Occupational therapy students' perceptions of the challenges they experience in adapting to a psychiatric fieldwork placement.

Soeker, M.S.

Abstract

Background: Mental health in Occupational Therapy is experiencing a decline in preference for practice. Aim: This study explored occupational therapy students' perceptions of the challenges they experience in psychiatric fieldwork. Methods: The researcher used a qualitative research design and collected data by means of focus groups with 8 final year occupational therapy students and 1 interview with a key informant. Findings: Five themes emerged: 1) Listening but not hearing, 2) Boxed thinking 3) Helping hands, 4) Losing the training wheels: Gaining independence and 5) An ideal psych programme. Implications: The barriers to learning identified in this study should be eliminated and the facilitators encouraged. The study highlighted that all theory be taught in the class lectures before the students enter their fieldwork placement. It was also recommended that multimedia sources such a video clips or recorded treatment sessions be used in formal lectures in order to familiarise students to the reality of psychiatry.

Introduction

Fieldwork is a powerful form of experiential learning. It has been identified to have an impact on the professional development of students (Christie, Joyce, & Moeller, 1985). According to research that has been done by Tompson and Ryan (1996) and Hummell and Koelmeyer (1999), the fieldwork experience is significant for the students so that they can acquire the skills and the knowledge required in a workplace to assist them in the transition between the student and the health professional. Fieldwork placements are a part of the educational preparation for practice and are included in all occupational therapy course content (Lloyd, 2002). Experiential observation and research suggests that occupational therapy students who appear to be the most likely to perform poorly during fieldwork have certain aspects working against them. Aspects such as having difficulty using supervisory feedback to modify inappropriate behaviours, the experience of conflict when required to assume greater flexibility and initiation and self- impose structure in the clinical setting (Gutman, McCreedy & Heisler, 1998). It could be argued that the latter concerns are not addressed in some of the modules or subjects such as Physics and Anthropology that the student needs to take in conjunction with occupational therapy modules. Penny et al. (2000) went further to state that the quality of academic

preparation and role ambiguity in the work settings also had a negative effect on the students' experiences in the fieldwork block. According to Crowe and Mackenzie (2002), fieldwork experiences of students are fundamental for the student`s preparation as professionals. According to research done by Garrett and Schkade (1994), students experience a lot of challenges while engaging in psychiatric fieldwork. Their experiences in the psychiatric fieldwork are influenced by a number of factors such as the relationship between them and the supervisor. As a result their field work experience greatly contributes to their ability to complete professional qualifications and ultimately their professional skills.

According to Garrett, et al. (1994), individuals who are able to adapt to the fieldwork environment after the completion of the theoretical component of their studies are more likely to perform with more competence during their fieldwork. Students at South African universities also experience difficulty in adapting to fieldwork placement particularly in the field of psychiatry. The purpose of this study was to explore the challenges that students experience and the manner in which they adapt to a psychiatric field work setting.

Literature Review
In this literature review there will be a discussion on the role of occupational therapy in psychiatry, mental health fieldwork and problem based learning.

Occupational Therapy in Psychiatry
Occupational therapists play a vital role in the interdisciplinary team working in mental health. They are mainly responsible for the planning and coordination of daily activities for psychiatric clients. Occupational therapists are also involved in conducting work assessments in order to determine whether clients qualify for a disability grant (Crouch and Alers, 2005). According to Stenbeck, Eklund and Hallberg (2001) the role of occupational therapists working in a psychiatric setting are focused on ADL`s, housing and leisure. Occupational therapists also focus on the occupational performance skills as well as the environment that supports or hinders the client`s occupational performance.

Mental Health Fieldwork
The manner in which occupational therapy undergraduate programs integrate mental health in the curriculum is by providing students with mental health fieldwork opportunities. In the past, researchers have predicted students' success in fieldwork through looking at their results of theory modules as well as their intellectual level (Gutman, McCreedy & Heisler, 1998). Recently predictors of success have focused on the students` emotional intelligence which are skills that contribute to an individual`s ability to correctly appraise their own and others emotions and perceive how their behaviour affect others (Gutman, McCreedy & Heisler 1998). A student`s level of emotional intelligence may influence whether he or she is able to succeed academically and practically.

According to James and Musselman (2005) there are many factors which contribute to student`s experiencing failure in the psychiatric fieldwork settings. For example: students lack problem solving skills to the extent that they are unable to relate previously learned theory to clinical practice. Furthermore they also lack the initiative to suggest new intervention ideas or they don't know how to initiate intervention with a client when given

a certain diagnosis. With regard to professional behaviour, the dilemma which students may face is inclinations toward a certain degree of intimacy in their professional relationships with their clients and supervisors in a changing climate of mental health services (Lyons, 1997). All these factors contribute towards the reasons why students struggle within a psychiatric fieldwork placement.

Traditional model of learning and Problem-based learning
Scaffa and Wooster (2004) stated that in a rapidly changing health care environment, practitioners needs be flexible and skilled in clinical reasoning. Currently in the field of occupational therapy, two main techniques are used to teach or bring across information to students; namely: the traditional model of learning and a more modern learning model based on PBL. The technique of the traditional learning strategy according to the LaGrossa (2010) is to determine what content must be taught to students and then organise the content into a sequential course. However it was identified that by separating concepts into discrete subjects; reduces the student's ability to apply the concepts to real life problems. As a result student`s do not develop an understanding of how the concept should be applied in professional practice (Barrows & Tamblyn, 1980). According to Hammel, Royeen, Bagatell, Chandler, Jensen, Loveland and Stone (1998), PBL is defined as the use of problems to focus learning. It therefore enhances theory based learning and challenges the students' critical thinking. PBL is guided design theory that enhances the transferal of knowledge to practical situations and improves clinical reasoning (Schmidt, 2009 and Albanese & Mitchell, 1993). LaGrossa (2010) also identified that learning should challenge the students' critical thinking. PBL therefore provides a platform in order to change the student`s critical thinking.

Aim
The aim of the study is to explore the occupational therapy students' experiences in adapting to a psychiatric fieldwork placement.

Objectives
• To explore the occupational therapy students' perceptions and experiences of their academic preparation prior to entering a psychiatric fieldwork placement.

• To explore and describe the barriers occupational therapy students' experience while working in a psychiatric fieldwork setting.

• To explore the occupational therapy students' perceptions of facilitatory factors that assists them in adapting to the psychiatric fieldwork setting.

Methods
Qualitative studies aims for depth rather than quantity of understanding (Henning, 2009). The proposed research project was positioned within the qualitative paradigm using an descriptive research design approach aimed to explore and describe the participant`s perceptions of psychiatric fieldwork in occupational therapy. Burns and

Grove (1999) describe descriptive research as the exploration and then the description of phenomena found in real life situations.

Sampling and Participant Recruitment Methods

According to Coyne (1997) purposeful sampling is the process of selecting information-rich informants that will provide information for the study. The current study used purposive sampling in order to select participants for the study. A set of inclusion and exclusion criteria was used to select participants (See Table 1). The research participants were selected from the occupational therapy departments of 3 teaching universities in the Western Cape, namely The University of Cape Town (UCT), The Stellenbosch University (SU) and The University of Western Cape (UWC). The researchers contacted the respective Occupational Therapy Department's telephonically and via electronic mail to request permission to conduct the study. Informants were telephonically contacted whereby the aim, purpose and process of the study were explained to them. In this study 8 final year occupational therapy students and 1 key informant (i.e. fieldwork supervisor) participated in the study. The key informant was selected due to her 10 years of experience in student supervision within a psychiatric fieldwork setting.

Table 1: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Students participating were required to be in their 4th year of study. • Students were required to have completed at least one psychiatric fieldwork block within their past 2 years of study.	• Students who have been academically excluded in their 4th year of studies in occupational therapy.

Data Collection

Focus groups are a data collection method used in qualitative research in which participants are brought together to discuss a certain topic in a comfortable and trusting environment (Strong, 2006). The researchers conducted 4 focus groups (1 per university including a member checking group) with student participants and 1 *semi-structured interview* was conducted with the key informant. The focus groups were 60 minutes in duration and were conducted in a venue in the Occupational Therapy Departments of the 3 universities. One researcher was present in order to conduct the focus group interview and another researcher observed the participants non-verbal behaviour and was available to clarify questions that was unclear to the research participants. Furthermore 4 participants participated from UWC, 3 from UCT and 3 from SU. Six participants participated in the fourth focus group that was regarded as a member checking group.

Data analysis

All interviews and focus groups were audiotape recorded and transcribed in order to capture the essence of the discussion. The method of qualitative data analysis as described by Morse and Field (1996) were used in this study. The process involved the coding of information, thereafter the organisation of the codes into categories and then

the grouping of the categories into themes. All four researchers were involved in the analysis of the data, the researchers all read the transcripts thereafter they analysed the transcripts individually and then compared it. Collectively the researchers reached consensus as a group on the themes and categories of he study. Strategies such as credibility, transferability, dependability and confirmability were used in order to ensure the trustworthiness of the data (Krefting, 1991). Credibility was ensured by the dense description of the experience of the research participants. The descriptions of the experience of the participants were audio-recorded as they were talking and the audiotapes were transcribed verbatim to ensure that each participant's story was captured in their own narrative. Credibility was also ensured by means of member checking whereby a summary of the findings were reviewed by the participants in order to ensure its accuracy. Credibility was also enhanced by triangulation. Triangulation is described as a means of establishing different patterns of agreement based on more than one method of observation, information gathering or the use of more than one data source in order to establish credibility (Gliner, 1994). Within this study triangulation was ensured by the use of more than one method of collecting data, example, face to face interviews with the key informant and focus groups with the students research participants. Each piece of data, when added to the previous data, strengthened or confirmed previous findings thus reinforcing the triangulation of the data. Transferability was ensured by the detailed description of the research methods, contexts, detailed description of the participants and the lived experience of the participants. Dependability was ensured by means of dense descriptions, peer examination and triangulation. The study was documented in such a manner that the readers could follow a decision trail. Conformability was ensured by the process of reflexivity whereby the researcher's own biases or assumptions were made apparent by means of a reflexive journal. In the current study the research findings were purely from the perspective of the participants.

Ethics
After permission was obtained from the University of the Western Cape`s Faculty Board Research and Ethics Committees, the researchers contacted the Occupational Therapy Departments of the three teaching Universities in the Western Cape. The details with regard to the study together with the consent forms were fully disclosed to the participants on their arrival at the interview session. Informed consent was adhered to by ensuring that the participants are informed about the study in their preferred language, its risks and the benefits of the study. Privacy and confidentiality was adhered to by using pseudonyms in order to protect the identity of the participants. The audio tapes were stored in the Occupational Therapy Department where only the researchers had access to the data obtained. Audiotapes was coded and dated to ensure that the researchers maintain confidentiality throughout the study period, the data was destroyed after a period of 6 months. Electronic copies of transcripts were stored in a password protected file which only the researchers had access to.

Findings
Theme 1: Listening but not hearing
The above theme will be discussed in terms of the following categories: "broken telephone", "torn between two" and "feeling like an inconvenience"

Broken telephone

The participants reported that miscommunication was one of the most important factors that negatively influenced their experience within their fieldwork block. This occurred amongst the teaching staff and the students, this lack of communication about the requirements of the field work setting and deadlines for clinical reports negatively affected the students. One participant mentioned the following;

"And it's just for that extra stress they put on you by your supervisor is, is just uncooperative and, uhm, bad with communication and it just puts on extra stress that is really unnecessary"

Torn between the two

A common aspect that emerged from all 3 universities was the confusion students experienced due to receiving different information from the clinician at the placement and their supervisor from the university's regarding the expectations of them within fieldwork. This could be as a result of the context and protocol that has to be followed at the placement and what the universities curriculum expectations were respectively. This in turn, caused the students to become confused. As one participant said:

"The supervisor and the clinician didn't ... their view of write ups and the way they did something didn't coincide... So we were like we were torn between two - what the supervisor wants and what the clinician wants and often when you do, when you just come into the setting you don't know, you new to the setting then you would obviously do what the clinician does but your supervisor has a problem with that."

Another participant said:

"When I came to my block, my clinician was lecturing in groups, writing on the board and whatever. And when I did that, my supervisor was like "you're not a lecturer. You need to, you need to do an activity, anyone can run this group." But that's where the two differs."

Feeling like an inconvenience

Within this category, students basically described that they felt as if they were a burden to the supervisor, when they asked questions or sought extra support. They acknowledged that they felt guilty to approach the clinician because they were always occupied with their own work e.g. seeing clients or supervising other students

"...you feel guilty to ask for supervision or you feel scared and intimidated because she's gonna snap and say, "No that's out of my way" and ja... and also the feedback that she gave us after our final exam was really... It was so mean, it was almost demeaning and insulting. I mean, its fine to give criticism and to say that was wrong and like, say "you could have done this" but it`s about the way you say it so that was the challenges I faced with the supervisor."

"I think like me leading on the clinician thing like we felt like we couldn't approach her because she was so busy all the time..."

Theme 2: Boxed thinking This theme will be discussed in terms of the following

categories: Beyond the fear , The abstract nature of psychiatry and Not enough practice to make perfect.

Beyond the fear

One of the major barriers that the students identified when entering into a psychiatric fieldwork placement was dealing with preconceived ideas and fears that had been established due to the negative stigmas attached to people suffering from psychiatric illness. Below are quotes by various participants which support these findings;

> *"You go into a psych block, you have this anxiety aside from you know the normal things, "oh my god what if someone attacks me?!"... whatever..."*

> *"Because I, I watch a lot of horror movies... I have this fear, intense fear for people that's psychotic or mentally disturbed or challenged...' Cause I always have this thing that, like, one of them is gonna come behind me and stab me or something."*

The abstract nature of psychiatry

Another major barrier to the students' learning was that psychiatric treatment appears to be quite abstract. The student participants felt that psychiatry is more difficult than physical blocks (fieldwork placements) due to the lack of a "recipe" or step-by-step programme to treat the disorder.

> *"...like you know with a person with a stroke, ABC is gonna get a result and then with a mental health person, ABC and to change their mind set is ten times harder."*

> *"I think we can like we can like, do like as an OT we know how to do the activity based programs and stuff. But to run a life skills, and the cognitive behavioural therapy, and the psycho-education. We know the basics about that, but we don't actually know how to speak and like actually, we don't know if we saying the right thing. When you doing an activity group with them and you are suppose to be doing psycho-education, you don't know that, we haven't been trained enough in that or cognitive behavioural, to say that we doing correctly."*

Not enough practice to make perfect

The student participants felt that the layout of the psychiatry course in occupational therapy inhibits their ability to learn within the block. One of the reasons mentioned was that the students felt that they were not prepared theoretically for their block in psychiatry as the course did not allow for all the students to have their psychiatry lectures before entering the block.

> *"...We were actually talking about his hallucinations because we knew so little. It was terrible that we did that. So if we had that experience, we had those lectures before the time, they at least told us you don't talk about that hallucinations, don't stimulate it, so then we would have known and been better"*

It was also mentioned throughout the focus groups that the students felt that the way that the course was structured allowed a comprehensive understanding of how to do assessments in the psychiatric setting, but they still felt unable to implement intervention with the clients.

"...was very much able to assess not necessarily intervene with interventions. I couldn't figure what interventions to do and assessments I think we all quite equipped well so."

"When you go to your first block and you `ve done your assessments and you sit like now what am I gonna do? And what can I do? What intervention? And that's the part where I felt unprepared as an OT. I don't know what to do that is occupational therapy and that was lacking on the lecture side."

Theme 3: Helping hands

The theme will be described in terms of the following categories: Hands on supervision, A warm welcome and "My big saving grace" (peers).

Hands on Supervision

The participants felt that they needed a supervisor who assisted them with their academic work and guide them through the process. Furthermore, the participants also felt that the supervisor needs to be someone that should not only critique the students but also encourage the students. The participant said:

"...But the one, my first supervisor from my first block was just so supportive and at the ...she would sit down with us with our planned stuff and go through it systematically and speak and talk to us about each thing like that say ok this was right this was wrong this is how you could change it."

The participants also felt that a supervisor should be someone who is also interested in the student and how he or she is coping while in the placement to ensure success from the student.

"...meeting with them, just to see, you know, besides the session that you've observed, how they coping generally on the block... And that needs to happen at least once a week also..." – Key Informant

A warm welcome

The participants felt that the other staff members contributed to their learning while they were in the psychiatric placements. The students felt that the support that they received from the staff at the placement was one of the facilitatory factors contributing to their learning. Furthermore, the participants also felt that other health multi-disciplinary team members inspired them because of the manner in which they were interacting with them. One participant said:

"I felt that I got my support from other people like a lot from the nurses and the OTA's in the psychiatric setting."

"How I like tried to get my support was more from the people that I was working with and the OTA and especially the one in the ID placement she was just so inspiring lady and they the people who actually spend everyday and every second of the day with through everything and understand them on like the most unbelievable level, so like that's where most of my support came from OTAs seriously like that inspirational people."

My big saving grace

The participants informed the researchers that the support they received from their peers

had a positive impact on them during the block. They felt that being placed with their peers in a psychiatric block gave them more support as the other student understood the emotions they were experiencing. The participant said:

> "By speaking to peers I think also helped, 'cause like you know and the person you placed with, really helps 'cause they know exactly what you're going through. And you just support each other and then and that was my big saving grace."
>
> "...but I always like left the door a little bit open like if the nurses need to hear like if I would just scream or like I mean I was with [Student] at the placement so it was quite nice having another student there. So we were like "So now we gonna like break it, we gonna go into this ward and see these patients together and like we gonna brave it together""
>
> "I felt like the biggest support came from my peers that were also at the same placement."

Theme 4: Losing the Training Wheels: Gaining Independence

This theme will be discussed in terms of the following categories: Opening yourself to learning by dropping your negative perceptions, Self-reliance: I am in control of my learning.

Opening yourself to learning by dropping your negative perceptions

The occupational therapy students found that a manner of adapting in a psychiatric fieldwork setting was to open up to the learning that may occur in the psychiatric fieldwork setting. The following quote illustrates this most:

> "...and just go in there with open mind, with open eyes, and just open yourself up to the basic learning curve."

The occupational therapy students also found that by dropping the negative expectations assists them in opening themselves up and adapting in the setting. The following quote from one of the participants really exemplify this most:

> "Do not enter the block with a preconceived idea."

Self-reliance: I am in control of my learning

This category captures the essence of adaptation. The occupational therapy students narrated a specific time in their psychiatric fieldwork setting in which they realised that they need to take control of their own learning and then went out to look for that knowledge. This is captured in the following quotes:

> "You must also do like evidence-based practice and you must research it, and not just accept it. Like, I know last year I had to go on google scholar more and research."
>
> "... for my first block I like I know nothing about psychiatry and so I read so much the whole weekend..."

Theme 5: An ideal psych programme

This theme will be discussed in terms of the following categories: Theory before practical, Self-directed learning & background check and Role-play a psychiatric experience

Theory before Practical

The participants felt that they would benefit from having completed all their psychiatry lectures before entering into a psychiatric block. They stated that it would be easier to adapt to the setting if they have had the lectures in class before the block as they would know what to expect as well as what not to do when faced with certain situations in psychiatry.

> *"People will say no do the theory before you have your block, but practically it's just not, maybe just not possible. Because there are so many people so then, like after your block then you actually want, like, say for instance now, I had psychiatry, and then in the last part of block we had the lecture about that. And then, it's like "Oh my word!" and people can recommend that but it's not practical. There is too much theory, and there's too much... Psych is so big, OT is al so big. So how do you make it better?*

Self-directed Learning & Background check

The participants recommended that all students should take initiative for self-directed learning wherever possible. It is their understanding that although they do receive theoretical input from lecturers in class, that not every detail can be captured in a lecture and it is therefore the student's responsibility to further their insight and gain a deeper understanding into the specific setting in which they are placed. It was also recommended that students orientate themselves to the institution that they will be attending to gain insight into what to expect on their first day in order to decrease their anxiety.

> *"So like try to like we can get a week like to get to know the placement, getting to know like building a relationship with your with the people that you work with. Like the sup... like your clinician. So now you come in there then it's not so tense, and you don't have. It's not awkward."*

Role-play a psychiatric experience

Another recommendation from the participants was to expose the students to a psychiatric field work experience in class before entering the fieldwork block. The students felt that this could be done through role-playing experiences or even to make use of multimedia to make the students more comfortable with possible experiences (e.g. utilising videos in order to show them how to treat clients with various psychiatric pathologies).

> *"We should be dealing with proper examples or proper situations that they know we are going to be facing with. Like what happens if you get a psychotic client, and this happens but that happens also. so let us have a, role play type of thing or something in class buzz ... sorry erm...... and lets figure it out then before sending us out into this big working world, where we going to fail because we haven't been exposed to it."*

Discussion

The *barriers* that students experience in psychiatric fieldwork practice will be discussed in the following section. The category "broken telephone" explains how the participants described a lack of communication as a barrier to their learning. It caused them extra stress when numerous misunderstandings occurred within fieldwork practice between themselves and the supervisory staff. An article by Hanson (2011) supports the findings of the current study by illustrating how a lack of communication can be a barrier between

the student and the clinician. The category "torn between the two" contains students' experiences that focus on support and supervision they received from their clinician and their supervisor. Traditionally, fieldwork has taken place in the context of a hospital or primary health care setting, in which students spend six to three months at one facility with a single supervisor (Crepeau, Cohn & Boyt Schell, 2003). From our findings, students from all 3 universities were supervised by a clinician and a supervisor for a period of 6-8 weeks. Participants indicated that they were often confused by what their supervisor (from the university) and their clinician (from the institution) expected from them within their student role. Another barrier perceived by the participants was a lack of role models to learn from during the psychiatric field placement.

Students' attitudes modify depending on the experience they have while being exposed to mental health. Research by Hummell (1997), further shows that students' attitudes to psychiatry improved and intentions to pursue psychiatry as a career increased during the fieldwork block. These students would have a positive experience when they received encouragement from consultants, seeing their patients respond well to treatment and having direct involvement in patient care.

Hummell (1997) states that students in their study commented on the ineffective supervisor`s lack of willingness to teach specific clinical skills because they believe universities should have taught students the required intervention techniques. Lloyd et al. (2002) concludes that good role models or supervisors enable students to become aware of work setting characteristics and the role of therapists in the field placements. Edwards and Baptiste (1987) suggests that there is a difference between being a good clinician and a good educator. There are certain characteristics that are needed to be an adequate clinician, and from the students responses in the current study it could be deducted that many of these clinicians do not possess the skills and qualities to be a good educator. The special skills involved in being a clinical educator, or fieldwork supervisor, has been identified as having clinical knowledge and understanding of theories and concepts in order to inform practice, interpersonal skills, problem-solving skills and clinical judgement (Edwards and Baptiste, 1987).

The theme "boxed thinking" along with its categories "beyond the fear", "the abstract nature of psychiatry" and "not enough practice to make perfect" all illustrate perceptions of the participants and what they perceived as having a negative impact on their experience in the psychiatric fieldwork setting. Perceptions can be defined as the manner in which something is understood or interpreted (Hornby & Ruse, 1988). In this particular study, the participants expressed how their fears related to stigma had a negative impact on their mind-set prior to entering the fieldwork placement. This can be linked to research conducted by Penny, Kasar and Sinay (2000) which stated that one of the factors that negatively affect students' fieldwork experience is the social stigma of mental health in the community. Penny et al. (2000) went further to state that poor academic preparation and role ambiguity in the work settings also had a negative effect on the students' experiences in the fieldwork placement. These findings tie in with the category "the abstract nature of psychiatry" in which the participants in the study mentioned that psychiatry was a very abstract field of occupational therapy without a definite and straight-forward manner of treatment.

The *facilitatory factors* that students experience in psychiatric fieldwork practice will be discussed in the following section. The theme "Helping Hands" describes the facilitatory factors that assisted the students while they were in their field work

placements. This consisted of the constructive feedback they received from their supervisors, the support from their peers and the other staff members that were in the same hospital as them. According to Crowe and Mackenzie (2002) the interpersonal environment in the placement has an influence on the manner in which the students view the placements and how it affects them. Crowe and Mackenzie (2002) further state that the interpersonal environment within the psychiatric placement have an impact on the students' fieldwork preferences after the placement. Good experiences with the other staff members facilitates the learning of the students during the placements and could impact on them choosing the psychiatric placement as their preferred field as professional occupational therapists.

According to Crowe and Mackenzie (2002) the relationship between the student and the supervisor has an impact on the attitude the student has towards the fieldwork placement. The supervisor is one of the major facilitatory agents that contributed to the students learning while in the fieldwork placement. The participants identified that the attitude of the supervisor was a determining factor for them in order to judge whether the fieldwork placement was a good or a bad one. According to Robertson, Smellie, Wilson & Cox (2011) during fieldwork, student's value structured and specific feedback during fieldwork supervision. They take notes on which they will later refer on. Therefore this facilitates their learning during the fieldwork placement. The students learn from the feedback that they are given by their fieldwork supervisors. Concrete feedback which assists students during their fieldwork placements needs to be detailed and descriptive (Robertson, et al., 2011). Another facilitator was reciprocal peer coaching and feedback that could encourage co-operative learning and increase learner motivation (Cushing, Abbott, Lothian, Hall & Westwood, 2011). The participants also indicated that the presence of their peers in the same ward encouraged their learning during the fieldwork block. This would motivate them and would facilitate their learning while they were in the placement.

Limitations of the study

One major limitation was the reluctance of some participants from universities to participate in the study, participants were extremely careful in terms of the manner in which they presented negative feedback about their respective universities. It was felt by the researchers that this limitation restricted valuable information from being brought across in the focus groups in the fear of bringing upon comparison and animosity between the participating universities. Another limitation was the fact that due to the limited amount of focus groups and interviews conducted, generalization to other contexts and individuals cannot be made. Finally due to the fact that some students participated in a field work placement more than 12 months ago, this could be viewed as a limiting factor in terms of the quality of information produced.

Conclusion

In summary the study highlighted the barriers and facilitatory factors that students experienced when adapting to a psychiatric fieldwork placement. Some of the barriers identified in this study were communication difficulties between students and supervisors, as well as between supervisors and clinicians. Some of the facilitators were peer support and receiving constructive feedback from supervisors. Clinicians and supervisors shape students as professionals, students base their role on the expectations

of clinicians.

Key Messages
- Occupational therapy students should be given more practical exposure to psychiatry before entering fieldwork placements for the first time.
- Emotional intelligence training should be included in the curriculum prior to entering psychiatric fieldwork to ensure that students are emotionally equipped.
- Two students should be placed together in a psychiatry placement for the purpose of support and that multimedia such a video clips or recorded treatment sessions be used in lectures.

References
Albanese, M.A., & Mitchell, S. (1993). Problem-based learning: a review of literature on its outcomes and implementation issues. Academic Medicine, 68(1), 52-81.

Barrows, H.S., & Tamblyn, R. (1980) Problem-Based Learning: *An Approach to Medical Education*, New York: Springer.

Burns, N. & Grove, S.K. (1987) *The practice of nursing research: Conduct, critique and utilisation*, Philadelphia: W.B. Saunders.

Christie, B., Joyce, P., & Moeller, P. (1985) Fieldwork experience, Part II: The supervisor's dilemma. *American Journal of Occupational Therapy*, *39*(10), 675–681.

Coyne, I. (1997) Sampling in qualitative research. Purposeful and theoretical sampling: merging or clear boundaries. *Journal of Advanced Nursing*, *26*(3) 623-630

Crepeau, Cohn & Boyt Schell (2003) Willard and Spackman's Occupational Therapy (10th edition), Philadelphia: Lippincott Williams and Wilkins

Crouch, R. & Alers, 0. (2005) *Occupational Therapy in Psychiatry and Mental Health (4th ed.)*, England: Whurr Publishers.

Crowe, M.J., & Mackenzie, L. (2002) The influence of fieldwork on the preferred future practice of final year Occupational Therapy students. *Australian Occupational Therapy Journal*, *49*(1), 25-36.

Cushing, A., Abbott, S., Lothian, D., Hall, A., & Westwood, O.M.R. (2011) Peer feedback as an aid to learning –What do we want? Feedback. When do we want it? Now! Barts and *London school of Medicine and Dentistry*, *33*(2), 105-112.

Edwards, M., & Baptiste, S. (1987) The occupational therapist experience. *American Journal of Occupational Therapy*, *47*(1), 68-73.

Garrett, S.A., & Schkade, J.K. (1994) Occupational Adaptation Model of Professional Development as Applied to Level II Fieldwork. *The American Journal of Occupational Therapy*, *49*(2), 119 – 126.

Gliner, J.A. (1994) Reviewing qualitative research: Proposed criteria for fairness and rigor. *Occupational Therapy Journal of Research*, *14*(2), 78-90.

Gutman, S., McCreedy, P., & Heisler, P. (1998) Student Level II Fieldwork failure: strategies for intervention. *American Journal of Occupational Therapy*, *52*(2), 144-

146.

Hammel, J., Royeen, C.B., Bagatell, N., Chandler. B., Jensen. G., Loveland. J., & Stone. G. (1998). Student Perspectives on Problem-Based Learning in an Occupational therapy Curriculum: A Multiyear Qualitative Evaluation. *The American Journal of Occupational Therapy,53* (2), 199 – 206

Hanson, D.J. (2011)The perspectives of fieldwork educators regarding Level II fieldwork students. *Occupational Therapy in Health Care, 25*(3), 164-177.

Hummell, J., & Koelmeyer, L. (1999) New Graduates: Perceptions of their first occupational therapy position. *British Journal of Occupational Therapy, 62*(8), 351-358.

Hummell, J. (1997) Effective fieldwork supervision: Occupational Therapy student perspectives. *Australian Journal of Occupational Therapy,*44 (4), 147-157.

Hornby, A.S. & Ruse, C. (1988) *Oxford Student's Dictionary of Current English (2nd Edition),* Oxford: Oxford University Press

James. K.L., & Musselman. L. (2005) Commonalities in level II fieldwork failure. *Occupational therapy in health care, 19*(4), 67-81.

Krefting L. (1991) Rigour in qualitative research: the assessment of trustworthiness. *The American Journal of Occupational Therapy,* 45: 214-222.

Lyons, M. (1997) Understanding Professional Behaviour: Experiences of Occupational Therapy Students in Mental Health Settings. *Australian Journal of Occupational Therapy, 51*(8), 686-692.

Lloyd, C., Basset , H., & King, R. (2002) Mental Health: how well are occupational therapists equipped for a change in practice environment. *Australian occupational therapy journal, 49*(3), 163-166.

LaGrossa, J. (2010). AOTA's plan for mental health practice (Vol. 24, Issue 3) retrieved from http://occupational-therapy.advanceweb.com/article/aotas-plan-for-mental-health-practice-2.aspx on 04 April 2012 at 13:16

Morse JN & Field P.A. (1996) *Nursing research: Application of qualitative approaches. 2nd ed.* London: Chapman & Hill.

Penny, N.H., Kasar, J & Sinay, T. (2000) Student attitude towards persons' with mental illness: the influence of course work and level I fieldwork. *American Journal of Occupational Therapy, 55*(2), 217-220.

Robertson, L., Smellie, T., Wilson, P., & Cox, L. (2011) Learning styles and fieldwork education: student`s perspectives. *New Zealand Journal of Occupational Therapy, 58* (1), 36-40.

Scaffa, M.E., & Wooster, D.M. (2004) Effects of Problem-Based Learning on Clinical Reasoning in Occupational Therapy. *American Journal of Occupational Therapy, 58*(3), 333-336.

Schmidt, H.G. (2009). Problem-based learning: rationale and description. *Medical Edition, 17* (1), 11-16

Stenbeck, B., Eklund, M. & Hallberg, R.I. (2001) The domain of concern of Swedish Occupational Therapists Working in Psychiatric care. *Scandinavian journal of occupational therapy, 8*(4), 184–192.

Strong, B. (2006) *Is it a focus group?* United Kingdom: Unknown Publisher.

Tompson, M.M., & Ryan, A.G. (1996) The influence of fieldwork on the professional socialisation of occupational therapy students. *British Journal of Occupational Therapy, 59*(2), 65-70.