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Dr. Judi Pettigrew

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# Preparing occupational therapy students for the realities of practice

**Authors:** Louise McGettigan, Alison Warren.

**Background:** Practice Education inductions are designed to prepare students for practice education, although little research is available on their effectiveness or perceived value. Studies into the effectiveness of practice education have shown students to be lacking critical skills, with students and practice educators calling for better preparation for practice (Rodger *et al* 2011).

**Objectives:** The purpose of this research was to discover occupational therapy students' views on different aspects of the practice education induction in one university, to assist with improving induction programmes in future.

**Methods:** This qualitative study explored the practice education induction experiences of four occupational therapy students from the University of Limerick, through a focus group.

**Results:** Two themes were identified in the findings. The first was Enhancing Confidence: Positive outcomes of practice education induction; including the subthemes of practical knowledge, supportive atmosphere, positive expectations, and previous professional experience. The second theme identified was Continuing Uncertainty: Tailoring induction content to meet identified needs; which included the subthemes of reflective practice, concern over client interactions, professional interactions, and occupational therapy practice skills.

**Conclusions:** While the practice education induction provides a good general preparation for practice, participants felt that their previous professional experience had also contributed to their preparedness. Participants suggested that more time could be dedicated to developing professional interaction skills, reflective practice, and occupational therapy specific skills. If occupational therapy course developers create an efficacious practice education induction, it will potentially improve the practice education experience for students, practice educators, and subsequently improve levels of client care.

## Introduction

Practice education (PE) inductions are introduced in to health care professional educational programmes in order to better prepare students for the realities of practice (Adamson *et al* 1998). According to Clarke and Tresedar (2012), in order for an effective learning experience to occur, good preparation must be undertaken by the student, university and practice educator. A successful induction teaches students to work more efficiently and competently during their PE, allowing them to enter the graduate workforce as more experienced and confident therapists (Simhoni and Anderson 2002). This enables new graduates to provide clients with a higher standard of care (Adamson *et al* 1998), reduces the levels of stress for their practice educators, and may even result in more occupational therapists feeling able to accept students for PE (Bonello 2001).

PE has also been shown to influence final placement in the work force (Adamson *et al* 1998; Lee and Mackenzie 2003; Doherty, Stagnitti and Schoo 2009). Crist (2007) argued that PE is the single best source to implement change in the occupational therapy profession, insisting that it is the responsibility of the coordinator to create congruence between universities and practice educators. In order to provide the profession with highly skilled and competent graduates, there needs to be collaboration between practice educators and universities in how they prepare students for practice (Musselman 2007; Birchenall 2002; Edmond 2001; Kirke, Layton and Sim 2007). This qualitative study aimed to explore the views of occupational therapy students on how well PE induction prepared them for the realities of professional practice both before and after graduation. Participant feedback will allow the course coordinator to refine the induction's content to better suit the needs of future students, and makes suggestions for the development of future PE inductions in both occupational therapy and in an interprofessional education context (CAIPE 2013).

## Literature Review

PE is vital for preparing students to deal with the realities of professional practice, and continues to foster relationships and develop opportunities for employment (Simhoni and Anderson 2002). Bonello (2001) argues that students lack the confidence to take initiative due to passive learning and that someone must prepare therapists for work. Brown *et al* (2011) demonstrated a significant difference between students' perceptions of their 'actual' PE environment compared to their 'ideal' PE environment, with Hummell *et al* (1997) revealing that students found their practice educators' workloads and time commitments to

be a barrier to their education. Similarly, Adamson *et al* (1998) investigated perceptions of graduate occupational therapists in the United Kingdom, who noted a significant gap between education and real life, such as communications with the MDT and work place management. Hummell and Koelmeyer (1999) discovered that graduate therapists find it challenging to adjust to work, however, a recent survey of practice educators' perceptions of new graduates' preparedness for twenty two topics in the field of work-related practice revealed that graduates were prepared for practice with minimal supervision in 81% of topics (Adam, Strong and Chipchase 2013). The key areas identified by occupational therapists and physiotherapists for developing clinical education are; knowledge, skills, professional behaviour, good communication skills, and a good grounding in specific disciplinary skills (Adam *et al* 2011). Trede (2012) insists that students must be exposed to the contradictions, paradoxes and ethical dilemmas in professional practice, as well as developing curiosity, a desire to learn, and a professional identity.

Practice educators experience additional stress when students are not prepared for PE (Rodger *et al* 2011). Practice educators in Australia voiced concerns regarding students' poor professional behaviour and difficulty when receiving negative feedback, finding 'Generation Y' students to be overconfident in their abilities, and thought that the universities should manage this, along with other concerns, in preparation for PE (Hills *et al* 2011). Practice educators felt that more structured training, support and guidance was needed from the universities (Kirke, Layton and Sim 2007; Aston *et al* 2000; Crist *et al* 2007; Jenson and Daniels 2010), and noted high levels of performance from students following PE inductions (Cook and Cusick 1998). Hall, McFarlane and Mulholland (2012) revealed that practice educators strongly emphasised positive student attitude as contributing to the positive aspects of the PE experience, while interestingly, students did not identify their attitude or professional preparation as an important factor.

There is a shortage of PE placements for occupational therapy students in the United Kingdom and Ireland (Craik and Turner 2005), which may be due to the stress placed on practice educators and universities (Spiliotopoulou 2007). Studies into the effectiveness of PE have shown students to be lacking critical skills, with students and practice educators calling for better preparation for practice (Hummell 1997; Rodger *et al* 2011; Aston *et al* 2000). Public and private blogs were designed to ease students' transition from the classroom to clinical practice through enhancing reflection and clinical reasoning, but were used more as a tool for peer support by students (Wiid *et al* 2013). Students who rated their performance skill levels before and after an induction reported that the induction had

impacted positively on their skill levels (Cook and Cusick 1998; Spiliotopoulou 2007). PE induction does have a positive impact on students' performance (Cook and Cusick 1998; O'Connor, Cecil and Boudioni 2009; Hummell 1997), and universities realise the long term implications for preparing students for PE, continuously re-evaluating their curriculum in order to meet the emerging needs of students and practitioners (Crist 2007b; Hills *et al* 2011; Rodger *et al* 2011; Leveridge 2003; Edmond 2001).

The literature indicates that there is a need for universities to develop an effective PE induction, in order to prepare students well for practice, and improve the PE experience for students and practice educators alike. This research draws on qualitative focus group data conducted with four occupational therapy students, and explores how adequately does a practice education induction prepare occupational therapy students for the realities of practice education?

## **Methodology**

### ***Method***

One focus group was held due to the number of participant responses. This format was chosen to aid participants in recalling details of the induction, and to create a more relaxed discussion. Cronk, Gerkey and Irons (2009) have shown that having an audience can impact upon responses given. In focus groups, participants have the opportunity to develop their ideas, and while some may be less talkative, the stimulus of having others listening attentively can encourage some participants to volunteer more information (Li and Barnard 2009). Focus group discussion may also result in more themes emerging than in an individual interview (Coenen *et al* 2012; McLafferty 2004). An occupational therapy student and teaching assistant from UL facilitated the focus group, neither knowing the participants personally. The focus group lasted one hour and was conducted using a semi-structured approach, which is more beneficial than a standardised one when a group have varying personal experiences and professional backgrounds to draw from. The freedom of this style allowed for interesting issues to be discussed more in depth (Barriball and While 1994). A list of the PE induction sessions was presented on the table during the group to promote discussion (Figure 1).

### ***Data Analysis***

Good qualitative research must be ethical, relevant and conducted using appropriate, rigorous methods (Cohen and Crabtree 2008; Finlay 2006). Braun and Clarke's (2006)

guide to thematic analysis was adhered to. It is flexible, allows a broad basis for interpreting data, produces an insightful and accessible analysis of the data, and was integral to interpreting common themes representing the views of the participants in a coherent and methodical manner. Guba and Lincoln (2005) stress the importance of validity and reflexivity in research, and in order to maintain rigour throughout the study the McMaster Critical Review Form was deliberated (McMaster University 2007). Several steps were taken to ensure trustworthiness in the research (Shenton 2004). To address transferability, each participant had different experiences in their PE and careers, and provided varying perspectives on the PE induction. Supervision aided credibility and confirmability, as the researcher discussed any possible biases with their supervisor before conducting the focus group, discussed themes identified, and explained the logical sequence involved in developing them. Participants received a summary of themes within a week of participating in the group, and one participant responded to confirm that they were happy with the summary. The support of a supervisor was essential in encouraging the researcher to maintain reflexivity throughout, as the researcher was a student from a different cohort in UL and had also experienced the PE induction. The researcher ensured reflexivity by writing detailed field notes following the focus group. Pilot studies ensure that the best research process possible is followed and help to improve the design of the study (van Teijlingen and Hundley 2001), so prior to the focus group, interview questions were piloted on a graduate and a student, neither from the cohorts chosen for the study.

### ***Procedure***

Participants were identified and recruited via email by the Practice Education Coordinator for Occupational Therapy who was the gatekeeper for the study. Informed consent was sought via a consent form signed by participants before the group commenced. Participation was voluntary, all participants had completed their final PE, and no member of the research team was involved with student grades or assessments. All participants attended the PE induction, consisting of 12 sessions delivered over 6 weeks prior to PE 1. The focus group explored participants' opinions on whether the induction content was useful when faced with the realities of professional practice. Participants were given the opportunity to offer suggestions as to how the induction could be improved upon for future students.

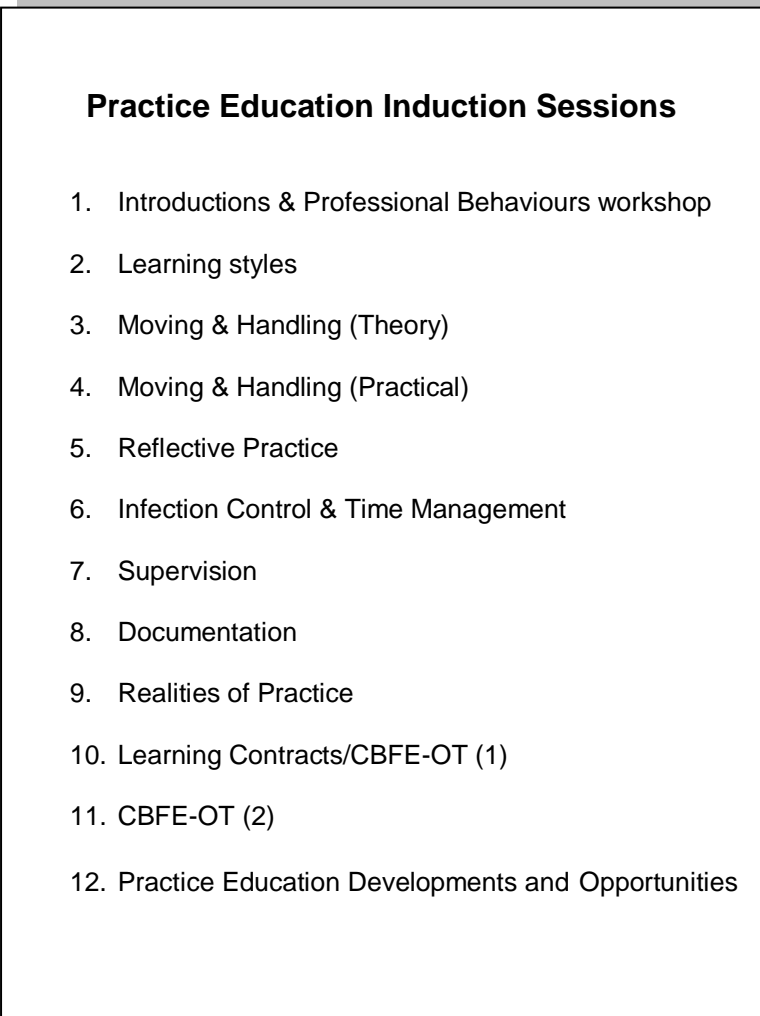
### ***Participants***

The four female participants aged 20-30 years who took part in the focus group were on a graduate entry masters in occupational therapy programme. Two participants had previous experience as health care professionals, one participant had a business background, and

one participant did not specify previous experience. This research is the first phase of a two year study, with the aim of recruiting occupational therapy students and new graduates. Four students and 1 graduate responded to recruitment emails. Ethics required a minimum of 2 participants per interview, so there was an insufficient response rate from graduates to conduct a joint interview.

### ***Ethics***

EHS Research Ethical Approval was gained for this research. Confidentiality was maintained through the use of pseudonyms for participants involved in the study.

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- Practice Education Induction Sessions**
1. Introductions & Professional Behaviours workshop
  2. Learning styles
  3. Moving & Handling (Theory)
  4. Moving & Handling (Practical)
  5. Reflective Practice
  6. Infection Control & Time Management
  7. Supervision
  8. Documentation
  9. Realities of Practice
  10. Learning Contracts/CBFE-OT (1)
  11. CBFE-OT (2)
  12. Practice Education Developments and Opportunities

*Figure 1. The list of practice education induction sessions provided to participants during the focus group*

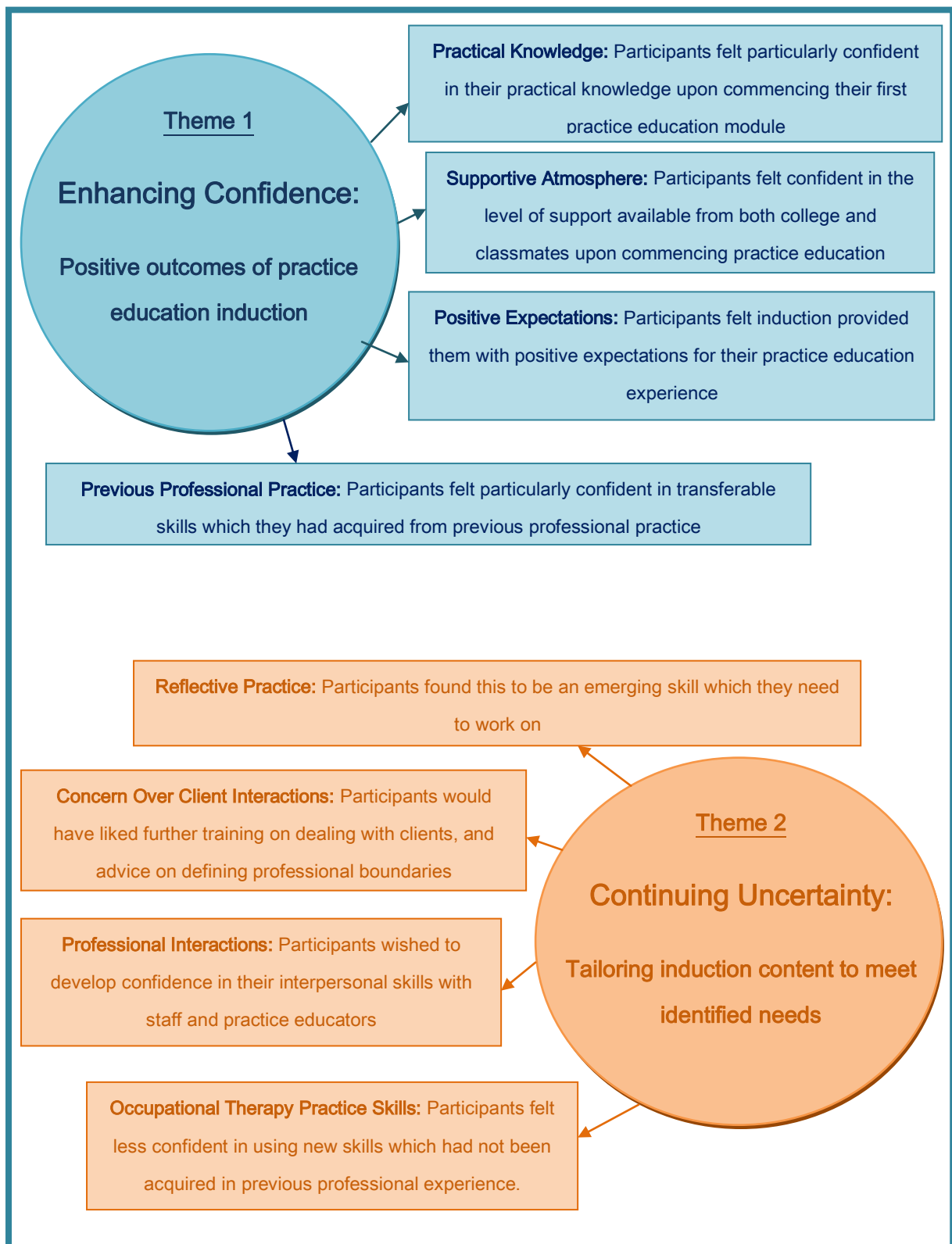


Figure 2. Theme map displaying the two main themes identified in the study, and the subthemes discussed under these themes



## Findings

Based on the participants' responses, two major themes were identified that represented their opinions of the PE induction. The first theme was Enhancing Confidence: Positive outcomes of practice education induction; including the subthemes of practical knowledge, supportive atmosphere, positive expectations, and previous professional experience. This focused on participants' perceptions of the how the induction enhanced confidence prior to PE. The second theme identified was Continuing Uncertainty: Tailoring induction content to meet identified needs; which included the subthemes of reflective practice, concern over client interactions, professional interactions, and occupational therapy practice skills. This theme concerns participants' feelings of continuing uncertainty around specific skills, and encompasses their suggestions of tailoring the induction content to meet identified needs (Figure 2.).

### **Enhancing Confidence: Positive outcomes of practice education induction**

Participants identified positive aspects of the PE induction, which Mariesa asserted "prepared us well for placement" and provided "some of the realities that might happen". Lucy maintained that following the induction they "definitely had a good level of recognition of a lot of things".

#### ***Practical Knowledge***

All participants valued the practical sessions, such as Infection Control and Moving and Handling, but found that topics such as Documentation needed to be adapted to the reality of each setting. Mariesa described the practical sessions as "something you definitely have to have" prior to commencing PE. She summarised the Moving and Handling session in particular as being "very practical" and "really beneficial", especially as students were encouraged to "get in to the hoists, and try the different slings". Maisie firmly stated that "you couldn't have a student go out without any of them".

#### ***Supportive Atmosphere***

PE induction created a supportive atmosphere amongst students prior to their first PE. Learning Styles allowed the class to gain a better understanding of each other, with Lucy acknowledging that "you kind of appreciate that everyone's different". Students were introduced to a public blog, which some used for peer support when separated

geographically. Other participants sought direct support from peers, with Diane admitting “I had issues...so having someone to rant to was definitely the winner!” Some participants, such as Maisie, felt that university staff support has “always been clear”

### ***Positive Expectations***

All participants discussed how the induction shaped their expectations prior to their first PE. Participants found some sessions “very unreal at that stage”, such as Practice Education Developments and Opportunities, which introduced role emerging concepts. The majority of participants expressed positive feelings in regards to their PE induction, with Mariesa exclaiming “we were all really excited!” Participants stated that the induction made them feel more confident and prepared for PE. Some participants had conflicted expectations, as Maisie reflected “we hadn’t a clue what to expect from placement, what was expected of us...we were just totally clueless”.

### ***Previous Professional Experience***

All participants felt that the professions they held before embarking on the course prepared them well for the realities of practice. The induction sessions on Professional Behaviours and Realities of Practice were considered less relevant, as all participants had had professional dealings prior to the course. Diane pointed out that “we’ve all...had a life before this”. Participants also felt that their past experiences were drawn upon to deal with issues during PE, and that they did not rely solely on the induction for guidance. Yet Lucy felt that it was important to develop a new “professional identity” prior to PE so that students “feel comfortable” adopting the role of novice occupational therapists.

## **Continuing Uncertainty: Tailoring induction content to meet identified needs**

Participants reflected on the areas of professional development that they still felt uncertain about, such as interpersonal skills, occupational therapy practice skills, and reflective practice. They suggested that more time be dedicated to these topics in future, and agreed that refresher courses in induction topics following the first PE would be useful.

### ***Reflective Practice***

The majority of participants identified reflective practice as a developing skill even after completing PE. Lucy commented, “I wasn’t a reflector but it’s just towards the end, I

kinda...had to be". Reflective practice became much more significant in the final two PE modules. Mariesa explained:

we were probably a bit allergic to it...people don't like doing it but we have to do it.  
It's a really big part of...occupational therapy practice

It was noted as one session in particular that participants felt could be beneficial to revisit in a refresher course.

### ***Concern Over Client Interactions***

Although Professional Behaviour and Realities of Practice were two induction topics, the majority of participants mentioned issues with client interactions, with Mariesa describing every setting as "a learning curve". Participants felt that effective communication with clients could be emphasised in the PE induction, as they felt the induction did not always prepare them for defining clear client boundaries, or dealing with specific client issues. Diane observed:

I'd especially found it in mental health...you're kind of thrown in the deep end and you're like, 'God I'm going to be practising myself soon, how do I handle this?'

Participants suggested that the induction include specific skills, such as Motivational Interviewing.

### ***Professional Interactions***

Participants felt that effective communication styles with practice educators could be emphasised in the induction Supervision session. All participants discussed how their expectations differed greatly from those of their practice educators, particularly in regards to the Competency Based Fieldwork Evaluation For Occupational Therapists (CBFE-OT) (Bossers *et al* 2007), a PE assessment tool which Diane described as "the bane of my nine weeks". Maisie found it "challenging" to assert her views with her practice educator, and revealed that:

One of my supervisors did say 'You're not very prepared'...not me specifically but us as a group...I think he was talking about like very specifically paediatric assessments and whatever, but you can't possibly cover everything

Participants felt that they could have been better prepared to deal with conflict.

### **Occupational Therapy Practice Skills**

Participants would have liked the induction to focus more on occupational therapy practice skills which were completely new to them, such as assessments or Motivational Interviewing. They all suggested that the structure of the induction and length of sessions be altered to suit the specified needs of the students, with refresher courses on Reflective Practice, Moving and Handling, and Supervision after the first PE module. Participants did acknowledge, however, that occupational therapy skills are too varied to cover everything in PE induction, and as Mariosa summarised, “when you get out there...you can reflect back and go, okay that was relevant”.

Overall, participants found the PE induction to be useful in preparing them for practice, particularly in terms of education on general practical skills. They agreed that the induction is necessary for students to have prior to embarking on their first PE module. Participants did however feel less prepared in regards to demonstrating effective interpersonal skills while dealing with both staff and clients while on PE. They specified that further emphasis could have been placed on reflective practice, and specific skills such as administering assessments, throughout the PE induction.

### **Discussion**

It is vital that universities take responsibility for imparting practical skills as well as knowledge upon their students (Crist *et al* 2007), as once students acquire the relevant skills they will use them throughout their career. The current economic climate in Ireland has led to staff reductions in the health sector (Department of Health and Children 2012), and increased workloads for existing staff, so it is essential that students have the skills to adjust quickly and efficiently to the work environment. Similarly to previous studies (Cook and Cusick 1998; Spiliotopoulou 2007), participants of this study reported that the induction had improved aspects of their skill levels prior to PE. As mentioned in the literature (Wiid *et al* 2013), the use of a blog during PE was one tool used for peer support for students while in PE. Yet while students felt supported by each other, some felt staff could have provided more preparation in assisting them with dealing with interpersonal interactions while on PE, with the literature concurring that students and practice educators have expressed a need to be better supported by universities (Kirke, Layton and Sim 2007; Aston *et al* 2000; Crist 2007b; Jenson and Daniels 2010). A study reporting students experiencing a contrast between ideal and actual PE (Brown *et al* 2011) correlates with this study, as participants found elements of actual PE unexpected, such as the variation in workload expected from

each practice educator. The induction created positive expectations for participants, but it may have benefited participants more to receive a more balanced view of the realities of practice. It may have been beneficial in the initial induction session to discover what information and transferable skills students had already acquired, in order to best match induction content to student needs. Participants entered the course with various professional identities from previous work experience, which may have complimented or contrasted to the new identity they wished to develop as occupational therapists. The induction allowed them to make that initial transition from one identity to another prior to PE, and the literature supports the need for students to develop a new professional identity (Trede 2012). Having previous professional experience may have proved to be a disadvantage to the participants, whose previous professional strengths may not necessarily have been transferable to a therapeutic role. The literature raised the issue of students being overconfident in their abilities (Hills *et al* 2011), and ironically, while participants felt that Professional Behaviours, and Realities of Practice were areas they needed little preparation for, these were the areas reported by participants as providing most grief in practice. This may be because they had moved from being an expert in their previous profession, to being a novice in their new environment (Dreyfus and Dreyfus 1986). They could no longer embrace the role of 'professional', and instead had to adapt to their new 'student' role. This role change may need to be identified in future inductions, to prepare students for a transition in their status in the work environment.

Reflective practice was strongly identified as a skill participants struggled with; however, all participants seemed to understand what was involved in reflective practice. Like clinical reasoning, it is a continuously developing skill and there may be little benefit in devoting more induction time to it, as it is developed uniquely by each individual. Some participants experienced difficult interactions with clients, which they were unsure how to manage, particularly in mental health settings. The Realities of Practice session provided students with similar realistic scenarios, but it is impossible to predict or prepare for every incident that occurs. A session dedicated solely to adopting clinical reasoning and problem solving skills generally in client interactions may prove to be more beneficial to students than providing specific scenarios. Practice educators identified students' positive attitudes as a major component contributing towards positive PE experiences, whereas students did not identify their attitude as important (Hall, McFarlane and Mulholland 2012). Interestingly, participants in this study did not comment on their own attitudes during PE, but rather focused on those of the practice educators, and may not have realised that their own attitudes were being assessed while on PE. Participants all felt that practice educators need more training in the

use of the CBF-OT student assessment form, although it is not mandatory for practice educators to avail of training prior to accepting students. Universities are currently struggling to find adequate numbers of PE sites in which to place students (Craik and Turner 2005), so are not in a position to introduce compulsory training to busy therapists with increasing workloads. It may instead be useful to provide students with effective communication skills to express their needs to practice educators, and place the onus on the student to adapt to each setting. There is also the issue of the majority of students in the occupational therapy postgraduate course having had professional careers for years prior to returning to education. In some cases, students may be older than their practice educators, or have more general professional experience than them. This may lead to conflicting views amongst students and practice educators, as students embark on PE with existing professional identities and work habits. It may be fitting for the induction to introduce the concept to students of combining transferable and relevant skills, with the knowledge that occupational therapy is a new profession to which they must adjust accordingly. It may also be beneficial to role play conflict and assertiveness in the Supervision session in the induction. This would allow students to anticipate and problem-solve various issues that may arise during PE, so that they can use their clinical reasoning to deal with it professionally and effectively. Participants' views correlated with research stating that students lack critical skills (Hummell 1997; Rodger *et al* 2011), and they identified a need for the development of specific occupational therapy skills in PE induction.

Upon reflection of their PE experiences, participants were able to identify their own learning needs in terms of feeling better prepared for the realities of professional practice. Based on the findings, a two phased induction is suggested: Phase One would provide basic practical skills and general knowledge to students before embarking on their first PE. Phase Two would occur between first and second PE, and allows students to focus on skill deficits identified by them during PE. Phase Two would focus on interpersonal skills, professional conduct, and identifying areas of preparation needed prior to future practice education experiences. Despite participants expressing the need for specific skills training, it may not be possible to include specific occupational therapy skills in an interprofessional induction, and these may need to be addressed in other course modules.

### **Implications for occupational therapy**

As research recommends (Hills *et al* 2011), UL continuously re-evaluate their induction curriculum to suit students' needs. The findings of this study will contribute towards a PE induction better tailored to prepare students for PE. The development of a general PE induction for clinical therapies in UL may prove challenging, as it would require consideration

of the varying levels of previous professional experience between postgraduate and undergraduate students. However, a move towards university-based interprofessional education could potentially enhance student's learning, attitudes and perceptions towards interprofessional collaboration in the workplace (Cahill *et al* 2013; Lapkin, Levett-Jones and Gilligan 2011), and allow them to take responsibility for their own learning (CAIPE 2013), which will aid preparation for the realities of practice. The benefits of interprofessional education are evident in research (Cahill *et al* 2013), and an interprofessional induction would prepare students well for working as part of an interprofessional team in PE. It could also help students develop their communication skills, as participants identified this as a factor to improve upon in future inductions. It is crucial that occupational therapy courses provide an effective PE induction to students. There is shortage of PE sites internationally and nationally (Craik and Turner 2005), so if universities can prove that their students are more prepared for practice, then more sites may decide to accept students for PE. Furthermore, if clinical therapy courses with PE induction appear more favourable to PE sites, these courses may use this as leverage to secure more PE places for their students than competing university courses. The ultimate goal of gaining a professional qualification is to develop a solid career using this qualification. If a university can prove that its professional course is the most effective at preparing students for practice, then this ultimately will be the university course most sought after by applicants.

### **Limitations**

The primary limitation of the study is that there was an insufficient response rate from graduates, which resulted in the second part of the research question being left unaddressed. Researchers were unable to investigate how useful the PE induction was in preparing graduates for professional practice following graduation, despite previous findings having specified the need for more research on new graduates. Graduates may not have been working as occupational therapists, may no longer be living in Ireland, may have changed their contact details, or simply may not have wanted the inconvenience of travelling to Limerick. There a number of suggestions for graduate recruitment in future: The gatekeeper could gather information on graduates' current employment status and contact them through their organisation; offer Skype or phone interviews to save on travel inconvenience; or contact organisations employing new graduate occupational therapists. A second limitation is the small number of participants involved in the study. The findings express the views of four students, therefore it is difficult to generalise the findings as the majority view of students who have attended the course. A final limitation is that researchers did not request more information regarding participants' previous professional

experiences, as this proved be an influential factor for participants when discussing the PE induction.

## **Conclusion**

The findings of this study show that the PE induction prepares students for certain aspects of practice, but that some vital skills are being taught insufficiently. These findings correlate with those of previous studies conducted on the topic of PE induction. The induction provided participants with a good knowledge of general practical skills, created a supportive atmosphere, fostered positive expectations regarding PE, and allowed participants to identify relevant transferable skills they acquired from previous professional experience. Despite this, several improvements and adaptations could be made to the module's content and structure. Participants felt inadequately prepared for reflective practice, for dealing with difficult client and staffing interactions, and thought that the induction did not provide them with enough occupational therapy specific skills. Having an induction specifically tailored to preparing students for PE is vital for advancing the service delivered by occupational therapists and students. A successful induction teaches students practical skills, allows them to voice concerns and ask questions regarding the realities of practice, and can eradicate the intimidating assumptions made about professional practice. It should create an environment where students can develop peer support, discuss feelings regarding PE, and allow course facilitators to impart upon students what is expected of them in regards professional dress, behaviour and conduct. As mentioned earlier, future research needs to incorporate the graduate perspective in order to identify the relationship between PE induction and professional practice. As the participants in this study were all postgraduate students with previous professional experience, it would be interesting to compare the usefulness of an induction for postgraduate versus undergraduate students, to see whether previous experience really does enhance preparedness for practice. It could also prove useful to the occupational therapy profession to conduct a study comparing students who have received an induction to students who have not, both from students' and practice educators' perspective, to see whether there is a perceived difference in levels of preparedness. The implications of this study show that an interprofessional PE induction could potentially improve students' communication and collaboration skills prior to PE. There are a number of incentives for universities to develop or modify existing induction courses for their students, such as increasing appeal of the course to potential students. Gaining a reputation for having students more prepared for practice would also appeal to potential practice educators and employers. While there is much more research to be done



on PE induction, the benefits of preparing students for practice cannot be denied. A variety of health care disciplines worldwide have incorporated the PE induction in to their educational programmes, although it is still an emerging phenomenon. While the progression towards interprofessional education looms, and is a primarily positive development, occupational therapists must continue to strive to promote a strong professional identity. Research must be continued in order to assist universities in perfecting the PE induction for students, as this will inevitably benefit the occupational therapy profession as a whole.

## References

- Adam, K., Gibson, E., Strong, J., & Lyle, A. (2011) 'Knowledge, skills and professional behaviours needed for occupational therapists and physiotherapists new to work-related practice', *Work: A Journal of Prevention, Assessment and Rehabilitation*, 38(4), 309-318.
- Adam, K., Strong, J., & Chipchase, L. (2013) 'Foundations for work-related practice: occupational therapy and physiotherapy entry-level curricula', *International Journal of Therapy and Rehabilitation*, 20(2), 91-100.
- Adamson, B. J., Hunt, A. E., Harris, L. M. and Hummel, J. (1998) 'Occupational therapists' perceptions of their undergraduate preparation for the workplace', *The British Journal of Occupational Therapy*, 61(4), 173-179.
- Aston, L., Mallik, M., Day, C. and Fraser, D. (2000) 'An exploration into the role of the teacher/lecturer in practice: findings from a case study in adult nursing', *Nurse Education Today*, 20(3), 178-188.
- Barriball, L. K. and While, A. (1994) 'Collecting Data using a semi-structured interview: a discussion paper', *Journal of Advanced Nursing*, 19(2), 328-335.
- Birchenall, P. (1999) 'Developing a work-based learning philosophy', *Nurse Education Today*, 19(3), 173.
- Bonello, M. (2001) 'Perceptions of fieldwork education in Malta: Challenges and opportunities', *Occupational Therapy International*, 8(1), 17-33.
- Bossers, A., Miller L., Polatajko, H., & Harley, M. (2007) *Competency Based Fieldwork Evaluation for Occupational Therapists*. Ontario: Thomas Limited.
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology' *Qualitative research in psychology*, 3(2), 77-101.
- Brown, T., Williams, B., McKenna, L., Palermo, C., McCall, L., Roller, L., & Aldabah, L. (2011) *Practice education learning environments: The mismatch between perceived*

and preferred expectations of undergraduate health science students. *Nurse education today*, 31(8), 22-28.

Cahill, M., O'Donnell, M., Warren, A., Taylor, A., & Gowan, O. (2013) 'Enhancing interprofesional student practice through a case-based model', *Journal of interprofessional care*.

Centre For The Advancement Of Interprofessional Education (CAIPE) (2013) 'Principles of Interprofessional Education', *Resources* [online], available: <http://www.caipe.org.uk/resources/principles-of-interprofessional-education/> [accessed 06 April 2013].

Clarke, M., & Treseder, R. (2012) 'Preparation of Students for Placement', *The Occupational Therapy Handbook: Practice Education*, 29.

Coenen, M., Stamm, T. A., Stucki, G. and Cieza, A. (2012) 'Individual interviews and focus groups in patients with rheumatoid arthritis: a comparison of two qualitative methods', *Quality of Life Research*, 1-12.

Cohen, D. J. and Crabtree, B. F. (2008) 'Evaluative criteria for qualitative research in health care: Controversies and recommendations', *The Annals of Family Medicine*, 6(4), 331-339.

Cook, C. and Cusick, A. (1998) 'Preparing students for their first fieldwork placement using on-campus practicums', *Australian Occupational Therapy Journal*, 45(3), 79-90.

Craik, C. and Turner, A. (2005) 'A chronic shortage of practice placements: Whose responsibility?', *British journal of occupational therapy*, 68(5), 195.

Crist, P. A. (2007) 'Commentary: Realizing the vision through fieldwork Education', *Occupational Therapy in Health Care*, 21(1-2), 313-318.

Crist, P. A., Brown, L. I., Fairman, A., Whelan, L. and McClure, L. (2007) 'Entry-Level OTR and COTA Intervention Utilization Derived from NBCOT Practice Analysis: Implications for Fieldwork Experiences', *Occupational Therapy in Health Care*, 21(1-2), 71-89.

- Cronk, L., Gerkey, D. and Irons, W. (2009) 'Interviews as experiments: Using audience effects to examine social relationships', *Field Methods*, 21(4), 331-346.
- Department of Health and Children (2012), 'Health Service Employment, *Key Trends 2012*, [online] available: [http://www.dohc.ie/publications/pdf/KeyTrends\\_2012.pdf?direct=1](http://www.dohc.ie/publications/pdf/KeyTrends_2012.pdf?direct=1) [accessed 09 April 2013].
- Doherty, G., Stagnitti, K. and Schoo, A. M. M. (2009) 'From student to therapist: Follow up of a first cohort of Bachelor of Occupational Therapy students', *Australian occupational therapy journal*, 56(5), 341-349.
- Dreyfus H.L. & Dreyfus E.E. (1986) *Mind over Machine: the power of human intuition and expertise in the age of the computer*. Blackwell: Oxford
- Edmond, C. B.(2001) 'A new paradigm for practice education', *Nurse Education Today*, 21(4), 251-259.
- Finlay, L. (2006) 'Rigour', 'Ethical Integrity' or 'Artistry'? Reflexively Reviewing Criteria for Evaluating Qualitative Research', *The British Journal of Occupational Therapy*, 69(7), 319-326.
- Guba, E. G. and Lincoln, Y. S. (2005) 'Paradigmatic Controversies, Contradictions, and Emerging Confluences', in Denzin, N. K. and Lincoln, Y. S., eds., *The Sage Handbook of Qualitative Research*, 3<sup>rd</sup> ed., USA: Sage Publications.
- Hall, M., McFarlane, L. A., & Mulholland, S. (2012). Positive clinical placements: perspectives of students and clinical educators in rehabilitation medicine. *International Journal of Therapy and Rehabilitation*, 19(10), 549-556.
- Hills, C., Ryan, S., Smith, D. R. and Warren-Forward, H. (2011) 'The impact of 'Generation Y' occupational therapy students on practice education', *Australian Occupational Therapy Journal*, 59(2), 156-163.
- Hummell, J. (1997) 'Effective fieldwork supervision: Occupational therapy student perspectives', *Australian Occupational Therapy Journal*, 44(4), 147-157.

- Hummell, J. and Koelmeyer, L. (1999) 'New graduates: Perceptions of their first occupational therapy position', *The British Journal of Occupational Therapy*, 62(8), 351-358.
- Jensen, L. R. and Daniel, C. (2010) 'A Descriptive Study on Level II Fieldwork Supervision in Hospital Settings', *Occupational Therapy in Health Care*, 24(4), 335-347.
- Kirke, P., Layton, N. and Sim, J. (2007) 'Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students', *Australian Occupational Therapy Journal*, 54, S13-S22.
- Lapkin, S., Levett-Jones, T., & Gilligan, C. (2011). A systematic review of the effectiveness of interprofessional education in health professional programmes. *Nurse education today*.
- Lee, S. & Mackenzie, L. (2003) 'Starting out in Rural New South Wales: The Experience of New Graduate Occupational Therapists', *Australian Journal of Rural Health*, 11, 36-43
- Leveridge, M. J. (2003) 'Preparation for practice--developing and assessing DipSW students' pre-placement competence 1', *Social Work Education*, 22(3), 321-327.
- Li, J. and Barnard, R. (2009) 'Differences of Opinion: Methodological Considerations Regarding Addressivity in Individual Interviews and Focus Groups', *New Zealand Studies in Applied Linguistics*, 15(2), 15.
- McLafferty, I. (2004) 'Focus group interviews as a data collecting strategy', *Journal of Advanced Nursing*, 48(2), 187-194.
- McMaster University (2007) *Critical Review Form-Qualitative Studies (Version 2.0)* [online], available: [http://www.srs-mcmaster.ca/Portals/20/pdf/ebp/qualreview\\_version2.0.pdf](http://www.srs-mcmaster.ca/Portals/20/pdf/ebp/qualreview_version2.0.pdf) [accessed 28 April 2012, 18:17].
- Musselman, L. (2007) 'Achieving AOTA's centennial vision: The role of educators', *Occupational Therapy in Health Care*, 21(1-2), 295-300.

- O'Connor, L., Cecil, B. and Boudioni, M. (2009) 'Preparing for Practice: An Evaluation of an Undergraduate Social Work 'Preparation for Practice' Module', *Social Work Education*, 28(4), 436-454.
- Rodger, S., Fitzgerald, C., Davila, W., Millar, F. and Allison, H. (2011) 'What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives', *Australian Occupational Therapy Journal*, 58(3), 195-202.
- Shenton, A. K. (2004), 'Strategies for ensuring trustworthiness in qualitative research projects', *Education for information*, 22(2), 63-75.
- Simhoni, O. and Andersen, L. T. (2002) 'Field work: A Road to Employment', *Occupational Therapy in Health Care*, 16(1), 37-43.
- Spiliotopoulou, G. (2007) 'Preparing occupational therapy students for practice placements: Initial evidence', *The British Journal of Occupational Therapy*, 70(9), 384-388.
- Trede, F. (2012). Becoming professional in the 21st century. *Journal of Emergency Primary Health Care*, 7(4), 6.
- van Teijlingen, E. and Hundley, V. (2001) 'The importance of pilot studies', *Social research update*, (35), 1-4.
- Wiid, C., McCormack, C., Warren, A., Buckley, S., & Cahill, M. (2013) 'Public and private blogging during placements: perspectives of occupational therapy students', *International Journal of Therapy and Rehabilitation*, 20(2), 79-85.