Volume 11 Issue 1

2022

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This project has been possible through the honours program at the University of the Sunshine Coast.

Abstract

Introduction: There is limited evidence examining large group occupational therapy telehealth practice education and the associated learning benefits. The aim of this study is to explore the experiences of occupational therapy students in a large telehealth group placement, within the occupational therapy degree at an Australian regional university.

Methods: A qualitative phenomenological research design, using semi-structured interviews and thematic analysis, was used to explore the lived experience of students who completed the telehealth placement.

Results: Eleven students participated in individual or group structured interviews. Five themes and twelve codes were identified during data analysis. Key themes were; the placement provided opportunities to link theory to practice, becoming a professional, positive and negative aspects of large group placement, assessment driven, and telehealth shaped the learning and clinical experience.

Conclusions: This study provides initial evidence from the student perspective regarding the benefits of a large group placement and offers the potential to be used as a transition in preparing students for future client interactions, and application of clinical reasoning and occupational therapy theory. Adaptations for future practice have also been identified. Further research exploring the ideal group size is needed.

I INTRODUCTION

Occupational therapy (OT) placement provides students with the opportunity to develop work-ready skills. Placements provide students with opportunities to develop personal and professional skills, including the application of theory learnt in the classroom to a “real-life” context and environment (Kirke et al., 2007; Rodger et al., 2011). Practice education also shapes students’ professional identities (Ashby et al., 2016). This paper explores students’ perspectives of a large group telehealth placement, where a cohort of students interviewed two clients over four weeks and formulated reasoned interventions.

Preparing students to successfully transition from the classroom to working in real-world clinical practice can be challenging, potentially contributing to high rates of student and new graduate burnout (Morales-Rodríguez et al., 2019; Opoku et al., 2020; Robins et al., 2018). The World Federation of Occupational Therapists (2016) states that OT students are required to complete 1000 hours of clinical education. The Occupational Therapy Council of Australia (2018) states that, along with the 1000-hour requirement, students are required to integrate knowledge and apply skills to a range of populations. However, the Occupational Therapy Council of Australia provides limited guidance on how universities are obliged to meet the required 1000 hours, especially with regards to contemporary models such as telehealth or graduated exposure and responsibility. However, the Australian program accrediting body does stipulate a maximum of 200 hours that can be simulated (Occupational Therapy Council of Australia Ltd, 2018). Across placements, students are required to achieve the Australian occupational therapy competency standards (Occupational Therapy Board of Australia, 2018), including reaching a graduate-level of competency in the domains of professionalism, knowledge and learning, occupational therapy process and practice, and communication. In later placements in occupational therapy programs in Australia, competency is typically assessed using the Student Practice Evaluation Forms Revised (Second Edition) (SPEF-R2) (Caine et al., 2021). Earlier formative placements can flexibly incorporate selected components of the SPEF-R2, or other customised assessments tools that target these competencies at an emerging or intermediate level. As a result, each university typically develops their own framework of practice education.

There are many ways that universities introduce students to their first client exposure; small groups of students with a client, either in a simulated learning environment or face to face with a real client; day visits to schools or private practice environments, and/or; consumers explaining their perspectives on health care and OT services. Many of the aforementioned options can be costly (e.g., small groups of students and paid clients and staff) or lack real world context. Whilst simulation is a valuable learning tool (Giles et al., 2014), students often perceive having a ‘real client’ as having additional benefits. However, there are barriers to implementing existing models, for example, large groups of students visiting a small private practice. One method that may overcome many of these issues is a large group telehealth placement with a real client, supervised by an academic staff member. This format may provide experience with a real client, in a safe environment, that is cost effective to deliver and easy for the supervisor to invigilate and provide support.

Given that telehealth is already an accepted service delivery model within OT (Cason, 2014; Nobakht et al., 2017), research is required to validate its use in a practice education context, including the multiple-students-to-one-client format. There is also minimal research examining the student experience within a telehealth placement, to aid students to apply theory to practice. In addition, a review of the available literature revealed no studies describing use of telehealth placement with larger student groups (e.g., greater than 10 students to a client). From a telehealth perspective, a similar model has been explored with small groups of three OT students providing telerehabilitation for clients in Guatemala (Foti et al., 2014). Foti et al. (2014) found that of the 21 students involved, new learnings were reported in the areas of OT process (57% of students), culture (43%) and technology (71%). Other examples of students undertaking telehealth placements using more traditional one-student to one-client approach have also been described,

but not evaluated (Salter et al., 2020). From a group perspective, a similar large group model has been adopted in nursing, where Grady (2011) described a "virtual clinical practicum" for groups of 24 students. The nursing model had a higher level of technical innovation, but less interactivity. It was described as helpful to prepare for "*clinicals*", "*up close and personal and very emotionally involved despite the distance*" and "*exposes us to situations that we would not otherwise be able to experience*" (Grady, 2011, p. 192).

Telehealth services were originally adopted and used when providing services to rural and remote populations, and with advancements in technology, many practitioners began offering telehealth for other means of service provision (Cason, 2014). In Australia, the COVID-19 global pandemic led to an overall increase in telehealth services due to restrictions on in-person health consults (Filbay et al., 2021). An investigation by Filbay et al. (2021) into the use of telehealth in Australia during the COVID-19 pandemic found that the majority of clinicians (82%) reported to have used telehealth for the first time, though only 42% of clinicians received training on how to deliver telehealth, and four out of five clinicians planned to continue offering telehealth services into the future. These findings highlight that telehealth will continue to be a popular service medium in practice and therefore, it is important that students are up-to-date with contemporary practice and that universities reflect this in curricula. The present study reflects on student experiences of telehealth prior to the COVID-19 pandemic, however, has heightened relevance reflecting both a long-term gradual increase in telehealth services as well as education responses to COVID-19. The telehealth placement experience was designed in response to rapid growth of students studying in the health industry, with the need for more sustainable, yet relevant student placements, to maximise the quality and outcomes of practice education (Hamilton et al., 2015). The growth of students in health professions increases competition for clinical placements, which necessitates innovation in the way that placements opportunities are sourced or created.

The proposed format of a large group telehealth placement also utilises the role of client tutor to create new placement opportunities. Client tutors in the health professions (such as occupational therapy and speech pathology) bring their authentic life experience, challenges and individual perspectives which characterise real-life practice (Jamieson et al., 2006). With client tutors, students can explore the therapeutic process from assessment to intervention and review (McCormack et al., 2014). However, the role of client tutor shifts the traditional power balance of therapeutic relationships, with the client also being an educator (Beecham, 2005). The client tutor curates the experience for students by providing a 'just right challenge' for students (e.g., being open with students and providing a safe space for the application of emerging assessment and intervention skills) and providing direct feedback to students on their performance and reasoning.

Given the limited knowledge base examining large group telehealth placements amongst OT students, the growing need for telehealth placements, and potential to maximise the quality of early student placement experiences, further research is needed. Therefore, the aim of this study was to explore the student experience in relation to a large group telehealth placement used in the undergraduate OT degree at an Australian regional university.

II METHODS

This qualitative study utilised a phenomenological design to explore the lived experience of university students who have completed a large group OT telehealth placement. Ethics for this study was approved by the Human Research Ethics Committee at the University of the Sunshine Coast.

A *Context*

The first-year placement was embedded within an undergraduate OT degree in an occupational therapy theory subject. The placement is the first within their degree where students are required to assess and create person-centred interventions according to the client's narrative. Previous placements within this degree were completed through an observational design. The intention of the placement was to allow students to apply OT models, frameworks and approaches

to assess the clients and develop an intervention for each client. The placement involved two paid clients ("client tutors") being interviewed by all students (n=80) enrolled in the appropriate placement subject. The client tutors were known to the academic KB, who had worked with them in a clinical context previously. The telehealth placement was facilitated through the Zoom[1] platform and comprised of four 1.5-hour assessment sessions with each client, spread over the course of four weeks. In addition, students attended three group supervision sessions where they had the opportunity to seek guidance regarding their clinical reasoning and receive feedback on their intervention ideas from an OT academic (KB) and the same two clients.

An intervention for each client had to be created for the purpose of an assessable outcome for the subject. Students were to complete a proposed intervention and complete appropriate documentation (e.g., assistive technology application form or design educational material) for both clients and submit a reflection detailing how OT theory (models and frameworks) guided the intervention process and reasoning. Due to the complexity of the clients and the broad range of challenges (physical and psychosocial) that they faced, each student was able to formulate a reasoned and unique intervention (e.g., accessible camping equipment, educational interventions to improve sleep, assistive technology for removing washing from a top loader washing machine). The assessment task addressed the professional competencies of knowledge and learning, and occupational therapy process and practice, at an emerging level.

Procedurally, the placement experience commenced with a student induction, where they were introduced to the purpose and structure of the placement and were orientated to the expected roles and responsibilities of the academic and students. Students were advised of the expectation to verbally ask at least one question of each client across the four weeks. Students were encouraged to use models to brainstorm a set of questions that they might ask during an initial interview. For each of the four weeks, the students had a 1.5-hour telehealth interview with one client, followed by a 30-minute break and then a 1.5-hour telehealth interview with the second client. To set the students at ease, at the commencement of the first telehealth interview, the academic started the interview by inviting the clients to share their background and some of the life challenges they were experiencing. Students were then invited to virtually raise their hand and were invited by the academic to ask questions of the clients and respond to the clients' answers. At times, the OT academic paraphrased the student's question for clarity for the client. Students were also able to use the chat function either to share ideas or perspectives with each other, or to pose follow up questions on each topic. The academic moderated the verbal conversations, monitored and responded to the chat and relayed follow-up questions on topics to the clients. To ensure that all students had a chance to ask questions, a record of who verbally asked questions was kept and students were prioritised based on this level of participation.

Students were expected to attend a telehealth supervision session each week to observe and learn from the reasoning of other students. All students attended the compulsory components, though were not required to stay for the full session. The supervision sessions were attended for four hours by the OT academic, and for three hours by the client tutors (four hours was considered onerous for the client tutors). The client tutors were allocated to breakout rooms in the Zoom session, and students could request to be placed in the breakout rooms to discuss their draft interventions and reasoning with the clients and receive feedback and clarification. All students who requested to go to the breakout rooms had time to speak with the client tutor. Students were invited to receive supervision from the OT academic in the main Zoom room. Supervision involved the students sharing their provisional reasoning and ideas, and receiving guiding questions, explicit information, prompting regarding application of models and other theory, direction for where to find additional information, and affirmation regarding ideas and postulates. Students used the raise hand function to partake in supervision. To ensure that all students had a chance to receive supervision across the four weeks, a record of who had received supervision was kept and monitored. Most students received supervision two to four times across the duration of the placement.

[1] Zoom is an online, cloud-based videoconference platform, Zoom Video Communications, Inc. https://zoom.us/about

Overall students had six hours to gather clinical information from each client tutor during the interviews and additional information from the OT academic and client tutors was provided during supervision. The client tutors also provided information through Zoom file transfers and the chat box, including but not limited to, lists of conditions or medications, photographs (e.g., of home environments, assistive technology, vehicles), measurements (e.g., sleep diaries, built environment) and descriptions of previous approaches or assistive technologies that they had used. At the end of the placement, after students had submitted their intervention and reasoning for assessment, the interventions were shared with the clients who could then follow up with their usual treating occupational therapist if they wanted to implement the intervention (to ensure adequate clinical oversight).

B *Sampling*

Participants had recently completed the placement experience. Participants were recruited using volunteer convenience sampling from a possible 80 OT students who had recently completed the relevant telehealth placement. Due to the limited size of the cohort, a minimum of two participants were sought, with the maximum number of possible participants limited by the cohort size. This approach is consistent with embedded unit case study approaches (Baxter & Jack, 2008). Participants were sent an email by a member of the research team (BL,KL) inviting them to participate in the study. Reminder emails were sent out for further recruitment rounds and snowballing recruitment techniques were used to achieve a larger population size. The research team used social media platforms and direct emails throughout the snowballing process.

C *Data collection*

Participants were given the option of undertaking an interview in small focus groups or individually, using a semi-structured interview format. Interviews were scheduled at a time convenient for both interviewer and participants. After consent was obtained the interviews were scheduled and were either conducted via Zoom or face to face. Questions related to confidence, previous experience with telehealth, learnings from the telehealth experience, positives and negatives of the large group setting, and any challenges or benefits of the experience. Each interview took between 20 – 30 minutes and were audio recorded.

D *Data analysis*

All audio files were professionally transcribed. Thematic analysis was conducted as described by Clarke and Braun (2013). Thematic analysis was selected for the flexibility it provides the researcher in tailoring the data analysis approach to meet the research aim (Terry et al., 2017). This study tended towards a critical realism, contextualism framework, with a hybrid approach of semantic and latent reasoning, and inductive rather than deductive analysis of the interview data (Braun & Clarke, 2006).

Interview transcripts were read several times for data familiarisation and coding by the first author. The first author copied these codes into Microsoft Excel for categorisation and development of overarching themes. Themes and categories were presented with supporting quotes from interviews. Themes were not predetermined but identified organically through the thematic analysis process, however it is acknowledged that many of the themes naturally reflected the semi-structured interview questions.

Multiple considerations were made to improve the fidelity of the study. This included keeping an audit trail for dependability, reporting direct quotes, and situating findings within the literature for confirmability and authenticity (Lincoln & Guba, 1986). The critical friend approach explained by Smith and McGannon (2018) was adopted as an additional process for academic learning of early career researchers. The ‘critical friend’ is a person of trust supporting another’s learning using critical questions and reflecting on data analysis from a different perspective. This process was used to guide the finalisation of coding, as well as development of categories and themes.

III RESULTS

Eleven students participated in the study across eight interviews. Three interviews were completed with two students; five interviews were conducted on a one-to-one ratio. Saturation was reached after four interviews with no new codes arising, however data collection continued due to the small number of respondents. Five key themes were identified: 1) The placement provided opportunities to link theory to practice; 2) Becoming a professional; 3) Positives and negatives of group placements; 4) Telehealth shaped learning and clinical experience; and 5) Assessment driven. The identified codes within each theme are outlined in Table 1.

Table 1.
Themes and the related categories identified through the data analysis

Theme	Related category
The placement provided opportunities to link theory to practice	Safe environment Real client Clinical reasoning
Becoming a professional	Building confidence Student judgement Drawing on previous life experience
Positive and negatives of group placements	We learnt off each other Large groups made it difficult to be heard
Telehealth shaped learning and clinical experience	Usefulness of telehealth in practice Telehealth increased confidence Use of technology
Assessment driven	Assessment driven

A *Theme: The placement provided opportunities to link theory to practice*

All students spoke broadly about the placement providing an opportunity to link theory and practice. They noted that the *safe environment,* combined with a *real client*, provided opportunities to use *clinical reasoning.*

1 *Safe environment*

All students discussed how the structure of the placement provided a safe environment. The majority of students mentioned that the academic provided clear guidance throughout each session and was available to discuss and provide feedback regarding clinical reasoning and intervention proposals. The clients also created a safe space as they were open minded when receiving questions from students and provided a judgement free learning environment.

> "I just want to emphasise on the safe environment. Because I really felt that, yeah, and [the academic] was very reassuring in the questions we ask, no matter how dumb our question was, he didn't really, he'd say, 'Oh yeah, that's good. That's good.' And if it was a little bit off it's like 'maybe you can have a second thought about it' in a very nice way." [Student Participant #5].

2 *Real client*

Students reported that exposure to a real client enabled them to appreciate and understand the complexities that clients can have. This placement also enabled students to apply theory to a real-life context rather than a case study, which allowed them to draw on parts of OT theory such as initial information gathering, some aspects of goal setting, and other elements such as building rapport and therapeutic use of self. As a student noted, "... It made it real, I guess that's the thing. It's one thing to go over them [the theories], it's another thing to apply them." [Student Participant #1]

Participants also mentioned that:

> We had the ability to find out about someone's values and beliefs, and it wasn't a 2D case study, which is so and so is a mother of three and this is the thing, and this is the diagnosis, this is the prognosis. [Student Participant #1]

3 *Clinical reasoning*

Students mentioned that this placement enabled them to gain a deeper understanding of OT theory and process, and how to apply a range of models and frames of reference. A few students reflected that they hadn't previously appreciated theory to that extent and "It actually started becoming really obvious that there were a couple of theories or frames of reference that I was like, "Oh no, no, this really applies to her*"*. [Student Participant #7]

> It was good to be able to link this theory to each, I guess, intervention that we were creating. Because we had to write an explanation for both clients about frame of references (sic) and models that informed our decisions. That was good because it was kind of practicing evidence-based reasoning and being able to, I guess, examine the model that really guided our interventions. [Student Participant #2]

B *Theme: Becoming a professional*

Students spoke regarding the placement providing opportunities to develop professional behaviour. The students noted that the placement enabled them to *build confidence,* whilst learning about *student judgements* and pre-conceived biases. Some students *drew on previous life experience* that allowed them to reflect and apply previous learnings to this placement.

1 *Building confidence*

A majority of students stated that they were not confident in the process before commencement of the placement. Many factors that contributed to lack of confidence included; perceived limited theoretical knowledge and not knowing how to apply theory, limited experience using telehealth and limited to no experience with interacting with clients. However, all but one student reported that they felt their confidence increased after completing the placement. For example,

> Obviously, I've never been in that OT space with a client before, and I thought, Oh God, what if I ended up making an idiot of myself or something. And I didn't feel as though I knew enough...once I started talking to certainly one of the clients, I just fell back into the old space again, if you like. And, but with a bit more knowledge... from an OT lens. …I've felt a lot more confident. [Student Participant #7]

> [The placement] did really heighten for me an awareness of the complexity of speaking with clients that needing to be aware of all the different aspects. So, in that sense, I came out feeling like it was good to be more aware rather than have quite a simplistic view of how to go about setting up an intervention and did raise my confidence in the sense of, at least I'm aware now of the complexity and how little things can throw you. [Student Participant #8]

Some students mentioned that they were anxious about using telehealth as they felt more confident with face-to-face consultations in the past.

> I did not feel very confident at all. I wasn't certain how the entire telehealth experience was going. I wasn't sure of my capacity as a student in a practice setting, and as well, I was uncertain about how that would go over telehealth as opposed to being in-person with the client directly. [Student Participant #5]

2 *Student judgement*

Students reported that learning not to have judgement or preconceived bias or ideas was difficult in this learning experience, as this was the first-time students had the opportunity to interact with a client.

> Just taking into consideration different clients and the different personalities and the different needs of the clients. I'd never had that exposure to working with people in that way, it was just learning how other people have different priorities and different views on life. [Student Participant #3]

Some students reported learning that others (clients and fellow students) have different values and ideas of what would best contribute to their overall health and wellbeing. They reflected that they had to respect other's values, especially if they differed from their own.

> I realised that the way people were talking to her they were ignoring her values, her beliefs and her actual desires and they weren't getting to the nub of what she really wanted. But that's only because I could watch how she was interacting with them and the visual cues that she was giving. [Student Participant #1]

3 *Drawing on previous life experience*

Some students were able to draw upon previous work and personal experiences to assist with the process of this placement. For example*,* “I felt confident in that I have a communication media background by trade, so I'm used to asking people personal questions.” [Student Participant #1]

> I do feel somewhat confident at the beginning because I've worked in allied health industry for quite some time with clients, but not in OT scope. [Student Participant #4]

C *Theme: Positive and negative aspects of large group placements*

All students reported that the large group setting provided positive and negative opportunities, as they *learnt off each other*, but students also reported that *large groups made it difficult to be heard.*

1 *We learnt off each other*

Some students mentioned that the large group setting taught them how to not interact with clients but also provided positive opportunities as students developed unique intervention ideas.

> And I realised because I was listening to the other [student], and I guess that's the benefit of being in a group where you can actually hear what's being said and how the client's reacting to them. [Student Participant #1]

> The benefit for that though was probably that you could bounce ideas off your group members and talk things through with them. It was quite helpful. [Student Participant #2]

> And it was something that I hadn't even thought of doing, just like, stay and talk about anyway and just see being done in practice and done so well by the student, I really enjoyed watching that. It was really lovely to watch and how open the client was to it as well. [Student Participant #11]

2 *Large groups made it difficult to be heard*

All students reported that mediating the large group was difficult and the experience felt unnatural at times as questions were driven by assessment criteria. One student reported:

> Because there was a heap of us who were logged on so it was challenging to get one on one time and to be able to talk and share questions and answers freely. [Student Participant #2]

Students were aware that others needed to ask questions and said that they were conscious of asking too many questions themselves. Some students reported that they felt the natural progression of rapport building and demonstrating interviewing skills was inhibited due to the large group setting. Students reported having feelings of anxiety and being conscious of peer judgement throughout the progression of the placement.

> If you have something that you want to clarify and get a little bit more information with regards to a question that somebody else has asked, it was near impossible to get that clarification in real time. [Student Participant #5]

> Sometimes that thought pops in your mind, and you would like to add on or suggest before, and then it gets diverted onto some other conversation and then you don't feel you can actually put your input in for the previous two conversations that were in. [Student Participant #4]

D *Theme: Telehealth shaped learning and clinical experience*

All students addressed the positives and negative aspects towards using telehealth platform for this placement. *Usefulness of telehealth in practice*, t*elehealth increased confidence* and *use of technology* were the most evident categories related to this theme.

1 *Usefulness of telehealth in practice*

Some students mentioned that learning to use telehealth is greatly beneficial and needed because of the current global pandemic of COVID-19 and they hypothesised that it would be used more in future practice.

> I think even in this time with COVID or rural settings, it's really important that we did have that exposure to telehealth so that we can use it, moving forward. I think as well, because we're using technology more and more, it probably is an area of practice that will be something in the future. [Student Participant #2]

A student stated they were unsure of the logistics of how this telehealth placement would directly translate to the workplace environment. Even though students had the opportunity to interact with a real client, the experience felt simulated because of the large group environment and assessment.

> I really love the fact that we learned how to use telehealth, I felt that we had numerous occasions to use it so just sort of practicalities of what does it actually look like, what does it feel like, how does it work, how would I make that work? Some basic things like do I have the right equipment, do I have the right bandwidth, really basic things to how can I go to the client, what would that look like, how does that feel to be in a two-dimensional conversation with someone. Subsequently we've done a lot of Zoom and we're about to do a lot more. [Student Participant #1]

Some students mentioned that using telehealth was a barrier because they were unable to gauge the exact scale of the client's environment. In contrast, one student mentioned that telehealth enabled them to view the environment and have a clearer understanding of the client's environment rather than completing the consultation in a clinic setting.

> And seeing her environment, it looked a lot bigger on the screen when we've actually got there. I probably found that was maybe a little bit of a disadvantage with the telehealth in relation to being with clients and working with clients. …It's actually amazing experience and it's great that we can actually utilize this skill and technology to be communicating with clients coming to see us as a professional in their health situations. [Student Participant #4]

2 *Telehealth increased confidence*

Some students discussed that using the online platform eased anxiety around client interaction as they felt less intimidated during discussions. "Because it was online, it was less, I would say, overwhelming than it being face to face straightaway." [Student Participant #2]

"And I felt that the telehealth session was a really good way to practice interacting and seeing how other students interacted and how they asked questions. So, I definitely feel a lot more confident after that experience." [Student Participant #11]

"It gave us a safe way to interact with clients, it gave us access that we wouldn't be able to have when you're sitting in a lecture." [Student Participant #1]

3 *Use of technology*

Some students spoke of internet connection issues and disruptions, for both them and the client, which was seen as a disadvantage of telehealth. However, some students accepted this as part of the learning experience. Others reported being uncomfortable with so many students having their cameras off during the telehealth sessions, which was perceived as an imbalance in power between the client and the students.

> I did at one point say, hey guys, you really need to turn on your screens. Yeah, I got that because it's very intimidating, they're both there, they're both vulnerable, they're both being seen and we're not… So there's the power shift and imbalance which as OT we're not meant to have anyway. The whole point is to give the client that power. [Student Participant #1]

"Just internet connections and things, weren't always ideal with some clients if I remember correctly. So, I think it was just learning how to work around that as well." [Student Participant #3]

E *Theme: Assessment driven*

Due to the nature of the placement and the assessment driven criteria attached, many students were conflicted with the pressure resulting from the assignment requirements and the assessable outcomes of the placement.

1 *Assessment driven*

Some students reported that they were unsure how they would have interacted if the placement was a formative assessment, rather than summative, and how that would influence the overall outcome of the experience. It was mentioned that “I know people were marked and they had to ask the question and some of them would never have spoken unless that was a prerequisite.” [Student Participant #1]. Another student noted:

> I personally was aware that other people had to talk and make sure that they get their say as well. We all helped each other out. It wasn't a terrible thing. [Student Participant #3]

Other students reported concerns over not getting enough information for their own assessment purposes, or not feeling that the level of exposure to the clients was fair.

> I did feel at the time I was stressing because I felt as though I wasn't, like with the people had an advantage because they were getting to ask like two questions before I even asked one. [Student Participant #7]

IV DISCUSSION

Based on reports of student experiences, this study found that the large group telehealth placement was a beneficial learning opportunity. The placement allowed students to explore the OT process and apply it to a “real client” context. The placement enabled students to have an insight into the complexities of a client’s needs, which is difficult to expose students to in a classroom or case study setting. The placement provided students with an introduction on how to interact with clients, develop professional skills, and gain a better understanding of the OT process, within a telehealth appointment context. In their scoping review to establish student experiences of meeting learning outcomes through delivery of services by telehealth, Serwe et al. (2020) reported similar findings. Across the six studies included in the review, most found that students were satisfied with the telehealth experience. Whilst our study did not measure satisfaction explicitly, students reported that it built their confidence and that it was beneficial for future practice. The research study by Rutledge et al. (2014) found that nurses valued the experience. However, in their study they report that students valued the ability to assess physical conditions of clients in the virtual space, whereas students in our study reported that it was difficult to clearly gauge the environment that the client was living in and that this inhibited their ability to design an intervention for the client.

Randall et al. (2016), in their study of telemedicine opportunities with students from OT, physical therapy and nursing, found that whilst students reported the technology as easy to use, they also experienced some difficulties in establishing rapport and that the use of technology was an added complexity to communicating with the patient. There were mixed experiences in our study, with some students reporting that the use of technology meant they felt less intimidated by the student-client interactions, yet others felt the technical disruptions and possible power imbalances it created, negatively impacted their placement experience.

Few studies have reported on student learning outcomes (Serwe et al., 2020). These studies have found that students reported new learnings related to OT process (Foti et al., 2014), culture (Cassel & Hadley, 2016; Foti et al., 2014) and technology (Cassel & Hadley, 2016; Foti et al., 2014). Our study also found that students felt they were able to practice the use of technology and apply their clinical reasoning skills. However, the present study likely had limited cultural learning experiences due to the client tutor backgrounds. The study by Foti et al. (2014) had cultural aspects embedded, as some of the clients in these sessions were from developing countries. Their results showed that students had minimal experience interacting with culturally

diverse individuals and the teleconsultation experience enhanced their awareness towards cultural sensitivity. This is something that could be further considered in telehealth placements.

One of the key differences between this study and other telehealth experiences is the utilisation of a large group approach. This has had a mix of positive and negative influences from the student perspective. Students discussed the beneficial aspects of a large group as the ability to learn off each other by brainstorming ideas, as well as observing other student interactions with the clients. The benefit of peer learning is also raised elsewhere (Salter et al., 2020). However, all students mentioned that having a large cohort of eighty students in one telehealth conference made it difficult to navigate and remain engaged. Given that the student experience will inevitably involve assessment, there were reports of students limiting their client questions as they were mindful of the need to allow others time to also meet their assessment needs. Whilst a range of structures were put in place to maximise involvement and fairness for all students, some still perceived there were inequities. Based on previous research where small group sizes of four to seven were deemed useful for peer learning and level of tutor support (Cassel & Hadley, 2016; Salter et al., 2020), it is recommended that a reduced group size be trialled in future. A group size of 35 students is suggested as manageable in terms of course and client resources, whilst maintaining the benefits of peer learning. Further research should aim to ascertain an ideal balance between size of the group, student perceptions of fairness, and student learning outcomes.

Due to the paucity of research in this area, the present study contributed to the gap in literature on large group OT telehealth placements. It is difficult to compare the differences with other studies, based on different contexts and delivery of the student experience. Based on the student experiences, a large group telehealth placement has shown to have some benefits, particularly if utilised as an early form of practice in the OT degree. As a way to balance increased student enrolments, sustainability of placements and increased need for technology-based services, this research provides some insight for OT academics on a feasible way to incorporate telehealth into curricula for OT students. The telehealth placement has demonstrated a safe and beneficial opportunity to practice professional competencies, and a sustainable option which can be counted towards the 1000 hour registration required of Australian OT students. However, despite the valuable learning experience posited by students, there were also limitations to this study.

V LIMITATIONS

This study explored only one placement experience and is not necessarily generalisable to other universities or contexts. Given the qualitative nature of the study, the extent of learning was not measured (e.g., using a validated tool). Quantitative measurement of learning was beyond the scope of the research question, however future studies could explore how well large group telehealth placements achieve professional competencies in a similar manner to Imms et al. (2018) or evaluate the attainment of telehealth-specific skills as described by Nahon et al. (2021).

The convenience sampling method may also have introduced bias compared with other means of recruitment (e.g., stratified sampling, as the present study did not account for demographic or academic grades in the recruitment of students). Although there was a sufficient sample size to reach saturation, the findings of this study may not be indicative of the views or generalisations of all student experiences.

Both researchers involved in conducting the semi-structured interviews may have possessed multiple biases. One researcher was an Honours student who had participated in the group placement in a prior year, which potentially led to the student being biased by their own experience or other student relationships impacting the findings. Additionally, one of the researchers was the subject coordinator and supervisor of the placement experience, which potentially creates an inherent power imbalance. In an attempt to diminish the power imbalance, the staff member involved in data collection was intentionally not a part of the OT department. This academic was also unknown to participants and did not have any prior involvement with the placement being studied. Participants had the choice of completing interviews in small groups or individually, which potentially caused participant bias, as students may not be as actively engaged

in small group sessions and allowed other students to influence answers. To overcome these limitations future studies should consider stratified sampling to represent the entire student cohort and collect data across institutions.

In addition, this research has explored only the perspective of students. Insights into the experiences of the client tutors would add value to the research findings, although was outside the scope of this study.

VI RECOMMENDATIONS

Future research should consider testing the placement as a formative assessment as students would not be forced to ask questions for assessment purposes. Future research could explore smaller group sizes of approximately 35 students to determine how much influence the large group setting had on the experience. This in turn could be beneficial in finding the ideal group size where students experience an equitable level of participation, but still have the opportunity to learn from others, whilst managing the time and resources available by the client and university staff.

Future research could assess the placement by using a validated tool to measure student competence and student learning and compare the outcomes to other placement types with similar duration and cost. Other future recommendations include amending the context to include more cultural diversity.

VII CONCLUSION

This study aimed to explore the experiences of OT students of a large telehealth group placement, within the OT degree at a regional university in Australia. Findings of the study indicated many positives towards the placement experience, including the opportunity to be exposed to client interactions, professional practice and technology in a safe environment. This study provides initial evidence from the student perspective regarding the benefits of this experience and how it could be used as a transition to prepare students for future client interactions and application of clinical reasoning and OT theory. The large group setting had some challenges, and it is proposed this be reduced to a more manageable size of 35 students in future deliveries of similar placement experiences.

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