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Experiences of online music therapy placements in response to COVID-19 in Melbourne, Australia: Pedagogical considerations for supporting student learning

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ABSTRACT

Introduction: At the beginning of the COVID-19 pandemic, student placements in the Master of Music Therapy at the University of Melbourne were rapidly redesigned to create alternative online opportunities. Two online placement models; a simulated practicum (or SimPrac) and telehealth placement; were arranged. With little previous literature to draw upon, data was gathered to explore student and supervisor experiences of online placements and develop understanding of pedagogical considerations to inform future planning.

Methods: Quantitative data were collected via an adapted Satisfaction with Simulation Experience Scale (SSES) and qualitative data via open-ended survey questions and semi-structured focus group interviews.

Results: SSES results indicated high satisfaction from all cohorts with the online placement experience. Qualitative analysis led to the development of four pedagogical considerations for supporting student learning: Respond to Context with Creativity and Flexibility; Scaffold Student Learning; Foster Peer Relationships; and Supplement Online Learning.

Discussion: Findings aligned with recent scholarship in the wider field of Work Integrated Learning (WIL) and indicate a need for questioning prevailing modes of music therapy placement delivery in line with the contemporary context. While online placements were not always understood to provide authentic music therapy experiences, this perspective may need further contemplation given the ongoing need for online music therapy service provision.

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KEYWORDS Music therapy training; placement; telehealth; online; COVID-19

This article presents findings from an evaluation study of online placements undertaken by students enrolled in the Master of Music Therapy at the University of

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Melbourne during the global pandemic in the first six months of 2020. While these placements were a response to a particular time and context that has now passed, we hope that sharing findings from this study provides ideas for others within the ongoing music therapy student training landscape.¹

Music therapy placements in the literature

There is limited literature about the placement component of music therapy practical training programs. An early paper described the personal attributes understood to be necessary for students embarking on placement (Brookins, 1984), highlighting the personalised nature of the learning in music therapy placement training. Authors have also written about the impact of placement experiences on the development of music therapy student confidence in using music therapy methods or collaborating with various groups of people. These include the development of students' positive feelings about the use of choral music with senior adults (VanWeelden & Whipple, 2004), providing education to caregivers of people experiencing dementia (Beer, 2017), and evolving understandings of autism through working as a counsellor at a camp for autistic children and adolescents (Silverman et al., 2018).

Further articles describe considerations for the design of music therapy placement programs from the perspective of music therapy educators. Petrie (1989) presented recommendations for the revision of music therapy curricular towards the delivery of competency-based education programs in both on-campus and field-based settings. An additional paper reported pragmatic information about setting up a music therapy training clinic gleaned from a survey and interview study of academic directors (Abbott, 2006). In an exploration of the experience of music therapy students, Luce (2008) shared that participating in collaborative learning groups with music therapy students of diverse cultural backgrounds was advantageous to developing insight and understanding of others. Luce further argued for music therapy educators and supervisors to continue to develop their pedagogy to align with the growing cultural diversity of music therapy students.

Some authors have described supporting the learning of music therapy students on placement through the use of technology. Gooding and Standley (2010) demonstrated the positive impact of music therapy students' confidence levels through increased exposure to observing music therapy sessions, either live or on video. Gooding and Standley suggested that the incorporation of video observation before observations of live music therapy sessions could improve student confidence. Baker and Krout (2011) provided one of the first references to online practices in music therapy student training. They discussed building the self-reflection skills of music therapy students through songwriting about their music therapy training with a peer. One unexpected finding was that the students who engaged in the songwriting process over the online platform Skype "considered the process as effective and engaging as the face-to-face sessions" (p. 85), recounting aspects of the online program as advantageous for taking turns when songwriting. While there has been a gradual growth of literature describing

¹Our five-person research team (referred to as "we" throughout this paper) were all employed as members of University of Melbourne music therapy teaching team.

While there are many words to describe the placement component of music therapy programs (including "practicum", "placement", "clinical training", "internship" and "WIL" or "work integrated learning") we have chosen to use the word "placement" during this article to align with our own context.

the integration of technology and online learning into classroom-based music therapy training (Baker & Krout, 2011; Clark & Thompson, 2016; Knight & LaGasse, 2012; Vega & Keith, 2012), literature about the incorporation of online experiences in music therapy placements are absent from the wider literature base.

Additionally, discussions of simulated practicums are also largely lacking in the music therapy literature. In one early example, Scheiby and Nygaard Pedersen (1999) presented “inter music therapy” practices, in which students had the opportunity to try out music therapy methods with peers before trying these with clients, however, these classroom experiences were not counted towards placement hours. Story (2014) explored the experiences of four music therapy students who took part in a virtual practicum activity with group role play using avatars representing themselves or clients. Findings suggested that the student experience was positive because the virtual practice scenarios stimulated critical thinking and problem solving in a supported and collaborative online environment.

Authors from other allied health fields have also described varying peer-to-peer learning tasks outside of face-to-face placement contexts. For example, Barradell and Bruder (2021) described a learning task in which physiotherapy students collaborated with a peer to engage in the delivery of a physio-health promotion program. The students in this example reported benefits from the opportunity to take part as both facilitator and participant. In a review of papers describing simulated *aspects* of placement in other allied health and medical disciplines (i.e. not the entire placement experience), authors have noted that such programs can significantly contribute towards student skills and knowledge development as well as an increase in self-confidence (Alanazi et al., 2017). Students in both studies expressed the benefits of simulated experiences as a part of their wider allied health training program.

When the COVID-19 pandemic commenced and lockdowns were implemented, we drew on the abovementioned pre-existing literature as well as our experience as music therapists and educators to rapidly redesign alternative online placement opportunities. We seized the opportunity to conduct research exploring these new models as they unfolded. The following two research questions were posed to guide our inquiry: “What was the overall satisfaction of students and supervisors with the online placement experiences?” and “What pedagogical considerations are needed to support student learning in online music therapy student placements?”.

Online placement models

Two online placement models were developed for first- and second-year Masters of Music Therapy students during Semester One of 2020, and were the focus of this study. The two online placement models are outlined in the section below.

First-year “SimPrac”

We trialled an entirely simulated practicum (or “SimPrac”) for students embarking on their first music therapy placement experience. Forty-three first-year music therapy students completed an online SimPrac over two days a week for ten weeks. Students were placed in groups of six to eight peers and allocated to one of six music therapist supervisors who facilitated the SimPrac placement. The supervisors created a series of case study videos of their work, representing practice expertise in such varied contexts as early intervention, special education, adult disability, and mental health. Each week,

students were required to watch three contrasting video case studies of music therapy practice and develop their observation and reflection skills through engaging in a range of activities related to the case study videos. Students met with their supervisor for a 2-hour online group supervision session once a week to discuss the case studies, demonstrate their developing competencies and process their learning. Students were also required to practice repertoire related to the case study videos presented and engage in organisational or self-care activities with a peer.

The SimPrac program aimed to equip students with foundational practice skills and competencies including observation skills, reflexivity, development of music therapy plans, awareness of the importance of supervision, professional presence and ethical practice. Case studies were integral to the SimPrac as these provided a basis from which students could practice applying their developing skills and competencies in a safe and supportive context with peers and supervisors, thereby aligning with adult learning principles. The SimPrac environment supported consistent learning of these foundational skills and competencies across the student cohort. Therefore, the SimPrac program ensured that students could fulfill the practice requirements of subsequent placements safely and therapeutically.

Second-year telehealth placement

Eighteen students in their second year of training were supported to complete a fully online placement in the emergent field of music therapy telehealth practice. Within this model, groups of three to five music therapy students were paired with a music therapist supervisor working in the following varied telehealth settings: residential aged care, children's hospice, community-based programs, special education, and in a private practice supporting mothers and children. Each student was supported to develop and deliver a telehealth music therapy program with one to two clients. This involved both co-facilitating telehealth music therapy sessions with the supervisor, as well as independently facilitating telehealth music therapy sessions. Similar to the SimPrac model, students met online for a weekly 2-hour group supervision session facilitated by supervisors to share the challenges and successes of their telehealth practice. Students also took part in an online weekly individual supervision session. When formal consent was gained, students had the opportunity to video record their online sessions and view them with their supervisor, a peer, or the whole group. Additional fortnightly synchronous Zoom tutorials with the university subject coordinator were supplemented with a weekly "briefing" video uploaded to the learning management system. These videos included suggestions for organisational management and self-care, and an interview with a music therapist on tips and strategies for engaging online to facilitate telehealth music therapy practice. For example, students were provided with suggestions about microphone setups, music therapy methods used to mitigate the issue of lagging sound across computers and gaining client consent to record telehealth sessions.

Method

Research approach and design

Our five-person research team held a range of both complementary and contrasting epistemological beliefs and favoured research practices. We committed to the "shared

meanings and joint action” (Morgan, 2007, p. 67) required of research conducted from a pragmatic approach to knowledge development. A critical pragmatist philosophy informed by Ulrich (2007) further influenced our approach to knowledge generation within this project as we aimed to develop new possibilities for designing music therapy placement programs after critically engaging with the data. With this intention, we chose to collect mixed (i.e. both quantitative and qualitative) data to pool our strengths as researchers. We collected quantitative survey data to answer the question: “What was the overall satisfaction of students and supervisors with the online placement experiences?” We also collected qualitative data via open-ended survey questions and interviews to respond to the question: “What pedagogical considerations are needed to support student learning in online music therapy student placements?” and the sub-question “What were the perceived benefits and limitations of online music therapy placement experiences in comparison to traditional in person placements?”.

Data collection

Ethical considerations

This project was approved by the University of Melbourne Human Research Ethics Committee (Ethics ID: 20567056.1), and informed consent processes and confidentiality guidelines were adhered to within this study and this article. Each member of the research team was employed as a member of the University of Melbourne music therapy teaching team² and held a teacher-student relationship with the student participants of the research project. Members of the research/music therapy teaching team were responsible for contracting supervisor participants who provided supervisory services for students. The research team thus held an employer-employee relationship with the supervisor participants of the research project. To mitigate the impact of these complex relationships on student and supervisor consent to participate in the study, eligible participants (i.e. music therapy students and supervisors who had taken part in either the music therapy student SimPrac or telehealth placement) received the email invitation to participate from the Head of School. Recruitment did not commence until after Semester 1 results had been released so that students did not feel that their grades could be affected by their decision to participate, and supervisors were no longer contractually employed in their supervisory role. In addition, a research assistant external to the research team was employed to conduct interviews with consenting participants.

Survey

Consenting participants were emailed a link to complete an anonymous survey (online via Qualtrics) about their online placement experience. The survey included 20 questions in total, incorporating 18 Likert scale questions from the Satisfaction with Simulation Experience Scale (SSES) (Levett-Jones et al., 2011) and two open-ended questions: What were the positive/negative aspects of the online placement experience? The SSES is an 18-item scale that measures students’ satisfaction with a simulated clinical practice experience. Participants rate their level of agreement with each item on a 5-point

²Research team respective employment roles were as follows: author 1, Music Therapy Placement Coordinator; author 2, Head of Music Therapy; author 3, Placement Subject Coordinator First Year Students; author 4, Music Therapy Teaching Team Member; author 5, Placement Subject Coordinator Second Year Students.

Likert scale (1 = strongly disagree to 5 = strongly agree). The SSES has 3 subscales: (1) Debrief and Reflection, (2) Clinical Reasoning, and (3) Clinical Learning, with good psychometric properties (Williams & Dousek, 2012). Psychometric properties refer to the processes used to assess whether the instrument adequately measures what it claims to test, for example, adequate internal consistency and construct validity. As the second-year students completed a telehealth online placement rather than a simulated practice placement, we adapted the SSES for second-year students and supervisors by replacing the word “simulation” with “online placement” throughout the scale.

Participant interviews

Participants were invited to opt in for an additional semi-structured interview about their experiences of online placements either individually or with a group of peers. Group interviews were conducted only with participants from the same cohort, i.e. first-year students, second-year students, first-year supervisors, and second-year supervisors. Table 1 outlines the number and type of participants in each interview.

Willingness to participate in the interview was indicated by emailing a signed consent form to the research project leader. Participants were informed that the online interview would be recorded and were given the option to turn their video off if they wished to. Interview questions were open-ended and focused on soliciting participant experiences of the limitations, compromises, and challenges as well as the benefits and unique learning opportunities of the online placements compared to traditional in-person placements. Participants also had the opportunity to share their thoughts about the support needed for optimal student learning in online music therapy placements. The interviewer provided additional open-ended prompting questions to elicit further details from participants.

Data analysis

Quantitative data from the adapted SSES tool was analysed using descriptive statistics. Measures of central tendency and dispersion (mean and standard deviations) were computed for quantitative data and reported descriptively as summary statistics. Qualitative data from the two open-ended survey questions and interviews were analysed using Braun and Clarke’s (2020) reflexive thematic analysis. All researchers engaged reflexively with the data sets throughout the analytic process by engaging in what Finlay (2008) has described as a dance in which “the researcher slides between striving for reductive focus and reflexive self-awareness; between bracketing pre-understandings and exploiting them as a source of insight” (p. 1).

Table 1. Participant interviews

Participant category	Number of participants per category (N)	Interview	Number of participants per interview (N)
First-year students	5	Interview 1	5
		Interview 2	2
First-year supervisors	5	Interview 3	2
		Interview 4	1
		Interview 5	1
		Interview 6	4
Second-year students	5	Interview 7	1
Second-year supervisors	4	Interview 8	2
		Interview 9	1

The open-ended survey question data were split into three data sets (first-year students, second-year students and supervisors). Interview transcripts were split into four data sets (first-year students, second-year students, first-year student supervisors and second-year student supervisors). The analytic process involved first responding to the sub-question “What were the perceived benefits and limitations of online music therapy placement experiences in comparison to traditional in person placements?” The following process was thus applied to each data set. First, transcripts were read with a focus on identifying the “benefits”, “challenges” and “resources needed” of the online placements as reported by participants, and initial notes documented. Each data set was then systematically coded and data relevant to the codes of “benefits”, “challenges” and “resources needed” were collated for each data set. To share the workload, the third author completed the initial round of coding with the first-year student data set, and the first author completed the initial round of coding with the remaining data sets.

As we intended to develop findings that would hopefully inform future music therapy placement planning, the next step was to reflect on the placement experiences from our position as music therapists, researchers, and university educators. We chose to record a group conversation about our preconceptions and assumptions about the online placements led by author four, the only member of our research and student placement team who was not involved in online placement delivery. We used this conversation as a means of making cognizant our assumptions about the situated and performative nature of participants’ words, as well as our own experience of the online placements and indeed analytical processes. One example of how this conversation influenced the results presented in this paper was that we were able to recognise our assumption that the online placement programs would be “second-rate” to face-to-face placements. Naming this assumption allowed us to explicitly search the data, and ultimately dispel this assumption, as discussed further in the results section below. Next, the first author re-examined the codes, noticing recurring concepts and potential themes. Each data set was then transferred to the computer program Nvivo (QSR International, 2016) to systematically collate data relevant to each potential theme across the transcripts. This process involved reflecting further on pedagogical considerations that were deemed successful within the online placements, or that were perceived to be needed for the future. Learnings about the challenges, benefits and future resource need suggestions of interviewees were integrated with our own knowledge as educators to actively generate themes to the form of pedagogical considerations for future online placements. Each theme was then refined in a word document and shared with other members of the research team for discussion and collaborative review. At this point our intention was to deepen our interpretation of the data, rather than reach a common consensus or shared meaning (Braun & Clarke, 2019). Four overarching pedagogical considerations for supporting student learning in online placements were generated from this exploration and are presented in the results section below.

Results

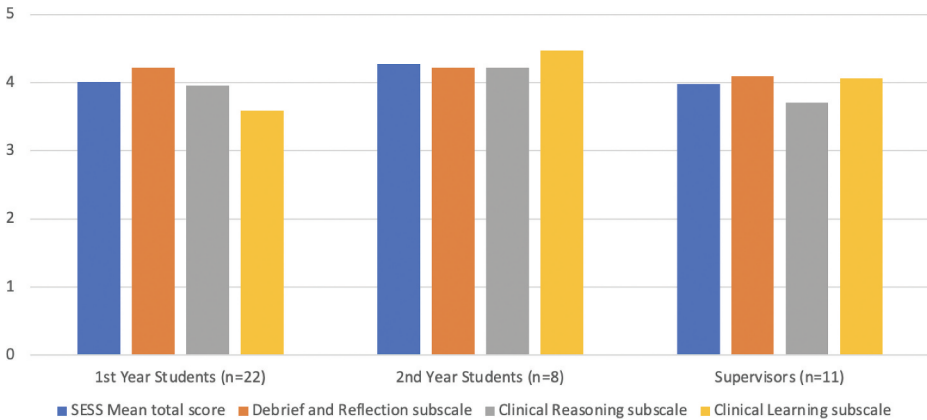
Quantitative results: Satisfaction with online placement experiences

Invitations to participate were sent to 70 eligible participants: 39 first-year students, 18 second-year students, 6 first-year (SimPrac) supervisors, and 7 second-year (telehealth placement) supervisors. In total, 41 (59%) anonymous surveys (incorporating the

Table 2. Sample size for all data types

	Data collected	1 st year students (N)	2 nd year students (N)	Supervisors (N)	Total (N)
Quantitative	Adapted SSES survey results	22	8	11	41
Qualitative	Open-ended survey questions	22	8	11	41
	Semi-structured focus group interviews	8	5	9	22

SSES: Satisfaction with Simulation Experience Scale.

**Figure 1.** SSES survey results

adapted SSES) were completed. This included data from first-year students ($n = 22$), second-year students ($n = 8$) and supervisors ($n = 11$) as outlined in Table 2 below.

The adapted SSES results indicated high satisfaction from all cohorts with the online placement experience, with mean total scores of 4 out of 5 and higher (Figure 1). The second-year students had slightly higher overall mean satisfaction levels than the first-year students and supervisors.

Qualitative results: Pedagogical considerations for online music therapy student placements

As seen in Table 2, 22 consenting participants took part in focus group interviews, including first-year students ($n = 8$), second-year students ($n = 5$) and supervisors ($n = 9$). In addition, 41 participants completed two open-ended questions about the positive and negative aspects of the online placement experience, including first-year students ($n = 22$), second-year students ($n = 8$) and supervisors ($n = 11$).

Analysis of qualitative data highlighted many synergies between student, supervisor and teaching staff experiences of the benefits and challenges of online student placements. While there were many perceived placement challenges, advantages were prominent. Some of the advantages described by supervisors included benefits for their clients, such as one supervisor who described how their clients were proud to be asked to contribute a case study video for the SimPrac students. Another supervisor explained how a one-to-one online relationship with a music therapy student through telehealth helped aged care residents cope with the lockdown experience. The benefits

and challenges identified by the participants informed the development of four pedagogical considerations for supporting student learning in online music therapy student placements outlined in the following section.

Respond to context with flexibility and creativity

The first pedagogical consideration for planning effective online student placements generated from this study is to *respond to context with flexibility and creativity*. In addition to our own particular context as a music therapy training course at The University of Melbourne and governed by the Australian Music Therapy Association, the context of these alternative online placements was the COVID-19 pandemic.³ The underlying stress of the pandemic was experienced by participants in a range of ways, including the pressure of studying or working from home while simultaneously schooling or caring for young children, grappling with new online platforms and poor internet, and the overwhelm that ensued from an entirely new mode of placement delivery. Overall, students were grateful for the opportunity to complete a placement at the beginning of the pandemic. One telehealth student shared “*Given that, you know, COVID sort of hit Australia all at once, it was really great to see that music therapy is very flexible with the ability to go online.*”

A SimPrac supervisor similarly stated that the students “*. . . knew that it wasn't what they had signed up for, but they were so impressed and grateful that we'd somehow scrambled together some sort of a placement.*”

However, while responding to the context of the pandemic with flexibility and creativity was borne out of necessity, the associated shifts in placement structure afforded many unexpected benefits. For example, the group online placement models allowed students to learn from each other's strengths and differences. As stated by a SimPrac student “*I just loved hearing all the different takes that everyone had and all the different perspectives*”. Furthermore, new ways to respond to context allowed supervisors to draw on their own resources as music therapists. As one telehealth supervisor commented, “*Thank you for giving us the opportunity to show us what we could do as a therapist, you know, showing our flexibility and creativity.*” It took the vastly changed contextual landscape of the global pandemic to remind us as music therapy educators to remember our own strengths at flexibly responding to the context at hand when considering the design of music therapy student placement opportunities.

Scaffold student learning

We understand the success of the student learning outcomes in music therapy online placements to be further dependent upon the ability of university educators and supervisors to *scaffold student learning*. Our understandings of the term scaffold are drawn from the seminal pedagogical work of Vygotsky (1967). Educators subscribing to this theoretical perspective seek to monitor student progress on a learning task and alter the guidance and support provided to learners depending upon their needs. In the context of these online placements, it was beneficial to scaffold student learning with resources to assist with time management, technical support, and self-care in addition to the support resources offered in traditional placements. In the online placement

³As a contemporary contrasting example of responding to context when planning music therapy placements, at the time of publication we are responding to the emerging context of AI technology in higher education settings and music therapy education.

programs, we intentionally augmented the traditional placement resources with additional support for students to compensate for the contextual challenges of online learning during a pandemic. For example, upon recognising that students and supervisors were having difficulty with processing large amounts of written information online, we chose to upload a brief video to the online subject webpage at the start of each week suggesting a self-care or time management task to students. One SimPrac student commented that the “... *weekly briefing videos were really helpful for me personally*”. Another SimPrac student shared that “... *having the support of the staff and also having access to their handbook and instructional videos and having the opportunity to ask for extensions or help if you need it was really good in terms of support I thought.*”

The additional online resources benefited supervisors too, with one SimPrac supervisor sharing that:

One major benefit was the access to online learning platforms to put readings online for students to do and to provide places for students to write summaries of research papers and to have that sort of online written record of work that I was asking them to do. In a face-to-face supervision space that happens a bit more informally, more conversationally, so being able to see it and track it was really helpful.

Conversely, these online placements reminded us of the necessity of developing student skills and competencies in the delivery of online music therapy practices, and scaffolding student access to equipment and instruments. To one telehealth supervisor:

... if the platform you're using is Zoom, just the settings within that - how to screen share, how to share your computer sound, how to share playlists or YouTube videos - some of those basics of just how to use the teleconferencing platform would probably be really helpful for the students.

A telehealth student additionally noted:

I think that recognizing the financial commitment of a telehealth placement is a necessary thing for students because if you're considering ... you needed a decent microphone, you might need an ethernet cable to get more connected, some students might not have a wi-fi plan at home, but you definitely need that if you're doing telehealth ... do you have your own instrument kit yet?

Findings demonstrated the necessity of providing students with significant scaffolding to ensure they were able to access the online placements and experience success in their learning. Considering what additional scaffolding may be required (in the form of time management, technical support and self-care, or other context-bound student needs) emerged as an essential requirement for educators designing online music therapy placement programs.

Foster peer relationships

Intentionally fostering peer relationships was described as an important consideration for the success of the online placements. Peer relationships were considered essential to both the learning process and lessening the impact of isolation during the pandemic. Both first and second-year supervisors strived to promote peer relationships through weekly online group supervision sessions. A SimPrac student commented that:

I don't think I would have had that experience if it was just me on, yeah, a placement with one supervisor and no other peers and yeah, I just, I think that was probably the highlight for me, the discussions between our supervisor and peers in our sessions.

A further SimPrac student agreed, stating “. . . placement in a group was actually really beneficial in my experience”, with another adding “It [having peer support] took a lot of the fear factor away from me, like I just feel a lot more confident going to my first in person placement”. This sentiment was echoed by a telehealth supervisor, who shared that “they’ve really used one another as a peer group to support one another and to yeah, push one another to improve and develop.” A SimPrac supervisor agreed, expressing that:

The benefit of having a group supervision online like this meant that there was a lot more peer-to-peer learning going on and I thought that was really valuable and students could compare with each other and work at where they were at.

Participants also alluded to the need for collaboration between the university and supervisors. In the online placement programs, supervisors were similarly encouraged to develop peer relationships amongst one another in weekly drop-in sessions. Peer support appeared to lessen the isolation imposed by the pandemic context for supervisors as well as students. As one telehealth supervisor stated,

. . . what was really key was that I could talk to the other supervisors each week and we could discuss the best way to support their students. So, yeah, so now I found that extremely valuable and I would definitely recommend that supervisors be encouraged to have that kind of peer supervision of their supervising.

Findings demonstrated that intentionally striving to foster peer relationships (between groups of both students and supervisors) was an important consideration in the context of planning online placements to maximise student learning.

Supplement online placements

The final pedagogical consideration for developing online placements during this study is the need to *supplement online placements* with other learning experiences when possible. The two contexts, SimPrac and telehealth, require different considerations for supplementing online placements. Within SimPrac, where students reviewed video-recorded case study material, supplementing online learning was possible by incorporating experiential learning tasks. For example, one SimPrac supervisor spoke of supplementing case study videos with the chance for students to engage in mock telehealth sessions related to case study content, so that students “*had a chance to learn repertoire and to demonstrate that they’ve learned it they had to perform it.*” Within the telehealth placements, supplementing online sessions could be done by planning other experiences that are common during on-site placements, such as having opportunities to liaise with the broader allied health team.

Some students felt satisfied that their experience in online placements had been comparable with a traditional on-site placement. One telehealth student commented “*I think [this placement] also equipped me with the skills in a really supported setting to be able to offer telehealth in the future as we graduate.*” SimPrac was described by one student as:

The ideal stepping stone between coursework and real world because it gave us both. And I think as someone that hasn’t had placement experience before I benefited a lot from it because I wasn’t so anxious because, you know, you can pause the video if it’s too much or if you can’t keep up with it, slow it down re-watch it or ask questions after. You might not have as much time to talk about a specific client in a work day environment in terms of a normal placement.

Another SimPrac student shared that:

When it was first announced that the placement was online there was a lot of negative thoughts around it because everyone's like "It's not going to be as good", but I don't feel like I've missed out on anything. And if anything I feel like I've gained more than I would have in a face-to-face observational placement.

However, participants did not always feel that online placements could provide students with the full range of learning opportunities, with different critiques offered for each context (SimPrac and telehealth). Some SimPrac supervisors considered that there was still a need to take part in *authentic* music therapy, by which they meant on-site, face-to-face learning. One SimPrac supervisor shared succinctly "*I think there's no substitute from actually working with real clients in a real setting.*" An additional SimPrac supervisor expressed further challenges with the model, stating that:

I had to explain to them what the clients were like and give them lots of information about the clients themselves, but they could never actually see or meet any clients, so that I think, was hard, not having that real experience.

Some students also implied that their experience of online placements was lacking compared to traditional face-to-face placements, such as a telehealth student who stated: "*I definitely felt that something that was missing was that kind of multidisciplinary or interdisciplinary team setting or team feeling.*" A SimPrac student similarly shared that

One of the things I felt that I missed was the learning-on-the-job aspect because physical placement is unpredictable. You learn things that you wouldn't necessarily learn in this kind of set-out observational case study kind of placement.

Another SimPrac student extended upon this idea, sharing "*we didn't get a chance to sort of see like what happened behind the scenes.*" This finding has implications for the need to provide additional support to students to build relationships with members of the placement site when using online platforms.

When discussing the challenges of their experience, one SimPrac supervisor shared that a "*large compromise was not being able to actually work with the students face-to-face and to practice those clinical skills in the setting that they're designed for,*" implying a need for further clarification about the aims and intentions of SimPrac. By contrast however, a telehealth supervisor shared "*I think possibly the chaos of working [online] in an aged care facility was quite similar [to a face-to-face experience],*" with another supervisor stating "*They may not have got a good experience of working face-to-face clinically, but that wasn't what the subject was setting out to do.*" Our findings suggest a need for not only considering how to ensure online placement learning is supplemented with other experiences to maximise student learning, but also ensuring students and supervisors understand the intentions and scope of online placements.

Discussion

Participant satisfaction with the online music therapy placements (as demonstrated by the positive Satisfaction with Simulation Experience Scale results) was understood to be directly related to the pedagogical considerations outlined above. The qualitative analysis enabled a deeper exploration of participant experiences and yielded interesting findings on both positive and negative aspects of online placements. It is interesting to note that while the quantitative findings were overwhelmingly positive, more balanced

reflections were provided by the smaller subgroup of participants who consented to an interview. The high satisfaction with online placement experiences may also have been influenced by students' gratitude at completing a placement in any format, and supervisors' relief at paid work during a time of financial insecurity.

While our findings are related to online placements specifically, previous research has recognised challenges faced by music therapy students as they juggle their studies and personal responsibilities even before the onset of the pandemic (Wheeler & Williams, 2012). Our study has also further echoed the findings of Moore and Wilhelm (2019) regarding the stress experienced by music therapy students, and the subsequent need for university educators to support students with both academic and self-care practices. In our study, providing students and supervisors with the technological knowledge needed to be able to use online learning platforms was important for ensuring students were able to process the new placement requirements in a time of underlying stress and pressure. The use of telehealth within student training should also include guidance around the adaption of music therapy methods to the online setting, support students to gain knowledge about suitable technology, and include evaluation of clients' experience online (Gooding & Rushing, 2022). Furthermore, supporting groups of people to foster relationships through the use of music is a core component of music therapy practice (Pavlicevic & Ansdell, 2004), however, intentionally striving to foster peer relationships between music therapy students on placement is largely absent from the literature. We propose that music therapy educators and supervisors are well placed to foster the relationships of groups of music therapy students on placement, and that these practices are supportive of student learning outcomes. Indeed, participants' experiences of online placements during this study are indicative of the flexible and creative approaches to music therapy practice more broadly during the COVID-19 pandemic. As described by authors in a special COVID-19 reflection edition of the *Nordic Journal of Music Therapy*, reimagining relationships and creative responses were central themes of music therapy practice during this time of uncertainty (Magee & Meadows, 2022), aligning strongly with our findings related to online placement provision.

Scholars in the broader field of Work Integrated Learning (or WIL) have described the global pandemic as an "impetus for questioning dominant modes of WIL and extending our understandings and knowledge of the impact of alternative WIL models" (Dean et al., 2020, p. 2). The impact of the pandemic gave us as music therapy educators the opportunity to change our placement model while responding to the needs of our students in context. The findings of this research project have spurred us to examine how our previous placement model may have served to disadvantage music therapy students from diverse backgrounds and marginalised identities. We are learning from the work of scholars from outside of the music therapy profession striving to promote inclusive WIL practices (Bell et al., 2022; Winchester-Seeto et al., 2014) that foster student wellbeing (Grant-Smith et al., 2017) and foreground contextual sensitivity.

Given the positive learning experiences described by this "emergency" response, our team has continued to develop and refine online placement opportunities post-pandemic. We have continued to offer an online SimPrac as the first placement experience because this learning context enables supervisors to support the development of foundational skills before working with clients. Further, in a vast country like Australia, SimPrac affords students living in remote areas where there are very few music therapists

to have better opportunities to observe a range of music therapy practice. Telehealth has also become one of the possible placement “settings” we offer students during subsequent semesters of their studies, which is important given the ongoing need for accessible, online music therapy service provision (Clements-Cortés et al., 2023).

Conclusion

Findings from this exploration suggest that our initial concerns about the quality and depth of learning possible in online placements were unfounded. Instead, the data indicated that online placements provided real and practical learning experiences for music therapy students and revealed important pedagogical considerations for the future. We are mindful that understandings gleaned from this exploration are contextually bound. While students found their online placement experience positive and described various benefits, further research is needed to determine whether this sense of confidence translates to the on-site placement experience. Furthermore, additional exploration is needed to better understand the application of music therapy methods online within SimPrac and telehealth placements, and track student experience and learning across all four semesters of their training. Future research unpacking student biases and assumptions about online music therapy placements would also be valuable.

One of the challenging aspects of our findings was that supervisors and students did not always understand online placements to provide *authentic* music therapy experiences. Yet our data have shown that online placements did afford a depth of student learning, albeit in a new manner. We argue that this perspective may need further consideration and conclude this paper with a provocative question: What is an authentic music therapy placement? The notions of what a “traditional” placement in music therapy means, and what it offers need to be questioned. The rapid expansion of telehealth services and online learning possibilities resulting from the COVID-19 pandemic has fundamentally changed the music therapy practice and education landscape, and it is our job as educators to prepare our students for all modes of music therapy practice.

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