

LETTER TO THE EDITOR

Student placement adaptability during COVID-19: Lessons learnt in 2020

To the Editor

The advent of COVID-19 has placed undue pressure on universities with accredited dietetic programs having to consider alternative models of placement due to social distancing, risk mitigation and isolation measures identified by placement partners. University programs have the added concern of maintaining professional accreditation standards¹ by ensuring that students are able to demonstrate that they meet competence.² We wish to outline the changes that have led to new opportunities to develop student competence at the University of the Sunshine Coast (USC) between February to April 2020 as a result of this unprecedented situation.

The novel coronavirus COVID-19 was first identified in Queensland on 29 January 2020.³ With the unfolding situation, travel across the state became more tenuous and sending students away from support networks and possibly into isolation was less than ideal. Also, students' anxiety about the risk associated with COVID-19 and site constraints with implementing social distancing highlighted issues with the existing placement model. Thus, consideration was needed to modify public health nutrition, foodservice and medical nutrition therapy placements.

At USC, a nutrition and dietetics clinic was already in operation fortnightly as an additional experience as part of the medical nutrition therapy placement program. In response to the cancellation of some placements due to COVID-19 and increasing anxiety of some students, a decision was made to expand the operation of the clinic using telehealth. Strategies to market the service were a necessity and included a media release and social media posts that resulted in an ABC radio interview across Queensland. What resulted was a demand for the clinic services that required a quick response, and adaptability of staff and students. The attendance in the 2 weeks that the clinic was operational prior to this time (23rd-27th March and 6th-9th April 2020) was declining due to cancellations, and only one new (14%) and six review (86%) clients had attended. This increased by 300% over 9 days of operation (14th-24th April 2020) to 19 new (90%) and two review consultations (10%), and another 16 clients still to be seen. For a snapshot of consultations, see Table 1.

For the public health nutrition and foodservice placements, remote projects were collaboratively established with sites with joint supervision that involved weekly Zoom meetings with sites, students and university supervisors.

The initial challenge for staff was to introduce flexibility across areas of practice to ensure that students continued to develop skills that allowed them to be assessed against the competency standards² while still complying with university policies on assessment and satisfying the requests of placement partners. Several challenges have arisen with the use of online supervision and telehealth (Table 2).

We believe there are reasons for the successful implementation of online placements at USC. This includes acting quickly and adapting to a new situation, raising awareness of the telehealth service and creating demand specific to COVID-19, removing barriers of cost and travel for clients, focusing on the "can do" and triaging clients if required. Transitioning to telehealth provided students with the opportunity to develop e-health skills that are also essential employability traits for healthcare.⁴ The limited access to dietetic services for those in rural and remote areas⁵ and the lower recurring costs of telehealth for dietetic service providers and clients,⁶ provides an opportunity for USC to engage more easily with the local community and broaden reach beyond the Sunshine Coast. In regard to remote project supervision, establishing clear parameters for students, upskilling on various modes of technology and ensuring adequate engagement with stakeholders has been integral to success.

The knowledge and skills developed through this change are relevant to future work opportunities for graduates and are representative of the future thinking for dietetic education and training which include use of technology, digital literacy and communication skills.⁷⁻⁹ Concurrent workforce data collected via a survey of USC nutrition and dietetic graduates (2009-2018) demonstrates that of 91 individuals, only 38 (42%) of the sample were currently working in clinical dietetics within a hospital, with 43 (45%) self-employed or working for a small business. Students were asked which skills were of most value in their dietetics degree and what they would have liked to have obtained but felt they did not get during

TABLE 1 Snapshot of telehealth consultations by students (14th–24th April 2020)^a

| | Number |
|---|--------------------|
| Contacts made | 37 |
| Consultations to date | 21 |
| New clients | 19 |
| Review clients | 2 |
| Age (years) | |
| Mean/median | 35/30 |
| Range | 10–67 ^b |
| Gender (n = 33) | |
| Males | 12 |
| Females | 21 |
| Location (n = 23) | |
| Local: Sunshine Coast | 11 |
| Regional remote: Far North Qld = 3, Cairns = 1, Townsville = 1, Brisbane = 2, Bundaberg = 1, Mt Isa = 1, Gympie = 1, Gold Coast = 1 | 11 |
| International: USA | 1 |
| Occupation (n = 24) | |
| Professional: Manager = 2, allied health = 2, nurse = 1, teacher = 2, media = 1 | 10 |
| University student and staff | 8 |
| Blue collar: Truck driver = 1, labourer = 1 | 2 |
| Not working: Unemployed = 1, Home carer = 1 | 2 |
| Self-employed/business owner | 2 |
| Reason for consultation (n = 32) | |
| Healthy eating | 12 |
| Weight reduction | 11 |
| Gastrointestinal issues | 2 |
| Sports nutrition | 2 |
| Other: Cardiovascular disease, acne, thyroid, weight gain, food intolerance | 5 |
| Method of consultation (n = 21) | |
| Video conference via Zoom | 16 |
| Mobile conference call | 6 |

^aIncludes available data provided by consent from telehealth clients.

^bConsultation with those less than 18 years occurred in the presence of an adult/ guardian.

their course of study. Clinical, research and communication skills (aligning with key learning concepts for dietetics¹⁰) were valued, while business and private practice were highlighted as areas that could be better incorporated into the degree, which supports recent results from focus group discussions with dietetic graduates.¹¹ This data suggests a need for change to exposure to different placement settings. As this was collected prior to the

TABLE 2 Challenges of online supervision and telehealth based on reflections of academic placement staff (n = 4)

| | |
|--|---|
| Issues related to placement operation by staff | <ul style="list-style-type: none"> • Increased communication with sites regarding their individual capacity to take students • Creating remote placements that allow students to demonstrate competencies and meet learning outcomes • Development of processes for students for working at home or dealing with anxiety about COVID-19, and establishing when to remove students from placement site • Need to increase telehealth client base by marketing of service to ensure adequate case-load experience for students • Capacity to supervise four students at one time with the telehealth clinic model |
| Issues related to student placement experience | <ul style="list-style-type: none"> • Finding suitable and time-efficient ways to work as a team with other students on placement • Assisting students to collaborate and upskill each other and key stakeholders using different technologies • Challenges for students engaging with stakeholders at a time when organisations are adapting to new modes of operation and communication • Students missing out on experiencing the workplace, that is, not being physically “in” the organisation makes it hard for students to conceptualise/ understand the nature of the environment that may impact on their project and their proposed recommendations • Students and staff managing work with children needing home schooling |
| Issues related to technology | <ul style="list-style-type: none"> • Establishing processes and protocols for telehealth using Zoom and mobile conference calls, including privacy and consent • Loss of internet access or poor connection |

current situation with COVID-19, it will be beneficial to track graduate outcomes and reflection of placement experience from the 2020 cohort.

The impact of these changes on students' competence and future employability will not be known for some time, however, we are confident that the use of telehealth and online placements through this unprecedented situation has resulted in beneficial outcomes that will remain in place beyond COVID-19. We have observed that students have risen to the challenge and have demonstrated flexibility, adaptability and resilience that they may not have experienced through standard placement models.

As of the current date (11 May 2020), the number of new cases of COVID-19 has declined in Queensland and thus sites are looking at how they can re-accommodate students. The big question is whether universities should return to standard placement models or consider this as a time to change.

AUTHOR CONTRIBUTIONS

The content in this manuscript was written by the first author with contributions from the other authors. All authors have read and approved the manuscript. The authors wish to acknowledge the assistance of USC academic placement staff Angela Cleary APD and Caroline Martin APD.

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