

Going Virtual:

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A Statement on New OT Graduates Entering a New World of Clinical Practice

Newly graduated occupational therapists (OTs) face many opportunities and challenges as they enter clinical practice and work to establish themselves as competent professionals. COVID-19 has been a catalyst for many health organizations in transitioning from in-person to virtual service provision, and a bulk of OT services are currently being delivered virtually. This shift to virtual OT practice has added an additional layer of both opportunities and challenges for new graduates. After gathering perspectives from over 70 practicing OTs in Canada, the USA, and the UK through interviews and an online questionnaire, important challenges and opportunities were identified and explored in detail—the findings are below.

OPPORTUNITIES

The majority of participating clinicians highlighted the **value** that new graduates can bring to virtual practice. They indicated that, when equipped with the right supports, new graduates are well-positioned to be **successful**, **innovative practitioners** in the expanding virtual practice context.





Embrace the change and be grateful that you are in a profession that is so resilient and adaptable!

This is a difficult experience for all of us, not just because you are new. Don't sell yourself short —you have a lot to contribute and everyone is riding the virtual practice learning wave!

Treat virtual practice as a brand new practice setting, rather than an adaptation to in-person practice—don't compare the two!

Prioritize your mental and physical wellbeing—build in breaks for relaxation, movement, and self-care—so that you can show up for your clients.



A NOTE ON TECHNOLOGY

Technology is constantly changing and many new graduates are well versed in new tech platforms and tools, as they are embedded in their everyday lives and educational curriculums. Given their general **familiarity** with technology, new graduates are **comfortable** using technologies required for virtual practice, and are used to thinking of **creative and innovative** ways to enhance virtual service delivery by employing various technological features. Moreover, new graduates' ability to **learn new technologies quickly** can offset extra time they may need for clinical learning/job training.



TIPS FOR NEW GRADUATES

- Learn the virtual care platform well and practice using it before sessions
- Become familiar with different tech features, tools, resources, support groups that can be used to support and optimize virtual therapy
- If you are good with technology, offer support to coworkers and clients when they are having difficulties
- Be aware of accessibility issues and how your organization is addressing them (in terms of technology)

TIPS TO SHARE WITH EMPLOYERS

- Provide necessary equipment, tools, and training using virtual platforms
- Make tech support accessible to clinicians on a regular basis for troubleshooting

CHALLENGES

The challenges new OT graduates may experience that were reported by clinicians, both experienced and new, centred around two main themes:

Limited **practice knowledge** and experience, as compared to seasoned clinicians, with respect to:

- Administering assessments, delivering interventions, and providing recommendations and referrals with the added challenge of doing so independently through a virtual platform
- Adapting assessments and interventions to the virtual context
- Familiarity with clinical population and how conditions may impact function/ADLs
- Scheduling, prioritizing time, and planning sessions
- Therapeutic style and therapeutic use of self
- Ability to reflect and learn from past experiences, and imagine 'possibilities'
- Communicating with clients: misinterpreting or not picking up on non-verbal cues from clients, difficulty building rapport
- Determining client "fit" for virtual OT

Reduced **access to guidance and support** (as compared to in-person settings), such as:

- Employers and coworkers who can provide practice/social support (e.g. traditional shadowing, meetings)
 - If new graduates are able to receive support virtually, it may not feel adequate as they
 are entering the workforce in a time of uncertainty and flux; employers/coworkers are
 likely still learning the ins and outs of virtual practice as well
- In-person learning opportunities and resources (e.g. lunch & learns, rounds, libraries, props, batteries, equipment and tech support)
- Social moments at work (without which, they may experience feelings of isolation)
- Overall steeper learning curve and requirements for increased independence

ADDRESSING CHALLENGES



This section reviews some unique opportunities new graduates present in virtual OT practice that counteract the aforementioned challenges. Its intended use is for new graduates advocating for their place in virtual care and for their potential employers, to work together to ensure new graduates are given ample opportunity to engage in, and excel at, delivering virtual care services.

OT theory

New perspectives

Evidence-based practice

Openness and adaptability

Experience with changing practice contexts

New graduates have not yet acquired the population-specific experiences or skills that seasoned clinicians have, and can draw from, during their clinical interactions. This is true for any practice context, including virtual practice. Nonetheless, new graduates are very knowledgeable about OT theory and latest evidence-based practices, which can inform effective virtual service delivery. New graduates are flexible and adaptable to new ways of providing OT services, and are not yet used to doing things in a certain way (ingrained habits/routines). Moreover, new graduates have recent experience adapting to changing practice contexts from rotating through various fieldwork experiences during the MScOT program; most recently, the Class of 2020/2021 have become active participants in the transition to virtual practices in their academic programs and through their third and fourth virtual fieldwork placements. On these placements, new graduates have learned to be independent and resourceful, and seek out support in less traditional ways. Last, new graduates have a strong will, motivation and excitement to enter the working world while seeking continuing education opportunities, and to drive innovation with fresh, creative perspectives for the changing workplace environment.

TIPS FOR NEW GRADUATES

Organization/Community Level

- If possible, seek out an organization that acknowledges and cultivates a team-oriented, supportive environment
- Be familiar with and adhere to your regulatory body and organization's policies, procedures, and expectations
- Regularly check-in with colleagues and peers
- Don't be afraid to ask questions and for help—you're still learning!
- Find a mentor to seek quidance from
- Request and take on opportunities for continued education
 - o Observe/shadow seasoned clinicians, and those with experience delivering virtual OT services
 - o Attend webinars, or search for past webinar recordings
- Seek out supports in the broader OT community by joining idea sharing groups/chats (e.g. Facebook, Reddit)
- Be organized and prepared; always have 1-2 backup plans at your disposal
- Make EXTRA efforts to connect with your cohort, network and develop your professional relationships

Client Interaction Level

- Be attentive to whom you offer virtual services—not every client is appropriate
- Practice assessments/interventions with another person, virtually
- Supplement knowledge gaps by reviewing lecture materials, your OT textbooks, and/or researching:
 - Your population and common challenges they present with
 - Evidence-based assessments and interventions that have ideally been validated for virtual use with your population
- Remember your core OT skills and use your theoretical expertise to structure your sessions
- Entering a client's home requires cultural humility—you are an invited virtual guest!
- Focus on building rapport, it may take longer than in-person
- Keep your expectations realistic, and understand the limits of virtual care
 - Communicate these expectations and limitations to clients
- Know what to do in a crisis situation (e.q. virtual suicidal ideation assessment and steps to take)
- Be okay with telling your client you are unsure and will get back to them after doing some research or consulting with other clinicians
- Get feedback from clients about what works and their comfort/feelings around virtual practice
- Exercise flexibility and creativity
 - · E.g. use technology and materials in the client's home to make sessions engaging and function-focused
- Be patient with yourself and the process, and celebrate small accomplishments!
- Be reflexive in virtual practice and develop your therapeutic use of self

TIPS TO SHARE WITH EMPLOYERS

- Ease new graduates into practice with scaffolding orientations—start with lower caseloads and manage expectations early on
- Explain that this is new to everyone to reduce stress about the virtual aspect of practice
- Provide and encourage mentorship, peer support, training and shadowing opportunities
- Facilitate role-playing/client-simulation sessions for coworkers to practice
- Provide resources specific to your practice context (e.g. consent scripts for paediatric virtual therapy)
- Offer a blend of virtual and in-person practice when possible to facilitate learning
- · Encourage new employees to ask questions in an open, non-judgmental way
- Set clear policies, procedures, and expectations
- Consider risks and limitations of virtual practice, and implement mitigation strategies
- Research and educate yourself and your team on assessments and interventions that are feasible and appropriate to administer virtually
- Keep an open line of communication to avoid feelings of isolation
- Set weekly check-ins with employees to discuss successes and challenges
- Keep your employees up-to-date with the ever-changing resources and guidelines:
 - Send weekly emails with updated information
 - Create a working document with tips that your team can edit
 - Add resources to a shared drive for continued access