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**TRANSLATING A CAMPUS-BASED PROGRAMME TO A WORK-
AUGMENTED DEGREE: THE EVOLUTION OF OCCUPATIONAL
THERAPY EDUCATION**

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TRANSLATING A CAMPUS-BASED PROGRAMME TO A WORK-AUGMENTED DEGREE: THE EVOLUTION OF OCCUPATIONAL THERAPY EDUCATION

Emma Tokolahi, Hana Cadzow, Rita Robinson and James Mackay

INTRODUCTION

This discussion document explores the evolution of occupational therapy degree level education from a traditional campus-based programme towards a work augmented model of delivery. This model was designed to address workforce shortages and enhance accessibility in rural and remote Aotearoa. Degree-level apprenticeships present an exciting opportunity to address workforce shortages by stimulating sector growth; promote social and workplace mobility for marginalised and underrepresented groups of students (Mackay et al., 2024), and provide a way for individuals to gain both academic and practical training while earning a salary and remaining in their community. This increases access to study for diverse populations and allows communities to 'grow their own' practitioners to address workforce shortages. By combining classroom learning with on-the-job experience, degree-level apprenticeships offer a unique and valuable approach to education that can help bridge the skills gap in a range of industries. This creates a pipeline of skilled workers who have already been trained in their particular industry and are motivated to continue living and working in the area (where there are documented workforce shortages), as well as creating a more efficient and cost-effective way to meet workforce needs.

Internationally, degree-level apprenticeships have been established as an alternative route to traditional university study, which may not be accessible or desirable for everyone, and allow apprentices to develop skills that are directly relevant to their chosen career path (Cushen-Brewster et al., 2022). In Aotearoa New Zealand (hereafter, Aotearoa) degree-level apprenticeships are a new addition to the tertiary education landscape (Andalo, 2019; University of Wolverhampton, 2022), with only one existing at the time of publication (the Bachelor of Engineering Technology through Otago Polytechnic). In 2022, Otago Polytechnic, in collaboration with NorthTec, explored the feasibility of developing a degree-level apprenticeship model of delivery for the Bachelor of Occupational Therapy qualification in the remote and rural north of Aotearoa. Designing a program for the Aotearoa context demands attention be paid to Te Tiriti o Waitangi obligations and the opportunity for apprenticeships to address inequity and elevate outcomes for Māori. Outcomes might be: educational, by delivering higher education via a more accessible model; economic, by building the workforce; and health-related, by increasing the health workforce in lesser served areas.

All authors of this article are educators involved in the feasibility and development of the new model of delivery for the Bachelor in Occupational Therapy program. The scoping reviews that informed this piece were undertaken to advance our understanding of other tertiary education providers' experiences of developing and implementing degree-level apprenticeships elsewhere, in order to inform the planning and implementation of the new model of delivery for the Bachelor of Occupational Therapy programme. (The findings of these scoping reviews will be reported elsewhere.) In response to, and as a byproduct of, interrogating the literature, the teams from Otago

Polytechnic and NorthTec engaged in continually evolving discussions about how to describe and define the model being developed. This article articulates key reflections from those discussions and clarifies the resulting conclusions.

APPRENTICESHIP CONTINUUM

On reviewing the literature, a wide variety of models and programmes, with varying pedagogies, were found to exist under the broad umbrella term “degree apprenticeships.” In the UK, a review of apprenticeships similarly concluded that understandings of what constitutes an apprenticeship have broadened from the original concept of a learner being apprenticed to an employer, to the extent that often the employer is no longer central to the teaching and learning experience (Richard, 2012). Subsequently, our labelling of the Bachelor of Occupational Therapy program evolved from a degree-level apprenticeship to a work-augmented degree program. These terms are defined below. In this article, we differentiate the key features of learning and workplace experiences along a proposed continuum, and outline the rationale for the shift in how the new model of delivery for the Bachelor of Occupational Therapy program was defined. The proposed apprenticeship continuum starts from traditional degree apprenticeships (TDA), progresses through work integrated learning (WIL)/work-based learning (WBL), and culminates in what we have defined as work-augmented learning (WAL).



Figure 1: Illustration of proposed degree apprenticeship continuum.

Traditional degree apprenticeship

Traditional degree apprenticeships are defined in the literature as formalised, structured programmes that combine academic study, towards a bachelor’s qualification, with practical on-the-job training and paid work experience, and the two elements of work and academia are integral and co-dependent (Angot et al., 2008; Irons, 2017; Kirby, 2015; Waller-Davies, 2014). The apprentice, as a “novice to the skills required” in their profession (Kirby, 2015, p. 4), requires substantial training in theoretical and practical skills from a “master” (Crawford-Lee, 2016, p. 330). The purpose is to prepare apprentices for careers, rather than specific jobs, by enabling them to earn their qualification and develop transferable skills (Belgutay, 2017). In the TDAs reviewed, the typical division of time over a week might be three days in a workplace and two study days (Angot et al., 2008) and both elements are sustained for the duration of the programme, often 3 to 4 years (Kirby, 2015). Collaboration with industry during development was evident in several apprenticeships reviewed, which were co-designed by employers, educational institutions, and professional bodies, to ensure they met the needs of the industry (Felce, 2017; King et al., 2016).

TDAs are therefore positioned at one end of the continuum that represents a foundational level of workplace learning, where learning occurs primarily through hands-on task performance in the workplace. Skill acquisition is achieved by the apprentice through repetitive practice and gradual mastery under the guidance of skilled mentor. Progression is systematic and competency is determined by the practical demonstration of skills within the workplace environment.

Work-integrated learning / Work-based learning

Work-integrated learning (WIL) is a pedagogical approach that brings work experiences and academic learning closer together through the use of simulated work environments (King et al., 2016; Penman et al., 2023), work placements, work projects, and applied research in collaboration with industry (King et al., 2016). WIL is embedded in most allied health programmes, though there is a high degree of variation in how it is described, and the factors influencing this include: the location and context of the WIL, the nature of the work activities being performed, and the focus on the learning that occurs (Penman et al., 2023). Allied health regulatory bodies each have their own accreditation standards that stipulate the length, hours, contexts and supervisor models required for placements (Penman et al., 2023). Placement experiences and academic learning occur in distinctly different environments through a WIL approach.

Work-based learning (WBL) has been defined as the process of acquiring knowledge and skills through implementing and reflecting on tasks in their real-world contexts; in other words, the workplace (Lucas et al., 2012), or “learning for work, at work and through work” (Hamilton, 2021, p. 2). WBL “deliberately merges theory with practice” and acknowledges the intersection between these modes of learning, and emphasises reflection in learning (Raelin, 2010, p. 39). Recognising and valuing the differences between academic and workplace learning is fundamental to WBL pedagogy (Hamilton, 2021; King et al., 2016), along with a means of ensuring graduates are successful in the workplace (Somerville & Dziallas, 2022). In a WBL approach, the learner is primarily based in the workplace, accessing academic learning in a structured and supportive manner to enhance and develop their workplace skills and experiences.

WBL programmes are often promoted as a solution to the lack of diversity in the workforce and a means by which to attract and support students from disadvantaged backgrounds to improve their career prospects (Bentley-Gockman, 2020). Learners from WBL programmes may be considered more appealing to employers as they are able to “hit the ground running” (Hamilton, 2021). However, the risk of work-based learning programmes perpetuating or increasing educational inequities has also been raised. Reilly (2014) found the students most likely to experience ongoing advantages from work-based learning programmes were those at selective colleges, in larger cities and with a focus on academic and applied science majors, which were generally attended by more privileged students in the first place.

Work-based learning (WBL) and work-integrated learning (WIL) models are differentiated in some of the literature and at other times were used interchangeably. All models were considered pivotal in producing graduates who are “work ready” (Konstantinou & Miller, 2020). Both models were consistently associated with apprenticeship programmes as the pedagogical approach to how learning occurs is similar.

WIL/WBL are positioned midway on the continuum and represent a more balanced integration of academic learning into workplace experiences, with significant academic learning happening in conjunction with and deliberately connected to relevant tasks undertaken in the workplace. In this context, workplace tasks serve the dual purposes of contributing to job performance and forming the basis of academic assessment. Academic learning informs and enhances the workplace performance and assessment encompasses both academic understanding and practice application.

Work-augmented learning

A new term, work-augmented learning (WAL), is proposed here to represent the delivery of programmes primarily through academic content, positioning this style of delivery at the opposite end of the continuum to TDAs. Concurrent workplace experiences serve to enhance and contextualise academic learning, which incorporates relevant workplace scenarios and challenges; acknowledging that learners are not always under the supervision of a master in their field. Workplace tasks are not directly prescribed or assessed and there is an emphasis on rapidly

embodying academic concepts in daily practice and embedding learning into real-world contexts. Assessment is primarily through academic means, with workplace experiences providing supporting evidence of understanding and application. While WAL is a more academically focused model, it still maintains a strong connection to real-world application, which justifies its alignment with apprenticeship degree programmes.

PROPOSED MODEL OF WORK-AUGMENTED LEARNING DELIVERY

The proposed model of delivery for the Bachelor of Occupational Therapy work-augmented programme will integrate six key elements: workplace experience, campus-based teaching, noho marae wānanga, teleconferences, self-directed study, and fieldwork. The programme document, approved by the New Zealand Qualifications Authority (NZQA), will be the same as for the campus-based programme, currently being delivered by Otago Polytechnic through two other campuses (in Ōtepoti and Kirikiriroa). Each element of the delivery is described below.

Workplace experience

Learners will be engaged in a minimum of 15 hours work (paid or voluntary) each week in an area of relevance to occupational therapy. In this model, work and study remain distinct and separate: the usual employer/management relationships remain and the employer remains responsible for the employee's supervision and practice when working; the tertiary institution remains responsible for the teaching and assessment of theory and practical skills. Not all learners will be employed in a workplace with a registered occupational therapist, so direct professional supervision from an occupational therapist cannot be guaranteed. The implications of this are that it may limit the scope of profession-specific tasks the learner can practice and perform during their workplace experiences and work time cannot count towards their fieldwork hours. Experiences in the workplace will provide a context to apply theoretical learning to and examples of practice to reflect on during learning. Until learners graduate, they will not be able to practice occupational therapy per se in the workplace, though it is anticipated there will be positive influences on professionalism, knowledge, confidence, and social-interaction skills.

Campus-based day

Campus-based teaching and learning will occur face-to-face one day a week. The academic year has been extended to 36 weeks, rather than the usual 32 weeks, to accommodate a more balanced spread of academic content with time in employment over the year. Lecturers, with relevant expertise, will live-stream into the classroom where a learning facilitator will be present to support the learners. Interactive activities, chosen to be in alignment with the maramataka and course content, will be used to enable observation and the practice of skills that can be integrated with theory being learned and linked to reflections from workplace experiences. Sometimes assessments will occur during the campus-based day and whānau and local services may be invited to observe and participate, enhancing connections with the wider community. When necessary, hands-on teaching of practical skills will be integrated into the noho marae wānanga with the lecturer present in person.

Noho marae wānanga

Noho marae wānanga will be distributed throughout the programme, over weekends: four times in the first year, and twice each in the second and third years. Noho marae wānanga will incorporate opportunities to expand and deepen mātauranga Māori knowledge and to engage in skills-based workshops with lecturers.

Teleconferences

Teleconferences will be held weekly, in the evening, with learners able to join from home. Content will vary week-by-week and will involve lecturers sharing information or activities to consolidate content; guest speakers (usually

occupational therapists) sharing their experiences in practice; group discussions and reflections, often making connections between the learners learning and workplace experience; group supervision sessions; peer-to-peer teaching, and learner presentations.

Self-directed learning

Self-directed activities and reading will be accessible via Moodle, the online learning platform used by Otago Polytechnic. Activities will include readings, videos, voice-over PowerPoint presentations, quizzes, and other interactive learning activities. The learning platform will incorporate text-based forums for learners and lecturers to engage in meaningful conversations about the learning and assessments.

Fieldwork

The Occupational Therapy Board of New Zealand and World Federation of Occupational Therapists require learners to undertake a minimum of 1,000 hours fieldwork experience during the programme. During fieldwork, learners are placed in a service to practice their knowledge and skills, under the direct supervision of a registered occupational therapist, as is typical of a WIL model of delivery. Three of the placements are in blocks: four weeks in the first year, and eight weeks in the second and third years. Many learners will travel outside the region for the duration of these block placements though there will be some local placements for those who are not able to travel away from home for extended periods. Another two fieldwork placements are integrated into the time allocated to their campus-based day and may be at the learner's place of employment or another service locally (determined on a case-by-case basis). These placements are focused more on developing soft skills (under the supervision of a registered occupational therapist to ensure links are made to professional competencies) and completing a community project for an organisation.

DISTINGUISHING WORK-AUGMENTED LEARNING

As illustrated by the proposed occupational therapy degree programme model of delivery, key features of WAL that are consistent with other models on the apprenticeship continuum are: interdependence of workplace experiences and academic study; preparing learners for careers and not specific jobs; emphasis on reflective practice, and ongoing industry collaboration. There are also key features of the WAL model that distinguish it from the other models of delivery, as exemplified in this occupational therapy degree programme. Differences include: the model of supervision of learners; the tripartite agreement structure, and workplace task integration and assessment.

Interdependence of work and study

In the proposed occupational therapy degree programme, learners will be required to be in employment, or a volunteer role, in a practice setting that is relevant to their learning. For this programme, appropriate employment options will include roles as occupational therapy assistants, rehabilitation assistants, carers, fitness instructors, teacher aides, cultural advisors in health and social care settings, and health care workers. This ensures learners have relevant workplace experiences they can use to contextualise the learning in their academic study; and, in this way, the two elements are interdependent.

Preparing for a career

To achieve accreditation, all occupational therapy programmes must deliver a curriculum that produces graduates able to work across a range of sectors. In this programme, learners will be exposed to a range of practice contexts, sectors and practices, through their academic study, teleconferences with occupational therapists, and fieldwork placements, which will extend beyond their current work role. This will result in the learner acquiring generic and transferable skills that are not job specific.

Emphasis on reflective practice

Across all models on the apprenticeship continuum, emphasis is placed on how learners reflect on their workplace experiences and make the connections between theory and practice. Reflection on both workplace and academic experiences is valued, and both are acknowledged in the learner's journey.

Industry collaboration

Varying degrees of collaboration are evident across the apprenticeship spectrum, from curricula being customised by industry, with proactive collaboration in the recruitment and training of learners (Felce, 2017; Powell & Walsh, 2018) to having learning objectives and agreements negotiated (and assessed) between the learner, the tertiary institution, and the employer (Hughes & Saieva, 2019; Lillis & Bravenboer, 2020) and industry reference groups (Bradley et al., 2019; Lillis & Bravenboer, 2020).

Supervision of learners

Shortages in the workforce in the delivery region are so significant that there would not be sufficient practitioners or workplace settings available to allow all learners to be paired with a registered occupational therapist. While the workplace setting must be relevant, the presence of an occupational therapist in the same organisation cannot be guaranteed; consequently, the level of on-the-job training and supervision may vary significantly.

Tripartite agreement structure

As with other models, a tripartite agreement will be in place between employers, tertiary educators, and learners. The tripartite agreement will clearly delineate the roles and expectations of each party. Unlike other models, in the WAL model employers will not be responsible for the assessment or teaching of workplace tasks or content relevant to the learner's curriculum. Similarly, educators are not tasked with supervising learners' workplace practices and cannot prescribe workplace activities that must be conducted. Therefore, workplace supervision remains under the purview of workplace supervisors and tertiary educators retain academic oversight. This structure maintains clear boundaries as necessary for managing legal, insurance, and clinical responsibilities.

Workplace task integration and assessment

As previously noted, specific workplace tasks cannot be dictated by the tertiary institution during work hours under the WAL model. Subsequently, WAL does not include formal assessment of workplace activities that contribute to learners' academic progression. Instead, learning and assessment is structured to draw in learner experiences and reflections from workplace contexts, as opposed to specific tasks or functions.

IMPLICATIONS FOR AOTEAROA

This discussion document has introduced the concept of WAL as a delivery model for a degree level apprenticeship. The unique context of delivering the WAL model in Aotearoa has implications for addressing inequities and elevating educational, economic, and health outcomes for Māori, which will enhance outcomes for all of Aotearoa.


While initially set to be delivered in Te Tai Tokerau, the WAL model can be expanded to provide delivery nationally across a range of rural and remote locations, further enhancing accessibility to career progression opportunities for learners interested in training to become occupational therapists. This can serve to address nationwide workforce shortages, particularly in such rural and remote areas that have longstanding challenges with recruiting into the health workforce (Health New Zealand | Te Whatu Ora, 2024).

Increasing workforce diversity is a key priority for the occupational therapy profession and for the region (Health New Zealand | Te Whatu Ora, 2024). Degree-level apprenticeships can promote social and workplace mobility for marginalised and underrepresented groups, providing a way for learners to access academic and practical training while still earning a salary. This has the potential for enhancing learner diversity and, therefore, diversity in the workforce.

CONCLUSION

By not constraining the programme to the requirements of a traditional apprenticeship or WIL/WBL model, the WAL model allows for innovation and creativity in meeting the unique needs of the health workforce in rural and remote Aotearoa. Adopting the WAL model enables the occupational therapy degree programme to maintain the benefits of workplace integration while adapting to the specific challenges and requirements of the profession and the region, with its limited professional resources.

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