges identified in this pilot WIL program, the following recommendations are offered to other institutions developing or refining university-based, on-campus placement models.

1. Andragogical reframing: Formalizing the full scope of professional practice

To counter the students' tendency to compartmentalize clinical work, programs should implement an explicit andragogical reframing that validates the full professional scope of music therapy practice. Supervisors should deliberately frame administrative, organizational, and ethical tasks as core clinical competencies essential to safe and ethical client care, rather than as ancillary to therapeutic skill development. This reframing can be reinforced by providing students with a clear, shared definition of 'clinical contact' prior to placement, one that includes planning, documentation, resource management, interdisciplinary communication, and ethical decision-making. Such clarity may help students conceptualize the placement as a cohesive learning experience rather than a division between 'clinical' and 'non-clinical' work.

2. Enhancing supervisor consistency and proactive self-efficacy support

To support students' transition from technical competence to professional confidence, supervisory consistency and proactive monitoring of self-efficacy are essential. Mandatory, documented meetings early in the placement should be implemented to standardize expectation-setting across student-supervisor dyads, including clarification of therapeutic load, learning objectives, feedback processes, and professional conduct. Additionally, tools such as the MTPS may be used formatively throughout the placement to guide individualized supervision strategies.

From this, two distinct supervisory needs may emerge:

- The confidence gap: For students demonstrating adequate performance but low confidence, supervision should prioritize validation, structured autonomy, and graduated independence to strengthen self-trust and professional identity.
- The skill gap: For students whose self-ratings exceed observed competence, supervision should emphasize reflective practice supported by specific, objective feedback to align self-perception with professional standards.

3. Resource recognition and program sustainability

The effectiveness of the on-campus WIL model is inherently linked to its capacity to provide individualized, structured, and consistent scaffolding, a resource-intensive approach relative to traditional placement models. Universities must formally recognize and support these operational demands by allocating sufficient supervisory time for non-contact duties, maintaining student-to-supervisor ratios that allow individualized feedback, and providing dedicated administrative infrastructure. The sustainability and quality assurance of on-campus WIL programs depend on long-term institutional commitment to these resources.

In conclusion, this pilot study confirms that an on-campus WIL model represents a powerful and viable approach to music therapy training, capable of delivering high-quality experiential learning while supporting students' emerging professional identity. Its future success, however, depends on two critical factors; the intentional articulation of the educator-supervisor's andragogical role, and sustained institutional investment in the structural resources required to support individualized learning. By committing to these principles, universities can ensure that on-campus centers not only address placement shortages, but also graduate practitioners equipped with the integrated, resilient professional identity required for independent practice in complex allied health settings.

DISCLOSURE OF THE USE OF GENERATIVE AI

Generative Artificial Intelligence (GenAI) was not used in this study. No AI tools were utilized to create scholarly content, write or generate text, summarize literature, or interpret the research outcomes. All conceptual development, data analysis, and manuscript writing were conducted entirely by the human research team.

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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, entrepreneurship, 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 [WILNZ](#), [WACE](#), [WIL Australia](#), and the [University of Waikato](#).

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Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL 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 including recommendations.

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 into how to advance the issue further, and implications for other researchers and practitioners.

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Reference

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