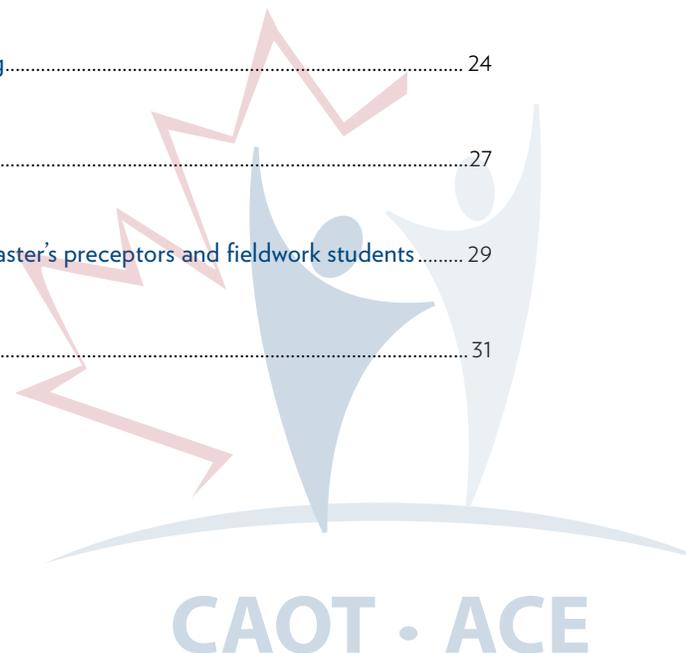


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CAOT – CTTC Building
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MANAGING EDITOR

Janna MacLachlan, OT Reg. (Ont.), OT(C)
Tel. (613) 523-2268 ext. 266, Fax (613) 523-2552, email: otnow@caot.ca

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Editorial

Aliki Thomas

Dear colleagues,

It was a pleasure and an honour to receive an invitation to be the guest editor of this special issue of *OT Now* on occupational therapy education and fieldwork. I was delighted when I first heard that there might be a whole issue dedicated to this topic. As an occupational therapist and academic whose interests include the study of learning and competency development in our profession, I felt a sense of satisfaction and pride that our national association and my colleagues throughout the country were interested in this topic as much as I am. I was further surprised and delighted when the call for papers went out and we received a record number of submissions. My first thought was that many others, including students, fieldwork preceptors, faculty and researchers across Canada clearly shared my passion for this topic and were willing to showcase their innovations and their experiences in education and fieldwork. My second thought was that I would have to make some difficult decisions. It is with this latter thought that I wish to begin my editorial. I would like to thank all the authors who submitted papers for this special issue. Your willingness to share your stories and your dedication to moving the discussion on education and fieldwork forward should be applauded. My hope is that you will continue your work in this area and that you will encourage others to engage in reflection and dialogue about the state of the educational preparation of our future generations of occupation therapists, about the many developments we have seen in this area and about a vision for the future of occupational therapy education in Canada.

We are part of a stimulating era in occupational therapy education in Canada. The transition to master's entry-level curricula has been accompanied by renewed interest in curriculum design and assessment of core professional entry-level competencies, a desire to infuse innovation in our pedagogical approaches and the necessity of providing our learners with state of the art, best evidence health education in the classroom and in the clinical environment. Clinicians, faculty and students across the country are involved in educational research activities, venturing into uncharted fieldwork territories, and promoting the profession around the world. We are seeing more and more discussion, research and pedagogical innovation in areas such as clinical reasoning, evidence-based practice, knowledge translation, health promotion, advocacy and cultural competency. The submissions for this special issue and the increasing number of papers and poster sessions on occupational therapy education presented at our annual meeting, as well as at national and international conferences on health sciences education, reflect not only our increasing educational research productivity as a

professional community but also our commitment to educational excellence.

The Association of Canadian Occupational Therapy University Programs (ACOTUP) has formed a research committee whose terms of reference include identifying gaps in research relevant to occupational therapy nationally, suggesting priorities in occupational therapy related research in Canada, and advocating for addressing research gaps and for funding in priority areas. The research committee has in turn formed a subcommittee that is working towards suggesting priorities in education-related research in Canada, identifying the gaps in educational research relevant to occupational therapy and providing an advisory role in occupational therapy educational research (ACOTUP, 2012). This collaborative, collective focus on advancing occupational therapy educational research nationally is clearly further evidence that we are indeed part of an exciting time in occupational therapy education.

The articles included in this special issue are written by academic faculty, fieldwork preceptors and students. Topics in fieldwork include innovative supervision models such as the integrated-split placement, a student's experience of her internship at the World Health Organization and two students' reflections on their roles as 'knowledge translators'. In one paper, an academic fieldwork coordinator explores the many benefits of international placements. In another paper, the Canadian University Fieldwork Educators group draws from their extensive collective experience and the available research evidence on the benefits of student supervision to highlight eleven reasons why clinicians should consider becoming fieldwork educators. In their paper entitled, "Shared knowledge and enriched experiences: Reflections from entry-level master's preceptors and fieldwork students," the authors, recent graduates of master's entry-level programs and current students describe their very positive student-preceptor experiences. Finally, academic faculty from four different Canadian programs describe educational innovations and student assessment, including student participation in a university clinic, assessment of knowledge and professional competencies in a competency-based educational program, a mentorship course using the *Profile of Practice of Occupational Therapists in Canada* (CAOT, 2012) and the use of technologies for promoting the development of clinical reasoning.

The papers in this issue offer reflections from *different* groups involved in occupational therapy education and fieldwork and they address *different* innovations, experiences and perspectives on the topic. They do, however, have one thing in common; they share a strong commitment to supporting educational innovation and excellence.

I would like to end this editorial with the following notes. The CAOT's position statement on *Entry-Level Education of Occupational Therapists in Canada* (2012) states that:

entry-level occupational therapists in Canada require advanced knowledge and skills as outlined in the *Profile of Practice of Occupational Therapists in Canada*. ...

Occupational therapists must provide evidence-based and occupationally-focused services, and have the ability to market their services in an expanding and competitive global environment. ... In Canada, the knowledge, skills and abilities required of entry-level practice are acquired through university education programs for occupational therapists.

This statement along with our interest and motivation in education and fieldwork are key driving forces. They guide our work as academic faculty, fieldwork preceptors and students, all in the pursuit of educational excellence. We share a common goal: to prepare competent occupational therapists that will provide state-of-the-art evidence-based care to a range of clients in our society.

Lastly, I am tremendously proud of all the developments in educational research and practice in our profession. I believe that we have made and will continue to make important contributions in this area. We should look back on our progress and identify the 'lessons learned' and outline a plan for what comes next. What is our vision for maintaining educational excellence and what is our agenda for pursuing emerging issues in education and fieldwork? I urge clinicians, academics, researchers and students to work collaboratively to answer this question.

- Aliko Thomas

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About the guest editor

Aliko Thomas, PhD, OT (C), erg., is an Assistant Professor and the Associate Director of the Occupational Therapy program and has a cross appointment as a core faculty member at the Centre for Medical Education, Faculty of Medicine, McGill University. She earned a doctorate in educational psychology with a major in instructional psychology and a minor in applied cognitive science. She completed post-doctoral training in knowledge translation at McMaster University's School of Rehabilitation Sciences and the CanChild Centre for Childhood Disability Research. Dr. Thomas' research is on education and knowledge translation. She is interested in the development and assessment of advanced clinical competencies including evidence-based practice, clinical reasoning, decision-making and the development of professional expertise. Her research spans three major areas of occupational therapy education and practice, from admissions, to professional education (including curriculum design and assessment), and clinical practice with a focus on knowledge translation for best practice. She can be contacted at: aliko.thomas@mcgill.ca

What's new



New position statement

The Association of Canadian Occupational Therapy University Programs and Canadian Association of Occupational Therapists have co-authored a new position statement, *Professional responsibility in fieldwork education in occupational therapy*. It can be viewed at: <http://www.caot.ca/default.asp?pageid=4208>

OT Now Call for Papers

The September 2013 issue of *OT Now* will be on the theme of Occupational Therapy in Primary Health Care. Check out the Call for Papers on the *OT Now* website: <http://www.caot.ca/default.asp?ChangeID=25&pageID=7>

Another successful OT Month!

October was National Occupational Therapy Month and occupational therapists across Canada shared stories, resources and their contributions as essential health professionals in Canada and around the world. CAOT would like to thank all those who participated in the "Ask for it!" campaign. With billboards displayed in Vancouver, Edmonton, Regina, Winnipeg, Toronto, Montréal, Fredericton, Halifax and St. John's, bus ads running in Ottawa and bumper stickers

distributed to every region in Canada, CAOT was able to reach audiences from coast to coast to tell Canadians that "Occupational therapy works... Ask for it!"

CAOT continues work on two nationally funded projects

Driving: CAOT is pleased to have received funding from the New Seniors Horizon Program for the translation of a series of five driver safety brochures, released in 2011, originally offered only in French and English. The brochures will soon be available in simplified and traditional Chinese, Italian and Punjabi. Brochures are currently available at: www.olderdriversafety.ca

Elder Abuse: Human Resources and Skills Development Canada has approved funding for CAOT's project, 'Building Capacity for Managing Situations of Elder Abuse Among Interprofessional Health Care Providers.' With this funding, CAOT will continue its work on a knowledge translation project that will deliver interprofessional regional workshops on indicators, signs and strategies for managing elder abuse. The workshops will run in 2013. Visit www.caot.ca/elderabuse for more information.

10 + 1 reasons for you to make students an offer they can't refuse!

Donna Drynan and the Canadian University Fieldwork Educators (CUFE) Subcommittee

In a continuing effort to engage occupational therapists in the education of students, it is timely to reflect on and update Andrew Neale's 2003 *OT Now* article, "10 reasons for you to make students an offer they can't refuse!"*

The need for an increased number of placements still exists in Canada. In order to match all students with a breadth of fieldwork experiences so they are ready to enter practice, placement offers need to be from diverse practice areas. Changes in the systems where occupational therapists work (health, school, community, etc.), as well as changes in occupational therapists' workloads and actual job duties have been reported as deterrents for therapists to offer fieldwork experiences. Since fieldwork education is an essential part of the learning path of future therapists, it is a priority for academic programs to respond to these challenges to facilitate the provision of fieldwork opportunities in all sectors.

Progress has been made and work continues on raising the awareness of decision makers about this issue at the political level; for example, requesting more resources through the ministries of health and education. Work continues at the fieldwork sites' administrative level as well; for example, understanding what, if any, incentives help to engage therapists as fieldwork educators. Members of the Canadian University Fieldwork Educators (CUFE) subcommittee continue their efforts in raising these issues both within Canada as a whole and with fieldwork partners within their individual university catchment areas.

In this paper, CUFE is revisiting and exploring our perceptions and the evidence of the potential benefits and outcomes of educating occupational therapy students.

One of the important outcomes and benefits of being a fieldwork educator is the opportunity to share our knowledge. These students are future occupational therapists and will soon enter the workforce to help meet the health needs of the Canadian population (ACOTUP & CAOT, 2012). However, there are many other potential benefits to being a fieldwork educator. Presented here are the findings of an updated literature search and feedback from British Columbia fieldwork educators, offered through personal communication, feedback on student evaluation forms and feedback given during the University of British Columbia occupational therapy fieldwork educator workshops held throughout British Columbia since 2010. CUFE members invite you to consider the evidence and identify the benefits for your future involvement in fieldwork education.

**This article was adapted from Neale, A. (2003). 10 reasons for you to make students an offer they can't refuse! Occupational Therapy Now, 5 (2), 8-9.*

10 + 1 reasons to consider becoming a fieldwork educator

A review of the literature supports the following benefits of student fieldwork education:

1. Learning from students who bring new ideas and current thinking to your workplace

Students are educated in the 'latest and greatest' in occupational therapy theory and evidence. Feedback from educators shows that many students are enthusiastic to share their newfound knowledge in a non-threatening manner while on placement. Reciprocity is one of the hallmark characteristics within the teacher-learner relationship.

(See references: Bennett, 2003; Johnson, Haynes, & Ames, 2007; Swinehart & Meyers, 1993).

2. Stimulates your reflective practice and clinical reasoning skills

Many fieldwork educators reported that they had to constantly "transform theory into practice" when explaining their working practices to students, especially students in earlier placements. Fieldwork educators found that this process was beneficial as it required them to reflect on their practice. In addition, "providing fieldwork experiences for occupational therapy students was identified as an effective way to improve therapists' ability to explicitly describe the frameworks and models they use in practice, as well as an opportunity to gain reciprocal learning from the student, who may have more current knowledge available to guide practice" (Burrett, 2011, p. 14).

(See references: Bennett, 2003; Burrett, 2011; Cohn & Frum, 1988; Davies, Hanna, & Cott, 2011; Kinsella, 2000; Kinsella, 2001).

3. Enhances your professional development opportunities

Being involved in fieldwork education enhances a fieldwork educator's resume and professional portfolio. At least one regulatory college (The College of Occupational Therapists of Ontario) has tracked therapists' involvement in fieldwork education because of its positive effect on their professional development.

4. Develops professional skills, such as time management and priority setting

Therapists report that they need to set expectations with students and employ effective time management skills during the placement to make it a positive experience for all involved. Students report this to be one of the most favoured aspects of a placement to make them feel welcome and thus set the stage for their learning.

(See references: Higgs & McAllister, 2005; Johnson et al., 2007; Milner & Bossers, 2004; Swinehart & Meyers, 1993).

5. Provides an opportunity to share expertise with and recruit future colleagues

When a student has a positive experience on a placement they are more likely to apply for vacant positions within the same organization after graduation (especially important in organizations with a shortage of occupational therapists). Having a fieldwork placement in either the organization or the practice area is often a deciding factor of where students seek employment. Employers list fieldwork as one of the top two recruitment strategies.

(See references: Barney, Russell, & Clark, 1998; Bennett, 2003; Casares, Bradley, Jaffe, & Lee, 2003; Goffman, Lewis, Sutherland, & Drynan, 2008; Keller & Wilson, 2011; Randhawa, Wong, & Drynan, 2008; Swinehart & Meyers, 1993).

6. Creates and improves your links with universities

Fieldwork is an extensive and vital part of all occupational therapy education programs in Canada. Once an occupational therapist becomes known by a university and shows an interest in being involved in student education, other opportunities may be presented to use professional and teaching skills (e.g., guest speaker, organizing a clinic, committee work, collaborator on student research projects, small group facilitator, etc.). University programs provide workshops and written materials to help build your professional portfolio.

(See references: Jenkins, 2011; Kassam et al, in press).

7. Enhances your reputation within your workplace

Most professions recognize that practicum-based teaching demonstrates a commitment to the profession. Occupational therapists who regularly take students on fieldwork can be a wonderful role model to others within their teams and can be recognized within their organization as both expert clinicians and teachers. Recognition and contribution awards are often bestowed by workplaces, universities and professional associations or societies for excellence in clinical teaching.

(See reference: McAllister, 2005).

8. Increases productivity and access to occupational therapy for clients

Is this possible? The literature says “Yes!” Evidence reports that direct and indirect client care activities are up when students are present. Although it takes time, the time spent on student supervision adds up to less than the time students spend working with clients.

(See references: Bristow & Hagler, 1997; Burkhardt, 1985; Chung & Spelbring, 1983; Holland, 1997; Ladyshwesky, Bird, & Finney, 1994; McAllister, 2005; Paterson, 1997; Shalick & Shalik, 1988).

9. Develops teaching skills

Developing your student teaching skills is transferrable to working with clients. These skills can be applied to other classroom-based teaching opportunities and can also be used within the workplace

for staff in-services, as one example.

(See references: Hunt & Kennedy-Jones, 2010; Johnson et al., 2007; McAllister, 2005; Milner & Bossers, 2004; Nolinske, 1995; Provident, Leibold, Dolhi, & Jeffcoat, 2009).

10. Deeply rewarding for all involved

Many therapists report a deep sense of satisfaction on a personal and professional level at the conclusion of a placement. Results show that therapists feel a sense of achievement and they develop many skills when they have a student. In some cases, therapists had proven to themselves that they were indeed an ‘expert’ in their field.

(See references: DeWolfe, Laschinger, & Perkin, 2010; Rodger, Fitzgerald, Davila, Millar, & Allison, 2011).

11. Scholarship of practice

Program or department productivity may increase because students can complete projects that are of added value. Students can use their library privileges and database search experience to continue to support evidence-based practice, which therapists often say is difficult for them to do during the work day.

(See reference: Fortune & McKinstry, 2012).

There are a number of free resources and initiatives available across Canada to support therapists in their role as fieldwork educators and to bring new educators into the fold. Examples of these initiatives include: free face-to-face workshops to orient occupational therapists to the role of becoming a fieldwork educator, free online supervisory modules (www.preceptor.ca, www.practiceeducation.ca), status faculty appointments at your catchment university, and recognition programs (thank-you events, educator awards) to name a few. CUFE encourages you to connect with your catchment university program to further explore the opportunities available. These benefits aside, many educators from multiple professions report that educating a student is a pleasure in itself and the feedback and thanks from students is recognition enough (Kassam et al., in press).

Want to know how you get involved in fieldwork education? Contact your local university academic fieldwork coordinator for more information: <http://www.acotup-acpue.ca/members.html>

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About the authors

Donna Drynan is the Academic Fieldwork Coordinator at the University of British Columbia and is the co-chair of CUFE. She can be contacted at: Donna.drynan@ubc.ca

The **CUFE/CUEC** is a subcommittee of the Association of Canadian Occupational Therapy University Programs (ACOTUP/ACPUE) and consists of the fieldwork coordinators from member university programs.

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Ensuring quality fieldwork education

The *Canadian Guidelines for Fieldwork Education in Occupational Therapy* (CGFEOT) (2011 revised edition) is a user-friendly tool for university fieldwork coordinators, fieldwork sites, preceptors, and students to ensure excellence in fieldwork education. The CGFEOT include principles to promote optimum fieldwork education, list responsibilities of fieldwork education partners, and propose tools and processes for supporting quality in fieldwork education.

The section, 'Principles Guiding the Canadian Occupational Therapy Fieldwork Experience' outlines expectations for the fieldwork experience. 'Responsibilities of Fieldwork Education Partners' emphasizes collaborative relationships within fieldwork. 'Tools and Processes to Support Quality in Canadian University Occupational Therapy Fieldwork Education' facilitates the exchange

of information between the university, fieldwork sites, and students. This section also outlines information that should be regularly collected by the university to ensure an optimum learning environment and fieldwork experience for all involved.

We encourage each of you involved in fieldwork education, whether you are a student, fieldwork coordinator, preceptor or faculty member, to review the revised CGFEOT to ensure that you understand and are fulfilling your part in our national desire to provide an optimal fieldwork experience for all.

The revised CGFEOT can be viewed at <http://www.caot.ca/pdfs/Exam/June7.pdf>

Prepared on behalf of CUFÉ by Donna Barker (University of Toronto) and Jennifer Saunders (Dalhousie University).



Becoming a competent occupational therapist: Quite a challenge!

Annie Rochette and Sylvie Scurti

It is said that the most important thing in professional education is not what students know but how they put their knowledge into practice (Durand & Chouinard, 2006)! That was the thinking that prompted the occupational therapy program of the Université de Montréal, as well as the Faculty of Medicine and the Quebec Ministère de l'Éducation des Loisirs et des Sports, to undertake a major overhaul of the program, beginning in 2007, to apply the principles of a competency-based approach (Lasnier, 2000; Scallion, 2004; Tardif, 2006).

The competency-based approach

Why the shift? Because we had observed that students had a low level of reinvestment and translation of acquired knowledge, gaps in high-level intellectual skills and a tendency to memorize rather than analyse, synthesize or map knowledge in order to store it in memory. At the same time, there was a constant influx of new knowledge, a rapid expansion of technologies and a growing complexity of tasks and situations (McKeachie, 2005). Competency is defined as “complex practical knowledge based on the mobilization and effective use of a set of internal and external resources” (Tardif, 2006, p.22, free translation). From a professional point of view, ‘being competent’ is thus at a higher level than ‘having knowledge,’ because the different types of knowledge (knowledge/knowing information, skills/knowing how to, and attitudes/knowing how to be) are resources that must be mobilized and used in a clinical situation (or family of situations, that is, situations or practice contexts that share common features) to demonstrate competency. For students this means it is necessary not only to acquire these different types of knowledge (knowledge per se, technical skills and interpersonal skills) but also to be capable of mobilizing and using them effectively in an authentic clinical situation during a placement.

As occupational therapists, we have the benefit of a proactive Canadian association whose *Profile of Practice of*

Occupational Therapists in Canada (CAOT, 2012) provides a user-friendly comprehensive model of competencies that is easily comparable with other health professions. In this model, the pivotal role of expert in enabling occupation lies at the centre of a schema that can be illustrated as a flower with six petals that represent different but interrelated roles: communicator, collaborator, practice manager, change agent, scholarly practitioner and professional (see Figure 1). Each role is multidimensional, that is to say it involves a series of key competencies, each defined by enabling competencies. The essential types of knowledge (knowledge, skills and attitudes) underpin the enabling competencies and vary according to the family of situations (the context).

The shift towards a competency-based educational approach in the occupational therapy program of the Université de Montréal required that the teaching staff select the essential knowledge – the knowledge that they considered should be given priority during the program to reach the expected level of competency in the seven roles of occupational therapists at the beginning of their career irrespective of the clinical setting (for all families of situations or practice contexts). Five years after this shift, the program wanted to identify whether certain roles or types of knowledge posed a particular challenge for students during their education.

Objective

To explore the underlying roles and knowledge that pose a challenge during the education of future occupational therapists.

Methods

Data collection took place through the evaluation of students in fieldwork placements. During placements, students do a weekly self-evaluation of their level of competency for each role. These evaluations are done online through the Integrated evaluation portal (<http://evaluation.med.umontreal.ca/>). In

About the authors

Annie Rochette is an associate professor in the occupational therapy program of the School of Rehabilitation of the Université de Montréal and a researcher at the Centre de recherche interdisciplinaire en réadaptation (Centre for Interdisciplinary Research in Rehabilitation) in Montreal. She can be reached at: annie.rochette@umontreal.ca

Sylvie Scurti is the clinical education coordinator in the occupational therapy program of the School of Rehabilitation of the Université de Montréal. She can be contacted at: sylvie.scurti@umontreal.ca

addition, supervisors also complete an identical evaluation sheet at the mid-point and the end of the placement. Each of the seven roles is scored on a four-level scale (exceptional, proficient, acceptable or problematic) and the score is accompanied by a comment.

To meet the objective, we produced a description using the frequency of scores on the performance level for each role and a qualitative analysis of the content of the comments accompanying the scores. The analysis covered all scores lower than 'proficient' and only the comments made by supervisors at the end of the placement.

Results

Of the 395 evaluations completed between April 2010 and April 2011 for placements at all levels, 35 students received scores lower than the minimum expected for at least one of the seven roles and some for more than one role, for a total of 70 comments. Figure 1 illustrates the frequency of comments given for each role. The comments fall under four themes: (1) passive attitude – lack of initiative, (2) lack of judgment, (3) lack of flexibility and adaptability, and (4) gap in methodical and analytical thinking (capacity for analysis and synthesis). All four of these themes refer to gaps in attitudes/knowing how to be (see Table 1).

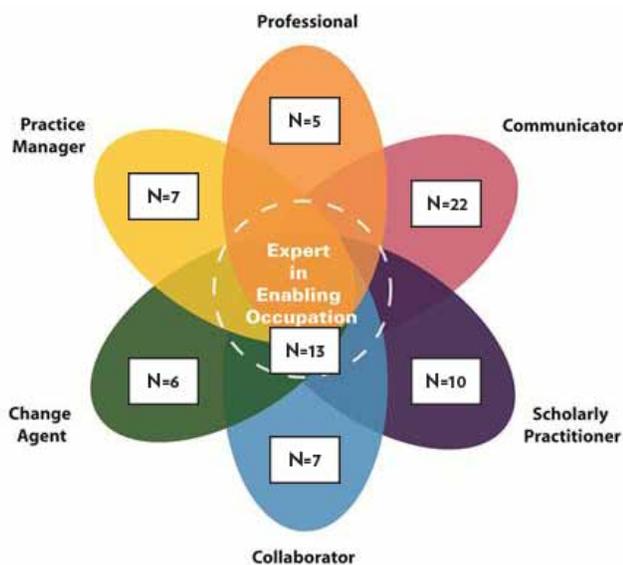


Figure 1. Profile of Practice of Occupational Therapists in Canada (CAOT, 2012) and frequency of comments on each role made by placement supervisors.

Discussion:

It is evident from this analysis that all roles can present a challenge during placements for a variety of key and enabling competencies. The role of communicator lies at the top of a hierarchy, since the implementation of all roles calls for communication. This is followed by the role of expert, with a frequency of nearly 40%, which can be explained by its status as a pivotal role.

Emerging from this analysis is another interesting outcome: the only type of knowledge missing is that which relates to

Table 1. Examples of supervisor comments classified under each of the four themes with the role to which the comment relates

Theme 1: Passive attitude – lack of initiative
<ul style="list-style-type: none"> - Lack of preparation prior to evaluating a patient whose diagnosis was unknown to the student. He had 2 weeks between the referral and the patient assessment. (Expert) - Is able to adapt to the patient, but would benefit from showing more self-assurance. (Communicator) - ... it is still difficult for her to get involved in meetings spontaneously. (Collaborator) - Needs coaching to remind him to call patients to set up an appointment. (Manager) - X would do well to push interventions and analysis a bit further. (Change agent) - Does not provide evidence... (Scholarly practitioner)
Theme 2: Lack of judgment
<ul style="list-style-type: none"> - No analysis before deciding on a solution; puts the resident at risk of falling... (Expert) - Must take care to use professional language at all times with all client groups regardless of social class. (Communicator) - On several occasions X scheduled a heavy patient workload for some half-days and had hardly any patients for the rest of the week. (Manager) - X worked on a relevant subject. However ... the subject was dealt with in a manner that did not reflect an occupational therapy vision. (Change agent) - Take care to protect the resident's dignity. Close the door during an intervention. (Professional) - ... gaps with respect to confidentiality... (Professional) - Sometimes reacts strongly to criticism from supervisors and resorts to self-justification. (Professional)
Theme 3: Lack of flexibility and adaptability
<ul style="list-style-type: none"> - ... she seems to have difficulty analysing and adjusting her activities when the situation demands it. (Expert) - ...has difficulty adapting her communication to unexpected situations She is very focused on her planning of how the intervention will unfold and has trouble moving away from that and adapting to the client. (Communicator) - Remains receptive to feedback but has difficulty applying it in interventions and in writing (same issues repeated from one supervision session to another...). (Collaborator) - Her perfectionism and attention to detail affected her performance and some adjustments and close monitoring were required before changes were observed. (Manager) - Coaching still required for modification of the intervention plan and trying different methods depending on changes in symptoms. (Change agent)
Theme 4: Capacity for analysis and synthesis
<ul style="list-style-type: none"> - Needs support from supervisors in order to ask herself the right questions about what she observed and about her interventions. (Expert) - Significant difficulties remain in communicating information clearly and correctly in both oral and written form in all circumstances. The time spent on writing notes took up a large part of the placement to the detriment of additional clinical experiences. (Communicator) - Persistent difficulties in identifying factors that might influence clients' occupational performance (stemming from problems with analysis). (Change agent)

attitudes/knowing how to be. One might therefore wonder whether this aspect is given enough attention during the education process. It is certainly more complex to teach an attitude than pure knowledge or a skill, but all three types of knowledge are factors that influence an individual's performance and level of competency (Tardif, 2006). Given our recognition of the importance of this type of knowledge (attitudes/knowing how to be) in evaluating a person's competency in a real situation, it is crucial to address the issue of how much space is devoted to its acquisition, mobilization and evaluation at universities.

Conclusion:

Gaps in the acquisition of essential attitudes are liable to have a notable impact on performance in real clinical practice situations. Is this type of knowledge given high enough priority during the educational process for occupational therapists? The next step will be to analyse the comments made

under the score 'exceptional.' Can all roles be described as exceptional? Do attitudes also determine this score?

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Lessons learned from the establishment of a university occupational therapy clinic

Nancy Baril, in collaboration with Marie Grandisson and Noémi Cantin

There are few university-based occupational therapy clinics in Canada. In addition to contributing to clinical training for occupational therapy students, university clinics also offer a promising avenue for improving clinical practice (Warner, Jelinek, & Davidson, 2010). They provide exceptional opportunities for research, teaching, and clinical practice to interact with and influence one another.

Since September 2011, children with occupational challenges referred by day care centres and social paediatrics centres in Mauricie and Centre-du-Québec have been received at the multidisciplinary health clinic of the Université du Québec à Trois-Rivières (UQTR). Under the supervision of two part-time academic clinicians, the 16 occupational therapy students on fieldwork placements at the clinic throughout the year are responsible for providing all occupational therapy services.

During the start-up year, the aim of the clinic was to provide services that would be complementary to the region's health services. At the beginning of the year, the clinic consulted representatives of health services and our partners in day care and social paediatrics centres in order to develop services that responded to their needs. Following these discussions, it was decided to adopt a hybrid approach that combined individual interventions and community development activities (Lauckner, Krupa, & Paterson, 2011). Individual interventions were aimed at the occupational development of children through short follow-up sessions at day care or social paediatrics centres, at the clinic or in the home. Community development activities were aimed at establishing cooperative partnerships and building the capacities of stakeholders through knowledge translation activities. These included training workshops and projects in which the students acted as consultants with the goal of promoting occupational opportunities and creating environments conducive to the full participation of children in their daily lives.

The purpose of this article is to share the lessons learned from the establishment of a university-based occupational therapy clinic. More precisely, it examines lessons related to the launching of occupational therapy services for children using a hybrid approach and the supervision of fieldwork students in a university clinic.

The data presented were gathered from September 2011 to May 2012 using questionnaires and interviews with our partners, a logbook kept by supervisors, and evaluation forms on the placement environment filled out by the 16 fieldwork students.

An aggregate analysis of the data was carried out using inductive content analysis based on the themes outlined above.

Lessons relating to the establishment of a university clinic

Defining the services offered: The length of time it takes to develop partnerships should not be underestimated when starting up a clinic. Being a new service provider for the community means working closely with other stakeholders in the network. By meeting with representatives of frontline services, we were able to position ourselves as complementing rather than competing with them. By meeting with representatives of community organizations, we were able to define cooperatively what type of services would be consistent with their mission and would best meet their needs.

Emphasis on knowledge translation: Particular emphasis was placed on knowledge translation, both in community activities and individual follow-up sessions. During individual follow-up sessions, the transfer of strategies to educators who work with children on a daily basis was much appreciated by the day care centres. During the community activities, training in pre-writing skills was particularly welcome. More specifically, stakeholders appreciated that the new knowledge was applicable to their everyday reality. Our objective in future student placements will be to take an evidence-based approach and apply best practices in adult education and knowledge translation (Straus, Tetroe, & Graham, 2009).

Lessons relating to the supervision of fieldwork students

Types of supervision: Three strategies proved most promising in maximizing the efficiency of interventions and feedback between four full-time students and two part-time supervisors. First, it was useful for supervisors and students alike to have a lead supervisor assigned to each student, community project or clinical case. Second, the addition of group supervision periods was appreciated, particularly when the students were involved in choosing topics. Third, a collaborative approach was emphasized by giving pairs of students responsibility for the same clinical case or community project. These approaches are strongly encouraged in the literature on emerging placements (Bartholomai & Fitzgerald, 2007; Ladyshevsky, 2006; Overton, Clark, & Thomas, 2009; Thomas & Rodger, 2011).

About the author

Nancy Baril, MSc, erg., is an occupational therapist and academic clinician in occupational therapy at the Université du Québec à Trois-Rivières. She can be contacted by e-mail at: nancy.baril@uqtr.ca



Communication: As in every placement environment, communication – between supervisors and between supervisors and students – is a key element of the supervision. The use of an online placement logbook, completed by each student with comments by the supervisor, was extremely helpful in this respect. It also served as a tool to facilitate students’ reflective practice, an essential part of role emerging placements (Thomas & Rodger, 2011).

Distinctive aspects of the university setting: Some differences between supervision in a traditional setting and at a university should be underscored. Firstly, supervisors had to combine their clinical supervision tasks with the administrative tasks associated with their work as professors. Moreover, in a university clinic, the mission of providing services in line with best practices in occupational therapy sometimes clashed with the usual clinical practices of supervisors, who had to engage in practices that were sometimes less familiar to them while also supervising students.

On another issue, the supervisors found that students did not come with the same expectations as in a traditional placement setting with respect to the availability of supervisors, the stakes involved in the establishment of a new clinic, and the time it would take to develop rewarding partnerships. For the students, having their fieldwork placement in the same building where they had done coursework, having less direct contact with the clientele, being supervised by academic clinicians from the department, and being encouraged to consult research evidence regularly sometimes made them feel that they were at the university rather than on a placement. This observation led us to better define expectations in the placement contract and to reflect on ways of expanding the opportunities for students to be more involved with our partners. Our aim over the course of the upcoming year is to give our students the opportunity to be an integral part of the teams of our community partners so that they have more regular contact with clients. This is also consistent with a community development approach and is more in line with role emerging practice.

Lessons relating to the interaction between the supervision of students and the establishment of a clinic

The topic of the interaction between the two themes explored above was arrived at through inductive analysis.

Student commitment to a hybrid approach: Some students particularly appreciated the hybrid approach emphasized by

the clinic and the opportunity to develop community projects, implement clinical processes from start to finish, and gain training in all of the skills set out in the *Profile of Practice of Occupational Therapists in Canada* (Canadian Association of Occupational Therapists, 2012), including those of change agent and communicator. Others were uncomfortable with the hybrid approach; they were concerned that their relative lack of interaction with clients compared to some of their colleagues would leave them unprepared to work in traditional settings. Indeed, the tasks associated with the start-up, the preparation of training workshops, and the development of projects took up a great deal of their time. The students were sometimes torn between the need to see an occupational therapist at work and their desire for independence. These concerns are also reported in various studies on role emerging placements (Thomas & Rodger, 2011). The planning stage is crucial for successful placements. It is paramount to plan the placement well and to discuss from the outset the different challenges posed by the setting (Thomas & Rodger, 2011). Furthermore, students’ commitment to an approach aimed mainly at knowledge translation and community development also requires adequate preparation in the curriculum (Lemorie & Paul, 2001). *Services provided by students when relationships are still being developed:* Direct start-up of services by students rather than by clinicians requires finding the right balance between (1) trusting the students and letting them be as independent and creative as possible; and (2) providing enough supervision to ensure that partners value the services and have confidence in the clinic. This balance seems to emerge gradually with the experience of the supervisors and the positive experience of engaging in fieldwork supervision, in implementing fieldwork projects and delivering individual interventions.

Practice implications

This critical look at the establishment of the multidisciplinary university health clinic at the UQTR may be useful both to education programs and to occupational therapists who are thinking of starting a clinic. Although many lessons were learned through this experience, it should be stressed that starting up a university clinic is a highly stimulating challenge. It has allowed the occupational therapy department to shine at the UQTR and in the community while also promoting skills development in the next generation of occupational therapists and contributing to better practices. The hybrid approach adopted by the clinic, focused to a large extent on the transfer of knowledge to stakeholders, is an avenue that we will continue to explore over the coming years to discover and document its potential for enhancing the role of the occupational therapist in prevention and health promotion.

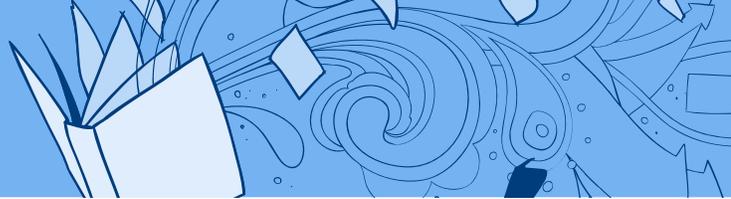
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Thank you to the occupational therapy students for contributing to the start-up of the clinic, and to our partners in day care and social paediatrics centres for participating so generously in the training of our students.

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International placements: What are the attractions and perceived benefits?

Donna P. Drynan

As fieldwork coordinator at the University of British Columbia (UBC), I have become increasingly intrigued by the number of students interested in pursuing international placements in developing or low-income countries. This sudden and dramatic increase in student interest quickly led me to develop an application procedure, policies to address international placements, as well as some fundamental guiding principles around our roles from university and student perspectives as representatives of a large institution. Additionally, students were set-up to participate in the UBC “Go Global” safety abroad orientation. With all this in place, I was still curious about the real attraction or motivation for these students to do placements overseas? And are there actual benefits?

I took it upon myself to ask a group of students exactly those questions. I hypothesized that either the student who was seeking this type of placement had prior experience volunteering for a non-governmental organization (NGO), or that they were the adventuresome type, or perhaps that they sought to gain a better understanding of cultural nuances. Secretly, I was hoping that by completing a placement in a developing country, students would learn more in some of the areas of essential competencies, which they would bring back to the Canadian context. This is what I discovered...*

Background

Whiteford and St-Clair (2002) assert that client-centredness and hands-on experiences in fieldwork are the most important features of occupational therapy students' education as preparation for working with clients from different cultural backgrounds. According to Jung and Trysenaar (1998), occupational therapy and physiotherapy students who participated in international fieldwork most often reported a positive impact on personal development, such as gaining further self-confidence. Similarly, another study reports nursing students believed that their international

**This article is focussed on the impact of international experiences on students. There is, no doubt, impact on the communities and agencies receiving services from Canadian occupational therapy students. At UBC, we have established relationships with fieldwork sites so that we can help meet community and agency needs on an ongoing basis, with incoming students building on the legacies of previous students.*

About the author

Donna Drynan is a faculty member with the Department of Occupational Science and Occupational Therapy in the Faculty of Medicine at the University of British Columbia in Vancouver, BC. She is currently the Academic Fieldwork Coordinator and can be contacted at: Donna.drynan@ubc.ca

experiences helped them make the transition from student to qualified nurse because of the deep impact the placements had on their personal development (Lee, 2004). Button, Green, Tengnah, Johansson, and Baker (2005) and Grant and McKenna (2003) talk about the reasons why students participate in international programs, which include the opportunity to learn about cultural differences, the ability to compare health-care systems and specific discipline practices, as well as achieve heightened personal and professional development.

Support for international initiatives comes from a number of sources including internationalization initiatives at universities around the world (Allen & Ogilvie, 2004). At the University of British Columbia, a large focus of the strategic direction for the university includes globalization. The Trek 2010 strategic directions document declares that programs “... will prepare students to become exceptional global citizens...” (UBC, 2005, p 6). A key learning goal of the UBC Trek initiative includes increasing opportunities for student participation in international projects. The Department of Occupational Science and Occupational Therapy supports the strategic directions of UBC and supports occupational therapy students in meeting the challenge of becoming global citizens. This occurs through numerous opportunities such as international fieldwork and Community Service Learning (an instructional method that incorporates learning and development through active participation in real-life situations outside the classroom, with students using and reflecting on newly acquired skills and knowledge (Waterman, 1997, p. 2).

Process

To discover if the present day UBC occupational therapy students were supporting what had been reported in the literature, informal group debrief sessions have been conducted on an ongoing basis since 2007. To date, a total of 40 students have completed international placements. As part of the debriefing process in 2007, eight students completed structured reflective questions to assist with evaluation of the UBC international placement program.

Lessons learned from the 2007 debriefs and structured reflection

Reasons why students sought an international experience:

- to learn about health care and in particular, occupational



UBC student, Gina Fernandez, in her 'work uniform' on placement in India.

therapy service, its delivery and its role in a different context (i.e., different culture, different language, developing context)

- to promote occupational therapy
- to understand the influence of culture on occupational therapy practice
- to understand how different environments (e.g., physical, political, and social environments) influence occupation
- to be challenged personally and professionally, including gaining increased confidence and independence
- to satisfy an interest in international/global health and to gain experience for future international work
- to provide occupational therapy service when it otherwise would not be available
- to develop a relationship between a Canadian university and a hospital in a developing country
- to gain life experience and appreciate Canada

It was interesting to note that students did not cite the desire to acquire specific occupational therapy skills as a prime determinant for wanting to go abroad.

Challenges

Some of the challenges experienced have also been identified in the literature (Kinsella, Bossers, & Ferreira, 2008; Mill, Yonge, & Cameron, 2005; Button et al., 2005).

Challenges included:

- limited resources and supplies on-site
- communicating clear boundaries to others, where the expectation may have been to provide more or different service than the student was able to provide
- accepting different cultural norms and practice for social interactions between clients and student practitioners and for attitudes in general
- language/dialect barriers
- limited access to computers for work on-site and for communication to off-site supervisor
- “learning to reshape your expectations of what good health care/rehabilitation looks like” in a developing country
- “...at times not having a supervisor on-site was challenging”
- “trying to make lasting changes was very frustrating, and realizing that many of the things we were doing would not be long-lasting was sad but also a learning process”
- difficulty adapting to a new environment

- continually having to reflect on students' own values
- “... due to cultural differences and political differences I found some things do limit the freedom of OT [occupational therapy] practice.”

Because the students had been prepared and considered these issues prior to departure, they did not feel the challenges diminished their experiences. Rather, they felt their learning was enhanced because of having to navigate and deal with the challenges.

Key points

Developing cultural competency was one of the key benefits of international placements identified in the debrief sessions and structured reflection. Also considered important were the unique factors in an international placement that help develop occupational therapy competency. Students frequently highlighted their heightened awareness of cultural learning. One student reflected that on an international fieldwork experience you really have to “carpe diem...the cultural learning simply cannot occur...on Canadian soil.” Another stated “[I] further developed [my] ability to build a therapeutic relationship with a client who may have different values and cultural beliefs around health than me.” And, “...by translating OT [occupational therapy] into a different culture it allowed me to further understand the philosophy of practice and its cultural links.”

Secondly, many reported that their assumptions were challenged. One student stated that: “...independence is something that many Canadians value and something that we often assume our clients value but this is not always the case. Discovering this and other differences challenged my own values and how a Canadian model of OT [occupational therapy] can be applied and fit within different cultures.” Another said, “...I would have always said it is important to think about culture [and] would have thought that my clients [who] came to Canada were living within my culture...I don't feel that way now.”

Students described developing competency in all of the seven essential competencies of practice as documented in the *Competency Based Fieldwork Evaluation for Occupational Therapists* (Bossers, Miller, Polatajko, & Hartley, 2007), therefore achieving the purpose of fieldwork: supervised learning opportunities in diverse settings in which students progressively acquire necessary clinical reasoning, technical skills and professional acumen (Bossers et al, 2007). However, they all felt that certain competencies were highlighted and more significantly developed by the international experience. The two most frequently cited areas were professional interactions and clinical reasoning. A theme that emerged in clinical reasoning was increased independence, requiring students to think and consult with each other, or talk about their thought process with those in the community or their student peers. A theme that emerged relating to professional interactions was the increased opportunity to interact with other health-care professionals. Students compared their experience to that of the previous four placements which occurred in Canadian contexts and surmised that the following factors contributed to their competency development in the areas of professional interactions and clinical reasoning:

Increased independence

Many students were going to placements where there was no direct occupational therapist supervision on-site but were assigned to other professionals during their stay. Remote occupational therapist supervision was set-up prior to the placement, which took the form of email, Skype and phone calls.

Having to do more with less

This was an impetus for students to be creative and they enjoyed this aspect of the work. Having limited access to resources required ingenuity, collaborative problem solving with the local community and creativity on the part of the student to help address client issues.

“Being out of my comfort zone”

This was cited as a way that students were forced to reflect deeper and go beyond procedural reasoning. For example, one student commented, “I was constantly forced to evaluate my decisions and analyze my practice based on appropriateness not only to the client, but also based on the environment (cultural, physical, social, institutional). I believe that my clinical reasoning was challenged much more...”

Having a classmate on-site to consult

This was also reported as something that built individual clinical reasoning. Multiple points of view and rationale would often have to be considered and discussion always ensued to solidify choices.

These debrief sessions have provided me with insight not only about international placements, but all placements in general. Many of the reasons students chose to go away were for personal development reasons. The establishment of this level of personal growth and development can only help to build a strong self-actualized occupational therapist in the future. Managing challenges also led to increased personal growth and development. In our Canadian placement experiences we often protect students from ‘difficult’ situations and very rarely expose them to issues of conflict where they are allowed to attempt to negotiate appropriate solutions. The students who did an international fieldwork experience appear to have had exposure to dealing with conflict and conflict resolution.

The reported acquisition of certain competencies was not surprising to me. Students crave independence to begin to internalize their skills. The demand to have to ‘think on your feet’ and then ‘reflect on action’ are skills that we are trying to instil with students within the educational programs. Baldry Currens (2003) identified that collaborative placements (having a student/peer partner) increases deeper learning through discussion of theory and practice, testing and consolidating of ideas, increased joint reflection and clinical reasoning, and having time to practise skills and techniques. The participation in international placements appears to support this and also gives us food for thought for trying to grow this supervision model more in Canada so we can provide more opportunities for students to develop competence.

Summary

It appears that the outcomes from participating in an international fieldwork experience meet students’ stated reasons and interests in pursuing international fieldwork. Supervision models, nature of setting and accountability for learning/independence strongly influenced students’ perceived acquisition of some of the essential competencies of practice. The opportunities heightened student cultural awareness and challenged assumptions. Challenges experienced were consistent with reports from the literature and the challenges identified were in themselves not barriers but provided increased learning. In addition, UBC occupational therapy students most often reported positive change in personal development, the ability to perform independently, enhanced communication skills and increased cultural awareness.

Next Steps

International fieldwork experiences continue to be supported at UBC. Changes that have occurred based on feedback include ensuring a model of supervision is in place, and establishing set partnerships with certain sites to mitigate as many of the challenges and uncertainties as possible and to manage the program within our resources at the university. In the future, trying to find funding sources for students to offset the costs will be a goal. Though not mentioned as a challenge, current students considering an international fieldwork experience often cite expense as a barrier.

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Internship with the World Health Organization

Natasha Altin Syed

The World Health Organization (WHO) is the directing authority for health within the United Nations system and provides global leadership in public health. With its headquarters in Geneva, Switzerland, the WHO shapes the health agenda, sets norms and standards, and provides technical support to countries around the world (World Health Organization, 2012a).

Internship programs at the WHO provide many professionals and students with a wonderful opportunity not only to gain first-hand experience working for a leading health organization, but also to contribute their knowledge and expertise to a specific health area. Interns reflect the WHO's global perspective, coming from all parts of the world and graciously contributing their skills in various areas such as, but not limited to, medicine, rehabilitation, bioethics, and mental health. The WHO offers internships year-round (depending on departmental needs) with a web-based application process open to interested candidates two times per year. In order to qualify for an internship, a candidate must be enrolled in a graduate program that relates to the work done by the WHO. If selected, the candidate must then complete an interview and fulfill other requirements as dictated by departmental policies.

At the beginning of 2012, I had the privilege of completing a three-month internship with the WHO's Disability and Rehabilitation Team in the Department of Violence and Injury Prevention in Geneva. I was keen to intern with the Disability and Rehabilitation Team as it offered a great opportunity to gain insight and experience in the technical and administrative aspects of the field of disability rights at an international level. My primary role was to peer review an upcoming *Wheelchair Service Training Package*. This publication is a follow-up of a previously published WHO document, *Guidelines on the Provision of Manual Wheelchairs in Less Resourced Settings* (World Health Organization, 2008). The purpose of the *Wheelchair Service Training Package* is to support health-care professionals in providing appropriate wheelchairs (i.e., correct wheelchair for the user and the user's environment) (World Health Organization, 2012b). The ultimate goal is to ensure that wheelchair users have enhanced mobility and productivity, supporting the implementation of the *Convention on the Rights of Persons with Disabilities* (United Nations, 2006;

World Health Organization, 2012b).

My education and training in occupational therapy provided me with extensive theoretical knowledge and technical skills, which enabled me to successfully take on this challenging task. During my internship I encountered several opportunities that allowed me to draw on my clinical reasoning and professional judgement skills, together with evidence-based and theoretical knowledge of rehabilitation concepts. I also had the opportunity to use applied occupational therapy skills, such as those relating to seating, mobility and positioning.

Knowledge transfer was a big part of my job description; as a result I had to constantly use and further develop my clinical reasoning and professional judgement skills. This helped me to ensure that documents I worked on carried through the intended information in a form that could be properly interpreted and contextualized by the intended range of recipients. In order to successfully accomplish this, I first worked on clearly identifying and understanding the intended goal and impact of the training material. As my work progressed, I tried to understand who my clients were, recognize their unique needs and accommodate for differences in resources and environmental conditions. This proved to be one of the most challenging tasks as I did not have an opportunity to familiarize myself with the clients or ask questions that would allow me to better understand the clients' needs. That is why with each stage of the project I had to constantly reflect back upon my previous choices to make sure that the final goal of the documents and the needs of the clients were met.

At the start of my internship I was pleasantly surprised by the high level of autonomy I was given by my superiors. Although my direct supervisor was not an occupational therapist, a fellow occupational therapist on the team agreed to provide her support to ensure I continued to develop my professional skills. I appreciated the staff's confidence in my expertise as a 'soon-to-be' occupational therapist, even though initially I was a little hesitant because greater autonomy meant leaving my comfort zone and making decisions on my own in an unfamiliar environment, while facing the pressure of representing myself and the profession. However, as time progressed I realized that I was given an amazing opportunity

About the author

Natasha Altin Syed is an occupational therapy student at Dalhousie University who continues to work with the World Health Organization on upcoming publications. Natasha can be reached at: natasha.altin@gmail.com

to further develop my professional skills.

Like many other occupational therapy students embarking on international fieldwork journeys, I faced many challenges and insecurities during my internship, which eventually led to rewarding and life-changing lessons. Before I started my internship I was well aware of the role of occupational therapists within the Canadian health-care system and that as an international-practising therapist, one must adapt occupational therapy principles to fit different social and cultural contexts. However, to my surprise, I realized that my understanding of how the role of an occupational therapist fits within the global context was very limited. Throughout my internship I realized that the profession of occupational therapy and the United Nations/WHO share similar philosophies and values. Both parties share central values of social justice, equality, human rights and rights of persons with disability; and they both work to enable individuals and communities to achieve, embrace and realize their potential by means of advocacy, training, and addressing social and political factors (Canadian Association of Occupational Therapists, 1997; United Nations, 2006; World Federation of Occupational Therapists, 2011; World Health Organization, 2012c). Occupational therapy continues to hold a key position within the United Nations community by maintaining a long-lasting relationship between the WHO and the World Federation of Occupational Therapists (WFOT). WFOT consistently contributes to many key WHO documents such as the World Report on Disability, Community-Based Rehabilitation Guidelines (Sinclair, 2009) and the Joint Position Paper on the Provision of Mobility Devices in Less Resourced Settings. As an occupational therapy student eager to join the ranks of the profession, I was happy to read about so many WFOT contributions and see WFOT contribution acknowledgements on many WHO documents. Seeing a “50 Years of Collaboration between WFOT and WHO” poster on the front door of the WHO’s Disability and Rehabilitation Department was also very motivational!

While at the WHO, I learned many valuable lessons, but



The author in front of the WHO headquarters building, Geneva, Switzerland.

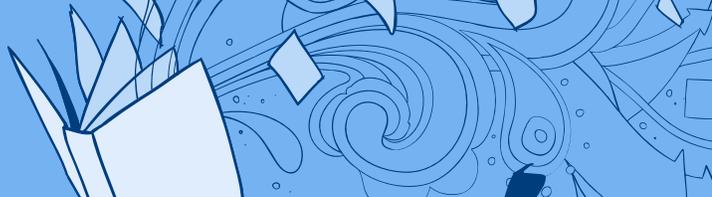
perhaps the most pleasant lesson was that occupational therapy principles are transferable to many work environments. The technical expertise varies from one area of practice to the next, but our professional reasoning and focus on enabling occupation are what set occupational therapists apart in any area of practice or environment, and are skills that develop further with each new challenge or experience.

My internship at the WHO was an exceptional learning experience in many aspects, but most importantly it gave me the reassurance that I chose the right career path. It was one of those rare times when, after introducing myself as an occupational therapy student, I did not hear a long pause followed by a so-familiar question, “So what do you do?” From the very moment I arrived in Geneva, to the very last day of my internship, I was treated with respect, and was valued and recognized as a key health-care professional. The fact that such a leading organization was seeking my expertise as an occupational therapy student just proved to me even further how lucky I am to be a part of this amazing profession.

In conclusion, I realized that the WHO is like any other organization that faces time constraints, limited resources and organizational structure challenges, but what makes it a world-leading authority in public health is its people. Their hard work, expertise, commitment and enthusiasm play a key role in the “attainment by all peoples of the highest possible level of health” (World Health Organization, 2012a). To any student who is pursuing or is interested in pursuing an internship opportunity with the WHO, I would advise you to work hard, carry through your professional values and integrity, and be passionate and dedicated to your area of practice and the WHO’s values and mandate.

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From student to colleague: Integrating the *Profile of Practice of Occupational Therapists in Canada* into a mentorship course

Ana Talag, Anne Fourt, Iris Greenspoon and Sylvia Langlois

As a professional MSc program, The University of Toronto's Occupational Science and Occupational Therapy department has the responsibility to educate students to competently perform the important roles identified in the *Profile of Practice of Occupational Therapists in Canada* (2012). More specifically, it can be a challenge to better develop the profile roles of professional, collaborator, and communicator within the classroom setting to complement the fieldwork experience. The Building Practice through Mentorship course was initially conceived to respond to this challenge. This paper will describe how this course has developed to better facilitate student competence with respect to these roles. We provide a description of the course followed by a dialogue between a mentor (Iris) and mentee (Ana) that illustrates how the course functions to foster its identified objectives.

Background

Professional socialization of students is the process by which students "gain the knowledge, skills, and values necessary for successful entry into a professional career" (Weidman, Twale, & Leahy Stein 2001, iii). Inherent in this process is the development of professional roles; however, the transition of student to professional is recognized as a challenging process (Tryssenaar & Perkins, 2001). Placements offer an opportunity for students to develop the roles in a clinical setting. Yet students often experience difficulties with aspects of professional behaviours, including response to feedback, interpersonal skills, and respect for diversity. In fact, students who perform poorly in clinical placements often exhibit difficulty with professional behaviours (Fisher, 2005).

Course description

The Building Practice through Mentorship course has been revised to make explicit its focus on the development of the professional, communicator, and collaborator profile roles, although all the roles are addressed in this course. This unique course, which spans the entire occupational science and occupational therapy program, matches seven to nine incoming students with an exemplary clinical

educator who serves as a mentor to the same group for two years. The mentors are volunteer members of the clinical community who participate in the course as part of their commitment as status-only faculty. Status-only faculty are teaching/research clinicians with unpaid university appointments. Typically the mentors meet with their group for 90 minutes every two weeks during the academic portion of the students' experience. Depending on the mentor's schedule the group will meet at the university or occupational therapist's workplace or another mutually accessible space. To accommodate therapists' schedules, several time blocks are reserved in the students' timetables so the therapists can choose the time options that are most convenient.

Mentors are a bridge to the clinical world and are therapists committed to the education and professional development of their students. The role of the mentor is to facilitate and guide the students through a supportive and reflective professional development experience. Mentor groups meet alternate weeks to discuss different topics as determined in the course outline. These topics include completing the College of Occupational Therapy of Ontario's professional development program known as Prescribed Regulatory Education Program (PREP) modules, developing professional portfolio components, preparing for and debriefing fieldwork, developing an understanding of group dynamics, facilitating communication and leadership skills, and practicing giving and receiving feedback. The aim of all of these discussions is to enhance reflective practice. Students are expected to progressively take on leadership roles within the group and demonstrate collaboration through participation in required interprofessional education learning opportunities. Mentors encourage an atmosphere of safety and freedom to explore personal abilities in relation to professional issues that students' experience.

As Schön (1987) promoted in his seminal work, reflection is the foundation of growth and learning. This opportunity for reflection is critical as students are not always aware of the progression of their own role development (Rotert, 2006). To facilitate greater self-awareness, the course offers students the opportunity to build critical

About the authors

Ana Talag, OT Reg. (Ont.), graduated from the University of Toronto Occupational Therapy program in 2012. She currently works as a community occupational therapist.

Anne Fourt, MEd, OT Reg. (Ont.), and **Sylvia Langlois, MSc, OT Reg. (Ont.)**, are Assistant Professors in the Department of Occupational Science and Occupational Therapy at the University of Toronto. They co-coordinate the Building Practice through Mentorship Course.

Iris Greenspoon, OT Reg. (Ont.) was a mentor in the Building Practice through Mentorship Course and holds a lecturer position at the University of Toronto in the Department of Occupational Science and Occupational Therapy.

For any inquiries, please contact Ana or Sylvia at: Ana.Talag@mail.utoronto.ca or S.Langlois@utoronto.ca

reflective practice skills. For example, students complete a number of reflective assignments based on their fieldwork and interprofessional experiences. They then respond to guided questions concerning communication styles, role blurring, advocacy, ethics, team dynamics, and cultural competency. A marking rubric is used to foster and evaluate reflective capacity through the provision of structured feedback by mentors. As well, a final reflective assignment serves to assist students to become aware of their own professional development since the onset of the course and in each of the seven professional profile roles.

Below is a dialogue between a mentor (Iris) and student (Ana) and the corresponding reflection on professional development.

Creating a safe space for growth

Iris: To create a welcoming place, it was crucial that we reviewed the commitments of the group, their different learning styles, and learning objectives. Our first session focused on the mandate of being professionals. My goal for the group was to foster independent thinkers, facilitate open communication and collaboration in order to create leaders in occupational therapy.

Ana: As a first year occupational therapy student, I had a lot of professional and personal work to accomplish. Iris, you demonstrated professionalism and confidence and a goal of mine was to model these behaviors throughout mentorship.

Iris: Our roles in the group developed over time. In the first half of the course, I took responsibility for organizing the main topic of the meeting requesting that members bring relevant articles to discuss; however, it was evident that group members were quick to offer to book rooms, bring refreshments, and participate actively. By second year, each student was responsible for facilitating a session and bringing a related activity to generate discussion. Each meeting began with a group check-in of how things were going outside the course. Group members quickly recognized that they were not alone in their feelings and experiences within the expectations and the pressures of the program. Following each reflective assignment, I presented common themes from the student papers. For example, we discussed the culture of the placements and how learning expectations varied with practice contexts. We also discussed how students felt, how they had changed, and areas requiring improvement.

Ana: The group became a safe space where members could share their hopes for occupational therapy and their own self-doubts. I shared an ethical dilemma that I faced in an international placement related to developing client rapport and equipment recommendation. Through reflection, it became evident that students needed more preparation regarding cultural diversity and the impacts of various contextual influences on practice prior to placement. We then identified strategies on how to respond to this issue. We made sure that each member of the group had the opportunity to share their personal revelations from placement; we laughed together, we empathized together, but most of all, we supported each other through collaborative reflection.

Iris: Your openness regarding fieldwork experiences, Ana, facilitated

honest discussion and encouraged others to speak out and ask for feedback as well. Feedback became an instrumental tool in building communication and collaboration skills.

Ana: Feedback was crucial in shaping us into active listeners and competent occupational therapists. I can recall an instance where I provided constructive feedback to a group member who was insecure about her public speaking. During that session, I was able to provide constructive feedback that was sensitive and respectful. Most importantly, I also learned how to accept constructive feedback and use it as starting point for change.

Iris: It is not easy to accept and give feedback; it takes openness, flexibility, and maturity. The rewarding part for me was to see this feedback integrated into your actions within the group. These skills are important to develop as professionals.

Developing occupational therapy competencies

Iris: It was remarkable to see the development of professional competencies in all the students. It was meaningful for me as a mentor to witness students' development as occupational therapy change agents, their ability to advocate for our profession, and help others understand our role within our clients' lives.

Ana: The safe space, openness, feedback and support were crucial to our occupational therapy journey. I can attribute the development of my competencies in professionalism, collaboration, and communication to the mentorship group, and this has truly left a lasting impact now that I am an occupational therapist.

Iris: And I'm proud to call you my colleague!

Summary

The brief description above does not represent a thorough evaluation, but does highlight how this unique course structure is instrumental in the professional socialization and role development of occupational therapy students. Ongoing consistent contact with a mentor throughout the Occupational Science and Occupational Therapy program at the University of Toronto provided an excellent opportunity for students to focus on the development of important professional roles.

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The use of technology to support the development of clinical reasoning in occupational therapy students

Karine Latulippe and Dominique Giroux

Clinical reasoning has been recognized as an essential competency that must be acquired by future health professionals (Charlin, Bordage, & Van Der Vleuten, 2003; Medélez-Ortega, Burgun, Lessard, & Le Beux, 2004). While the experience gained through placements enables students to strengthen this competency, it is still necessary to make students aware of their learning process and the types of clinical reasoning they are using (Higgs, Jones, Loftus, & Christensen, 2008; Nguyen & Blais, 2007). Teaching this competency is a complex process that requires the use of a variety of methods. A growing number of papers have been written on strategies for teaching clinical reasoning to future health professionals, and clinical case-based teaching is one method that has been widely used in universities (Medélez-Ortega et al., 2004).

In 2009, a bachelor's-master's degree continuum in occupational therapy was implemented at the Université Laval and a competency-based approach applied within a socioconstructivist paradigm became the preferred teaching method. According to this vision of the learning process, knowledge results not only from the individual representation made by the student but also from the way the student is shaped by the social and cultural environment (Depover, Karsenti, & Komis, 2007; Legendre, 2008; Lafortune & Daudelin, 2001). The idea behind this approach is that the student should be faced with various realistic situations, but in an environment that promotes communication and collaboration (Depover et al., 2007; Barette, 2009). From a socioconstructivist viewpoint, knowledge acquisition is linked to the development of new tools for thinking. Knowledge acquisition can occur only if it calls for intellectual activity on the part of the learner and thereby allows learning to take place (Lafortune & Daudelin, 2001; Legendre, 2008).

The features of learning in a socioconstructivist approach (Depover et al., 2007) are:

- Being placed in a context similar to that in which the competencies will be used.
- Promoting social interaction with members of the reference community.
- Promoting reflexivity by providing tools for analysing one's own learning and that of other members of the community engaged in the same learning.

Some studies of information technologies have found that they are useful in promoting student learning and the development of clinical reasoning (Medélez-Ortega et al., 2004). These studies show that information technologies are effective when they stimulate cognition, self-regulation strategies and cognitive strategies, and engagement and interaction with content (Poellhuber, 2012, Barette, 2009). The design of IDÉO, a tool developed at Université Laval, is congruent with this process.

Objective

The objective was to design an information technology tool to simulate authentic clinical cases in order to foster collaboration among students and enable the teaching team to monitor their progress closely.

The principles underpinning the development of this tool were as follows:

- The emphasis should be placed on reasoning and the clinical process rather than solely on knowledge.
- It should enable the virtual use of authentic (complex and realistic) clinical cases.
- It should support ongoing evaluation by educators of student progress in the competencies to be developed by students.
- It should facilitate formative feedback (assessment of the achievement of competencies without assigning grades).

Steps in the design of the information technology tool

A working committee made up of five educators, one training advisor and an information technology team was established. The steps followed to design the IDÉO tool were:

1. Setting goals
2. Brain-storming with the teaching and information technology team
3. Setting priorities
4. Developing questions based on a compilation of different evaluation and intervention processes found in reference works on occupational therapy
5. Programming a preliminary version

About the authors

Karine Latulippe teaches in the occupational therapy program of the Université Laval, where she has taught the intervention process in occupational therapy and courses on clients with neuromuscular disorders and the elderly since 2008. Karine may be contacted at: Karine.Latulippe@rea.ulaval.ca

Dominique Giroux is a professor at the Université Laval, where she specializes in the elderly experiencing loss of autonomy. She has studied a type of intervention for persons with severe dementia and has developed a tool to support the assessment of aptitude to support the competency assessment. Dominique may be contacted at: Dominique.Giroux@rea.ulaval.ca

6. Pre-testing with a case history
7. Adjustments based on the pre-tests
8. Development of case histories
9. Final correction
10. Tool put online

Description of the tool

It took nearly one year of work to develop the computerized teaching application known as IDÉO. The name was devised through a student competition and makes a connection between a course title, Intervention et défis occupationnels (Intervention and occupational challenges), and the fact that the tool brings students closer to their professional ideals. The tool enables the student to carry out the occupational therapy process in its entirety based on authentic cases.

A series of 22 open-ended questions are formulated to guide students as they proceed through the occupational therapy assessment and intervention process with various clients who have occupational issues. Students must engage in clinical reasoning in collaboration with their peers (in three-person teams). They have to put themselves in the shoes of a clinician and present their choices, which they must also justify. Once the response has been completed, they have to validate it in order to receive the teaching response (that is, the choices a clinician would have made in the same situation) and an explanation of this response, where necessary.

Integration of the IDÉO application into a teaching process consistent with the socioconstructivist model

Several methods were used (figure 1) in order to better integrate this teaching method into the continuum. Students must first attend lecture courses to acquire the knowledge required to answer the questions set by IDÉO (e.g., conceptual model, reference schemas, informed consent, etc.) They then begin working on IDÉO by answering questions gradually (e.g., questions 1 to 7) through self-study. The level of difficulty is graduated in order to take the learner's capacities into account, in keeping with the socioconstructivist model (Depover et al., 2007). Students are asked to compare their responses to the educator's responses and to make a judgment about their clinical reasoning. Lastly, small group laboratory discussions (of 9-12 students), led by an educator and a clinician, are conducted to optimize and consolidate learning. According to constructivists, the educator's role is to facilitate interactions between learners and their environment (the clinician and their peers) (Depover et al., 2007). Educators, who have access to student responses, can target the difficulties encountered by students and give them formative or summative feedback as required. They can offer a teaching workshop that focuses on particular areas that require further reinforcement to address students' needs. Many educators use peer correction in laboratories.

Results and discussion

After three years of experimentation, the impact of this teaching method on the development of clinical reasoning was assessed during five meetings with educators and clinicians participating in courses that use IDÉO. There is consensus among educators and clinicians who have used IDÉO that it is consistent with the chosen

INTEGRATING IDÉO INTO A LEARNING CONTINUUM

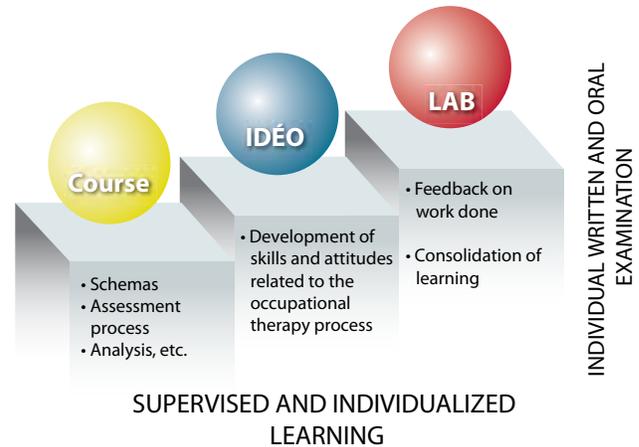


Figure 1: Integrating IDÉO into the learning continuum

learning model. In addition, this method appears to better support the development of clinical reasoning than the traditional teaching methods used previously (role play, case histories and large classes). This improvement was observed from evaluations of student performance during an oral examination. Students show more rigorous and relevant clinical reasoning than in past years. As a result, their capacity to work out an assessment and intervention process based on a set of problems is developing more quickly. Second-year students are now able to develop a complete assessment and intervention process in less than two weeks. The comments made by these students' placement supervisors corroborate this observation. They feel that the students are more independent and efficient than their predecessors. Finally, from students' point of view, IDÉO helps them understand how to make clinical choices and reinforces their sense of competency at the end of their second year in occupational therapy.

There are several advantages of using the IDÉO application:

- Learning is focused on a process that promotes the generalization of acquired knowledge. Students learn to use an assessment and intervention process, irrespective of the client's diagnosis. At the end of the second year, after working virtually with 12 clients with different diagnoses (child, adult, and elderly physical and mental health), they achieve an understanding of the occupational therapy process and the nuances to be taken into account depending on the clinical picture, the chosen frame of reference, the practice model, the practice context, the client's individual characteristics, and the service request.
- It fosters students' independence and active participation. Students must complete the questions to move on to the laboratories.
- Teaching methods are consistent with the chosen learning model.
- It is a tool for providing effective feedback. Educators use student responses to address difficulties during laboratories. This leads to more efficient use of teaching time.

- Student self-evaluation is required. Students must examine their understanding of the situation following the educator's response.
- There is ongoing evaluation of students' development of competencies. Beginning at mid-term, students with difficulties are targeted by educators and have access to voluntary individual sessions to develop strategies that will help them make progress.

There are also limitations to the use of the IDÉO application, as follows:

- To ensure uniform teaching, there must be a shared understanding of the elements of the clinical process and the assessment criteria, depending on the field of practice. Getting all stakeholders to work together is a challenge in an environment where time is in short supply!
- Students may be tempted to neglect the process and go straight to the response. Given the time it takes to develop a virtual case, cases are reused from one year to the next and are therefore available from one group of students to another. To address this problem, new cases will be added over time.

Future development and research:

Although we have made a great deal of progress in the past three years, additional work will help to further enrich the tool based on the evaluation done.

- Incorporate the explanatory interview into laboratories; this is a method that consists of finding the links that students have made with their knowledge, previous experiences, etc., in order to identify where the error lies in their clinical reasoning.
- Offer students the possibility of using IDÉO to engage in reasoning that is not procedural but is similar to a clinician's reasoning (for example, completing assessment and intervention during the same session, as occupational therapists in home care programs often do).
- Engage in clinical reasoning with a client in an interdisciplinary setting. Discussions are under way on collaboration with the physiotherapy program.
- Carry out a longitudinal study on the effectiveness of IDÉO as compared to more traditional teaching methods.

Conclusion

In conclusion, information technologies promote learning when they foster metacognition such as clinical reasoning. The IDÉO computer application is a promising tool for supporting the development of clinical reasoning in occupational therapy students when combined with lecture classes and laboratories.

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Integrated-split placement: Optimizing opportunities and enhancing learning

Lisa Engel, Heather Gillespie and Jocelyn Lundberg

Occupational therapy is a growing field; however, it is also becoming more difficult to find fieldwork placements for the expanding number of students (Fisher & Savin-Baden, 2002b; Kirke et al, 2007). Not only are increasing class sizes impacting placement availability, many practicing clinicians are often reluctant to supervise a student in the face of decreased resources, workload pressures, staffing issues, and/or low confidence (Christie, 1985; Fisher & Savin-Baden, 2002).

When one considers that the goals of fieldwork are to provide practical experience, develop professionalism, and build a reflective practice style (Cohn & Crist, 1995; Bonello, 2001; Kirke, Layton, & Sim, 2007), it is clear that finding creative solutions to placement shortages is critical to advancing the profession of occupational therapy and optimizing student education.

Multiple new models of fieldwork opportunities have been created beyond the traditional 1:1 student-therapist model, which feature variations in the student to preceptor ratio, fieldwork environment, and roles taken on by the student (Gaipman & Forma, 1991; Fisher & Savin-Baden, 2002b; Thomas et al., 2007; Overton et al., 2009). While many of these models have opened up new fieldwork opportunities, there have been queries about how well these new models enable students to achieve the aforementioned goals of fieldwork (Kirke et al, 2007; Thomas et al., 2007). Fieldwork best practice development seeks to address these questions by focusing on both the quality and quantity of fieldwork experiences.

In one such new model, the split placement (SP) model (Gaipman & Forma, 1991), supervision is shared between two therapists working in either the same or different areas of clinical practice. Gaipman and Forma reported that communication, flexibility, collaboration, and involvement of both therapists in student orientation and evaluations are essential for an effective SP.

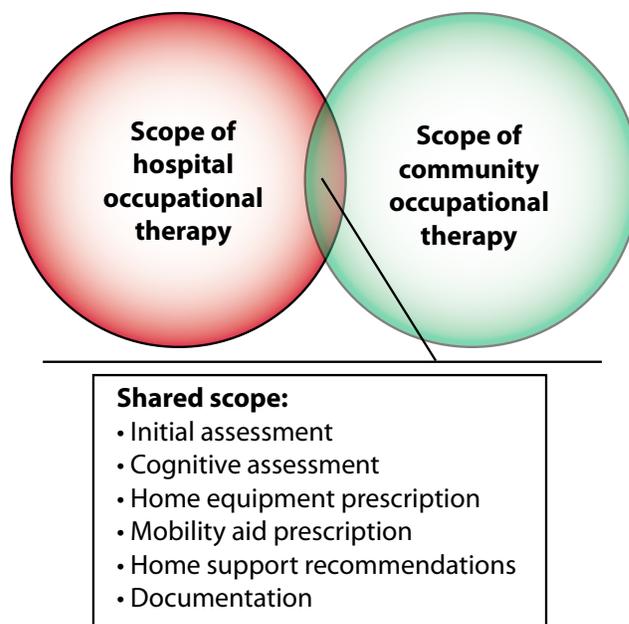


Figure 1: Shared scope between settings is the focus of integration of patient care practice & learning goals.

While the SP model has helped to provide increased fieldwork options, there are drawbacks to this model (Gaipman & Forma, 1991). The student may be overwhelmed by the expectation to learn the many and varied roles of the two therapists. Also, with the SP model, the student runs the risk of having two shortened fieldwork placements if the goals of placement differ between the two areas.

Objectives

This article describes a fieldwork placement that uses the “integrated-split placement” (ISP) model, a refinement of the SP model. In an ISP option two therapists in different

About the authors

Lisa Engel worked as an occupational therapist at Nanaimo Regional General Hospital from 2007 to 2012. She is currently pursuing doctoral studies in rehabilitation sciences at the University of Toronto and the Rotman Research Institute at Baycrest Hospital. She can be contacted at: lisa.engel@mail.utoronto.ca

Heather Gillespie is an occupational therapist in Home and Community Care with the Vancouver Island Health Authority in Nanaimo, BC. She can be contacted at: heather.gillespie@viha.ca

Jocelyn Lundberg is an occupational therapy student at the University of British Columbia. She is expected to complete her master of occupational therapy degree in 2013. She can be contacted at: j.lundberg@alumni.ubc.ca

practice areas and/or clinical settings provide shared fieldwork supervision through emphasizing the common scope of practice. From the perspective of two preceptors and a student, the implementation, logistics, advantages, and disadvantages of completing an ISP are discussed.

Approach

Using the ISP model, a first year master's level student completed a placement in both hospital and community settings. The student was supervised by two therapists (split) but had shared learning goals that spanned both agencies and were evaluated by both therapists (integrated). The therapists involved differed in years of practice, age, and physical location of offices, and neither had participated in an SP or ISP previously. The community therapist worked part-time and the hospital therapist worked full-time.

Prior to the placement, both therapists met to discuss the learning expectations, practice styles, and schedule. Although some of the occupational therapy roles differed between the two areas, the shared roles of the therapists were the focus for student learning (Figure 1).

At the start of the placement both therapists met with the student to discuss placement expectations. They discussed shared roles of both areas with the student to guide the student in choosing learning goals. All of the learning goals could be addressed and evaluated in both settings.

During the placement the therapists adapted their schedules based on the needs of the student. The schedule was modified as the student and therapists discovered available learning opportunities. The integrated learning goals provided focus for specific client scheduling and in-service attendance. Throughout the placement both therapists and the student kept in regular contact via email or in person.

For mid-term and final evaluations both therapists used the 'integrated' approach where they conversed either through meeting or emailing and then integrated their thoughts into one evaluation for the student. Both therapists and the student met in person for formal evaluations.

Practice implications

Logistics

With ISP, as with other types of placement, communication is key (Christie, 1985; Gaipman & Forma, 1991; Overton et al., 2009). The therapists' meeting prior to the start of the placement was critical to ensure that the learning goals would span both practice settings. It was agreed that involvement of all three parties in orientation and evaluations, as well as ongoing communication, was necessary (Gaipman & Forma, 1991; Occupational Therapy Outreach Development Team, 2004). Additionally, it was felt that in order for the placement to run smoothly, both therapists should have similar practice approaches.

In this case, the therapists believe that having a mature and self-determined student helped to make the ISP a success, as it would with the SP (Gaipman & Forma, 1991). As well, the student felt that the therapists involved should exemplify

the qualities of openness, honesty, and preparedness, characteristics that literature has identified as being key to effective supervision (Christie, 1985; Kirke et al, 2007). The student and therapists need to be flexible. Scheduling should be based on the student's learning needs. It is imperative that the therapists acknowledge that the student's goal is to learn the general roles of occupational therapy, not the protocols or job roles specific to a particular setting (Bonello, 2001). This point is especially critical in the ISP where the student is exposed to two separate practice settings. Clear, measurable, and attainable goal setting is vital in all placements (Occupational Therapy Outreach Development Team, 2004; Kirke et al, 2007); however, in order for the SP to become integrated, learning goals must span both practice settings.

Advantages

The student found many benefits to participating in the ISP. As with other models of fieldwork opportunity the student is exposed to multiple occupational therapy roles and practice styles (Gaipman & Forma, 1991; Occupational Therapy Outreach Development Team, 2004; Thomas et al., 2007). The student also appreciated the opportunity to develop her own style, autonomy, organizational skills, time management abilities, and the ability to express her learning needs. In the combined hospital-community ISP the student experienced the flow of patients across settings and learned how clinician roles interact between the areas. She found this experience to be most beneficial during discharge planning and when discussing available community resources with patients in the hospital.

Not only did the therapists experience the overall advantages of having a student, they found other benefits in participating in an ISP. An ISP, like an SP (Gaipman & Forma, 1991; Occupational Therapy Outreach Development Team, 2004), allows part-time therapists or those with scheduled days off to take on student fieldwork supervision. General orientation, teaching, and time spent with the student is shared thereby decreasing workload pressures. Integration of teaching and goals enables the therapists to support each other, which can help therapists who lack confidence. Each therapist was able to further learn the roles, caseload demands, and clinical challenges of the other's area. The student can act as a bridge between the two practice areas thereby improving communication and overall client care.

Disadvantages

An ISP can, like an SP (Gaipman & Forma, 1991; Occupational Therapy Outreach Development Team, 2004), increase pressure on the student, as she or he is required to learn two practice areas. Orientation can become lengthy. Switching between areas can be frustrating and make it difficult to follow through on client care plans. To minimize these disadvantages, the ISP must focus on communication, flexibility, and openness. Also, in this case the student found that short orientation periods followed by longer blocks of time in each area were helpful.

Conclusion

Based on their positive experience with this fieldwork placement, the authors of this article propose that the ISP option could be appropriate for any level of student. The student in this experience was a first year student and had completed only one previous placement. Whatever their level, it is imperative that students in fieldwork placements demonstrate the maturity, flexibility, and initiative required for successful learning experiences. The authors also believe that variations of the ISP model should be explored as these can further increase unique fieldwork opportunities. For example, it is possible that students could participate in the ISP in pairs if both demonstrate the personal qualities previously discussed.

An ISP focuses on the common roles of the clinicians in order to maximize student learning, and creates common learning goals and expectations across practice areas. This focus helps to avoid the risk of having two shortened and disconnected placements that can occur with an SP.

The ISP model addresses many of the time, caseload and confidence barriers to supervising a student (Fisher & Savin-Baden, 2002). Addressing the quantity and quality issue of student fieldwork education is the professional responsibility of all occupational therapists, fieldwork coordinators, and educators (Cohn & Crist, 1995). The ISP model can be used to find placement couplings in other diverse areas by finding the common roles between the two areas. By optimizing student learning and providing excellence in fieldwork options, clinicians can lead the way in educating future occupational

therapists and advancing the occupational therapy profession.

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Students as knowledge translators

Cindy Yamamoto, Danielle Nykoluk, Eileen Eusebio and Pamela Wener

As part of the Master of Occupational Therapy (MOT) program at the University of Manitoba, students participate in research through an independent study course. Through this process, students develop skills to become consumers, co-creators, and disseminators of research in occupational therapy. As they transition to practice, students bring these skills and enthusiasm for research into the professional sphere. Among the many benefits of student involvement in research is the advancement of knowledge translation (KT).

The Canadian Institutes of Health Research (CIHR) describes KT as a "...dynamic and iterative process that consists of synthesis, dissemination, exchange and ethically-sound application of knowledge..." (CIHR, 2012). The KT process requires collaborative interactions among a variety of partners including researchers, practitioners, policymakers, and consumers (CIHR, 2012; Ho et al., 2004; Law, Missiuna, & Pollock, 2008).

Graham et al. (2006) depict the complex nature of KT through a visualization of the knowledge-to-action (KTA) process (Figure 1). KTA is divided into two core processes, knowledge creation and action. However, Graham et al. (2006) discuss a disconnect between these two processes referred to as the 'KTA gap'. Some authors propose students as a useful, however largely untapped, human resource (Harrison, 2000) to bridge this gap (Zhang, McCarthy, & Craik, 2008).

In this paper we share our reflections regarding the role of student researchers in the KT process and advocate for increased recognition and involvement of students as partners in research. First, we provide an overview of our research project on interprofessional collaboration (IPC), followed by an exploration of how our research is situated in the KT process. Lastly, we offer our reflections about students as knowledge translators.

The KT project

The 'collaborator' is a key occupational therapy role (CAOT, 2012) that is increasingly important in health-care delivery. The development of skills specific to the collaborator role is therefore an important consideration for occupational therapy. With this in mind we selected the topic of IPC for research in our independent study course. Our literature reviews revealed an abundance of documented barriers to IPC, with few authors providing specific recommendations or practical resources for addressing difficulties in the clinical setting.

The Canadian Interprofessional Health Collaborative (CIHC) has developed a competency framework to assist health-care professionals in becoming collaborators. This framework includes six competencies: communication, client-centred practice, leadership, conflict resolution, team functioning, and role clarification (CIHC, 2010). Although all six competencies are important, we focused

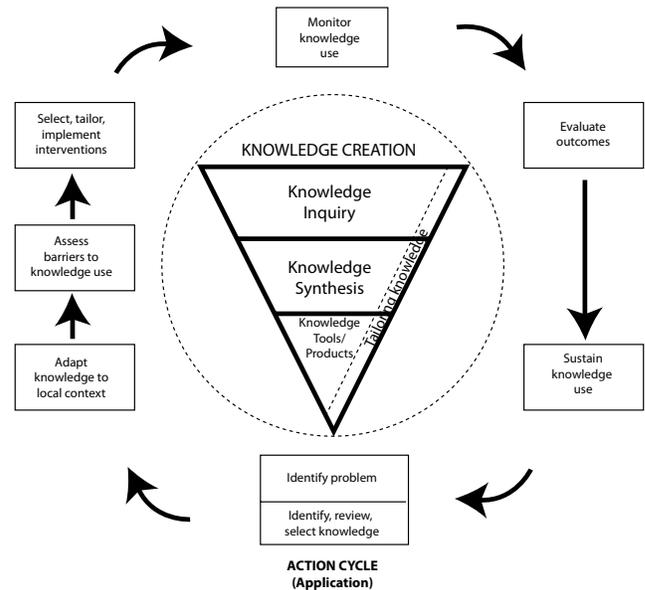


Figure 1. Knowledge to Action Process, from *Lost in knowledge translation: Time for a map?* By I. Graham et al., (1). Copyright © 2006 by the Alliance for Continuing Education in the Health Professions, The Society for Academic Continuing Medical Education, and The Association for Hospital Medical Education. Used with permission.

on role clarification based on our synthesis of the literature and reflections of personal and fieldwork experiences that required us to continuously explain our roles to family, friends and colleagues. Our KT project aimed to initiate the development of practice guidelines (PGs) by synthesizing and translating the existing qualitative literature exploring role clarification in IPC.

According to Law and MacDermid (2008), metasynthesis emerged in response to the need for a transformative approach that brings together qualitative research in a way that is useful to health-care practitioners. Metasynthesis seeks to develop an interpretive product, moving beyond aggregation and summary of individual findings (Fingeld, 2003) to describe a meaningful whole. To begin our KT project, a metasynthesis was created as a preliminary step in the development of PGs. An in-depth discussion of methods and findings of the metasynthesis is not within the scope of this article and will be presented elsewhere (E. Eusebio, D. Nykoluk, & C. Yamamoto, personal communication, June 28, 2012); however, undertaking the development of guidelines sparked a critical reflection on our unique role in the KT process, particularly relating to the valuable contribution we make to both knowledge creation and implementation.

Students play a vital role

Student researchers are uniquely positioned in their careers to support both knowledge creation and action. As part of knowledge creation, the metasynthesis was conducted to transform research surrounding role clarification and IPC into a format that is readily accessible to students and practitioners. Future stages of our work will seek to refine this knowledge into the format of PGs. In the action cycle, as students transition to practice they can be viewed as agents of change, bridging the KTA gap by acting as key knowledge translators. Graham et al. describe that knowledge application can take the form of transformations in knowledge, understanding, attitudes, and behavioural or practice changes (2006). Through conducting a metasynthesis, we have increased our knowledge base in role clarification and IPC while developing research skills including critical appraisal, project planning and implementation, and application. Our research nurtured a deep sense of responsibility and investment in advancing occupational therapy role clarification, while promoting an awareness of our leadership potential. As we transition from the academic to the clinical environment, these changes in our knowledge, skills, and attitudes will manifest in behaviours sensitive to role clarification, IPC, and scholarly practice.

In addition to bridging the KTA gap, students as knowledge translators forge stronger ties between the academic and professional community, thus effecting change more broadly across the profession.

Frequently cited barriers to engagement in research described by clinicians include a paucity of environmental support, time, skills, and a personal commitment to research creation (Colborn, 1993). Some authors suggest the need for collaborative partnerships between clinicians and students to address these obstacles (Colborn, 1993), and to advance the state of evidence-based practice (Stern, 2005).

Student involvement in the development of PGs provides an example of enhancing ties between the clinical and academic spheres through shared participation in research. Creating PGs requires synthesizing literature and developing recommendations, followed by meeting with practitioners to ensure that proposed guidelines are appropriate. This type of project allows students to build research development skills while producing a product that is meaningful to the clinical community. The opportunity to interact with practitioners this way supports the progression towards a strong and integrated scholarly professional community.

Finally, students researching in the academic environment have strengths and freedoms that may be otherwise constrained in the clinical setting. We are provided with topic areas that require further research, but are given the opportunity to determine overall project direction, fostering a sense of self-determination and ownership. Research is embedded in the curriculum and conducted under the expert tutelage of faculty advisors, who not only support quality assurance, but also assume the role of mentor and colleague. This supportive environment positively reinforces students' research development skills and accomplishments. Such environments

emphasize the optimal position of students as researchers within the KT process.

Conclusion

Recognizing student researchers as valued partners in the KT process will support the occupational therapy community in drawing on a diverse and self-renewing resource for furthering evidence-based practice. Students are future clinicians; establishing a skill base and enthusiasm for research early in their professional careers strengthens their ability to seek and incorporate research into practice, while supporting the development of confidence and a willingness to engage in collaborative research endeavours. Reflection on our research in IPC revealed that this has truly been our experience. As we forge ahead in our occupational therapy careers, we hope to continue to convey our passion for KT in the practice environment.

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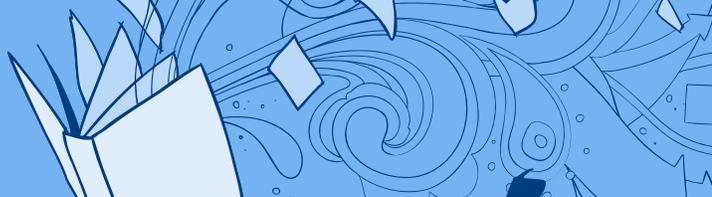
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About the authors

Cindy Yamamoto, Danielle Nykoluk and Eileen Eusebio are 2012 graduates of the Master of Occupational Therapy program at the University of Manitoba and may be reached at: umyamamc@cc.umanitoba.ca, umnykold@cc.umanitoba.ca and umeusebe@cc.umanitoba.ca

Pamela Wener is an associate professor and independent study advisor in the Department of Occupational Therapy at the University of Manitoba. She can be reached at: Pam.Wener@med.umanitoba.ca



Shared knowledge and enriched experiences: Reflections from entry-level master's preceptors and fieldwork students

Katie Lee Bunting, Heather Durkin, Cassandra Crosby and Brittany Guile

Since 2008, in response to changes in our health-care systems placing new demands on the education and training of occupational therapists (Canadian Association of Occupational Therapists [CAOT], 2003), CAOT will only grant academic accreditation to those occupational therapy educational programs that lead to a professional master's degree in occupational therapy as the entry credential. One of the aims of this change in training was to enable entry-level occupational therapists "to enter practice with the competencies required to deliver autonomous, client-centred, evidence-based services within an interdisciplinary environment" (CAOT, 2003, p. i). As such, with each passing year there are increasing opportunities for entry-level master's occupational therapy students to work with fieldwork preceptors who have also received entry-level master's training.

As graduates of entry-level master's programs ourselves, we (Katie Lee Bunting and Heather Durkin) have been fortunate to see our occupational therapist roles broaden over the years from new graduates to experienced occupational therapists and fieldwork preceptors. We have had the privilege of acting as preceptors to eight entry-level University of British Columbia (UBC) Master of Occupational Therapy (MOT) students, two of which we co-supervised. With each of these students, we valued our roles as preceptors and came to appreciate not only the experience of imparting knowledge to our students during their clinical training, but also the knowledge we gained through this relationship. It is important to note that since all of our fieldwork students have been from an MOT program, our reflections are innately biased. However, we have truly appreciated these experiences and would like to highlight the exceptional qualities these students bring to their fieldwork placements. The aim of this paper is to share the unique strengths of entry-level master's trained occupational therapy students to demonstrate the success of these programs in yielding well-rounded and bright graduates and to encourage fellow therapists to take on this rewarding role. First, we will explore the 'research savvy' these students bring to their clinical placements. Next, we will discuss the varied life experiences our students had

prior to their occupational therapy training and how these enrich their clinical work. We will then explore their strong skills in time management, self-organization and self-direction; and finally, we will conclude with reflecting on shared experiences. To enrich our own reflections, we have invited two of our most recent MOT students (Cassandra Crosby and Brittany Guile), who we co-supervised, to share their thoughts throughout the paper, including their perspectives of having master's trained preceptors.

Evidence-based practice, critical reasoning

One of the central objectives of entry-level master's training is to develop student skills in integrating research into clinical practice. Evidence-based practice is a fundamental part of all occupational therapists' clinical work, yet it is not an easy skill to develop. It takes much more than using research evidence to inform clinical decisions; evidence is integrated into dynamic, complex, and client-centred clinical settings (Bannigan & Moores, 2009) and fieldwork placements play a key role in this learning. As part of their MOT curriculum, students undertake a small-scale research project to learn hands-on about the research process. With our students, we see a real commitment to the use of evidence and a comfort in seeking out evidence to support clinical decision making. These students have strong skills in the use of research databases and critiquing the literature. Through their course work and research projects, they shed light on new evidence that could inform our practice. Students have assisted us in informing our practice through researching the role of occupational therapy in eating disorders, the effectiveness of sensory modulation rooms in mental health settings, and a review of functional assessments for children and youth in mental health.

Student reflection

Cassandra: My entry-level master's preceptors were always very driven to find and uphold evidence-based practice. This provided a great bridge for me, learning theory and evidence in the program

About the authors

Katie Lee Bunting received her MScOT from the University of Toronto in 2004. She currently works with the pre-admission, post-discharge and inpatient Child and Adolescent Psychiatry programs at BC Children's Hospital. Her email is: katie.bunting@cw.bc.ca

Heather Durkin received her MOT from UBC in 2006. She currently works in the Eating Disorders Program at BC Children's Hospital. Her email is: hdurkin@cw.bc.ca

Cassandra Crosby and Brittany Guile were MOT candidates (2012) at UBC at the time of submission. You can contact them at: cassandralcrosby@gmail.com and britt.guile@gmail.com

and then being tasked with using it in practice. Also, being able to see the relevance while on placement has provided great incentive to ensure I stay on top of new literature in my own practice.

Brittany: Though several of my preceptors had as little as two years clinical experience since graduating, they brought a special energy and passion to the field, and focused greater attention on the importance of using research to support practice. In an effort to expand their own practice knowledge and continued learning, my preceptors were eager for students to share with them the current evidence-supported theories being taught at school. They also placed higher expectations on students to apply critical and analytical thinking, ensuring that their developing clinical reasoning skills were sound and based on best-known evidence.

Life/work experience

The students we have supervised have each brought their broad range of academic and life experiences with them to the placement. Our students have come from a variety of undergraduate disciplines, including fine arts, marketing, genetics, and psychology. This variety in educational backgrounds brings new ways of understanding occupation and occupational engagement. Entry-level master's students' previous life experience enhanced their fieldwork, as they used their previously developed skill sets in the occupational clinical setting. For example, one of our students with a dance background led an eating disorders group about dance. This allowed clients to experience movement and embrace their bodies in ways that had not previously been explored. Another student used her work experience in marketing and led a group about the perceptions of women in media. Her knowledge provided the clients with unique insights about the world of media and its impact on women.

Student reflection

Brittany: Entering into a master's degree program, students hold a broad spectrum of employment, life, and educational experience. The diversity of backgrounds results in a cohort of individuals who bring knowledge and strengths from numerous disciplines and areas of interest. As a result, entry into the program focuses not only on grade point average, but also requires reflection on how one's educational background and employment experiences may benefit the study process and eventual practice in the diverse profession that is occupational therapy. Due to the fact that students have completed undergraduate degrees prior to program entrance, and perhaps have also worked in the field of their previous studies, students in a master's degree program tend to have more life experience. The advantage is that during placements, many students have confidence in their professional approach and interpersonal skills that supports successful interactions between students, educators, clinicians, members of the health-care team, and perhaps most importantly, clients.

Time management, self-direction

Due to workloads and part-time positions, many fieldwork placements are shared between two or more therapist preceptors. This requires students to balance the caseloads of multiple

programs. Our fieldwork placement is shared between two therapists and spans three practice settings, including clients from early childhood to adolescents transitioning into adult services. This diversity requires students to use time management and multitasking skills to achieve their fieldwork goals. As well, not only are these students managing clinical fieldwork goals but they are also completing school-related coursework and research throughout their placements. The MOT students we have supervised have demonstrated the ability to balance all these aspects of their learning while maintaining their focus on fieldwork goals.

Student reflection

Cassandra: I found the preceptors very flexible with their schedules and willing to accommodate my learning objectives. This allowed me to choose between different clinical tasks to best meet my individual fieldwork goals. It was always a very self-directed and empowering learning experience.

Conclusion

Entry-level master's students are exceptional and bring a breadth of knowledge to their fieldwork placements, informed not only by their master's training, but their diverse prior life and educational experiences. It has been a privilege to be part of these students' professional training and to see them graduate to become skilled, caring and passionate occupational therapists.

Student reflection

Cassandra: When reflecting back on my placements the most outstanding characteristics I found with entry-level masters preceptors was their flexible approach to teaching and their implicit understanding of the student experience. They knew the master's curriculum so they were able to base their teaching on the skills the student had or had not had the opportunity to learn and develop. They also knew the program's commitments and were able share their wisdom and experience on how to navigate through the stressful parts of the course. This implicit knowledge and past experience helped them create an environment very conducive to student learning.

Brittany: Overall, I had a very positive and rewarding experience working with and learning from the dedicated entry-level master's practitioners who encouraged me to draw from my previous knowledge and education for application in practice. As I prepare to enter into the field as a new graduate, I will remember their passion for occupational therapy, their open sharing of professional knowledge, and their curiosity for learning new skills.

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COTF



Update from the Canadian Occupational Therapy Foundation

COTF's 2012-2013 Board of Governors:

First of all, COTF would like to thank the following departing board members:

1. Sue Baptiste
2. Jan Miller Polgar
3. Pam Wener

The time and dedication from each of these board members were greatly appreciated!

Below are the names of this year's board members:

1. Juliette Archie Cooper, President
2. Huguette Picard, Past President
3. Bas van Lankvelt, Treasurer
4. Paulette Guitard, CAOT President
5. Corrinne Carrière
6. Marjorie Hackett
7. Donna Klaiman
8. Jackie Kwitko
9. Nancy Reynolds
10. Jacqueline Rousseau

A special welcome to two new board members: Paulette Guitard, CAOT President, and a great supporter of COTF; and Jackie Kwitko, a consumer member with extensive media and communications experience!

COTF's 2013-2015 Research and Scholarship Review Committee:

COTF would like to welcome Carolina Bottari from the Université de Montréal to this committee.

2013 Research Grant Competition:

The deadline to apply is February 28, 2013. All applicants must apply online at www.cotfcanada.org for the research grant and the critical literature review grant.

Awards in the competition:

1 x COTF Research Grant (\$5,000)

1 x COTF Critical Literature Review Grant (\$5,000)

COTF Future Scholar Award – universities must contact skamble@cotfcanada.org

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