

## Editorial

Clinical placements for undergraduate health professional students provide the context and foundation for future clinical practice. However, the capacity to host students in the workplace is constrained by a number of significant factors: human, physical and financial. This is a challenge internationally and has been written about in the literature for a least 15 years. With changes in service delivery and growth in student numbers, it hasn't been getting any easier. When access to patients is limited and resources constrained, faculty must still take responsibility for ensuring that students are adequately prepared to make the most of their clinical learning opportunities.

The effect of these constraints may be exacerbated, amongst other things, by the characteristics of both the students on placement and their mentors in practice. For example, senior students who are capable of managing a full assessment are less of a burden. Consequently, assessment methods that facilitate the development of relevant skills may lead to a more effective and efficient use of placements. In this issue Morris and Campbell reported favourably on the use of the "Script Concordance Test" for assessing clinical reasoning in a paediatrics attachment. Burgess, Roberts, Black and Mellis have scrutinised the use of student assessors in the clinical long case, a traditional but authentic assessment that has seen a renaissance, and reveal that students are more lenient when compared to faculty assessors, raising some interesting issues. Investigating another clinical learning activity, Reid, Sutherland, Dodds, Mcnair and Pierce shed further light upon the issues of using peer physical examination for clinical skills learning; they highlight issues of equity and challenge some of the current views around gender-mix [sic] in groups. They conclude that students need a heterogeneous experience to help to reduce some of the barriers that inhibit students in clinical settings.

In exploring engagement and participation, Kent et al. reported that students benefit greatly from clinicians and patients who are prepared to participate in their practical education. Patients were generally willing to participate, but varied in the degree of student involvement that they would accept, while clinicians tolerated some short-term loss in clinical efficiency in anticipation of future gain. There is little doubt that most clinical students value opportunities of learning in the clinical workplace, but they also value other educational activities that better prepare them for practice. Simulation provides good examples of preparation for "the real thing" and does so partly by providing useful, often specific, feedback on performance. It is of interest that Stanhope and Gill, in their review of feedback in isolated procedural skills simulation, found few well-designed studies and, consequently, limited evidence of the effectiveness of elaborative feedback.

Most clinical students on placements are likely to be in settings where a number of different health professions are working together or alongside one another. In recent years, interest in interprofessional practice has grown remarkably, and as a result, there has been a corresponding growth of interest in, and resources dedicated to, interprofessional learning. Kinsella et al. reported on a needs assessment survey which they developed and distributed in order to gain insight into the learning needs of

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both students and teachers in clinical practices. Perhaps unsurprisingly, participants identified giving and receiving feedback as a priority. Finally, under our ITLP section, an innovative approach employing tutor reflection on specific teaching practices in physiotherapy identified the giving of feedback and the promotion of clinical reasoning as key tasks for clinical educators in student placements.

Healthcare professionals are alert to the diverse ways in which both students and their placement teachers can be helped in making the most of an increasingly scarce resource, the clinical placement. As educators we have the responsibility for ensuring that both parties possess the appropriate knowledge, skills and attitudes to realise the potential for learning in the workplace.

This second online issue of *Focus on Health Professional Education* marks a further change in the production of the journal, the retirement of the current Editor. It is with great pleasure that I introduce the new Editor, Andy Wearn. Andy has served on the Committee of Management and acted as the editor of *The Bulletin*. In both roles, he has demonstrated commitment, organizational ability, perseverance, thoughtfulness and imagination, qualities which will serve us all well as our journal transitions into the brave new world of fully online processes. Welcome Andy!

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