

Journal of Occupational Therapy Education

Volume 3 | Issue 3

Article 3

2019

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Recommended Citation

McCarthy, K., & McCarthy, M. (2019). Elevating Student Understanding: Irish Occupational Therapy Students' Experience of a Service Learning Project. *Journal of Occupational Therapy Education, 3* (3). https://doi.org/10.26681/jote.2019.030303

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Abstract

Service learning is a pedagogy that embraces learning in action and addresses community needs. Since the adoption of the Occupational Therapy Competencies in 2008 and the launch of national occupational therapist registration in Ireland in 2015, there has been limited research on the effectiveness of service learning pedagogies in Irish higher education for meeting core competencies. The majority of research focusing on evaluating service learning have been North American studies which brings to question the relevance of these service learning outcomes beyond North America and specifically Ireland. This qualitative study examined 11 occupational therapy students' journal reflections, portfolio entries, and focus group discussions to illuminate their experience of participating in a peer coaching program called Elevate at a major Irish university. Results indicated the experience of working with a "buddy" allowed them to apply skills learned in the classroom to the "real world", navigate between personal and professional boundaries, and struggle with "taking a step back" to empower the client. Students reported the experience helped them to prepare for future practice and increased their confidence going into clinical placement. Professional programs might consider service learning as a signature pedagogy, providing scaffolding between in-class activities and clinical placements and elevating student levels of understanding.

Keywords

Experiential learning, action research, qualitative, occupational therapy

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Acknowledgements

We would like to thank Dr. Judy Dwyer, Gillian O'Sullivan, and Jim McEvoy for their inclusion of occupational therapy in the Elevate programme, and Dr. Karen Keptner for peer review.



Volume 3, Issue 3

Elevating Student Understanding:

Irish Occupational Therapy Students' Experience of a Service Learning Project

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ABSTRACT

Service learning is a pedagogy that embraces learning in action and addresses community needs. Since the adoption of the Occupational Therapy Competencies in 2008 and the launch of national occupational therapist registration in Ireland in 2015, there has been limited research on the effectiveness of service learning pedagogies in Irish higher education for meeting core competencies. The majority of research focusing on evaluating service learning have been North American studies which brings to question the relevance of these service learning outcomes beyond North America and specifically Ireland. This qualitative study examined 11 occupational therapy students' journal reflections, portfolio entries, and focus group discussions to illuminate their experience of participating in a peer coaching program called Elevate at a major Irish university. Results indicated the experience of working with a "buddy" allowed them to apply skills learned in the classroom to the "real world", navigate between personal and professional boundaries, and struggle with "taking a step back" to empower the client. Students reported the experience helped them to prepare for future practice and increased their confidence going into clinical placement. Professional programs might consider service learning as a signature pedagogy, providing scaffolding between in-class activities and clinical placements and elevating student levels of understanding.

BACKGROUND

Service Learning

Service learning is a pedagogy grounded in experiential learning, where the experiential aspect is the key ingredient to students' knowledge acquisition and gives relevance to classroom teaching (Bazyk, Glorioso, Gordon, Haines, & Percaciante,

2010; Dewey, 1916; Giles & Eyler, 1994; Jacoby & Associates, 1996; Reynolds, 2005). Lim and Bloomquist (2015) defined service learning as:

A form of credit-bearing experiential learning in which students participate in service activities in a community setting with the intent to mutually benefit both the provider and recipient of service, while maintaining a balance between service and learning. In addition, students regularly reflect upon how their service activities connect with course contents as an intentional means of achieving both academic and civic learning or developing critical thinking skills (p. 203).

The needs of the community are the driving force for service learning. In contrast to student fieldwork or work placement, service learning is not "necessarily skilled based within the context of professional education" (Bringle & Hatcher, 1996, p. 222). The learning is reciprocal in that "service is more informed by theoretical and conceptual understanding and learning is more informed by the realities of the world" (Joint Educational Project, 2005, para. 2). Service learning can also function to move health care professionals forward to meet societal needs, specifically public health needs (Sabo et al., 2015). Service learning is not only linked to the community outside the university but can be a strong link between the goals of the university and the aims of the service learning project (Becket, Refaei, & Skutar, 2012).

In addition to meeting university and community needs, service learning has many other potential benefits for students that can impact them beyond the classroom and into their professional lives. Employers demand workers with practical and life skills, and being "book smart" is not enough (Bowering, Leggett, Harvey, Cowan, & Hui, 2007). Service learning can build life employment skills and also impact student transition from higher education to employment by closing the "gap between traditional curricular content and society's needs for new competencies for workers and citizens" (Eyler & Giles, 1999, p. 12). Service learning can also produce a deeper appreciation for one's professional discipline and civic responsibilities, which differs from traditional volunteering and fieldwork placements, and may lead students to be open to new areas of employment they had not considered before (Hoppes, Bender, & DeGrace, 2005; Parmenter & Thomas, 2015).

Service Learning and Occupational Therapy

There is a lack of research on service learning outcomes for healthcare students in Europe and specifically Ireland. The majority of research focusing on evaluating service learning have been North American studies (Eyler, 2000). McMenamin, McGrath, Cantillon and Mac Farlane (2014) questioned the relevance of these service learning outcomes beyond North America and stressed that "transferring curriculum innovation from one culture to another involves a process of localization which may influence the application of the innovation and the outcomes achieved" (p. 292). Casey and Murphy (2008) considered the impacts of service learning on Irish nursing students who completed a service learning placement in a developing country. Irish nursing students reported improvements in developing cultural sensitivity, caring for people in different cultures, learning/knowing more, and having a potential impact on nursing practice (Casey & Murphy, 2008). McMenamin, McGrath, and D'Eath (2010) explored the impacts of service on students, educators, and community partners in the School of Health Sciences at the National University of Ireland who were working with marginalized populations in Ireland. Their findings

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included: service learning had the capacity to support personal development, enhance academic performance, and increase civic awareness (McMenamin, McGrath, & D'Eath , 2010). Not since McMenamin, McGarth, and D'Eath (2010) has there been a study in the literature specific to Irish occupational therapy (OT) students. McMenamin, McGrath, and D'Eath (2010) proposed that more research be done to explore whether or not the impacts of service learning that were identified in their study are comparable with other Irish service learning programs.

Current research on the use of service learning in European, specifically Irish, OT educational programs is limited. In North America, there has been some evidence that it can improve the academic and professional performance of students, including: clinical reasoning and critical thinking skills (Bazyk et al., 2010; Coker, 2010); connecting theory to practice (Vroman, Simmons, & Knight, 2010); learning about therapeutic relationships (Parmenter & Thomas, 2015); professional growth and development (Benson & Hansen, 2007; Knecht-Sabres, 2010); cognitive skills, ability to work with diverse populations, social responsibility, beliefs and opinions about service learning, and appreciation of each other's discipline (Flinn, Kloos, Teaford, Clark, & Szucs, 2009); levels of anxiety and self-efficacy (Beck & Barnes, 2007); achieving personal wellness goals and increasing leadership skills (Scott, 1999).

Occupational therapy service learning projects have limited research in the area of health promotion and prevention services, specifically coaching other college students. Lau (2016) researched service learning in a health promotion context, where OT students worked with children at risk of obesity. Lau (2016) found that OT students improved in skills related to teaming, inter-professional development, and time management. Other researchers have looked at service learning provided on a college campus to college students but not in a prevention context. Schindler (2011) examined an OT service learning project that provided services to college students labeled with mental illness. Results indicated the OT students gained comfort with the population and competence in their clinical and research skills (Schindler, 2011). In contrast to the previous two studies mentioned, this study attempts to discover the service learning outcomes in a wellness and prevention program where OT students were working with their peers, other college students without a specific diagnosis or health condition. Such experiences also have resonance internationally, since the thematic analysis below reveals details about the student experience of service learning that transcend the Irish context and speak to the generic challenges of service learning.

Teaching for Understanding

In order to ground the concept of 'understanding' and make the most of student understanding in the context of OT, the authors drew on the Harvard Project Zero concept of Teaching for Understanding (TfU; Wiske, 1998). Teaching for Understanding advocates a performance view of understanding which is a useful construct in the context of service learning since it underscores the idea of active learning and the importance of the application of knowledge in a new situation. Perkins suggested the performance view of understanding can be defined as being "able to perform flexibility with the topic – to explain, justify, extrapolate, relate and apply in ways that go beyond knowledge and routine skill" (Perkins, 1998, p. 42). To teach for understanding is to teach with the objective of helping students to develop knowledge they can then apply in new ways (Darling-Hammond et al., 2008). According to this performance view, understanding is applying knowledge in a new situation. One of the potential limitations in OT education is that new situations are often classroom activities such as case studies or problem based learning which are "not fully successful at improving higher level thinking skills as they apply to real life clinical situations and that interaction with real-life clients may be the important link" needed to fully develop these skills for entry-level practice (Coker, 2010, p. 280). There is a potential gap here between classroom learning and clinical work placement. Providing students with a range of performances between the classroom and clinic could be a powerful way to assess understanding.

The performance view of understanding implies that students will utilize their learning in new ways. The seminal work of Mansilla and Gardner (1998) introduced the *Dimensions of Understanding*, which can be used as a disciplinary lens within TfU to analyze how students might apply learning in new situations. The *Dimensions of Understanding* ground disciplinary understanding and are applicable, therefore, to any discipline, including OT. Within the model, there are four components of understanding: knowledge, methods, purposes, and forms (Mansilla & Gardner, 1998).

The component of *knowledge* includes the facts and information of the topic and the relation between them. *Methods* are the "how" of understanding, in essence how students use the knowledge, techniques, and methods employed by professionals in their discipline. *Purposes* are the students' awareness of the uses of such knowledge, and evidence of ownership and autonomy in using such knowledge in their discipline (Mansilla & Gardner, 1998, p. 79); *purposes* are the "why" of understanding and the reasons why the knowledge matters" (Hetland, 2005/2007). The component of *form* is how understanding is expressed through the products and evidence produced; it is the performance of students' understanding (Hetland, 2005/2007). In this paper, the researchers have looked particularly at *methods* and *purpose* in answering the question: How does one think and act in the discipline of OT?

The aim of this study was to add to the current service learning literature and identify the potential *methods* and *purposes* realised through service learning for OT students in Ireland provided to a wellness college student population on campus. This research will attempt to shed light on the research questions: What are the personal and professional outcomes that Irish OT students experienced through participation in a service learning project? What were the *methods* and *purposes* utilised though a service learning project to enhance student learning?

METHODS

To best answer the research questions, a qualitative approach was needed to understand the perceived personal and professional outcomes students gained through participation in a service learning project. In qualitative research, the researcher is actively engaged in the research process and is the research instrument (Carpenter & Suto, 2008). Qualitative data also allows for "generating an in-depth, descriptive narrative of the participants' accounts" and allows us to hear the "voices of the participants" (Carpenter & Suto, 2008, p. 32). This study utilized a case study approach outlined by Hitchcock and Hughes (1995). The case study approach focussed on an in-depth description and analysis of a bounded system; for example, a single case, series of events, object, or incident to explore (Merriam & Tisdell, 2016). For this research, the case was the involvement of students in a peer coaching service learning project in an OT module, a one-semester course in a large university in Ireland, University College Cork (UCC). The aim of case study research was not for statistical generalisability, from a random sample to a population, but for a "reflective transfer", where knowledge gained can be generalized to new situations to be further applied and tested (Schon, 1995, p.31). Generalizations in qualitative research and case study research can occur to a degree and will "depend very heavily upon the richness and thickness of the data collected and equally on the context from which the generalisations arise" (Hitchcock & Hughes, 1989, p. 326). Through providing rich descriptive data in this study, the reader has the onus to extrapolate on the possible applicability of the findings to other similar, but not identical, situations (Merriam & Tisdell, 2016).

Background of the Service Learning Project: Elevate

In 2015, Ireland launched the first national registration process and formed the Occupational Therapists' Registration Board, which is tasked with assessment, approval, and monitoring education courses for the health and social care professions, including OT. The content of such courses for OT is guided by the Irish Occupational Therapy Competencies (Clyne, McCoubrey, & Hamilton, 2008) which outlines that higher-level skills are needed for OTs, including therapeutic and professional relationships, communication, teamwork, OT process, managing a caseload, professional reasoning, and professional behaviour. Irish OT educational programs are challenged to elevate students beyond the basic knowledge and skills required to practice and now are required by law to meet the standards of education outlined by the national registration board. Since the adoption of the Occupational Therapy Competencies in Ireland (Clyne et al., 2008) and the launch of national OT registration in 2015, there has been limited research on the effectiveness of service learning pedagogies in Irish higher education. Service learning experiences, may well provide some of these opportunities for skill development and learning required for entry-level OTs and therefore a central signature pedagogy for OT education in Ireland.

College student mental and physical health is a key priority of Irish universities and national health policy. University College Cork, where this service learning program was enacted, launched a wellbeing initiative in 2012 called UCC Health Matters, tasked at promoting the health and well-being of staff, students, and the wider community through policies and practices. One of Ireland's leading policy documents for guiding mental health practices, A Vision for Change, highlights that Ireland has one of the highest numbers of enrollment in third level education in the European Union and stresses the importance of promoting positive mental health and wellbeing among this population (Department of Health and Children, 2006). Health promotion is also an area for growth in OT practice. The Association of Occupational Therapists of Ireland (AOTI) argued that OT needs to be considered as a key player in public health policy in Ireland, with our focus on lifestyle redesign and focus on promoting health-related behaviours (AOTI, 2011). Health promotion as a key area of OT practice can make an impact on the health of the general population (Vroman et al., 2010).

The service learning program in this study aimed to address the health and wellbeing needs of college students. The program was a collaboration between Student Health Services and the OT Department on campus, using a peer coaching model where OT students provided wellness and prevention services to other college students in the *Elevate* program. A service learning OT program provided as a wellness and preventative service is unique to Ireland and has the capacity to meet university and college student population needs as well as the learning needs of OT students.

The service-learning project, *Elevate*, arose from both a community need and a "problem" in the curriculum that needed addressing. The lead author was the lecturer for the course Becoming a Professional Practitioner (BPP) in the Department of Occupational Science and Occupational Therapy from 2012-2015. The students in this module were in their third year of a bachelor of science (BSc) in OT at UCC. This module runs each year in the first semester of the third year, September to December. One of the core assignments in this module is a written portfolio, which contains an entry about Behaviour Change. Leading up to 2012, students chose a behaviour they would like to change in their life, logged their progress and wrote a reflective entry about their experience trying to change a habit. In 2012, the lecturer of the course changed the assignment from an individual to a paired experience. Students partnered up with a classmate and utilized behaviour change theory and OT assessments learned in the classroom with their partner while at the same time experiencing this coaching for themselves. The same portfolio entry and logs were required. Students provided feedback in the 2012 module evaluation indicating that while the coaching was useful, they sometimes didn't take it seriously and ended up chatting because of being paired with a friend. The students also requested more experience and exposure to working with adults before their clinical placement in the spring. This request for more real-life experience is echoed by Gibson, Kostecki, and Lucas (2001) who stated that "authenticity" for learning is desired and in his study on service learning he "wanted students to gain hands-on, real-life experience, by providing a training program for a non-profit organization, rather than simply conducting in-class simulations" (p. 191).

For the first semester commencing in 2015, a service learning element became available, where students could work with adults in the community. A university program called *Elevate* was launching at UCC in September 2015 where college students were referred by a doctor in Student Health Services to a certified physical trainer to develop an exercise program. Students were recruited through student health practitioners who suggested the program to students who might benefit from an exercise program due to student motivation or health implications. Participation was open to all students registered at the university who had received a student health referral to enter the program. General university students were told the aim of the program was to develop a new exercise program and create healthy habits. These students were assigned an "Elevate Buddy", who was a peer coach to help the students create goals and keep motivated to have a healthy lifestyle. For clarification in this study, the OT students will be referred to as "OT students" or "coaches" and the college students receiving the services as "buddies". The program was seeking volunteers to be peer coaches and seemed to be a great opportunity for OT students to become these peer coaches, therefore, adding experiential learning into the classroom while also meeting the learning objectives of the OT course.

To begin the service learning project, the 26 OT students in the BPP course were asked to attend an *Elevate* orientation session lasting 30 minutes. A representative from student health detailed the health screening process for the buddies, the personal trainer detailed the fitness plan process, and the lecturer of the OT course provided a session on coaching, change theory and motivational interviewing techniques to use with their buddies. Students received a description of the project, their roles, and assessment in the BPP module handbook. The following week the lecturer had a colleague introduce the research project to the class, presenting the students with an information letter and consent form.

The OT students were encouraged to make contact with their buddies, meet with them weekly to identify and work on their goals. To provide feedback and mentorship along the way, the lecturer held a mid-way discussion where OT students who had met with a buddy already shared their experiences to date with the rest of the class. The lecturer also provided formative feedback on any weekly journal entries that were emailed and offered all OT students the opportunity to meet to discuss their experiences. Two of the 11 OT students availed of the meetings.

Participants

Only 11 students from the OT course, out of 26 total, participated due to a lack of *Elevate* buddies available to be partners. The 11 OT students were randomly selected as opposed to students self-nominating to be in the study; the hypothesis held by the researcher was that the highest achieving and motivated students would otherwise nominate themselves, given the opportunity. Of the 11 OT students, two were male, and one was a mature student. A mature student is defined in Ireland as commencing third level education after the age of 23 and under different entry requirements than students just leaving secondary education ("Third-Level Courses for Mature Students", 2014). Buddies and OT students were randomly assigned to each other. Of the *Elevate* buddies, one was male, one a mature student, and one was referred through student counseling instead of Student Health Services or Student Counselling Services. Data was not specifically collected on the Elevate buddies, with the only information available coming from written documents the OT students completed, which focused more on their reflections than documenting demographic information. The remaining 15 OT students were paired with a classmate and were not part of the research data. For all students, participation in coaching was a graded portion of the course. Permission from the Social Research Ethics Committee (SREC) was obtained before data collection. Signed student consent forms were returned to the researchers.

Data Collection

Reflection was a key tool to access the experiences and impact of a service learning project. For triangulation of data, the researchers decided to scaffold the reflection into three phases and three types of data collection: reflection journals, focus group, and written portfolio entry.

Triangulation helps to strengthen credibility as findings are based on data from multiple sources (Carpenter & Suto, 2008). Triangular techniques are helpful to "explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint" (Cohen et al., 2007, p. 141). By using a variety of techniques to generate data, such as reflection journals, focus group, and a written

paper, triangulation of data became possible. Credibility was also addressed by providing an in-depth and rich description of the program, research design, and data collection methods.

Reflection journals. To capture student reflection, key studies emphasized the use of reflection journals (Allison, 2008; Becket et al., 2012; Gibson et al., 2001; Hullender, Hinck, Wood-Nartker, Burton, & Bowlby, 2015). McMenamin et al. (2014) found that all of the 53 studies they reviewed involving service learning for healthcare students "identified reflection as a key feature of SL [service learning] and an important process for enabling students to recognize underlying personal biases that display as professional attitudes and contribute to the development of professional identity" (p.302). Becket et al. (2012) and Hullender et al. (2015) encouraged weekly reflections to capture student learning. Mabry believed that student learning was affected by the frequency and variety of reflection activities and "reflection needs to occur regularly (weekly), written reflection must be ongoing and summative, and in-class reflections uniquely impact student understanding of their subject matter" (as cited in Hullender et al., 2015, p. 60). The benefits of journaling include being a valuable strategy for enhancing student learning by helping students reflect on their experiences (Bazyk et al., 2010). Sanders et al. (2016) found that structured reflections were more beneficial than non-structured reflections for increasing personal growth and self-efficacy. The weekly reflections served the purpose of reflection on action, in real time, as the sessions are happening. Reflection questions were also structured to capture the methods and purposes of understanding including how students used classroom knowledge in their coaching and the purposes for such knowledge including their process decision making and intervention plans. Structured prompt questions for the weekly reflections included:

- 1. Describe what happened in the coaching experience, including what you accomplished, some of the events that puzzled or confused you, interactions you had, decisions you made, and plans you developed.
- 2. Analyze how the course content relates to the coaching experience, including key concepts that can be used to understand events and guide future behaviour.
- 3. Apply the course materials and the coaching experience to you and your personal/ professional life, including your goals, values, attitudes, beliefs, and philosophy. How did the experience impact you personally and professionally? What are the implications for your future work as an occupational therapist working with clients?

The OT students emailed the reflections after each session to the primary lecturer, for formative feedback, thereby enhancing their learning and prompting them to deepen their reflections. To ensure that reflection was at a sufficient level for student learning, the lecturer provided a three-level scaffolding for reflection based on Bringle and Hatcher (1999, p. 55) guidelines for reflection.

Focus groups. Focus groups were determined to be a helpful method for gathering data for service learning experiences (Gibson et al., 2001; Gitlow & Flecky, 2005). In addition to individual weekly reflections, students also reflected as a group and shared experiences together utilizing a focus group. On the last day of class, the lecturer requested participants who had worked with an *Elevate* buddy to participate in a focus group. The classroom was set up as a 'fishbowl style', with the 11 OT

students who participated in *Elevate* coaching in the middle and the rest of the class on the periphery observing and listening to the focus group. The researchers used a set of semi-structured interview questions which gathered information on the personal and professional impact of such involvement in a service learning project as well as an evaluation of the program. The focus group was audio recorded and transcribed verbatim. The focus group was semi-structured and utilized the following questions:

- 1. What word would you use to describe your experience coaching a peer?
- 2. What surprised you the most about your coaching experience?
- 3. What did you struggle with during your coaching experience?
- 4. What personal skills or strategies did you use in your sessions?
- 5. What module content did you use during your sessions?
- 6. Tell me about a time you felt stuck in your sessions.
- 7. Tell me about a session that went really well.
- 8. How do you think your experience in the coaching will impact your future OT practice?
- 9. Tell me about your experience using the reflection forms.
- 10. How would you change this assignment/ experience for next year?

Written portfolio entry. Hullender et al. (2015, p. 63) required students to complete three types of papers: a "pre-course paper, daily journals that connected the assigned readings with their service experiences, and a final reflection paper that was turned in approximately two weeks after the conclusion of the experience". In addition to journals and a focus group as reflective tools, final course written portfolio entries also captured student learning. As the OT students in the course had already been required to submit a portfolio entry about their experience following, it was thought this entry or final reflection paper could be a way to tie together their weekly reflections, focus group discussion and consolidate learning across the semester. The portfolio entry was completed after the reflection journals and focus group. The portfolio entry prompted students to please respond to these areas (adapted from Bringle & Hatcher, 1999):

- 1. How did this coaching experience impact you personally and professionally? What are the implications for future OT practice? Did you achieve the learning objectives for this assignment?
- 2. Use your session reflections to guide this entry of the portfolio. Tie in literature and sources that link to your experience (e.g. interviewing skills, therapeutic relationship, motivational interviewing, stages of change, etc).

Data Analysis

Thematic analysis was used to analyze the data gathered in the journals, focus group, and written paper. The first author was the primary researcher who conducted the thematic analysis. The researcher utilized the seven stages of thematic analysis detailed by Norton (2009): immersion, generating categories, deleting categories, merging categories, checking themes, linking themes, and presenting findings. First, the researcher immersed herself in the data by reading and rereading the journals, focus group transcript and written reflection papers, noting any general themes. Following this, the primary researcher independently coded the data generating initial categories with descriptions of each category. The first author then looked for categories that had only one or two examples in them or did not overlap with other categories and set them aside. The researcher went back to the themes to refine

and relabel them, merging themes when applicable. The researcher then reread the transcripts alongside the list of themes, checking them for relevance and revising when necessary. The researcher made notes of the relationship between themes, linking them in meaningful patterns related to the research question. The researcher then presented the findings by selecting illustrative quotes that made a case for each theme.

To enhance trustworthiness multiple methods were used. In qualitative research, the researcher is an integral part of the process and therefore cannot remain completely distanced and objective (Carpenter & Suto, 2008). To limit bias, the researcher practiced reflectivity by keeping reflective memos and a reflective journal to capture assumptions, judgments and search for alternative interpretations. The primary researcher engaged the second author in peer review to review the data, categories and codes, and initial themes. Consensus was reached between the two authors in regards to the initial categories and themes. The QSR International's NVivo 10 software package was used to analyze data.

RESULTS

In analysing and discussing the data, the following themes were identified: "The Real World", "Taking a Step Back", and "Into the Future- Becoming an OT" (Table 1).

Table 1

Themes	Sub-themes
The Real World	A Real Person Bridging the Gap Between Classroom Learning and Practice Professional Skills Personal vs. Professional Self
Taking a Step Back	Client Empowerment OT Skills Used Difficulty Stepping Back
Into the Future- Becoming an OT	

Themes and Subthemes

Theme 1: The Real World

Engaging in service-learning provided a 'real world' context, which cannot be fully replicated in the classroom. This context included working with actual clients in their environments, not simulated actors or classmates. The immediacy of this experience to clinical practice provided an opportunity to bridge the gap between classroom learning and actual practice in a structured way, practice professional skills not always utilised in the classroom, and experience the tension between personal and professional identities.

Subtheme: A real person. Students shared that there was something powerful about working with a real person in a real-life context, as opposed to classroom activities such as using case studies or role play. The following student statement

reflects how a real person was seen as more complex, in turn personalizing the interaction:

I think it's very different when you have let's say a case study written down on paper and when there is a person standing in front of you with all these issues its completely different experience...on paper the issues that they are having or the problems that they are experiencing like it really resonates with you a lot more when you can put a face to the problems almost. (Focus Group)

Since the students were working with real people, they felt a strong sense of responsibility, comparing it to working in the future as an OT with a caseload. One student remarked, "It gave me the feeling of having my own client for the first time since I started this college course which gave me a true sense of responsibility and purpose" (Portfolio Entry). Similarly, this sense of responsibility was shared by other participants:

I think it might have been similar to the responsibility of having your own client ... having the responsibility to meet up with someone and care for someone and things I would imagine that would be very helpful for our future practices so even taking that from it is really helpful as well. (Focus Group)

Having a real person as a client also helped students to experience key aspects of the OT process, such as completing an occupational profile and establishing rapport. One student felt that if they had already known their client, they might have missed crucial elements of the OT process.

At this stage, I was happy I was not paired with someone in the class as establishing an occupational profile with one of your friends I feel would prove to be very difficult. I would probably have skipped this step and moved straight on to goal setting. I would do this because I would already know a lot of information about my classmates and I would have established a good rapport with them over the past three years, something which I had to work on with my *Elevate* Buddy and something which I will have to work on with future clients, so this was an invaluable experience. (Portfolio Entry)

Subtheme: Bridging the gap between classroom learning and practice.

Students reported that their participation in service learning helped them to apply module content practically. Some of the key OT module content applied included: using clinical reasoning, building communication skills, using occupation based practice, being client-centred, completing the OT process, goal setting, therapeutic use of self and establishing therapeutic rapport. Students recognized the distinct learning value on offer through applying module content and working collaboratively with peers:

It allowed me to focus on my communication skills through effective listening and facilitation, to take a client-centred approach when it came to goal-setting with my 'buddy', and to critically reflect and appraise my own therapeutic style throughout the course of the program. (Portfolio Entry) **Subtheme: Professional skills.** Students were also able to use a variety of skills required of an OT, including documenting sessions, explaining the role of OT, preparing for a session, contacting clients and meeting up. The required weekly reflections, focus group, and portfolio also engaged the students in reflection, a skill which is crucial to improving OT practice. Students specifically found that reflection was a significant part of their experience.

Most importantly I have learned the importance of reflection. Through reflection I can recognise the mistakes I made initially and can rectify them. I also used and continue to use refection in my work with my sister to ensure that I am of the best possible benefit to her. This involves keeping diaries of our meetings and using measurable goals to document if progress is being made and identify the need to adapt the approach to achieve the goals that have been set. (Portfolio Entry)

Subtheme: Personal vs. professional self. Students commented on the challenge of negotiating their personal and professional roles, at times a considerable balancing act: "You're trying to not take all their problems on board, and maintain a personal/professional divide so that you're not emotionally affected by things" (Focus Group).

As this service learning experience required students to coach other students, this closeness in age and circumstance might have led to more emotional intensity and blurring of boundaries. The following quotes highlight how some students reflected on how difficult it was to manage these roles and that these situations required them to develop the skills of regulating their emotions.

The experience really resonated with me on a personal level due to the fact that Mary and I are both college students and are of similar age. I hadn't anticipated the depth and intensity of the sessions and so when we met for the first time I found myself slightly overwhelmed by Mary's circumstances. For this reason, I began to question my role and competency as a buddy. As a result, I became quite nervous and anxious and it was quite difficult to balance managing my own behaviours and also listening attentively to what Alison had to say. ... I believe that by regulating my emotions more efficiently I will be able to give a client my undivided attention and avoid the likelihood of emotional burden or burnout if I gain employment in a mental health setting. (Portfolio Entry)

As a fellow student, I was able to relate to my E*levate* buddy but respect the boundaries that needed to be in place. Some of these boundaries can be described as social, emotional or psychological. I think that it is important to relate to a fellow student but to not take on their personal life dilemmas. (Reflection Journal)

Some students reflected on the fact that as future OT's they would also have to negotiate this personal and professional divide, managing their emotions, and letting go as clients are discharged.

I feel that it is important to distinguish your role as being professional, not friend or acquaintance. I explored this emotion personally and

considered my own feelings before the meeting, so as to ensure that it did not affect the interactions I had with the participant. I expect that in future this may occur in practice, where it will be difficult to close a block of sessions after developing a strong rapport with clients. It will be important to realise that once we have completed our role as therapist that is our remit. We cannot keep in long term contact with every client that we work with. We must be satisfied that we have assisted in facilitating the client's journey to achieving their goals. (Reflection Journal)

Theme 2: Taking a Step Back

Students critically explored the use of different therapeutic modes and adapted their style from a more directive role to a facilitating role. The purpose of adapting their style was to allow clients to lead the sessions. This client-centred practice allows the client to feel empowered to make their own decisions. The mode became more about collaboration between client and coach and steered away from the OT giving advice.

Subtheme: Client empowerment. Students found that when the client was able to lead the session, this results in benefits for the client and improves the therapeutic relationship between client and coach. A student commented "I feel that by Ciara leading the session it enabled her to take control of the program. I feel that this led to respect in the relationship and that it has deepened our coaching relationship" (Reflection Journal).

These techniques are something I will certainly continue to implement within my practice as it empowered Alison to change the patterns in her decision making. It is also a skill that will allow me to remain clientcentred as I will enable the client to lead the discussion and create their own solutions. (Reflection Journal)

By negotiating their therapeutic mode, students were able to empower their clients which has implications for present goals and future progress. One student reflected on the role of empowering their client:

I feel that elements of this particular meeting relate back once more to client-centred practice, namely empowerment. It is vital that we empower clients to be agents of their own change. Once the therapy has ended, the client no longer has the therapist, and so they must be in a position to direct themselves to achieving their own goals. (Reflection Journal)

Subtheme: OT skills used. Students accomplished this shift in therapeutic modes through the use of communication strategies such as the use of reflection and openended questions, motivational interviewing, collaborative goal setting, engaging in occupations with the client and by encouraging the client to participate by weighing in on their strategies and ideas.

I had to make a conscious effort to simply facilitate the participant's journey to change, and realise that his readiness to change might fluctuate throughout this journey. Using reflective statements, I was able to empower the participant to find his own solutions, at a pace that

was right for him. This empowerment became evident as the sessions progressed, and the participant became confident in finding strategies that worked for him. I began to notice that the participant's problems were decreasing, and effective strategies were increasing. I believe his progress was influenced somewhat by me taking a step back, and realising that the client is the expert in his own experience. I have learned that the client has sole responsibility for their own change. Our actions as therapists can act to benefit this change, or they can be to the detriment of the client's progress. (Portfolio Entry)

The motivational interviewing sessions in class made a huge difference to my style of communication and interaction with my buddy. Motivational interviewing sessions gave me the confidence and strategies to motivate someone to follow and implement a plan. I understand that, as a result of the motivational interview, that it's better to allow the client speak and facilitate their ideas through active listening and acknowledgment then constantly giving my opinions. (Portfolio Entry)

Subtheme: Difficulty stepping back. 'Taking a step back' allowed the client to lead more and use their expertise to guide sessions. This approach was 'hard' and a 'challenge' for the coach to step back from, but worth it from the students' perspective as it was effective for the client. The difficulty might stem from a habitual way of being with other people, where students become accustomed to giving advice.

This experience has made me realise how vital it is to recognise the power that client's hold. I could help the participant find his motivation to change his behaviour, but that change had to come from him. I have previously reflected on the need to change my approach to suit the needs of particular clients, something which I have found difficult in the past. This will be an important concept for me to take forward when working with clients in the future. (Portfolio Entry)

It's kind of just asking them for techniques of how they, what they would like to do and could they bring in something for next week and we could look at that together that kind of thing but it's still hard. (Focus Group)

Theme 3: Into the Future- Becoming an OT

Students felt that their experience of coaching a real client and utilizing their OT professional skills would help them in their future practice, whether it be their upcoming placement or their first job as an OT. One student commented, "I will bring valuable learning from this experience forward into practice by encouraging clients to make choices, develop occupation-based interventions and build on therapeutic relationship to assist the successful therapeutic outcome" (Portfolio Entry). Another student said, "The experience of coaching my buddy during the *Elevate* program has been an experience which will significantly improve my skills as a therapist in the future" (Portfolio Entry).

https://encompass.eku.edu/jote/vol3/iss3/3 DOI: 10.26681/jote.2019.030303 The service learning experience helped them to prepare for explaining the role of OT to others, actively using their communication skills, and managing a case-load. Through gaining these skills, they have also increased in their confidence to be OTs. Students reported that they started the experience feeling nervous, awkward, and not sure what to expect, but for some engaging in the program their confidence was bolstered. One student stated that "This entire experience gave me the chance to break through that nervous barrier, something which was essential for me to do before practice in January and for all future clinical experiences" (Portfolio Entry).

When contacting Sarah for the first time in order to get to know her I had to first introduce myself, tell her some information about me and try and get to know her. As I can be quite a shy person this was a daunting task for me. In doing this, I had to overcome my nerves and fears of conversing with this stranger. By sharing information about myself and by asking open-ended questions I was surprised at how quickly I became relaxed and engaged in the conversation. (Portfolio Entry)

For other students, they shared that although they have made progress, they still struggled with their confidence due to lack of clarity of the role of OT and lack of preparation for the session.

On reflection, I was very pleased with how my first meeting went. It highlighted that I have good communication skills and a strong ability to establish a rapport with a client which has increased my confidence for my upcoming placement. However, I do still struggle with my confidence and I feel that is possibly something which hindered the progression of these meetings. I feel that if I had been more confident in articulating what I could offer and how I could help her as an occupational therapy student progress on this program she may have been more open to meeting me regularly. (Portfolio Entry)

I believe if I had prepared better for this meeting I would have had greater confidence and the meeting would have been a greater success. I cannot say that the meeting was of no benefit at all as I believe I got to know my buddy through the conversation we had and came to understand her goal. I do think however had I prepared better for it I would have given a better impression of myself, one of more confidence that my buddy could have taken comfort in as I was there to guide and support her. Thus for all future client interactions, I will make sure to have all the available information regarding the client and the service I can provide for them prior to making initial contact. (Portfolio Entry)

Although nervous to start, most students were able to use the experience to gain confidence in their professional skills. It seems like strategies such as preparation are key to commencing the experience with more security in their capabilities.

DISCUSSION

The findings from this study illuminated the unique dimensions of understanding that are possible through utilizing a service learning approach in an Irish context. The

performance aspect is crucial to assessing understanding, and by creating a 'real world' experience through the service learning project, students felt that they were able to draw upon more OT skills than only their classroom learning. According to the performance view of understanding, "in the doing is the understanding" (McCarthy, 2010, p. 50). The service learning project created real-life situation and actions, whereby students had to integrate their learning into action. Dweck (2002) highlighted the importance of the real-world context in understanding, stating that the learner "gradually comes to understand by performing, doing or engaging in actions that are real within the world which is to be understood" (p. 26). Students found that by working with a real client, with complex problems, the situation became more personal and resonated with them at a deeper level. This need for authenticity reflects the constructivist tradition of education which assumes "that learning occurs through students' sustained effort and active engagement with authentic challenges" (Hetland, 2005/2007, p. 1). In OT education in Ireland, there are a variety of signature pedagogies used to enhance learning, most often this includes the use of case studies, in-class simulation and work placement. The researchers would argue that service learning could also be elevated to the status of a signature pedagogy which would possibly enhance students' confidence in their future work placements and practice as an OT.

These findings can be interpreted using the lens of the Dimensions of Understanding, specifically purpose (Mansilla & Gardner, 1998). For students in the service learning project, the *purpose* often related back to helping to empower the client toward positive behaviour change. Students were able to "take a step back" to elicit the client voice and decision making, thereby leading to more powerful change. Even though the students reported that "taking a step back" was difficult, the purpose of helping clients made overcoming this challenge worthwhile. Purpose also involves "ownership and autonomy" which is "to what degree do students evidence ownership and autonomy to use what they know? To what degree have students developed a personal position around what they learn?" (Mansilla & Gardner, 1998, p. 79). Students reported an increased level of confidence in being an OT and using what they know. Maloney and Griffith (2013) found that students were able to establish boundaries with clients, whereas the students in this finding set a different type of boundaries, a boundary or limit to how much they would step in with assistance or advice. Students also critically grappled with scenarios such as whether to give advice or not and how to empower client choice even if it was unnatural for them. Through this experience, students adapted their communication style using reflection and open-ended questions, motivational interviewing, collaborative goal setting and treatment planning. The OT students were able to enact the skills of "communication" and "practicing within professional boundaries" which are both OT core competencies in Ireland (Clyne et al., 2008).

Student learning can also be viewed through the lens of *methods* in the Dimensions of Understanding (Mansilla & Gardner, 1998, p. 79). Students who participated in the service learning project reported they used a variety of OT skills, theories, and strategies. These skills and theories are taught in the classroom but were implemented in real life, translating theory to practice (Vroman et al., 2010). Lahav et al. (2018) found that second-year students reported that service learning helped them connect theory and practice, and prepared them for future placement. The students were able to use their clinical reasoning about when to use these skills and

how to adapt their therapeutic mode. Lahav et al. (2018) similarly found that service learning helped OT students develop a "therapeutic personality as collaborative, client-centered clinicians" (p. 67). Occupational therapy students were able to use their judgment and clinical reasoning skills which linked to "professional reasoning" as an OT core competency for entry-level therapists in Ireland (Clyne et al., 2008). Through their use of OT skills and managing their OT role, students were demonstrating how to think and act in the discipline of OT.

In contrast to much of the service learning literature where students reported shifts in perspective, intercultural knowledge, and civic duty, these students did not report these outcomes. A key difference of this study is that students were exposed to a similar population as themselves, with limited opportunity to develop social justice or the importance of community service (Lau, 2016), shifts in their perspective and involving active citizenship and agents for social change (McMenamin et al., 2014), civic engagement and social responsibility (Hansen et al., 2007), and comfort working with different populations (Schindler, 2011). Students who worked in an unfamiliar social context reported that service learning was an "eye-opening experience" McMenamin (2010, p. 501). Although these results were not found, this program's exposure to working with a similar population, allowed student opportunities to negotiate professional and personal boundaries as compared to students who participate in service learning with groups they didn't typically encounter. When providing coaching services in a health promotion and prevention context to a similar population (college students), OT students were challenged to use the skill of "practicing within professional boundaries" and using "professional behaviour", which are core to OT competencies in Ireland (Clyne et al., 2008, p.10).

The results of this study shed light on the personal and professional outcomes that OT students realized through participation in the service learning project. The service learning project allowed for application of learning from the classroom to a real-life situation, where learning was actively used in new contexts. This echoed a key theme found by McMenamin et al. (2014) named "understanding and applying knowledge" where "understanding is more than acquisition of information or memorization of theories; enabled to apply learning to real-world problems" (p. 302). The OT students in this study commented that they were able to implement the theories and techniques they learned in class with their buddies.

The OT students who participated in the service learning project reported increased levels of confidence toward their future placement and future work as an OT, despite initial nervousness. The literature supports the finding that OT students have some nervous anticipation and initial 'jitters' about starting the service learning experience (Bazyk et al., 2010) but with experience report enhanced feelings of self-confidence and personal growth (Knecht-Sabres, 2010; Parmenter & Thomas, 2015). Lahav et al. (2018) also found that OT students improved confidence in their therapeutic abilities, a strengthened professional identity, developing awareness of oneself as a future OT. Similarly, Bazyk et al. (2010) found that OT students began to 'feel more like OTs' about midway through the program. In a sense, they were 'becoming' OTs. A parallel can be drawn to Wilcock's theory of doing, being and becoming (2006). The theme of "Into the future- becoming an OT" can inform educators about how student professional identity can change from initial to later stages of service learning, and projecting into future experiences in their professional career.

A unique aspect of the service learning experience in this study is that the community partner was the university itself, as opposed to an external community partner. The collaboration was between two campus departments: OT and student health services. The population was also distinctive, as it is a wellness population embedded in a primary care service, where OT students partnered with college students of similar age and life experience. This differs from previous Irish studies where the populations were marginalized social groups in Irish society or an international population (Casey & Murphy, 2008; McMenamin et al., 2010).

Service learning can be seen on a continuum of opportunities for understanding, from classroom activities to work placement. Service learning serves as an "important preliminary stage in students' development as OTs" (Lahav et al., 2018, p. 67). Vroman et al. (2010) asserted the foundation of a professional identity as an OT must be in place before engaging in clinical fieldwork. Service learning, therefore, lends to this scaffolding of learning, helping students to build understanding and confidence for their future work placement and eventually OT practice.

Limitations

There are several aspects of this study which may pose limitations to the findings. There was a small sample size, due to enrollment in the *Elevate* program, with only 11 out of 26 students participating. The 11 peer coaches were chosen at random and then paired randomly with their buddies. It was not clear if age, culture, gender or other characteristics impacted the outcomes of the coaching since the demographics of the buddies were unknown for data analysis. One of the findings highlighted student reports that closeness in age and circumstance might have led to more emotional intensity and blurring of boundaries, therefore pairing based on age might have influenced the outcomes. The researchers also decided on random selection for the peer coaches, which attempted to eliminate bias towards highly motivated or high achieving OT students, but it is unclear if the process of nomination accomplished this ends. Students also reported in their reflections that they had encountered barriers arranging sessions with their buddies, leading to a smaller number of meetings than anticipated, with the number of sessions ranging one to four.

Although the weekly reflections and focus group were not graded, the final reflection papers were, which might have influenced student reflections. The lecturer attempted to minimize this influence by emphasizing that the content itself was not being graded, just how well the students reflected on the experience. This module is one of several modules in the third year and the reflection assignment was one of six sections of a portfolio with 60/200 marks attached.

Retrospectively, it would be useful to compare the responses of students who participated in the peer coaching program with their classmates who did not participate, utilizing their reflection and portfolio entries, as this was a course requirement. Consent to participate in the study was only gathered from participants in the *Elevate* peer coaching program, and so this route of research was not possible under the current ethics approval granted by SREC. Future research would benefit from comparing the experiences of those who participate in a service learning project versus those who do not.

The final limitation relates limits in rigor and trustworthiness of the research. Including a rich and in-depth description of the participants would have enhanced the rigor of this study. The lack of collection of demographics of the participants meant that it was not possible to know if certain demographic aspects (e.g. gender, age) might have influenced the findings. Only two of the 11 participants were male, but this is representative of the gender percentage of a typical OT class in Ireland and gender was not central to the research question. Trustworthiness would have also been enhanced by adding member checking and peer review to the research design.

IMPLICATIONS FOR OCCUPATIONAL THERAPY EDUCATION

This research has implications beyond the profession of OT. Findings from this case study may be generalizable to other professional education programs in Ireland and beyond, especially those in health care or human services, where interaction with a real 'client' in a real-life context might be crucial for professional skill development. Each profession has core skills and classroom learning that should be reflected in the design of service learning.

For future service learning projects, it would be advised to more clearly clarify the role of the student coaches. The students struggled with knowing their professional boundaries and felt a lack of preparation which led to decreased confidence. Bazyk et al. (2010) similarly found that OT students struggled with visualizing the role of OT because of the non-traditional nature of the service-learning context. Although this process of negotiating the OT role and professional boundaries is an expected task of an OT participant, more clearly defined guidelines in the training could have lessened the confusion for both the coach and their buddy. The training had included preparation on active listening strategies, change theory and motivational interviewing techniques to use with their buddies but could have been enhanced with expanding on the OT role and navigating professional boundaries. This implication can be generalized beyond OT as each profession has its own scope of practice and professional boundaries that need to be clarified in advance of commencing a service learning project in a professional program.

On reflection, the researchers were surprised by how nervous some students felt at the start and wondered about how other educators may have approached the area of confidence and whether more a more extensive service learning experience or other learning activities might aim to improve confidence in students. This initial anxiety might also be unique to Irish culture and could be explored further for students in an Irish context. Anxiety and confidence can impact student understanding and performance, and this might need to be explored more in experiential learning across subjects and disciplines.

The timing of the service-learning experience should be considered as this experience was conducted during their coursework but before their work placement with adults or young adults. This timing might not always be possible but seemed to build a bridge between theory/ classroom learning and practice placement. Service learning is an avenue to generate deeper understanding and future research into service learning could generate more theory. The findings from this research encourage educators to use service learning to bridge the gap between theory and practice, classroom and clinical placement.

As service learning is driven by the needs of the community, professional programs embedded in a university might conduct a needs assessment of what service might be beneficial for their campus community. Occupational therapy services provided to college students are a role emerging field in Ireland, with OT clinical services now being provided at four major universities: Trinity College Dublin (Nolan & MacCobb, 2006), Dublin City University, UCC, and Limerick University (McCarthy et al., 2016). Each of these named universities has an OT degree program, which could collaborate with clinical OT providers on campus to utilize service learning to meet both the needs of college students as well as the learning needs of the enrolled OT students. Occupational therapy education programs might also expand service learning into wellness and prevention services into third level education nationwide which include the technological sector and the colleges of education that do not have an existing OT program.

Overall, a service learning experience can potentially provide evidence for occupational therapy education programs to satisfy some of the entry-level competencies for OT practice. In relation to OT programs in Ireland, linking outcomes of a service learning project to the "Framework of Competencies for Occupational Therapists in Ireland" during an accreditation process might provide strong evidence for meeting such competencies. Specific competencies such as therapeutic and professional relationships, communication, professional reasoning, and professional behaviour seemed to be relevant to the findings of this study (Clyne et al., 2008). Future research might benefit from exploring more in-depth to what level each competency was met by a service learning experience in an Irish context. Occupational therapy educators considering incorporating service learning as a signature pedagogy might explore potential needs and collaborations on campus, consider a wellness and prevention approach to services, and incorporate multiple stages of student reflection to gather data to enhance research around service learning in OT and elevate student learning.

References

- Allison, A.W. (2008). A best practices service learning framework for the Public Relations Campaigns course. *Journal of the Scholarship of Teaching and Learning*, 8(3), 50-60. Retrieved from https://josotl.indiana.edu/article/view/1706/1704
- Association of Occupational Therapists of Ireland (AOTI). (2011, September). Retrieved from <u>https://www.aoti.ie/attachments/29750afd-c171-4fcc-90e5-6fba0b3dd602.PDF</u>
- Bazyk, S., Glorioso, M., Gordon, R., Haines, J., & Percaciante, M. (2010). Service learning: The process of doing and becoming an occupational therapist. Occupational Therapy in Health Care, 24(2), 171–187. <u>https://doi.org/10.3109/07380571003681194</u>
- Beck, A.J., & Barnes, K.J. (2007). Reciprocal service-learning: Texas border head start and master of occupational therapy students. Occupational Therapy in Health Care, 21(1/2), 7-23. <u>https://doi.org/10.1300/j003v21n01_02</u>
- Becket, D., Refaei, B., & Skutar, C. (2012). A faculty learning community's reflection on implementing service learning goals. *Journal of the Scholarship of Teaching and Learning*, 12(1), 74 – 87.

Benson, J.D., & Hansen, A.W. (2007). Moving the classroom to the clinic: The experiences of occupational therapy students during a 'living lab'. *Occupational Therapy in Health Care*, *21*(3), 79-91. <u>https://doi.org/10.1080/j003v21n03_05</u>

- Bowering, M., Leggett, B.M., Harvey, M., Cowan, E., & Liaoning, L.H. (2007). Opening up thinking: Reflections on group work in a bilingual postgraduate program. *International Journal of Teaching and Learning in Higher Education*, *19*(2), 105-116.
- Bringle, R. G., & Hatcher, J. A. (1996). Implementing service-learning in higher education. *Journal of Higher Education*, 67(2), 221-239. https://doi.org/10.1080/00221546.1996.11780257
- Bringle, R. G., & Hatcher, J. A. (1999). Reflection in service learning: Making meaning of experience. *Educational Horizons*, *77*, 179-185.
- Carpenter, C., & Suto, M. (2008). *Qualitative research for Occupational and Physical Therapists: A practical approach*. Oxford, England: Blackwell.
- Casey, D., & Murphy, K. (2008). Irish nursing students' experiences of service learning. *Nursing & Health Sciences, 10*(4), 306-311. <u>https://doi.org/10.1111/j.1442-2018.2008.00409</u>
- Coker, P. (2010). Effects of an experiential learning program on the clinical reasoning and critical thinking skills of occupational therapy students. *Journal of Allied Health*, 39(4), 280-286.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). New York, NY: Routledge/Taylor & Francis Group.
- Clyne, A., McCoubrey, C., & Hamilton, V. (2008). *Occupational therapy competencies* 2008. Dublin, Ireland: Therapy Project Office.
- Darling-Hammond, L., Barron, B., Pearson, B.P., Schoenfeld, A.H., Stage, E.K., Zimmerman, T.D, Cervetti, G.N., & Tilson, J.L. (2008). *Powerful learning: What we know about teaching for understanding*. San Francisco, CA: Jossey-Bass.
- Department of Health and Children. (2006). A vision for change: Report of the expert group on mental health policy. Retrieved from <u>https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf</u>
- Dewey, J. (1916). *Democracy and education: An introduction to the philosophy of education*. New York, NY: Macmillan.
- Dweck, C. S. (2002). Messages that motivate: How praise molds students' beliefs, motivation, and performance (in surprising ways). In J. Aronson (Ed.), *Improving academic achievement: Impact of psychological factors on education* (pp. 37-60). <u>https://doi.org/10.1016/B978-012064455-1/50006-3</u>
- Eyler, J., & Giles, D. E. (1999). *Where's the learning in service-learning?* San Francisco, CA: Jossey Bass.
- Eyler, J. S. (2000). What do we most need to know about the impact of servicelearning on student learning? *Michigan Journal of Community Service Learning*, 7, 11-17.
- Flinn, S., Kloos, A., Teaford, M., Clark, K., & Szucs, K. (2009). Helping hands for healthy living: A collaborative service learning project with occupational and physical therapy students. *Occupational Therapy in Health Care*, 23(2), 146-167. <u>https://doi.org/10.1080/07380570902779807</u>
- Gibson, M. K., Kostecki, E. M., & Lucas, M. K. (2001). Instituting principles of best practice for service-learning in the communication curriculum. *Southern*

Communication Journal, *66*(3), 187-200. <u>https://doi.org/10.1080/10417940109373198</u>

- Giles, D.W., & Eyler, J. (1994). The theoretical roots of service learning in John Dewey: Toward a theory of service learning. *Michigan Journal of Community Service Learning*, *1*, 77-85.
- Gitlow, L., & Flecky, K. (2005). Integrating disability studies concepts into Occupational Therapy education using service learning. *American Journal of Occupational Therapy*, *59*(5), 546-552. <u>https://doi.org/10.5014/ajot.59.5.546</u>
- Hansen, A. M. W., Muñoz, J., Crist, P. A., Gupta, J., Ideishi, R. I., Primeau, L. A., & Tupé, D. (2007). Service learning: Meaningful, community-centered professional skill development for occupational therapy students. *Occupational Therapy in Health Care*, 21(1-2), 25-49. <u>https://doi.org/10.1080/J003v21n01_03</u>

Hetland, L. (2005/2007) The teaching for understanding framework: A brief introduction. In The Project Zero Classroom, Summer Institute Binder. Harvard Graduate School of Education: Project Zero. <u>https://doi.org/10.1037/e500972011-001</u>

- Hitchcock, G., & Hughes, D. (1989). *The case study. In Research and the Teacher: A qualitative introduction to school-based research* (2nd ed.). London, England: Routledge.
- Hitchcock, G. & Hughes, D. (1995). *Research and the teacher: A qualitative introduction to school-based research* (2nd ed.). London: Routledge.
- Hoppes, S., Bender, D., & DeGrace, B. (2005). Service learning is a perfect fit for occupational and physical therapy education. *Journal of Allied Health*, *34*(1), 47–50.
- Hullender, R., Hinck, S., Wood-Nartker, J., Burton, T., & Bowlby, S. (2015). Evidences of transformative learning in service-learning reflections. *Journal of the Scholarship of Teaching and Learning*, 15(4), 58-82.
- Jacoby, B., & Associates (1996). Service learning in higher education: Concepts and practices. San Francisco: Jossey-Bass.
- Joint Educational Project (2005). Service learning. University of Southern California.
- Knecht-Sabres, L. (2010). The use of experiential learning in an occupational therapy program: Can it foster skills for clinical practice? Occupational therapy in Health Care, 24(4), 320–334. <u>https://doi.org/10.3109/07380577.2010.514382</u>
- Lahav, O., Daniely, N., & Yalon-Chamovitz, S. (2018). Interpersonal social responsibility model of service learning: A longitudinal study. *Scandinavian Journal of Occupational Therapy*, 25(1), 61-69. https://doi.org/10.1080/11038128.2017.1335775
- Lau, C. (2016). Impact of a child-based health promotion service-learning project on the growth of occupational therapy students. *American Journal of Occupational Therapy*, 70, 7005180030. <u>https://doi.org/10.5014/ajot.2016.021527</u>
- Lim, S., & Bloomquist, C. (2015). Distinguishing service learning from other types of experiential learning. *Education for Information*, 31(4), 195-207. <u>https://doi.org/10.3233/EFI-150952</u>
- Maloney, S. M., & Griffith, K. (2013). Occupational therapy students' development of therapeutic communication skills during a service-learning experience. *Occupational Therapy in Mental Health*, 29(1), 10-26. <u>https://doi.org/10.1080/0164212X.2013.760288</u>

- Mansilla, V. B., & Gardner, H. (1998). What are the qualities of understanding? In Wiske, M. S. (Ed.), *Teaching for Understanding: Linking Research with Practice* (pp. 161-197). San Francisco, CA: Jossey-Bass.
- McMenamin, R., McGrath, M., & D'eath, M. (2010). Impacts of service learning on Irish healthcare students, educators, and communities. *Nursing & Health Sciences*, 12(4), 499-506. <u>https://doi.org/10.1111/j.1442-2018.2010.00568.x</u>
- McMenamin, R., Mc Grath, M., Cantillon, P., & Mac Farlane, A. (2014). Training socially responsive health care graduates: Is service learning an effective educational approach?. *Medical Teacher*, 36(4), 291-307. <u>https://doi.org/10.3109/0142159X.2013.873118</u>
- Merriam, S.B., & Tisdell, E.J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- McCarthy, K., Coen, K., Daley, C., O'Dea, A., Madigan, S., Nolan, C., ... Sullivan, O. (2016, June). OT on college campuses: Facilitating student success through occupation. Paper presentation presented at COTEC-ENOTHE Congress, Galway, Ireland.
- McCarthy, M. (2010). Teaching for understanding at University College Cork: Advancing the scholarship of teaching and learning (Unpublished doctoral dissertation). University College Cork, Ireland.
- NVivo qualitative data analysis software. (2014). QSR International Pty Ltd.
- Nolan, C., & MacCobb, S. (2006). Uni-Link: A mental health service initiative for university students. World Federation of Occupational Therapists Bulletin, 54(1), 53-59. <u>https://doi.org/10.1179/otb.2006.54.1.008</u>
- Norton, L.S. (2009). Action research in teaching and learning: A practical guide to conducting pedagogical research in universities. London, England: Routledge. https://doi.org/10.4324/9780203870433
- Parmenter. V., & Thomas, H. (2015). WOW! Occupational therapy education and experiential service learning through community volunteering. *British Journal* of Occupational Therapy, 78(4), 241–252. https://doi.org/10.1177/0308022614563945
- Perkins, D. (1998). What is understanding? In M.S. Wiske (Ed.), *Teaching for Understanding: Linking Research with Practice* (pp. 39-58). San Francisco, CA: Jossey-Bass.
- Reynolds, P. (2005). How service-learning experiences benefit physical therapist students' professional development: A grounded theory study. *Journal of Physical Therapy Education*, *19*(1), 41-54. <u>https://doi.org/10.1097/00001416-200501000-00006</u>
- Sabo, S., De Zapien, J., Teufel-Shone, N., Rosales, C., Bergsma, L., & Taren, D. (2015). Service learning: A vehicle for building health equity and eliminating health disparities. *American Journal of Public Health*, 105(S1), S38-S43. <u>https://doi.org/10.2105/ajph.2014.302364</u>
- Sanders, M. J., Van Oss, T., & McGeary, S. (2016). Analyzing reflections in service learning to promote personal growth and community self-efficacy. *Journal of Experiential Education*, 39(1), 73-88. https://doi.org/10.1177/1053825915608872
- Schindler, V. P. (2011). Using service-learning to teach mental health and research skills. *Occupational Therapy in Health Care, 25*(1), 54-64. https://doi.org/10.3109/07380577.2010.519430
- Schon, D.A. (1995). *The reflective practitioner: How professionals think in action*. Aldershot, England: Arena.

- Scott, A. (1999). Wellness works: Community service health promotion groups led by occupational therapy students. *American Journal of Occupational Therapy*, 53, 566-574. <u>https://doi.org/10.5014/ajot.53.6.566</u>
- Third-Level Courses for Mature Students. (2014, November 27). Retrieved from <u>http://www.citizensinformation.ie/en/education/third_level_education/applying_to_college/third_level_courses_for_mature_students.html</u>
- Vroman, K., Simmons, C.D., & Knight, J. (2010). Service learning can make occupation-based practice a reality: A single case study. Occupational Therapy in Health Care, 24(3), 249–265. https://doi.org/10.3109/07380571003706058
- Wilcock, A. A. (2006). An occupational perspective of health. Slack Incorporated. Thorofare: NJ.
- Wiske, M. S. (1998). *Teaching for Understanding. Linking Research with Practice. The Jossey-Bass Education Series.* San Francisco: Jossey-Bass Inc.