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Abstract

Fieldwork is an integral portion of occupational therapy education that ensures students have the opportunity to develop basic competencies in real world practice settings. The national shortage of fieldwork placements, particularly in the area of mental health, in combination with the COVID-19 pandemic, have led to the adoption of increasingly innovative fieldwork models. This retrospective, qualitative study investigates occupational therapy assistant students' experiences of completing a faculty-led (i.e. where faculty served as the primary fieldwork educator) and virtual (i.e., where services were offered in a virtual environment) Level I fieldwork with a community-based peer led behavioral health agency. Twenty-three students completed a confidential survey describing their experiences in Fall 2020. A secondary analysis of students' responses was performed using principles of thematic analysis, which yielded results centered on four themes: knowledge, skills, attitudes, and structure. Subcategories highlighted growth across multiple areas including knowledge of occupational therapy's role in mental health, interpersonal skills, and use of technology and other resources. Students' preconceived notions of individuals with mental illness were challenged and many reported increased confidence in their abilities to work with these individuals. Both positive and constructive feedback were provided regarding the overall virtual fieldwork experience. The faculty-led virtual fieldwork model was viable in supporting occupational therapy assistant students' skills to engage people with mental health and substance use challenges in a community setting. The potential use of this model is discussed in light of the anticipated increase of behavioral health problems for many across the lifespan post-COVID-19 pandemic.

Keywords

Faculty-led, virtual, fieldwork, occupational therapy assistant

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ABSTRACT

Fieldwork is an integral portion of occupational therapy education that ensures students have the opportunity to develop basic competencies in real world practice settings. The national shortage of fieldwork placements, particularly in the area of mental health, in combination with the COVID-19 pandemic, have led to the adoption of increasingly innovative fieldwork models. This retrospective, qualitative study investigates occupational therapy assistant students' experiences of completing a faculty-led (i.e. where faculty served as the primary fieldwork educator) and virtual (i.e., where services were offered in a virtual environment) Level I fieldwork with a community-based peer led behavioral health agency. Twenty-three students completed a confidential survey describing their experiences in Fall 2020. A secondary analysis of students' responses was performed using principles of thematic analysis, which yielded results centered on four themes: knowledge, skills, attitudes, and structure. Subcategories highlighted growth across multiple areas including knowledge of occupational therapy's role in mental health, interpersonal skills, and use of technology and other resources. Students' preconceived notions of individuals with mental illness were challenged and many reported increased confidence in their abilities to work with these individuals. Both positive and constructive feedback were provided regarding the overall virtual fieldwork experience. The faculty-led virtual fieldwork model was viable in supporting occupational therapy assistant students' skills to engage people with mental health and substance use challenges in a community setting. The potential use of this model is discussed in light of the anticipated increase of behavioral health problems for many across the lifespan post-COVID-19 pandemic.

Introduction

The Accreditation Council for Occupational Therapy Education (ACOTE, 2018) describes fieldwork education as "a crucial part of professional preparation… designed to promote clinical reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities" (p. 39). But as the number of occupational therapy (OT) and occupational therapy assistant (OTA) programs multiply across the United States (Harvison, 2020), there continues to be a shortage of field placements for their students (Baldry Currens & Bithell, 2000; Fairbrother et al., 2016; Hanson, 2011; Roberts & Simon, 2012; Varland et al., 2017). Occupational therapy practitioners have identified productivity demands, lack of physical space, and concerns about student readiness as reasons for not taking students (Evenson et al., 2015; Hanson, 2011). Fieldwork in mental health is a particularly endangered area (Costa et al., 2011; Kautzmann, 1995), since the number of OT practitioners working in it is declining (American Occupational Therapy Association [AOTA], 2020a; Hulse et al., 2000). In many states, OT practitioners are not considered qualified mental health practitioners, which limits their ability to practice in this area (AOTA, 2017).

Two recent developments are significantly impacting the current state of fieldwork education in the United States: 1) ACOTE's updated 2018 standards and 2) the COVID-19 pandemic. Within the latest ACOTE standards, Level I fieldwork opportunities have been expanded to include different instructional methods including the use of faculty-led site visits (ACOTE, 2018). Faculty-led site visits are a type of fieldwork experience that allow for students to engage in the clinical process which are facilitated by faculty; this is in contrast to more traditional models where site-employed fieldwork educators are utilized (ACOTE, 2018). Although this model has been in use prior to these changes (Rydeen et al., 1995), there appears to be renewed interest in this educational format (Keptner & Klein, 2019). Additionally, with the advent of the COVID-19 pandemic, more states have expanded opportunities for OT practitioners to practice in a virtual environment (AOTA, 2021). Both of these models may be leveraged to address the shortage of mental health fieldwork slots. This project examined one cohort of OTA students' experiences completing a faculty-led virtual Level I fieldwork with a community-based peer-led behavioral health agency to better understand the impact of this approach.

Literature Review

The Impact of Mental Health Fieldwork

Historically OT research has often concluded that fieldwork experiences have the greatest impact on student practice preference (Christie et al., 1985; Ezersky et al., 1989; Mulholland & Derdall, 2005). Students who are not exposed to or do not feel competent in a certain area of practice are less likely to seek employment in that practice area (Crowe & Mackenzie, 2002; Cusick et al., 1993). Given the lack of clinical opportunities in mental health, it is less likely that OT or OTA students will be drawn to this area of practice for future employment. In fact, research has supported that limited mental health fieldwork placements, unfamiliarity working in mental health settings, and

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inadequate preparedness are barriers to students choosing to practice in this area (Lloyd et al., 2002; Norris et al., 2007). These barriers are interconnected as, without available mental health fieldwork placements, students may not be able to practice related skillsets needed to be successful in behavioral health environments (Costa et al., 2011).

Earlier research suggested that mental health coursework in OT curriculum was often viewed negatively by students (Christie et al., 1985; Lewicki et al., 1999; Wittman et al. 1989). Although research has not recently revisited this phenomenon, this sentiment may still remain. Even among OT students, individuals with mental illness are less favorably viewed than individuals with other types of impairments (Penny et al., 2001). Despite this, fieldwork in mental health *can* positively impact students' attitudes (Beltran et al., 2007; Gilbert & Strong, 2000). Studies have demonstrated that fieldwork in mental health can challenge students' stereotypical notions about individuals with mental illness and normalize students' attitudes towards individuals with these conditions (Bagatell et al., 2013; Beltran et al., 2007; Lyons & Ziviani, 1995). Further, a study by Penny et al. (2001) showed the percentage of students who would consider working with this population significantly increased following their Level I fieldwork experience. Notably, studies have not looked specifically at OTA students' views of similar experiences and few studies have focused on student perceptions in recent years.

Fieldwork in the Virtual Environment and Telehealth

A virtual environment is one in which individuals communicate "by means of airwaves and/or digital platforms" (ACOTE, 2018, p.54). To date, limited research has been published on the experiences of OT students treating via a virtual environment (Baranek et al., 2021) and no studies were found that included OTA students. Importantly, ACOTE requires that all OT and OTA students demonstrate knowledge of the use of virtual environments and telehealth technology in practice (ACOTE, 2018). Research has looked at the benefits of telehealth, which encompasses treatment in a virtual environment by qualified practitioners. Cason (2012) described several benefits of telehealth services in that they can be utilized to overcome access issues to OT services: they can connect individuals with OT practitioners with specific expertise, and they can be used to work with individuals in their natural environment. Research has shown telehealth OT services to be viewed advantageously by individuals across the lifespan and with diverse conditions for the same reasons suggested above (Ashburner et al., 2016; Beit Yosef et al., 2019; Cason, 2009; Gardner et al., 2016; Irgens et al., 2018; Wallisch et al., 2019; Zylstra, 2013). In the area of mental health, there is great promise for telehealth rehabilitation services, but more research is needed (García-Lizana, & Muñoz-Mayorga, 2010; Rees & Maclaine, 2015; Turgoose et al., 2018).

Faculty-Led Site Visit Fieldwork Model

Several innovative models of fieldwork have been proposed and utilized to mitigate the fieldwork shortage; one of these models is a faculty-led site visit fieldwork model. As previously mentioned, this model utilizes program faculty to facilitate experiences, often in partnership with community, educational, or clinical settings, for students to observe and/or participate in therapeutic activities (ACOTE, 2018). The potential benefit of this

model is a lessened burden on clinical partners by not requiring their staff to supervise while still providing adequate oversight and structure to students (Keptner & Klein, 2019). Research has previously demonstrated that this type of instructional model can support student growth across varying settings including during Level I fieldwork experiences (Brown & Mohler, 2020; Keptner & Klein, 2019; Rydeen et al., 1995). In one case study of a faculty-led Level I fieldwork experience utilizing a collaborative learning model (i.e., multiple students:1 supervisor), the authors found that when implemented thoughtfully, this model can promote student self-direction, reflection, and confidence (Keptner & Klein, 2019). While it may be considered a less traditional model in OT experiential education, this structure has been commonly utilized in nursing education for years (Won & Wong, 1987).

There is a gap in the literature looking specifically at OTA students' fieldwork experiences in mental health, and there is limited information about using a virtual environment or faculty-led site visit fieldwork model. This should be of particular interest to educators and stakeholders as it may be a potentially viable method of exposing more students to this area of practice, in turn impacting future employment preferences during a time when mental health needs are increasing.

Due to the COVID-19 pandemic, sudden shifts occurred in OTA fieldwork placements, often changing from in-person to virtual settings, with few resources available in the literature for quantitative or qualitative question development. Therefore, it was important to gather preliminary experiences from students about their experiences (Hsieh & Shannon, 2005). This project considered the following research question in an effort to better understand this relationship: What are the experiences of OTA students participating in a mental health fieldwork experience, run by the faculty, and completed solely on a virtual platform?

Methodology

Fieldwork Design

As part of this OTA program's coursework, students enrolled in a one credit, Level I fieldwork course during the fall semester. Students were provided the opportunity to be on site at a variety of traditional and non-traditional settings one day per week for eight sessions. The aims of this rotation were the development of their professional behaviors, communication skills, professional terminology, and understanding of the impact of various conditions on occupational engagement. Structured assignments were outlined to ensure curricular objectives were met across settings. On-site fieldwork educators supervised and evaluated overall student performance.

In light of the COVID-19 pandemic, students at this university were restricted to remote learning for all didactic and experiential coursework. Consequently, this course was adapted to ensure curricular objectives and rigor were maintained while abiding by these new restrictions. The program partnered with a community-based peer led behavioral health agency. For context, this was an organization with which the school previously worked with as Level I fieldwork site, pre-COVID. This agency served adults

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with mental health and substance abuse challenges through supportive housing, wellness respite, and community wellness centers. The individuals served by the OTA students were those receiving support through the drop-in community wellness centers. The agency referred to these individuals as center members or 'members'. Zoom (Health Insurance Portability and Accountability Act [HIPAA] compliant) sessions were scheduled with members from the organization who joined for individual interviews and groups by computer or by phone. Students joined Zoom sessions by any electronic device with audiovisual capabilities.

To meet the aims of this course, students participated in two major assignments over the course of six weeks. One, students conducted an interview assignment where they worked with classmates in teams of three to develop the occupational profile of one of the members. As part of the interview assignment, individual students were assigned and asked to integrate into their interview different assessment tools in order to help build the member's occupational profile (for example, Modified Interest Checklist, Time Construction Worksheet). Each student had one hour to gather information relevant to their section of the occupational profile during one of the first three weeks. Two, in their same teams, students organized and presented three distinct group sessions, all of which related to one overarching topic. As part of the group session assignment, timely topics related to the eight dimensions of wellness (Swarbrick, 2006) were assigned to students to develop content (for example, Health and Wellness Habits and COVID-19; Social Wellness, COVID-19, and Technology). Students facilitated one-hour group sessions based on these topics during one of the final three weeks. The course instructor functioned in the role of fieldwork educator by 1) providing feedback related to session planning, and 2) providing feedback regarding professional behaviors and communication skills during sessions. Additional OTA faculty and an agency mentor assisted with coordinating and implementing these activities. Further didactic work supplemented this experience to maintain the time requirement of the course.

Research Design

Two weeks after the fieldwork course ended, a confidential survey was disseminated to all students as an addendum to their typical course evaluation process. The initial objective of the survey was to collect information that would aid the instructors in understanding the impact of the new fieldwork experience. After preliminary review of the data, the authors determined that the innovative approach would be relevant to other OT educators. A secondary analysis of the de-identified data was completed after receipt of institutional review board (IRB) approval (Protocol 2021000936). The end objective of this project was to describe the phenomena of OTA student experiences participating in a Level I faculty-led virtual mental health fieldwork experience conducted at a behavioral health agency.

Student survey responses were analyzed using thematic analysis (Nowell et al., 2017). Preliminary steps in the procedure of thematic analysis included reviewing and becoming familiar with the data, creation of preliminary codes through sorting data, and then the development of initial concepts and themes to represent the codes. Once potential themes were identified, these were further vetted by the researchers until consensus was reached.

Role of the Researcher

During the fieldwork course, the first two authors were instructors and field placement advisors. De-identified data was utilized by the first two authors and provided to the other authors who are uninvolved with the program for analysis. To minimize ethical issues or bias, data was analyzed several months after the conclusion of the course; researchers were a combination of instructors and non-instructors; coding of the data included non-teaching researchers; IRB reviewers approved the data plan; and all data was collected anonymously with no identifying links.

Participants

Twenty-three OTA students completed the confidential survey representing all students enrolled in the Level I fieldwork course in Fall 2020 at a large northeastern university. Student average age was 29 (range of 19-48, SD= 7.7), with 44% (n=10) responding that they had a family member diagnosed with a mental health condition.

Procedure

Data was gathered from an electronic survey. Two demographic questions were asked regarding age and whether the student had a family member diagnosed with a psychiatric condition. Additionally, seven open-ended response questions were asked after completion of fieldwork to better understand the experience from the students' perspective (see Table 1).

Table 1

Survey Questions

1. What specifically about the fieldwork experience contributed to your growth?
2. What about completing fieldwork in a virtual environment supported your development?
3. What about completing fieldwork in the virtual environment hindered your development?
4. How do you feel this fieldwork experience prepared you to work with individuals with mental illness?
5. Describe your willingness to provide services to people with mental illness based on your experiences in this fieldwork.
6. Based on this fieldwork experience, what concerns, if any, do you have with treating people with mental illness?
7. Please describe your one biggest takeaway from this experience.

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Data Analysis

Student responses to open-ended questions were transferred to spreadsheet software (Microsoft ® Excel ® 2016 MSO, Version 16.0.4266.1001), which was used to develop preliminary codes, sort data by question, and categorize information into larger groups. The coding team was comprised of all co-authors who had experience with previous thematic analysis and led by two OTs (first 2 authors). The trustworthiness of the qualitative thematic analysis was ensured through several procedures (Nowell et al., 2017). Team coding was used to ensure consensus among all researchers for preliminary analysis. Discussions to achieve consensus were used to overcome disagreements and to improve the reliability of the analysis. Then, two OT-led teams coded three or four questions each using discussion to come to consensus about codes and identification of larger thematic patterns. Following review of all of the data, debriefings took place with all investigators to share concepts, meeting notes and reflexivity memos together. A smaller team of researchers including one OT and one non-OT met to further refine results into overarching themes and sub-categories.

Results

The study yielded four primary themes with 12 categories and 29 codes derived from across all of the survey questions (see Table 2). Student responses about the fieldwork experience were coded into the themes of 1) Knowledge, 2) Skills, 3) Attitudes and 4) Structure. The first theme, knowledge, captured students' perspectives about the OT role. Students explicitly mentioned that the experiences with members helped them to better understand the importance of the OT role in mental health. In the second theme, skills, responses related to learning the skills needed for practice such as interpersonal skills, group management skills, interviewing strategies, problem-solving, and methods to integrate technology into OT services. Attitudes, the third theme, captured students' reflections about the experience and encompassed the categories of confidence, change of perception, and normalization of mental illness. The final theme, structure, captured the many responses about the fieldwork structure and strategies for learning, and the use of technology during fieldwork. Quotes used to support each category and theme are provided in Table 2. Quotes are attributed to the various students by the designation OTA student (OTAS) and an assigned number.

Table 2

Themes Highlighting Student Perceptions Following Participation in a Faculty-Led Virtual Behavioral Health Fieldwork

THEME	CODES	CATEGORY	QUOTES
KNOWLEDGE	importance of OT in mental health, improve knowledge, understanding role of OT in mental health, increased understanding of the impact of mental health, uncertainty, lack of understanding of conditions	Role of OT in mental health	Prior to this fieldwork experience, I was unsure how occupational therapy assisted individuals with mental health. I have learned more about how I can assist these individuals as an OTA (OTAS 7) Before enrolling in the program, I was not aware of the deep connection of mental health and occupational therapy… Through the fieldwork course I was able to learn the wide range of mental health challenges, how they impact each person differently and the tools that are available for us to help work with clients. (OTAS 18)
SKILLS	therapeutic use of self, occupational engagement skills, communication skills, group leadership skills, adaptation, empathy, client-centered care, group skills	Interpersonal skills	I think [fieldwork] helped me prepare by showing me the appropriate ways to communicate and respond to a range of situations or comments that could be encountered when working with those who have a mental illness. (OTAS 16)
		Group management skills	Actually having to practice the communication strategies and planning a group to run on our own really forced me to experience growth for myself in these areas. It pushed me to apply what I already knew and was learning. The debriefing also provided me a chance to face the mistakes I made in order to correct them. (OTAS 11) Hosting a group session virtually tested my ability to communicate with participants because I had to adapt material and make sure to really make it clear as to what the activity is for people who did not have the visual component. (OTAS 13)

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Interviewing strategies	I have learned a lot from using different techniques, learning the language, and using different formula's to be able to get a client to open up to the occupational therapist. (OTAS 23)
Problem solving skills – expect the unexpected	I feel as though that being in a virtual environment gave us many obstacles which has helped me learn even more how to prepare and manage unforeseen conflicts. It gave me the experience to think quickly and continue my sessions if I felt as though something was not going the way I initially planned. (OTAS 11) Knowing that not everyone attending groups would be there visually helped with my development for planning by making me consider contingencies based off of what the population was for that day (audio and visual Vs just audio) and helped me to make plans concrete enough to have structure, but loose enough to be able to adapt based off of the population. (OTAS 16)
Integration of technology in OT services	Virtual fieldwork taught me so much about a world revolving around technology. As each day passes, we will only be introduced to new technology and ways to treat people. So virtual fieldwork helped me to understand what treating patients virtually looks like. (OTAS 4)
Use of university/personal resources	Being virtual was challenging. However, I think that this pushed me to take more initiative with what I was learning. I used resources that I would maybe not have used if we were in person and information was more accessible. It pushed me to explore resources and connection with my peers that I may not have made otherwise. (OTAS 18)

ATTITUDES	self-awareness, changing conceptions, improved confidence, strengths of people with mental health, normalization of mental illness	Confidence	Although I would have chosen to forego both the interview and the group if I could have, in the end both activities were very beneficial to me. I learned that with appropriate preparation, feedback from my supervisors, and empathy for the participants, I was able to develop a therapeutic relationship with the participants, and even truly enjoy getting to know them. This surprised me greatly! These outcomes boosted my confidence significantly in these social situations that I tend to find very uncomfortable. (OTAS 3) This experience gave me the necessary real life experience that I needed. It helped me conquer my fear of speaking to clients without the proper knowledge. I was afraid to do so but this experience helped me understand that I know more than I think I do and to just do my best in any setting. (OTAS 6)
		Change of perception	This experience gave me much deeper insight into how mental illness impacts people, their participation in occupations, and their overall well-being. It's one thing to read about mental conditions, and a very different thing to get to know people with these conditions. (OTAS 3) My willingness [to work with this population] has gone from none to absolutely. I began fieldwork thinking there was no way I would ever work in connection with mental health. My view is completely different now and I do think that this is something I would like to explore. (OTAS 18)
		Normalization of mental illness	Working with clients who have mental illness and being able to see that they are people with the same feelings as myself. It galvanized the fact that everyone deserves to be treated with dignity and respect. (OTAS 9)

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			I think it just showed that you would never know someone has a mental illness unless they told you they do. The people I encountered did not seem like they had anything hindering them… Interviewing and using assessment tools is not as scary as it seems! Everyone is a person so just have a normal conversation with them that touches on the things you need to know and if you need more information, ask them to tell you more. (OTAS 17) …I do think that the fieldwork experience helped change some of my previous stereotypes of mental illness and given me more knowledge. The experience has taken out some of my "fear" of working and spending time with someone who may have mental health challenges. (OTAS 18)
STRUCTURE	importance of feedback, fieldwork structure, didactic learning, virtual environment, technology, preparation through experience, challenging structure, limited connection, technology access issues, non-verbal communication difficulties, use of tools	Fieldwork structure	…the use of tools such as time construction sheet and interest worksheets help build a detailed occupational profile for reference when developing individualized plans. (OTAS 5) Having the different discussion boards and having to do more research about mental illness helped me understand the impact that it has on occupational engagement. Also, the presentations we had by guests and/or professors also explaining the impact mental illness has on occupational engagement. This also helped paint a better picture to understand the role OT has when it comes to mental illness and creating goals to help our clients. To find out more about our client and what goals they have, the assessment tools really help with that. (OTAS 12)

Technology	Virtual fieldwork did not allow people to connect face-to-face. I like talking to people face-to-face as I feel I can connect with people more. It was also difficult with running groups when not everyone had the same access to technology. (OTAS 4) Speaking in front of others was made easier due to the virtual environment and being in a familiar setting. While there was still some nervousness being able to speak with clients through zoom was helpful to help build the foundation of confidence. (OTAS 9) I had difficulty facilitating activities through a virtual environment because I was uncertain about getting the purpose of the activity across to everyone. I enjoy visuals and seeing how everyone is doing rather than just hearing someone tell me they understand. (OTAS 14) So because we got to do this virtually, most people we interviewed were over the phone. This kind of took some pressure off of us being in person and using assessment tools for the first time because they are very new and we didn't have the best idea of how to use them. Fieldwork virtually allowed us to use them with not as much pressure. (OTAS 17)

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Discussion

Students who participated in a faculty-led virtual Level I fieldwork experience in a peer-led organization reported growth in OT related knowledge and skills, a change in attitude about themselves and about individuals with mental health conditions, and shared several comments about the benefits and drawbacks of the structure of this particular experience. Findings of this project support previous research indicating the importance of the mental health fieldwork experience in contributing to student clinical competencies and confidence in this area (Lloyd et al., 2002; Norris et al., 2007).

Overall, findings of this study support those reported in previous research regarding OT student participation in mental health fieldwork. Following a fieldwork experience in mental health, students report having a better understanding of OT and mental illness; they also have more positive views about individuals with mental illness and this area of practice (Bagatell et al., 2013; Beltran et al., 2007; Gilbert & Strong, 2000). It is a novel finding that similar results were yielded for OT and OTA students as previous research has focused only on the former (Bagatell et al., 2013; Beltran et al., 2007; Gilbert & Strong, 2000). Students expressed surprise about how meaningful the experience was and integral to the refinement of their communication engagement and group facilitation skills. Per previous studies, health professional students may often feel that learning in a virtual environment is subpar than in person learning for their growth and development (Byrnes et al., 2020; Chen et al., 2020). Occupational therapy assistant students' self-reported feelings of mastery of skills and objectives that remained unchanged from previous cohorts experiencing "traditional" fieldwork are encouraging.

As highlighted by this project and previous research, the structure of the fieldwork experience is key to supporting student growth (Beltran et al., 2007). Using a faculty-led site visit model has several potential benefits and can be leveraged to support student experiential education within the area of mental health practice. By utilizing a faculty-led site visit approach, the course instructor has more control over the learning experiences offered to students ensuring that specific learning objectives are met. Additionally, this allows students to have a more uniform experience as compared to when students in the same cohort are placed at a wide variety of sites (for example, acute care, inpatient rehabilitation, and outpatient rehabilitation all to meet the same learning objectives) with fieldwork educators with different teaching approaches (for example, those who have students mostly observe versus those who allow for a more hands-on experience). Due to the lack of practitioners working in mental health as well as a discrepancy regarding the number of students mental health sites feel they can accept (Thompson et al., 2012), using a faculty-led site visit approach can maximize opportunities for students to engage with people living with behavioral health issues in the community. Community-based practices are a particularly well-suited setting for students to address an unmet need for OT services.

Since there is limited literature describing experiences of students completing fieldwork in a virtual environment, it is encouraging to see students perceived this experience as largely positive. Some students reported more ease in learning in this environment. As accreditation requires students to demonstrate knowledge and use of telehealth technology (ACOTE, 2018), offering one fieldwork experience in a virtual environment may be beneficial to meet diverse student needs and accreditation standards. As opposed to being limited to one physical location, students had an opportunity to connect with individuals who were located across the state. This offered greater diversity of clientele and opportunities for learning. In addition to the benefits for the students, the virtual environment model may also be appealing to some consumers of OT services. Research has demonstrated that clients perceive telehealth to be beneficial for its flexibility, reduced time and travel cost, and accessibility (Ashburner et al., 2016; Gardner et al., 2016; Wallisch et al., 2019), which may be helpful for individuals who have difficulties with access and live-in poverty (Hudson, 2005).

Students highlighted a couple key challenges posed by working in the virtual environment. For one, some felt that the connections they were working to build were impacted by not being in person. For another, students expressed the difficulty hosting groups when members joined using different technologies (i.e. by phone vs. by computer). Many challenges of the virtual environment ultimately support the development of skills needed by all entry-level OT practitioners – the ability to effectively communicate, adapt, and take initiative (AOTA, 2020b). In turn, and in line with the category of “problem solving skills – expect the unexpected”, these challenges could be turned into opportunities to further professional development.

Limitations

There were several limitations to this study. To begin, this was a small convenience sample and therefore results cannot readily be generalized to the OTA student population. Additionally, some students reported having experience of knowing individuals with mental illness which may have impacted responses. Although this data was collected confidentially, knowing that the course instructor would review feedback, students may have provided socially desirable responses. Specific outcomes were not assessed with standardized tools thus future research could assess competency skills prior to and after the fieldwork experience.

Implications for Occupational Therapy Education

As the fieldwork shortage continues, findings from this study seem to support the viability of a virtual faculty-led mental health fieldwork. Further research should investigate best teaching practices utilizing these non-traditional methods of fieldwork. A virtual faculty-led site visit model, in particular, has the advantages of being resource conscious by having one supervisor overseeing multiple students (potentially lessening the number of fieldwork sites required) while decreasing the burden on an organization. Notably, this does shift additional responsibility to the faculty. Yet, the benefits may outweigh the drawbacks as this has the potential to expand opportunities for students, particularly in behavioral healthcare, and opens the possibility for new community organization partnerships.

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Occupational therapy and OTA education should reflect the changing demographics of the general population; due to the COVID-19 pandemic, the number of individuals requiring behavioral healthcare services is expected to increase (Ali, 2021; Substance Abuse and Mental Health Services Administration, 2021). Yet the number of OT practitioners working in mental health continues to decline (AOTA, 2020a). Even outside these traditional behavioral healthcare settings, it is highly likely OT professionals will work with an increasing number of individuals with a secondary diagnosis of a behavioral health condition. Increased student exposure to people living with mental health and substance abuse conditions is needed to build students' skills and confidence working with this population and to promote workforce recruitment in this area.

The use of telehealth services for behavioral health and other medical care, has become more common and will continue because of the COVID-19 pandemic (Health Resources & Services Administration, n.d.). Concurrently, the use of virtual learning continues to expand in academia (Allen & Seaman, 2016). In this study, the synchronous virtual environment was effective in supporting the initial development of communication skills for OTA students. Therefore, OT and OTA education should continue to incorporate technology throughout the curriculum, including fieldwork opportunities.

Conclusion

Alternative fieldwork models should continue to be investigated in light of the ongoing fieldwork shortage (Baldry Currens & Bithell, 2000; Fairbrother et al., 2016; Hanson, 2011; Roberts & Simon, 2012; Varland et al., 2017), particularly in the area of mental health (Costa et al., 2011; Kautzmann, 1995). Findings from this study demonstrate the potential of a faculty-led virtual Level I fieldwork model in supporting OTA student knowledge, skills, and attitudes within this area of practice. The design of a virtual fieldwork experience needs to be thoughtfully considered to maximize the student learning experience and further research is required to determine best practices. Due to the expected increase of individuals needing behavioral health services (Ali, 2021; Substance Abuse and Mental Health Services Administration, 2021), it is of the utmost importance that OT and OTA students continue to have the opportunity to engage in fieldwork in this important practice area.

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