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Abstract

Occupational therapy students crave hands-on learning experiences that take place in authentic environments. This study describes an innovative experiential learning activity involving collaboration between an academic institution and an inpatient transitional care unit (TCU). Three cohorts of second year occupational therapy students (N=138) participated in the TCU learning activity, which involved reviewing the electronic medical record, planning and delivering a treatment, documenting the therapy session, and intentionally reflecting on the experience. Based on an optional, anonymous survey, one hundred percent of students reported that "this learning experience was valuable" and "provided opportunity to practice clinical reasoning." Ninety-nine percent of students reported "this experience provided opportunity to connect what I am learning in class to the clinical setting." Qualitative survey responses revealed similar themes. In summary, students felt more confident in their clinical skills and believed these experiences built competency for real world success. When using a formal, guided structure that includes supervision and reflection, experiential learning activities can add value to what is learned in the classroom.

Keywords

Experiential learning, reflection, clinical reasoning, acute care

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Collaborating with a Transitional Care Unit to Provide Student Hands-On Time: A Win-Win for Hospital and Academic Institution

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ABSTRACT

Occupational therapy students crave hands-on learning experiences that take place in authentic environments. This study describes an innovative experiential learning activity involving collaboration between an academic institution and an inpatient transitional care unit (TCU). Three cohorts of second year occupational therapy students (N=138) participated in the TCU learning activity, which involved reviewing the electronic medical record, planning and delivering a treatment, documenting the therapy session, and intentionally reflecting on the experience. Based on an optional, anonymous survey, one hundred percent of students reported that "this learning experience was valuable" and "provided opportunity to practice clinical reasoning." Ninety-nine percent of students reported "this experience provided opportunity to connect what I am learning in class to the clinical setting." Qualitative survey responses revealed similar themes. In summary, students felt more confident in their clinical skills and believed these experiences built competency for real world success. When using a formal, guided structure that includes supervision and reflection, experiential learning activities can add value to what is learned in the classroom.

Entry-level occupational therapy educational programs prepare students to become occupational therapists through coursework, fieldwork, and capstone experiences. Faculty utilize a variety of educational approaches (e.g. experiential learning, community-based learning, inter-professional learning) and incorporate many different teaching methods (e.g. case-based learning, simulation, problem-based learning) to facilitate

preparation for fieldwork and practice (Hooper et al., 2013). Despite efforts to prepare students effectively, some students lack adequate preparation for Level II Fieldwork and entry-level practice. Goldbach and Stella (2017) identified five areas of deficiency related to fieldwork preparation which include: fieldwork readiness, communication, documentation, confidence, and clinical reasoning. A key concern regarding fieldwork readiness is that students lack adequate hands-on experiences prior to Level II Fieldwork (Goldbach & Stella, 2017; James & Musselman, 2006). Occupational therapy students have also expressed concerns regarding the lack of hands-on experience they receive throughout their educational programs and on Level I Fieldwork (Haynes, 2011; Knecht-Sabre et al., 2013).

Faculty can utilize experiential learning activities as a means to address these areas of concern and provide additional hands-on experiences to students. Experiential learning emphasizes the fundamental role that experience plays in the learning process. Experiential learning activities are formal, guided processes that integrate the classroom within the real world through practice and reflection in novel situations (Dernova, 2015; Moon, 2013). Thus, experiential learning is an integral part of students' education as it provides students the opportunity to work directly with clients and patients and can improve students' clinical reasoning and critical thinking (Coker, 2010). Evidence also indicates that students demonstrate improvements in confidence and communication skills after participating in experiential learning activities (Goldbach & Stella, 2017).

To enhance learning and facilitate clinical reasoning, faculty strive to provide students with additional hands-on experiential learning activities, such as service learning opportunities or simulation activities. Many occupational therapy programs offer service learning opportunities which are designed to be mutually beneficial for students and clients (Seifer, 1998). Student-run free clinics are one example where students provide occupational therapy services to underserved clients living in the community (Dhans et al., 2015; Rogers et al., 2017; Simpson & Long, 2007). Not only do clients receive access to care and demonstrate improved rehabilitation outcomes (Doherty et al., 2020), but students also get first-hand experience working with clients in an outpatient setting relatively early in their respective programs (Seif et al., 2014). These clinics provide invaluable experience for students and facilitate learning, yet they are typically limited to the outpatient setting. It is important to note that the hospital is the most common (26.6%) work setting for occupational therapists (American Occupational Therapy Association [AOTA], 2015), yet students may lack the critical skills and confidence they need to thrive in an acute care hospital setting (Knecht-Sabres et al., 2013; Thomas et al., 2017). Acute care simulations can offer students the opportunity to participate in a hands-on learning experience and also help to improve student confidence and interprofessional skills (Coppola et al., 2019; Thomas et al., 2017). However, acute care simulations may not be as realistic as actually interacting with a client in an actual hospital setting, and simulation experiences do not have the benefit of providing services to underserved clients. Therefore, it is important to consider ways to provide opportunities for students to gain early hands-on experience in an inpatient hospital setting that may be beneficial to both students and clients.

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Background

At the Medical University of South Carolina, second year (fourth semester) entry-level occupational therapy students are provided with the opportunity to work with patients in the Transitional Care Unit (TCU) of the University hospital. The TCU is located on a separate wing of the hospital and provides acute and long-term care to unfunded patients who have medical and/or rehabilitation needs and do not yet have a safe discharge plan. The TCU has similar staffing and medical equipment as a traditional acute care floor; however, patients on the TCU typically have longer lengths of stay compared to patients on the traditional acute care units. Patients in the TCU have a wide range of medical diagnoses and co-morbidities (e.g. stroke, brain injury, amputation, multiple sclerosis, debility). Many of the patients in the TCU have significant disability and a need for occupational therapy services. The hospital staff provide occupational therapy services to these patients (approximately one to two times per week) but are unable to provide the frequency of rehabilitation that is needed. Faculty sought to supplement the number of visits and time spent with these patients by having students deliver treatment alongside faculty who are licensed occupational therapists. With the support of the occupational therapy department manager at the hospital, an educational learning experience was designed, and a memorandum of understanding was established. This learning experience provides students the opportunity to conduct a chart review, plan and carry out a treatment session, and document the treatment session.

The TCU experience is designed to help students directly apply the knowledge and skills they learn in the classroom in the inpatient clinical setting. In addition to gaining documentation and treatment experience, students also gain exposure to the hospital setting and get to interact with and communicate with the nursing staff and other health care professionals during their time on the unit. At this stage in their education, many students have never observed the delivery of occupational therapy services in the hospital setting. In addition, students must adapt to a variety of situations (e.g. patient refusal, managing medical equipment) in the TCU that they typically would not encounter in an outpatient setting. While some students may have a Level I fieldwork placement in acute care, not all students have this opportunity. This experience also ensures students have an opportunity to be “hands on” with patients, which is not always the case on Level I fieldwork. Overall, this real-world experience aims to help to facilitate students’ clinical reasoning in a supportive environment. The purpose of this study was to investigate student perceptions of the experience for quality improvement purposes and to determine whether our objectives were being met. Our primary research question was: What are the perceived benefits of the TCU experience to the occupational therapy students and how could the experience for the occupational therapy students be improved?

Methods

Participants

Three cohorts of second year Master of Science in Occupational Therapy students (N=138) participated in the TCU learning experience, including the Class of 2018 (n=44), the Class of 2019 (n=46), and the Class of 2020 (n=48). Students were enrolled in a required Geriatrics course at the Medical University of South Carolina and participated in

the TCU experience as part of the course. Therefore, a different class of students participated every year for three years. Student mean age for the Class of 2018 was 25 years and ranged from 23 to 32. Student mean age for the Class of 2019 was 25 years and ranged from 23 to 29. Student mean age for the Class of 2020 was 25 years and ranged from 23 to 35. Participants were primarily female (95.3% for Class of 2018, 91.3% for Class of 2019, and 97.9% for Class of 2020). All participants were United States residents.

Learning Activity

Students were randomly assigned by the Geriatrics course instructor to small groups of four students per group (11-12 groups per cohort). Group size was determined based on the smallest group size feasibly possible during a busy nine-week semester timeframe while still allowing built-in makeup sessions as needed. The supervising faculty member took two groups of students (back to back) on Tuesday mornings during the semester. On the day before visiting the TCU, each group completed an electronic chart review with faculty guidance and then students worked together to generate treatment plans. Students were given a worksheet to guide the chart review and treatment planning process (see Appendix). On the day of the visit, the faculty member reviewed the medical chart again with students to ensure there was not a change in medical status or any new orders, and then students discussed their treatment plans with the faculty member. Students then delivered treatment with the assistance of a faculty member. While the focus of each treatment varied, students frequently addressed self-care, transfers, and cognitive/visual/motor impairment. Students also documented each patient's risk for pressure ulcers using the Braden Scale (Bergstrom, 1987; Bergstrom et al., 1998). After the treatment session, students met with faculty to debrief. Students individually completed documentation and wrote a reflection of their experience as part of a graded assignment. Faculty directly witnessed students' clinical skills and provided feedback to students regarding their documentation and treatment performance. In addition, students self-assessed their own clinical skills as part of a reflection assignment.

Data Collection

Following the TCU experience, students were asked to complete an anonymous, optional survey and were instructed that the survey was for quality improvement purposes and to explore their perceptions of the experience. The survey was anonymous because we wanted to encourage honest and forthright responses and it was optional because it was not part of a course requirement. Study data were collected and managed using REDCap electronic data capture tools (Harris et al., 2019; Harris et al., 2009). First, students were asked if they had prior experience in the hospital setting. Second, students rated the impact of the TCU experience in six areas using a five-point Likert scale (see Figure 1). Descriptive statistics were conducted using Excel to analyze the data. Finally, students were asked two open-ended questions to gather qualitative data regarding what they liked about the experience as well as how the experience could be improved. Responses to the two open-ended questions were analyzed using thematic content analysis, a commonly used form of qualitative data analysis which identifies patterns in the comments and organizes them into themes for interpretation (Green & Thorogood, 2014). Investigators independently reviewed the data and came to consensus on the themes.

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Data was collected by instructors after grading for the assignment experience was complete in an effort to reduce bias. This project received exempt status from the Medical University of South Carolina Institutional Review Board (IRB).

Results

Surveys were completed by 34 of 44 students in the Class of 2018 (77.2.% response rate), 33 of 46 students in the Class of 2019 (71.7% response rate), and 33 of 48 students in the Class of 2020 (68.8% response rate). The overall response rate for the three cohorts was 72.5% (n=100).

Responses to the Quantitative Questions

Sixty-seven percent of students had prior experience observing occupational therapy in the inpatient hospital setting. Students reported high levels of agreement in response to the six statements outlined in Table 1. The majority of students (73-93%) responded that they strongly agreed with each of the statements. There were no disagree or strongly disagree responses.

Table 1

Student Perceptions of the TCU Experience

Impact of the TCU and ratings	n (%)
This experience was valuable.	
Strongly agreed	93 (93)
Agreed	7 (7)
Neutral	0 (0)
Disagree	0 (0)
Strongly Disagree	0 (0)
This experience provided an opportunity to practice my clinical reasoning.	
Strongly agreed	85 (85)
Agreed	15 (15)
Neutral	0 (0)
Disagree	0 (0)
Strongly Disagree	0 (0)
This experience enhanced my exposure to the acute care hospital setting.	
Strongly agreed	90 (90)
Agreed	10 (10)
Neutral	0 (0)
Disagree	0 (0)
Strongly Disagree	0 (0)
This experience provided an opportunity to connect what I am learning in class to the clinical setting.	
Strongly agreed	81 (81)
Agreed	18 (18)
Neutral	1 (1)
Disagree	0 (0)
Strongly Disagree	0 (0)

This experience provided an opportunity for me to assess my own clinical skills.	73 (73)
Strongly agreed	26 (26)
Agreed	1 (1)
Neutral	0 (0)
Disagree	0 (0)
Strongly Disagree	
It would be beneficial to have more than one opportunity to experience the TCU.	78 (78)
Strongly agreed	21 (21)
Agreed	1 (1)
Neutral	0 (0)
Disagree	0 (0)
Strongly Disagree	

Responses to Open-Ended Questions

Benefits of the TCU Experience

Six themes emerged from the open-ended question related to the benefits of the TCU Experience (see Table 2). Overall, students valued that this was a "real" clinical experience and that they could apply their knowledge to a clinical case. Students also reported the experience helped to facilitate meaningful self-reflection and provided them with the opportunity to recognize that they had developed skills they were previously unaware of and that the experience helped to boost their confidence.

Table 2

Benefits of TCU Experience

The TCU experience supported the need for a real-life hospital experience.
• "I have never been exposed to a hospital setting of OT before, so I really valued the chance to do so and being able to relate class information to real practice."
• "I liked that we were provided the opportunity to practice our clinical reasoning with a "real" client in a typical hospital setting client. Being exposed to the hospital setting is invaluable, coming from someone who has never had that exposure."
• "I liked how different it was from the other areas of OT that I have observed. Considering the state that many of these patients are in they may not want to do any of your planned activities as you need to think quickly of other things they may participate in, I wasn't prepared for this so it was a great learning experience."
• "…I know a lot of us have not had the experience to be in a hospital setting, so it was a nice and gentle way to expose us to this setting."

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The TCU experience provided opportunity to connect the chart review to the treatment plan.

- "I liked that we took a lot of time to do chart review and really understand what it means to expand upon a chart for an OT treatment."
- "I thought it was really helpful getting to review the patient's medical chart and making our own treatment plan."
- "It was also helpful to review a chart and learn to get a feel for important things [you] should be looking for."
- "I loved the opportunity to review medical charts in preparation for a therapy session."

The TCU experience connected classroom lessons to clinical practice.

- "I really liked getting to apply things we are learning in class to a clinical setting."
- "I found it really refreshing to immediately apply some of the skills that I learned over bootcamp."
- "Applying the skills we have learned in class to the clinical experience was extremely valuable."
- "It is great to get hands-on experience and apply what we are learning in class to real-life."

The TCU experience pushed students to react quickly and modify their plan.

- "I liked that it tested our critical thinking skills and gave us a chance to practice our bedside manner. Coming up with things on the fly is tough so the TCU challenged us in that way."
- "I really liked how you had to think on your feet and even though we had a chart available, it was still an experience where you don't know what you are really facing until you are in the actual room with the patient!!"
- "It was a good reminder that we have to quickly adapt to a different patient or a patient that ends up having different needs than what we expect."
- "I appreciated having to come up with some treatment activities on the fly."

The TCU experience promoted self-reflection on strengths and areas for improvement.

- "This experience brought everything I had been learning together, from Neuroscience, to Musculoskeletal, to Psychosocial. It made me realize what I still needed to work on."
- "I think any chance we get for patient interaction is a positive one. It is so valuable to be able to put my clinical skills to use and see where my strengths and weaknesses are."
- "It challenged me to get outside my comfort zone and showed me what skills I need to further work on."
- **"**It is a wonderful opportunity to practice your skills and test your 'on the job' knowledge."

The TCU experience increased confidence for working in an inpatient setting.

- "It gave me confidence to be in an acute adult setting."
- **"**I think this was a great way to practice our acute care skills. I still am kind of anxious about doing my acute care rotation, but this experience allowed me to practice some of my skills and show my clinical skills. This is a very valuable experience that we should do more of!"
- "Being able to see what the hospital setting is like as an occupational therapist was also very valuable in helping me feel more at ease about my inpatient adult fieldwork experience."
- "The process/preparation was very smooth and certainly makes me less nervous to treat in the hospital in the future!"

Recommendations for Improving the TCU Experience

Two themes emerged from the open-ended question requesting recommendations for improving the TCU experience (see Table 3). Overall, students recommended expanding the program to provide more opportunities to students in smaller groups.

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Table 3

Recommendations for Improving the TCU Experience

The TCU experience should have smaller groups of students per session. • "I would suggest using smaller OT groups. It was difficult for four people to try and work with client at one time, especially in a small hospital room that was often shared with another client." • "I believe the experience could be more valuable if students were able to go in individually or in pairs. I felt myself holding back because I didn't want to step on others' toes." • "I think we should go into the TCU in smaller groups (2 students per patient). With bigger groups you don't get as much hands-on experience and I think with a smaller group everyone would gain more experience." • "I think it would be great if there were less people in each group. It was hard for all of use to really be involved with 4 people trying to treat at the same time."
Additional opportunities of the TCU experience should be provided. • "I think creating more TCU experiences would be extremely beneficial. I learned so much in my one experience today, and I feel that being exposed to more situations like this would make us much stronger therapists, as we approach clinicals." • "If we could see the same patient more than once to know how to build on a plan from session to session." • "By having more TCU experiences! If we could even get in just a couple times a semester, I feel we'd be able to see more progress and growth." • "I would love to go in more frequently if possible!"

Discussion

Students identified many perceived benefits associated with the TCU experience. Findings indicate that students valued the experiential learning opportunity in the hospital setting. Our findings coincide with previous research that indicates that students perceive various experimental learning activities (e.g. simulation) as beneficial learning experiences (Ebbert & Connors, 2004; Goldbach & Stella, 2017; Walls et al., 2019). The results from the survey support the need for a real-life hospital experience and that going to the TCU provided a unique opportunity to practice the entire occupational therapy process (e.g. chart review, plan treatment, deliver treatment) and directly apply what they have learned in the classroom. Thus, this experience enabled students to practice their

clinical reasoning skills. Students also reported increased levels of confidence in their clinical skills and clinical reasoning. Our study adds to the growing number of studies that have found that experiential learning activities can facilitate clinical reasoning skills (Coker, 2010; Goldbach & Stella, 2017; Herge et al., 2013; Seif et al., 2014). Students also became more comfortable being in the hospital setting and reported improved confidence which has also been demonstrated in studies examining the effects of student participation in simulation experiences (Goldbach & Stella, 2017; Thomas et al., 2017). Finally, students reported they gained greater insight to their strengths and weaknesses. Experiential learning activities that incorporate reflection and debriefing have proven to be beneficial in previous studies (Cantrell, 2008) as students can reflect on their own skills. Our findings support this notion. To improve the experience, students recommended to increase the number of opportunities they have to go the TCU and decrease the number of students per group. Research evidence is lacking regarding the optimal amount of time students spend participating in experiential learning activities.

Implications for Occupational Therapy Education

By observing students in this experience, faculty gain critical insight into student clinical reasoning skills, clinical skills, documentation skills, and interpersonal skills. Faculty typically observe and assess student skills through simulation experiences and the majority of student clinical experiences are supervised by fieldwork supervisors (i.e. non-faculty). Thus, opportunities for faculty to witness student skills with actual patients first-hand are often limited. By having faculty supervise and assist students in the TCU, faculty can more readily identify the strengths and weaknesses of students and provide more immediate or more timely feedback to them.

Occupational therapy educational programs may consider exploring unique service learning opportunities such as this in their own local hospitals. Many occupational therapy programs are affiliated with medical centers and hospitals and may be able to collaborate with clinicians and hospital administration to implement a similar program working with unfunded patients.

While we found many benefits to providing this experience, educators should recognize that it is time-intensive for faculty. Under our current model, eight students (four per group) attend the TCU each week which requires 6-7 hours per week of faculty time. This includes the time it takes for faculty to select appropriate patients and prepare charts, meet with students to conduct the chart reviews, treat patients in the TCU, document in electronic medical record, debrief with students, and grade student documentation. Student schedules can also be very busy. We had to work with the entire occupational therapy faculty to carve out time to make this experience possible. Although there are many benefits identified by both students and faculty, it takes significant support from the program to implement. A study by Bethea et al. (2014) underscores this reality as it found that faculty report that time is a barrier to implementing experiential learning activities such as simulation in curriculum. To increase feasibility, educators may consider offering this experience within an acute care elective course for a smaller group of students.

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Limitations

Although the majority of students completed the survey (72.5%), participation was voluntary. Thus, there may be bias in our sample and responses may not fully represent the entire cohort of students. As with any clinical experience, no two experiences are the same. Therefore, the student groups were exposed to very different patients (e.g. diagnoses, functional status, goals). As a result, some groups may have had more complex patient cases that challenged their clinical reasoning and skills more than other groups. Despite the fact that the students' clinical experience varied widely, our data consistently supported the TCU experience. Finally, the authors developed this survey and did not use an established questionnaire. Future studies should consider utilizing a psychometrically sound assessment to assess program outcomes. While it would be interesting to know the number of patients seen in the program, this information was not tracked specifically; it can only be reported that 35 student-led visits were provided in total.

Future Directions

Although this is a relatively new program, we foresee several exciting opportunities to expand or enhance this program in the future. Currently, students attend only one session in the TCU, but adding additional experiences may enhance the impact of this program. It may be beneficial for students to follow a patient over time in order to observe patient progress and provide students the opportunity to modify the treatment plan. Another idea is to have occupational therapy students team up with physical therapy students and faculty in the TCU as there is a clear need to provide students with interprofessional training opportunities to prepare them for interprofessional collaboration (Hughes et al., 2019). It is also important that we examine outcomes for students, patients, and clinicians to determine the impact of having students in the TCU. There are a number of important research questions to explore regarding how or if the TCU experience contributes to students' self-efficacy, clinical skills, and preparedness for fieldwork. It is also essential to capture interprofessional clinician (e.g. occupational therapists, physical therapists, nurses, physicians, social workers) and administrative feedback in a systematic manner in order to fully understand the impact of the program and identify ways to maximize program outcomes.

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Appendix

TCU CHART REVIEW AND TREATMENT PLAN: *All chart review information should be stored in a safe location and shredded after the session.*

Patient initials:	**Age:**	**Gender:**	**Date of initial eval:**	**Visit #:**
Primary diagnosis:				
Past medical history:				
Orders/precautions (if available):				
Recent patient vitals:				
Check off the following and make any relevant notes below: **Prior level of function reviewed** □ **Social history reviewed** □ **Nursing notes reviewed** □				

One of the **patient's goals**:	One of the **goals of therapy**:	Pt's **functional limitations**:	**Interventions** used during last tx:

Plan for this therapy session, based on ALL OF THE ABOVE information. Include specifically what you are going to do, what impairments/functional limitations your intervention is addressing, and why you chose the intervention:

https://encompass.eku.edu/jote/vol5/iss1/12
DOI: 10.26681/jote.2021.050112

Braden Scale for Predicting Pressure Sore Risk: Fill out the Braden Scale evaluation form using information gathered from your chart review and session.

What is the patient's Braden Scale score (include assessment documentation form when turning in)? What surface is the patient on in bed and/or in a wheelchair?

Is this the most appropriate surface in the bed/and or wheelchair based on their Braden score?

SOAP Note (write out a SOAP note for your intervention session):

S:

O:

A:

P:

Reflection: How did the intervention session go (what went well/did not go so well)? Did it effectively address the problems and goals you set out to address? Would you do anything differently if you had the opportunity to re-do this session? If so, what? What would you plan to do the next visit?