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Promoting Academic-Practice Partnerships through Students' Practice Placement

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Abstract

Introduction: The notion of a gap between the academic and the practice segments of the occupational therapy profession is commonplace. The Scholarship of Practice is one of the collaboration models that have been introduced as possible means for bridging this gap, but so far, research based on this model has not extensively addressed the potential of students' clinical placement.

Aim: With a view to possible remedies for the academic-practice gap, the purpose of this paper is to outline and discuss possible advantages from a collaborative project concerning the usefulness of the Assessment of Communication and Interaction Skills (ACIS) that was carried out between students, fieldwork educators, and university faculty.

Outline of the project: Six occupational therapy students and their fieldwork educators collaborated in an exploration of the clinical usefulness of the ACIS during the students' second year mental health clinical placement. Experiences from the project were put into context with previous developments aimed at improving academic-practice partnerships.

Discussion: The *Scholarship of Practice* model provides guidelines for reducing the research-practice gap in the occupational therapy profession. It is argued that the presented project adhered to the principles of practitioner-centeredness and developing partnerships, whereas the creation of synergies was somewhat less realized. The organizing of joint projects during practice placements, involving students, fieldwork educators, and university faculty, appears to be one method of increasing and improving relationships between the parties involved.

Keywords: evidence-based practice, scholarship of practice, academic-practice partnerships, students, practice placement, research-practice gap

Key points:

- There is a perceived gap in most health professions, including occupational therapy, between academia and practice
- Collaborative projects, involving practitioners, students, and university faculty, can help build partnerships between academia and practice
- Students, as the practitioners and researchers of the future, are important stakeholders to be included in such projects
- As a result, collaborative projects can help bridging the gap between academia and practice

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Article category: Analysis

In order to promote the best possible clinical practice, the best available evidence should be used when making decisions concerning treatment and care for the individual client (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996; Taylor, 2007). It is emphasized that 'evidence' is not restricted to research evidence; nor can research evidence in any case dictate or ordain a certain type of intervention for one particular client. Clinical practice needs to integrate knowledge from three different sources of knowledge – the research base, the clinical experience base, and the client preferences base – in order to make good clinical decisions relating to the individual client (Sackett et al., 1996; Taylor, 2007).

In spite of this composite view of what constitutes relevant knowledge for practice, a 'gap' between research and academic education, on one hand, and clinical practice on the other, is constantly being identified and commented in the occupational therapy literature (Forsyth, Melton, & Summerfield-Mann, 2005; Forsyth, Summerfield-Mann, & Kielhofner, 2005; Kielhofner, 2005a). The early positivist view of knowledge transmission was that knowledge, once created, would inform and guide practice (Schon, 1983). In line with this technical rationality tradition, the research-practice gap is sometimes viewed as the failure of occupational therapists to utilize valid and reliable research evidence in the planning and provision of treatment and care (Kielhofner, 2005a; Kielhofner, 2005b). Understanding the gap from this viewpoint may put the blame on clinicians for not bringing their practice up to date, but barriers to implementing research into practice have also been identified as relating to organizational characteristics; to the dissemination of research; and to the nature of the research itself (Kielhofner, 2005a; Kielhofner, 2005b). Referring to the latter aspect, the gap may originate from researchers posing the wrong questions; or questions with no or little significance for clients' well-being, as perceived by clinicians. This may lead to clinicians' perception of research evidence – and, as a potential result, of students' academic education – being partly inappropriate or not useful for clinical practice (Kielhofner, 2005b).

In the occupational therapy profession, the idea of advantages associated with a closer collaboration between clinicians and academics is not new, but has been debated for more than two decades (Brown, 1994; Pranger & Brown, 1990). With a view to increasing research in the profession, advantages arising from academic-practice collaboration have included the sharing of theoretical and practical knowledge; gaining access to each other's resources; and enhancing the credibility of research endeavors (Pranger & Brown, 1990).

More recently, one notable attempt to model a bridge between academia and practice came from a series of articles by Patricia Crist, the late Gary Kielhofner, and their colleagues (Crist & Kielhofner, 2005). The *Scholarship of Practice* model conceptualized practical problems experienced in therapy as the starting point of all empirical investigation and theoretical reflection. It emphasized commitment to three actions: Conducting research as a specific response to questions important to practitioners; developing partnerships between practitioners and academics; and creating synergies to the benefit of all parties involved (Crist & Kielhofner, 2005; Taylor, 2011). This approach to knowledge generation was inductive, arising from the concrete practice situations in which the client's occupational needs was the center of attention, and called for active participation from practitioners in all phases of inquiry to ensure its clinical relevancy (Kielhofner, 2005b; Taylor, 2011). A recent collaboration of researchers and practitioners in the UK developed and positively evaluated an evidence-based practice training program, supporting the usefulness of projects organized as academic-practice partnerships in line with the *Scholarship of Practice* model (Forsyth et al., 2005).

So far, it appears that this model, as well as earlier attempts of conceptualizing a remedy for the academic-practice gap, has centered on the relationships and shared interests between researchers and practitioners. Students of occupational therapy often have their first personal experience of the academic-practice gap during practice placements. However,

although addressed in a few earlier studies (Crist, Muñoz, Hansen, Benson, & Provident, 2005; Stern, 2005), the students as a group appear to be neglected as stakeholders in this debate, despite their role as the developing practitioners and researchers of the future. Thus, this article is particularly concerned with the role of students' placement in developing useful models for academic-practice partnerships.

Aim of the paper

This analysis draws on a previous exploration of experiences among occupational therapy fieldwork educators and occupational therapy students with using the Assessment of Communication and Interaction Skills (ACIS) during a mental health clinical placement rotation (Bonsaksen, Myraunet, Celo, Granå, & Ellingham, 2011). With this as an example project, we discuss the potential impact of this form of joint projects in terms of promoting productive partnerships between the research, education, and practice contexts within the occupational therapy profession.

The Assessment of Communication and Interaction Skills

Communication and interaction skills are essential for establishing and maintaining positive relationships with others. As such, they represent an interpersonal aspect of everyday life permeating many of our daily occupations (Kielhofner, 2008). These skills are often impaired during mental illness and can, in turn, have a negative impact on the client's ability to cope with everyday tasks and challenges. Therefore, the set of skills assessed with the ACIS were considered a particularly relevant focus for the students' practice placement period. As a result, the ACIS was chosen as the assessment to focus on during placement.

The ACIS was developed within the Model of Human Occupation (MOHO) framework (Kielhofner, 2008), which conceptualizes different types of skills as the building blocks of occupational performance. Occupational skills are divided into three different types: motor, process, and communication and interaction skills. Communication and

interaction skills are required for expressing intentions and needs, and for coordinating behaviors in interaction with others (Forsyth, Lai, & Kielhofner, 1999). The ACIS is an observer-rating instrument, which provides a picture of these skills, when they are observed from the actions of a particular client in a particular context. To ensure that the situation is meaningful for the client, it is preferable that the social context and the tasks involved are chosen by the client and the therapist in collaboration. The context should also resemble the client's natural environment as much as possible as habituation will influence performance.

The ACIS consists of 20 skill items (Forsyth et al., 1999; Forsyth, Salamy, Simon, & Kielhofner, 1998). These skills can tentatively be placed along a challenge continuum, from easier to harder, and they concern three interaction dimensions: physicality, information exchange, and relations. The client is measured on each item on a four level scale where 4 indicates that the skill is present in a degree that supports and maintains the present interaction, and 1 indicates that the skill is deficient in a way that causes interaction to stop (without the intervention of others).

The original study of the psychometric properties of the instrument established the ACIS as valid for use among clients with mental health problems The ACIS was found to be a one-dimensional scale; it measured the clients appropriately; it could be used with good consistency within and between raters; it could separate clients into six different levels of communication and interaction skills; and it separated groups of clients in a logical way according to diagnosis (Forsyth et al., 1999). Later psychometric studies and reviews have confirmed its originally established validity for use among clients with mental health problems (Fuller, 2011; Hsu, Pan, & Chen, 2008; Kjellberg, Haglund, Forsyth, & Kielhofner, 2003). However, questions remain about the stability of the ACIS across different situations and contexts; the evidence so far suggests that the scores are different when used in different

contexts of activities and social surroundings (Haglund & Thorell, 2004). This implies that a variety of tasks, situations, and contexts should be used in the ACIS assessments of clients.

A preliminary draft translation of the ACIS was used during this project (Ellingham & Opsahl, 2003). The translation from English to Norwegian was performed by Author #5, who is a native speaker of English. The resulting Norwegian ACIS concepts have been verified as adequate by other university faculty members, who have also been familiar with and disseminated the MOHO to students for a number of years.

Using the ACIS in practice placement

Assessment is the starting point of the occupational therapy process. Accordingly, previously performed evidence-based practice training in the UK introduced assessments as the initial training focus (Forsyth et al., 2005), an idea inspiring the initiative for the ACIS project. A program was designed for the practice placement that took place in late 2009, involving three mental health departments in the Oslo region in Norway. The participating departments provided services to people with severe and enduring mental health problems, mainly psychotic disorders, many of whom were involuntarily admitted to hospital. The most frequent diagnosis was schizophrenia, but the client group included persons with other psychoses, depression, and bipolar disorder.

The participating fieldwork educators were two women and one man; aged between 25 and 37 years; and with psychosocial practice experience ranging from one to 12 years. All had some prior knowledge of the Model of Human Occupation (MOHO; Kielhofner, 2008), but their experience with using the ACIS in practice was varied. Five female and one male occupational therapy students participated. They were aged between 20 and 24 years; had some theoretical knowledge about the MOHO and the preliminary ACIS translation used at Oslo and Akershus University College (Ellingham & Opsahl, 2003); but had no experience with clinical use of the terminology and no experience with mental health practice prior to

this placement. However, all students had participated in a ten weeks mental health course at the university prior to placement. The course included didactic seminars in addition to the practicing of basic clinical skills for working as an occupational therapist among clients with mental health problems. The program for students and fieldwork educators during this practice placement exploration consisted of the following activities.

Week 1: Seminar. The ACIS concepts, procedures for using the instrument, and the rating instructions were introduced in a three hour didactic seminar based on the original ACIS manual (Forsyth et al., 1998) and the preliminary translation of the instrument (Ellingham & Opsahl, 2003). Both students and educators were encouraged to read the manual, and to consult it and the lecture notes from the seminar regularly during the program. Author #5 planned and conducted the seminar. He has been familiar with the development of MOHO and has taught MOHO since the late 1980s.

Weeks 2-7: Clinical experience. The students and fieldwork educators, in collaboration, planned and observed social activities in a range of situations for clients with whom they came into contact in their practice. Then, the ACIS was scored directly following the observations. The goal was that each student would have performed and scored at least one ACIS observation weekly, i.e. seven to eight observations in total during the practice placement. The students were invited to discuss the ACIS observations, their ratings, and their clinical use, in supervision sessions with their fieldwork educator during their placement. They were also encouraged to discuss the use of the ACIS with other students, to allow for exchange of ideas and guidance from peers.

Week 8: Interviews. Two focus group interviews were conducted, one with the students and the other with their fieldwork educators. The aim of the focus groups was to explore the participants' range of experiences from using the ACIS in practice. The experiences discussed during the interviews are previously reported (Bonsaksen et al., 2011).

Shortly summarized, they first related to the process of observing with the ACIS, where the selection of activities to be used and the role of the therapist during the observation were highlighted. Second, both learning to perform the scoring procedure as well as managing personal feelings about scoring were discussed. Finally, the participants perceived the ACIS to be clinically useful in mental health practice, both when providing personal feedback to clients and as means of improving work in multidisciplinary teams (Bonsaksen et al., 2011).

Discussion

The ACIS project depended on the joint efforts of students, practitioners, and university faculty. Experiences from the project strongly relate to the ongoing 'research-practice gap' debate in several of the health professions, including occupational therapy. Suggestions relating to how this gap can be reduced have been put forward in previous articles. In our profession, notable contributions have come with the *Scholarship of Practice* model (Crist & Kielhofner, 2005), and our recent experiences are discussed with a view to key concepts in this model.

Practitioner-centered research

As opposed to being a research-generated demand placed on practitioners, the initiative for this ACIS project originally came from one of the mental health fieldwork educators. There was an expressed need among the educators for learning to use a sound assessment for communication and interaction skills, and it was suggested that the learning process should be largely based on practice experiences. Concurrently, there was an expressed need for the provision of more structure to students' clinical placement periods. Previous student feedback had suggested that thematically focused practice experiences during placements could foster more in-depth learning as compared to placements where students are exposed to a wide range of experiences (Bonsaksen, Myraunet, Celo, Granå, & Ellingham, 2010). The need for more focused fieldwork experiences for occupational therapy students are

also supported from research with American students, suggesting more improved clinical reasoning skills among students who had more focused experiences during their fieldwork (Sladyk & Sheckley, 2000).

Previous suggestions have emphasized the notion of 'practitioner-centered research' (Kielhofner, 2005a; Kielhofner, 2005b). As opposed to the traditional way of organizing research, this project reversed the order of things as it was the practitioners who took the initiative according to what they perceived to be clinically important. The practitioners' initiative for the project, and their final evaluation of the usefulness of performing the assessment as part of clinical practice, signifies an empowerment of practitioners. The needs arising from practice, not research, serves to justify the research effort and highlight its importance for practice (Brown, 1994; Pranger & Brown, 1990).

In addition to being practitioner-centered, the project was oriented towards students' learning experiences during practice placement. Although students did not participate in the initiating and planning of the project, they were explicitly viewed and referred to as a group that was assumed to benefit from it in terms of learning and skill development. As previously reported, they discussed several advantages associated with using the ACIS during practice placement; among them the concrete nature of the knowledge that was obtained from using it, in which they were able to ground either feedback to individual clients or reports to other members of the multidisciplinary team (Bonsaksen et al., 2011). Hopefully, although not explicitly discussed in the subsequent interviews, the students were also provided with a sense of being valued and invested in as future practitioners of the occupational therapy profession.

Developing partnerships

By emphasizing equality between the participants in this project; in terms of shared interests, mutual curiousness, and a democratic approach to decisions to be made, we believe that the project was one in which engagement, trust, and mutual liking between the

participants could be achieved. The aspects mentioned above are likely to foster effective collaboration between all parties involved in a project work (Horsfall, Cleary, & Hunt, 2011; Pranger & Brown, 1990), and are referred to as requirements for a potential 'bridge' between research and practice in the occupational therapy profession (Kielhofner, 2005b).

During this project, we identified three types of partnerships that were built and maintained throughout the process (Bonsaksen et al., 2010). One type of partnership was created between the involved fieldwork educators. Mental health practice in urban areas like Oslo is diverse, and many occupational therapy practitioners are involved. The organization of occupational therapy services is still strongly associated with the hospitals, and there are potential barriers against clinical collaboration and dissemination across hospitals and across hospital departments. In spite of being associated with different hospitals and departments, the practitioners involved in this project had the opportunity to get to know each other and to discuss clinical experiences with others, grounded in one shared topic of interest. Thus, we suggest that the project has contributed to improved collaboration and exchange of knowledge between practitioners in the mental health field. In turn, a well-integrated field of practice with explicitly shared topics of interest may also add to the interest in developing partnerships with researchers in the field.

Secondly, the ACIS project impacted on the partnerships between fieldwork educators and students (Bonsaksen et al., 2010). Role expectations directed towards the fieldwork educators, in particular, may also have been modified as a result of the project. Fieldwork educators and students had a joint area to explore and learn about, in which neither was an expert. Thus, adding to the relationship between novice student and experienced practitioner, the relationship between the two also became one where collaboratively trying out something new was explicitly promoted. Experiencing that assessments are useful and applicable in clinical practice situations, as was the case during this project (Bonsaksen et al., 2011), is

important for both students and fieldwork educators. For novice students gaining their first clinical experiences, questions are likely to come up about how theoretical concepts and models for practice introduced at the university can be applied in a concrete practice situation (Hummel, 1997; Martin & Wheatley, 2008). For the practitioner, the reflection process may be oppositely directed, as in cases where the therapist has the practical know-how, but may have a poorer conceptual understanding of how aspects of the therapy process are interrelated.

The joint process during this project may also have served as an expression of a shared positive attitude towards 'life-long learning' among students and fieldwork educators alike. The process of learning does not end with the completion of formal education, which emphasizes the need for continual dissemination of theoretical knowledge that underpins practice. Rather, practitioners can be viewed as in a later phase of the learning process where there is more emphasis on learning from experience. Promoting a positive attitude towards a never-ending process of learning can help maintain students' interest in joint projects with the academic field after completing their formal education. For the future bridging of the research-practice gap in our profession, the motivating and training of a new generation of researchers who are oriented at collaboration with the practice field, appears to be very important (Pranger & Brown, 1990).

Third, partnerships were built between practitioners in the mental health field and faculty members at the university. These partnerships may also serve as examples of institution-level partnerships; between practice, on one hand, and research and education on the other (Bonsaksen et al., 2010). The research-practice gap can be expressed as a situation in which the two stakeholders represent different realities. Efforts aimed at bridging the gap signifies that occupational therapy education, research, and practice should learn from each other, and that development initiated in one must take the other into account.

In our experience, the ACIS project has positively impacted on the integration of the research and practice segments of the profession in our local context. The need for a closer and more harmonized partnership between the two has important bearings for the organization and content of students' practice placement during occupational therapy training, but is not limited to this perspective. On an institutional level, research, education, and practice need to be integrated parts of a shared reality. Occupational therapists are educated and learn in order to practice, and their subsequent practice will be based on their initial formal education. Thus, clinical practice must reflect education and knowledge; but similarly, research and education must prepare students for real life work situations. The different types of partnerships that developed during this project, reflecting relationships on the personal-level as well as on the institutional-level, were all considered valuable with a view to the further development of practice and education.

Creating synergies

To date, the success in achieving synergies to the further benefit of all parties involved has been moderate. We suggest that the positive experiences from using the ACIS during the project period have, at least to some extent, carried over to practitioners using the assessment in their practice after the completion of the project. Its terminology has frequently been put into use as means of naming and framing observations of clients, and this is reported to be particularly useful in multi-professional teamwork settings. The ACIS has been used by practitioners in the teaching and practicing of assessment skills with students during subsequent practice placements. Furthermore, the practitioners' experiences have been disseminated in clinical courses at the hospitals, and they have sporadically been contacted by other groups of clinical staff for more information.

However, the use of the ACIS in mental health practice in Oslo is no longer supported by the structure embedded in the project organization and by the discussions between

participants. Drawing from experiences in the UK, it appears that the continuous support from peers, or a 'community of practice', is an important professional support system that can help maintain practice developments (Wimpenny, Forsyth, Jones, Matheson, & Colley, 2010; Melton, Forsyth, & Freeth, 2010). It is possible that the termination of the project somewhat reduced professional support for nurturing the changes and developments initially made. Specifically, the project lacked a model and a structure for the further practice application of what was learned from the project. There was no further recruitment of new occupational therapists to be systematically exposed to our experiences; there was no follow-up didactic courses to secure the continued building of expertise in the already involved practitioners; and there were no systematic attempts of embedding the developments in clinical practice at an institutional level – decisions about continuation in subsequent practice were made by each individual therapist. Given that structural factors are important to evidence-based practice utilization, the lack of systematic efforts in all of these areas in effect caused maintenance to be an individual choice (Peterson, McMahon, Farkas, & Howland, 2005).

At the collaborating university, however, the ACIS assessment procedure and examples of its clinical use are now consistently taught to students as part of the 'Mental health and participation' module. Moreover, experiences derived from the project have been disseminated in articles and in course presentations (Bonsaksen et al., 2010; Bonsaksen et al., 2011). Although these developments have included both practitioners as well as faculty at the university, the perceived benefits from the dissemination process may be differently experienced between these groups. Traditionally, publishing articles and speaking at conferences are the end products of completed research that are appraised and rewarded within the academic system (Kielhofner, 2005b). In addition, the positive preliminary outcomes of the project have resulted in a strengthened belief that conducting a formal manual translation will be warmly welcomed by Norwegian occupational therapists. In this

perspective, it appears the longer-term impact of the project may have been more favorable to the academics as compared to the practitioners involved. Therefore, examining how positive longer-term outcomes can reach all groups of participants will be important in the future planning of academic-practice collaboration projects.

Unfortunately, we no longer have contact with the students who were involved in the project. At the time they gained experience with the ACIS during practice placement, they uniformly expressed the potential of it as a means to improve clinical practice with clients. Moreover, they found that using it could improve multi-professional teamwork and perceived accountability of the occupational therapist (Bonsaksen et al., 2011). Naturally, the completion of the project resulted in the loss of the professional support system, from which they recently had drawn substantial benefit. The reduced peer influence and support pose a risk that their recent learning experiences may not be well sustained over time (Peterson et al., 2005). These are, nonetheless, speculations about the future. What appears to be important, though, is that more systematic efforts should be made to promote the students' further application of practice placement learning into their own subsequent clinical practice.

Conclusion

A gap between research and practice has become an issue of debate in the occupational therapy literature, but so far, this perspective has not focused much on the role of students' practice placement. The presented project explored experiences among occupational therapy students and their fieldwork educators with using the ACIS in mental health contexts in Norway. The summarized experiences in both groups were uniformly positive, and it appears that this type of project organization and content can be possible means of bridging the gap by improving the integration of research, education, and practice, to the benefit of all stakeholders. However, efforts should be made to include implementation

strategies in academic-practice projects to benefit from their outcomes beyond the scheduled conclusion of the projects. Collaborative innovation strategies are needed to achieve this goal.

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