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Work-Integrated Learning in university music therapy centres: A global survey of benefits, challenges and opportunities

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Abstract

Work-Integrated Learning (WIL) is a core component of music therapy training programs internationally. However, the implementation and impact of WIL within university music therapy centres remains underexplored. This study investigates current university music therapy centres worldwide, including their structures, approaches to supervision, and their perceived impact on student learning. A global survey of staff at these international centres was conducted, with 17 programs from five countries responding to the survey. Findings revealed a range of centre models that demonstrate the ability of university music therapy centres to bridge theory and practice in a scaffolded and structured way. However, challenges such as resource constraints, operational limitations, and balancing multiple stakeholder needs were also identified. Despite these challenges, university music therapy centres provide intensive Work-Integrated Learning experiences for students, creating opportunities for integrating research and contributing to local communities. Further to this, avenues to ensure the sustainability of university music therapy centres are discussed. This study highlights the potential of these centres to enhance music therapy training through Work-Integrated Learning and calls for further research to explore supervisor perspectives and evaluate student learning outcomes.

Introduction

Career readiness for university graduates is contingent upon a diverse skill set, encompassing flexibility, adaptability, and the practical application of knowledge. To support the acquisition of these skills, universities may offer a broad range of opportunities for students to engage with the workforce

while undertaking their degrees. While a range of terms are used internationally to describe such practical work-related experiences and activities, Work-Integrated Learning (WIL) is an overarching term that encompasses experiences designed to give students valuable exposure to activities relevant to their course of study (Zegwaard & Pretti, 2023). Additionally, in this article, the term "university" is used inclusively to refer to a broad range of tertiary education institutions.

High-quality WIL provides students with opportunities for skill development, socialisation into the profession, and a bridge between academic and workplace learning (Ferns et al., 2021; Goodman, 2023; McRae, 2021; Odell-Miller & Richards, 2009; Sachs, 2017). Notably, students and professionals have identified WIL as the most influential learning experience in an individual's journey to becoming a competent health professional (Bourne et al., 2020; Goodman, 2011; Knight, 2008; O'Brien et al., 2019; Wheeler & Williams, 2012). Although WIL is an essential part of professional learning, it often forms the most difficult aspect of health education to implement, particularly when engaging with external workforce partners (Bourne et al., 2019; Levett-Jones et al., 2006; McBride et al., 2020; Taylor et al., 2017). This difficulty is also seen in the music therapy context (Kennelly & Daveson, 2011; Krüger et al., 2025; Wheeler, 2002), and is reflected in ongoing research into graduates' transition to professional practice (Bondevik et al., 2015; Seah & McFerran, 2016; Wheeler, 2002; Wheeler & Williams, 2012). Additionally, allied health training continues to face persistent challenges with WIL quality, including ongoing issues with placement experiences and concerns about students' competence to practice (Levett-Jones et al., 2006). In response to these challenges, the current study builds on previous research, investigating the evolving role of university music therapy centres worldwide and the part these settings can play in addressing many common Work-Integrated Learning challenges.

Allied health disciplines, including music therapy, often report difficulties in sourcing suitable and appropriate Work-Integrated Learning opportunities (Ferns et al., 2021; Taylor et al., 2017). In response, a variety of health education models have emerged with the goal of increasing both the capacity and quality of WIL placements (Ferns et al., 2021). The university training program centre (also referred to as an on-campus clinic) forms a viable alternative model to traditional placement settings, reducing the need to rely solely on external workforce partners (Haworth et al., 2020). This model is not intended to replace community-based placements, but to function as a complementary form of Work-Integrated Learning, offering structurally distinct learning affordances. The advantage of this model lies in its capacity to support intentionally structured and closely supervised learning (O'Neill, 2022). Within these training program centres, students may directly apply in-class learning under the close supervision of experienced academic and clinical staff, through high-quality supervision and activities specifically designed to develop professional competencies (Moore et al., 2018). Within Work-Integrated Learning, supervisors play a crucial role in overseeing learning experiences, nurturing skill and knowledge development, and fostering an environment in which students can share perspectives and learn collaboratively (Winchester-Seeto et al., 2022).

Because of these advantages, some universities allocate substantial resources and efforts towards developing their own training centres (Moore et al., 2018). However, research demonstrates that these centres can face significant hurdles across structural, personnel, and funding constraints (Shapley & Hamuka, 2019). When these obstacles are combined with typically heavy teaching and supervision commitments, university requirements for publication output, limited access to resources,

and the administrative demands, there is often little incentive or time for the development of these training centres (Abbott, 2006). Ultimately, evidence suggests that when on-campus centres are adopted as part of a training program their effectiveness, sustainability, and contribution to course development depend on an ongoing institutional commitment to adequate resourcing and support (Shapley & Hamuka, 2019).

While university training program centres have been investigated within other allied health disciplines (Copley et al., 2007; Dunne et al., 2024; Shapley & Hamuka, 2019), this remains a significantly understudied area within the field of music therapy. Early music therapy researchers highlighted the importance of integrating competency-based teaching and behavioural sensitivity to the changing skill and confidence levels of student music therapists (Wright, 1992). Wheeler (2000) expanded the exploration into this topic by surveying American music therapy educators, highlighting the variety of approaches used across training programs. Extending from Wheeler's research, Abbott (2006) investigated the administrative aspects of university music therapy centres. In surveying all 72 American music therapy academic directors Abbott found 12 reported utilising a university music therapy centre. Within in-depth interviews, Abbott explored the motivations for training programs establishing their own centres, as well as their operations and community engagement (Abbott, 2006). More recently, researchers have revisited the work of Wheeler (2000) and Abbott (2006), returning to survey 89 American music therapy academic directors, finding that 24 music therapy training programs utilise an on-campus centre (Schwartzberg & Silverman, 2025). Researchers have investigated operational aspects, noting that further research is warranted in understanding how training programs utilise their centres to prepare students for professional practice (Schwartzberg & Silverman, 2025).

Other publications containing discussions of the university music therapy centre note that their primary function is to "enhance the education of music therapy students... Through providing real-time observation of music therapy sessions and opportunities" (Schwartzberg & Silverman, 2017). Additionally, Ala-Ruona (2015) explored the development of new approaches to address limitations in training and supervision, highlighting that transparency in education is essential to student learning; "A possible solution: a fully equipped music therapy clinic" (p.45), "the model works even better than we dared to dream" (p.65).

The current study found that the university music therapy centre model has been more widely adopted since these articles were published, with over 50 such centres being identified worldwide. However, university music therapy centres still, represent a specialised, limited setting within the global context of music therapy education, and given the lack of contemporary, international data on their operational models and educational outcomes, this area is ripe for exploration. Therefore, this study addresses this critical gap by investigating the following research questions:

- What models, andragogical approaches and operational structures to Work-Integrated Learning are employed by university music therapy centres?
- What benefits, challenges, and opportunities are associated with university music therapy centres in the context of their affiliated training programs?

Methodology

Overview

A mixed methods approach was incorporated into the survey design to comprehensively explore the research questions, allowing for both statistical trends and qualitative insights into the nuances of each university music therapy centre. The development of the survey was informed by the work of Wheeler (2000) and Abbott (2006), with language and questions modelled after their studies. Specifically, we adapted their phrasing and question structures to leverage the existing body of research, enabling potential comparisons between the current findings and those from previous studies. Formal validation of the survey instrument was not conducted due to the study's exploratory nature which aimed to generate initial insights across a broad range of responses. However, the design was informed by the surveys from Wheeler and Abbott in their respective prior research studies to ensure reliability. This study was conducted in accordance with the ethical guidelines of Western Sydney University and approved by the Human Research Ethics Committee (approval number H15893).

Researcher context

This research team comprises experienced music therapy educators and supervisors who have been directly involved with the establishment of developing and operating a university music therapy centre. This experience provided a depth of understanding crucial for interpreting the survey data. However, the authors acknowledge that their own professional context introduces a potential positive bias toward the on-campus centre model and have therefore sought a critical and balanced analysis of the findings, particularly in the discussion section.

Recruitment

A targeted recruitment list was created through online searches of music therapy associations recognised by the World Federation of Music Therapy, including the American Music Therapy Association and the European Music Therapy Association. Program descriptions and grey literature were reviewed for keywords such as "on-campus", "clinic", and "centre/er". If keywords were found, the staff email addresses were recorded for recruitment. An email was then sent to the staff at each site, which provided the participant information sheet and survey link. The email requested that only one person from each training program should fill out the survey. The survey remained open for 12 weeks in 2024, allowing the participants ample time to consider their involvement. No form of reimbursement was offered.

Data collection and analysis

Survey data was analysed using a mixed methods approach to comprehensively explore the research questions. Descriptive statistics summarised the characteristics of training programs respondents,

while thematic analysis, conducted through an iterative process, permitted a nuanced understanding of the respondent's perspectives. This combined approach provided valuable insights into how training programs utilise university music therapy centres. To ensure trustworthiness and rigour, data collection and analysis procedures were systematically documented, with cross-validation achieved through peer review of coding and member checking of interpretations.

Results

This study aimed to comprehensively explore university music therapy centres worldwide using a mixed methods survey. Through targeted recruitment the survey was emailed to 53 eligible music therapy training programs. Of these, one staff member from 17 training programs responded to the survey, yielding a 32% response rate. The respondents represented five countries: Austria (1), Canada (1), Germany (1), the United Kingdom (2), and the United States of America (12). Respondents selected all titles that best suited their roles, including music therapy educators (13), university music therapy centre directors (7), onsite supervisors/clinicians (6), training program directors (5) placement coordinators (5), and one founding director. Respondents are identified using codes (e.g., [R01]), where "R" denotes respondent, and the number indicates their order in the dataset.

Quantitative findings: Operational characteristics

Six of the responding training programs offer bachelor's degrees, five offer master's degrees, and six offer both bachelor's and master's degrees. Five training programs also offer PhD programs, with three offering post-graduate certificates. The annual average student enrolment for these programs is 13.2 (range: 5−20). On average, students complete Work-Integrated Learning at 4.4 sites (range: 2−16) over the course of their training. Most respondents (n=16) indicated that training program directors have the discretion to assign additional placements if needed.

The timeline for the establishment of university music therapy centres ranged from 1946 to 2024. At the time of responding, 16 centres were operational, while one was in the developmental phase. Training program centres operate either year-round (44%) or according to academic schedules (57%). Fifteen centres are exclusively dedicated to providing music therapy, while one shares space with "speech/language, counselling and family therapy". All centres provide services to children, adolescents, and adults, with 75% also serving older adults (65+ years), addressing diverse participant needs through individual and group sessions. On average, university music therapy centres facilitate sessions with 31-32 participants per week. However, there is significant variability, with some centres seeing as few as five participants and others as many as 100 participants per week. Participant costs for receiving music therapy sessions also varies: 44% of centres offer free services, 25% use sliding scales, 19% subsidise rates, and 13% charge standard local music therapy rates.

Further reasons for the establishment of university music therapy centres, not captured in Figure 1, were extracted from free-text responses. These included integrating academic learning with therapeutic experience [R02], serving target groups outside typical Work-Integrated Learning opportunities [R15], fostering a specific music therapy approach [R11], training post-Master's students [R11], and supporting underserved regions while addressing rural therapist shortages [R03].
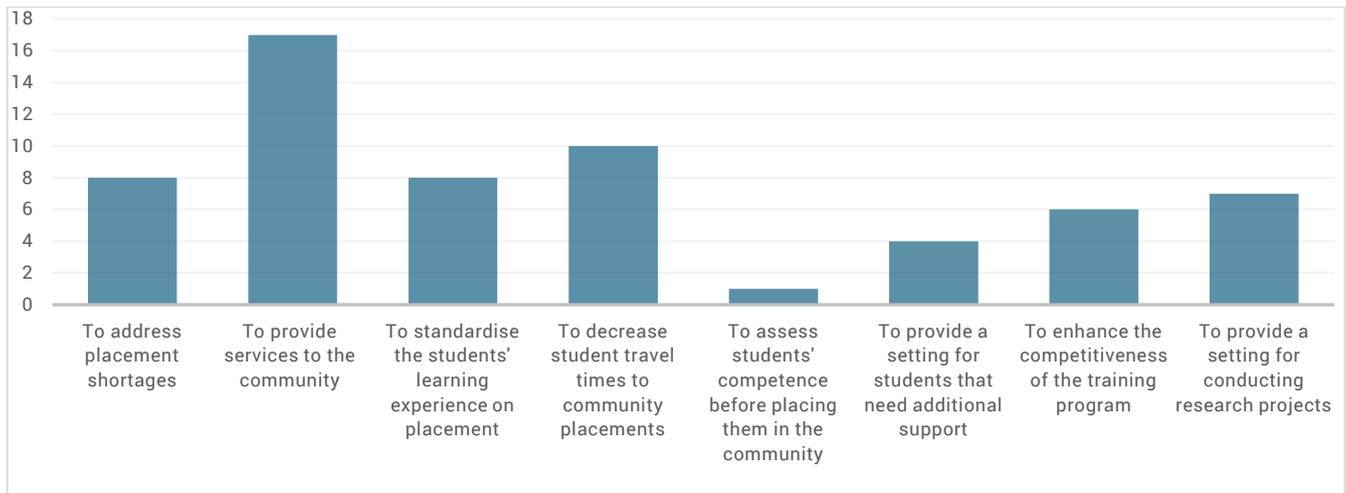
Figure 1: Motivations for operating university music therapy centres

Student allocation to Work-Integrated Learning at university music therapy centres is influenced by more factors than Figure 2 suggests, as evidenced by free-text responses. Considerations include scheduling [R03, R10, R17], coursework alignment [R15], training program staff discretion [R05, R07, R12], and balancing student and participant needs [R03, R05, R10].
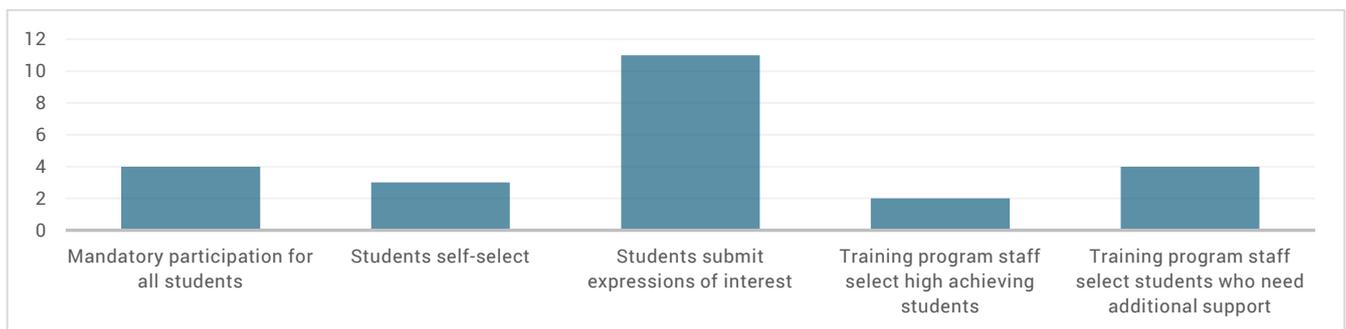

Figure 2: Student allocation to WIL at university music therapy centres

The number of onsite supervisors within university music therapy centres ranges from one to eight personnel, with an average of 2.9 per centre. Of these onsite supervisors, 82% also serve as music therapy educators, with an average of 2.4 individuals holding both roles. For supervisors not employed by the university, compensation for supervision is not typically provided; as this is included in the room hire agreement for external therapists. The presence of supervisors during student sessions varies: 50% are present "all the time", 38% "some of the time", and 13% "none of the time".

A structured approach to skill development is utilised within these centres. As appropriate, students may be instructed to continue observing sessions (17%), progress to assisting the therapist (25%), co-lead (63%), or independently facilitate (75%). Training programs typically allocate students to university music therapy centres in groups of three, with group sizes ranging up to six. For group-based Work-Integrated Learning at these centres, these students primarily alternate between facilitating sessions independently and together (44%), or progress toward independence (24%), including instances where one student facilitates sessions independently while their peers observe (16%). Beyond participation in client sessions, students engage in multiple forms of reflective practice

with the centre's onsite supervisor, including individual supervision (82%) and group supervision with peers (76%). Additionally, students also engage in peer supervision without a supervisor (6%), and group supervision facilitated by faculty members [R02, R06].

Various observational methods are used to enhance teaching and learning practices within university music therapy centres. Facilities include therapy rooms equipped with two-way mirrors, allowing students to view sessions discreetly (35%), equipment for videotaping sessions (35%), and a combination of both (24%). Videotaped sessions serve multiple purposes, including supervisor reviews (80%), class demonstrations (47%), student self-reviews (47%), research [R15], treatment planning and evaluation [R11], and indexing as part of the therapeutic process [R02].

Participants reported that students engage frequently in the core standards of practice, particularly in planning, facilitating, documenting, and evaluating sessions, with minimal instances of students never engaging in these activities. However, while students consistently demonstrate frequent engagement in most standards of practice, there is notable variability in exposure to referral and admission processes, with a significant number reporting occasional (10) or no engagement (3) with this area of practice. Additionally, four respondents reported that their students only occasionally engage in assessment processes.

A substantial 73% of university music therapy centres reported no formal evaluation practices for participant services, with 20% reporting internal evaluations and 7% reporting external evaluations. Conversely, for evaluations of Work-Integrated Learning within university music therapy centres, 27% of respondents reported internal evaluations, 40% reported external evaluations, and 33% reported no evaluations.

Qualitative findings: Benefits, challenges and opportunities

Benefits of university music therapy centres

The benefits of operating a university music therapy centre were reported by 15 respondents. Five themes emerged, including 1) supported skill development, 2) collaborative learning environment, 3) enhanced resource accessibility, 4) strong community engagement, and 5) centralised location.

Theme 1: Supported skill development. University music therapy centres offer a unique WIL experience that can significantly enhance students' professional and therapeutic skills. Within these centres, students benefit from ample "individual session opportunities and close supervision" [R12], as well as "high-standard music therapy protocols, including documentation and evaluation" [R13], which are not always available in external placements. A controlled learning environment allows for careful case matching ensuring that both participant needs and student learning objectives are effectively met [R03, R06]. These centres also provide observation and remediation opportunities [R06], a structured WIL experience [R01, R03], strong "communication among academic and clinical staff" [R02], experience with "various target groups not addressed in the regular curriculum" [R15], and the opportunity to "combine teaching and research" [R15]. This comprehensive experience allows students to "demonstrate their skills before transitioning to community practice" [R09], setting them up for success in future WIL and professional practice._Furthermore, the on-campus environment allows students to learn professional management skills, with one respondent noting that experiences

related to self-employment, such as "program development, contract development, and experiences related to private practice were also learnt first-hand" [R05].

Theme 2: Supportive learning environment. Collaboration among students, supervisors, faculty, and other professionals can create a supportive learning environment [R08, R10, R12]. Such collaboration is essential for developing professional skills [R04, R05, R09, R10, R13], and promoting a holistic approach and understanding of participant care [R10]. Regular communication between training program faculty and centre staff can ensure consistent oversight of student progress across academic and WIL activities [R01, R02, R08, R10, R11], faculty-staff-student collaboration can provide invaluable mentorship [R06, R08, R11, R12], and student-student collaboration may foster support networks and peer learning [R11]. As one respondent emphasised, "we know what type of training is received by the students. Students have shared experiences with clients that the professors also know. We can support students' growth and requirements in a consistent manner; this is tremendously important!!" [R08].

Theme 3: Enhanced resource accessibility. The availability of dedicated spaces within university music therapy centres, equipped with high-quality instruments and necessary equipment and furniture [R01, R10], ensures a professional environment for staff, students and participants. The inclusion of observation rooms with two-way mirrors allows multiple students to view sessions in real-time, providing benefits for teaching and learning. Observation rooms provide a unique immersive experience in which students can observe therapists and peers working in real-time. This provides a unique platform for highly scaffolded learning, with onsite supervisors, providing enhanced support and real-time feedback to observing students without disrupting participant sessions [R06, R08, R09].

Theme 4: Strong community engagement. Providing services to the community is the main motivator of operation for all university music therapy centres (Figure 1). Centres can fill gaps in local health services [R05, R12], particularly in underserved rural communities [R16], with 44% of university music therapy centres offering free services. This allows for the "provision of music therapy services for difficult-to-reach clients, with societal and community benefits" [R15]. This not only improves access and enhances the reach and impact of music therapy services but also demonstrates how training program centres support universities' altruistic values. By working with a more diverse range of music therapy participants, students may further broaden their therapeutic and professional skills while deepening their understanding of the real-world needs within their communities.

Theme 5: Centralised location. The often-centralised location of universities and their on-campus centres can provide convenient access for clients, students, and staff, particularly benefiting those with limited transportation options [R10, R12]. Reducing student travel time to community placements is the second biggest motivator for training programs to operate centres (Figure1). Centrally located centres can promote equitable access for students by reducing travel time and lowering transportation costs. However, this benefit is not universal, as one respondent noted, "not all students live in the city" [R13].

Challenges within university music therapy centres

The challenges of university music therapy centres were explored by 14 respondents. This uncovered four themes including 1) operational limitations, 2) resource constraints, 3) balancing stakeholder

needs, and 4) an isolated learning environment.

Theme 1: Operational limitations. The seasonal nature of university operations can disrupt the consistency of learning experiences in music therapy centres. Services tied to the academic calendar and teaching schedules often challenge continuity of care, making it difficult to meet participants' ongoing needs [R08]. As one respondent noted, "It is difficult when a client's needs can no longer be met at our centre, and they need to terminate mid-year" [R08]. Coordinating participant appointments with student schedules further strains resources [P06, P09], while cancellations disrupt learning, hindering the development of consistent therapeutic relationships and reducing opportunities for hands-on experience [R03, R06].

Limited and often shared spaces within music therapy training centres can also restrict service offerings. As one respondent noted, "because the act of music-making can be a louder experience, creating a safe space for clients while respecting other disciplines can be challenging" [R10]. Another added, "our clinic space is limited [and] not isolated, [which] can lead to distractions" [R09]. These limitations highlight the importance of careful planning and strategic resource allocation to optimise learning experiences and therapeutic outcomes within university music therapy centres.

Theme 2: Resource constraints. Training programs rely on university support and/or third-party contributions for the running of their operations [R09, R13]. Limited funding often affects staffing resources, which presents significant challenges, and generating sufficient revenue from services can be equally difficult [R09, R13]. Inadequate reimbursement for supervisors is a main concern [R08, R14], with one respondent highlighting the ongoing struggle to "advocate for the continuation of paying professors to supervise students at the centre, as it is an added expense for the university" [R08]. These financial constraints make recruiting and retaining qualified supervisors particularly difficult [R12, R15], ultimately limiting program capacity and hindering expansion. As a result, training programs are often "unable to advertise and fully maximise opportunities and admissions" [R12], restricting their potential positive impact.

Theme 3: Balancing stakeholder needs. Supervisors in university music therapy centres face demanding workloads managing student supervision, academic duties and clinical responsibilities, often with limited resources [R15]. This can lead to role conflicts between these responsibilities as supervisors must navigate students' varying experience levels, skills, and learning styles [R13]. Balancing participant care within meaningful WIL opportunities for students requires careful case selection and close supervision to ensure ethical practice is maintained [R08, R15]. While the close involvement of university-based supervisors can be beneficial, it can also create a "hot house environment" [R01], where over-involvement presents both opportunities and challenges. Some centres address this by establishing clear role definitions, such as limiting supervisors' involvement in marking or teaching units directly tied to the centre [R13]. Effectively managing these competing demands requires thorough planning, ongoing communication, and individualised student support.

Theme 4: Isolated learning environment. While interdisciplinary collaboration is a benefit to some centres, others report feeling "isolated from working with other disciplines" [R03], resulting in fewer opportunities for cross-disciplinary engagement [R02]. This lack of collaboration can hinder students' holistic understanding of participant care and limit their opportunities for professional networking. Additionally, the controlled environment of university centres may contribute to a perceived artificiality, resulting in the setting feeling less "real" [R09]. This can restrict students' exposure to

diverse therapeutic settings and the complexities of real-world practice [R01, R02, R08, R09]. However, as previously outlined, on average students complete WIL in 4.4 settings, confirming that these on-campus experiences are complemented by gaining experience across several settings.

Opportunities within university music therapy centres

Opportunities offered by operating university music therapy centres were explored by 12 respondents. This revealed four themes including 1) integrating research initiatives, 2) expanding observation opportunities, 3) deepening community engagement, and 4) sustaining centre growth.

Theme 1: Integrating research initiatives. Fostering a culture of inquiry and innovation emerged as a recurring theme, with several respondents highlighting the potential to support student research projects [R02, R06, R09, R13, R15]. This reinforces the finding that providing a setting for conducting research projects is a common motivating factor for training programs to operate a university music therapy centre (Figure 1). Engaging in research allows students to deepen their understanding of evidence-based practices, contribute to the field of music therapy, and enrich their Work-Integrated Learning [R13, R15]. Training programs can support this by intentionally leveraging their centres as hubs for research and learning [R09]. Integrating research into WIL not only enhances students' knowledge of practice-based research but may also cultivate interest in academic careers, further strengthening the profession [R15].

Theme 2: Expanding observation opportunities. Supervision within university music therapy centres provides the opportunity for individualised attention and guidance to students, fostering intensive and consistent training [R14]. Integrating observation methods, such as two-way mirrors and videotaping, enhances teaching and learning opportunities. These methods allow students to witness and analyse the therapeutic process in real-time, reflect on their own practice, and gain deeper insight into their own skills, providing a unique and immersive learning experience [R08, R13].

Theme 3: Deepening community engagement. Responding to the needs of the community where the training centre is established creates numerous opportunities for growth and impact [R05]. Collaborative partnerships with local institutions can enrich the Work-Integrated Learning experience, promote interdisciplinary collaboration, and expand students' professional networks [R06, R08, R09, R10, R15]. Collaboration with external sites increases mentorship opportunities, which can further enrich student learning, offering valuable insights that prepare students for professional practice [R16]. This approach not only increases the centre's reach, enabling it to serve a broader range of community members, but also elevates the public awareness of music therapy. By fostering a community-minded approach to education and practice, these partnerships would provide valuable learning opportunities while delivering therapeutic support to the local community.

Theme 4: Sustaining centre growth. Expanding available opportunities is key to ensuring the long-term viability of university music therapy centres. By diversifying business models, such as offering additional services or forming partnerships with external organisations, centres can enhance revenue streams and improve financial stability [R08, R09, R12]. As one participant noted, "we could serve a larger number of clients whose needs are fully met by the centre, while students work with a subset of those clients" [R08]. However, this would require an increase in the number of onsite supervisors. Given the previously discussed challenge of supervisor renumeration, solutions such as involving

external supervisors who are "paid by a local employer but use [the] facility and supervise students in return" [R12] are required. Furthermore, involving students in various operational aspects of university music therapy centres may provide them with valuable entrepreneurial experience while also contributing to the centre's success and sustainability.

Discussion

This international study explored the operations, benefits, challenges, and opportunities of university music therapy centres at 17 training programs across five countries. Key findings revealed diverse operational models unified by the consistent prioritisation of students' professional skill development.

The findings of this study should not be interpreted as reflecting differences in supervisory competence between academic and community-based supervisors. Rather, the differences identified reflect the distinct institutional roles, resourcing structures, and educational purposes of university-based and community-based Work-Integrated Learning settings, each of which contributes essential and complementary forms of professional learning.

These centres appear to effectively bridge the gap between theory and practice through scaffolded, supervised learning, offering structurally distinct educational affordances compared with traditional community-based Work-Integrated Learning (WIL). This claim is substantiated by the structural components and reported outcomes unique to the university centre model. The core advantage lies in the integration of therapeutic service delivery with academic oversight. Structurally, the centres provide a highly controlled and supportive learning environment where 82% of onsite supervisors also serve as music therapy educators. This institutional integration enables a scaffolded approach to skill development, evidenced by the progression from observation (17% of centres) and assisting (25%) to co-leading (63%), and independently facilitating (75%). Furthermore, teaching and learning are enhanced by dedicated resources, with 60% of centres utilising two-way mirrors and/or video recording equipment for real-time observation and reflective practice. Qualitatively, respondents reported that this integrated environment allows for careful case matching to meet both participant and student learning objectives [R03, R06], and ensures high-standard music therapy protocols [R13]. This concentration of educational support differs from, rather than supersedes, what is typically available in community-based placements, where learning is embedded within complex practice contexts and shaped by professional and organisational demands.

Work-Integrated Learning models, andragogical approaches, and operational structures

The first research question aimed to uncover the models, andragogical approaches and operational structures employed in WIL within university music therapy centres. The analysis revealed a predominant model characterised by a strong integration between the university music therapy centre and its training program. Notably, the integration of theoretical and practical learning appears to be strengthened when onsite supervisors are part of the music therapy teaching team. This approach appears to provide enhanced oversight and a more unified learning experience. This emphasis on professional skill development, supported by structured supervision and observation methods, aligns with the core goal of WIL to prepare students for professional practice.

The variability in operational structures demonstrates the flexibility this model allows for training programs to adapt their university music therapy centres to meet student needs within available resources. Notable variations existed in centre size, scale, and approaches to student collaboration. Some programs implement group placements, allowing up to six students to learn collaboratively while other centres place students individually. This variation directly impacted the application of andragogical principles, with collaborative placements fostering peer learning and shared reflection, while independent placements prioritised self-directed learning and autonomy. The absence of a standardised university music therapy centre WIL model may highlight the value of training programs being able to tailor their centre's structure to local contexts and needs.

Benefits, challenges, and opportunities

The second research question examined the benefits, challenges, and opportunities associated with university music therapy centres. Findings indicated that these centres can provide structured learning environments characterised by scaffolded learning and onsite supervision, offering particular educational affordances within the training program. Importantly, these benefits operate alongside, rather than in place of, the role of diverse community-based placements in comprehensive professional preparation. Community placements offer distinct learning opportunities, including immersion in complex service systems, interdisciplinary collaboration, exposure to organisational constraints, and supervision situated within ongoing professional practice.

Within on-campus centres, supervision is typically provided by an academic from the training program, enabling a deliberate prioritisation of student learning and a more explicit integration of theory and practice. This reflects differences in the structural positioning of supervision and learning priorities within the curriculum, rather than differences in individual supervisory competence. Specifically, supervisors who are also function as educators are able to align clinical experiences with curricular objectives, facilitating the identification and application of theoretical concepts introduced in coursework during clinical practice and supervision. Participants perceived this alignment as supporting the professional skill development outlined in Theme 1. Despite these educational benefits, participants also identified challenges related to the long-term sustainability of these centres, particularly in relation to strategic planning and resource allocation, including the reliance on university budgets.

A key finding related to the centre's benefits is the enhanced observation opportunities, often facilitated by two-way mirrors or video recording. While this supports unique andragogical strategies, it raises ethical questions that require explicit mention. It is imperative that all participants attending therapy are fully informed of the observation process, including who is observing (e.g. student groups, faculty), why, and how the data will be used. Ethical practice within these centres must ensure that music therapy participants can provide informed consent to observation, particularly given the explicit educational functions of these settings, acknowledging that this knowledge may influence their attendance and participation at the centre.

We acknowledge the potential impact of operational limits on the persons attending music therapy. While many on-campus centres serve the community by often providing free or subsidised services (44% of centres), the difficulty in meeting participants' ongoing needs due to the academic

calendar presents a significant ethical challenge. Abrupt termination, such as mid-year transition, can disrupt the therapeutic process and undermine progress. This outcome underscores the critical role of the supervisor in ensuring careful case selection and ethical practice, with onsite supervisors needing to focus on training students in ethical facilitation of closure and transition protocols when continuity of care is challenged by external limitations.

While the seasonal nature of university operations and participant cancellations present a challenge to continuity of care, the structure of the on-campus centre, offers a unique mitigation strategy. Specifically, the presence of an onsite academic supervisor allows for the full utilisation of all available time for intentional learning activities ensuring the full value of scheduled onsite hours. Furthermore, this immediacy may help students to directly process the therapeutic implications of non-attendance, supporting the development of nuanced therapeutic understanding. Rather than potentially losing valuable contact hours, the university centre model can leverage these interruptions to facilitate real-time reflection, case study development, and skills practice, ultimately enhancing the student's therapeutic and professional readiness.

The general lack of evaluations within university music therapy centres presents both a challenge and an opportunity. The development and implementation of evidence-based quality assurance measures could enhance the efficacy of WIL, improve service quality, provide measurable student progress indicators, and strengthen the centres' position within the broader healthcare and educational landscape. Furthermore, the variation in students' exposure to all aspects of professional practice, especially the referral, admission and assessment process, indicates a potential gap in comprehensive training. This disparity could lead to uneven skill development, highlighting the need for further investigation into factors such as client availability and targeted learning strategies to ensure well-rounded WIL experiences within university music therapy centres.

The outcomes of this study support previous findings of the varied operational landscape of university music therapy centres (Wheeler, 2000; Abbott, 2006), with competency-based training (Wright, 1992) remaining a central focus. The documented growth of training programs operating such facilities (Schwartzberg & Silverman, 2025) is further supported by this international perspective. Echoing Schwartzberg & Silverman (2025), this study highlights the need to examine how these centres prepare students for professional practice and recommends further research to optimise their educational impact.

Our findings align closely with qualitative research on music therapy students' WIL and transition experiences (Byers & Meadows, 2022; Krüger et al., 2025; Seah & McFerran, 2016). Specifically, the concepts of professional identity formation and networking (Krüger et al., 2025) support the observed benefits of the on-campus centres. The emphasis on networking for job opportunities upon graduation, highlighted by Krüger et al. (2025) and observed in other allied health fields (Haworth et al., 2020), reinforces the value of the university centre as a site for students to gain professional contacts and make the transition into professional practice. University centres also allow students to learn business skills, as one respondent noted: "program development, contract development and experiences related to private practice were also learned first-hand" [R05].

However, the experience of graduating is characterised by emotional ambivalence and professional isolation (Seah & McFerran, 2016). This is critical, as our study revealed that some

university centres presented an 'isolated learning environment' (Challenge Theme 4), which restricts interdisciplinary engagement and may fail to adequately prepare students for the complex emotional and relational demands of practice. Respondents confirmed this challenge, stating that a drawback is that within the setting "there are not as many opportunities to collaborate with other disciplines" [R02] and that they felt "isolated from working with other disciplines" [P03]. Furthermore, the internal nature of the centre can be perceived as lacking authenticity: "[It] can feel at time that it is not a 'real' clinic experience as it is on campus and feels more like a controlled environment" [R09]. The challenge of students feeling "side-lined" or misunderstood by non-music therapist colleagues (Byers & Meadows, 2022; Krüger et al., 2025) underscores the critical importance of ensuring that university centres intentionally prepare students for the complex interdisciplinary communication required in the wider healthcare environment.

The literature on interprofessional workplace learning highlights that collaborating with other disciplines is crucial for students to develop a holistic view of the client, clarify their own professional role, and improve their sense of relatedness and competence within the wider health system (Bondevik et al., 2015). While the university centre model can be highly effective in fostering strong intra-professional collaboration, allowing music therapy students to work in groups, share ideas, and refine professional language among peers; this environment often operates in disciplinary isolation. When centres function in this way, they may risk presenting a partial view of professional practice; however, it is important to reiterate that these on-campus centres typically form only one component of the broader Work-Integrated Learning opportunities available to students.

Recommendations

To ensure the sustainability of university music therapy centres, several key recommendations are proposed. Firstly, investing in supervisors and providing them with adequate support is essential for enhancing student learning outcomes and retaining skilled staff. Employing onsite supervisors who also educate within the training program ensures consistency in the andragogical approach and curriculum integration from in-class theory to Work-Integrated Learning (WIL) experiences within university music therapy centres. This recommendation reflects the value of institutional integration rather than a judgement about the expertise of external supervisors, whose practice-based knowledge remains integral to comprehensive professional training. Secondly, addressing operational and resource challenges through strategic funding strategies is vital to ensuring the delivery of high-quality services to students and music therapy participants. Thirdly, strengthening and expanding community engagement and outreach, especially through intentional interprofessional collaboration with other disciplines, can provide diverse learning opportunities for students and reinforce the centre's role as a valuable community resource. Bondevik et al. (2015) affirm that interprofessional workplace learning improves quality of care and prepares students for team-based health services, which supports leveraging the university centre model to facilitate such cross-disciplinary learning as well as research. Finally, integrating research projects into WIL can demonstrate the impact of these centres to funding bodies, solidifying their operational sustainability.

Limitations

Despite these findings, this study has several limitations that should be acknowledged. The small sample size of 17 respondents, all from North America and Europe, limits the generalisability of our findings, and needs to be considered throughout the interpretation of this study. This may have been due to the study only being offered in English, and the time of the year the study was disseminated which unintentionally coincided with the northern hemisphere's academic teaching break. This geographic focus does not fully capture the global diversity of music therapy training models. Furthermore, the reliance on online information for site identification may have introduced recruitment bias, as centres with incomplete or outdated online data may have been inadvertently excluded. Additionally, the 32% response rate, while typical, is insufficient for a fully representative picture. These limitations highlight the need for broader and more inclusive research efforts to better understand the global landscape of music therapy education.

Conclusion

This study has illuminated the diverse landscape of Work-Integrated Learning (WIL) within university music therapy centres, revealing the important role they play within music therapy training programs. The findings suggest that these centres offer intentionally structured learning environments with distinct educational benefits, which are most effective when positioned as complementary to the essential learning opportunities provided through community-based placements, rather than as a substitute for them.

To optimise the educational benefits of Work-Integrated Learning (WIL) within university music therapy centres, future research should focus on several key areas. First, the complex dynamics experienced by professionals who navigate multiple roles as music therapy educators, therapists, and supervisors warrant deeper exploration. Investigating potential role tensions and practice perspectives may assist in refining supervision models and strengthening institutional support for these individuals. Second, variability in student exposure to core professional practice elements within university music therapy centre WIL experiences, particularly referral, admission, and assessment processes, underscores the necessity for targeted research and strategic development to support consistent and comprehensive training outcomes. Finally, the implementation of robust quality assurance mechanisms is essential for evaluating learning outcomes across WIL models. Systematic assessment of student experiences and skill acquisition will enable a clearer understanding of how WIL within university music therapy centres contributes to professional preparation with the broader training landscape.

This study represents a significant contribution to music therapy education as the first international survey of university music therapy centres. The findings highlight the diverse models, shared educational intentions, benefits, and operational challenges across training programs. Understanding how university-based and community-based WIL settings together shape the next generation of music therapists is essential to ensuring that graduates are equipped with the skills, knowledge, and practical experience needed to deliver high-quality, evidence-based professional work.

Continued research and innovation in music therapy education is vital to supporting the evolving learning needs of students and the profession more broadly.

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Lauren M. Bortolazzo: Conceptualisation, Methodology, Investigation, Formal analysis, Data curation, Visualisation, Writing - original draft, review & editing. Alison E. Short: Validation, Supervision, Writing - review & editing. Allison M. Fuller: Validation, Supervision, Writing - review & editing.

Artificial Intelligence (AI) usage

The authors confirm that no artificial intelligence (AI) or AI-assisted technologies were used in the ideation, data analysis, code generation, or the writing of the main manuscript. All research findings and the primary text are the original work of the authors.

Conflict of interest

The authors have no conflicts of interest to report.

Data availability statement

The data supporting the findings of this study are available from the authors upon reasonable request. Access is restricted to authorised researchers and governed by strict controls and audit logs to ensure confidentiality and accountability.

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Ελληνική περίληψη | Greek abstract

Ενσωματωμένη στην Εργασία Μάθηση σε πανεπιστημιακά κέντρα μουσικοθεραπείας: Μια παγκόσμια έρευνα για τα οφέλη, τις προκλήσεις και τις ευκαιρίες

Lauren Bortolazzo, Alison Short, Allison Fuller

Μετάφραση: Ευφροσύνη Ευθυμίου

Περίληψη

Η Ενσωματωμένη στην Εργασία Μάθηση (Work-Integrated Learning – WIL) αποτελεί βασικό στοιχείο των προγραμμάτων εκπαίδευσης στη μουσικοθεραπεία διεθνώς. Ωστόσο, η υλοποίηση και ο αντίκτυπος της WIL εντός πανεπιστημιακών κέντρων μουσικοθεραπείας παραμένει ανεξερεύνητος. Η παρούσα μελέτη διερευνά τα τρέχοντα πανεπιστημιακά κέντρα μουσικοθεραπείας παγκοσμίως, συμπεριλαμβανομένων των δομών τους, των προσεγγίσεων εποπτείας και του αντιλαμβανόμενου αντίκτυπού τους στη μάθηση των φοιτητών. Διεξήχθη μια παγκόσμια έρευνα του προσωπικού σε αυτά τα διεθνή κέντρα, στην οποία συμμετείχαν 17 προγράμματα από πέντε χώρες. Τα ευρήματα κατέδειξαν μια ποικιλία μοντέλων κέντρων που καταδεικνύουν την ικανότητα των πανεπιστημιακών κέντρων μουσικοθεραπείας να γεφυρώνουν τη θεωρία με την πράξη με έναν κλιμακωτό και δομημένο τρόπο. Ωστόσο, εντοπίστηκαν επίσης προκλήσεις όπως οι περιορισμοί πόρων, οι λειτουργικοί περιορισμοί και η εξισορρόπηση των αναγκών πολλαπλών ενδιαφερόμενων μερών. Παρά τις προκλήσεις αυτές, τα πανεπιστημιακά κέντρα μουσικοθεραπείας παρέχουν εντατικές εμπειρίες Ενσωματωμένης στην Εργασία Μάθησης για τους φοιτητές, δημιουργώντας ευκαιρίες για την ενσωμάτωση της έρευνας και τη συμβολή στις τοπικές κοινότητες. Επιπλέον, συζητούνται τρόποι για τη διασφάλιση της βιωσιμότητας των πανεπιστημιακών κέντρων μουσικοθεραπείας. Αυτή η μελέτη υπογραμμίζει τις δυνατότητες αυτών των κέντρων να ενισχύσουν την μουσικοθεραπευτική εκπαίδευση μέσω της μάθησης που ενσωματώνεται στην εργασία και επισημαίνει την ανάγκη για περαιτέρω έρευνα ώστε να διερευνηθούν οι απόψεις των εποπτών και να αξιολογηθούν τα μαθησιακά αποτελέσματα των φοιτητών.

Λέξεις κλειδιά

μουσικοθεραπευτική εκπαίδευση, ενσωματωμένη στην εργασία μάθηση, πρακτική άσκηση, πανεπιστημιακό κέντρο/κλινική, εκπαίδευση συμμαχικών επαγγελμάτων υγείας