Received: 28 May 2021 | Accepted: 24 August 2021

DOI: 10.1111/1440-1630.12767

FEATURE ARTICLE

Australian Occupational Therapy Journal | Occupational Therapy Australia | WILEY

'It became quite a complex dynamic': The experiences of occupational therapy practice educators' move to digital platforms during the COVID-19 pandemic

Annette Peart[1] | **Nathanael Wells**[2] | **Mong-Lin Yu**[3] | **Ted Brown**[3]

[1]Turning Point, Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Richmond, Victoria, Australia

[2]Kirby Institute, UNSW Australia, Kensington, New South Wales, Australia

[3]Department of Occupational Therapy, School of Primary and Allied Health Care, Faculty of Medicine, Nursing and Health Sciences, Monash University Peninsula Campus, Frankston, Victoria, Australia

Correspondence
Annette Peart, Turning Point, Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, 110 Church Street, Richmond 3101, Victoria, Australia.
Email: annette.peart@monash.edu

Funding information
Occupational Therapy Australia Research Foundation Direct Recipient Grant, Grant/Award Number: 2020

Abstract

Introduction: The rapid shift to digital platforms during the COVID-19 pandemic enabled occupational therapy practice education to continue while creating unique learning opportunities for students in an environment of high demand for practice education providers. How occupational therapy practice educators experienced fieldwork supervision during this rapid redesign of service delivery is not widely understood. This study aimed to explore the experiences of practice educators who supervised occupational therapy students during the COVID-19 pandemic in Australia.

Methods: Fifteen occupational therapy practice educators participated in focus groups and individual semi-structured interviews. Reflexive thematic analysis was used to understand the experiences of the participants and explore the barriers and facilitators to providing practice education in this context.

Findings: The experiences of the occupational therapy practice educators were interpreted into three themes: *(1) Opportunities lost and then created (as two subthemes); (2) The relationship between the student and practice educator (comprising subthemes of practicing self-care and connection and support); and (3) Signing-off of students' competencies*. While digital platforms were initially viewed as limiting, they also were used to create new opportunities for student learning. Participants spoke of being mindful of their and students' wellbeing and finding ways to provide connection and support. Participants were challenged by the need to adapt how they evaluated students in the context of a pandemic.

Conclusion: The findings of this study highlight the complexities of occupational therapy practice education in the rapidly shifting context of the COVID-19 pandemic in Australia. The outcomes highlight the importance of creating new ways of using digital platforms during practice education while focussing on the relationships with students.

KEYWORDS
COVID-19, education, occupational therapy, fieldwork, qualitative, telehealth

1 | INTRODUCTION

The ongoing coronavirus disease 2019 (COVID-19) pandemic has fundamentally changed the way health care is delivered around the world and, in turn, how health professional students are educated. From March 2020, a range of public health restrictions were put in place across all Australian states and territories to minimise the spread of the virus (COVID-19 National Incident Room Surveillance Team, 2020). These included limitations on public and private gatherings, heightened hygiene measures, the closure of international borders, quarantining of returning residents, working and studying from home where possible, and physical distancing measures. In Melbourne, Victoria, which also saw a second wave of COVID-19 from May to October 2020, compulsory mask wearing, restricting movements to within a 5-km radius of one's home, and a nightly curfew were also established.

Measures were also put in place for all health services, including limiting visits to aged care services, cancellation of non-essential surgeries and health care (including home and community allied health services), and prioritising telehealth consultations. Due to these control measures, most planned practice education placements were cancelled, postponed, or modified as health, education, aged care, and disability organisations closed or reduced their staffing levels. Australian universities were forced to cancel, postpone, or rapidly redesign existing practice education placements (also referred to as fieldwork), as organisations offering practice education now relied upon telehealth as the predominant method of service delivery (Occupational Therapy Council of Australia, 2020). From the end of March, and for most of the remainder of 2020, particularly during 'lock downs,' practice education for occupational therapy students was adapted to ensure students, educators, clients, and their families were kept safe from infection and services were provided with contact restrictions in place.

Telehealth emerged as one approach to provide occupational therapy services and practice education via digital platforms during the pandemic. Telehealth involves 'the use of information and communication technologies (ICT) to deliver health-related services when the provider and client are in different physical locations' (World Federation of Occupational Therapists [WFOT], 2014, p. 37). During the pandemic in Melbourne, Victoria, Australia, occupational therapy services were either cancelled or rapidly moved from in-person to telehealth models of care, without a planned transition to full implementation (Hoel et al., 2021a, 2021b). The rapid shift to digital platforms enabled some practice education to continue while also creating unique opportunities for occupational therapy students to fulfil the minimum requirements of 1000 hours of practice education, in an environment of high demand for practice education providers (WFOT, 2016), particularly for final year students completing their course in Victoria.

Occupational therapists who also work as practice educators are skilled practitioners working in complex environments and have important roles in the assessment, monitoring, and reporting on student progress (Gibson & Palermo, 2021; Higgs & Mcallister, 2007). Practice educators typically enjoy the experience of supervising students completing fieldwork placements, and their role is viewed as an important, valued professional responsibility (Kirke et al., 2007; Krishnasamy et al., 2019; Thomas et al., 2007). Although telehealth for practice education in occupational therapy is not entirely new (Miller et al., 2003), its role as a key approach to address practice education requirements during the pandemic came to prominence. Randall et al. (2016) reported on telehealth knowledge acquisition and attitudes to practice in 139 nursing, occupational therapy, and physiotherapy students learning about team-based care in the United States. Students reflected they found telehealth less useful and less easy than they anticipated. For occupational therapy practitioners, Calabrese et al. (2021) reported on a small, survey-based international study of preparedness to provide practice education during the pandemic. Forty-six occupational therapists completed the survey and indicated a need for education on how to best support students on telehealth practice education. Yet, the placement experiences of occupational therapists as clinical educators using digital platforms in the pandemic context are not known. This project explores the experience of occupational therapy practice educators during a time of rapid redesign of service delivery via digital platforms due to the COVID-19 pandemic.

2 | METHODS

2.1 | Study design

To understand the experiences of occupational therapy practice educators providing fieldwork supervision to students during the COVID-19 pandemic in Melbourne, Victoria, Australia, we used a qualitative design with a phenomenological approach for this study (Patton, 2015). We used focus groups and semi-structured individual interviews to collect data as a way to gain information from participants with different perspectives and to explore their experiences (Liamputtong, 2011; Stalmeijer et al., 2014). The Monash University Human Research Ethics Committee approved this study (Project number 25654).

2.2 | Participants and recruitment

Potential participants were occupational therapy practice educators who supervised third- and fourth-year undergraduate and final year postgraduate occupational therapy students via digital platforms during their practice education as a component of their entry-level course, from April to September 2020. We recruited potential participants using purposive and convenience sampling methods via three methods: (1) an e-mail to practice educators listed on the Monash University Department of Occupational Therapy practice education database; (2) two invitations to participate posted on Twitter; and (3) a post on the research survey webpage of OT AUSTRALIA, the professional association for occupational therapists. Potential participants were eligible for inclusion if they had provided at least 6 weeks of practice education during the COVID-19 pandemic.

Participation was voluntary, and participants were offered a $25 voucher as a token of appreciation for their time. Seventeen potential participants responded to the recruitment e-mails and posts. We excluded two potential participants as they had not provided practice education during the COVID-19 pandemic. The remaining 15 participants were scheduled to participate in focus groups in October 2020. Two focus groups (six and four participants, respectively) occurred in October 2020. For the remaining five participants, three participated in individual interviews and two in a focus group, in November 2020. Individual interviews were offered to participants who were unable to attend a focus group and enabled us to include a range of participants with varied experience. Each participant participated in either one focus group or individual interview. The time taken for focus groups ranged from 35 to 65 minutes, with an average time of 52 minutes. The time taken for interviews ranged from 27 to 37 minutes, with an average time of 32 minutes.

2.3 | Data collection

Before focus groups and interviews, participants completed a demographic questionnaire. Information on gender, age, years of experience as an occupational therapist and practice educator, qualifications, employment status, location, and principal area of practice was collected via the questionnaire.

Author 1 (AP) conducted three focus groups and three individual interviews via Zoom using a semi-structured interview guide. This allowed AP and participants to engage in dialogue, enabling AP to modify questions in light of responses, and probe interesting and important areas discussed (Smith, 2008). The semi-structured interview guide consisted of open-ended questions exploring experiences of providing practice education during the COVID-19 pandemic.

The interviews were recorded using Zoom, and recordings were transcribed verbatim by a professional transcription service. Field notes from each focus group and interview were recorded by AP to capture any impressions and reflections (Miles & Huberman, 1994). These helped guide future interview questions and highlight key areas of interest. We decided that after the three focus groups and three individual interviews, with consideration of the 'richness' of the data already gathered, further data collection was not required (Saunders et al., 2018).

2.4 | Data analysis

We chose Braun and Clarke's Reflexive Thematic Analysis (RTA) for this study as it is theoretically flexible and appropriate for a range of research aims, including exploring participant experiences (Braun et al., 2019; Braun & Clarke, 2006). AP and Author 2 (NW) analysed the data applying the RTA process: (1) familiarising yourself with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report. AP and NW met regularly either in-person or online throughout the RTA process and in particular for Steps 2–5. For example, in Step 2, AP and NW individually generated initial codes and then collated these together. For Steps 3–5, AP and NW met six times over 4 months to develop, refine, and name the themes. At each step, AP and NW returned to the entire dataset to check the themes accurately represented the focus group and interview data. The entire data set (focus group and interview data) was analysed using this approach.

2.5 | Methodological integrity

Lincoln and Guba (1985) consider trustworthiness important for evaluating qualitative research. Trustworthiness involves establishing credibility, transferability, dependability, and confirmability of the findings. To ensure trustworthiness, we used a variety of techniques: member checking (credibility), purposeful sampling and thick description of the data (transferability), an audit trail to document and adhere to data collection and analysis processes (dependability), and reflexivity through the use of memoing and regular meetings (confirmability) (Birks et al., 2008; Guba, 1981).

We also used Synthesised Member Checking (SMC), a process where synthesised data from the final stages of analysis are returned to participants for their comments, to enhance the credibility of results (Birt et al., 2016). The SMC technique allowed participants to engage with and add to the data analysis. Towards the end of data analysis, AP and NW summarised the themes, and AP e-mailed these to each participant, inviting them to read, comment, and return their comments via e-mail. Participants were invited to comment on any aspect of the themes and summary document. Three participants replied to the e-mail. Their response was integrated into the final stages of the analysis.

Using the Consolidated Criteria for Reporting Qualitative Research checklist (Tong et al., 2007) enabled us to structure a clear and adequate description of the research aim, background and contextual material, study design, and rationale for our methodological choices. AP used a reflective journal throughout the research process to understand and describe any relevant preconceptions and thought processes. AP and NW met regularly to review the analysis process and discuss the findings.

3 | FINDINGS

Fifteen female occupational therapy practice educators participated in this study. Two-thirds (10) of the participants were aged under 40 years. Seven participants had less than 10 years of experience as an occupational therapist, and nine had less than 10 years of experience as practice educators. Practice educators worked in a range of settings, including large health agencies providing services in the community, disability services, and paediatric services. For almost all participants, client services were provided via telehealth. A summary of the participants' characteristics is presented in Table 1.

Our analysis of the three focus groups and three individual interviews produced three themes: (1) *Opportunities lost and then created*; (2) *The relationships between the student and practice educator*; and (3) *Signing off of students' competencies*. We will discuss these themes in detail and present extracts of transcripts representing the most powerful quotations to capture the essence of each theme. Pseudonyms for the participants have been used throughout.

TABLE 1 Participant characteristics

Characteristics	Number of participants
Age (years)	
21–30	5
31–40	5
41–50	4
50–59	0
60+	1
Experience (occupational therapy) (years)	
1–10	7
11–20	4
21+	4
Qualifications	
Postgraduate	8
Undergraduate	7
Experience (practice educator) (years)	
1–10	9
11–20	4
20+	2
Employment status	
Part-time or casual	8
Full-time	7
Practice area	
Paediatrics	5
Rehabilitation	4
Community	2
Mental health	2
Other	2
Practice location	
Urban	11
Regional or rural	4

3.1 | Theme 1: Opportunities lost and then created

Theme 1 refers to participants describing the shift to digital platforms for the provision of supervision in practice education as losing opportunities for student learning but then creating new opportunities not previously available.

3.1.1 | Subtheme 1.1: Opportunities lost

Most commonly, digital supervision was perceived as losing opportunities for informal learning. Participants reported the potential for students to lose opportunities for professional socialisation within a multidisciplinary team and the loss of incidental moments across the day

for informal supervision. Martina (community mental health) explained: 'That whole informal kind of chit-chat that happens and that communication ... that whole kind of debrief stuff that happens impromptu in an office. They [students] completely missed all of that.'

Before the pandemic when supervision occurred face-to-face, students were exposed to the work of other disciplines through every day, informal interactions between team members. As telehealth meant these teams were usually working in isolation, however, many of these everyday interactions and casual conversations were effectively lost. Martina's position was echoed by Morgan (community rehabilitation):

> It probably made that time for supervision and catch up a bigger part of the day because it would have to be time that you specifically had for that [supervision] rather than the little things between sessions or the informal sort of stuff ... there are limited opportunities for all of that informal contact so planning that in from the start of the placement.

Here, Morgan is connecting the loss of incidental moments with a need to plan supervision more formally and the additional time required.

3.1.2 | Subtheme 1.2: Opportunities created

Participants described the move to telehealth as limiting opportunities for informal learning, yet some also described this shift as providing new learning opportunities for practice educators and students, contributing to the development of a new repertoire of professional skills, such as adaptability and lateral thinking. Although Rachel (paediatrics) felt unable to offer the same experiences as before the pandemic, for example, providing in-person assessment and intervention, she saw further opportunities created out of the telehealth context: 'Learning how to deliver telehealth and just the different modalities that we use, especially with children, how do we increase engagement. All that stuff I think is well worth them learning. I think they were able to learn that.'

Rachel's position was echoed by others participants, who described the use of digital platforms as enablers when providing practice education. Participants took advantage of aspects such as private messaging and communicating off-screen to coach their students while students were working with clients. Sarah (community rehabilitation) stated:

> You can say, if you are on the phone, 'I'll just put you on hold for a moment' ... I could use that space to coach the student in what else they might be able to say ... I was able to scribble notes down if her conversation was going in the wrong direction, I could write out a sentence that she needed to say to rectify the situation.

Similarly, Chloe (paediatrics) viewed digital platforms as facilitating the coaching of students:

> I would sit behind her so I was still visible ... one and a half metres behind her and I'd be doing thumbs up in the background or I'd be going, 'nooo.' I'd be giving really sort of overt messages to the client too, because sometimes clients are a little like, 'I'm not really sure if what the student's saying is okay' ... if we were in the same Zoom and things were not going well, I would just say, 'Let me know if you need me to jump in,' and then she would type back privately to me ... so the client or child would not see it.

3.2 | Theme 2: The relationship between the student and practice educator

The second theme was termed relationships, focusing on the relationship between the student and the practice educator. This theme reflected the participants' experiences of the relationship with the student, including what contributed to the relationship. Participants spoke of the pandemic adding pressure on themselves and their students. As restrictions limited opportunities for social interactions more broadly, some participants felt they needed to provide professional and social support at a time they were also under personal and professional pressure. To do this, participants perceived practicing self-care as important and a precursor to providing connection and support to students. This theme therefore comprised two subthemes: (1) *practicing self-care* and (2) *connection and support*.

3.2.1 | Subtheme 2.1: Practicing self-care

Participants spoke of additional emotional and physical stresses associated with providing practice education in the context of a pandemic and its complexities. Sonya (paediatrics), the most experienced of the participants, described the experience as 'pretty stressful' and, while

she found the experience worthwhile, she stated, 'it nearly flattened me.' This was echoed by Carla (private practice) who described 'an exhaustion I've never felt before' such that 'my poor family just saw me wilting every night':

> Managing my own stress levels, which were heightening as the restrictions increase, and I have young children and managing that dynamic, and their stress. It became quite a complex dynamic to consider. But I tried to be cognisant that it was complex and I needed to be kind to myself and kind to them.

In addition to the day-to-day stress of the pandemic itself, participants had to respond to quickly changing health and safety directives, often requiring a rapid redesign of service delivery and practice education. Ruth (community rehabilitation) experienced the ongoing changes in her agency's guidance and adaption of service delivery as 'add[ing] a whole new layer of stress and fatigue on supervising this year.' This stress was compounded for Sarah (community rehabilitation) who was also adjusting to a new work environment: 'I think my stress levels were high about having a student in what is a fairly new workplace for me, and then an unfolding pandemic.'

These changes in practice directives, combined with the pressure of providing practice education, may be a source of stress by themselves. Combined, however, participants perceived they made for a difficult year, such that just getting through it was seen as a success.

To cope with the stress and exhaustion associated with delivering practice education in a pandemic, participants developed a range of strategies. Sarah, for example, spoke of allowing the students to have 'dead time,' describing this as time away from direct service delivery or observation and where students had 'nothing going on.' Before the pandemic, Sarah may not have wanted students to have 'dead time.' During the pandemic, Sarah believed she 'was overcompensating quite often, trying to keep the student occupied with any number of things.' This added a layer of pressure onto Sarah's already stressful situation, such that she considered allowing periods of no work a 'self-protective mechanism.'

To alleviate some of her additional stresses, Edwina (paediatrics), new to practice education, decided to reduce the time with her student to get her work done:

> I've had to sort of shorten some of our morning meetings with our student because I literally just have to say, 'I have to do this. I have to get this email done right now' ... I had a day the other week where I got ten minutes to look at my emails and the rest of the time was sessions and with the student so, I sort of get a sense that I'm not getting my own stuff done, which adds to that stress level as well over time.

Edwina also spoke of her agency allowing a part-time placement over a longer period, which helped to manage stress:

> I think that worked quite well because it meant that we had those extra two days a week where we could kind of breathe and get on top of our own stuff as well, whereas I think the full time would have been more exhausting as well.

This restructuring of practice education delivery ensured that the student was able to get as full a placement experience as possible while, at the same time, providing Edwina with the time to keep up to date with her work.

3.2.2 | Subtheme 2.2: Connection and support

The second subtheme refers to the presence of a reciprocal relationship between practice educators and their students, whereby both gained a sense of connection and support amid the pandemic. For some participants, this was actively cultivated through restructuring supervision to ensure students had the opportunity for more informal communication. Sonya, for example, gave students time to meet online before a scheduled session with clients 'to have a bit of an off-group chat before and chat after ... be a bit less formal with them and connect in that way.' Similarly, Chloe restructured supervision, creating dedicated formal and informal sessions to promote connection with the student:

> We had two different supervision sessions ... one where it was a joint session with myself and the co-supervisor on a Tuesday, and we would sort of go through caseload, more clinical things ... on the Fridays, when it was just her and I, we did a lot of reflection on how things made her feel, and how, because a lot of families were quite stressed and we'd hear a lot of that stress and we sort of debrief about that. So, two very different sort of

> structures, which I think worked really well rather than combining them just sort of, to sort of break it down a bit.

Through adopting these structures, both Sonya and Chloe were able to emulate some of the more informal supervision and learning moments that had been lost through the move to digital service and education delivery.

Although the strategies of Sonya and Chloe were somewhat successful, some participants experienced 'the screen' as impeding the development of connection and support between the supervisor and student. Hannah (paediatrics) spoke of her experience working with a student who would exit herself from supervision sessions when she felt overwhelmed:

> I'm kind of sitting there kind of like, 'Okay. Where do I go now?' Whereas if that was a face-to-face placement, I would have maybe initiated a walk and talk. That less confrontational type thing because I've got my great big, fat face on the screen. She's got hers. I think she felt that quite confronting and it was also sometimes difficult for me to deal with, to try and kind of extract that information from her.

Before the pandemic, Hannah employed various strategies to de-escalate situations in which her students might be feeling overwhelmed. During the pandemic, Hannah attempted to adapt these strategies to a digital platform. This limited her ability to remove students from the more formal supervision context and, at the same time, check in with students outside of formal supervision sessions.

Participants also spoke of a heightened sense of responsibility for their student's health and wellbeing. Sarah reflected:

> The sort of pastoral care that I felt I needed to provide to the student in the middle of a pandemic was a high priority of mine ... that responsibility I felt for her wellbeing was quite high at a time when my own stress and family life was enough to deal with anyway.

Ashley (paediatric mental health) was also aware of the need for a focus on student wellbeing. Upon hearing Sarah's account, Ashley commented on the larger context for the student outside of the practice education placement:

> There was much more on this placement a need to be cognisant of that responsibility for wellbeing. I loved the way you said that ... because of the way it was, I was probably one of the only people she saw kind of day to day.

During the peak of Melbourne's so-called 'second wave,' more severe restrictions were put in place (as described in the introduction). As Ashley notes here, such restrictions meant that supervisors were potentially one of the primary people students interacted with outside of their immediate household. Given this, there was an additional pressure to provide support in the placement context as well as within the broader context of the pandemic. Ashley described the reciprocal relationship as: 'Even though it was challenging, I think that there were more creative ways to kind of say, how do we find those little niches of time to carve out for each other?'

3.3 | Theme 3: Signing off of students' competencies

Focus group and interview participants frequently described a degree of anxiety in 'signing off' the assessment of student competency as the move to telehealth had limited their opportunities to observe students' occupational therapy skills. This concern among the participants was reflected in a quote from Rachel, who stated:

> How can you then sign off on a student being competent for a whole heap of skills? ... I do not know, I think I found myself grappling with ... is it an ethical thing? Is it a moral thing? I'm not sure.

Rachel's description of an ethical and moral dilemma reflects an overarching attitude among participants of wanting to ensure that students could pass their placement, while at the same time being ready to enter the workforce. Rachel's experience was echoed by Edwina, who commented:

> You really want to make sure that we are signing off to say they are competent ... we are essentially saying in a few weeks, they are ready to rock and roll and get out into the workforce. I guess that also means they are ready for this new reality.

Like Rachel, Edwina reflected on a sense of wanting to be certain that students were competent to enter the

workforce before she signed off. However, despite the pandemic limiting opportunities for practice educators to observe students, Edwina notes that students were 'ready for this new reality.' As participants widely believed that telehealth would be incorporated into a post-pandemic world, Edwina believed that students had gained valuable experience in delivering occupational therapy via this medium.

Participants described taking a more directive approach to ensure that students were equipped with the necessary skills before entering the workforce. Martina's responses were representative of other participants; she described, for example:

> They had less opportunities, I think, which meant they had less things to do ... because the pace was slower, that I needed to make sure that they were able to achieve all of the things they needed to achieve to complete their SPEF[R] [Student Practice Evaluation Form - Revised]. And so again, I think that was why I was a little more directive. So that they could accomplish all the things I needed to do before they finished their nine-week placement.

Participants described a feeling of heightened responsibility to ensure that the impact of the pandemic on limiting opportunities was minimised. To achieve this, they took a more active role in directing student learning. Rather than allowing students to observe sessions and make their observations, Martina described focusing each week around an area of practice and asking students to make observations on this specifically. In doing so, she ensured that all aspects of the student's competency were assessed and, in turn, as with the other participants, was able to sign off on her students' competency. Despite the additional level of pressure to ensure students could achieve everything necessary, Martina ultimately felt that student placements were successful: 'It went better than what I could have imagined ... we didn't feel that they had any gaps in their learning and they didn't feel that way either, which is amazing.'

4 | DISCUSSION

To our knowledge, this is the first study to explore in-depth the experiences of Australian occupational therapy practice educators providing fieldwork placement education to students during the 2020 pandemic restrictions. While practice educators perceived the move to digital service delivery as limiting some opportunities for student learning (notably a lack of informal and face-to-face team learning), it also presented new and unique learning opportunities that were previously unavailable (such as using technology to enhance service delivery).

This paradox has been reported elsewhere in relation to the provision of telehealth to occupational therapy service users pre-COVID-19 pandemic (Randall et al., 2016) and to supervision of trainees. Renfro-Michel et al. (2016) discussed questions raised about benefits and challenges to integrating new technology into practice education, yet concluded that technology can improve the depth and breadth of clinical supervision. Telehealth has also been described as bringing forward exposure to some of the critical factors of practice education, such as access to, and speed in obtaining guidance from, practice educators (Miller et al., 2003). Our findings go beyond these practical considerations, for example, highlighting issues relating to concern for practice educator and student wellbeing.

Participants described a heightened focus on managing their wellbeing throughout the pandemic, while also maintaining relationships with the students they were supervising, particularly if the student was socially isolated. For some participants, this increased their sense of responsibility for student wellbeing more so than prior to the pandemic. Professional socialisation (in this instance with practice educators and the broader multidisciplinary team) is an important and significant factor for occupational therapy students transitioning to the 'real world' of practice and the workforce (Ashby et al., 2016). Our findings contribute to this area of research by highlighting the importance of the relationship between students and practice educators in cultivating professional socialisation.

Participants also spoke of tension in signing off on their students' competencies. The competencies describe the Australian Occupational Therapy Competency Standards (Occupational Therapy Board of Australia, 2018), which are expected for competent practice by occupational therapists for registration and regulation of the profession in Australia. While practice educators were heavily invested in their students meeting these competencies, the move to digital service delivery was perceived as limiting the opportunities for observing students demonstrating specific competencies. These findings highlight the complexities of occupational therapy practice education in the rapidly shifting context of COVID-19.

As lockdown strategies were put in place to respond to COVID-19, health professionals, including occupational therapists, had to rapidly adapt service delivery to telehealth and digital platforms (Robinson et al., 2021).

While perceived as limiting some opportunities, practice educators in our study used digital and telehealth platforms to their advantage by using technology creatively, including giving students feedback in almost 'real-time.' Our findings align with Twogood et al. (2020) who reported on a physiotherapy student virtual clinic model developed in response to COVID-19 restrictions. In particular, Twogood et al. (2020) found that in the absence of students practising their hands-on skills and educators attempting to create an artificial environment for this, educators focused on the development of skills not previously included in practice education such as the delivery of virtual rehabilitation (also referred to telerehabilitation or teletherapy). This has not been reported specifically for occupational therapy practice education contexts, nor across a broad range of settings, yet some promising digital approaches are emerging (Robinson et al., 2021).

There are some similarities between our findings and other studies exploring relationship dynamics between practice educators and the students they supervised. Participants in this study spoke of the stress of maintaining their health and wellbeing and being cognisant of the same issues in their students. This included managing other responsibilities (including their family) and staying well within the physical and social restrictions. Salter et al. (2020) reported on remote online fieldwork placements established during COVID-19 across a range of paediatric and social support settings. In these placements, there was more of a focus on student and practice educator wellbeing than during pre-COVID-19 time periods.

Similarly, Moran et al. (2021), reporting on a larger study of the impact of COVID-19 on rural placements, found that the complex lives of students and the various aspects of their lives they had to 'juggle' were highlighted through being on placement during the pandemic. The health-care workforce, in general, has been reported as experiencing heightened anxiety due to the pandemic, particularly in regards to the rapidly changing impact of COVID-19 (Halbert et al., 2020). Participants in our study spoke of this heightened anxiety, amidst the complexity of their lives and what they were 'juggling' while focusing on the wellbeing of their students.

It was widely felt that one of the significant opportunities lost through the pandemic was that of informal learning opportunities. Jaye et al. (2005) reported that within medical teaching settings, much of what students learn is gained through informal practices (being immersed in that environment, modelling of staff, and professional socialisation). Through COVID-19, much of these opportunities were lost as health-care professionals were largely working in isolation.

Some participants in our study employed a strategy of actively creating moments for informal 'catch-ups' to check in on students. In the model described by Salter et al. (2020), practice educators were reported to have the flexibility to conduct shorter, more frequent supervision sessions. These findings echo those reported by Hemer (2012) who, although in an academic context, described the value of supervision outside of more formal environments. This was highlighted in the experiences of Chloe, who restructured her supervision into two sessions, one focusing on more clinical aspects and the second set aside to reflect on the students' experiences.

4.1 | Implications for practice and future research

Participant experiences outlined in this study highlight lessons for future approaches to practice education via digital platforms. They spoke of methods such as part-time placements and needing more time to allocate for supervision. For occupational therapy service providers, offering part-time placements may be an attractive approach to countering the time taken up for additional supervision. As the COVID-19 pandemic continues to impact health care in Australia, particularly in the context of repeated unpredictable 'lock downs,' service providers and universities may need to consider the sustainability of providing practice education in traditional full-time allocations, so practice educators and students can balance their time and activities beyond the placement tasks. While offering part-time placements would likely require placements to extend beyond their allocated time, our participants indicated it would help them manage clinical tasks and provide space for other administration and service delivery activities. It would also allow more potential opportunities for 'teaching or demonstration moments' for practice educators and the students they supervise.

With regard to the adjunct concern of lack of professional socialisation for students, occupational therapy service providers could consider how to incorporate local team-based activities and events so that students and practice educators coming together in person can be facilitated within local restrictions.

Further research exploring the strategies service providers and practice educators find most effective, including the role of part-time placements, is warranted. In terms of enablers of practice education during the pandemic, participants in our study described using the digital platforms to assist with coaching students while online. For example, students and practice educators were able to use the 'mute' or 'chat' functions to seek

assistance during a session with a client or placing the client on hold during a telephone consultation. Using the interactive capabilities of technology appears to contribute to maintaining the relationship between practice educator and student (Calabrese et al., 2021; Dudding & Justice, 2004). Further research into the enablers of a range of digital platforms to facilitate practice education is warranted, in particular the most effective components and how these can be adapted.

Despite the many contextual challenges due to COVID-19, the pandemic created unique learning opportunities for both practice educators and students and contributed to the development of a new repertoire of professional skills, such as adaptability, and lateral thinking. Practice educators and students were able to work collaboratively on developing competencies with creativity, flexibility, and ingenuity from all parties involved.

4.2 | Limitations

Our study findings were informed by the experiences of occupational therapists involved in practice education in 2020. However, it has some noted inherent limitations. The research was undertaken during the pandemic when stressors remained high and participants may have had strong opinions towards the topic. Participants were reflecting on their experiences of delivering practice education at a time when they themselves were adjusting to digital service delivery. Further research with this cohort of practice educators would add important reflections on their experiences in 2020.

Qualitative studies are also inherently context-specific (Polit & Beck, 2010). This study was conducted in Melbourne, Victoria, a large metropolitan city in Australia, and it may not be possible to transfer these findings to other settings. However, RTA allows for the exploration of experiences and so offers an important understanding of participants' perceptions. As digital service delivery becomes more established in occupational therapy, likely, some strategies will already be implemented. However, our study highlights some important considerations in approaching practice education via digital and telehealth platforms.

4.3 | Conclusion

The occupational therapy practice educators' experiences of supervising students during the COVID-19 pandemic in Australia were described as moving rapidly to practice education via digital platforms. This move foreclosed some opportunities for student learning as they were unable to experience service delivery face-to-face. Despite the many contextual challenges due to COVID-19, however, the pandemic also created unique learning opportunities for both practice educators and students. This contributed to the development of a new repertoire of professional skills such as learning how to deliver occupational therapy via telehealth and take advantages of functions unique to digital communication platforms. Participants also described providing practice education in this context heightened the need to maintain their health and wellbeing while being aware of providing opportunities to connect with and support their students. The tension around evaluating students in a new context, and anticipating readiness to practice, was also a key finding. Although participants in our study developed creative approaches to supervising and assessing students, additional guidelines for practice educators are needed to incorporate evolving approaches to practice education using digital platforms.

KEY POINTS FOR OCCUPATIONAL THERAPY

- Understanding the experiences of occupational therapy practice educators provides insights into rapidly redesigning practice education to enable students to complete their required fieldwork hours.
- Occupational therapy practice educators can take advantage of the interactive capabilities of digital platforms to create new opportunities for learning.
- Occupational therapy practice education providers can continue to support students through complex practice changes by focusing on wellbeing and maintaining relationships.

ACKNOWLEDGEMENTS

We wish to acknowledge the time and contributions of the participants in this study. This project was funded by an Occupational Therapy Australia Research Foundation Direct Recipient Grant (2020), awarded to AP.

CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

AUTHOR CONTRIBUTIONS

All authors contributed to this research. AP, M-LY, and TB designed the study. AP conducted data collection. AP and NW analysed the data and prepared the first draft of the manuscript. All authors were involved in revising and approving the final manuscript prior to submission.

DATA AVAILABILITY STATEMENT

Data are available on request due to privacy/ethical restrictions.

ORCID

Annette Peart https://orcid.org/0000-0002-0536-276X
Mong-Lin Yu https://orcid.org/0000-0003-1662-5008
Ted Brown https://orcid.org/0000-0001-9403-5877

REFERENCES

Ashby, S. E., Adler, J., & Herbert, L. (2016). An exploratory international study into occupational therapy students' perceptions of professional identity. *Australian Occupational Therapy Journal*, *63*(4), 233–243. https://doi.org/10.1111/1440-1630.12271

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing*, *13*(1), 68–75. https://doi.org/10.1177/1744987107081254

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking. *Qualitative Health Research*, *26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843–860). Springer. https://doi.org/10.1007/978-981-10-5251-4_103

Calabrese, J. A., Coviello, J. M., Grasso, A. Y., Otchet, K. A., Pugh, E. A., Thomas, M., & Trivinia, B. (2021). Use of a webinar to assess fieldwork educator readiness to provide occupational therapy services and supervise students through telehealth. *Journal of Occupational Therapy Education*, *5*(2), Art. 12. https://doi.org/10.26681/jote.2021.050212

COVID-19 National Incident Room Surveillance Team. (2020). COVID-19, Australia: Epidemiology report 14 (Reporting week to 23:59 AEST 3 May 2020). Communicable Diseases Intelligence, May 8, *44*. https://doi.org/10.33321/cdi.2020.44.42

Dudding, C. C., & Justice, L. M. (2004). An e-supervision model: Videoconferencing as a clinical training tool. *Communication Disorders Quarterly*, *25*(3), 145–151. https://doi.org/10.1177/15257401040250030501

Gibson, S., & Palermo, C. (2021). Optimizing the role of clinical educators in health professional education. In D. Neste, G. Reedy, L. McKenna, & S. Gough (Eds.), *Clinical Education for the Health Professions* (pp. 1–14). Springer. https://doi.org/10.1007/978-981-13-6106-7_125-1

Guba, E. G. (1981). ERIC/ECTJ Annual Review Paper: Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology*, *29*(2), 75–91. https://doi.org/10.1007/BF02766777

Halbert, J. A., Jones, A., & Ramsey, L. P. (2020). Clinical placements for medical students in the time of COVID-19. *Medical Journal of Australia*, *213*(2), 69–69.e1. https://doi.org/10.5694/mja2.50686

Hemer, S. R. (2012). Informality, power and relationships in postgraduate supervision: Supervising PhD candidates over coffee. *Higher Education Research and Development*, *31*(6), 827–839. https://doi.org/10.1080/07294360.2012.674011

Higgs, J., & Mcallister, L. (2007). Being a clinical educator. *Advances in Health Sciences Education: Theory and Practice*, *12*(2), 187–200. https://doi.org/10.1007/s10459-005-5491-2

Hoel, V., von Zweck, C., Ledgerd, R., & World Federation of Occupational Therapists. (2021a). The impact of Covid-19 for occupational therapy: Findings and recommendations of a global survey. *World Federation of Occupational Therapists Bulletin*, *ahead of print*, 1–8. https://doi.org/10.1080/14473828.2020.1855044

Hoel, V., von Zweck, C., Ledgerd, R., & World Federation of Occupational Therapists. (2021b). Was a global pandemic needed to adopt the use of telehealth in occupational therapy? *Work*, *68*(1), 13–20. https://doi.org/10.3233/WORK205268

Jaye, C., Egan, T., & Parker, S. (2005). Learning to be a doctor: Medical educators talk about the hidden curriculum in medical education. *Focus on Health Professional Education*, *7*(2), 1–17.

Kirke, P., Layton, N., & Sim, J. (2007). Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students. *Australian Occupational Therapy Journal*, *54*(s1), S13–S22. https://doi.org/10.1111/j.1440-1630.2007.00696.x

Krishnasamy, C., Pereira, E., & Tan Siew Khoon, H. (2019). Junior occupational therapy clinical supervisors in an acute hospital: Experiences, challenges, and recommendations. *Health Professions Education*, *5*(1), 66–75. https://doi.org/10.1016/j.hpe.2017.12.004

Liamputtong, P. (2011). *Focus Group Methodology*. SAGE Publications.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry* (Vol. 9, pp. 438–439). Sage Publications. https://doi.org/10.1016/0147-1767(85)90062-8

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications.

Miller, T. W., Miller, J. M., Burton, D., Sprang, R., & Adams, J. (2003). Telehealth: A model for clinical supervision in allied health. *Internet Journal of Allied Health Sciences and Practice*, *1*(2), 6.

Moran, M., McKinstry, C., & Curtin, M. (2021). Occupational therapy practice in regional, rural and remote Australia. In T. Brown, H. M. Bourke-Taylor, S. Isbel, R. Cordier & L. Gustafsson (Eds.), *Occupational therapy in Australia: Professional and practice issues* (pp. 368–382). Routledge.

Occupational Therapy Board of Australia. (2018). Australian occupational therapy competency standards 2018. https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Competencies.aspx

Occupational Therapy Council of Australia. (2020). OTC update on COVID-19 global pandemic. https://www.otcouncil.com.au/wp-content/uploads/OTC-update-on-COVID-20-May.pdf

Patton, M. Q. (2015). *Qualitative Research and Evaluation Methods: Integrating Theory and Practice* (4th ed.). Sage.

Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, *47*(11), 1451–1458. https://doi.org/10.1016/j.ijnurstu.2010.06.004

Randall, K., Steinheider, B., Isaacson, M., Shortridge, A., Byrd, S., Ciro, C., Ross, H., & Loving, G. (2016). Measuring knowledge, acceptance, and perceptions of telehealth in an interprofessional curriculum for student nurse practitioners, occupational therapists, and physical therapists. *Journal of Interactive Learning Research*, *27*(4), 339–353. Association for

the Advancement of Computing in Education (AACE). July 6, 2021. https://www.learntechlib.org/primary/p/161923/

Renfro-Michel, E., Rousmaniere, T., & Spinella, L. (2016). Technological innovations in clinical supervision: Promises and challenges. In T. Rousmaniere & E. Renfro-Michel (Eds.), *Using Technology to Enhance Clinical Supervision* (pp. 3–18). American Counseling Association. https://doi.org/10.1002/9781119268499.ch01

Robinson, L., Brown, T., Fossey, E., Yu, M.-L., Barclay, L., Chu, E., Peart, A., & Callaway, L. (2021). Practice education in lockdown: Lessons learned during the COVID-19 global pandemic. In D. Nestel, G. Reedy, L. McKenna, & S. Gough (Eds.), *Clinical Education for the Health Professions* (pp. 1–20). Springer. https://doi.org/10.1007/978-981-13-6106-7_138-1

Salter, C., Oates, R. K., Swanson, C., & Bourke, L. (2020). Working remotely: Innovative allied health placements in response to COVID-19. *International Journal of Work-Integrated Learning*, *21*(5), 587.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Smith, J. A. (2008). *Qualitative Psychology: A Practical Guide to Research Methods*. SAGE.

Stalmeijer, R. E., McNaughton, N., & van Mook, W. N. K. A. (2014). Using focus groups in medical education research: AMEE Guide No. 91. *Medical Teacher*, *36*(11), 923–939. https://doi.org/10.3109/0142159X.2014.917165

Thomas, Y., Dickson, D., Broadbridge, J., Hopper, L., Hawkins, R., Edwards, A., & McBryde, C. (2007). Benefits and challenges of supervising occupational therapy fieldwork students: Supervisors perspectives. *Australian Occupational Therapy Journal*, *54*(s1), S2–S12. https://doi.org/10.1111/j.1440-1630.2007.00694.x

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Twogood, R., Hares, E., Wyatt, M., & Cuff, A. (2020). Rapid implementation and improvement of a virtual student placement model in response to the COVID-19 pandemic. *BMJ Open Quality*, *9*(4), e001107. https://doi.org/10.1136/bmjoq-2020-001107

World Federation of Occupational Therapists. (2014). World Federation of Occupational Therapists' position paper on telehealth. *International Journal of Telerehabilitation*, *6*(1), 37–39. https://doi.10.5195/ijt.2014.6153

World Federation of Occupational Therapists. (2016). Minimum standards for the education of occupational therapists (revised). https://wfot.link/mseot16

How to cite this article: Peart, A., Wells, N., Yu, M.-L., & Brown, T. (2022). 'It became quite a complex dynamic': The experiences of occupational therapy practice educators' move to digital platforms during the COVID-19 pandemic. *Australian Occupational Therapy Journal*, *69*(1), 38–49. https://doi.org/10.1111/1440-1630.12767