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SPECIAL ARTICLE

Experiences and Reflections of Clinical Supervisors on Online Occupational Therapy Internship during the COVID-19 pandemic

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ABSTRACT

Due to restrictions brought by the COVID-19 pandemic, occupational therapy (OT) programs in the Philippines postponed face-to-face internship indefinitely. While guidelines encourage the use of the different alternative strategies in emergency remote learning, many Filipino clinical supervisors are apprehensive about online internship to prepare interns for clinical practice. In response to the growing concerns regarding online internship, an online forum was organized and attended by 23 clinical supervisors who shared their experiences and reflections. The online forum included sharing of speakers from major practice settings, breakout sessions, and sharing of insights from the breakout sessions. Qualitative data were collected and analyzed. Four themes emerged: issues and challenges in using telehealth as part of OT internship; maximizing technology in OT internship; re-envisioning competencies of students and internship supervisors towards the quality of client care, and; potentialities for the future of OT internship. Components of online internship will stay and must be further developed even after the pandemic. Through the forum, clinical supervisors can achieve collective goals in order to effectively educate OT interns amid unprecedented times.

Keywords: *interns, telehealth, clinical placement, COVID-19, occupational therapy education*

Introduction

At the peak of the COVID-19 pandemic, nearly 1.6 billion students were affected by the quarantine measures that were enacted to curb the spread of the virus [1]. Policymakers and educators recognized the potential of online learning to enable the resumption of educational activities despite the ongoing pandemic [2]. However, online learning is not without downsides. Students were faced with self-regulation (i.e., sustaining motivation and managing time) and technological literacy issues while educators were mainly challenged on the use of technology for teaching [2,3]. Furthermore, viewed within the context of health professions education, learning from direct client contact during clinical training or internship may not be directly translatable to online teaching methods [4].

Occupational therapy (OT) is one of the affected health professions education programs. The Commission on Higher Education (CHED) regulation requires an OT intern (i.e., OT student in their final undergraduate year), to complete 1200 hours of internship hours under a qualified clinical supervisor [5]. Internship hours are rendered mostly through direct patient care which comprise at least 600 hours in the following settings: physical rehabilitation, pediatrics, mental health, and community-based rehabilitation (CBR). Given the current situation of lockdowns and restrictions, achieving the 600 hours of direct patient care is unrealistic.

In response to these challenges, the Philippine Academy of Occupational Therapists Inc. (PAOT) [6] published in March 2020 general guidelines on internship based on CHED released guidelines [7], which recommended flexibility and leniency in relation to minimum direct client contact hours. To compensate for lost direct client contacts, PAOT suggested the adoption of alternative and innovative strategies used in emergency remote

learning and teaching. Similarly, the World Federation of Occupational Therapists (WFOT) issued a position statement that reiterates the use of dynamic and flexible approaches like technology-mediated instruction, simulation-based learning, case discussions, research, telehealth with supervision, and video demonstrations to achieve minimum training hours [8]. Even before the pandemic, the WFOT Curriculum Standards had recognized differences in environments and contexts where clinical training could be held and supported internship in settings where physical facilities are not mandatory [9]. More than a decade ago, a mix of on-campus and online learning has been introduced in OT education in the United States. This hybrid has been used in OT programs internationally [10]. The main reason for using remote learning was to address the shortage of occupational therapists and to make education more accessible. No significant differences were found on the national board certification passing rates between those who completed an on-campus and hybrid learning programs [10,11].

Despite adoption of online internship as a valid approach to complete training hours, many clinical supervisors struggled to find the balance between allowing timely completion of students' clinical training and ensuring students' readiness for clinical practice. Most higher education institutions were able to procure learning management systems to facilitate teaching and learning online. However, internship affiliation centers are not always adequately funded to purchase online learning systems and software packages. Furthermore, some educators are still skeptical about the effectiveness of online learning because the efficacy of learning psychomotor skills and clinical competencies online during OT internship remains unfounded [12]. Interns in the health professions were the most interrupted in their learning because of the inherent challenge of learning clinical skills in a virtual environment [4].

Given the lack of concrete directions for online internship and the inherent difficulty of translating teaching-learning activities related to direct client contact and handling, the study aimed to describe the pandemic-related experiences and reflections of OT clinical supervisors during online forums. Specifically, the study sought to elucidate the challenges and anticipated impact, as well as proposed solutions to inform future OT internships in the Philippines.

Online Forum

The researchers organized an online forum in October 2020 where internship supervisors and coordinators from OT education and training programs were invited. The study utilized a qualitative descriptive research design [13]. This design allowed researchers to describe what is happening in clinical training during emergency remote learning, who are involved, what elements need to be considered, and where and when things take place. Additionally, the researchers used the online forum to allow participants to share their voices which can facilitate solutions generation amid emergency situations [14].

Online Forum Participants

A purposive sample of OT clinical supervisors, without bias to their work affiliation, were invited to the online forum through electronic mails and messaging applications. Interested participants were requested to register via Zoom Video Communications. Upon registration, participants provided their demographic information such as name, practice setting, and name and location of affiliation center. Current and future clinical training plans were also asked in the registration form. The informed consent (including the consent to video-record, confidentiality clause, data privacy, and the use of data for research publication and policy development) was also presented and sought during online registration.

Due to the disruption in university functions during the conception of the study and the minimal potential risk to study participants, no official ethical approval was acquired. However, the proposal for the online forum and data collection underwent technical review from the Office of the Vice President for Research and Innovation and Office of the Vice President for Academic Affairs of the host university. The proposal was approved as an academic exercise for curriculum adaptation and development. Stipulations from the Declaration of Helsinki were upheld in all stages of this study.

Data Collection during the Open Forum

The online forum lasted for 120 minutes and was divided into four parts. The first part was an introduction to the online forum. In the second part, three speakers representing the major OT practice settings—mental health, physical rehabilitation, and pediatrics—shared their current clinical training practices. This helped open the discussion about the experiences of clinical supervisors in online training. The third part was a 30-minute breakout session where participants were divided into three smaller groups based on their respective practice settings. Clinical supervisors from CBR, mental health, and academe were combined in one group while pediatrics and physical rehabilitation comprised the other two separate groups. Each group was assigned to a breakout room. In each

breakout room, one guest speaker and one faculty member from the organizing university were assigned to facilitate and document the discussion. Discussions were guided by questions in Table 1. Lastly, a plenary session was held wherein each small group was tasked to share their discussion from their respective breakout sessions.

Data Analysis

All data sets collected (audio-video data sets, and in-meeting chat texts) were processed through thematic analysis, according to Braun and Clarke [15]. Verbatim transcriptions of video recording and chatbox texts were collated in a word processing software. Each member of the research team was assigned to a subset of data for independent analysis (i.e., data subsets were for the mental health/CBR, physical rehabilitation, and pediatrics groups). Transcriptions were then read and reread to ensure that the data being processed retained the constructs under study, consequently allowing the researchers to become more familiar with the data. Participants' names were coded using pseudonyms. Open coding mediated by ATLAS.ti 8 followed. Each researcher coded independently. Thereafter, those who worked on the same data subset convened to compare codes and create categories and initial themes for their data subset. Once initial themes have been generated for all three data subsets, the researchers set up a plenary session where they presented their respective initial themes for review, re-organization, and renaming. Lastly, all researchers reached a consensus on the final themes. Rigor and trustworthiness were employed in this qualitative study by following the strategies outlined by Lincoln and Guba [16].

Participant's Experiences and Reflections

Twenty-three participants joined the online forum. The majority (16/23) were females. In terms of roles, the participants were composed of clinical supervisors from academe (3/23), physical rehabilitation (6/23), mental health (5/23) and pediatrics (7/23), and CBR (2/23). A summary of participants is presented in Table 2.

From the voices of the participants, four themes emerged. Figure 1 presents the following themes: (1) issues and challenges in using telehealth as part of OT internship; (2) maximizing technology in OT internship; (3) re-envisioning competencies of students and supervisors towards the quality of client care, and; (4) potentialities for the future of OT internship.

Issues and Challenges in Transitioning to Telehealth for OT Internship

Unstable internet connectivity due to poor infrastructure was a constant struggle during remote learning. Consuelo (physical rehabilitation) and Jeriko (mental health), who both work in a government hospital, complained of weak Wireless Fidelity (Wi-Fi) signal and limited internet coverage within the hospital vicinity. Kate (pediatrics), who works from home, expressed her daily struggle with frequent internet disruptions.

Margaret (pediatrics) articulated the government hospital's inability to provide good internet connectivity:

The Information Technology department told us that:

> it is "difficult" for the hospital to provide the necessary bandwidth. If we conduct telehealth sessions, we will be competing against many [units], outpatient, medical, and nursing [departments], within the hospital. So, we do not know how to set-up telehealth sessions, if ever.

Likewise, Raquel (works in a private institution, community setting) highlighted that low-income families face the same connectivity issues as well as access to hardware necessary for telehealth. Digital illiteracy is also a concern, particularly in elderly clients who, according to Ina (works in a government hospital, mental health), find online lingos used in telehealth sessions confusing.

Table 1. *Questions used in the Focused-group Discussions*

Main questions	Probe questions
How does your practice setting (i.e., physical rehabilitation, mental health or community-based-rehabilitation, or pediatrics) facilitate or hinder alternative learning activities?	What are the unique aspects of your setting which make it easier/harder to apply alternative learning activities?
How has the pandemic influenced the necessary competence needed from you as a clinical supervisor?	What knowledge and skills do/did you need to adapt to the pandemic situation?
How do you see OT internship in your center or institution after the pandemic?	How do you envision an ideal OT internship set-up amidst this pandemic?

Table 2. *Demographic Profile of Clinical Supervisors in the Online Forum (n = 23)*

Practice Setting	Pseudonyms	Sex	Type of Institution	Number of Participants
Academe	Camille Janette Jason	F F M	Private Private Government	3 (13%)
Physical Rehabilitation	April Consuelo Joan Kristin Sofia Dionicio	F F F F F M	Government Government Government Government Government Government	6 (26%)
Mental Health	Andrea Liza Ina Jeriko Ted	F F F M M	Government Private Government Government Private	5 (22%)
Community-based Rehabilitation	Fatima Raquel	F F	Private Private	2 (9%)
Pediatrics	Margaret Amalia Gabby Kate Carlo Israel Rico	F F F F M M M	Government Private Private Private Private Private Private	7 (30%)

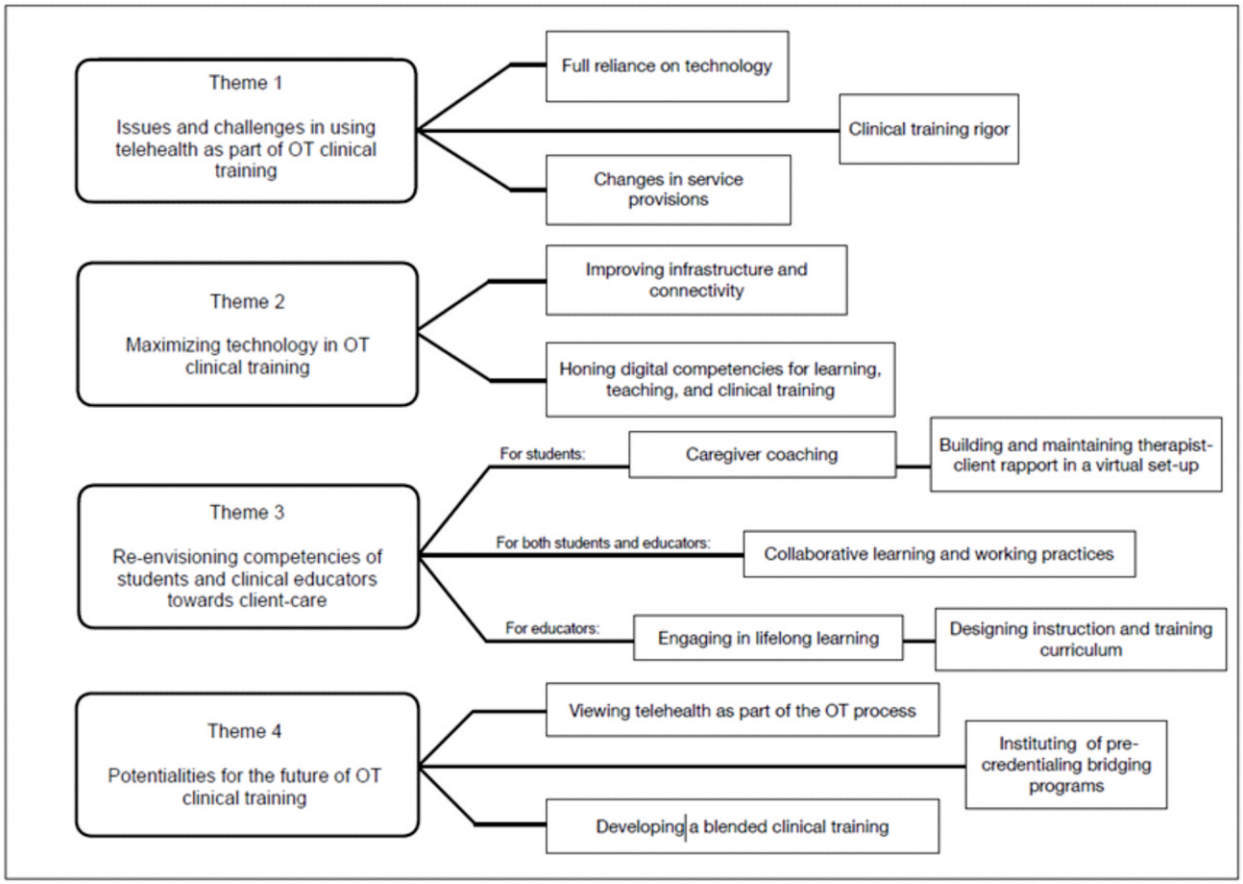

Figure 1. *Emergent themes from the participants' voices during the online forum*

The rigor in clinical training has also been questioned by clinical supervisors since the shift to online training. Kate shared that pediatric centers experienced a steep decrease in OT referrals, which consequently limited students' client load. The reduced number of clients made it more difficult to monitor student's progress towards minimum clinical competency. Consequently, some clinical supervisors were questioning their ability to assess student learning effectively in a virtual set-up. Kristin (works in a government hospital, physical rehabilitation) raised her concerns on the validity of assessing student learning. She pointedly asked, "...the actual client factors that we need to check during the assessment like strength and range of motion—how will these be documented if the patient was not handled [in person]?" Consuelo added, "How will transfer of learning [from classroom learning to clinical practice] be achieved if [training is] done via telehealth alone?"

Given the inevitable changes that must coincide in providing OT services, participants across groups observed an increase in time spent to prepare for therapy sessions. As an example, Raquel mentioned that when training happens in the clinic, materials and tools needed for therapy are readily available whereas for telehealth, both therapist and client have to gather and prepare therapy materials and tools before therapy sessions. Another change in service provision included a new way of communicating and building rapport in the virtual context. Jeriko shared, "It is difficult to detect non-verbal communication because we cannot really see the patient [face to face]. That is why it is important to communicate with the [student] trainee how to facilitate [therapy sessions] properly." In support, Rico (works in a private clinic, pediatrics) emphasized that telehealth sessions cannot be compared to face-to-face sessions when it comes to providing empathic care and communicating with parents. He continued, "...the Filipino culture is at play here... it is important for us to see one another and to [provide physical] feedback on a child's performance [which is impossible] in telehealth."

Client acceptance can also be a barrier to telehealth. Consuelo shared, "During telehealth, [clients] feel like they are being studied [by students] and they do not like that." Thus, Consuelo and Sofia (government hospital, physical rehabilitation) underscored the importance of consent, privacy, and confidentiality. They suggested that OTs must make use of encrypted video conferencing applications and must ask for informed consent prior to online sessions.

Maximizing Technology in OT Internship

Despite the challenging endeavor of rapidly transitioning to online clinical training, participants identified benefits of technology in OT internship including infrastructure and connectivity improvements. After half a year of fully employing telehealth, Dionicio (government hospital, physical rehabilitation) and Jeriko appreciatively noted that their government-run institutions installed better internet infrastructure for service provisions. Jeriko articulated, "[Resources] from hardware to internet connectivity, including laptop[and] reactivation of [institution's] Google Suite with Zoom premium account, were made available." However, these benefits were not shared by clinical supervisors from the pediatrics and community groups because most of them work from home. Alternatively, other supervisors confirmed that access to technology has facilitated interprofessional communication in clinical practice. Ted (private clinic, mental health) expressed how referrals between different professionals are now quicker and easier. He commented, "[If we need] to collaborate with guidance counselors and psychologists, with just one chat [via mobile application], you can already book an appointment [for your clients]... Communication is faster now." As a result, students are able to experience interprofessional communication and learn how to write referral notes without OT jargon.

During emergency remote learning, supervisors, students, and clients alike improved their digital literacy skills and appreciated the benefits of technology. To familiarize themselves with emergency remote learning strategies, both supervisors and students underwent digital literacy skills training. With adequate instructions to students on the proper use of technology, clients' compliance with home instructions improved. Raquel commented, "Caregivers are more confident now because they have been empowered [to use technology]... Compliance is better than before since they are at the comfort of their homes and their personal items are already there." Furthermore, the use of technology enabled students to provide OT services to clients who cannot physically go to the clinic or hospital. There were also more opportunities for clinical supervisors to train students in assessing the client's environment. Through telehealth, the students have virtual access to the client's home and can become more cognizant of the context's influence on occupations. Carlo (private clinic, pediatrics), Joan (government hospital, physical rehabilitation), Amalia, and Dionicio agreed that their students were able to observe their clients' actual environment during OT sessions, as part of continuing evaluation and follow-up. Carlo shared, "...I think, in general, this is one of the silver linings of telehealth." Ted and Andrea considered the use of telehealth during internship as an opportune moment to train students how to inform about and promote the OT profession to the clients. In

particular, Andrea noted, "Our responsibility [as supervisors] is to also train students how to educate… families and communities on what is happening and… [the] role [of occupations to health] in this pandemic."

Re-envisioning Competencies of Students and Clinical Supervisors towards Quality Client Care

Deviation from the usual face-to-face client care necessitated a re-envisioning of competencies expected from both clinical supervisors and students. Clinical supervisors stressed the importance of training students on building rapport in a virtual environment through creativity and effective interpersonal and communication skills. From telehealth training, students learned how to coach caregivers without physical assistance. According to Amalia, "[I] challenge the students to be a coach to caregivers... [to create] a partnership where the caregiver acts as the 'therapist' for the child." Kate agreed and added, "...I realized that this [online] platform… allowed the training to focus on caregiver education and coaching… Although it [telehealth] is a different platform, it can still be effective." In the hospital setting, Kristin stressed the importance of activity analyses and contextualizing the activities to clients' preferences. Specifically when there is a need to modify tasks for clients. She shared, "I challenge my students to co-think with their clients, demonstrate creativity and flexibility, and, more importantly, client-centeredness."

Participants expressed that active engagement in lifelong learning is crucial to clinical supervisors if they want to transition successfully to remote learning. Aside from attending online training on using telehealth in OT practice, Amalia shared how she needed to learn how it is done first before teaching and allowing students to use it: "I didn't want it to be a 'band-aid solution'... So I had to join several telehealth webinars so I can see if it is something that we can implement, eventually." Moreover, a proposal for supervisors to learn proper training program creation, student learning assessment, and teaching-learning strategies, specifically in the context of online clinical training, was discussed.

During the transition to online learning, supervisors designed aspects of the clinical training in collaboration with the students. The supervisors believed that the new generation of OT students are relatively more familiar and proficient with available technologies and, thus, can provide valuable input when revising clinical training programs. Joan expressed, "We [supervisors and students] have differing perspectives... It would be good to get a feel of the session first. Then, we talk with the students to ask their input about how the flow of the clinical training could be improved." Moreover, the group of supervisors from mental health and CBR settings underscored the value of interprofessional collaboration, citing how OT and physical therapy students had more opportunities to learn together online. Fatima (private center, community-based rehabilitation) shared, "In our CBR [placement]... apart from having OT and physical therapy students do telehealth, our students from the two programs collaboratively organized webinars [for clients]."

Potentialities for the Future of OT Internship

This final theme contains propositions to improve OT internship in the Philippines considering the threats of the pandemic, transitions in teaching and learning, and the liminality of the future. Potentialities for the future clinical training of OT students include viewing telehealth as part of the OT process, development of blended clinical training, and institution of pre-credentialing bridging programs.

Participants from the physical rehabilitation and pediatrics groups concurred that telehealth cannot replace face-to-face sessions. Specifically, Margaret stated, "I agree that telehealth will be a good addition or another venue where we can provide our services but, personally, I think that face-to-face [clinical training] can never be replaced." To enrich the discourse, Ted qualified that, "...Telehealth can be considered as an option available to therapists and their clients rather than just an adaptation [to the pandemic]. But I doubt that clients would choose telehealth-only over face-to-face [session] once restrictions are lifted." Participants agreed that telehealth can be most useful to clinical training, even post-pandemic, especially in terms of monitoring home instructions and continuing evaluation of outcome measurements.

Additionally, the term "blended training" was mentioned in the discussion which pertains to a clinical education that comprises both direct patient handling and telehealth servicing. Camille, who works in a private academic institution, asserted that it is inevitable to revise the clinical training program across OT curricula. The revisions are not only to adhere to evolving guidelines but also to be more responsive to the current health system. She also stressed the essence of adapting the assessment of learning, in light of the changes in clinical education. Camille continued to reiterate that it is the accountability of OT educators to prepare the future OT workforce for the health

and care needs of the community as well as social realities. If the clinical training remains online for OT students, the supervisors were concerned about what kind of OT graduates will be produced from this kind of clinical training. Skepticism about training that was conducted purely online would allow students to meet the minimum standards of competency was raised. In response, Consuelo, who has two decades of experience as a clinical educator, recommended "bridging programs." These programs will be attended by OT graduates interested in enhancing their clinical skills with actual clients for some months and will include an assessment from a clinical supervisor. Upon demonstration of minimum clinical competency, completion certificates can be issued at the end of the program which can boost fresh graduates' confidence and strengthen their professional portfolio.

Discussion

After the online forum and data analyses, the researchers found four emergent themes: (1) issues and challenges in using telehealth as part of OT internship; (2) maximizing technology in OT internship; (3) re-envisioning competencies of students and supervisors towards quality of client care, and; (4) potentialities for the future of OT internship. These themes elucidated the challenges and anticipated impact of transitioning to online clinical training, as well as proposed solutions and best practices to inform the future of OT internships. It was clear among the clinical supervisors who participated in the online forum that the virtual meeting was warranted not only to share their voices on the current situation of clinical education but to co-create a collective consciousness in recognizing critical gaps and identifying reasonable strategies to target one goal.

The challenges faced by clinical supervisors include the lack of readiness in online teaching, limited mental health support for faculty and students, poor internet connectivity, and the lack of pedagogical training [17,18]. While OT programs are pressured to adhere to clinical training guidelines and produce graduates amid the pandemic, the use of telehealth was seen as a viable strategy. Apart from learning how to use telehealth themselves, clinical supervisors were faced with the reality that not all clients can afford or are adept in using telehealth [19,20].

Educational technologies and the collaboration between educational technologists and medical educators were seen to be the cornerstone in transformative health professions education [21,22]. While not novel in higher education, the use of educational technologies was bolstered by the pandemic. This convinced local OT programs to embed technology in modern-day OT education and clinical training. Apart from using learning management systems, the educational value of chat rooms, instant messaging, digital image collections, blogs, vlogs, online journaling, and podcasts, among others, had been foregrounded in OT education [23]. However, evidence suggests that blended learning is key to achieving higher-order thinking skills among OT students [24]. In other countries, blended learning courses for clinical education [25,26] and equity-focused learning opportunities for OT students [27] are now being employed.

During the lockdown, numerous webinars on how to do telehealth were available within and outside OT networks. The collective goal of these webinars was to establish, augment, and enhance OT competencies necessary to navigate the "new" ways of practicing, teaching, and learning. For students, it was crucial that they learn caregiver coaching and build client-therapist relationships virtually. These competencies were not emphasized traditionally even if pre-pandemic evidence suggests that parent coaching via telehealth is compatible with the busy lives of parents, supportive of client-parent-therapist collaboration, and empowering for clients [28]. These positive experiences enable caregivers to actively set their own goals for their children, actively partake in the therapy process, and enact occupation-based interventions [29]. For clinical supervisors, the lockdown was an opportunity to take advantage of lifelong learning through active engagement in continuing professional education activities.

Filipino clinical supervisors were also capacitated through online continuing education on topics including emergency remote teaching, mental health, and interprofessional education and collaboration, and instructional designing among others [17]. Learning how to redesign internships with limited patient contact allowed supervisors to integrate didactics and case studies on infectious diseases, population health, occupational justice, and transferable skills [4,30,31].

Moreover, some participants in the study proposed to come up with a bridging program for those students graduating at this time. While bridging programs or courses were originally done in graduate, international, and multicultural education, the purpose is to help learners acquire requisite competencies for higher learning [32]. Some participants voiced the need for OT graduates to undergo a bridging program that includes supplementary

activities to ensure that they are equipped with basic competencies to enable safe and quality service delivery before practicing independently.

Given the limited time to collect the data and a small sample of 23 participants, the researchers acknowledge that the findings do not aim to generalize but rather offer a systematic approach of documenting experiences to identify issues and propose viable solutions for the future of OT clinical training. Nevertheless, this study hopes to contribute to the ongoing discourse on how to maintain clinical education standards by offering evidence and examples based on sound qualitative inquiry for the consumption of OT clinical supervisors, students, and other stakeholders.

Recommendations specific to the adaptation and improvement of OT internship in the Philippines are summarized in Table 3.

Conclusion

Improvement of the current COVID-19 situation may warrant the return to direct client care and face-to-face training either via blended or full face-to-face set-up. Regardless of these developments, components of online internship will stay and must be developed further. The exercise of documenting experiences, reflections, and stories from clinical supervisors is not only responsive, but also a participatory practice approach in achieving collective goals to educate future occupational therapists in times of emergencies and liminalities.

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Table 3. *Recommendations for OT internship during the pandemic and beyond*

Implementing curricular changes for pre-internship courses	• Co-develop a contingent training program that adhere to blended learning approaches in preparation for the future once the pandemic effects wane • Integrate interdisciplinary topics within the OT clinical training curriculum such as infectious diseases, public health, population health, occupational and social justice, mental health, interprofessional learning, administration and management, health informatics, and pedagogical principles among others • Integrate the teaching of transferable skills alongside limited clinical skills within the realm of medical and health professions education including: communication skills, leadership skills, teamworking, professionalism, reflective practice, cultural consciousness, planning and organization, information technology skills, lifelong learning, research, problem solving, and decision-making skills [14] • Encourage clinical supervisors to attend post-graduate trainings and courses on health professions education to learn the basic principles in instructional and curriculum designing and evaluation of student learning
Adapting internship programs and requirements	• Establish a committee or task force for OT clinical training within concerned professional and higher education organizations • Develop bridging programs or post-clinical training programs as supplementary activities for students who were only able to experience fully online clinical training

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