A practice placement design facilitating occupational therapy students' learning

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Abstract

Background: Practice placement is a valued part of occupational therapy education, and research has shown that placement, during which the students actively participate and gain focused, in-depth experience, adds substantially to their development of clinical skills and clinical reasoning skills.

Purpose: The purpose of this study is to describe an addition to the practice placement design for occupational therapy students in Oslo, and to report on the learning experiences related to this modified practice placement design among the participants.

Methodology: Occupational therapy students and practice educators were interviewed in focus groups after having participated in an exploration of the utility of the Assessment of Communication and Interaction Skills during mental health placement. Thematic analysis was applied to the data material.

Findings: Four themes emerged relating to the students' learning experiences during practice placement. They were theory-practice integration; the role of supervision; self-awareness of communication; and socialization to the therapist role.

Practical implications: The practice placement design addition presented in this paper was well received by students and practice educators. It contributed to students' focused experience and to their active participation within a community of practice. The program appears to be one way of organizing placement with a potential for making a substantial contribution to occupational therapy students' learning.

Value: The study adds to the existing literature in providing an example of a successful addition to the practice placement design, and in the detailed account of the learning experiences among the participants.

Keywords: practice placement, students, practice educators, occupational therapy, theory-practice integration, academia-practice gap, assessment, communication and interaction skills

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Practice placement is a valued part of the occupational therapy education in Norway, and it is considered one important arena where students can develop the clinical skills and practical knowledge necessary for their subsequent professional practice (Oslo and Akershus University College 2011). The experience developed during placement can help bridge the students' theoretical knowledge, as developed throughout their academic education, with their entry-level practice. Students have reported their most meaningful experiences during placement to involve their active practicing of clinical skills and participation in clinical reasoning (Haynes 2011). Nonetheless, the same study found a low number of clinical skills actually being practiced, as reported by both students and practice educators (Haynes, 2011). This calls for a closer look at possible steps to be taken in order to increase students' active participation during practice placements.

The importance of practice placement has been demonstrated in previous research. Coates and Crist observed improved clinical skills among occupational therapy students during their placement, and found increased mature behaviors; a shift in clinical reasoning towards more interactive forms; and more client-centred behaviors (Coates and Crist 2004). Similarly, another study found improved clinical reasoning skills in students following placement (Sladyk and Sheckley 2000). In addition, as opposed to traditional thinking, those who participated in a large number of clinical reasoning activities demonstrated less skill improvement across time as compared to those who participated in fewer activities. This advocates for the value of practice placement, but also for placements to provide focus, in-depth experience, and reflection (Sladyk & Sheckley 2000).

There are numerous reports of a gap between the academic and the clinical practice contexts of the profession (Kielhofner 2005a;Kielhofner 2005b). This gap may be particularly burdensome for students undertaking placement, who need support from practitioners in order to understand how academic knowledge can be applied in specific practice situations. The

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sociocultural perspective on learning emphasizes learning as situated, meaning that learning takes place in a community of practice. People interact, cooperate, and support each other within this community of practice, and by this interaction new knowledge is constructed (Dysthe 2001;Lave and Wenger 1991). This perspective implies that the professional practice context is a vital arena for learning, where knowledge is translated into actions and its impacts are directly observed. However, given the perceived gap between academia and practice in the occupational therapy profession, students may need support in order to use the opportunities for learning that are embedded in the practice placement experience.

Summarizing, the sociocultural perspective on learning, in conjunction with empirical studies, emphasize that practice placement is important for students' acquiring and practicing the skills necessary for managing real-life professional work. Placement entails 'learning by doing', and by doing within a community of professional, reflective practice. One aspect of professional practice is the skilled use of assessments with clients. Previous research has argued that the Assessment of Communication and Interaction Skills (ACIS) can be one highly relevant and feasible assessment to be used with mental health clients (Bonsaksen, Myraunet, Celo, Granå, and Ellingham 2011). However, there is a lack of studies that demonstrate how occupational therapy programs can further improve the quality of students' placement experiences by implementing a specific focus area, like assessing clients with the ACIS, into the practice placement designs.

Aim of the study

We introduced the ACIS, a tool for assessing clients' communication and interaction skills, as a specific addition to the existing practice placement content. The study aimed to explore how this would impact on the learning experiences among occupational therapy students during mental health placement.

Method

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The Assessment of Communication and Interaction Skills

The ACIS (Forsyth et al. 1999) was developed within the Model of Human Occupation (MoHO) framework, which conceptualizes different types of skills as the building blocks of occupational performance (Kielhofner 2008). Communication and interaction skills are those skills needed for expressing intentions and needs, and for coordinating behaviours in interaction with others (Forsyth, Lai, & Kielhofner 1999). The ACIS is an observer-rating instrument providing a picture of 20 communication and interaction skills as observed from the actions of a particular client in a particular context. Therefore, the assessment result is specific to the situation in which it is used, and scores may vary between contexts (Haglund and Thorell 2004;Kjellberg et al. 2003). The social context and the tasks involved are preferably to be chosen by the client and the therapist in collaboration to ensure that the situation is meaningful to the client. The context should also be considered in relation to how close it resembles the client's natural environment (Forsyth et al. 1998). An overview of the 20 skills assessed with the ACIS and their relation to domains of interaction is provided in Table 1.

[INSERT TABLE 1 ABOUT HERE]

A draft translation of the ACIS was used during this project (Ellingham and Opsahl 2003). The translation from English to Norwegian was performed by Author #4, who is a native speaker of English. The resulting Norwegian ACIS concepts have been verified as adequate by other faculty members who have also disseminated the MoHO to students for a number of years.

Clinical setting and clients

The participating occupational therapy students, supervised during their placement by occupational therapists who also had agreed to participate in the study, were located at different mental health departments in the Oslo area. These departments provided services to

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people with chronic and severe mental health problems, mainly psychotic disorders, many of whom involuntarily admitted to hospital. The most frequent diagnosis among the clients was schizophrenia, but the client group also included people with paranoid psychosis, major depression, bipolar disorder, and severe personality disorder.

The practice placement design

Normally, the eight weeks mental health placement exposes the students to a range of clinical experiences under the supervision of a designated practice educator at each particular worksite. The students' learning outcomes, as defined by the university, concern knowledge; practical skills; and general competence needed in this area of practice (Oslo and Akershus University College 2011). However, the concrete practice situations from which each student will be able to achieve these learning outcomes vary substantially between worksites. There is evidence for advantages relating to having more focus, structure and active student participation during placement (Haynes 2011;Sladyk & Sheckley 2000). Could a joint exploration by students and practice educators of an assessment method, which would be new in the Norwegian context, provide such focus and structure to enhance the students' learning experiences? Within the existing framework for mental health practice placement, an addition focusing on communication and interaction assessment was therefore developed for the students and their practice educators, consisting of the following elements (Bonsaksen et al. 2011).

Week 1: Seminar

The use of formal assessment requires the person to understand the qualities being assessed as well as to perform the procedures involved in the assessment. To achieve this goal, we considered some initial instruction would be appropriate. A three-hour seminar introduced the ACIS concepts, the use of the instrument, and the rating instructions. The basis for the seminar was the original ACIS manual (Forsyth et al., 1998), and the draft translation

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of the instrument (Ellingham & Opsahl 2003). Both students and practice educators were encouraged to read and consult the manual and the lecture notes from the seminar regularly during fieldwork. Author # 4 planned and conducted the seminar, which was held at Oslo and Akershus University College. He has been familiar with the development of MoHO since its inception and has taught MoHO since the late 1980's and the draft translation since 2003.

Week 2-7: Clinical experience

According to sociocultural theory on learning, the student's active participation and performing of tasks in communities of practice is emphasised (Lave & Wenger 1991). During the practice placement period, thus, the students and practice educators planned and observed social interaction in a range of activities for their clients, and scored the clients' skills with the ACIS directly after the observations. Each student would complete and score at least one ACIS observation weekly, i.e. seven to eight observations in total. The students were invited to discuss the ACIS observations, the ratings, and their clinical utility in weekly supervision sessions with their practice educators.

Week 8: Focus group interviews

The interviews aimed at exploring the variety of experiences that the students and practice educators had with using the ACIS during placement. The present substudy, using parts of the collected data material, aimed at exploring experiences specifically related to the students' learning.

Focus groups

Focus group interviews are considered a flexible method for data collection as it provides participants with the opportunity of elaborating, clarifying, and discussing their views (Plummer-D'Amato 2008a). This method is also consistent with the sociocultural perspective on learning (Dysthe 2001; Lave & Wenger 1991). The students would be able to complement and add to each other's learning (the social distribution of knowledge) and to

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create new knowledge based on their verbal interaction in the group (the mediation of

knowledge by language).

In this study, thus, two focus group interviews were completed, one with the students

and one with the practice educators. The interviews took place about one week prior to the

end of the mental health placement. Given the small number of participants in each of the

groups, performing one interview with each group was considered sufficient. Establishing a

safe environment, where sensitive issues could be invited and explored, was emphasized

(Plummer-D'Amato 2008a). Due to the homogeneity of prior experience among students and

among practice educators, the two designated focus groups were considered suitable for

sharing and discussing experiences.

Authors #1 and #3 interviewed the students. The interview lasted one hour and was

recorded digitally. It started with a brief review of the information about the study, which was

given to the students before the interviews took place. The process within the focus group was

managed according to guidelines (Plummer-D'Amato 2008a;Polit and Beck 2004). The topic

guide, outlining the direction of the interview, is provided in Appendix 1. According to the

same principles, Author #2 interviewed the practice educators. This interview was also

limited to one hour and was recorded digitally. The topic guide for this interview is provided

in Appendix 2.

Data analysis

The interviews were transcribed verbatim from the digital recordings. Author #5

conducted the thematic analysis, based on condensation and coding of the interview material

(Kvale and Brinkmann 2009). The analysis aimed at linking the central themes from both

interviews that specifically related to the students' *learning experiences*. An overview of the

analytic process is provided in Table 2. The whole research group read the transcripts from

the interviews in their entirety and approved of the final analysis. The draft analyses were

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discussed in the research group during the process, and modifications were made according to feedback. Thus, a certain degree of peer review was applied to the analysis in order to reduce the risk of researcher bias. An audit trail was developed and maintained throughout the study to document the analytic process (Plummer-D'Amato 2008b;Polit & Beck 2004).

[INSERT TABLE 2 ABOUT HERE]

Ethical considerations

The study was conducted in line with standard ethical guidelines for research, and written informed consent to participate was obtained from each of the participants (World Medical Association 2008). We consulted the Norwegian Regional Ethics Committee for Medical and Healthcare Research for ethical assessment, and the committee officially confirmed that the study required no formal approval.

Findings and discussion

Participants

The three practice educators were two women and one man (aged 25-37), and their experience from psychosocial practice varied considerably, from one to 12 years of experience. None of them had used the ACIS on a regular basis in clinical practice, but all had prior knowledge about the MoHO. However, some of them had experience with the draft translation of the ACIS from their own time in occupational therapy training.

The students were five women and one man (aged 20-24). As the students were about to start practice placement, they already had some knowledge about the MoHO. In addition, they had used the ACIS terminology in activity analysis workshops, and they were familiar with the draft translation of the ACIS (Ellingham & Opsahl, 2003). However, the students had no experience with the clinical use of the terminology and had no experience with mental health practice prior to placement.

Themes

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The themes that emerged from the analysis are illustrated in Figure 1, and they represent the findings of this study. The themes were conceptualized as 1) *theory-practice integration,* 2) *the role of supervision,* 3) *self-awareness of communication,* and 4) *socialization to therapist role expectations*.

[INSERT FIGURE 1 ABOUT HERE]

Theory-practice integration

Having the ACIS as a practical tool to focus on during practice placement was emphasized. Among the students, using the ACIS enhanced learning about communication and interaction in general, and they emphasized this as an opportunity to work systematically with real problems among real persons in a mental health setting.

> *"It has been very useful to do it in a practice setting; doing it at the college would have been far less valuable [...]. I don't think I would have taken it as seriously either; here, we had to do with a real person, and then you have to be considerate."* Student 2

Furthermore, the students found it valuable to use an assessment tied to one familiar occupational therapy theory. In its most simple form, the students would connect their observations of the client performing an occupation with the skill concepts used with the ACIS.

> *"We also observed [the clients] while serving food in the cafeteria and when standing behind the counter. [...]We observed how they used gaze and those sorts of things. [...] In a cafeteria, it is important to be able to have a normal or appropriate communication, so that one doesn't avoid [eye contact] or stare."* Student 3

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Among the practice educators, the ACIS exploration was welcomed as a focus for the students' placement and as a facilitating means for their theory-practice integration during that time.

> *"[The ACIS exploration] has been a positive experience; it has helped bring theory and practice closer together. It has also made student supervision easier to manage, as [the students] see that what they are taught in college is applied in practice".* Practice educator 1

Prior research found no associations between specific forms of clinical reasoning activities and later improvements in clinical reasoning skills, but one interesting trend was the more improved clinical reasoning skills among those who had their placement experience with a consistent population (Sladyk & Sheckley 2000). The students participating in the present study gained experience with clients with a variety of mental disorders, although all of the clients could be referred to as suffering from severe mental illness (National Institute of Mental Health 2011). However, the practice placement design provided another area for focused experience – the use of the ACIS. Focus and consistency during placement appears to be important for students in order to gain in-depth experience. It appears from the findings that the assessment implementation program during placement can be one way of providing focus to it, and that this was well received by all the participants. Following this line of reasoning, focus can be provided to practice placements in many different ways and is by no means limited to the use of assessments like the ACIS. However, the contents of the focus area should be thoughtfully designed in light of the client group and its most important occupational problem areas.

The findings also suggest the particular value of linking practice with one specific conceptual model. During practice placement, the students practiced with an assessment tool closely tied to the MoHO, a model to which they had been briefly introduced at the college,

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and they emphasized this particular aspect during the interview. In this particular context, the focused content of the practice placement – i.e., the MoHO-based ACIS – appear to be more important. According to sociocultural theory of learning, new knowledge is more easily integrated in practice contexts than in traditional academic settings separated from practice (Dysthe 2001;Lave & Wenger 1991). In light of the students' discussion, this makes much sense and warrants the further exploration of such concrete theory-practice links in the occupational therapy education.

The students appreciated focusing on the ACIS during practice placement, and so did the practice educators. The similar evaluation among the practice educators may reflect the need in this group for a closer collaboration with the university college to support their role, as suggested by their statements. However, participating in the project could also add to their professional development, and this aspect may have been rewarding as well. These are both among the incentives for working with students that have previously been found among practice educators (Hansson 2011;Kirke et al. 2007;Mason and Bull 2006).

On a more interpretative note, we also wonder if there is a link between the participants' valuing of the ACIS exploration and a perceived need to bring current occupational therapy practice closer to the core domain of the profession – promoting occupational performance and participation. As occupational therapists now often work in interdisciplinary teams, they may lack frequent contact with other occupational therapists to support their professional role. For students yet to gain their first practice experiences, it may be hard to appreciate a distinct, valued role for occupational therapy in mental health. In this perspective, participation in this joint exploration may have contributed to a strengthened sense of professional identity in a time of rapid change and role ambiguity in the mental health services (Lloyd et al. 2002;Mason & Bull 2006).

The role of supervision

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The students highlighted the role of supervision in their efforts to understand clinical observations and practice in view of theory. The practice educators were described as persons who promoted reflection among the students.

"[In the supervision session], we talked through the activity and discussed every aspect [of the ACIS form]. On some occasions, we disagreed and scored the patient differently. [...] The practice educator posed some questions along the way. 'So what', you know [...]. At least for my part, she posed questions that made me become more conscious about the situation or the activity." Student 1

In addition, students who had collaborated with other students when performing the assessment also valued this aspect of their learning process.

"It is an advantage to do it often, and to do it together [...]. It was interesting to notice and discuss our different scorings when we were two or three who assessed the same patient in the same activity." Student 3

The practice educators found the focus on the ACIS helpful in order to guide the students in their learning process, and referred to their previous experience with placement as sometimes overwhelming for young students. Using the ACIS was a new experience to the students and the practice educators alike, and the latter group particularly valued that they and the students both were novices and could try something out as equals.

"I was open with my students that I was new to [the ACIS], too, and that we had to 'walk the road together'. Actually, I found that quite useful, because then they didn't see me as a threat; as someone who would put them to the test in some way." Practice educator 3

Clearly, the students valued their practice educators for helping to link theory with practice. This finding mirrors experience and earlier research findings, where the integrative

A practice placement design facilitating occupational therapy students' learning and facilitating aspects of the practice educators' role have been emphasized by students as important to their learning (Hummel 1997;Martin and Wheatley 2008). Recent research found that practice educators who were praised by students as 'exceptional' were considered experts in creating a positive learning environment; in facilitating students' learning; in being a role model; and in having a positive effect on the students in the broadest sense (Mulholland et al. 2006). From these studies, it appears that students learn from the direct help or guidance they receive, and from observing the practice educator perform in real life practice situations. However, learning also occurs indirectly, as when students use the facilitative learning environment created at the placement site.

In the present study, the students appeared to emphasize their practice educators' verbal guidance related to practical skill performance and to clinical reasoning over the other aspects. To an extent, this mirrors the views of students in prior research, who particularly valued the opportunity during placement to actively explore how they could do the various tasks of practice, as opposed to merely observing others perform them (Haynes 2011;Hummel 1997). On a similar note, the importance of acquiring skills for practice was recently addressed among occupational therapy students and recent graduates (Hodgetts et al. 2007). Although these students were satisfied with their education, they felt that they lacked technical skills necessary for practice as they completed their education, and that it took between six months and two years of practice to acquire a sense of clinical competence. Thus, active participation and an emphasis on the practicing of clinical skills appear from the literature to be important ingredients of practice placement for occupational therapy students. Our placement design, which incorporated these exact elements, appears to be supported by the students in this respect.

Considering the practice educators' statements, this group appears to have been supported in their supervision of the students by the implementation of the ACIS as a focus

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for the placement experience. Learning being facilitated by strengthened focus is supported in earlier research (Sladyk & Sheckley 2000), and appears to address the practice educators' own concern over the placement experience as sometimes overwhelming to young students. Focus and structure supports the management of a new and challenging situation, as would be the case for students entering placement. Furthermore, the practice educators seem to have particularly valued the process of mutual learning ('co-learning') with the student, where they could take on a more explorative role, as opposed to being the expert in the relationship. It may also be that making explicit such an attitude toward his or her role as practice educator has been one aspect of creating a relaxed, comfortable atmosphere for the students (Mulholland, Derdall, & Roy 2006). Learning experiences may occur more often, and may be more effective, in settings where open exploration is invited and encouraged in a community of practice (Dysthe 2001;Lave & Wenger 1991).

The cited statements from the students and the practice educators may indicate some differences between the groups. The students were concerned with learning to use the ACIS, whereas the practice educators appeared interested in the potential for mutual relationships and 'co-learning' with the students, pointing perhaps more clearly towards the placement design than the use of the ACIS.

Self-awareness of communication

There was general agreement among the students that they became more self-aware with regard to their own ways of communicating and interacting with others, in a variety of situations. Areas that the clients needed to work on in order to improve their interpersonal relationships were also discussed in light of the students' personal experiences from communication. By doing so, the students also discussed the boundaries for what they counted as normal and appropriate. In particular, skills related to touch and physical closeness was addressed.

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> *"I found a situation difficult, in which the client was physically very close to me [...]. To me, it didn't...there may have been times when it went too far, but I didn't think it disrupted the communication...However, I'm sure that another therapist would have reacted to it. It is difficult to decide what's normal".* Student 4

The fact that self-reflection about communication increased in these students may point to the central position of communication and interaction in the field of mental health. In many mental health settings, communication patterns in early relationships are considered one crucial determinant of adult mental health or -illness, and mental illness is often viewed as expressed through the client's maladaptive communication. Helping clients to understand how they affect others, and helping them to achieve a more effective way of communicating with others, can be an important element of therapeutic approaches – especially those with an interpersonal or psychodynamic orientation (Thorgaard 2006). This aspect was also commented on by the practice educators.

> *"There is a close association between mental illness and interpersonal relationships; [between] how one adapts in relationships and how mental illness is expressed in the relationship".* Practice educator 2

> *"Communication is what we work with in the field of psychiatry. That is, establishing rapport and being conscious of oneself and of the patient, and of how one communicates".* Practice educator 3

The overall therapeutic approach, including the work of occupational therapists, will therefore pay much attention to the therapist's own ways of communicating, and will seek to shape these to be as flexible as possible to meet each client's needs (Martin & Wheatley 2008;Taylor 2008). This context, and the concurrent focused exploration with the ACIS in particular, seems to have accentuated the focus on communication, even their own

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communication in situations at home or with friends, and we would expect it to further add to

their learning in this area.

> *"I have also experienced that since I started working on this; [...] in many activities, I automatically think about the communication that goes on. I have become much more attentive to it. This happens in many activities [laughs], even though I don't analyse everything afterwards".* Student 1

The students discussed the clients' interaction in light of their own experiences in

communication, and at times this resulted in an exploration of the fundamental issue of

normality and deviance. They acknowledged that scoring a client's specific skill in a specific

situation in part was based on their personal interpretation; an interpretation of what occurred

in the specific situation, and of what is culturally accepted or encouraged behavior. Often, the

specific example relating to the use of physical contact with others came up. Although there

was general agreement about the inappropriateness of some physical contact (e.g., a client

touching the student intimately); other types of physical contact could be described as right

for one person and potentially wrong for another, depending on the quality of the relationship

the person would have with the client.

At a more interpretative level, it appeared that the students may have arrived at a view

of communication and interaction skills as something all persons, to varying degrees, strive to

accomplish in social relationships. Communication and interaction skills are not the exclusive

domain of mentally healthy persons; nor are communication flaws restricted to persons with

mental illness. Although some general differences were acknowledged, the students appeared

to have learned that differences in communication skills between mentally healthy and

mentally ill persons are not categorical, but represent variance on a continuum. Consequently,

the students' self-reflection and increased self-awareness in this area may counteract stigma

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placed on persons with mental illness and may promote positive attitudes regarding human

equality and the human need for social inclusion (Martin & Wheatley 2008).

Socialization to therapist role expectations

Therapist role expectations were also discussed. The students highlighted that their

recent experiences had made them more aware of the therapist role they would have in

relation to the client. They discussed their perceived dilemma of simultaneously trying to be

'therapeutic' and clear with regard to boundaries, and experienced difficulties in this area

especially when people who were older than themselves challenged the rules.

"It depends on how you say it [that the client has violated a personal boundary]… you don't want the

client to feel like he is being… arrested. I don't know… But then again, other clients may have observed

and reacted to it, and they may also react towards me for not addressing it." Student 1

Furthermore, some also experienced difficulties with differentiating between the

therapist role and the role of a friend, which affected how they considered various responses

to be appropriate in their work with similar-age clients.

"It can be difficult with clients who are about the same age as you […]. Despite the other being

hospitalized, you may have interests in common, you have been growing up at the same time, and there

may be plenty of similarities…that can make it extra hard to maintain boundaries; that 'I'm the

therapist' […]. You can easily be considered a friend". Student 3

Reflections concerning the students' experience with the therapist role were important

to them. Previous experience with students undergoing practice placement suggests that this

theme is very general in nature, and that it may not be specific to the use of the ACIS, nor to

the focused experience during practice placement. In particular, upholding ward rules (for

example; granting or denying a client's wish to leave the ward temporarily) as well as

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personal boundaries in relation to clients challenging them, was experienced as troublesome.

With regard to ward rules and guidelines, problems may stem from the rules not yet being

internalized – taking on the role of the 'messenger of bad news' can be difficult in itself, and

especially so if the messenger does not fully understand or comply with the message. Students

undergoing practice placement will often not be sufficiently informed to fully understand the

background for all ward rules, and may therefore experience tension and discomfort when

upholding them.

However, the students' problems in upholding personal boundaries in relation to

clients who were older than themselves indicate that a lack of experience with the therapist

role also influenced these problems. Despite the general fact that we all add to our skills and

knowledge across time, the therapist should not be misled to abdicate from his or her clinical

judgment in relation to an older client. Typically, severe mental illness limits personal insight

and may radically distort the person's judgment concerning what he or she can do in any

given situation. We have no reason to believe that this was unknown to the students.

Nonetheless, the described problem may point to a dilemma between adhering to cultural

norms (to let older persons take the lead) or to professional norms (to provide adequate

leadership and structure when needed, to ensure the client's safety).

In addition, the students were uncertain how they should weigh the relative importance

of two professional norms – the norm of adjusting activities to fit with the client's actual

capacity, and the norm of being 'therapeutic'. As an example, the students would like to add

to the clients' feelings of self-worth and capability, and this may be perceived as conflicting

with setting limits for activities that the client at present is unable to do. In this context, it

seems reasonable to translate the students' use of 'therapeutic' with 'empathetic', as

conveying an empathetic attitude in the relationship with clients has been accentuated in the

building of clinical skills for mental health practice in their academic education (Oslo and

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Akershus University College 2011). Similarly, the students' problems in differentiating between being 'a friend' and being 'friendly' illustrates aspects of the troublesome socialization into the many-faceted occupational therapist role. The role encompasses both friendliness and firmness; both collaboration and clarity with the client – all approaches used with judgment and skill according to the client's need (Taylor 2008). The clinical judgment regarding when it is appropriate to use any of these or other approaches is likely to increase with experience. Theory suggests that relevant experience should come from real-life practice settings, where the inexperienced practitioner has the immediate possibility to discuss experiences with more advanced co-workers (Dysthe 2001;Lave & Wenger 1991). In this respect, supervised practice placement in general clearly justifies its prominent place in the occupational therapy education.

Study limitations

The draft ACIS used in this study is a translation that is yet to be formally verified and psychometrically examined. Thus, we cannot ascertain that this version accurately captures the concepts of the original instrument. In this study, a convenience sample of three occupational therapy practice educators and six students was used, and both the small number of participants and the sampling procedure may limit the range and quality of the information obtained. The study is also limited by the lack of information concerning the participants' knowledge about the ACIS and its use. Although all students attended the introductory seminar, it is not known whether, or to what extent, they adhered to the suggestions and consulted the manual during the process. Their learning experiences, therefore, may largely reflect these particular students' level of knowledge and skills and may not transfer well to other contexts. The focus groups were conducted by two of the students' own university teachers and one of the practice educators. For the students, their asymmetrical relationship to the interviewers is a potential source of bias that may have impacted on the issues they chose

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to talk about during the interview. Transforming oral speech to written text is complex, especially with group interview data. Although the content of the focus groups was captured accurately, it may have been influenced by the focus group format and the topic guide. For the students, in particular, this may have led to discussion centred on achieving consensus, despite efforts to invite differing experience into the discussion. When translating quotes into English, information may also have been lost or distorted.

Conclusion

This paper has described a practice placement design for occupational therapy students in mental health practice, where the ACIS was employed routinely among students and their practice educators during the eight week period. In view of theory and earlier research, the study suggests that this type of practice placement design offers some advantages for students' learning from their placement experience. The design provides a focus for placement, and it requires the active participation and collaboration of the students within a practice community. The focused experience with implementing and practicing the assessment facilitates the linking of academic theory and clinical practice, and supports the acquisition of necessary skills for practice. In addition, the findings indicated that much self-reflection took place among the students concerning their socialization into the therapist role in general.

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Table 1

Skills assessed with the Assessment of Communication and Interaction Skills (ACIS) and their relationship to domains of interaction

Physicality	Information Exchange	Relations
contacts	articulates	collaborates
gazes	asserts	conforms
gestures	asks	focuses
maneuvers	engages	relates
orients	expresses	respects
postures	modulates	
	shares	
	speaks	
	sustains	

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Table 2

Overview of the analytic process

Phase	Summary of process
1. Familiarizing	Transcribing the interviews, reading and re-reading the transcriptions and developing initial ideas for themes
2. Condensation	Shortening the statements with a word or short sentence, representing longer units in the transcribed text
3. Relevancy	Investigating the condensed text units with respect to their relevancy for the study question. This required the text unit to be related to learning experiences.
4. Themes	Developing themes on the basis of the non-redundant condensed text, and marking relevant quotations to exemplify them
5. Integration	Modifying the themes from each of the interviews to fit with an integrated thematic structure

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Figure 1

Themes relating to the students' learning experiences

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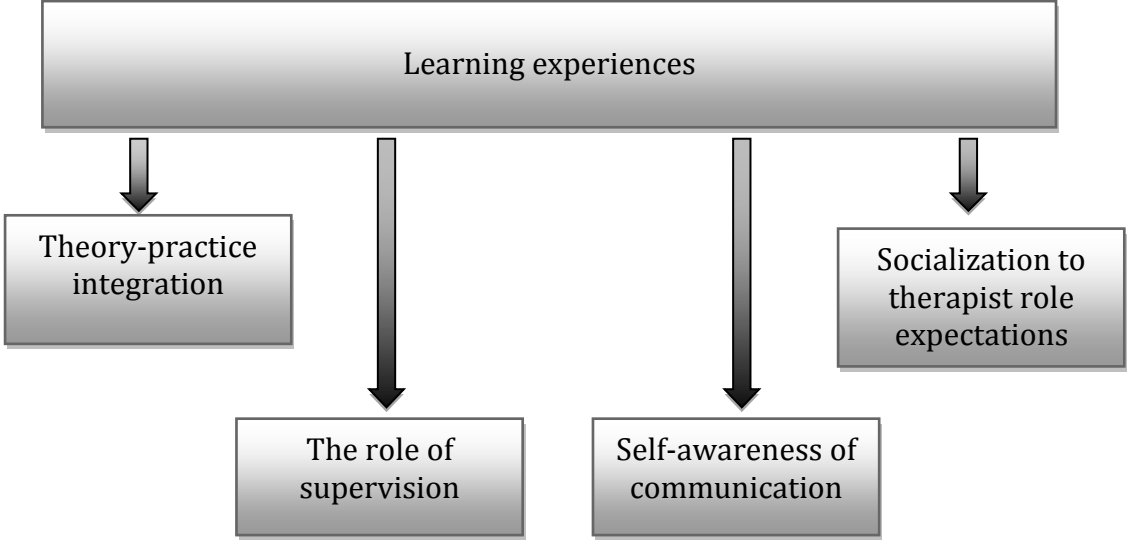
Appendix 1

Topic guide for the interview with the students

1. What has it been like to take part in this project?

2. What experiences did you have in performing the ACIS observations?

3. What experiences did you have in scoring the ACIS from the observations?

4. What experiences did you have in discussing the ACIS observations with your supervisor, and how did you value the supervision related to these situations?

5. How did you experience the applicability of the ACIS in practice situations?

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Appendix 2

Topic guide for the interview with the fieldwork educators

1. How have you experienced your participation in the ACIS project?

2. How did you experience the preparations for the ACIS project, including the didactic seminar, and the communication between the research group members?

3. In what ways did you perform the ACIS observations?

4. How have the ways by which you have performed the observations worked – for you, and for the students?

5. Do you have suggestions for improvements with regard to the clinical use of ACIS observations?

6. In what ways did you and the students discuss the ACIS observations that the students performed? How did this work out?

7. In what ways has the ACIS functioned as a means of assessment?