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“We Weren’t Taught How to Recover from a Pandemic:” Recent Occupational Therapy Graduates’ Reflections on COVID-19

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“We Weren’t Taught How to Recover from a Pandemic:” Recent Occupational Therapy Graduates’ Reflections on COVID-19

Abstract

In the spring of 2020, graduates from occupational therapy (OT) programs across the globe were entering a world of clinical unknowns. The students from this graduating cohort likely had little to no education or training on how to deliver OT in the wake of COVID-19. How well prepared did these new graduates perceive themselves to be to enter a healthcare climate in a pandemic and what were their biggest concerns? The objective of this study was to understand new graduates’ perspectives of the impact of COVID-19 on their future as occupational therapy practitioners (OTPs), and their sense of preparedness to address the challenges they might face. To do so, nine recent OT graduate students participated in semi-structured individual interviews. First cycle data analysis used descriptive and in-vivo codes and second cycle coding used pattern coding to identify emergent themes from across interviews. Three themes emerged in data analysis that represented how participants saw COVID-19 impacting their lives and their role as OTPs on multiple levels of systems and practice. These themes are: 1) Micro: COVID-19’s impact on work with clients; 2) Meso: COVID-19’s impact on the profession and the provision of OT; and 3) Macro: COVID-19’s impact on systems and structures. Based on these findings, implications for educators moving forward include: methods for preparing students to work with clients virtually and in a post-pandemic world; recommendations for developing strategies for working in unpredictable and unknown contexts; and, suggestions for addressing issues of equity and social justice.

Keywords

Occupational therapy graduates, COVID-19, academic preparedness

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“We Weren’t Taught How to Recover from a Pandemic:” Recent Occupational Therapy Graduates’ Reflections on COVID-19

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ABSTRACT

In the spring of 2020, graduates from occupational therapy (OT) programs across the globe were entering a world of clinical unknowns. The students from this graduating cohort likely had little to no education or training on how to deliver OT in the wake of COVID-19. How well prepared did these new graduates perceive themselves to be to enter a healthcare climate in a pandemic and what were their biggest concerns? The objective of this study was to understand new graduates’ perspectives of the impact of COVID-19 on their future as occupational therapy practitioners (OTPs), and their sense of preparedness to address the challenges they might face. To do so, nine recent OT graduate students participated in semi-structured individual interviews. First cycle data analysis used descriptive and in-vivo codes and second cycle coding used pattern coding to identify emergent themes from across interviews. Three themes emerged in data analysis that represented how participants saw COVID-19 impacting their lives and their role as OTPs on multiple levels of systems and practice. These themes are: 1) Micro: COVID-19’s impact on work with clients; 2) Meso: COVID-19’s impact on the profession and the provision of OT; and 3) Macro: COVID-19’s impact on systems and structures. Based on these findings, implications for educators moving forward include: methods for preparing students to work with clients virtually and in a post-pandemic world; recommendations for developing strategies for working in unpredictable and unknown contexts; and, suggestions for addressing issues of equity and social justice.

Introduction

In the spring of 2020, hundreds of occupational therapy (OT) students were in their final semester, preparing to graduate and begin their careers as therapists, when COVID-19 changed the world. Occupational therapy practitioners (OTPs), educators, and students had to immediately shift to virtual interactions to participate in everyday activities, experiencing significant occupational disruptions in roles and routines. The students from this graduating cohort likely had little to no education or training on how to deliver OT in the wake of COVID-19.

The COVID-19 pandemic resulted in drastic changes to OT service delivery and healthcare access (Hoel et al., 2021), including reassignment to new tasks or to the clients they treat. During the pandemic many rehabilitation staff were asked to perform novel interventions on COVID-19 clients that even seasoned healthcare providers reported being challenged by (Liu et al., 2020). Others were diverted to work in intensive care units or acute care rather than their known area of clinical practice (Robinson et al., 2021). Many OTPs received frequently changing and conflicting information on best practices or working with clients during COVID-19 (Hoel et al., 2021). Increased workloads, access to personal protective equipment (PPE), having the capacity to provide competent care, lack of information, and concerns for contracting the virus and transmitting it to others also produced significant stress for OTPs (Shanafelt et al., 2020). In addition, OTPs reported a lack of leadership resulting in organizational inconsistencies, little guidance in how to attend to infection containment, and only 56% of OTPs received COVID-19 specific training during the first wave of the pandemic (Hoel et al., 2021).

Research indicates that healthcare providers without training or experience in working in the context of a public health emergency, including OTPs, showed worse mental health, less resilience, and suffered from greater anxiety during the pandemic (Cai et al., 2020; Ishioka et al., 2021). The data from this emerging research highlights the challenges of working in healthcare during COVID-19; however, less attention has been drawn to the needs and perceptions of practitioners new to a healthcare workforce, enveloped with pandemic concerns. The experiences of recent graduates may have been drastically different depending on the context and how leadership attended to the ongoing upheaval in delivery of day-to-day therapy services.

Occupational therapy students often enter their career with great expectations, concerns with their clinical competence, and shock in the limitations and realities of practice that often stem from institutional or organizational politics (Tryssenaar & Perkins, 2001). During the first year of practice following graduation, many OTPs struggle as they work to develop their professional identity, especially if working in a non-traditional context with less defined parameters (Toal-Sullivan, 2006). New practitioners also report being overwhelmed with schedules, organizational issues that practically impact treatment with clients, and treatment decision-making regarding client outcomes (Toal-Sullivan, 2006), all issues that were likely exaggerated during surges in the pandemic. For these reasons, the aim of this study was to explore the experiences of new (recently graduated) OTPs during the COVID-19 pandemic. This study had two

overarching research questions: (1) how well prepared did new OT graduates perceive themselves to be to enter a healthcare climate in a pandemic? and (2) what were their major concerns regarding COVID-19? To explore these questions, we interviewed nine recent graduates during the first apex of the COVID-19 pandemic (May - June, 2020).

Methods

Design

Following approval by our Institutional Review Board, we recruited interview participants. We used a qualitative research design to explore new graduates' perspectives. Data collection occurred following students' graduation from their OT programs, which also happened to be during the first wave of the COVID-19 pandemic in the United States.

Participants

Participants were recruited via an email distributed by department administrators from three accredited entry-level graduate OT programs in the Midwest. Nine participants (see Table 1) volunteered to participate in a 1:1 semi-structured interview conducted virtually due to social distancing restrictions. We compensated participants with a \$25 gift card for their time.

Data Collection

All interviews were performed by the first author. The overarching question we asked participants to think about during the interview was: *How do you think the current COVID-19 healthcare crisis experience will inform how you might work with clients in the future?* However, we also asked participants pointed questions about their perceived fears, concerns, supports, and client interactions during moderation. Interviews were audio recorded and transcribed verbatim using a transcription service and de-identified.

Data Analysis

Thematic analysis was performed manually by both authors across two cycles of iterative and inductive interpretation. This approach to analysis works to identify, analyze, and report patterns that emerge from qualitative data (Braun & Clarke, 2006). During first cycle analysis, we (the authors) independently assigned descriptive and in-vivo codes to sections of text. We then came together to compare the codes each researcher aligned to the text and its meaning. Here we consulted the transcripts often to discuss each or our interpretations in order to achieve a consensus of the final code meaning and definition. During second cycle analysis, we again worked independently using methods of pattern coding (Miles et al., 2019), synthesizing codes with like meanings (Saldaña, 2016) to identify emergent themes and subthemes from across the interviews. For example, we aligned codes relating to client-practitioner relationships and PPE to a theme "impact on working with clients." In this cycle we used methods of concept mapping to assist in organizing the data. From this process, we identified eight initial themes. Each researcher had prolonged engagement with these themes and their

subthemes reflecting upon the meaning of codes within a theme prior to a final analytical meeting. A final meeting achieved consensus of three overarching themes and related subthemes (see Table 2) regarding participants' perceptions of COVID-19's impact based on the theme's description of participant interactions and social system processes.

Table 1

Participant Demographics (n=9)

Characteristic	<i>n</i>	%	<i>m (SD)</i>
Age			26.0 (1.6)
Disability			
No	8	88.9%	
Prefer not to say	1	11.1%	
Gender			
Woman	7	77.8%	
Man	2	22.2%	
Race (can choose multiple)			
White	6	66.7%	
Asian or Pacific Islander	1	11.1%	
Latinx or Hispanic	1	11.1%	
Middle Eastern	1	11.1%	
Socioeconomic status			
\$20,000 to \$39,999	2	22.2%	
\$40,000 to \$59,999	1	11.1%	
\$60,000 to \$79,999	2	22.2%	
\$80,000 to \$99,999	1	11.1%	
\$100,000 to \$149,999	3	33.3%	
Anyone significant in your life (family, friend, etc.) in your life with a disability?			
Yes	4	44.4%	
No	4	44.4%	
Prefer not to say	1	11.1%	

Research Team Reflexivity

We (the research team members) challenged each other to use critical reflection during individual analysis as well as during consensus meeting to ensure a level of qualitative rigor (Yin, 2016). We came to the research with assumptions and biases informed by our own perspectives of the COVID-19 pandemic. Additionally, one researcher was an OT who had a previous academic relationship with some of the participants. This brought both an insider and outsider perspective to analysis as well as a potential for

biased interpretations. As Disability Studies scholars, we recognized our lens in analysis informed the themes that emerged. Extended discussion on these influences and frequently returning to the individual narratives helped us to analyze the data from a more objective level.

Table 2

Themes and Associated Subthemes

Micro: COVID-19’s impact on work with clients	Meso: COVID-19’s impact on the profession and provision of OT	Macro: COVID-19’s impact on systems and structures
<i>Client & Practitioner Rapport</i>	<i>A New Frontier for the Profession: Secondary Conditions Associated with COVID-19</i>	<i>Systemic Prejudice and the Resulting Disparities</i>
<i>Working with Families & Children</i>	<i>Advantages and Disadvantages to Telehealth for Service Delivery</i>	<i>Broader United States Healthcare Systems and Structures</i>
	<i>Previously Unspoken: Recognizing the limitations of Nursing Homes</i>	

Results

Three themes emerged in data analysis that represented how participants saw COVID-19 impacting their lives and their role as OTPs on multiple levels of systems and practice. These themes were: 1) Micro (individuals): COVID-19’s impact on work with clients; 2) Meso (organizations/groups): COVID-19’s impact on the profession and the provision of OT; and 3) Macro (societal): COVID-19’s impact on systems and structures.

Micro: COVID-19’s Impact on Working with Clients

The first overarching theme related to how COVID-19 impacted micro level factors – the participants’ direct interactions with clients; subthemes included the impact on client and practitioner rapport and working with families and children.

Client and Practitioner Rapport

Participants outlined how COVID-19 related guidelines for treatment impacted their capacity to optimally engage with clients. Many participants discussed the impact of masks on therapeutic client-practitioner relationships. Some participants noted that masks may be inaccessible for some people, such as autistic children, and children may find working with an OTP that is wearing a mask stressful or traumatizing. While some participants said they wanted to get clear masks so clients could see their faces better, the clear masks were out of stock or unavailable. Others said masks hindered nonverbal communication and social cues, thus changing the nature of the client-therapist relationship, and possibly hindering the client-practitioner interaction: “*I think*

one of the things that will be impacted is... therapeutic rapport... nonverbal [communication] will be lost" (Participant [P] 4). One participant also noted that wearing a mask may be physically uncomfortable for the therapist, which may impact how they work.

While participants described how COVID-19's social distancing restrictions negatively impacted in-the-moment encounters with clients, they also reflected upon how COVID-19 provided an opportunity for increased empathy of the impact that occupational disruption can have on a person's life: *"I know we do not have the same lived experience but I do know this is an experience that we can draw some understanding and maybe use that to understand my client situations a little bit more in the future"* (P9). Having this insight, for some participants, provided an opportunity for reflection on their own processes of adapting that include the emotional toll life disruptions can have on a person's mental health.

Working with Families and Children

Participants recognized families were stressed and traumatized as a result of isolation, working from home, e-learning, managing their emotions, children acting out because of stress and a lack of social interaction, disruption to routine, and a lack of support systems. Participants observed that because of the pandemic the children they worked with were much more dysregulated – not listening as well, more anxious, participating in new behaviors, and causing problems. One participant hypothesized the anxiety of parents also impacted their child: *"I've noticed kids are much more dysregulated. Parents are much more stressed, and that's going onto their kids"* (P5). Participants described that these behaviors made telehealth with children more difficult than in-person interventions, with kids goofing off, not sitting still, or walking away from the computer. Additionally, participants noted not wanting to add to the burden of already stressed parents by asking them to do more: *"...families are overwhelmed. So even if I tell them, can you have this and this and this ready? I feel so bad even to tell them to have a lot of materials ready for our session, because I know they're overwhelmed"* (P5).

Despite these challenges, participants believed families were grateful to have telehealth OT services as it represented an activity and/or social connection for their child and a form of support for the family; sometimes it was also just helpful so the parents could have a break. For example, one participant mentioned:

A lot of these kids have difficulty with emotional regulation to begin with, and with COVID, it was hitting them really hard. So, a vibe I got from a lot of them – from the students and from the parents – was they seemed super grateful and appreciative that we were following up with them... they seemed just really excited to be able to connect. (P3)

Meso: COVID-19's Impact on the Profession and The Provision of Occupational Therapy

The second overarching theme included meso level factors, specifically related to the profession and the provision of OT. Subthemes included: a new frontier for the profession: secondary conditions associated with COVID-19; advantages and disadvantages to telehealth for service delivery; and, previously unspoken: recognizing the limitations of nursing homes.

A New Frontier for the Profession: Secondary Conditions Associated with COVID-19

Participants believed COVID-19 would have a lasting impact on the profession and the future role of OTPs on health care teams. While feeling cautious, participants relayed they would be working with clients with post-COVID symptoms or long-COVID (Davis et al., 2021) with possible residual impairments. Participants all acknowledged nobody exposed them to clinical interventions or knowledge about how to work with clients diagnosed with COVID-19; however, they recognized they had the foundations of clinical decision-making that provided them with the tools: *"It's like you know we weren't taught how to recover from a pandemic. But I think you just take all the tools and... we always talk about clients generalizing and I think it's like we ourselves have to take our tools and generalize them"* (P8).

In addition to the secondary conditions associated with long-COVID, a few participants also discussed how the pandemic protocols likely altered the trajectories of people who became injured during the pandemic as a result of factors besides COVID-19. For example, one participant said:

It's really bad timing... if someone has a stroke right now... their trajectory is going to be so different than someone who had it, like, a month ago [before COVID]... Even if they had the same level of services, it's just gonna look so different. And I feel like, long-term functionally, I think it'll hurt people. (P4)

Participants also reflected on how COVID-19 might require practitioners to explore the psycho-social-emotional experiences of the pandemic on a client's life. These experiences include the impact of the virus itself as well as impact of isolation and occupational deprivation. For example, one participant commented:

As OT[P]s, we know the importance of engaging in activities and when you can't engage in something that means the most to you or like you're not occupying your time in a way that's meaningful for you, that has some lasting psychosocial and emotional implications on you. (P3)

Participants especially stressed the impact of trauma, both of people who were infected with COVID-19, and those who were not and lived in fear and isolation. For example, speaking to the trauma people will experience, one participant said she will need to consider *"...that anyone that I encounter in the future may have had their life substantially impacted from this pandemic"* (P8). As such, participants believed there would be an increased need for mental health services and supports for OT clients going forward and considered that they would need to know how to address these

needs. As a result of the impact of the pandemic on mental health, participants said they were heavily relying on their social work colleagues, believing they would need to continue to do so for the foreseeable future. As a result, two participants considered getting more education about mental health and trauma. Some participants also explained how the pandemic may be a catalyst for a shift toward more social or community-based OT and working within a community-based interdisciplinary team. Regardless of what they envisioned for practice in the future, most participants agreed there would be a need to be more “*mindful and empathetic*” (P8) to all clients moving forward.

Advantages and Disadvantages to Telehealth for Service Delivery

Another area that most participants believed would permanently change after the pandemic was increased use of, and reimbursement for, telehealth for OT. This participant’s quote epitomized the process of becoming familiar with telehealth described by many:

...telehealth is becoming more common and more accepted and it’s being covered... when it hasn’t before... I’ve had a chance to practice it, get a little bit more comfortable... the implications for the growth of telehealth and it becoming more widely accepted as a result of COVID I guess is important (P3).

Participants often mentioned the positives of telehealth and how their mindsets shifted from concern and hesitancy to embracing it with lingering trepidations: “*I think a lot of areas are going to be more reachable now. Because I think people were so scared of the telehealth format and all the things that could go wrong, which is still scary*” (P1). Another participant acknowledged how COVID-19 opened OTPs’ eyes to the utility of telehealth in ways previously not considered: “*...there’s just a lot more we can do online than we thought we could*” (P5).

Despite recognizing the benefits of telehealth, participants acknowledged the barriers and social injustices that could contribute to disparities in quality of care or access to care if people assume that all clients benefit from virtual interventions. These included concerns about clients’ access to laptops or virtual platforms, and clients’ knowledge on how to interface with the internet, as well as concerns about clinicians embracing an intervention approach that may not have sufficient evidence to support its use.

Participants also emphasized the importance of considering use of telehealth on a case-by-case basis depending on client and contextual factors. For example, despite personally not liking telehealth interventions, this participant recognized there may be clients who would benefit: “*I really, really don’t like [telehealth], I know there’s benefits to it, but I think they’re really beneficial for very specific clients*” (P5).

Previously Unspoken: Recognizing the Limitations of Nursing Homes

COVID-19 also shifted public consciousness about nursing homes and participants were hopeful that it would open a dialogue both in the profession and publicly about the conditions in nursing homes and lead to change. The participants noted that their concerns regarding the quality of nursing homes were not new; instead, COVID-19

highlighted existing issues about the poor conditions and quality of nursing homes. For example, one participant said,

...with nursing homes, I feel like it just brought out what we already knew... COVID put paint on all these things so we can see the outlines of something... this is what nursing homes were like this whole time, people just contract things, and the conditions aren't so good. (P2)

Participants described believing it was fairly common knowledge within the profession that nursing homes had poor conditions and were isolating; yet the participants also felt it was previously taboo to critique nursing homes or to suggest they were not the best option for discharge planning. For example, one participant commented:

It didn't feel like we could say nursing homes were not safe, like not the best solution. Like it didn't feel okay to say that, so I think if we could say that more, like now we have this concrete thing, and now since everybody is talking about it, we could talk about what else has been going on and what better options there are. So, I feel like this another way to leverage this for what we already knew, like since it's in the public eye now. (P2)

Macro: COVID-19's Impact on Systems and Structures

The final overarching theme related to COVID-19's impact on macro level factors, more specifically systems and structures including systemic prejudice and the resulting disparities, and the broader United States health care system.

Systemic Prejudice and the Resulting Disparities

COVID-19 drew participants' attention to health disparities, both for people with health conditions and disabilities that made them more likely to have complications from COVID-19, and inequities related to systemic discrimination. For example, one participant said, "*...the way that COVID also impacts communities of color more... some people might [have] some anger in the healthcare system, in the systems of oppression that have always existed but are now more highlighted in their communities*" (P8). Speaking of ableism during COVID-19, another participant commented:

I feel like in a broader sense in society today, and unfortunately, I think people with disabilities are seen as a burden. They're seen as disposable, and even more related to COVID crises right now. Just based off of the different legislation that is out there, it's more of like 'these lives matter least' unfortunately. I think on a systemic level that's where we're at (P4).

While participants hoped COVID-19 would draw more attention to these inequities and hoped that those changes which positively impacted people with disabilities, such as the shift to work from home for many people, would continue to be options in the future, others recognized that because of the systemic nature of ableism, "*...it would be too rose-colored*" (P8) to presume that everyone will be accepting after COVID-19.

Broader United States Healthcare Systems and Structures

Finally, participants believed COVID-19 would lead to increased support for changes to the United States health care system, including a move toward universal health care. Participants noted that, due to COVID-19, there was a lot of anger about the current health care system and its failings, including health care disparities. They believed that eventually there would be a shift in how health care is framed and provided in the United States, with a focus on home and community-based care and social determinants of health. A few participants noted that this shift, along with a possible shift to universal health care, are things the OT profession should be prepared for. These participants believed “...we’re actually going to see our profession elevated to a much higher status” (P7) as a result of these changes.

Discussion

Occupational therapy practitioners will work with clients who had the COVID-19 virus with acute or chronic health outcomes that directly impact their daily occupations. Clients may present with post-traumatic stress, trauma, and/or other secondary conditions from going through the pandemic that require assessment and intervention (Pfefferbaum & North, 2020). Many of the issues that are the foundation of these concerns have rarely been discussed in the academic preparation of OT students (Braveman & Bass-Haugen, 2009). In fact, despite having a specialized skill set of working with clients and communities to address disruptions in daily routines, there is not a lot of research examining the specific roles of OTPs in delivery of services during and after disasters, leaving few guidelines or best practices for OTPs, including students, to refer to. For these reasons, the aim of this study was to explore the experiences of recently graduated OTP students during the COVID-19 pandemic. Participants all acknowledged the COVID-19 pandemic has and likely will continue to impact working with clients in the future. However, the profession and health care more broadly are only beginning to understand the lasting impact COVID-19 will have at individual and population-wide levels. Based on this study’s findings, the primary concerns, and areas of reflection of these recent graduates, fell within micro, meso, and macro areas that can inform educators and university administrators on how to better prepare students for working in a context of unpredictability and (inter)national disasters.

Limitations

When interpreting our findings, readers should note a number of limitations. People volunteered to participate and therefore there is a chance of self-selection bias. In addition, the sample size was relatively small. Participants all came from three universities in the Midwest; as waves of COVID-19 varied significantly depending on geography, our participants’ experiences may differ from people in other parts of the country or world. Finally, some of the study participants were past students of the first author and this may have influenced their responses to interview questions.

Implications for Occupational Therapy Education

Preparing Students for Working with Clients

The findings from our study suggest it may be useful for course instructors to use student reflections on their own occupational deprivation and methods of adapting to COVID-19 restrictions as a means to promoting empathy with clients experiencing occupational disruption. Additionally, developing strategies for rapport building with clients in virtual meetings and using body language, rather than facial expressions, might be an important feature to include in OT curricula moving forward. Newcomb et al. (2021) provided best practice suggestions for teaching patient-centered communication during virtual interactions to medical students that included attending to environmental and behavioral considerations that OT educators might use.

Moving forward, educators must include COVID-19 protocol and best practice approaches into academic education (Green & Clausing, 2021). However, less is known about the lingering effects of COVID-19 on clients and how this will impact OTPs' future clinical caseloads. There is emerging evidence on long-COVID and chronic post-COVID syndrome and the need for multidisciplinary services, including OT, to provide care for survivors (Davis et al., 2021; Halpin et al., 2021). A recent publication describes a three-tiered system of rehabilitation for people with post-COVID syndrome using a multidisciplinary team, including OTPs (Parkin et al., 2021). Interventions in this program are targeting fatigue, breathlessness, deconditioning, cognition, anxiety and depression, and pain; all areas within the OT scope of practice. Educators can include methods such as these when incorporating COVID-19 into OT intervention courses.

Participants also offered insight on what the profession must do in order to remain relevant in the growing world of crisis health care delivery. Although OTPs work with clients having experienced stress, trauma, and posttraumatic stress disorder (PTSD; American Occupational Therapy Association [AOTA], 2018), our clinical role and contributions on critical care and trauma units are largely overlooked (Margetis et al., 2021). Moreover, despite educational standards which require exposure to possible clinical and trauma care interventions, students described being underprepared. Recommendations from the editorial by Margetis et al. (2021) urged including standards addressing critical care rehabilitation in OT Accreditation standards (Accreditation Council for Occupational Therapy Education [ACOTE®], 2018) specifying "entry-level practitioners need to be aware of the knowledge and competencies required in critical care settings" (p. 2).

Participants also drew attention to services delivery for pediatric clients during COVID-19. While adapting their practice, OTPs must recognize that families are overwhelmingly dealing with stress, including from avoiding contracting COVID-19, disrupted routines, and distance/online learning (American Psychological Association, 2020). It is also important OTPs consider that many families are struggling to ensure their basic needs, such as food and housing, are being met (American Psychological Association, 2020;

Rogers et al., 2021). The implications of what these findings point to is OT students must have the educational background which helps them understand the broader social, financial, and health concerns for families during times of disasters, and be adequately prepared to support families.

Telehealth will remain an option for OT service delivery. Experts estimate that COVID-19 catapulted telehealth into a mainstream approach for reaching the majority of health care recipients by skipping several stages of the technology adoption lifecycle curve (Callahan, 2021; Rogers, 1962). While participants recognized telehealth had many benefits, they also included challenging aspects, including areas where they would have benefited from more education about telehealth service provision while students. Curricula across OT programs should ensure students are exposed to methods for delivering effective virtual services.

Preparing Students for the Unpredictable

Based on the participants' narratives, one of the most valuable characteristics for new graduates in a health care climate of unpredictability is to have skill sets in being flexible in adhering to practice changes and sound pragmatic reasoning. To help facilitate this, past research calls for educators to explicitly describe their reasoning processes during case studies and simulation exercises, so students are better able to identify types of reasoning, and the factors that influence clinical decision-making (Gibson et al., 2000). To prepare students for how best to work within the unknown contexts produced by disasters, educators might consider implementing emergency or extreme scenarios into these case studies. Additionally, participants' call for the need for trauma-informed care and working more closely with community social workers, points to the need for educators to examine if, and how, these are incorporated into education on interventions and interdisciplinary teamwork.

Attending to Social Justice

Issues specific to attending to occupational justice with the equitable distribution of resources and services during health emergencies or their aftermath is highlighted in the Occupational Therapy Practice Framework (AOTA, 2020a). This study's participants highlighted community and population-based inequities, and disparate outcomes from COVID-19 of ethnic and minority communities. Ongoing structural ableism and racism contribute to these disparities as well as to social determinants of health. Attending to the social contexts and the occupational injustices that contribute to these inequities through a social OT lens (Malfitano & Lopes, 2018), anti-racist OT (Sterman & Njelesani, 2021), and critical examination of social determinants of occupation (Hammell, 2020) all provide guidelines to individual practitioners and the profession for addressing the historical, political, cultural, and socioeconomic structures that produce these disparities. Educators can support awareness and understanding of how sociopolitical factors impact clients and communities by requiring students to include these in clinical reasoning during evaluation, intervention planning, and service delivery.

Additionally, AOTA has a workforce and online toolkit that provides resources and instructions to guide the workforce and academic community on issues and concerns of diversity, equity, and inclusion (AOTA, n.d.). Educators can utilize these resources to facilitate conversation, discussion, and reflection of students.

Conclusion

The profession of OT has long-standing principles that guide OTPs in their interactions with others, including when determining the most ethical courses of action (AOTA, 2020b). These core principles are grounded in, and embrace that, engaging in meaningful occupation and having choice and control over the environment directly influences well-being (AOTA, 2020a); without choice and control, people experience occupational disruption. Academic programs should ensure students are educated about how interventions can target working with communities and individuals to regain control and achieve occupational balance. Additionally, understanding the perceptions of these early career practitioners can provide insight for administrators and clinical supervisors about the needs of their staff. Natural and man-made disasters produce micro, meso, and macro consequences, including for the profession; in this regard, the COVID-19 pandemic was no different (McLaren et al., 2020). Including the recommendations from this study and reflecting broadly on methods to address recovery from occupational disruptions for individuals, groups, and communities will highlight the distinct value of OT, as well as prepare students for confronting the unanticipated and unknown in their future as OTPs.

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