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Exploring the Perspectives of Community Mentors in Occupational Therapy Education

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Abstract

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Keywords

Occupational therapy education, mentoring, disability, lived experience, COVID-19

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ABSTRACT

Involving people with disabilities in the education of occupational therapy students is important for improving knowledge, skills, and attitudes that promote client-centered practice. At Queen's University in Ontario, Canada, community mentors with disabilities are involved in an occupational therapy course designed to enhance student understanding and empathy for the lived experience of disability. With the onset of the COVID-19 pandemic, the course required adjustment to adhere to health and safety precautions. We explored the perspectives of community mentors with disabilities who participated in the course during the pandemic to better understand how pandemic-related restrictions affected the mentoring experience, their relationships with students, and educational quality. Findings revealed that all participants considered their mentor role to be beneficial and positive, regardless of the chosen method of interaction (i.e., in-person or via digital technology). However, mentors with prior experience in this role identified differences in the relational aspects of the experience. Some mentors who had established mentoring patterns pre-pandemic quickly shifted into pre-COVID routines, despite the inherent risk, seemingly based on an internalized image of what the role should entail. Other mentors indicated acceptance of the altered patterns, and noted benefits associated with the use of technology. The findings confirm that ensuring mentor autonomy, providing training to mentors, and continuing to promote the benefits of such a course are crucial to support their role in shaping future occupational therapy practice.

Introduction

Occupational therapy (OT) educators draw upon a diverse range of pedagogical approaches to prepare students with a strong foundation for effective, ethical, and client-centered practice. Schaber (2014) described three important approaches in OT education, these being relational learning, affective learning, and highly contextualized active learning. *Relational learning* comes from "human connection" (Schaber, 2014, p. 42) which may involve mentoring, modeling, and encouraging OT students in holistic, empathic, and respectful practice. *Affective learning* involves transformational teaching where students' values, beliefs and attitudes are changed. *Highly contextualized, active learning* is learning-through-doing or experiential learning that allows students to develop hands-on skills in natural settings with people with diverse conditions and abilities. In an American national survey of educational activities and strategies to teach OT students about occupation, Krishnagiri et al. (2019) found that all three approaches were used, and they recommended continued use of active, contextualized, and relational learning approaches in OT education.

While clinical placements are a crucial component of OT education and significant for developing professional identity (Ashby et al., 2016), practical experience prior to placements can help students develop skills earlier, be better prepared and more effective during their clinical placements and beyond (Nagarajan et al., 2017; Sullivan & Mendonca, 2017). Studies have shown that when healthcare students have increased exposure and familiarity with people with disabilities, their knowledge and attitudes towards disability are more positive (Bassette et al. 2021; Tervo & Palmer, 2004; VanPuymbrouck & Friedman, 2020). Occupational therapy programs attract students from diverse educational backgrounds and experiences with disability. Given this range of experiences and knowledge, several researchers recommend future studies are needed to explore how different relationships between students and people with disabilities, including outside of formal service-provision relationships, can be incorporated into OT education to promote positive attitudes towards disability (Bassette et al., 2021; Ten Klooster et al., 2009; Tervo & Palmer, 2004; VanPuymbrouck & Friedman, 2020).

Although people with disabilities are often involved in the education of OT students in the role of client or service user, there is minimal research on other novel approaches to engage people with disabilities as instructors in OT education. Yalon-Chamovitz et al. (2017) described a unique course structure in a bachelor of OT program in Israel, where co-teaching occurred between an OT professor and a service user with disability. They highlighted the value of deconstructing hierarchies and demonstrated a positive model of partnership between people with and without disability in education of OT students. However, they also noted several challenges, a primary one being an inherent power differential between professors/professionals and service users. Considering some of OT's fundamental principles of empowerment, enablement, and client-centered practice, it is important for OT education to engage people with a broad range of disabilities in equitable partnerships.

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Several other multi-disciplinary initiatives have sought to actively engage people with disabilities as teachers, trainers, or mentors. For example, studies have shown the benefits of people with disabilities training disability support workers and administrators (Black & Roberts, 2009; Flynn et al., 2020). Other programs have involved people with disabilities teaching speech and language therapy students (Balandin & Hines, 2011), physical medicine and rehabilitation residents (Siebens et al., 2004), and nursing professionals (Kroll et al., 2008). Milot et al. (2018) conducted a literature review to identify various international projects that actively involved people with disabilities in post-secondary education. They included 20 projects, mostly based in the United Kingdom (UK) and targeting nursing and medical students. People with disabilities were involved in various ways, including sharing personal experiences, consultation, course development, formal and informal teaching, and assessment; overall, both learners and educators with disabilities reported positive outcomes. In Canada specifically, Dalhousie University (Doucet et al., 2012; Doucet et al., 2013; Lauckner et al., 2012) and the University of British Columbia (UBC; Cheng & Towle, 2017; Kline et al., 2022; Towle et al., 2014) have developed interprofessional Health Mentor Programs where students from various health and social disciplines are connected to a community volunteer with a disability or chronic condition, meeting with them to listen and learn about their lived experience, rather than providing any treatment or healthcare advice. However, Kline et al. (2022) asserted that there are limited studies focusing on the perspectives of mentors and how they benefit from such mentoring programs.

Since 1999, Queen's University in Kingston, Ontario, Canada, has had a combined academic/fieldwork course for first year OT students (prior to any clinical placements) where students engage with a volunteer mentor from the community who has lived experience of disability. The course was structured so that students were first assigned to a small tutorial group, typically consisting of twelve students. Each student was then paired with another student from their group, and then the course coordinators randomly matched the pairs to a community mentor. Course coordinators attempted to provide each tutorial group with a total of six mentors that represented a range of lived experiences (e.g., health conditions, impairments). Students met with their mentors several times during the twelve-week term to gain a deeper understanding of their mentor's lived experience. The community mentor became a primary educator for the students during the term, such that students were encouraged to come with open minds, thoughtful questions, and a humble willingness to learn, rather than being expected to provide clinical expertise. Mentors were given basic guidelines but were otherwise free to engage with students in whatever way they believed would be beneficial and educational for students. During the term students were asked to maintain a reflective journal and attend biweekly tutorial group meetings to share their experiences and learning. Earlier studies provide more details on the course and its development (Jamieson et al., 2006; Morgan et al., 2009; Paterson et al., 2000; Troop & O'Riordan, 2017). An over-arching goal is to engage students in a transformative learning experience that emerges through participatory learning, personal investment in the learning, and self-refection (Paterson et al., 2000). This course aims to develop OT

students' empathy and promote client-centered practice through "relational knowing that foster[s] transformative learning experiences" (Troop & O'Riordan, 2017, p. 11). Both students (Jamieson et al., 2006) and mentors (Morgan et al., 2009) have highlighted significant benefits from engaging in this OT course.

Since the onset of the COVID-19 global pandemic, OT practice and education have been significantly disrupted across the world (Assaf, 2020; Brown, 2021; Bulan & Lagria, 2020; Hoel et al., 2021). For universities with adequate resources and technology, courses primarily moved online, eliciting both advantages and disadvantages. In the United States, Stamm et al. (2021) identified positive and negative outcomes of e-learning during the pandemic through surveying a class of OT doctoral students who identified as kinesthetic learners. Students reported benefits from smaller breakout-room discussions, increased time and less distractions associated with virtual labs, convenient access to professors for support, and the ability to listen and learn at their own pace with pre-recorded lectures (Stamm et al., 2021). However, as students who primarily learn through "hands on" experience, they reported difficulties engaging in remote learning, struggles in applying knowledge and decreased comprehension and confidence, as well as overall less interaction with professors and peers and increased negative emotions (i.e., stress, anxiety; Stamm et al., 2021). Other authors have recognized how the transition to remote learning exacerbated challenges with time management and motivation and increased stress, isolation, and anxiety for OT students and faculty alike (Bulan & Lagria, 2020; Gustafsson, 2020). For practical courses and placements, COVID-19 has had an even greater effect, where, for safety reasons, some student placements were cancelled, or moved to remote practice supervision (Hoel et al., 2021). Dadswell et al. (2021) described an innovative 'Placement Replacement Module' developed in the UK to allow students to attain their required clinical practice hours despite disruption from COVID-19 and cancellation of original placements. Students participated in a five-week virtual module that incorporated introductory skills training, reflective journaling, case-based learning, and simulated practice. Overall, they found that students reported benefits from this learning opportunity and many even felt it replicated the in-person placement experience, primarily because of the authenticity and intensive focus on preparation and skill development. The move to remote learning also illuminated inequities, where those without access to reliable internet, computers, or conducive workspaces are disadvantaged (Bulan & Lagria, 2020; Gustafsson, 2020). Undoubtably, hands-on, in-person learning is still essential for OT student learning, although it has been suggested that perhaps a hybrid approach or blended learning may be the preferred approach in the future (Gustafsson, 2020).

The OT program at Queen's University was no different in facing extraordinary disruption and change to their educational approach due to the pandemic. Specifically, instructors of the 'Lived Experience of Disability' course were required to modify all aspects of the course, including the practical component where students met with community mentors, as well as the tutorials where students shared their insights and learning. Tutorials all moved to an online format. However, as local public health restrictions eased during the time of the course, a number of meeting options were

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available to mentors and students. The possibilities included remote encounters, in-person (with appropriate precautions such as social distancing, wearing masks, and using hand sanitizer regularly) or a combination of the two, depending on mentor (and student) preferences. Regardless of how students engaged with their mentors, the mentor-mentee relationships were affected by the pandemic. Although we were able to gather informal feedback from students during tutorials about their experience during the pandemic, we found we were missing important insights from the perspectives of community mentors with disabilities. The purpose of this study was to explore the role of community mentors as teachers and mentors to OT students during the pandemic, changes to the mentor-mentee relationship, and whether there were specific barriers or facilitators that influenced student learning during this time.

Methods

Study Design

We used a qualitative descriptive design (Sandelowski, 2000; Sandelowski, 2010) based on a constructivist perspective which recognizes that participants' subjective interpretations of their experiences are valid and meaningful. We sought to understand community mentors' experiences and insights from their individual perspective. We also hoped our interpretations would help inform theoretical notions of why and how mentors engage in the educational process, expand on that knowledge by exploring how a permutation in established routines and practices (COVID-19 protocols) affected mentor meaning and engagement in this role, and that these understandings could inform our educational practice. Support for the research project was provided by the OT Lived Experience of Disability course mentor advisory committee, which consisted of four community mentors with disabilities and the course coordinators. The advisory committee discussed the value of the research, the research questions, interview guide and overall approach for analysis. After data analysis, themes were verbally presented back to the committee and preliminary findings also provided in draft manuscript form. All committee members had the opportunity to discuss and provide feedback. Ethical clearance was obtained from the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.

Participants

All community mentors actively involved with the course from September to December 2020 were provided with a letter of information and consent and invited to participate. Nineteen of 24 community mentors agreed to participate in the study. Table 1 provides further details on the demographic characteristics of participants. Participation was voluntary and confidentiality was maintained by using number identifiers, removing overtly identifiable information, and sharing research documents only between the research team on a secure online information-sharing platform.

Data Collection

A teaching assistant (TA) who had been involved in the course for four years conducted semi-structured interviews with all participants. To comply with COVID-19 precautions and limit in-person contact, interviews were completed remotely either via Zoom or by telephone. Interviews ranged between 15 minutes and one hour, with the majority being 30-40 minutes. The semi-structured interview guide allowed for flexible discussion with participants based on what they considered important. Interviews were audio recorded and transcribed verbatim by the TA.

Data Analysis

Content analysis as described by Hsieh and Shannon (2005) was used as the primary analytic approach. This pragmatic approach to descriptive analysis is used to address research questions derived from practice in order to elicit theoretically and methodologically grounded results that can be practically applied. The research team, consisting of authors (JJV, RL and NB), began the analytic process by reading the transcripts so that each analyst could familiarize themselves with the content. We each noted initial impressions before meeting to arrive at a provisional coding structure. We proceeded with inductive coding using NVivo qualitative software. We then met to discuss potential broader categories and sub-categories. We then coded the transcripts deductively under the different categories and developed overarching themes.

Trustworthiness

Colorafi and Evans (2016) summarized various approaches to enhance trustworthiness and rigor in qualitative descriptive studies, focusing on objectivity, dependability, credibility, transferability, and application. In our study we implemented several of these approaches, including maintaining an audit trail and reflecting on personal assumptions and biases. The same researcher conducted all interviews and used a semi-structured interview guide for consistency. All authors contributed to the development of thematic categories. We used rich, thick description, grounding our interpretations in the data and using multiple quotes to illustrate themes. Although our findings are specific to a particular university and course, we described our participants, provided thick description around our themes and discussed comparisons with similar OT courses at other universities to enable readers to judge potential transferability (Korstjens & Moser, 2018). Finally, our study addresses application by explaining specific implications and recommendations for OT education.

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Table 1

Demographic Characteristics of Study Participants

Characteristics	***n* (%)**
Age of participant (years)	
<20	1 (5.3)
20-24	0 (0)
25-29	1 (5.3)
30-34	2 (10.5)
35-39	3 (15.8)
40-44	1 (5.3)
45-49	0 (0)
50-54	3 (15.8)
55-59	2 (10.5)
>60	6 (31.6)
Sex of participant	
Female	10 (52.6)
Male	9 (47.4)
Main health condition	
ASD	2 (10.5)
Amputation	1 (5.3)
Bipolar	1 (5.3)
Cerebral palsy	3 (15.8)
Fibromyalgia	1 (5.3)
Hearing impairment	1 (5.3)
Multiple sclerosis	3 (15.8)
Osteoarthritis/osteoporosis	1 (5.3)
Paralysis	4 (21.1)
Stroke	1 (5.3)
Visual impairment	1 (5.3)
Years involved in OT course	
2-5	11 (57.9)
6-10	4 (21.1)
11-15	1 (5.3)
16-20	1 (5.3)
>20	2 (10.5)
Living situation	
Alone independently	9 (47.4)
Alone with support	4 (21.1)
With family	6 (31.6)

Note. ASD = Autism Spectrum Disorder; OT = Occupational Therapy

Findings

The community mentor interviews yielded reflections on their own experiences of working with students in a mentoring role, as well as mentor observations of mentee experiences. The reports of community mentors who had served in the role for many years were particularly of interest, given their ability to contrast the COVID-19 experience with their more typical experiences. To provide context, we first present findings regarding the experience of mentors in this course on lived experience of disability, and then themes that emerged relative to mentorship during COVID-19.

Perspectives on the Mentor/Instructor Role

The Mentor Experience

Mentors reported on typical activities shared with students as part of their role. For many, a major task was telling their story – letting the students understand the experience and life journey of someone who experiences a disability. A number of shared activities were also mentioned, including,

- Demonstrating the use of various devices
- Engaging the students in cooking or other activities of daily living in the home
- Going shopping at a mall or grocery store
- Taking the students to various areas of the city to observe infrastructure
- Going out to a coffee shop or restaurant

Some mentors expressed commitment to making the learning experience engaging for the students through use of various active learning techniques. For example,

> *I suggest if they want to like go up in my sling in my lift and my ceiling lift and kind of see how what it feels like and all that kind of stuff so it's really hands on and they get to experience a lot - and like, I love making it fun and eventful for them….* (19K)

Ideological Purpose and Goals

Mentors expressed a range of ideologies that guided their thinking as an educator and mentor. One theme focused on the educational mandate and being able to ground student thinking in the personal and lived perspective. One mentor reported,

> *I love working with the students, but I also know that it is my chance to help make a difference so that they will really get it and that they will really understand what our lives are really like, not what the teacher is telling them or the doctor is telling them, but that they can really understand it from where I come from.* (16K)

In another example, a mentor talked about the ability to engage learners around their particular form of disability in a way that built interest and excitement:

> *So that's, you know, that was great about it, having someone that wasn't that interested in mental illness, and seeing the progression just over like six to eight weeks, in that person. Like in the beginning, the person, the student, was not engaged. By the end, but at the end, they were way more engaged than the other person, they completely loved, they completely want to be in the mental health rehabilitation field.* (10B)

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One mentor talked about the need to share in an authentic experience in order to really change thinking and encourage students to question the status quo:

> *I think you have to really be in the situation or in that position to kind of... for example, we went in, the last students and I, went into a coffee shop and it's partially accessible. So, you go, 'This is really nice.' But then you go, 'Who put steps over there to the cash', right? So it really kind of makes them take it a step further, I think. So they just kind of look around and go, 'That's absurd. Why did they do that? How does that make you feel?' That sort of thing.* (5N)

Another stated, "…*you know, yeah, they've heard me talk about it, but then you know they see it first and the light bulb goes on, and wow!"* (15J)

In this sense, these mentors saw their work as contributing to the transformation of the learner's thinking, with the view that this would ultimately impact their future practice. Sometimes this was by way of dispelling certain myths about disability and ability, while in others it was by breaking down stigma. Other mentors commented on the ability to ground students in the real world, rather than theory. These mentors felt they provided a reality-based contrast to the theoretical nature of health care education. For example, one stated,

> ...*the practical experience, you know, as an occupational therapist you have to work with all different types of people in all different kinds of environments, so the practicality of working with people with disabilities in their own environments is very helpful and unique because you can read, like through textbooks, as much as you want, but living through that lived experience is what is special.* (13J)

For some, mentoring was a form of empowerment for themselves, and a way to make meaning of their own situation. For example, one mentor who was a university student stated,

> *…most of the time I was pretty busy with my grad program. Sometimes it's hard to be aware of myself. It's like, when I tell my story to the students, it helps me be more aware of myself. And it can... And I'm sure it helps me feel better about myself. It's a good way too, to kind of take a step back, you know.* (14D)

Another participant saw the mentoring experience as a means of building student learning of a particular empowerment framework. This mentor subscribed to an asset-based framework that promotes self-empowerment, and saw it as important to impress this on students:

> *I view it as a captive audience to help practitioners who are learning to recognize that their clients have huge power within themselves to self manage, and if they can help them to recognize and realize that they have that power, it's a really good thing and so I'm proselytizing to them all the time.* (18N)

Through their discussions, some mentors also challenged ideas and assumptions about disability. They saw part of their role as dispelling the view that disability can be assumed to exist by virtue of diagnosis. These mentors expressed the view that they don't, in reality, *have* a disability, they do experience disability, however, as when

interacting with non-accessible physical environments or when facing attitudinal or larger systemic policy barriers. Their goal was to challenge students to embrace a social model of disability and consider its real meaning. A few struggled with even labelling themselves as 'disabled' or part of a subpopulation. One stated, *"And there are a lot of intersectionalities within those communities. And I don't think, like the term disability encompasses all those different realities."* (9C)

The Shift to Remote or Hybrid Mentorship

When the annual call for new and returning mentors went out in 2020, the course instructors provided an overview of options that mentors could consider based on personal preference. This included not participating at all. There were no imposed restrictions on in-person meetings – only the requirement that all COVID-19 safety protocols would need to be followed if in-person meetings were held. This resulted in a wide range of mentoring experiences during the pandemic. In this section, we report on the importance of autonomy and choice in guiding participation, how the mentors chose to structure their student learning sessions, and the differences that seasoned mentors perceived in the experience overall.

Allowing for Person-Centered/Mentor-Driven Approaches

The choice as to whether they met with students in person or remotely was ultimately that of the mentor, and in some cases the choice to not meet live was driven by personal realities, as in the case of mentors who had some form of immune system compromise or vulnerability, or a family member who was working outside the home and could not risk exposure. One mentor worried about limiting his own mobility and service use options if he were to effectively expand his 'circle' of contact to the students. The option to meet remotely using digital technology, while always available to mentors (even pre-COVID-19), was made more acceptable and 'mainstream' by the pandemic, and mentors felt justified in choosing that option, even if they believed that live encounters might be preferred by the students. Some mentors, particularly those with mobility issues, learned that meeting remotely could be easier in many ways, and provided more flexibility in scheduling meetings. One mentor who did not have mobility concerns but was a busy graduate student noted that eliminating the travel time often allowed him to 'fit in' an hour-long meeting, when otherwise it might be difficult to do so. Another stated,

> *I actually found it easier this year with digital options, because I'm usually, you know, traveling or last minute things come up. And so I know the previous year that had been some of the feedback from the students who worked with me just about scheduling because it was difficult to meet with them. So yeah, this time it worked out*. (3E)

Overall, five of the mentors chose to meet only remotely with the students, four met with them in outdoor spaces only, and ten met with them in their own homes; seven mentors chose a mix of remote and in-person visits. The most cited concern for those who only mentored remotely was the loss of valuable learning opportunities. Some mentors used a visit in the home as an opportunity to expose students to equipment they use or unique ways they have of doing things. This was very hard to simulate at a distance.

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One mentor who met only remotely due to being in a high-risk group felt that the experience was less satisfying overall, but noted that it was better than not meeting at all. One advantage cited of only meeting remotely was that it provided the students insight into the realities of his life during COVID-19, and how challenging that life is for someone who is immunocompromised. This is a realization that the students, who were much more free to circulate in society, would likely not have gained otherwise. One mentor who met only remotely mentioned that it would be beneficial to continue with digital technologies even post-COVID.

Some mentors, as noted previously, ultimately decided to meet with their students in-person. This decision was typically made after one or two online meetings, such that the mentor felt like they knew the students in a way and had a sense that they were responsible and caring and could be trusted to take necessary precautions. Overall, mentors displayed a range of comfort and satisfaction with meeting their students through digital technology, and the opportunity to choose the right mix was critical to their participation and their experience. In the case of a family with a son with disability who participated as a group, they noted that the relationship would not have worked at all if they had been told that only remote meetings were possible. One parent reported:

> *Well, I think looking at the experiences that we tried to give, an authentic experience, and the challenges that, you know, many people with special needs disability have, couldn't be maybe appreciated through just a Zoom meeting. And the other thing is [son's name] would not be conducive to a Zoom meeting, probably beyond five minutes. So having any kind of interaction then with him would have been impossible.* (8M)

Shift in Educational Strategies – "Doing Differently"

The mentors involved in this study were all part of the 2020 mentoring team, and thus, they all approached the term with a willingness to consider different ways of mentoring than they may have used in the past. All had some familiarity with digital technologies, and so while use of teleconference (by phone) had been an available option, all but one opted for some form of conversation over Skype or Zoom for part or all of their student interactions. Very few reported major issues with the technology itself, although some mentors recommended that additional training/support on how to use remote technology platforms to convey experiences of daily life may be useful, particularly for less experienced mentors.

Some mentors chose to meet the students in person after one to two remote sessions. A couple of these mentioned that a key point in their decision around this was knowing that as health care students, the learners would have been tested for COVID-19 and taught proper precautions. Several noted that the ability to pick up on body language and to have more direct communication were major motivators. As one mentor said, *"I don't meet well on a computer"* (17K). Most of these mentors felt that remote-only meetings did not allow them to provide the learning experience they wanted for the students. As one mentor stated, *"The only part that's difficult sometimes is trying to think of something to do so that they can, you know, get some good experience based on what someone's needs are, I mean that would probably be the most difficult part"* (2N).

Even if they elected to meet with the students live, most mentors chose to meet the students in outdoor spaces, such as a park or on a bench outside their home or apartment. Some went shopping or met in a coffee shop while following the public health precautions for those activities.

A small number of mentors invited the students into their homes but ensured that they and the students remained masked at all times and stayed six feet apart (note – in Fall 2020 in Canada vaccinations were not yet approved, so the expectation of people being 'fully vaccinated' did not exist. The context changed somewhat in the following year, when all students were required to have a full set of vaccinations). Activities done in the home, such as sharing a meal or baking, were similar to what they had done in previous years but looked different than in pre-pandemic times. Frequent handwashing was required, and all sat at a distance from one another if having to unmask. One mentor who lives with a visual impairment typically engages the students in a Scrabble game with braille pieces, but was not willing to have all of them touching the same small pieces and sitting so close together – thus, that activity was lost.

Other mentors talked about the need to 'get creative' when working with the students during the pandemic. Most of these were seasoned mentors who came up with ways of delivering key learning points or experiences in a new way. For example, one mentor who typically uses one visit to have the students work with his array of assistive devices took the students through a virtual tour of these items, including getting into his car to demonstrate driving adaptations. Some mentors gave the students assignments to do on their own and report back. One mentor who was a power wheelchair user gave the students a route to follow that included several buildings he frequented during his usual workday. During their walk, they were to identify challenges that would exist for him, based on his particular functional limitations. Pre-COVID-19, they would have done this walk together. A mentor who lives with vision impairment assigned the students the task of mapping out the route she would follow from her home to a particular destination, providing the information back to her in a way that would facilitate independent wayfinding. Newer mentors lacked previous experience of how to engage students to serve as a foundation for such innovation. Some of these mentors mentioned the need for more guidance and mentoring from other more experienced mentors.

Impact on the Mentor-Learner Relationship

All mentors reported that the experience had been a positive one, even if it differed from what they had done in the past. Most were able to identify both advantages and disadvantages to remote mentoring, and in particular, to the nature of the relationship formed with the students. Many of them used the remote meetings, particularly at the beginning, as a form of orientation to the relationship itself, and it was seen as a convenient and effective way to meet. One described it this way:

> *It actually turned out to be a little bit better 'cause I think the very first time that we met we just did a Zoom meeting. So it was nice instead of - instead of like them coming here and learning … I was able to tell them a lot about myself and*

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> *introduce myself virtually. So it was kind of like a common ground because we were all in our own homes, yet virtually, it was nice. Because you know, virtual meetings have become the thing nowadays.* (19K)

Another mentor also talked about how communication could actually be enhanced through the digital technology:

> *Well this year because it was Skype, I mean I don't know, it's fantastic, like you go out, you meet them, you talk to them. Sometimes you feel like you want to end after an hour and a half and then someone says something and all of a sudden you're there for two and 1/2 hours…. I think I communicated, because I was in the comfort of my own home, so I was communicating, I think I got to communicate a lot more. I think I got to be a lot more personal. It was much more comfortable to communicate.* (10B)

At the same time, most acknowledged differences in their student relationship. For example, the same mentors cited above reported that although it did not negate the advantages of being able to meet from the comfort of home, there were challenges in reading body language over digital technologies. For other mentors, the differences in communication were seen as more prominent:

> *[in live mentoring] You can see body language, you know, and I find that body language speaks a lot, so. 'Cause when I'm in the room, you know, I say, look me in the eye, don't look anywhere else. When you look everywhere else, it tells me you're not interested in what I have to say. Or, you know, what I'm saying is not valuable.* (11L)

One mentor summed up the losses to the learning experience (of remote-only mentoring) this way:

> *…it was challenging meeting them because just doing it over, doing it over a Zoom call, although yes, it's OK,... they don't actually get to see, you know, the same level of what the challenges are that we actually face out in public.* (15J)

Other reported challenges to remote mentoring included being able to hear what the students were saying, particularly if they were needing to wear masks (e.g., two students from different households meeting together in one space with the mentor over Zoom). A mentor with a hearing impairment noted that without open captions it could be quite difficult to understand what students were saying, as lip reading could be more difficult. Communication issues could reduce the flow of discussion, and consequently reduce the sense of connection. One advantage of Zoom meetings reported by a number of mentors was the ability to see the students' full faces and to hear them well – things that are precluded when meeting with students live and masked.

Mentors who did not meet with students in-person indicated that the relationship just felt different when it was all remote. Some reported that the relationship felt less close when there was no in-person contact. One stated,

> *In contrast, last year we were not on a time limit and we would take our time. And we would do all the things at the same time, so it was more natural … I don't want to talk on behalf of the students, but I think we were both more nervous. So they wanted to get through all the questions in time.* (9C)

One mentor who ended up with a hybrid model (e.g., first few meetings remote, final meetings in-person) stated that this worked out to be a nice mix. She stated, *"I mean, you know digital options are great as options, but screen time can be exhausting. And I don't really know how to put it into words, but there's something... there's just something nice about, you know, sharing space"* (3E). Finally, in the rare cases where electronic communication (online conversations, email) was unreliable, there was a major negative impact on the mentoring experience. One mentor stated,

> *This past course was for me, the most disappointing one. I didn't feel that the students got as good an experience with me as they could have. Part of it was with the, um, email system in place. My provider has been, has had periods of being up and down. We've had a number of times, like maybe once or twice a week where you get that sometimes you have the Internet for two minutes and then it's gone for a minute, then it's back for, you know, 10 minutes and that sort of thing. And it slowed down the reception of emails for awhile.* (1S)

Discussion

Involving people with disabilities in educating future health care professionals is critical for developing student knowledge, skills, attitudes, and ultimately, enhancing quality of care through client-centered practice (Balandin & Hines, 2011; Collins et al., 2011; Jamieson et al., 2006; Milot et al., 2018; Siebens et al., 2004). Mentors with disabilities have "unique experiential knowledge not possessed by health professionals" (Kline et al., 2022, p. 5). Similar to other mentoring programs, our participants all affirmed the benefits of participating as mentors, feeling they were 'giving back', contributing to improving health services and challenging negative assumptions about disability, as well as making meaning out of their own experience with disability (Cheng & Towle, 2017; Doucet et al., 2013; Kline et al., 2022; Lauckner et al., 2012). An earlier study of mentors in this Queen's University OT course found that mentors saw their involvement as a means for personal development (e.g., increased self-confidence, self-worth, self-awareness, means of contributing to community), advocacy (e.g., changing perspectives about disability), education (e.g., influencing future health professionals, teacher role), and as a dynamic relationship with students providing mutual learning and socialization (Morgan et al., 2009). Similar to findings of our study, Doucet et al. (2013) identified four key messages that mentors from the Dalhousie interprofessional health education program wanted to convey to students: 1) patients/clients should be at the center of interprofessional collaboration; 2) patients/clients are people first (holistic care); 3) actively listen to what the person has to say; and 4) understand disability/chronic conditions have both visible and invisible effects.

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Despite the government mandated restrictions to limit the spread of COVID-19 (e.g., social distancing, wearing masks indoors), giving mentors as much autonomy as possible in directing the learning experience was seen as important for promoting a positive experience for both mentors and students. This included mentors deciding where and when to meet with students and what activities they felt comfortable participating in. Giving mentors autonomy and choice is crucial in recognizing them as equal partners in education and empowering them as the experts in their lived experience. Some recognized their greater vulnerability to COVID-19 and therefore chose to keep all interactions remote. However, this was still a choice on their part, as the course instructors did not stipulate a particular approach. Other studies highlight the benefits of empowering people with disabilities as experts and educators, promoting respect, autonomy, and control (Flynn et al., 2020; Kline et al., 2022; Lauckner et al., 2012) and involving them as partners in teaching and learning (Milot et al., 2018). Similar to Dalhousie University, in the Queen's University OT course, the overall course structure is directed by faculty, but mentors have autonomy to direct their time with students as desired (Doucet et al., 2013). Students meet in small tutorial groups to discuss their experiences and learning, but this does not interfere or restrict how mentors choose to engage with students. The University of British Columbia program also allows mentor autonomy and faculty provide only background support (Towle et al., 2014); however, students have session topics for each meeting with their mentor which differs from the course at Queen's University.

Many of our mentors chose to meet with students at least once in-person, and even those who chose to remain entirely remote recognized the limitations of connecting and conveying their lived experience to students without physical presence. Giving students active experiences (e.g., trying out mentors' equipment) or doing activities together (e.g., a shopping trip) were important to help students better understand mentors' lives and perspectives. This highlights the differences between students simply observing occupation or hearing about it from their mentors, versus co-occupation where they share in the activity together with their mentor. Pickens and Pizur-Barnekow (2009) described co-occupation as "shared physicality, shared emotionality, and shared intentionality" (p. 151). Occupation is often social where people engage in activities together, creating meaning by being, belonging, and becoming together (Nyman & Isaksson, 2021). When students are physically and emotionally present and engaged in an activity with their mentor, this can open up new perspectives and give meaning to both the student and their mentor.

Participants described both benefits and challenges of remote education. For some, it provided greater flexibility, as finding convenient times for both mentors and students as well as appropriate transportation can be logistically challenging (Jorgensen et al., 2011; Milot et al., 2018). The pandemic also pushed mentors to be creative and, for long-term mentors particularly, change or adapt some of their regular activities, for example giving students tasks to complete independently which they would previously have done together. Remote communication still provided mentors an opportunity to 'tell their stories,' and for some, it was easier to talk with students through digital technology

without the constraints of wearing a mask. Those who chose to return to the in-home activities that they had previously employed in their mentoring pre-pandemic made this choice, despite the inherent risks, seemingly based on an internalized image of what the mentoring role should include, and commitment to excellence in student education.

Several participants described the limitations of remote interactions, restricting body language and losing the 'personal' connection of being together in a shared space. Anecdotal findings from students also indicated that they preferred meeting in-person with their mentor as the experiential aspect improved understanding around the lived experience of disability. Meeting together in an informal environment such as the mentor's home or in the community, can stimulate student reflection, mutual sharing, and provide the time and space to develop a relationship (Collins et al., 2011; Kline et al., 2022). This relationship between students and mentors is a critical aspect of the course (Morgan et al., 2009; Troop & O'Riordan, 2017), demonstrating "mutual dynamic relationships uniting people receiving care and learners" (Milot et al., 2018, p. 104). Despite the benefits of digital communication platforms for connecting people and allowing them to participate in various recreational and non-recreational activities, when every encounter is mediated through a screen, the spontaneous and natural elements of relationships can be lost, and many people experienced fatigue and overload from the continual reliance on digital communication during the pandemic (Hacker et al., 2020). Participants in this study did not express particular difficulties navigating technology (apart from one participant struggling with internet disruptions), but this may be an issue for other mentorship programs that need to rely on remote communication (Milot et al., 2018).

Implications for Occupational Therapy Education

We have learned several important lessons from community mentors regarding their experiences educating OT students. First, mentor autonomy (with respect to the right to choose when and how they interact with students and what they discuss/do) is crucial for successful and positive engagement of both mentors and students. Some participants indicated it would be useful to share examples of potential activities with each other (especially for newer mentors), but instructors need to emphasize flexibility and allow mentors to express themselves uniquely and choose activities that are meaningful for them (Lauckner et al., 2012; Siebens et al., 2004). This demonstrates the value of 'lived experience' where everyone is positioned as their own expert and has important contributions to share. Additionally, participants indicated that maintaining the option of communication through digital technology with students beyond the pandemic would also be beneficial and allow mentors to choose the most appropriate or comfortable way to engage. Second, mentors would benefit from more training and support, especially new mentors. The Queen's University OT program provides a mentor orientation session prior to the start of the course, and participants acknowledged this as helpful, but suggested more time and opportunities for mentors to connect with each other would be beneficial, whether this be remotely or in-person. This could also incorporate experienced mentors mentoring newer mentors (Cheng & Towle, 2017). Third, while many mentors felt the timeframes were adequate, some expressed a desire for more time with students. Other mentorship programs span one to two years to

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facilitate longer term relationships (Collins et al., 2011; Towle et al., 2014; Umland et al., 2016) and allow mentors to see students change and grow (Kline et al., 2022). However, this may not be logistically possible given the tight timeframes of the Queen's University OT program overall. Fourth, recruiting appropriate mentors is critical to the sustainability and success of such a program. Similar to other mentorship programs, the course coordinators have maintained partnerships with community organizations and individuals who can connect potential mentors to the program (Doucet et al., 2012; Towle et al., 2014). However, several authors caution that mentors should be carefully chosen, not simply because they have a disability, but based on their experiences and expertise, as well as ability to self-reflect (Cheng & Towle, 2017; Jorgensen et al., 2011; Milot et al., 2018). Fifth, encouraging students to be prepared (e.g., appropriate questions, regular reflection) is essential for them to maximize their learning from their mentor (Doucet et al., 2013). Course instructors need to support and promote student engagement, while also discussing realistic expectations of student learning with mentors (Lauckner et al., 2012). Finally, despite the clear benefits and overall positive outcomes for everyone involved, Doucet et al. (2012) highlight the need to continually champion and promote mentorship programs to maintain institutional commitment and sustainability. This requires ongoing evaluation and research to demonstrate benefits.

Limitations

This study has several limitations that should be acknowledged when considering the findings. Our research focuses specifically on the Queen's University OT Lived Experience course as it is delivered in the context of their curriculum, and therefore our findings are not indicative of all mentorship programs. Due to COVID-19, all interviews were conducted remotely, either by Zoom or telephone, which may have diminished the quality of the data collected. We also had limited options to accommodate participants who required additional support (e.g., closed captions on Zoom), therefore there was the potential for some meaning loss. The interviews included only mentors who elected to participate in the course during the pandemic, and therefore the views of mentors who were potentially more at risk or risk-averse were not included. Additionally, although the interviews were conducted by a TA, not the course instructors (to minimize power differentials) participants may have felt uncomfortable in fully expressing negative perceptions of the course. However, participants were encouraged to share honestly, and many did provide constructive criticisms and discuss challenges as well as benefits. Due to the close community of mentors and relationships between mentors and course instructors as well as among mentors, anonymity was impossible, and thus some mentors may have been concerned that personal stories and examples could be traced back to them. We used several approaches to maintain confidentiality and participants were assured that we would endeavor to remove personalized details, and that their participation and whatever they shared in the interviews would have no influence on their future involvement in the course.

Conclusion

Through sharing their stories and allowing students a glimpse into their daily lives, community mentors with lived experience of disability can have a profound, transformative influence on OT students, eroding stigma and discriminatory attitudes and enhancing understanding, respect, and empathy (Troop & O'Riordan, 2017). We learned there is also value for community mentors; and all described overall positive experiences and benefits of their involvement in the mentorship course. It provided the opportunity to continue or engage anew in a valued occupation, allowing them to share their stories and expertise with the goal of developing knowledge, skills, and positive attitudes for improving client-centered practice and enhancing health care overall. The onset of COVID-19 required mentors and students to adapt and adhere to health guidelines, bringing additional challenges, including more frequent use of remote communication. Some mentors preferred the flexibility of remote communication, while others felt that relationships and learning were limited in the absence of in-person meetings to show students aspects of their lives and engage in occupations together. Listening to mentors' perspectives demonstrated the importance of promoting mentor autonomy, allowing them to direct their engagement with students, whether they chose to meet in person (with appropriate precautions), remotely, or a combination of the two. Mentors were creative in adapting activities or communication approaches while still actively engaging with students and helping them to understand their lived experience of disability. Considering the overarching benefits of such a mentorship program for mentors, it is important to continually evaluate, listen to the perspectives of mentors, and adapt accordingly, in order to sustain and promote similar programs that will ultimately improve holistic, client-centered practice.

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