

# Occupational Therapy Enhanced Practice Education Approach: Student Perspectives

Nikki Lyons  
*Barwon Health, Australia and Deakin University, Australia*

Nicole Shaw  
*Barwon Health, Australia and Deakin University Australia*

Kelli Nicola-Richmond  
*Deakin University Australia*

Michael Curtin  
*Charles Sturt University, Australia*

Sue Rowan  
*Barwon Health, Australia*

Kate Ingwersen  
*Barwon Health, Australia*

## Abstract

It has been suggested that to provide occupational therapy students with the best opportunities to learn while on a placement, it is important that they enter a supportive and welcoming environment that fosters quality learning experiences. To achieve a quality practice education experience, the occupational therapy team at Barwon Health developed and implemented the Barwon Health Occupational Therapy Enhanced Practice Education Approach (BHOTEPEA). The aim of this research was to ascertain occupational therapy students' perceptions of the impact of the implementation of three core components of the BHOTEPEA: the student orientation process, facilitated practicums and reflective practice sessions. The method utilised by this study was an on-line survey to collect quantitative and qualitative data from occupational therapy students who had undertaken placements at Barwon Health between December 2014 and December 2015. Thirty-six out of 125 occupational therapy students responded to the survey (response rate of 29.8%). Students indicated that the approach assisted them to feel welcomed and prepared for placement, develop their practice skills and abilities, and develop their reflective practice skills. In conclusion, it appears that the BHOTEPEA supports the key elements of a quality practice education experience for occupational therapy students identified in the literature, including a welcoming learning environment, detailed orientation, clear expectations and a graded program of learning experiences. The findings from this research suggest other placement sites may be able to enhance the quality of their student placement experiences by adopting the three core components of the BHOTEPEA.

**Keywords:** occupational therapy; practice education; quality student experience; work integrated learning

---

\*Corresponding Author: Nikki Lyons. Barwon Health, Deakin University, PO Box 281, Geelong 3220, Australia  
Email: [nikkim@barwonhealth.org.au](mailto:nikkim@barwonhealth.org.au) & [nikki.lyons@deakin.edu.au](mailto:nikki.lyons@deakin.edu.au)

Journal URL: <http://e-learning.coventry.ac.uk/ojs/index.php/pblh>

Lyons, N., Shaw, N., Nicola-Richmond, K., Curtin, M., Rowan, S., and Ingwersen, K. (2017) 'Occupational therapy enhanced practice education approach: Student perspectives'. *International Journal of Practice-based Learning in Health and Social Care*, 5 (2), 51–68



© 2017 Nikki Lyons, Nicole Shaw, Kelli Nicola-Richmond, Michael Curtin, Sue Rowan, and Kate Ingwersen. This Open Access article is distributed under the terms of the Creative Commons Attribution Attribution-Non-Commercial No Derivatives 4.0 International License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited and is unaltered.

## Introduction

Practice education<sup>1</sup> placements are a core component of occupational therapy and other health and social care programs. These placements are integral to the occupational therapy student experience, providing opportunities for students to integrate theory into practice and to support their development of professional behaviour and acculturation into the profession ([Kirke, Layton and Sim 2007](#), [Mulholland and Derdall 2005](#), [Maidment 2013](#)). The placements encompass practice-based learning experiences that usually occur away from the university environment in a diverse range of settings. A requirement of the World Federation of Occupational Therapists (WFOT) is that all accredited occupational therapy courses must incorporate a minimum of 1000 hours of practice-based learning experience into their curriculum ([World Federation of Occupational Therapists 2016](#)).

It has been suggested that to provide students with the best opportunities to learn while on placement, it is important that they enter a supportive and welcoming environment that fosters a quality learning experience ([Nemeth and McAllister 2013](#), [Rodger et al. 2011](#)). [Rodger et al. \(2011\)](#) undertook a study that explored the perspectives of students ( $n = 29$ ), practice educators ( $n = 41$ ), and university practice education staff ( $n = 8$ ) across three universities investigating what contributed to a quality practice education experience. They used interviews and focus groups, and found that effective supervisors adapted the style with which they supervised, were flexible, delivered constructive feedback, and had strong interpersonal and communication skills ([Rodger et al. 2011](#)). Although [Rodger et al's](#) study was only conducted in one Australian state, their findings were supported by [Kirke, Layton and Sim \(2007\)](#), and [James and Musselman \(2006\)](#) who suggested that the development of learning environments that foster questioning and allow for practice of skills, and the quality of the relationship between the student and the supervisor were essential to facilitating successful practice education placements.

The importance of students and practice education supervisors both contributing to a quality experience has been discussed elsewhere in the literature ([Ingwersen, Lyons, and Hitch 2016](#)). For students, preparation should include being aware of, and understanding, the requirements and expectations of the placement, while developing adequate work-related ethical and professional behaviours ([Rodger et al. 2011](#)). Opportunities for hands-on learning ([Hanson 2011](#), [James and Musselman 2006](#)) and learning about the discipline of occupational therapy ([Hanson 2011](#)) have also been emphasised as part of adequate preparation. Students perceived to be underprepared for placement may be a source of frustration for supervisors, particularly if the student lacks communication skills ([Hanson 2011](#)). Supervisors who experienced an under-prepared student, reported that they were hesitant to accept future students. This is concerning given that, in the current Australian environment, it is increasingly difficult for universities to access adequate numbers of placements ([Buchanan, Jenkins, and Scott 2014](#), Health Education and Training Institute (HETI) and NSW Interdisciplinary Clinical Training Networks ([ICTN 2015](#)), emphasising the need for students to receive targeted information early in order to be well prepared for placement. Supervisor preparation prior to placement was also considered important, ensuring placement settings were ready and equipped for students when they arrive at the work site ([Rodger et al. 2011](#)).

An informative and detailed orientation process has been found to impact on practice education placement quality, reducing student anxiety by clarifying expectations early ([Rodger et al. 2011](#)). [Rodger et al. \(2011\)](#) discussed the need for a comprehensive orientation process that mimicked that provided to new employees. It was proposed that this would assist students in understanding the expectations of the placement, the skills they would need to demonstrate,

---

<sup>1</sup> Practice education is also known as fieldwork, work integrated learning, workplace learning, and clinical placement.

and the processes to which they will need to adhere both now and in future professional practice.

In addition to being prepared for placements, it is important for students to have opportunities to develop their self-reflection skills during placement. [Larkin and Pépin \(2013\)](#) suggested that a reflective approach towards placements was needed to improve the competency of occupational therapists on graduation. These authors advocated for the use of probing questions, sharing stories, role modelling, and completing reflective journals as some of the ways that reflection during placement could be achieved. Further, [Sladyk and Sheckley \(2001\)](#) emphasised the importance of reflection as a crucial component of developing professional reasoning skills given that reflective practice distinguishes professionals from technicians. Reflection assists therapists to link theory and evidence with practice, and supports professional decision-making ([Pépin 2017](#)). Developing a reflective approach was considered to be essential if therapists were to develop and consolidate competency in order to demonstrate a life-long approach to learning ([Larkin and Pépin 2013](#)). Reflective practice enabled students to evaluate their strengths and limitations, take an individualised approach to professional development, improve their self-awareness, and perform person-centred practice ([Pépin 2017](#)).

### **Barwon Health Occupational Therapy Enhanced Practice Education Approach**

As a result of an evaluation of the factors that contribute to high quality practice education, Barwon Health, a large regional health service in Victoria, Australia, implemented a new approach for supporting students for practice education placements: the Barwon Health Occupational Therapy Enhanced Practice Education Approach (BHOTEPEA). While developing and implementing the approach, therapists, university educators and students were consulted, in recognition that it was essential to include all stakeholders to facilitate effective and sustainable partnerships. The approach needed to provide sufficient support to supervisors, and facilitate an environment of best practice, while striving for practice education excellence.

The approach that was developed and implemented consisted of the following key elements that directly impacted on student experiences:

- A dedicated student co-ordinator position to strengthen the links between students, supervisors, and the universities, through developing and implementing the approach.
- A structured orientation process that included a digital pre-placement welcome pack to reduce student anxiety, and face-to-face peer group orientation on placement commencement. This maximised consistency and efficiency of information delivery, and facilitated peer group support links early in the placement.
- Targeted facilitated practicums on professional communication, documentation, cognition, home modifications, and mental health with an emphasis on role playing and 'real life' learning in a safe environment.
- Facilitated reflective practice sessions using probing questions that provided students with a structured opportunity to engage and develop reflective enquiry skills.

With any change in practice, it is important to investigate how effective the changes are once they have been implemented. The aim of this research was to determine occupational therapy students' perception of the impact of the implementation of three components of the BHOTEPEA: student orientation process, facilitated practicums, and reflective practice sessions.

### **Method**

This study utilised an on-line survey to collect quantitative and qualitative data. The majority of the data was quantitative, although participants had an opportunity to add qualitative comments

to some questions. Ethical approval for this project was from the Barwon Health Human Ethics Research Committee (Reference 13/121), and the Charles Sturt University and Deakin University Human Ethics Research (2013\_266) Committees.

### **Participants**

Participants consisted of occupational therapy students who had undertaken placements at Barwon Health between December 2014 and December 2015. The students were from four year levels of the Bachelor of Occupational Therapy courses at Deakin University and Charles Sturt University.

### **Data collection procedure**

Students were invited by the occupational therapy student placement coordinators from the health organisation to participate in the research via an email that included a plain language statement and a link to an on-line survey. This email was sent at the completion of placement after students had received their final assessment results, and the students were sent the link only on one occasion. This procedure was chosen so that students did not feel coerced into completing the survey. Completion and submission of the survey was regarded as consent.

### **Data collection tool**

The survey for the students was developed using the online tool, Survey Monkey®. The survey questions were developed based on the literature. Drafts of the survey were piloted with a cohort of students who had completed a placement at the health service but who were not included in the study. The pilot of the survey was used to check on the wording of questions to ensure that each question was clear and unambiguous. As a result of the pilot study, minor changes were made to some of the questions in the survey.

The survey questions were separated into three sections: orientation; facilitated practicums; and reflective practice. The questions included a combination of 5-point Likert rating scale questions, Yes/No/Not Applicable questions, and open response questions. The 5-point Likert scale was categorised as Poor outcome, Fair outcome, Good outcome, Excellent outcome, and Optimal outcome; with definitions of these terms left to the participant to interpret. The surveys were completed anonymously. An online survey format was chosen as this approach has been reported to deliver a number of benefits such as confidentiality, accessibility for completion and the ability to design the survey with a range of question formats ([Nicola-Richmond, Butterworth and Hitch 2016](#)). A copy of the survey is presented in Appendix 1.

### **Data analysis**

Surveys were completed and submitted electronically. The Survey Monkey analysis functions were used to analyse the Likert rating scales and the Yes/No/Not Applicable questions. The responses to these questions were analysed using basic descriptive analyses (e.g. frequencies). Thematic analysis was utilised to analyse the comments made by students, which enabled this qualitative data to be categorised into themes by the authors. An inductive approach was used for data analysis to ensure the themes identified were strongly linked to, and driven by, the data ([Given 2016, Thorne 2016](#)). Initially, each author independently reviewed and became familiar with the data, identified significant comments, highlighted similarities and differences in comments, and searched for themes. As a group, the authors then reviewed, defined, and named the themes.

### **Findings**

Thirty-six occupational therapy students ( $n = 125$ ) responded to the survey (response rate of 29.8%). Of the respondents, 32 were first-year students who completed either a two-week placement block or attended a one day per week placement for twelve weeks; 43 were second-

year students who completed a two-week placement block; 32 were third-year students who either completed a seven-week placement block or attended either one day or two days per week for six weeks or twelve weeks; and 18 were fourth-year students who completed either an eight- or nine-week placement block. To preserve their anonymity, students were not asked to identify their gender, their age, the university they attended, or details about their placement or year of course; hence, it was not possible to provide this demographic data for the 36 students who completed the survey.

### Orientation Process

Since 2014, all occupational therapy students allocated a placement at Barwon Health participate in the formal orientation process intrinsic to the BHOTEPEA. This orientation process included students receiving a welcome pack prior to placement starting, attending a group orientation on the first day of placement, having the opportunity to attend one or more targeted facilitated practicums, and the opportunity to actively engage in structured reflective practice.

When the 36 respondents who submitted the survey were asked if the orientation process increased their feelings of preparedness for their placements, 35 (97%) students indicated that they believed the orientation process contributed to them feeling well prepared, with 23 of these students (64%) indicating the process was either excellent or optimal, strongly indicating that students found the orientation process had prepared them for their placement.

When asked to write which aspect of the orientation process was most beneficial, 32 respondents wrote a response to this qualitative question. These responses were categorised into themes; 10 (28%) students indicated the group orientation; 10 (22%) students indicated caseload orientation with their supervisor; 7 (19%) students indicated the welcome pack; and 6 (17%) students indicated that '*all aspects [were] equally valuable; the whole package provided a number of valuable resources*'.

To investigate the orientation process further, students were asked to rate and comment on the value of the welcome pack and the group nature of the face-to-face orientation at the start of placement. A summary of the students' responses to the survey questions about the welcome pack and group orientation can be found in [Table 1](#).

**Table 1 Orientation Process Survey Results (n = 36)**

Question	Total responses No. (%)	Yes No. (%)	No No. (%)	Not applicable No. (%)
<b>Welcome Pack</b>				
Did you use the details provided in the Welcome Pack to contact your supervisor?	36 (100%)	32 (88.9%)	4 (11.1%)	0 (0.0%)
Did you use the link provided in the Welcome Pack to the Barwon Health site maps?	36 (100%)	22 (61.1%)	13 (36.1%)	1 (2.8%)
Did you use the Welcome Pack Caseload Orientation document to help you develop your learning goals?	36 (100%)	31 (86.1%)	5 (13.9%)	0 (0.0%)
<b>Group Orientation</b>				
Were there any benefits of your participation in the Group Orientation	34 (94.4%)	33 (91.7%)	1 (3%)	0 (0.0%)
By the end of your first day, were the general expectations of a student at Barwon Health, clear to you?	36 (100%)	34 (94.4%)	2 (5.6%)	0 (0.0%)

### *Welcome Pack*

Thirty-two (88.9%) students indicated that they used details in the welcome pack to contact their supervisor. It is unclear why the remaining four students did not do this. It is possible that these students already had their supervisor's contact details as these may have been supplied by their respective university's practice education administrator. It is also possible that these students did not initiate this action, and may have arrived at placement not knowing who was their allocated supervisor.

Only 22 (61.1%) students indicated that they used the link in the welcome pack to access the site maps of Barwon Health's campuses. It is possible that the remaining 14 students either were familiar with the location of Barwon Health campuses (perhaps because they lived in the city where the campuses are located or had done a previous placement in Barwon Health), and/or used other methods, such as internet searching, to locate the appropriate sites.

Students were asked to state whether the caseload orientation document in the welcome pack assisted them to develop their learning goals. Thirty-one (86%) students found the caseload orientation document helpful. It is not clear why 5 (14%) students did not find this document helpful; it may not have been relevant to their stage of placement, or it may be that they chose to use some other method to develop their learning goals, perhaps a method learnt at university.

### *Group Orientation*

When asked if they found the group orientation format beneficial 33 (97%) students indicated that they did. One student indicated that it was not beneficial, and two students did not respond to this question. Of the 33 students who stated that it was beneficial, 30 provided a reason for this. Most students focused on the content of the orientation process rather than the group nature of it. Only 7 respondents commented specifically on the group nature of the orientation process. These students commented that there was a social benefit to completing the orientation as a group, and this was primarily to do with finding out who else was on placement. They wrote comments such as:

Finding who I was working with.

Making connections with students from other universities.

Speaking with other students who are completing placement at the same time.

See who else was on placement with me.

One of these students also indicated that the group nature of the orientation process enabled students to share '*learning goals and expectations*'. Two other students indicated that the benefit of '*being oriented together*' helped to '*reduce feelings of nervousness*'.

The main reason the 30 students gave for the group orientation process being beneficial was that it increased their *knowledge* about Barwon Health and, as a result, their confidence in doing their placements. One respondent captured this by writing: '*Knowing a little more about Barwon Health procedure came in handy a lot during placement. I was able to independently look up a client's file, access the SharePoint (an intranet site) etc.*'. With regard to increasing their knowledge, respondents indicated that the group orientation session helped them to gain an understanding of Barwon Health's '*policies and motivations*', '*values*', '*expectations*', '*systems*', and '*computer programs*'. The confidence the students developed as a result of this knowledge gained in the orientation was evident in numerous responses, including:

It made it not as scary and gave you some time to get your head around some of the things we would be doing in our placement.

Made me feel prepared and comfortable [...] more organised.

Decreased anxieties and enabled a smooth transition into my clinical fieldwork at Barwon Health.

Thirty-four (94.4%) students stated that the general expectations of a student at Barwon Health were clear at the end of their first day on placement as a result of the group orientation. Only two students stated that the expectations were not clear. One of the two students indicated that it took *'several weeks before [he/she] got an idea of expectations'*. The other student felt that the expectations were *'not explained'* and that this was compounded by his/her learning goals not being clarified. This students said that this impacted on placement as he/she *'did not get as much independent clinical experience as [he/she] wanted in [his/her] learning goals'*.

### **Facilitated Practicums**

There were five targeted facilitated practicums that students could attend, providing their placement coincided with when the practicums were run. They included: Professional Communication, Documentation, Home Modification, Mental Health, and Cognition. Participants were asked a series of questions related to these practicums. The participants' responses are summarised in [Table 2](#).

Overall, students found the facilitated practicums useful. When asked to rate on a scale of 1 to 5 whether they were able to apply what they learnt on the practicums to their placements, 31 (86%) students gave a rating of either good (36%), excellent (39%), or optimal (11%). Five (38%) respondents indicated that this question was not appropriate to them, and this may reflect non-attendance at the facilitated practicums. It is possible that if a student was on, for example, a short placement of two-weeks that the placement did not coincide with one of the facilitated practicums.

Eighteen (50%) students responded to the question asking what they considered to be the most beneficial aspect of the facilitated practicums. Most students simply indicated a session that they found was most beneficial. Seven of these students indicated the documentation practicum and three students indicated that the communication practicum was most beneficial. The remaining students selected one of the other facilitated practicums. The documentation practicum proportionately received the most positive comments, perhaps because students were concerned about learning the documentation style relevant to the placement site. It is worth noting that the subjective nature of documentation, even within the one organisation, can be challenging for students so the facilitated practicum aimed to provide a safe space in which students could confidently build their skills without being formally assessed.

In addition to identifying a specific practicum that was beneficial, a small number of students provided a more general comment acknowledging the benefits of the practicums. This included comments indicating that the practicums were immediately relevant for placement, with 1 student summarising the essence of responses, by stating that he/she *'was able to easily see how it was being applied the next day in all the other employees. I was also then given many opportunities to use it!'* Students also talked of the practicums as being an opportunity to *'practise skills without the pressure from real life situations'*, and to learn *'information specific to each area'* of practice. One student felt that the practicums were beneficial because they provided *'a break from being assessed'*, indicating the benefits of having the opportunity to practise skills without perceived pressure.





**Table 2: Facilitated Practicums and Reflective Practice Survey Results (n=36): Raw Data**

Question	Total responses No. (%)	Rating					Not applicable
		Poor	Fair	Good	Excellent	Optimal	
<b>Facilitated Practicums</b>							
I was able to apply on placement the practical knowledge learnt from the Facilitated Practicums	36 (100%)	0	0	13	14	4	5
The Professional Communication facilitation practicum increased my confidence with communicating with clients?	36 (100%)	1	2	7	14	6	6
The Professional Communication facilitated practicum increased my confidence with communicating with co-workers?	35 (97.2%)	1	1	9	15	3	6
The Documentation facilitation practicum improved my ability to write an initial assessment in a client's history?	36 (100%)	0	3	8	9	2	14
The Home Modification / Equipment facilitated practicum improved my ability to identify and prescribe equipment for clients?	36 (100%)	1	0	2	6	1	26
The Home Modification / Equipment facilitated practicum improved my ability to measure for and draw a recommendation for rails?	36 (100%)	1	0	3	3	1	28
The Mental Health facilitated practicum increased my understanding of the OT role with clients with mental health issues?	36 (100%)	0	3	7	3	2	21
The Cognition facilitated practicum increased my understanding of the OT role with clients with cognitive issues?	35 (97.2%)	1	1	4	8	1	20

**Table 2 (Continued): Facilitated Practicums and Reflective Practice Survey Results (n=36): Raw Data**

Question	Total responses No. (%)	Rating					Not applicable
		Poor	Fair	Good	Excellent	Optimal	
<b>Reflective Practice</b>							
The facilitated Reflective Practice sessions encouraged me to reflect on my practice education (fieldwork) experiences?	36 (100%)	1	2	12	12	5	4
Reflecting on my practice education (fieldwork) experiences increased my understanding of situations in terms of what happened and why things happened?	36 (100%)	1	5	10	12	6	2
Reflecting on my practice education (fieldwork) experiences assisted me to view some events from a different perspective?	36 (100%)	1	4	12	12	4	3
Reflecting on a single practice education (fieldwork) experience in the group setting challenged my perspective of the situation, which as a result, may impact on my future decision and practice?	36 (100%)	2	2	11	10	5	6
Reflecting on my practice education (fieldwork) experiences will influence my use of Reflective Practice in the future?	36 (100%)	0	4	12	10	7	3

### **Reflective Practice**

Thirty-two (89%) students responded to the question asking if the reflective practice sessions encouraged them to reflect on their placement experiences. Of the 32 students, 29 (81%) were positive about the impact of these sessions. Three (8%) students indicated that the sessions did not encourage them to be more reflective on their placements. Identified themes indicated the majority of the students found that the group structured reflection they undertook as part of placement:

- Increased their understanding of what happened and why things happened ( $n = 28$ , 77.8%);
- Assisted them to view some events from a different perspective ( $n = 28$ , 77.8%); and
- Would influence their use of reflective practice in the future ( $n = 29$ , 80.6%).

Not all students were positive about the reflective practice sessions. A small number of students indicated that reflection on their practice did not have a positive outcome, and that their experience of reflection in the context of doing their placement at Barwon Health will not influence whether they will use reflection in the future.

Students who participated in a reflective practice session were asked to identify the most beneficial aspect of these sessions. Only 22 (61%) students made a comment in response to this question. Thirteen (36%) of these students indicated that the most beneficial aspect of the reflective practice session was hearing other students' stories. Hearing the stories of other students allowed them to recognise that there were *'others experiencing the similar situation during placement as well'*, and also provided opportunities for learning *'what went well, what they learned, this helped [...] to think about what [to] do in a similar situation'*. The flip side of the benefit of hearing the story of others, was noted by 7 (19%) respondents, who said that the most beneficial aspect of the reflective practice sessions was sharing their story. Sharing their own story provided the opportunity to review *'an experience which previously occurred on placement and how this forced [students] to reflect on what [they] could do better in the future when previously [they] would not have thought about this situation'*. Respondents commented that *'being able to talk about experiences in a group setting'* provided them with the *'opportunity to challenge [their own] thinking'*. One respondent summed up the benefits of the reflective practice session by writing that:

Through observing and participating, it was beneficial to see how the process helped people to see things from a different perspective and in many cases come to some sort of conclusion or resolve about an issue that has been bothering them. We can now use this strategy in future.

### **Discussion**

The findings indicate that the quality of student placement experiences was enhanced by: developing and implementing a welcoming orientation process; providing key information to enable students to prepare for placements; and facilitating the development of students' practical and reflective practice skills. Overwhelmingly, the students who responded to the survey were positive about the orientation process, facilitated practicums, and facilitated reflection components of the new BHOTEPEA. The positive responses aligned with the outcomes of Rodger *et al.* (2011) study investigating the key elements of a quality practice education experience for occupational therapy students. Rodger *et al.* found that three key quality indicators of placements identified by occupational therapy students were: a welcoming learning environment; a detailed orientation and clear expectations; and a graded program of learning experiences.

The first two of these quality measures fits with the orientation process developed as part of the BHOTEPEA. Most of the students who responded indicated that the orientation process led to them feeling well-prepared for their placement. There were different aspects of the orientation process that the students found beneficial (e.g. the welcome pack, the group orientation, the caseload orientation); however, these all contributed in some way to the students feeling welcomed and prepared. The impact of the orientation process was clearly stated by the majority of students who indicated that the Barwon Health expectations were clear by the end of the first day of placement. Hence, the welcome pack and the group orientation appear, to some extent, to meet [Rodger et al. \(2011\)](#) quality measures of a welcoming learning environment and a detailed orientation with clear expectations.

[Rodger et al. \(2011\)](#) indicated that a graded program of learning experiences was another quality measure. Within the approach, this quality measure was, in part, accommodated through the targeted facilitated practicums and the facilitated reflective practice sessions. Although there was a difference in opinion on which of the five facilitated practicums were most useful, it appears that most students found these sessions very beneficial. It would appear that these practicums were most useful when they were directly relevant to the area of practice the student was working in and when they provided students with the opportunities to practise skills without feeling the pressure they perceive when working with clients under observation by their supervisor. The practical nature of these practicums supports [Hanson's \(2011\)](#), and [James and Musselman's \(2006\)](#) findings that students benefit from having opportunities for hands-on learning to assist with preparing for, and performing competently on, placement; thus, providing a quality learning experience.

Reflective practice skills have been noted by researchers to be a key skill students should learn, to enable them to continue to develop their practice skills and capabilities [Larkin and Pépin 2013](#), [Pépin 2017](#)). In a 2016 study that explored the application of the threshold concepts framework to occupational therapy, [Nicola-Richmond, Pépin and Larkin \(2016\)](#) identified reflective practice as one of ten pivotal concepts and capabilities of the discipline. Threshold concepts have been described as 'portals' that assist students to achieve "new and previously inaccessible" ways of thinking about something ([Meyer and Land 2003: 1](#)). Acquiring a threshold concept is thought to allow a student to gain "a transformed way of understanding or interpreting or viewing something" ([Meyer and Land 2003: 1](#)), assisting them to integrate knowledge as they develop expertise and professional identity ([Nicola-Richmond, Pépin and Larkin 2016](#)). The authors used the Delphi technique with a group comprising occupational therapy clinicians (n = 21), final-year occupational therapy students (n = 11), and academics teaching in occupational therapy (n = 10); to gain consensus regarding the threshold concepts of occupational therapy by asking participants what were the most troublesome, transformative, and integrative concepts and capabilities for the discipline, with 80% of participants agreeing that reflective practice was a threshold concept for occupational therapy. Despite this, the experience of the authors involved in this current project is that occupational therapy students often approach reflective practice activities in a superficial manner, and university-based activities to facilitate reflective practice frequently consist of students writing written reflections after learning activities. As the results of this study indicate, the face-to-face, group-based, facilitated reflective practice sessions used in the BHOTEPEA provided students with an additional and alternative opportunity to experience reflective practice. Students indicated that these sessions enabled them to understand the 'what' and 'why' of their practice, and to appreciate the different perspectives of other people. Further research regarding the value of group-based reflective practice sessions during placement experiences is needed, and evaluation of this element of the BHOTEPEA is continuing.

It is acknowledged that the orientation process is only one aspect, albeit a significant aspect, of a quality workplace learning experience. [Rodger et al. \(2011\)](#) identified a number of other quality measures that relate more to the approach and expertise of the supervisor. These include: quality modelling and practice; quality feedback; consistent approach and expectations; open honest relationship; and supervisor experience and skills. As the focus of these quality measures was mainly on the supervisor, they were beyond the scope of this research.

However, as the supervisor is key to students experiencing quality learning on placement, regular supervisor training must also be a feature of the approach. As a result, the approach focuses on implementing a graded range of education opportunities to develop the skills, abilities, and consistency of supervisors; this is the focus of another research project.

### **Limitations**

There are four limitations of this research project that should be considered when reflecting on the findings:

- (1) No evaluation of the student experience prior to the implementation of the approach was undertaken; hence, it is not possible to determine how the implementation of the approach compares with previous strategies used at Barwon Health. However, the approach was developed through extensive consultation with students, supervisors and university educators, and was based on available research literature at the time.
- (2) The number of students who completed and submitted the survey was low compared to the number of students who completed a placement. Hence, it is not possible to know if the findings reflect the view of the majority of students. In addition, including demographic information about the students (e.g. year of study, length of placement, location of placements, etc.) would have enabled a more nuanced interpretation of the findings. This may have led to findings that reflect differences between the year groups, placement durations and settings. Future evaluations of the student experience should attempt to increase the number of respondents, such as sending a reminder to students about completing the survey, and include demographic information about the respondents.
- (3) The focus of this study was on three aspects of the approach. To determine the overall effectiveness of the approach, evaluation of other aspects should be done; particularly the views and perceptions of supervisors.
- (4) This was a cross-sectional study conducted over one year. It would be appropriate to repeat this study on a yearly basis to monitor the implementation of the approach, and to identify trends that may evolve.

### **Conclusion**

To improve the practice education experience of occupational therapy students, the Barwon Health occupational therapy team developed and implemented the Barwon Health Occupational Therapy Enhanced Practice Education Approach. This approach was developed after extensive consultations with students, supervisors, and university educators, and a review of the literature. The approach was implemented from the beginning of 2014, and an evaluation was conducted in the same year. This article reported on the evaluation of the orientation process, which included a welcome pack and group orientation session, facilitated practicums, and facilitated reflective practice sessions.

Overall, the students who responded to the survey indicated that the approach was successful in making them feel welcomed and prepared for placement, developing their practice skills and abilities, and developing their reflective practice skills. It appears that the approach supports the key elements of a quality practice education experience for occupational therapy students identified by *Rodger et al. (2011)*, in particular the key elements of a welcoming learning environment, detailed orientation and clear expectations, and a graded program of learning experiences. It is suggested that other placement sites will be able to enhance the quality of their student placement experiences by developing and implementing an orientation process that welcomes students, providing key information to enable students to prepare for their placements, facilitating the development of their practice skills in a way that complements their work experiences, and facilitating the development of reflective practice skills.

## References

- Buchanan, J., Jenkins, S., and Scott, L. (2014) *Student Clinical Education in Australia: A University of Sydney Scoping Study*. Sydney: The University of Sydney
- Given, L.M. (2016) *100 Questions (and Answers) About Qualitative Research*. Thousand Oaks, CA: Sage
- Hanson, D. (2011) 'The perspectives of fieldwork educators regarding Level II fieldwork students'. *Occupational Therapy in Health Care*, 25 (2-3), 164–177  
<https://doi.org/10.3109/07380577.2011.561420>
- Health Education and Training Institute and NSW Interdisciplinary Clinical Training Networks (2015) *Clinical placements in NSW, 2015*. [online] available from <  
<http://www.heti.nsw.gov.au/Global/SPE/ICTN/Clinical%20Placements%20in%20NSW%20reports%20-%20second%20edition.pdf> [6 December 2017]
- Ingwersen, K., Lyons, N., and Hitch, D. (2016) 'Perceptions of fieldwork in occupational therapy'. *The Clinical Teacher*, 14 (1), 55–59 <https://doi.org/10.1111/tct.12518>
- James, K.L. and Musselman, L. (2006) 'Commonalities in level II fieldwork failure'. *Occupational Therapy in Health Care*, 19, 67–81 [https://doi.org/10.1080/J003v19n04\\_05](https://doi.org/10.1080/J003v19n04_05)
- Kirke, P., Layton, N., and Sim, J. (2007) 'Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students'. *Australian Occupational Therapy Journal*, 54 (S1), S13–S22 <http://doi.org/10.1111/j.1440-1630.2007.00696.x>
- Larkin, H. and Pépin, G. (2013) 'Becoming a reflective practitioner'. in *Clinical and Fieldwork Placement in the Health Professions*. 2nd edn. ed. by Stagnitti, K., Schoo, A., and Welch D. South Melbourne, Australia: Oxford University Press, 31–42
- Maidment, J (2013) 'Getting ready for placement'. in *Clinical and Fieldwork Placement in the Health Professions*. 2nd edn. ed. by Stagnitti, K., Schoo, A., Welch D. South Melbourne, Australia: Oxford University Press, 3–12
- Meyer, J.H.F. and Land, R. 2003 'Threshold concepts and troublesome knowledge: Linkages to ways of thinking and practising within the disciplines'. in *Improving Student Learning: Improving Student Learning Theory and Practice – Ten Years On*. ed. by Rust, C. Oxford: Oxford Centre for Staff and Learning Development
- Mulholland, S. and Derald, M. (2005) 'A strategy for supervising occupational therapy students at community sites'. *Occupational Therapy International*, 12 (1), 28–43  
<https://doi.org/10.1002/oti.13>
- Nemeth, E. and McAllister, L. (2013) 'Learning from failure'. in *Clinical and Fieldwork Placement in the Health Professions*, 2nd edn. ed. by Stagnitti, K., Schoo, A., Welch D. South Melbourne, Australia: Oxford University Press, 115–127
- Nicola-Richmond, K., Butterworth, B., and Hitch, D. (2016) 'What factors contribute to failure of fieldwork placement? Perspectives of supervisors and university fieldwork educators'. *World Federation of Occupational Therapists Bulletin*, 72 (2), 117–124  
<https://doi.org/10.1080/14473828.2016.1149981>

- Nicola-Richmond, K., Pépin, G., and Larkin, H. (2016) 'Transformation from student to occupational therapist: Using the Delphi technique to identify the threshold concepts of occupational therapy'. *Australian Occupational Therapy Journal*, 63(2), 95–104
- Pépin, G. (2017) 'Reflecting on practice'. In *Occupational Therapy for People Experiencing Illness, Injury or Impairment: Promoting Occupation and Participation*. 7th edn. ed. by Curtin, M., Adams, J., and Egan. Edinburgh, UK: Elsevier, 781–788
- Rodger, S., Fitzgerald, C., Davila, W., Millar, F. and Allison, H. (2011) 'What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives'. *Australian Occupational Therapy Journal*, 58 (3), 195–202  
<https://doi.org/10.1111/j.1440-1630.2010.00903.x>
- Sladyk, K. and Sheckley, B. (2001) 'Clinical reasoning and reflective practice: Implications of fieldwork activities'. *Occupational Therapy in Health Care*, 13 (1), 11–22  
[https://doi.org/10.1080/J003v13n01\\_02](https://doi.org/10.1080/J003v13n01_02)
- Thorne, S. (2016) *Interpretive Description: Qualitative Research for Applied Practice*. 2nd edn. New York, NY: Routledge
- World Federation of Occupational Therapists (2016) *Minimum Standards for the Education of Occupational Therapists Revised 2016*. Forrestfield, Australia: World Federation of Occupational Therapists

## Appendix 1

### Survey

- Scale 1 = poor outcome
- Scale 2 = fair outcome
- Scale 3 = good outcome
- Scale 4 = excellent outcome
- Scale 5 = optimal outcome

### Orientation

1. The Orientation process increased my feeling of preparedness for my practice education (fieldwork) placement at Barwon Health 1 2 3 4 5
2. Did you use the details provided in the Welcome Pack to contact your practice educator (supervisor)? Y/N N/A
3. Did you use the link provided in the Welcome Pack to the Barwon Health site maps? Y/N N/A
4. Did you use the Welcome Pack Caseload Orientation document to help you develop your Learning Goals? Y/N N/A
5. Did you complete some of the pre-reading suggested in the Welcome Pack Caseload Orientation document? Y/N N/A
6. Were there any benefits of your participation in the Group Orientation session? Y/N

a. If your answer is yes; what were they?

-----  
-----  
-----

7. By the end of your first day, were the general expectations of a student at Barwon Health, clear to you? Y/N

a. If your answer is no; why not?

-----  
-----  
-----



8. What was the most beneficial aspect (introductory letter, Caseload Orientation document, group orientation session) of the Orientation process?

-----  
-----  
-----

9. What is one suggestion you have to improve the Orientation process?

-----  
-----  
-----

**Simulated learning practicums**

1. I was able to apply on placement the practical knowledge leant from the Simulated Learning Practicums 1 2 3 4 5 N/A
2. The Professional Communication Simulated Learning Practicum increased my confidence with communicating with clients 1 2 3 4 5 N/A
3. The Professional Communication Simulated Learning Practicum increased my confidence with communicating with co-workers 1 2 3 4 5 N/A
4. The Documentation Simulated Learning Practicum improved my ability to write an Initial Assessment in a client's history 1 2 3 4 5 N/A
5. The Home Modification/Equipment Simulated Learning Practicum improved my ability to identify and prescribe equipment for clients 1 2 3 4 5 N/A
6. The Home Modification/Equipment Simulated Learning Practicum improved my ability to measure for and draw a recommendation for rails 1 2 3 4 5 N/A
7. The Mental Health Simulated Practicum increased my understanding of the OT role with clients with Mental Health issues 1 2 3 4 5 N/A
8. The Cognition Simulated Learning Practicum increased my understanding of the OT role with clients with Cognitive issues 1 2 3 4 5 N/A
9. What was the most beneficial aspect of the Simulated Learning Practicums?

-----  
-----  
-----

10. What is one suggestion you have to improve the Simulated Learning Practicums?

-----  
-----

11. Is there a Simulated Learning Practicum topic that was not offered that you would have benefitted from? Y/N

a. If your answer is yes; what topic?

-----  
-----

**Reflective Practice (block placement students only, circle N/A if you did not participate)**

1. The facilitated Reflective Practice sessions encouraged me to reflect on my practice education (fieldwork) experiences 1 2 3 4 5 N/A

2. Reflecting on my practice education (fieldwork) experiences increased my understanding of situations in terms of what happened and why things happened 1 2 3 4 5 N/A

3. Reflecting on my practice education (fieldwork) experiences assisted me to view events from a different perspective 1 2 3 4 5 N/A

4. Reflecting on my practice education (fieldwork) experiences will impact on my future decisions and experiences. 1 2 3 4 5 N/A

5. Reflecting on my practice education (fieldwork) experiences will influence my use of reflection in practice in the future? 1 2 3 4 5 N/A

6. If you participated, what was the most beneficial aspect of the Reflective Practice sessions?

-----  
-----

7. If you participated, what is one suggestion you have to improve the Reflective Practice sessions?

-----  
-----

**General**

8. What is one suggestion you have to improve the Practice Education program at Barwon Health?

-----  
-----