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# Students' Experience of Learning to Use Occupation as Intervention on Fieldwork in Medical Settings

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Students' Experience of Learning to Use Occupation as Intervention on Fieldwork in  
Medical Settings

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An Independent Study

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

Grand Forks, North Dakota

May, 2012

This Independent Study Paper, submitted by Kelli Atkinson and Nicole Knutson in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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Date

PERMISSION

Title                      Students' Experience of Learning to Use Occupation as  
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Department              Occupational Therapy

Degree                     Master's of Occupational Therapy

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## ABSTRACT

### **Students' Experience of Learning to Use Occupation as Intervention on Fieldwork in Medical Settings.**

There are few studies that focus on students' experiences of fieldwork; specifically, investigating how students learn to use occupation. In addition, there is limited research regarding the students' learning to use occupation-based interventions in medical settings. The purpose of this independent study was to explore students' experience of learning to use occupation as intervention on fieldwork in medical settings and specific strategies used by students and fieldwork educators for learning to use occupation as intervention. A phenomenological, qualitative research design was used with this study. Participants were recruited through the use of the University of North Dakota occupational therapy department fieldwork listserv. Purposive sampling was used to obtain the study sample. A one-hour semi-structured focus group interview was completed for data collection. Data analysis consisted of initial coding performed by two researchers. Codes were separated into categories. From the categories, themes emerged and were confirmed by a third researcher. Throughout data analysis, triangulation was used to increase validity of the study. From the data analysis, researchers found four major themes including: (1) students' understanding of occupation and the continuum of practice; (2) students identification of barriers to implementing occupation-based practice; (3) influence of the fieldwork educator; and (4) supports for students use of occupation as intervention. Four supports for students' experience of learning to use occupation as intervention on fieldwork in medical settings developed including student initiative, hands-on experience/observation, the academic setting of the OT program, and the use of assessments and evaluations. Participants more readily identified barriers to implementing occupation-based practice as compared to identifying supports to learning to use occupation-based practice. In addition, students desired to have a more collaborative learning experience with their fieldwork educators for learning to use occupation as intervention while on fieldwork in medical settings.

## CHAPTER 1

### INTRODUCTION

#### *Rationale*

In the field of occupational therapy, healthy engagement in occupations is the defining concept of the profession. The term “occupation” serves as the base and core of the profession’s identity. The Occupational Therapy (OT) Practice Framework: Domain and Process (2008), an official document of The American Occupational Therapy Association (AOTA), informs occupational therapy practitioners and others outside the occupational therapy profession of the constructs of occupational therapy practice. The OT Practice Framework (AOTA, 2008) serves as guide for occupational therapy’s domain of expertise and describes the occupation and client-centered process used in occupational therapy (AOTA, 2008).

The OT Practice Framework (AOTA, 2008) describes the importance of engagement in occupation for health and well-being of individuals. Occupation-centered interventions are essential for supporting individuals to achieve health and well-being through occupation (AOTA, 2008). As occupation is the core concept of the profession, it is important that students and professionals understand the complexity of the term “occupation” and the use of occupation as intervention to promote increased health and well-being.

From the 1920’s through the 1970s, paradigm shifts in occupational therapy resulted in decreased focus on occupation. However, in the 1980s, occupation once again

emerged as the primary focus of the profession (Cole & Tufano, 2008). This shift resulted in an enhanced focus on client-centered practice and the use of occupation-based interventions. The foundation of academic programs also shifted to the use of occupation and occupational science.

Despite occupation being used as the core of academic programs, Stern (2007) found that students often lacked experiences and opportunities that would increase their understanding of occupation. This lack of experience and opportunities may leave students with a narrow perspective of the meaning and complexity associated with the term. This confirmed the idea that educators need to provide students with a more comprehensive view of the term occupation, as it is used in the profession (Zecevic et al., 2010). By doing so, it will help students and therapists to define the role of occupational therapy, as well as follow the core focus of the profession.

Fieldwork provides students with opportunities to generalize learning from the classroom into practice, so it is important to understand the occupational therapy practice that students' may be encountering on fieldwork. Although occupation is the focus of academic programs, there is there is limited research that identifies the use of occupation as intervention in practice, particularly in medical settings. In a survey of acute settings, Smallfield & Karges (2009) found pre-functional activities, including ROM, exercise, and PAMS were identified as being utilized 65 percent of the time. Wood et al. (2000) found that practitioners use component-level interventions more commonly than occupation-based interventions. In addition, many studies have little or no reference to the interventions being defined as occupation-based, which detracts from our profession's focus on occupation. Occupation-based interventions need to be identified and utilized by

therapists in medical settings, so students can learn from this modeling during fieldwork and apply it to their style of client care.

Students identified fieldwork as one of their most valuable learning opportunities (Hodgetts et al., 2007). Additionally, students have reported that most of their knowledge was gained from their fieldwork placement (Tryssennar & Perkins, 2001). If fieldwork is not providing students with evidence of occupations being used in the clinic setting, students may be less likely to use occupations as intervention as practitioners.

### *Problem Statement*

There are few studies that focus on students' experiences of fieldwork; specifically, investigating how students learn to use occupation. In addition, there is limited research regarding the students' learning to use occupation-based interventions in medical settings. To address the limited amount of research in this area, this study will investigate students' experiences of learning to use occupation as intervention on fieldwork in medical settings.

### *Assumption*

Occupation is the core of our profession; therefore, the use of occupation-based interventions is essential for defining the scope of occupational therapy practice. The lack of research that explores students' learning to use occupation as intervention limits our professional knowledge of how to prepare students to use occupation-based interventions as future practitioners in medical settings.

### *Scope and Delimitation*

This focus group study was conducted in the upper Midwest and included participants that represented three different academic programs in the Midwest.

Participants were recruited through purposive sampling. Inclusion criteria included that participants be currently enrolled in an accredited occupational therapy Master's program and completed a Level II fieldwork in a medical-based setting. Inclusion criteria regarding completion of a Level II fieldwork ensured that all participants had equal length of time for learning to use occupation as intervention. Participants were recruited from various academic programs and medical-based settings in order to explore a greater variety of learning experiences.

### *Importance of Study*

This study will be important to the field of occupational therapy by allowing fieldwork educators, coordinators, and student intern to better understand what contributes to student learning to use occupation as intervention on fieldwork. This study will help fieldwork educators to understand supports and barriers for students' learning to use occupation as intervention, and to consider the use of the recommendations to provide enhanced occupation-based fieldwork experiences.

### *Definition of Terms*

As The OT Practice Framework (AOTA, 2008) is used as an official document to describe the domain of the occupational therapy profession, it is used to guide this study as it aims to develop a greater understanding of how students learn to use occupation as intervention. The OT Practice Framework (AOTA, 2008) defines occupational therapy's practice domain as "supporting health and participation in life through engagement in occupation". This understanding of occupational therapy's domain of practice guided this study's concept of the purpose of occupational therapy.

The OT Practice Framework (AOTA, 2008) explains occupation by providing multiple definitions to capture the fluid essence of the term. For the purposes of this research study, occupation is described as activities that are given value by an individual or culture, provide structure to living, give purpose and meaning to life, and are reflective of the individual's lifestyle and context. Occupation-based interventions are defined by the OT Practice Framework (AOTA, 2008) definition, occupation-based interventions are “client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, need, health, and participation in daily life”.

## CHAPTER 2

### REVIEW OF LITERATURE

#### *Introduction*

It is the term “occupation” that sets the profession of occupational therapy aside from other allied health professions. Wilcock (2000) describes it as “...a principal biological mechanism for health” (p. 81). Occupation is embedded in all models of occupational therapy as the focus of the occupational being. Informed by occupational therapy models, the OT Practice Framework is an organizing paradigm that provides information to guide the thinking of therapists and is a resource for practitioners and consumers. According to the OT Practice Framework, participating in occupations during occupational therapy intervention will address the emotional, psychological, and physical aspects of an individual (AOTA, 2008, p. 628). The framework is also described as a tool for students and practitioners that directs their focus to meaningful occupations and occupational therapy specific language. Through the framework, AOTA (2008) reinforces occupation and health as core concepts supporting and defining the profession.

As the core of the occupational therapy profession, occupations provide practitioners, educators, students, and clients with direction in the rehabilitation process.

Students’ perspectives of using occupation as intervention are shaped by their successors and occupational therapy students shape the future of the profession. Although occupation is defined as the core of our profession, there is limited research investigating the use of interventions defined as occupation-centered or occupation-based on student

Level II fieldworks. This literature review will include attention to how occupation has evolved through history, use of the term in academic programs, evidence of occupation use in the clinic, and the use of occupation as intervention by occupational therapy students on fieldwork.

### *Background*

There are a variety of meanings for the word “occupation” and its use. The term is often described as a unit of activity that provides organization and purpose to a human’s behavior (Yerxa, 1998). Individuals must have skills, intentions, and interest in an occupation to have a feeling of purpose (Yerxa, 1998). “Occupation” is classified into a variety of categories, which can increase the complexity behind the meaning of the term. Occupation relates to and can be described as something different, dependent upon each individual. According to the OT Practice Framework, the term "occupations", includes activities that are given value by an individual or culture, provide structure to living, give purpose and meaning to life, and are reflective of the individual’s lifestyle and context. In addition, occupation-based intervention is defined as a client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life (AOTA, 2008). If occupational therapists lack a comprehensive view of the term occupation as it relates to interventions, they would not be able to justify their work (Yerxa, 1998). If practitioners are not able to justify their work, students will also have difficulty validating what the profession represents.

It is not only practitioners' view of occupation that is relevant to the profession of occupational therapy, students' perspectives of what occupation means and how it can be used in providing care for clients is also important. Wilcock (2000) described the experience of hearing faculty members express disappointment with students who were not able to clearly define occupation after their first year in the occupational therapy program. Teachers felt that students and graduates need to be able to clearly define what they do and be comfortable with the language that is used in the profession. Wilcock (2000) expressed that increased ability of students to be comfortable with occupational therapy knowledge will help them to inform and educate others about the profession and what it stands for. This justifies the need for an educational philosophy embedded in the relationship between occupation and health (Wilcock, 2000).

To understand how students explain occupation to others, the students view of the term must be considered. Ivarsson & Müllersdorf (2008) conducted a study to determine how occupational therapy students in Sweden described occupation. Researchers determined that novice students lacked insight into the complexity involved with occupation and the personal meanings each individual associates with the term (Ivarsson & Müllersdorf, 2008). In a follow-up study, six new codes were found pertaining to the doing and context of occupation, as well as the type of participation required. It was found that after three years in the program, students had a more comprehensive understanding of occupation and that occupations are equally influenced not only by an objective understanding, but also by subjective meanings that provide an individual with a sense of purpose (Ivarsson & Müllersdorf, 2009). In another study, students at the University of Western Ontario, Canada were more likely to describe occupations as

maintaining physical and mental capabilities through activities, or the “doing” aspects of occupation, and rarely considered spirituality as occupation, (Zecevic, Magalhaes, Madady, Halligan, & Reeves, 2010). In comparison, in the Ivarsson & Müllersdorf (2009) study, students reported understanding that occupations are what an individual judges them to be (Ivarsson & Müllersdorf, 2009). In other words, students felt that occupation also relates to the “being” aspects of occupation including spirituality or a sense of purpose and meaning. This confirmed the idea that all educators need to provide students with a more comprehensive view of the term occupation, as it is used in the profession (Zecevic et al., 2010). A more comprehensive view of occupation may be obtained by understanding the history of the profession and of the use of the terminology in relation to occupational therapy.

The term occupation came into use in the 1920s with the rise of occupational therapy, and changed following the paradigm shifts over the maturity of the profession. Occupation was the dominant term used in the 1920s and again in the 2000s, but it was rarely used between 1970 through 1990 (Bauerschmidt & Nelson, 2011). In addition, the term was replaced by activity in the 1940’s, 1950s, and 1960s. The use of the term occupation closely parallels the paradigm shifts that have shaped the profession (Bauerschmidt & Nelson, 2011).

The paradigm of occupation was the first to influence practitioners and took place from 1900 through 1940. During this time, moral treatment became a popular philosophy for therapy. The idea of moral treatment was that “...people with disabilities have a right to engage in the tasks and events of everyday life in order to become more physically functional and to restore a sense of well being. Occupation, in the humanistic view, is

morally uplifting” (Cole & Tufano, 2008, p. 7). In other words, people were not viewed by just their disability, but were considered holistic occupational beings. Practitioners were attentive to their relationship with the clients and motivated clients through the recovery process. The term occupation was no longer viewed in the same way during the period of the mechanistic paradigm.

Also known as the reductionistic paradigm, the mechanistic paradigm began in the 1950s and lasted through the 1970s. The shift began as the profession was encouraged to justify the work of occupational therapist through scientific evidence (Cole & Tufano, 2008). The view of the client was reduced to focusing on diagnosis and impairments and therapists sought to “fix” these impairments through exercise, rather than focusing on occupation. This view was consistent with the medical model used during this time. The shift was influenced by the outbreak of tuberculosis and polio, which at the time had no treatment. Through scientific research, ways to prevent and cure these diseases were explored. Influenced by the medical model, occupational therapists began to consider methods of treatment as a means to “fix” a client’s disability. Practitioners helped patients to regain function or modified an activity to the level of a patient’s function, rather than focusing on meaningful occupations. The mechanistic paradigm led to a crisis within the occupational therapy profession, by limiting the scope of what occupational therapists could do in the rehabilitation process. Practitioners began to specialize in the type of treatment they provided for clients and these specialties were divisive to the profession, as there was a lack of unifying purpose to therapy. This led to another paradigm shift in the profession (Cole & Tufano, 2008). As Burke (1996) describes “ Placed in a world where the primary orientation is directed toward solving

problems of acute pathology and the reduction of disease through drugs and surgery, our commitment to persons with severe and chronic disabilities has been compromised” (p. 635). As the view of the client as an occupational being was reduced, so was the value of the profession, and to address this view a change was needed.

Starting in the 1980s, occupation began to return to the profession as a primary focus for each client (Cole & Tufano, 2008). Occupational therapists began to broaden their scope of practice and focus on the client as an occupational being. Collaboration between the client and therapist also emerged with a focus on helping clients to feel more satisfied with the therapy process and their outcomes. The intent of therapy moved away from “curing a client” and into helping the client to overcome barriers for greater independence (Cole & Tufano, 2008). Known as, client-centered care, this method is characterized by the therapist gathering information that is valuable and meaningful to the client being served (American Occupational Therapy Association, 2008). With the focus of the profession once again shifting to occupation, it is important to understand current use, and non-use, of occupation-based practice in medical settings.

#### *Evidence of occupation-based practice used in medical settings*

In a review of current literature regarding interventions used in the occupational therapy practice field, activities of daily living (ADLs) are often identified as a focus of treatment. In a large retrospective study conducted by Smallfield & Karges (2009), 46 percent of occupational therapists reported that ADLs were addressed as interventions in rehabilitation units for individuals post-stroke (Smallfield & Karges, 2009). In another study, self-care training was found to be a main treatment area addressed in 54 acute care settings across Australia; however, education was reported to be the most common type

of intervention (Griffin & McConnell, 2001). Reasons for utilizing education as the most common type of intervention were not reported. In addition, as ADL intervention comprises a large area of focus in medical-based settings, little is mentioned about what types of interventions are provided.

In addition to interventions focused on ADLs, instrumental activities of daily living (IADL) are another main area of occupational therapy treatment. At inpatient rehabilitation settings across Australia, IADLs were identified as a main treatment focus for individuals post-stroke. Eighty-three percent of occupational therapists reported using engagement in IADLs as intervention. Compensatory techniques were reported to be used often by 67 percent of occupational therapists, and pencil and paper activities were reported to be utilized often by 44 percent. Almost 75 percent of the participants reported using a client-centered approach to treatment (Koh, Hoffmann, Bennett, & McKenna, 2009). Although engagement in occupation was reported to be used most often as a type of intervention by occupational therapists in the study, almost half of occupational therapists in the study reported using interventions that were not occupation-based.

Although numerous studies describe the use of ADL and IADL interventions, most studies have little or no reference to the interventions being defined as occupation-based. Limited reference to occupation-based interventions detracts from our profession's focus on occupation. Furthermore, most studies did not identify whether the areas of intervention were selected in collaboration with the client. To be true occupation-based interventions, as defined by the OT Practice Framework (AOTA, 2008), interventions must be meaningful and purposeful to the individual engaging in them.

In a review of studies completed in medical-based settings, interventions provided by occupational therapists commonly include preparatory and purposeful interventions. Colaianni & Provident (2010) found that occupational therapists in hand therapy settings identified using exercise as intervention almost 50 percent of the time during treatment. Activities of daily living or occupation-centered therapy was reported to be used as intervention as little as 21 percent of the time. Barriers identified by therapist to providing occupation-centered treatment included limited time, reimbursement difficulties, and lack of research supporting occupation-based interventions (Colaianni & Provident, 2010). Preparatory interventions, including pillow supports, electrical stimulation, and splinting, were reported to be commonly used by occupational therapists to treat upper extremities affected by stroke. Although a pillow or cushion was the most frequent intervention used, it is not supported by evidence-based research (Gustafsson & Yates, 2008). Smallfield & Karges (2009) indicated that pre-functional activities, including ROM, exercise, and PAMS, were utilized 65 percent of the time as intervention during post-stroke rehabilitation. Instrumental activities of daily living were reported to be only addressed about three percent of the time, and leisure was reported to be addressed less than one percent of the time (Smallfield & Karges, 2009). Smallfield & Karges (2009) reiterate that because engagement in occupation is the philosophy and standard of our profession, it is contradictory to provide interventions that are not occupation-based.

Preparatory and purposeful interventions were further identified as commonly used interventions for individuals with chronic pain. Robinson, Kennedy & Harmon (2011) identified commonly used treatments as energy conservation, exercise, self-

management, postural education, passive joint mobilization, splints, electrical stimulation, stress management, and assertiveness training. Researchers found that education and discussion are the main focus of treatment sessions for individuals with chronic pain, and that occupation-centered interventions were rarely described (Robinson, Kennedy & Harmon, 2011).

Systematic reviews demonstrated limited research describing occupation-based interventions. A systematic review conducted by Snodgrass (2011) investigated occupational therapy interventions used for individuals with work-related back injuries and illness. The researcher found studies mainly focusing primarily on the effectiveness of therapeutic exercise, PAMs, client education, and cognitive-behavioral therapy (Snodgrass, 2011). Similarly, a systematic review of interventions for work-related injuries of the forearm, wrist, and hand conducted by Amini (2001) indicated that splinting, exercise, PAMs, scar management, early mobilization, and ergonomics were common treatments utilized. The author recognized that limited research has been directed at occupation-centered interventions and its use for treatment (Amini, 2001). Von der Heyde (2011) found through a systematic review that common interventions for shoulder conditions described as preparatory include exercise, ROM, conservation management, laser therapy, and joint mobilization. The researcher noted that continued research of occupation-based methods is necessary (Von der Heyde, 2011).

McEneaney, McKenna, & Summerville (2002) found the top five treatments used by occupational therapists in Australia included education and counseling, home visits/modifications, functional mobility, self-care, and upper extremity exercise. The researchers recommended further research to investigate students' perceptions of whether

occupation-based interventions are being displayed by their fieldwork supervisors and how this will affect occupational therapy in the future (McEneaney, McKenna, & Summerville, 2002).

With limited research identifying practitioner use of occupation-based interventions in medical based settings, the use of occupation-based interventions as the practice model for students completing fieldworks is called into question. Student's understanding of occupation begins in the academic setting, with the intention of preparing students for incorporating experiences of fieldwork for future engagement in occupation-based practice. Within the student's learning process, occupation is supported as the core of academic occupational therapy programs.

#### *Learning Process of Students*

As people mature from children to adults, their ability to learn and the process by which they learn also matures. To support this concept, Knowles developed the Adult Learning Theory (ALT) as a reference to effective teaching with adults. In the ALT, Knowles refers to four assumptions: (1) adults move from dependency to self-directedness; (2) adults accumulate a growing reservoir of experience that becomes an increasingly rich source for learning; (3) their readiness to learn becomes oriented increasingly to the developmental tasks of their social roles; and (4) their time perspectives changes from one of postponed application of knowledge to immediacy of application and performance-centered learning (Knowles, 1973). Based on these four assumptions, Knowles developed implications for practice to assist with the transition of teaching children to teaching adults. Knowles suggests that an adult's learning environment be one that makes the adult feel at ease and provides them with feelings of

acceptance, respect, and support. Knowles states “The behavior of the teacher probably influences the character of the learning climate more than any other single factor...Teachers convey in many ways whether their attitude is one of interest in and respect for the students or whether they see the students essentially as receiving sets for transmission of information”(p. 47). Through the ALT, Knowles highlights the importance the environment and the teacher place on an adult’s learning experience. Another implication for practice focuses on the learning relationship being a mutual responsibility of the student and teacher. Knowles suggests that this responsibility center on helping one another learn in a collaborative manner. Other implications for practice include emphasizing practical application of learning to real-life scenarios and emphasizing experiential techniques. When referring to orientation of learning, Knowles suggests that education be problem-centered, since adults tend to feel that the application of their learning should be applied immediately. In addition, adults’ learning experiences help define who they are and provide an internal feeling of purpose (Knowles, 1973).

#### *Occupation in the Academic Curriculum*

Molineux (2010) challenged the occupational therapy profession to advance the use of occupation in the field through making it the emphasis of educational programs, research, and utilizing occupation in practice. Pierce (2001) noted that occupational therapy programs that provide education focused on occupation-based practice are necessary to prepare students to utilize occupation-based interventions and advocate for focus on occupation in practice. To shift the focus of education programs from medical-based, technical skills to integrating occupation concepts, Pierce (2001) recommended that educators restructure academic programs, increase their personal knowledge of

occupation, commit to preparing students for the use of occupation as intervention in practice, and recognize the need to adjust teaching methods in order to keep pace with the continually evolving health care field (Pierce, 2001).

Yerxa highlights the importance of having occupation as the core of academic programs as a benefit to students, but more importantly is beneficial to the clients receiving treatment and the communities supporting the profession. She maintains that focusing on occupation in academic curriculums will prepare students for the future and to be self-directed in their careers, and result in a profession that is recognized and understood by others (Yerxa, 1998). Collins, Harrison, Mason, and Lowden (2011) further support the idea that occupational science be emphasized in the curriculum to provide foundational knowledge for students to develop and increase their understanding of the importance of occupation.

Despite the prevalent understanding of occupation as the core of the academic program, Stern (2007) found that students at Duquesne University in Philadelphia, Pennsylvania had a limited amount of opportunities to apply their understanding of occupation. Furthermore, occupational therapy educators could not describe specific course assignments or activities they used to enhance students' understanding of occupation on a first-hand basis. This emphasizes the need for academic programs to provide students with assignments that help students understand humans as occupational beings (Stern, 2007).

For students to gain a deeper understanding of occupation, educational programs must be able to provide students with ability to easily articulate what occupation is. This may be done by a variety of educational methods and experiences. Educational

assignments that relate to applying academic knowledge to situations in everyday life appear to help students understand the role occupation plays in daily functioning (Wilcock, 2000). Participatory and interactive methods are suggested, along with assignments, to help students to take the basic knowledge they learn in the classroom and apply it to realistic situations. Specifically, Wilcock (2000) mentions that students need to see themselves as occupational beings and examine their daily activities. Wilcock (2000) proposes that students, who are able to critically evaluate their strengths and weaknesses, find it easier to determine a client's strengths and areas of growth. Students need to be able to understand themselves and others as occupational beings to truly relate to clients in therapy. Assignments such as these may be described differently throughout academic programs, but they all assist students in developing a comprehensive view of occupation (Wilcock, 2000).

Personal projects enable a student to gain a clearer and more accurate understanding of occupation in a first-person perspective. Personal projects accurately portray an individual's roles, responsibilities, and goals in daily life that the individual feels needs to be accomplished (Stern, 2007). As part of their personal projects, students at Duquesne University were required to brainstorm a list of activities, rate certain characteristics of the activity on a scale from 0 to 10, and reflect on the experience in a weekly journal. Students felt the projects increased self-awareness, strategic planning, understanding of the environmental effect on occupation, self-identity, interest in evidence-based practice, and knowledge of events that challenge client recovery (Stern, 2007).

Similarly, creative projects have been used by faculty to facilitate critical thinking among students (Collins, Harrison, Mason, & Lowden, 2011). Creative projects allow students to explore the relationship between occupational science and occupational therapy using creative media of their choice. Students were required to choose an area of interest or an activity people may enjoy as part of the project. Self-directed learning was also a valuable characteristic of these projects, as it provided a deeper learning experience for the students. Reflections of the students' experiences, during the time-frame of the project, were gathered by faculty to determine the effectiveness of the assignment. Students felt that the hands-on learning style helped them to create an identity as a future occupational therapist and gave them a greater understanding of the value of occupation, as well as confidence in advocating for clients. The goal of faculty was to emphasize the importance of creativity within the profession and through student education (Collins, Harrison, Mason, & Lowden, 2011). Mason and Reed (2009) found that using assignments that integrate conceptual practice models such as the Canadian Model of Occupational Performance and the Person, Environment, and Occupation model provided students with a more abstract understanding of occupation as it relates to environment.

In academic setting, students are provided with numerous educational activities and assignments to promote learning to use occupation as intervention. In order to apply this education, learning in the academic classroom must be generalized with learning that occurs during fieldwork experiences. It is essential to understand what students are taught on fieldwork and how it is being taught to them, as it is here that students form their perspectives of occupation and how to use it in practice.

### *Occupation on Fieldwork*

The purpose of fieldwork is to provide students with an opportunity to apply the information they have learned in the classroom to situations in the clinic. Fieldwork serves as a transition period of a student progressing to a practitioner (The Commission on Education, 2009). In exploring the perspectives of 18 recent graduates of an occupational therapy program in Australia, Doherty, Stagnitti & Schoo (2009) found that fieldwork experiences positively prepared graduates for practice (Doherty, Stagnitti & Schoo, 2009).

In addition, fieldwork benefits educators' own development through exposure to evidence-based practice, research, and current trends in practice. In a study by Thomas, Dickson, Broadbridge, Hopper & et al (2007) of 132 fieldwork educators surveyed, 70 percent of the participants reported that educating fieldwork students was moderately or very beneficial for developing clinical reasoning skills, while 64 percent reported it to be moderately or very beneficial for keeping clinicians skills current (Thomas, Dickson, Broadbridge, Hopper & et al, 2007). Educators are also given the opportunity to evaluate students for future employment opportunities at their facility. To consumers, a facility with students on fieldwork may be seen as current and emerging in practice as they are connected with academic programs (The Commission on Education, 2009).

Through fieldwork students also learn to raise critical questions pertaining to various aspects of the profession and are encouraged to obtain answers through current research (Yerxa, 1998). Fieldwork benefits students by allowing them to explore new forms of practice that will assist them in preparing for the demands of the future. It is also believed that giving students the opportunity to be self-directed and responsible for their

own learning helps them to develop skills for becoming successful practitioners (Yerxa, 1998).

As graduates enter the profession, they begin to apply the information they have gained from academic and fieldwork education to their work with clients. The confidence level students have upon completion of the program, impacts the types of therapists they will be in the future. In a recent study evaluating occupational therapy students' and graduates' perspectives of their professional education and readiness for practice, students felt that fieldwork education was one of the most valuable experiences toward professional development in their academic careers (Hodgetts et al., 2007). Fieldwork experiences that provide hands-on opportunities have been reported by occupational therapy students to be beneficial to learning (Bonello, 2001). Students and graduates at the University of Alberta, Edmonton, Canada felt that getting feedback from their fieldwork supervisors helped them to relieve frustrations about a lack of technical skills and their fieldwork educators played a role in their perception of essential elements of practice (Hodgetts et al., 2007).

As fieldwork educators have a direct influence on students learning and preparation for practice, they too must demonstrate skilled practice. Kirke, Layton & Sim (2007) reported students perceived fieldwork educators as competent when they met the student's learning needs, offered hands on experience, and demonstrated clinical reasoning (Kirke, Layton & Sim, 2007). Bonello (2001) reported that fieldwork students' held expectations for behaviors their fieldwork supervisors would display that would promote a positive fieldwork experience. These behaviors included adequate clinical experience, provide demonstrations and explanations for practical treatment techniques,

show practical techniques linking theory learned in class, encourage student involvement, and explain reasons for clinical decisions. Participant's identified that supervisors who could explain and demonstrate treatment procedures were beneficial for their learning process (Bonello, 2001). These findings are congruent with principles recommended by Knowles' Adult Learning Theory to enhance adult learning through the educator serving as a resource for knowledge and encouraging learner involvement (Knowles, 1973). Vogel, Grice, Hill, & Moody (2004) found that fieldwork supervisors reported having greater expectations for today's fieldwork students than for students in the past. In addition, students may expect a high degree of structure and guidance while the supervisor may see his or her role as guiding the student towards greater independence (Vogel, Grice, Hill, & Moody, 2004).

Copley, Rodger, Graham & Hannay (2011) suggest that "The move to OCP [occupation-centered practice] has implications for the practice education of student occupational therapists. Practice changes demand that both educational institutions and practice educators develop and deliver teaching and learning approaches that promote student's OCP" (p. 38) This creates an emphasis on finding what types of treatment therapists are using in the clinic, as far as preparatory, purposeful, or occupation-based, that will in turn influence the students who gain fieldwork experience with practitioners.

Wood et al. (2000) found that practitioners are using component-level interventions more commonly than occupation-based interventions. This finding may imply that students will be more likely to focus on a patient's physical or mental deficits through preparatory techniques rather than what occupations are being affected and area of high importance to the client. If fieldwork is not providing students with evidence of

occupations being used in the clinic, students will be less likely to use occupations as intervention as practitioners. In addition, school and fieldwork educators need to collaborate with changes that occur within the profession in order to promote student learning. As society changes and technology keeps advancing, occupational therapists must consider how this impacts occupations and challenge themselves to keep striving to implement it into therapy.

Copley, Rodger, Graham, & Hannay (2011) explored guidelines for teaching students about occupation and occupation-based practice. This qualitative study interviewed students and practitioners who participated in a pediatric clinical experience. Students described turning points in their understanding and application of occupation-centered practice. Students reported experiences that helped them connect their learning of occupation-centered practice with real life scenarios included witnessing improved client occupational performance in context, understanding the benefits of utilizing assessments, using occupation as intervention for motivating the client, understanding the importance of redefining goals, and modeling of the practice educator (Copley, Rodger, Graham, & Hannay, 2011) Overall, student application of learning was enhanced by experiences of occupation-centered practice in the clinic environment.

Copley, Rodger, Graham, & Hannay (2011) also identified five teaching strategies that facilitated students' mastery of learning to use occupation as interventions evolved. These included modeling occupation-centered practice; debriefing and performance-specific feedback; adapting successful learning and teaching styles; structuring learning, observation and teaching styles; and creating opportunities for practice. Students reported that at the beginning of the clinical experience, practitioner

modeling and demonstration of techniques and strategies was useful to observe. Observing the practitioner allowed students to observe and evaluate the client's performance. Practitioner involvement promoted students confidence early in the session, but students found it valuable for the structure provided by the practitioner to "fade" and allow students to provide therapy hands-on. Debriefing and performance-specific feedback was reported by both practitioners and students to promote the learning experience. Practitioners promoted "guided discovery", to allow students to use deductive reasoning for answering questions and evaluations of their personal performance. Initially, students desired more direct feedback from their practitioner, however, later in the clinical experience students acknowledged the effectiveness of the strategy. Facilitating student's to discuss ideas regarding occupation-centered practice, and providing direct feedback was used by practitioners to help students feel "safe" and encouraged in the clinical setting. Students reported that the hands-on engagement provided by the clinical experience was an essential component of their learning to use occupation as intervention. Copley, Rodger, Graham & Hannay (2011) highlight that implementing teaching and learning strategies that meet student learners' needs is essential. (Copley, Rodger, Graham & Hannay, 2011). Although this study explored students' use of learning to use occupation in a pediatric setting, there is limited research that describes student learning in medical-based settings.

As focus on occupation-centered practiced is a guiding principle in academics, practitioners need to analyze whether occupational therapy students' learning is being facilitated during fieldwork with the same focus on occupation. Literature focusing on the use of occupation as intervention supports the need for further research to gain

student's perspectives of how they learn to use occupation as intervention while on fieldwork in medical settings.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### *Design*

To gain understanding of students' experience of learning to use occupation as intervention on Level II fieldworks in medical settings, a phenomenological qualitative methodology was used. A focus group discussion using semi-structured interview was utilized as means for gaining understanding of students' experiences of learning.

Vaughn, Schumm, & Sinagub (1996) suggest that focus groups assist in eliciting perceptions, feelings, attitudes, and ideas regarding an exploratory topic. Assumptions of a focus group interview include that people are valuable sources of information and are capable of reporting about themselves, obtaining people's feelings and opinions is best obtained through structured group conversation led by a moderator, and the influence of group dynamics enhances the likelihood that people will speak openly about a subject. Data from multiple participants can be collected in a short amount of time, and focus groups are useful when there is an absence of reliable and valid measures to be used. (Vaughn, Schumm, & Sinagub, 1996). Also, focus groups increase validity by using a natural social setting for participants and offer a more comfortable environment (Kielhofner, 2006).

The focus group served as a way for participants to share experiences that occurred in various medical-based fieldwork settings. Participants were representative of three different academic programs in the Midwest. This study was approved by the

Institutional Review Board at the University of North Dakota. Participants provided verbal consent through participation in the focus group. Participants were provided statements of confidentiality prior to focus group discussion (See Appendix A).

### *Participants and Context*

Participants were recruited through the use of the University of North Dakota occupational therapy department fieldwork listserv. An email (See Appendix B) describing the study inclusion criteria and a request for participants was sent to academic fieldwork coordinators and clinical fieldwork supervisors in the Midwest. The fieldwork supervisors were asked to send the recruitment email (See Appendix B) to their fieldwork students. Purposive sampling was used to obtain the research study sample. Purposive sampling includes all participants who meet the predetermined research criteria. The purpose of this type of sampling is to understand a topic in greater detail, in order to provide information for further studies (Vaughn, Schumm, & Sinagub, 1996). Interested participants who met the inclusion criteria were included in the study. Inclusion criteria for the study required that participants had completed at least one Level II fieldwork in a medical-based setting. Inclusion criteria regarding completion of a Level II fieldwork ensured that all participants had equal length of time for learning to use occupation as intervention.

Of the eight participants who expressed interest in participating in the study, seven met inclusion criteria. The final sample was composed of seven occupational therapy students that represented three different occupational therapy programs in the Midwest. The range of students from different academic backgrounds served to establish that the students' experiences were not contrived from learning experienced in a singular

academic program. Six of the participants were females, and one participant was a male. A variety of medical-based fieldwork settings were represented by the sample. Three participants completed a Level II fieldwork in long-term care facilities; two in acute hospital settings, one in an in-patient rehabilitation setting, and one in a long-term acute unit. The variety of settings allowed for a wider range of participant experience and understanding of learning to use occupation as intervention on fieldwork.

The focus group was conducted in a private conference room at an outpatient clinic located in the Midwest. Participants convened around a large table with the researchers. The setting of the focus group facilitated a relaxed, comfortable atmosphere that promoted participation. No interruptions occurred during the focus group discussion. The site was chosen due to its central location for all participants. The discussion was held in the evening, in order to eliminate time conflicts regarding school or fieldwork. One participant joined the focus group discussion through the use of a video-conference system, due to the participant's inability to attend at the designated location.

#### *Data Collection and Procedure*

The focus group discussion lasted approximately one hour. Two researchers, Nicole Knutson, OTS and Kelli Atkinson, OTS, moderated the focus group discussion and recorded participant's answers. A third researcher, Dr. Debra Hanson, PhD OTR/L, served as a note-taker and recorded the participants' verbal and non-verbal responses during the discussion. Both the content of the discussion and the group dynamics that occurred during the discussion were considered when interpreting the data (Vaughn, Schumm, & Sinagub, 1996). The focus group questions were developed from information derived from an extensive literature review, which included topics such as student

understanding of occupation, evidence of occupation use in the medical settings, students learning process, occupation in academic programs, and occupation on fieldwork. The questions were also informed by application of Knowles' adult learning theory and the OT Practice Framework (AOTA, 2008). The questions were developed using five categories: opening, introductory, transition, key, and ending (See Appendix C).

Participants participated in an opening "ice breaker" activity where they shared their names, their favorite occupation, and the type of setting their Level II fieldwork occurred in. The opening question was used to promote participant comfort and highlight similarities between participants. The opening question also allowed researchers to verify the type of setting participants' Level II fieldwork setting type. The participants were provided with a written hand-out that gave a definition of occupation and occupation-based interventions as defined in the OT Practice Framework (AOTA, 2008). The introductory question was also used to provide researcher with an initial idea of participants understanding of occupation and occupation as intervention. Transition questions served as catalysts for understanding the participants' view of occupation and occupation as intervention compared with their fieldwork educators' understanding. The transition questions also were used to collect data regarding occupation-based practice experiences in their fieldwork settings. These questions served as means of transition to the key questions of the research study. The key questions were utilized to gain understanding of learning experiences that participants encountered which facilitated their learning of how to use occupation as intervention on fieldwork and how this may have influenced their future practice. At the end of the focus group discussion, one researcher summarized the data provided by participants. The ending question was then

used to allow for participants to reflect on the discussion, and add any final thoughts or clarifications. Summarizing was also used as a means for participant verification of data shared during the discussion.

### *Data Analysis*

The researchers convened within a week of the completion of the focus group discussion to complete the data analysis. The procedure was completed using recommendations provided by Vaughn, Schumm, & Sinagub (1996). The researchers met to compare and verify their transcriptions of the focus group discussion. All the data collected through note-taking was transcribed into a singular transcript. Consideration was given to participant's verbal and non-verbal responses, influence of the context, and the intensity and consistency of responses (Vaughn, Schumm, & Sinagub, 1996). At the initial meeting, researchers considered and hypothesized key ideas that occurred during the focus group discussion.

Two researchers, Kelli Atkinson and Nicole Knutson, completed the initial codes and categories independently, and then reconvened to compare and negotiate the findings. During the data analysis process, consideration was given to the amount of time the participants spent on each issue, probing and guiding provided by the moderators, how the discussion naturally flowed, intensity of participant's response, majority and minority opinions, consistencies and inconsistencies of responses, participant's verbal and non-verbal reactions, influence of participants that may have been dominators during the discussion, future tense, conditional, and third-party statements as compared to present tense (Vaughn, Schumm, & Sinagub, 1996).

Together, the two researchers developed themes, considering the initial key ideas from the focus group discussion, and support from the codes and categories. The third researcher, Dr. Debra Hanson, then analyzed the data to confirm the developed codes, categories, and themes.

### *Trustworthiness*

To increase the trustworthiness of the study, steps were taken to decrease researcher assumptions and biases. At the beginning of the research project the three researchers met to discuss and process assumptions together as a group. Assumptions that emerged were then investigated and verified by the literature review.

Triangulation is described as the use of multiple techniques to gather and analyze data, as well as using multiple theories to guide research about a certain concept (Berg, 2009). This explains that this assists in reducing the amount of error in a study and in having a better understanding of the variable being studied through multiple “lines of sight” (Berg, 2009, p.5). Triangulation was used to increase the validity of the analyzed data, as two researchers independently analyzed the codes and categories, and then met to determine final codes and categories, and develop initial themes. The third researcher served as a means to check the codes, categories, and themes developed, in order to increase the validity of the data analysis procedure. After completion of the data collection and analysis, the document was electronically mailed to participants. All participants verified that the data and results were an accurate representation of the discussion that occurred during the focus group.

## CHAPTER IV

### PRESENTATION, ANALYSIS & INTERPRETATION OF DATA

Participants in the focus group described their experiences of learning to use occupation as intervention while on Level II Fieldwork in a medical setting. During group discussion, there were no strong disagreements among participants and responses were evenly distributed between students. A consistent flow was evident during discussions when students were asked about barriers to using occupation-based interventions. Based on further analysis of the focus group data four themes emerged: (1) students' understanding of occupation and the continuum of practice;(2) students identification of barriers to implementing occupation-based practice;(3) influence of the fieldwork educator; and (4) supports for students use of occupation as intervention. Each theme is supported by quotes derived from participants' statements during the focus group.

#### Theme 1: Students' Understanding of Occupation and the Continuum of Practice

Students initially agreed that their understanding of occupation-based interventions was similar to the definition provided in the OT Practice Framework (AOTA, 2008). Occupation-based interventions were described as meaningful and purposeful to the client, as occupational engagement was associated with clients' valued roles. The use of occupation as intervention was viewed by students as a more effective method of treatment, as it served to motivate clients to participate in therapy. Students

agreed that in order to provide occupation-based practice, one must also be client-centered. Participant's quotes described their belief that client-centeredness is a core component of occupation-based practice:

“Occupation-based interventions must be occupation-centered. I think of it as client-centered if it is meaningful to the client.” (P7)

“If it was occupation-based you would have worked with a client to understand what was meaningful.” (P6)

“Yes you can differentiate; [between the terms occupation-based and client-centered] you can be client-centered and not occupation-based, but not occupation-based without being client-centered.” (P7)

Students' experiences of observing the use, or non-use, of occupation-based practice enhanced their desire to use occupation as intervention in their future practice. Although occupation-based intervention was initially shared as the ideal approach for treatment, as the discussion progressed, participants openly expressed difficulties experienced when trying to provide occupation-based practice. Students identified that clients would often have unrealistic goals regarding their engagement in occupation, and following through with their desired occupation was not always possible. As the discrepancy between client's desires in therapy and realistic therapy emerged, students expressed the need for other types of interventions to increase the client's ability to complete the occupational goal. Preparatory and purposeful interventions were identified as necessary to prepare clients for occupational engagement. Regardless of interventions utilized, students spoke to the need for aligning the intervention with occupation-based goals. Student's quotes described the use of preparatory and purposeful interventions as needed components for increased client occupational performance:

“That is where you have to use your clinical judgment as a therapist, and make occupation your overarching goal, but looking at the skills needed for the shower, like transferring or strengthening.” (P7)

“In acute care we can’t just get into the kitchen and bake, there are steps that you have to complete first. There is a reason we have preparatory and purposeful activities in our professional language.” (P3)

“Since we couldn’t always do occupation, we still saw the importance of explaining the importance of treatment activities we were doing and how it related to occupation. We would tie preparatory activities to what the client wanted to do.” (P7)

“They [patients] might say they want to cook, but really they could only get to the edge of the bed and go to the bathroom. That purposeful activity helps them to meet that final goal.” (P6)

As the discussion continued, student’s definition of the term “occupation-based” appeared to shift. When defining the term “occupation”, students in this study focused on describing the term as activities that are client-centered and meaningful; a similar definition to the one provided by AOTA (2008). As participants incorporated experiences from the context of their fieldwork, they began to distinguish between occupation-based interventions, and preparatory or purposeful interventions, and explored the relevance of occupation-based goals to occupation-based practice. Participants came to recognize the value of this continuum of interventions when providing occupation-based practice. This shift in understanding speaks to the complexity of understanding the concept of occupation.

Researchers’ findings were similar to Ivarsson & Mullersdorf (2009) who also found that students in Sweden developed a more comprehensive understanding of occupation after three years in an occupational therapy program when compared to

students just starting the program. Students began to describe the term with more complexity involving the subjective meaning a person places on occupations, similar to student participants in this study. Zecevic et al. (2010) found that undergraduate students lacked a broad understanding of occupation, as evidenced by students focusing on the objective, physical activities, considered as occupational engagement, rather than the intangible contribution provided by occupation. This brings into question whether it is possible for students to appreciate the complexity of occupation and occupation-based practice in just the academic setting. As evidenced in this study, students began to gain a broadened view of the term after they were able to apply it to the clinical setting on their fieldwork experience.

#### Theme 2: Students Identification of Barriers to Implementing Occupation-based Practice

Student's conveyed strong beliefs regarding the numerous barriers that inhibit occupation-based practice in medical field settings. The researchers had to provide several prompts throughout the course of the discussion to re-focus participants on questions pertaining to supports in fieldwork settings. Participants continually focused on experienced barriers, sometimes demonstrating sarcasm in their remarks. The majority of the participants specifically identified that acute care settings provided them with little exposure to the use of occupation as intervention:

“I learned at the hospital not all occupations are meaningful.” (P5)

“In our profession we do spend a lot of time on preparatory skills like strengthening.

“The acute setting does not display the core concepts of the profession.” (P7)

“In acute care, you can see how primitive occupations such as sitting on the edge of the bed and going to bathroom, are very important. I’m glad I got to see this. Also it was a hang up for therapists, because if they can go to the bathroom, than they are ready to be discharged. And that kept them from getting to the next level of occupational intervention. I never saw it [occupation-based practice] nor was it discussed.” (P6)

Study participants strongly expressed the presence of barriers that prevented the use of occupation-based interventions during their fieldwork experiences. The barriers identified by study participants included limited resources, context of the fieldwork setting, and fieldwork educator’s practice habits; all of which have been noted in recent research. Productivity standards, therapist’s practice habits, and shortage of occupational therapists resulted in less time devoted to occupation-based, client-centered care. Scarcity of resources was also identified as inhibiting the range of occupations that could be provided to the client. Students expressed the need and desire to enhance client engagement in occupation through participation in the community; however, most facilities lacked the resources to provide this type of occupational experience. Students easily identified barriers to occupation-based practice, but did not spontaneously provide ideas for overcoming these barriers. This is consistent in the literature as Rogers (2007) also identified that therapists identified the context in which the therapy occurs, practice habits, and documentation as barriers to occupation-based practice (Rogers, 2007). Similarly, Colaianni & Provident (2010) identified limited time, reimbursement difficulties, and a lack of research supporting occupation-based interventions as barriers to implementing occupation-based practice (Colainni & Provident, 2010).

Preparatory and purposeful occupations were identified as main types of interventions in these settings, due to limited time with the patients and patient's health status. The patient's health status influenced the ability of the occupational therapist to completed occupation-based interventions. Facility expectations resulted in pressure for occupational therapists to focus on performance skills necessary for patients to be discharged. The external demands appear to limit occupational therapists from focusing on all client areas of occupation:

“In acute, we found it difficult to be occupation-based because they are out of surgery and still sick.” (P3)

“I think in an acute setting, therapists get in a rut. They get people out of bed and go the bathroom, and if they really want to get “wild” they will have the client take a shower.” (P5)

“In the acute care you have to prepare them for the next setting, they have to be at a certain level of the FIM, and you can try to make them occupation-based, but you have to stick with the requirements so you can get them out of the facility, and to a transitional care center.” (P7)

As the focus group discussion continued, participants gained an appreciation for preparatory and purposeful interventions, and the complexity of the use of occupation in practice. Preparatory and purposeful occupations were identified by participants as the main types of interventions that they observed on fieldwork. This finding is also supported in recent literature by Colaianni & Provident (2010) and Smallfield & Karges (2009). Colaianni & Provident (2010) found that therapist's identified exercise to be used as intervention almost 50 percent of the time. Smallfield & Karges (2009) indicated pre-functional activities were utilized 65 percent of the time for individuals' treatment post-stroke. Separate systematic reviews by Snodgrass (2011), Amini (2001), and Von der

Heyde (2011) all indicated that preparatory interventions were reported to be the main types of interventions during occupational therapy treatment sessions.

Occupation-based practice is stressed in academic programs as the core of occupational therapy practice while less emphasis in the occupational therapy curriculum is put on the value of preparatory and purposeful interventions prior to occupation-based interventions. As students transition from the academic classroom to fieldwork settings, disappointment may initially occur as the result of lack of occupation-based practice. Students may have more appreciation for the complexity of occupation as intervention, after they have experienced it in the fieldwork setting. Despite the evidence of occupation being the core of academic programs, one cannot assume that students will be able to learn occupation in school and immediately apply it in the fieldwork setting. In this study, students' ability to generalize what they learned about occupation in the classroom setting was not easy. Generalizing this information is depended on the context in which the fieldwork takes place. Students expressed that even though they do not always have the opportunity to use occupation as intervention, they have the supports for learning how to use it, reinforcing the recommendation that the use of specific strategies for learning to use occupation as intervention are helpful.

### Theme 3: The Influence of the Fieldwork Educator

When asking students to describe their experiences of learning to use occupation on fieldwork, students often aligned themselves with their fieldwork educator. The students experience was influenced strongly by a concept of "we" or "working together", rather than a single effort made by the student. Students in this study initially expressed that they had a unified understanding of the term "occupation" and "occupation-based

interventions” with their supervisor. This finding is congruent with the finding of Hodgetts et al. (2007) in which student’s identified that their fieldwork educators influenced their perception of essential elements of practice (Hodgetts et al., 2007). As the discussion progressed, participants began to differentiate themselves from their fieldwork supervisor. The distinct experience of the student from their fieldwork educator emerged as participants described their thoughts about clients and appropriate interventions pertaining to their fieldwork context. When students are provided with more hands-on and real life experiences, they are able to develop clinical reasoning skills (Yerxa, 1998). With the development of thought-based or clinical reasoning skills, the students were able to move from dependency, to being able to take responsibility for their own learning and ownership of interventions provided during their fieldwork experience as described in the ALT (Knowles, 1973). Clinical reasoning helped students gain a deeper understanding of aspects that affect occupational performance and factors that will support occupations that are meaningful to the client and provide measurable outcomes (AOTA, 2008).

Students’ future use of occupation-based interventions was also influenced by their fieldwork supervisors. Some students saw the positive outcomes of using occupation-based interventions with their clients while on fieldwork, while other students were impacted from a less positive experience. Students’ quotes describe how the strategies used by their fieldwork educators influenced their picture of future practice:

“With occupation-based interventions I saw better outcomes than exercise. So I plan to use it in the future.” (P4)

“Since we couldn’t always do occupation, we still saw the importance of explaining the importance of treatment activities we were doing and how it related

to occupation. We would tie preparatory activities to what the client wanted to do. I will likely do this. Even if I can't do occupation, I would tie my preparatory activities to the occupation based goal." (P7)

"You also see people who are not doing it [occupation-based practice] and how that does not work." (P5)

For some participants, the non-use of occupation-based interventions by their fieldwork educators impacted the type of setting they wanted to work in. Through clinical reasoning, participants also indicated that their observation of non-use of occupation-based practice confirmed that this was not an effective means of treatment. Participants identified that if it was not an occupation-based intervention, the preparatory or purposeful intervention needed to be tied to an occupation-based goal in order to enhance client motivation. The OT Practice Framework (AOTA, 2008) recommends that therapists focus on occupation as the overarching goal, "...only occupational therapy practitioners focus this process towards the end-goal of supporting health and participation in life through engagement in occupations."

The following quote represents one student whose future interest in the profession was influenced by her fieldwork educator:

"When I was 6 weeks into my 12 week fieldwork, I thought I would never want to work in the hospital. This may have influenced my career path...After having some time after my acute care rotation; I was thinking my experience may have been unique to the place I was at. I think the area of OT I will go into is influenced by the non-use of occupation that I saw." (P6)

Throughout the discussion students also explained how personal characteristics of their supervisor contributed to the use or non-use of occupation-based interventions. This finding is consistent with Knowles' Adult Learning Theory, which describes that the

attitude of an educator influences the learning environment more than any other factor (Knowles, 1973). Participants felt that some therapists were not as willing to adapt their techniques, while others continued to stay involved and modify interventions for best practice. Participants' quotes describe the character of their fieldwork educator and how it influenced them as students:

“She [fieldwork educator] didn't have that attitude that “because I'm graduated I can relax,” but she wanted to keep up with the profession and occupation-based interventions.” (P4)

“The OT practice magazine does a good job to keep practitioners out of a rut. When I am in a rut 10 years from now I want to read OT practice to bring me back to occupation.

The supervisor I had wasn't a member of AOTA, either I just believe that or it really makes a difference, you hear about occupation all the time from AOTA, if you don't have that avenue of connection its easily to get into a rut.” (P6)

“I had 2-3 supervisors, and getting to see how other people did it was helpful. Some approached the clients in a more client-centered way. Some were just like “we got to get this done and see you tomorrow”.” (P5)

Students expressed a desire for their fieldwork experience to be viewed as a mutual learning experience for both themselves and the fieldwork educator. Students felt that they could provide a unique perspective to their fieldwork educator. One participant expressed how her educator supported the use of collaborative learning on fieldwork through this quote “I liked having a supervisor who had Level II students because she got ideas from them and passed those ideas on to me. She had ideas for intervention to make it more functional, even if you were doing arm exercises in the hospital,” (P5). In this example, both the student and the fieldwork educator were able to benefit and grow as professionals. The collaborative relationship was dependent upon the fieldwork

educator's attitude regarding a shared learning environment with the student. Not all fieldwork educators share the same view of this dynamic relationship and view themselves as only a mentor for the student to learn from.

Hooper & et al (2007) reported that 70 percent of fieldwork educators found that educating fieldwork students was beneficial for keeping clinical skills current. Students in this study suggested that a mutual learning environment would assist them in their experience of emerging into a self-directed professional. From the perspective of the Adult Learning Theory (ALT), "...the psychological climate should be one which causes adults to feel accepted, respected, and supported; in which there exists a spirit of mutuality between teachers and students as joint inquirers; in which there is freedom of expression without fear of punishment or ridicule" (Knowles, 1973, p. 47). The learning climate associated with a student's fieldwork experience can make a student feel like an adult, enhancing their ability to take responsibility for their learning. It is the environment and the interaction between the learner and their environment that defines a "learning experience" (Knowles, 1973).

Participants in this study identified that fieldwork educators who intentionally involved themselves in continuing education and professional involvement were more informed and utilized occupation-based practice more consistently. This finding is consistent with literature that identifies benefits of engagement in continuing education to promote clinical competency. Andersen (2000) found that formal and informal continuing education experiences were beneficial for occupational therapists continuing competency. Informal educational experiences included mentoring and on-the-job training (Andersen, 2000). Moyers (2005) expressed that learners must analyze their

clinical practice in order to determine the need for change, and apply it to their practice from competencies gained through continuing education (Moyers, 2005). Fieldwork educators who made efforts to stay current with occupation-based practice were identified by students as influential to their education. Students in this study also reported that they perceived professional membership in AOTA as influential in keeping a practitioner connected to current occupation-based practice.

Students identified that they were able to observe a variety of approaches used by therapists throughout their fieldwork experience. Participants reported observing interventions representing both use and non-use of occupation as intervention, which impacted their future practice choices. Students suggested that fieldwork educators participate in continuing education to keep them current with best practice techniques and occupation-based practice. Even though participants did not identify intentional and obvious methods used by fieldwork educators to support occupation-based practice, the impact of the fieldwork educator on student learning was a consistent and obvious theme throughout the data.

#### Theme 4: Supports for Student use of Occupation as Intervention

The main purpose of this study was to explore students' experiences of learning to use occupation as intervention while on fieldwork. To that end, researchers re-phrased and re-framed the question to students six different times to gain an understanding of specific strategies to assist students in learning to use occupation. Students struggled to identify intentional methods used by their fieldwork educator and themselves to support learning to use occupation-based interventions with clients. Participants readily shifted their focus back to barriers to using occupation-based practice. The supports identified

by students for learning to use occupation in practice that were not directly related to the fieldwork educator included the following: student initiative, assessment of the client, hands-on experience, observation of therapists, and academic programs. Copley, Rodger, Graham & Hannay (2011) identified specific strategies related to student learning of occupation-centered practice as witnessing changes to occupational performance for clients, observing increased levels of motivation among clients, involving family members in the therapy process, and helping the clients to see the benefits of interventions for reaching the occupational goal. These strategies also emerged as strategies for participants in this study.

Additional techniques found by Copley, Rodger, Graham & Hannay (2011) included observation of the therapist, feedback from the therapist, opportunities for practice, educators adapting their teaching style to the students' needs, and structured observation of occupation-centered practice and documentation. Study participants similarly identified observation of fieldwork educator and opportunities for practice as supports to learning to use occupation as intervention.

In addition to the previous stated strategies, study participants described student initiative as beneficial to learning to use occupation-based practice. Copley, Rodger, Graham & Hannay (2011) found that fieldwork educators were better able to teach students who were readily engaged in discussion and shared their insight as compared to quieter students who were hesitant to contribute to discussions. Methods such as student initiative and hands-on experience allowed students to direct their own learning and not rely on their fieldwork educator to them:

“It’s one thing to learn it [occupation-based interventions] in the class; it’s a different ball game to do it hands on with your clients. You see the results and the importance. With the inpatient setting, I could plan interventions the night before to think of new meaningful interventions. Since rehab had the same patients, I could think beyond arm exercise for strengthening, I could do something meaningful.” (P4)

The academic setting was mentioned as a support for learning to use occupation as intervention. Strategies were provided to students by their program instructors and courses throughout their three years as occupational therapy students. Participants felt that their supervisor was more likely to use occupation-based interventions if it was an emphasis at the time their supervisor was in school. Students’ describe how an emphasis on occupation in school prepares them for future practice and learning to use occupation-based interventions:

“School prepares us. We tie things to occupation and emphasize occupation.” (P7)

“I was following a brand new OT grad, only 1 year out, and she had been engrained to use occupation in school. That helped me to keep occupation in mind and bring it to a real-life setting.” (P6)

Students’ also felt that assessments and evaluations played a role in helping them to use occupation as intervention with individual clients. The benefits of evaluation as being able find out what is meaningful to the client, as well as factors and supports to a client’s engagement in purposeful occupations are explained in The OT Practice Framework (AOTA, 2008). The occupational profile also assists with developing background information about a client and facilitates the use of client-centered practice. Interviewing the client helped study participants to get a better understanding of what the

client wanted to improve on and their identified areas of weakness. This concept is described in the following quotes from participants in the focus group:

“My fieldwork educator always made sure that we got to know the client in the initial [evaluation]. What was unique about them [client]? What do they enjoy? Do they work? What do you want to do before you leave? We were asking these questions, even if they were not part of the documentation. You ask those questions during the initial [evaluation] so that you can plan better.” (P4)

“The therapist is key to seeing occupation. Asking the client what they enjoy. At my site, the emphasis was more on performance skills, occupation assessment was lacking.” (P1)

To the students, supports for using occupation in practice were not obvious throughout their fieldwork experience. Originally, participants were not able to identify intentional strategies to learning to use occupation as intervention and became easily distracted by barriers present on their fieldwork experience. With further discussion, students were able to identify strategies and situations that would support the use of occupation as intervention. Fieldwork educators cannot assume that students will be able to learn occupation in school and immediately apply it in the fieldwork setting. Students need time and opportunity to reflect on their practice in order to generalize what they learned about occupation in the classroom setting to the practice context. Each student had a different learning experience, depending on the type of setting they were at and who their fieldwork educator was; making it hard to identify specific methods helpful to use of occupation in practice. Many factors appear to influence student perceptions including the fieldwork educator, the fieldwork setting, student initiative, the facility where the fieldwork took place, and the motivation of the client. It is evident, however, that although students may not have the opportunity to use occupation as intervention on

fieldwork, they do have foundational knowledge of the concept and are aware of the supports available to assist in future learning.

CHAPTER V  
SUMMARY, CONCLUSIONS & RECOMMENDATIONS

*Summary*

Researchers conducted a phenomenological study to explore students' experience of learning to use occupation as intervention on fieldwork in medical settings. The AOTA's Occupational Therapy Practice Framework: Domain and Process and Knowles' Adult Learning Theory were used in the development and process of this study. To gather data, researchers conducted one focus group consisting of participants who had completed a Level II fieldwork in a medical setting. Seven students made up the focus group participants. Four students had completed fieldworks in an acute setting, two in long-term care, and one in an inpatient rehabilitation unit. All participants were in their third, graduate year at an accredited occupational therapy program in the upper Midwest. The participants represented three different schools. This study highlighted supports and barriers for students learning to use occupation as intervention. In addition, specific strategies were targeted as part of the researchers' intent. Data analysis was completed with the use of triangulation among the three researchers. From the data analysis, codes that emerged were used to develop categories, and themes were supported by participant's quotes. Four major themes that arose from the data included: 1) Students' understanding of occupation and the continuum of practice; 2) Students' identification of

barriers to implementing occupation-based practice; 3) The influence of the fieldwork educators; and 4) Supports for students to learn to use occupation as intervention.

### *Conclusions*

Based on the data analysis, researchers found four supports for students' experience of learning to use occupation as intervention on fieldwork in medical settings. These supports included student initiative, hands-on experience/observation, the academic setting of the OT program, and the use of assessments and evaluations. Researchers concluded that participants more readily identified barriers to implementing occupation-based practice as compared to identifying supports to learning to use occupation-based practice. In addition, researchers discovered students desired to have a more collaborative learning experience with their fieldwork educators for learning to use occupation as intervention while on fieldwork in medical settings.

### *Limitations*

Secondary to the timeline involved with this study, researchers were only able to accumulate participants for one focus group. In addition, there was limited response to recruitment letters sent by researchers to fieldwork coordinators and fieldwork educators. Holding only one focus group contributed to the small sample size of participants in this study, as well as having a limited variety of fieldwork settings represented. Four out of seven participants complete fieldworks within an acute or long-term acute setting. Both of these limitations contribute to a lack of generalization for representing students' fieldwork experiences. Another limitation was the lack of audio recordings used to collect focus group data.

### *Recommendations*

To ensure the use of occupation-based interventions, despite barriers that may exist, occupational therapists must make conscious, reflective efforts to utilize strategies that support occupation-based practice. Rogers (2007) recommends that occupational therapists should conduct a practice analysis to determine if their practice reflects occupation-based interventions. In addition, Rogers (2007) recommends the use of occupation-based kits as means to enhance occupation-based practice in the therapy context (Rogers, 2007). In order to provide students with occupation-based fieldwork experiences, fieldwork educators must demonstrate occupation-based interventions as part of their own practice habits.

To continue to strive towards a profession that values engagement in occupations that are meaningful to a client while promoting health and wellness, students and therapists need to be persistent in gaining a deeper understanding of what “occupation” encompasses. Fieldwork educators shape the professional growth of the students, as well as the future of the profession through their own practice habits. One strategy to assist in improving a therapist’s practice habits would be to serve as a fieldwork educator (Thomas, Dickson, Broadbridge, Hopper, & et.al, 2007). Through these experiences, it is recommended that fieldwork educators refer to Knowles’ Adult Learning Theory for understanding the learning process of students. Supported by Copley, Rodger, Graham & Hannay (2011), weekly reflection about learning to use occupation during a fieldwork experience should be completed simultaneously by the student and the fieldwork educator. In addition, researchers suggest that therapists utilize continuing education resources to further enhance their professional development.

Specific strategies to understanding the shift of student thinking to support the continuum of practice would also be beneficial for further development of student competence. In the academic setting researchers recommend that students be provided with a realistic perspective of the continuum of interventions used, along with barriers to implementing occupation-based practice. Students should consider the contextual variances that influence the use of certain interventions used by therapists and fieldwork educators. This should be presented to students from the beginning of the program and reinforced throughout the curriculum. This would assist in diminishing students' disappointment with a lack of occupation-based interventions being used across rehabilitation settings.

Final recommendations include conducting additional research to further explore students' experiences of learning to use occupation as intervention on fieldwork in medical settings. More specifically, researching strategies to assist students with the learning process that would be beneficial for students' understanding of occupation and to assist with justifying the focus and need for the profession in contributing to health and well-being of individuals.

## APPENDICES

Appendix A  
Informed Consent

## **INFORMED CONSENT**

**TITLE:** *Students' experience of learning to use occupation as intervention on fieldwork in medical settings.*

**PROJECT DIRECTOR:** *Nicole Knutson, OTS and Kelli Atkinson, OTS*

**PHONE #:** *Nicole Knutson: 218-289-0326; Kelli Atkinson: 701-240-7403*

**DEPARTMENT:** *University of North Dakota, Occupational Therapy Department*

### **WHAT IS THE PURPOSE OF THIS STUDY?**

You are invited to be in a research study about students' experience of learning to use occupation as intervention in medical settings because you are an occupational therapy student who has completed at least one Level II fieldwork placement. The purpose of this research study is to investigate how students learn to use occupation as intervention during their Level II fieldwork experience.

### **HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 6 to 8 people will participate in a focus group held at Beyond Boundaries in Fargo, ND on September 28<sup>th</sup>, 2011 at 6:30 p.m.

### **HOW LONG WILL I BE IN THIS STUDY?**

Your participation in the study will last approximately 1 hour on the designated day. You will need to attend the focus group 1 time.

### **WHAT WILL HAPPEN DURING THIS STUDY?**

For this study, you will participate in a focus group discussion regarding your experiences of learning to use occupation as intervention in medical settings during fieldwork. The focus group will be held for 1 hour in a conference room at Beyond Boundaries in Fargo, ND. A researcher will facilitate the discussion by asking you and the other participants questions regarding your experiences. You do not have to respond to any questions that you feel uncomfortable answering. You are free to discontinue participation in the research at anytime.

### **WHAT ARE THE RISKS OF THE STUDY?**

There are minimal risks from participating in this study. You may feel uncomfortable answering questions in front of a group; however, you are free to not answer questions that make you feel uncomfortable.

### **WHAT ARE THE BENEFITS OF THIS STUDY?**

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because the data from this study may help fieldwork educators and supervisors determine students perceptions of fieldwork and how to improve student experiences related to occupation-based interventions on fieldwork for future practice.

**WILL IT COST ME ANYTHING TO BE IN THIS STUDY?**

You will not have any costs for being in this research study. .

**WILL I BE PAID FOR PARTICIPATING?**

You will not be paid for being in this research study.

**WHO IS FUNDING THE STUDY?**

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

**CONFIDENTIALITY**

Confidentiality will be maintained through your name only being known to the researchers, and will not be released to the public. In any report about this study that might be published, you will not be identified. Neither your name nor any specific identifying information will be included in the research paper.

**IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

**CONTACTS AND QUESTIONS?**

The researchers conducting this study are Kelli Atkinson, Nicole Knutson, and Dr. Debra Hanson. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research, please contact Kelli Atkinson at 701.240.7403, Nicole Knutson at 218.289.0236, or Dr. Deb Hanson 701.777.2218. If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else.

Appendix B  
Recruitment Letters

Dear Fieldwork Educator,

We know that you are a very busy person but we are hoping that you will take a few moments to help us recruit occupational therapy students for an important research study! We are third year occupational therapy students at the University of North Dakota and are working with Dr. Hanson to conduct a research study on the topic of how students learn to use occupation as intervention during their level II physical disabilities fieldwork. As you are likely aware, use of occupation in therapy forms the foundation of the profession and is a focus of academic education for occupational therapists. However, little is known about how students learn, during their fieldwork experiences, to use this knowledge in their work with clients. To explore this topic, we are hoping to gather two small focus groups of students that can share their perspectives with us. Specifically, we are looking to recruit students who have completed at least one level II fieldwork experience in physical disabilities in a medical setting. Focus groups will be held in Minot, North Dakota on Sept 17th, (immediately following the North Dakota Occupational Therapy Association Fall Conference) and later this fall in Fargo, ND at a date to be announced. Could you please forward our letter of invitation (attached) to students in your facility who would meet this criterion? Please also feel free to contact either of us if you need further information. You can contact us by email at [katkinson@medicine.nodak.edu](mailto:katkinson@medicine.nodak.edu) and [nknutson@medicine.nodak.edu](mailto:nknutson@medicine.nodak.edu). We thank you in advance for your assistance with our recruitment efforts!

Best Regards,

Kelli Atkinson and Nicole Knutson

Dear Academic Fieldwork Coordinator

We are third year occupational therapy students at the University of North Dakota and are working with Dr. Hanson to conduct a research study on the topic of how students learn to use occupation as intervention during their level II physical disabilities fieldwork. We hope that you can help us contact students from your program who might be interested in participating in this study! We are conducting two focus groups to gather student perspectives and specifically, we are looking to recruit students who have completed at least one level II fieldwork experience in physical disabilities in a medical setting. Focus groups will be held in Minot, North Dakota on Sept 17<sup>th</sup>, (immediately following the North Dakota Occupational Therapy Association Fall Conference) and later this fall in Fargo, ND at a date to be announced. Could you please cut and paste the attached letter of invitation and send it to students in your program who would meet this criterion? Please also feel free to contact either of us if you need further information. You can contact us by email at [katkinson@medicine.nodak.edu](mailto:katkinson@medicine.nodak.edu) and [nknutson@medicine.nodak.edu](mailto:nknutson@medicine.nodak.edu). We thank you in advance for your assistance with our recruitment efforts!

Best Regards,

Kelli Atkinson and Nicole Knutson

Dear Occupational Therapy Student:

Congratulations on completing a Level II Fieldwork! We know that you learned a great deal, and we hope that you will consider sharing your knowledge with us! Specifically, we are interested in hearing about your experience of learning to use occupation as intervention while on fieldwork, as there is currently little information available on this topic. We, Kelli Atkinson and Nicole Knutson, are occupational therapy students at the University of North Dakota and are inviting you, as an individual who has completed at least one level II fieldwork in a physical disabilities setting, to take part in our research study.

To gather students' perspectives, a focus group will be held immediately following the North Dakota Occupational Therapy Association (NDOTA) Conference in Minot, ND on Saturday, September 17th. The focus group will be no longer than one hour in length and will take place at the same location as the conference. Another focus group (participants are only asked to participate in **one** focus group) will be conducted in Fargo, ND in late September at a date to be determined. This focus group will also be no longer than one hour in length. Exact location is to be determined. Refreshments will be served during each of the focus groups.

We would greatly appreciate your participation in this study. Please consider taking part in a focus group if you are attending NDOTA or if you will be in Fargo, ND or surrounding areas in the fall of 2011. If you would be willing to participate, please contact Kelli by email at [katkinson@medicine.nodak.edu](mailto:katkinson@medicine.nodak.edu) or Nicole at [nknutson@medicine.nodak.edu](mailto:nknutson@medicine.nodak.edu). Participants are asked to please respond to Kelli or Nicole for the focus group following the NDOTA conference by September 7<sup>th</sup> and for the Fargo, ND focus group by September 12<sup>th</sup>. When you respond please indicate the facility where your fieldwork was completed. Also, please feel free to forward this letter to peers or friends who may also be eligible to participate in this study.

We are hoping that this study will be able to provide fieldwork educators with a better understanding of how students can further develop using occupation as intervention for future practice. Thank you for your time and enjoy the beginning of a new semester!

Sincerely,

Kelli Atkinson and Nicole Knutson

Appendix C  
Focus Group Outline

## **Students' experience of learning to use occupation as intervention on fieldwork in medical settings**

### **Focus Group Outline**

Nicole Knutson, OTS & Kelli Atkinson, OTS

**Purpose and Introduction to Focus Group:** The purpose of this focus group is to gain your perspectives, as students, as to how you learned to use occupation-based intervention with your clients on level II fieldwork. As you are aware, use of occupation in therapy is a hallmark and the strength of our profession. Because you are just getting started in your career as an OT, you can best provide information as to how and what you learned about using occupation as treatment while on fieldwork. The researchers hope to hear a variety of thoughts, opinions, and ideas on this topic.

**Warm-up:** The focus group will begin with an ice breaker activity. This will include asking the study participants to state their name, the type of fieldwork site they completed their fieldwork at, and what their favorite occupation is. This will help the subjects to get acquainted with one another and increase comfort among the group for sharing ideas.

**Questions:** During the focus group, the student researcher will ask the participants the following questions:

1. The OT Practice Framework, when defining the term "occupations", mentions activities that are given value by an individual or culture, provide structure to living, give purpose and meaning to life, and are reflective of the individuals lifestyle and context. Occupation-based intervention is defined as a client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, need, health, and participation in daily life.  
How does this definition compare with your understanding of occupation-based intervention?
  - a. How did you come to this understanding?
2. How does this definition compare to the common understanding of your fieldwork educator and others at your fieldwork site?
  - a. For example, were attempts made to find out from the client those activities that were meaningful, reflective of their lifestyle and context, reflective of their interests, etc?
  - b. Did the therapist then collaboratively select and design activities for intervention based on this information?
3. Can you provide an example of when occupation-based intervention was provided on your level II fieldwork?
  - a. Was this commonly done?
  - b. What factors supported the use of occupation in treatment of a client?

- c. What barriers inhibited the use of occupation in treatment of a client? (Prompts: assessment tools, time available, treatment plan process, documentation, resources, perspectives of OT and others on team)
4. What learning experiences did you encounter that helped you to learn to use occupation-based intervention on your fieldwork?
  - a. Prompts: What intentional methods were used by your supervisor to teach you to use occupation as intervention? What intentional methods did you have to initiate yourself to use occupation as intervention in your student practice? How did the common practice of your fieldwork site influence your use of occupation-based intervention? Was there anything else that influenced you?
5. How did the use or non-use of occupation-based interventions on your fieldwork influence how you plan to or will practice in the future, if employed in a physical rehabilitation context?
6. Is there anything else you would like to add to help us to understand how you learned to use occupation-based intervention on fieldwork?

**Conclusion:** The participants will be provided with a summary of the focus group. The researcher will thank the participants for taking part in the study

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