

Rethinking Practice-Based Learning: Case Study: Building Capacity Through Peer Learning and a Team- Based Approach to Practice-Based Learning



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INTRODUCTION

The Royal Wolverhampton NHS Trust orthotics service has developed a collaborative practice-based learning model that successfully supports two students alongside an orthotic apprentice. Operating across two sites with approximately 6.5 WTE orthotists, the team views learner development as a collective responsibility. Their approach demonstrates how placement capacity can be expanded without compromising quality.



THE PEER LEARNING MODEL

A key feature is placing students in pairs. Learners move between team members while also joining shared learning sessions. Students are often more comfortable discussing ideas with peers before presenting decisions to educators.

This encourages debate, critical thinking, clinical reasoning and growing confidence. Learners can challenge and defend their thinking in a supportive environment, helping them develop greater autonomy in practice.



CREATING A RICH LEARNING ENVIRONMENT

Learning extends beyond the clinic room. Students attend multidisciplinary meetings, team meetings and discussions with manufacturers, giving insight into service delivery, leadership and collaborative working.

The placement also includes protected time for self-directed study, recognising academic demands and supporting a healthy work-life balance.



INTEGRATING THE FOUR PILLARS

Although clinical practice remains the principal focus, learners are intentionally exposed to all four pillars of professional practice.

Clinical: patient-centred practice.
Education: presentations and peer-led learning.
Leadership: service delivery and improvement discussions.
Research: evidence-based clinical discussion.

Linking activities directly to patient care helps students see how the pillars interact in everyday practice.



SUPPORTING CLINICAL REASONING THROUGH REFLECTION

Students complete clinical case studies at the beginning and end of placements, allowing them to compare decision-making and observe their own development. Reflection is embedded using real patient encounters, communication challenges, complex conditions and holistic care considerations linked to evidence and professional learning.



SUPPORTING DIVERSE LEARNERS

The team recognises that students respond differently to teaching approaches. Guidance helps clinicians identify different learning needs and adapt teaching accordingly. The philosophy is that educators should be flexible and responsive rather than expecting every student to learn in the same way.



LEARNING ACROSS DIFFERENT LEVELS

Alongside university students, the department supports an apprentice. Early-stage students can observe the progress of a more advanced learner, while apprentices gain teaching and mentoring experience. This creates a collaborative learning community where everyone contributes to development and strengthens the education pillar.



A WHOLE-TEAM APPROACH

Collective ownership is central to success. While one educator may complete assessments and paperwork, the entire service contributes to the learner experience. Staff share specialist expertise and varied perspectives, reducing pressure on individual educators and helping learners feel fully integrated into the team.



TRANSFERABLE LESSONS

- Supporting two learners does not necessarily double workload.
- Peer learning can increase confidence and independence.
- Focused activities can reduce learner overwhelm.
- Reflection can integrate multiple aspects of professional practice.
- Mixed-level learner groups can strengthen development for everyone involved.



CONCLUSION

Through peer learning, structured reflection, flexibility and strong team engagement, the service has created a sustainable and effective model for practice-based learning.

The approach develops capable orthotists while promoting the positive workplace cultures and collaborative behaviours the profession needs for the future.