UNDERSTANDING THE BENEFITS AND CHALLENGES OF ROLE-EMERGING PLACEMENTS OF STUDENT OCCUPATIONAL THERAPISTS IN AIDS SERVICE ORGANIZATIONS

By

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Abstract

The introduction of anti-retroviral treatment has shifted the management of Human Immunodeficiency Virus (HIV) infection from acute palliative care to chronic supportive care. This shift has highlighted the need for rehabilitation care for people living with HIV (PLWH) or Acquired Immunodeficiency Syndrome (AIDS) and the potential role of occupational therapy (OT).

Role-emerging placements are now a popular way to promote the potential role of OT in different emerging areas. Recognizing the importance of OT for PLWH has led to the possibility of promoting and integrating OT services in AIDS Service Organizations (ASOs) through role-emerging placements. Placements of five student occupational therapists (SOTs) took place in ASOs for an eight week of the period. This qualitative study investigated the benefits and challenges of role-emerging placements from the perspectives of students, ASO staff, an OT preceptor, and PLWH.

Results highlighted the following benefits and challenges, *Benefits:* 1) reinforcing professional skills of SOTs, 2) developing competencies of SOTs to foster rehabilitation services for PLWH, 3) shining a light on OT's roles, 4) empowering ASO services, and 5) surprising role of OT, and *Challenges:* 1) challenge of starting from grounding work, and 2) challenge of building relationships.

This study demonstrated the value that role emerging placements have in introducing the role of OT in a new area and practice, and in increasing competencies of the learners. Recommendations for future placements in ASOs are provided.

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I owe a debt of gratitude to my family for their love and sacrifice which was a great support for me. I would like to dedicate this thesis to my beloved family: parents, siblings and my husband.

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Acronyms

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immunodeficiency Syndrome

HAART: Highly Active Antiretroviral Treatment

SOT: Student Occupational Therapist

OT: Occupational Therapy

OTs: Occupational Therapists

PLWH: People Living with HIV

ASO: AIDS Service Organization

CWGHR: Canadian Working Group on HIV and Rehabilitation

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Chapter 1

Introduction

1.0 Overview

This chapter presents the background, purpose, research question and significance of this study. It also provides a reflection of the background of the student researcher and how this influences the study. This chapter concludes with an outline of the chapter structure of the thesis.

The background of the study provides the context for the role-emerging placements of student occupational therapists (SOTs) in Acquired Immunodeficiency Syndrome (AIDS) Service Organizations (ASOs). A role-emerging placement is presented as the starting point for the introduction of occupational therapy (OT) services for people living with Human Immunodeficiency Virus (HIV) (PLWH). The rationale for introducing OT in the rehabilitation of PLWH is described including the current status of HIV and the need for rehabilitation services for PLWH.

1.1 Background of the Study

1.1.1 HIV infection: Transformation from a fatal disease to a chronic condition

HIV infection affects the immune system of the affected person and may lead to the onset of AIDS by losing the immune control of multiple pathogens and cancers (Douek, Roederer, & Koup, 2009). It was a fatal disease before the introduction and availability of treatment of this viral disease (McReynolds & Garske, 2001). The introduction of Highly Active Antiretroviral Treatment (HAART) in 1996 has transformed this fatal disease to a

chronic condition and people with this chronic condition are living longer where the treatment is available (McReynolds & Garske, 2001; Palella et al., 1998).

In 2012, the Public Health Agency of Canada (PHAC) reported that the prevalence of HIV infection including AIDS to be approximately 71, 300 to the end of 2011 (HIV and AIDS in Canada: Surveillance Report to December 31st, 2013). According to the 2013 UNAIDS global report, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012 (UNAIDS report on the global AIDS epidemic, 2013).

1.1.2 Services for PLWH: Shifting from acute care to rehabilitation services

In this post-HAART era, PLWH are experiencing symptoms related to the virus and side effects of the treatment that are resulting in increased prevalence of disability along with increased longevity (Solomon & Wilkins, 2008; Worthington, Myers, O'Brien, Nixon, & Cockerill, 2005). One study examined the prevalence of disability among PLWH in British Columbia and reported that, 80-90% of PLWH experience at least one impairment that causes activity limitations or participation restrictions (Rusch et al., 2004).

The effects of an unpredictable disease course of this chronic condition are multiple and vary from person to person (McReynolds & Garske, 2001). Different physiological, psychological or mental health challenges from HIV infection or from the side effects of the treatment, and psychosocial issues that limit the participation of PLWH in daily life activities or occupation are amenable to rehabilitation (McReynolds & Garske, 2001). Therefore, following the introduction of treeatment, the changed disease course of HIV infection has increased the need for long-term supportive care for PLWH (Bowyer,

Kielhofner, & Braveman, 2006; Worthington et al., 2008). The service needs for this group of people have shifted from acute palliative care to rehabilitation care (Bowyer, Kielhofner, & Braveman, 2006; Worthington et al., 2008).

1.1.3 Importance of OT as rehabilitation service for PLWH

Rehabilitation in the context of HIV is defined by Worthington et al. (2005) as services or preventive activities that address body impairments, activity limitations, and participation restrictions of an individual. According to the Canadian Working Group on HIV and Rehabilitation (CWGHR), rehabilitation involves optimizing choices for PLWH by providing assistance or tools to improve the quality of their daily lives in meaningful ways (CWGHR, 2015). Although there is an increased demand for rehabilitation support for PLWH, rehabilitation professionals are not yet extensively involved in the management of this group of people (Worthington et al., 2005; Worthington et al., 2008) .

A client-centred approach helps to ensure a common understanding of the client's needs and goals through a strong relationship between health service providers and clients (Law, 1998). CWGHR (2015) highlighted the importance of client-centred care from rehabilitation professionals to understand the unique needs of PLWH due to the unique issues associated with individual clients living with this chronic condition. OT is the most meaningful and useful client-centred rehabilitation service, as it emphasizes the core value of client-centredness (Law, 1998). Therefore, understanding the needs of PLWH, particularly through the rehabilitation lens of OT might help *to promote meaningful client-centred care* for this vulnerable group of people. OT can play a vital role to facilitate the optimum occupational performance of PLWH by enabling them to overcome

the challenges of activity limitations and participation restrictions due to this chronic condition (Beauregard & Solomon, 2005). The chronic nature of HIV demands increased involvement of OT with this group of population (Tran, Thomas, Cameron, & Bone, 2007)

1.1.4 ASOs for PLWH

Along with the recent changes in healthcare systems, there is also a gradual expansion of community-based practice to improve health care services for people with chronic conditions (Gat & Ratzon, 2014). Roles of community-based ASO services are also changing and expanding to keep pace with the evolving needs of PLWH (Crook, Browne, Roberts, & Gafni, 2005). ASOs usually provide services for PLWH either on site or through referral to a local provider (CWGRH, 2015). ASOs activities include client-centred supportive counseling and practical supportive services for PLWH, education and training for this vulnerable group of people on basics of HIV, and different harm reduction programs to prevent blood borne infection. As practical supportive services, these organizations are trying to address different physical, cognitive and psychosocial issues of PLWH such as access to care, reducing anxiety, returning to work, housing and poverty (Worthington, O'Brien, Myers, Nixon, & Cockerill, 2009).

1.1.5 Role-emerging placements of SOTs in ASOs

Occupational therapists (OTs) are well positioned and have the experience of addressing and dealing with the unique needs of PLWH (Tran et al., 2007). OTs' involvement can assist clients with the effect of HIV on their daily living (Tran et al., 2007). Also, the changing health care environment has given rise to the need for placing

SOTs in ASOs so that they can develop the knowledge and skills required for providing services to PLWH. Placement of SOTs in ASOs is an "emerging role" because OTs are not involved extensively in community settings in the management of PLWH.

1.2 Purpose

The purpose of this study is to identify the benefits and challenges of role-emerging placements of SOTs in ASOs. The intent is to increase the understanding of how OTs can be a fundamental part of the multidisciplinary team to provide rehabilitation services to PLWH in ASOs.

1.3 Research question

This study explores the following primary research question, "What are the benefits and challenges of engaging student occupational therapists in AIDS service organizations through role-emerging placements that focus on rehabilitation of people with HIV?"

A qualitative approach was selected to explore the benefits and challenges of these placements from different perspectives, and it is guided by the following sub-questions:

1) What are the learning experiences of SOTs during role-emerging placements in ASOs?

2) What benefits and challenges do PLWH perceive through their interactions with SOTs in ASOs during role-emerging placements?

3) What benefits and challenges do ASO staff members perceive through their interactions with SOTs during role-emerging placements of the students in ASOs?

1.4 Significance of the Study

This study has significance for several reasons. Firstly, it is expected that role-emerging placements of SOTs in ASOs will play an important role in expanding the roles of OT to meet the changing health care needs of PLWH in this post-HAART era. It will prepare SOTs as competent rehabilitation professionals to deal with PLWH during their future practice. Also, this placement will increase the awareness of the ASOs about the need for OT services in the management of HIV infection associated issues of PLWH.

Secondly, due to the changed disease course of HIV infection, management of this chronic condition is turning to community resources and organizations to provide education, support, and other services for PLWH (CWGHR, 2015). Consequently, an ASO is the ideal setting to introduce and integrate OT services in a community setting through a role-emerging placement. It is anticipated that exploration of the benefits and challenges related to the integration of OT in ASOs will inform the needs for the involvement of SOTs in community health services for PLWH.

1.5 Who am I?

This section provides a reflection of my background, what has drawn me to this research, my beliefs, and how these influenced my understanding of the findings.

I completed Bachelor of Medicine, Bachelor of Surgery in my home country, Bangladesh. During my internship training, an observation prompted me to switch my career from clinical practice to research. I observed negative attitudes and stigma towards PLWH from a variety of health professionals. This observation led me to think about the management strategies for PLWH beyond medical treatment to enable them to become

involved in self-management and improve their quality of daily life. Enrolling in the Master program in Rehabilitation Science provided me with the opportunity to start my research career.

One of the most exciting aspects of this academic program is its diversity. The diversity influenced my research interest allowing me to understand the diverse and extensive roles of OT in the rehabilitation of PLWH, which led me to the current study. Learning about innovative clinical fieldwork placements of SOTs also increased my interest to explore the benefits and challenges of role-emerging placements of SOTs in ASOs. This study allowed me to improve my knowledge about the involvement of SOTs at different role-emerging settings and their roles in helping different populations, including PLWH, to make their daily lives more manageable.

I come from a medical background, and I believe that health science is an evolving science. As a Physician, I was aware of the needs of supportive care for PLWH which interested me to learn about the emerging roles of OT in the rehabilitation of PLWH. Also, as a health professional my awareness about the opportunities and challenges of working with clients in a new setting and experience of working with diverse pofessionals helped me to understand and interpret the findings of this study.

As a newcomer to Canada, I was interested to learn about the different healthcare system of this country and being involved in this study allowed me to learn about OT as a profession, and management strategies of OT. As a novice researcher in a new country and in a different health care system, I had no pre-assumptions about the findings of this study. Therefore, the findings are grounded in the available data.

With epistemological reflexivity, it is important to highlight how one's beliefs and background knowledge influenced the construction of knowledge. I am not an OT, but I was able to improve my understanding of the role of an OT and services of ASOs as I engaged in dialogue with SOTs, ASO staff, offsite OT preceptor and PLWH through this study. The literature review also helped to gain knowledge about the role-emerging placements and the importance of OT for PLWH. This acquired knowledge influenced my background knowledge and helped me to interpret the findings.

1.6 Thesis outline

My thesis is composed of the following five chapters: Chapter 1: Introduction; Chapter 2: Literature Review; Chapter 3: Research Methodology; Chapter 4: Findings; Chapter 5: Discussion and interpretation; and Chapter 6: Conclusion.

Chapter 1 sets the context of the study that describes the importance of exploration of the benefits and challenges of role-emerging placements of SOTs in ASOs. It also describes the purpose and research question of the study.

Chapter 2 is a literature review of the role-emerging placement in the context of OT. Empirical studies on the role of OT for PLWH and OT in community settings are also critically reviewed. The chapter concludes with a summary of the gaps in current knowledge.

Chapter 3 provides a description of the research paradigm chosen for the study. A description of the methodology including the data collection and analysis plan is provided along with the information including sample selection, ethical considerations, and limitations.

Chapter 4 reports the qualitative findings of the study. This chapter includes the themes and subthemes that correspond to data. Presentation of quotations from data ensures that the findings are connected to the data.

Chapter 5 provides a discussion and interpretation of the study findings in relation to the available literature on role-emerging placement and OT for PLWH. This chapter also includes discussion on strengths and limitation of the study and concludes with suggestions for future role-emerging placements in ASOs.

Chapter 6 is the final chapter of this thesis that provides a conclusive discussion and the implications of this study finding. This chapter also provides direction for future research following this study.

Chapter 2

Literature review

2.0 Overview

The scope of this study is concerned with the benefits and challenges of engaging SOTs in role-emerging placements as a way of introducing the role of OT for PLWH within the context of ASOs. Although role-emerging placements are now common in different professional programs, very few articles are available that examined the influence of these placements in dealing with PLWH. Due to the dearth of available literature on role-emerging placements in ASOs, the purpose of my literature review is to delineate the articles that will help to understand the importance of role-emerging placements of SOTs in ASOs and the importance of OT in the rehabilitation of PLWH. Initially, the seminal literature on role-emerging placements is reviewed to define and describe the usefulness of these placements in the context of OT before moving into the justification for the research question of this study.

A review of the literature was conducted using Pub Med, Medline, Google Scholar, Cochrane Collaboration and the Cumulative Index to Nursing & Allied Health Literature (CINAHL) databases. Search terms included: role-emerging placements, fieldwork placements of OT students, OT in the rehabilitation of PLWH, OT in community setting, and community organization in the management of HIV. Reference lists of retrieved studies were also reviewed for further relevant studies.

2.1 Role-emerging placement in the context of OT

Occupational therapy programs have two types of fieldwork placements for students: role-established and role-emerging (Bossers, Cook, Polatajko, & Laine, 1997). The concept of role-emerging placements in OT is now a widely used one in Canada, United Kingdom, Australia and the United States due to changes in health care (Clarke, Visser, Martin, & Sadlo, 2014b). Meeting the placement shortages of SOTs (Rodger et al., 2007), increasing the future employability of OT graduates (Wood, 2005), and promoting role expansion of OT (Thew, Hargreaves, & Cronin-Davis, 2008) have also resulted in increasing popularity of role-emerging placements.

A role-emerging placement of OT students is characterized by Bossers et al. (1997) as a placement in a setting without any established role of OT. The students become responsible for establishing the role of OT under the supervision of an assigned staff member of the setting and an offsite OT. Bossers et al. (1997) also suggest role-emerging placements as an option to offer more fieldwork opportunities for OT students in non-traditional settings. In addition to providing a novel learning opportunity for students, a role-emerging placement also has the potential to establish the role of OT. This placement has been highlighted as a way to facilitate deep learning and improve the knowledge and skills of SOTs to practice OT in a new setting (Dancza et al., 2013; Fieldhouse & Fedden, 2009). Clarke et al. (2014a) solidified the findings of previous literature which found that students develop a deeper insight into their personal and professional development through engaging themselves in challenging and autonomous learning environments during role-emerging placements.

A qualitative study by Dancza et al. (2013) examined OT students' perspectives on enablers and barriers of learning through the role-emerging placements across different settings in two countries. They stated that role-emerging placements are a unique opportunity to improve students' understanding of the practice of OT and also enables them to integrate theory into the practice context. This study discussed the positive learning experiences of the students that were developed through role-emerging placements such as adapting to more thinking and planning, understanding the complexity of collaboration, and realizing OT perspectives. Also, this study highlighted that the unique experiences of role-emerging placements teach SOTs how to transform the challenges of these placements in an emerging setting into learning experiences.

Thew et al. (2008) evaluated a role-emerging placement model for a full cohort of OT students and highlighted the importance of promoting OT services in innovative settings in this changing health and social care arena. They considered a role-emerging placement as an opportunity to promote OT services to the people who are unaware of the extensive roles of OT. They recommended further research to see if the experiences of role-emerging placements have any influence on the career choice of OT graduates.

Kearsley (2011) described a role-emerging placement as a starting point for service development in an organization. She described how a role-emerging placement created opportunities for OT students to become a fundamental part of the multidisciplinary team of an organization. Also, she identified that this placement enabled students to start providing long-term interventions and support for the clients who had no access to OT services. This literature demonstrated this placement as a creative way to introduce the

role of OT to a wide variety of people and increase the accessibility of OT services to clients.

A review by Overton, Clark, and Thomas (2009) examined the evidence and expert opinions on role-emerging placements as placement education opportunities for OT students. This review explained that role-emerging placements in non-traditional settings provide students with a unique opportunity to experience the professional practice of OT outside of institutional constraints. These experiences from these placements help students to understand the future for OT practice in different emerging territories. Also, this review article discussed the possible challenges of role-emerging placements and highlighted the need for further exploration of the benefits and challenges.

Cooper and Raine (2009) raised the issue of advantages and challenges of role-emerging placements in the development of the OT profession. In terms of advantages, authors mentioned the opportunity to introduce the potential of OT services in settings where OTs are not involved. They also pointed out the contribution of role-emerging placements in improving the collaborative partnership between host organizations and academic institutions that can lead to research initiatives and increase the evidence for interventions. Challenges faced by the students in role-emerging placements included identity crisis and feelings of isolation in a new setting. This study indicated the need for further study of the benefits and challenges of role-emerging placements in different settings.

A study by Solomon and Jung (2006) focused on the interprofessional learning through a role-emerging placement in HIV rehabilitation where both occupational therapy

and physiotherapy students were involved in the management of HIV in community health care. In this article, they focused on combining three innovative elements in one placement: a role-emerging placement, interprofessional education, and HIV care. Findings of this study suggested that the application of an interprofessional model to a role-merging placement enabled students to learn about other professionals and negotiate their roles in an interprofessional team. Additionally, dealing with PLWH during this placement enabled them to develop meaningful strategies in two key areas of pain and fatigue where PLWH need special attention from rehabilitation professionals. This study recommended evaluation of emerging roles in all areas of practice.

The above literature review revealed that the role-emerging placements are widely used and accepted in the OT profession. Available literature focused on exploring the learning experiences of the students during these placements, the contribution of these placements in the professional development of students and service development in an organization. Some literature also initiated the discussion on advantages and challenges of role-emerging placements.

2.2 OT in the context of HIV

Pizzi (1990) began the conversation of the role of OT in the rehabilitation of PLWH by stating, "Occupational therapy is in the forefront of transforming the conversation about HIV/AIDS" (p. 201). He highlighted the opportunity for OT to become a role model of rehabilitation services for PLWH by ensuring a safe and secure environment where this vulnerable group of people can live, work, and function. Pizzi (1990) considered OT as a catalyst for transforming the care for PLWH along with the

transformation of this fatal disease to a chronic condition. One of the limitations of this older article is that it was published before the introduction of HAART, and the role of OT is quite different and more extensive in this post-HAART era. Pizzi, (1990) highlighted that "Human beings deserve care provided in accordance with their individual choices and values" (p. 199). This belief was based on the principle of client-centred therapy. In the post-HAART era, Law (1998) also reflected on the importance of client-centred services for PLWH and stated that if a client-centred model is applied in the rehabilitation of PLWH, then OT interventions are required much earlier and in different places in the health care delivery system.

Beauregard and Solomon (2005) mentioned that OTs can play an important role in improving the quality of daily lives of PLWH. Their qualitative study examined the lived experiences of women with HIV/AIDS to understand the client's perspective and to gain a comprehensive view of the implications of OT. The findings of this study reinforced the need for OT support for PLWH and also highlighted the vital role of OTs to connect the clients with community support networks.

Lapointe et al. (2013) described a case of successful integration of OT services in a primary health care setting. They described the role of OT in ensuring comprehensive services for PLWH to enable this group to live more meaningful lives.They described the extensive roles of OT along with interprofessional team in the primary care setting. OT services were able to advance the services for PLWH in many areas such as mental health, cognition, mobility issues, substance use, lifestyle changes, goal setting, work related issues, and home management.

Misko et al. (2015) illustrated three case studies to explore the contribution of OT in providing both home- and community-based services for PLWH. This article identified specific skills and knowledge that OT can apply both in the home environment of the clients and in community settings to address the issues in daily living of this group of people. Based on these case studies, Misko et al. (2015) identified both the home and the larger community as ideal sites for OT that allows therapists to see the actual environment of the clients. The findings of these three case studies suggest that the naturalistic and flexible approach of OT has more potential in community-based organizations to adress the issues of PLWH associated with HIV.

Worthington et al. (2005) mentioned that rehabilitation in the context of HIV requires non-traditional approaches such as client-centred and goal-oriented approaches in a community setting which requires teamwork among professionals and community workers. They identified ASOs as an emerging setting that would enable an extensive network of resources in the rehabilitation services for PLWH. A national survey by Worthington et al. (2009) also identified the need to coordinate the services for PLWH within a community context, as successful rehabilitation care requires teamwork. In addition, CWGHR (2015) mentioned that despite the increasing importance of rehabilitation services for PLWH, access to rehabilitation services continues to be a challenge as in many cases they need an assessment and referral by a doctor. Integration of OT services in ASOs can overcome the challenge of limited access to rehabilitation services for PLWH as an assessment or referral is not required (CWGHR, 2015).

Summary

In summary, the literature review for this study highlighted that although there has been a recent increase in the literature on role-emerging placements, it is not as extensive as that in placements in role-established settings. Researchers have evaluated and described role-emerging placements of OT students and how these placements have led to the successful development of complete services for a particular client group (Thew, Hargreaves, & Cronin-Davis, 2008; Cooper & Raine, 2009; Overton, Clark & Thomas, 2009). There is literature that explored students' perspective on enablers and barriers to learning through role-emerging placements (Dancza et al., 2013), and the contribution of students in community work through role-emerging placements (Fieldhouse & Fedden, 2009).

Review articles identified the usefulness of role-emerging placements in expanding the roles of OT (Clarke et al., 2014b; Rodger et al., 2007). Case studies highlighted the potential of OT services to address daily life issues and improve the QoL of PLWH both in primary care and community care settings (Lapointe, James, & Craik, 2013; Misko, Nelson, & Duggan, 2015). CWGHR (2015) identified ASOs as an ideal community setting for making rehabilitation services more accessible to PLWH. However, no prior published study has been found that explored the benefits and challenges of role-emerging placements of SOTs in ASOs. This current study will contribute to both the existing knowledge of role-emerging placements of SOTs and emerging roles of OT for PLWH in community setting.

The following table provides an overview of the benefits and challenges of role-emerging placements in the literature.

Table 1: Overview of the benefits and challenges of role-emerging placements

Articles	Benefits	Challenges
1) The development of an authentic professional identity on role-emerging placements(Clarke et al., 2014a)	1) Increased students' awareness of their personal and professional development, identifying three areas of change: their new sense of self, views of the profession, and making a difference to clients and teams.	
2) Understanding the role-emerging fieldwork placement (Bossers et al., 1997)	1) Learning to see the client as a person. 2) Personal and professional growth as an OT. 3) Experiencing a variety of professional roles.	1) Feeling uncertainty with some of the roles.
3) Learning experiences on role-emerging placements: An exploration from the students' perspective (Dancza et al., 2013)	1) Using theory in practice. 2) Development of several transferable skills. 3) Understanding the importance of collaboration with other workers. 4) Positive learning experiences from student peer support. 5) Identification of roles of OT within individual setting.	1) Maintaining the occupational therapy perspective.
4) Exploring the learning process on a role-emerging practice placement: A qualitative study (Fieldhouse & Fedden, 2009)	1) Understanding oneself as an occupational being. 2) Recognizing the importance of person-centered goal setting. 3) Linking theory with practice.	
5) An interprofessional role-emerging placement in HIV rehabilitation (Solomon & Jung, 2006)	1) Students felt passionate about the role of rehabilitation in the HIV management. 2) Development of critical thinking to work with limited practice guideline.	1) Lack of clearly defined roles. 2) Insufficient time to explore the roles.

The literature review in this chapter described role-emerging placements and highlighted the importance of this study through describing the importance of role-emerging placements of OT students and OT in the rehabilitation of PLWH. The next chapter describes the methodology chosen to answer the research question.

Chapter 3

Research Methodology

3.0 Overview

It has been recognized that a considerable gap exists in the knowledge of integrating OT services for PLWH in community settings through role-emerging placements. Research is establishing the importance of OT services for PLWH (Beauregard & Solomon, 2005; Lapointe et al., 2013; Salz, 2001; Tran et al., 2007). The contribution of role-emerging placements in expanding the roles of OT is also being examined (Rodger et al., 2009; Solomon & Jung, 2006). However, there is a little explicit connection between these two areas. This study intends to explore the benefits and challenges of role-emerging placements of SOTs in ASOs and to understand the strategies of integrating OT services in community settings that serve PLWH.

This chapter presents an overview of the methodology used to conduct this study. It begins with an overview of interpretive description as a research tradition and provides a rationale for selecting this method for this study. A description of the settings and participants, sampling procedure, recruitment strategy, data collection and management, and data analysis method is presented. Finally, this chapter ends with the description of ethical considerations and strategies that enhanced the rigor of this study.

3.1 Research design

This study employs qualitative research methodology to answer the research question. Qualitative research facilitates a better understanding of the phenomenon under study by creating empirical knowledge through in-depth and contextual exploration

(Thorne, 2008). It is anticipated that a qualitative approach to this study promotes a better understanding of the role-emerging placements of SOTs in the context of ASO as a community setting. The following section provides a rationale for the specific methodology of this study, interpretive description.

3.1.1 Interpretive Description: Research tradition of this study

Interpretive description (Thorne, Kirkham, & MacDonald-Emes, 1997), a non-categorical qualitative research tradition, was followed to explore the phenomenon in this study. This research tradition was developed by nursing scholars as an alternative method of generating applied knowledge by avoiding methodological violation of any established qualitative approaches (Hunt, 2009; Thorne et al., 1997). It was proposed to meet the needs of nursing research to generate more meaningful knowledge in the nursing discipline (Thorne et al., 1997). Thorne (2008) also described how interpretive description can fulfill the need to understand complex clinical phenomena within other health care disciplines. As interpretive description is a relatively new methodology, there are limited resources to guide researchers. However, Thorne's book (2008), the first comprehensive and practical guideline about this new methodological approach was chosen to guide the methods of this study.

Interpretive description allows the researcher to start with an initial description of the phenomenon under study followed by an interpretation of the findings with a focus to develop an accurate representation of the meanings that participants contribute to the studied phenomenon (Thorne, 2008). The flexibility of this approach is thought to improve researcher's interpretive thinking through a better understanding of the initial

description of the phenomenon under study (Thorne, 2008). This research design allows generation of new knowledge which is shaped by existing knowledge (Thorne, 2008). It is anticipated that findings of this interpretive description study will make an important contribution to the available literature on role-emerging placements. Also, it will increase knowledge about the contribution of these placements to the improvement of OT practice for PLWH.

Creswell (2012) indicated the importance of interpretive and theoretical frameworks to shape studies in any of the traditional qualitative approaches. As a novice in qualitative approaches, this student researcher found it challenging to make a commitment to any particular theoretical framework to guide this study. Interpretive description was selected as a research design as it provides the flexibility of locating a study outside the theoretical tradition (Thorne, 2008). It also provides enough flexibility to consider different options for design decisions and justification (Thorne, 2008). However, this interpretive description study was informed by the paradigm of social constructivism/ interpretivism that allows the researcher to discover the patterns of meaning that are directed toward certain objects or things while depending on participants' views as much as possible (Creswell, 2012).

The purpose of interpretive description is derived from two sources, "an actual practical goal and an understanding of what we do and don't know on the basis of the available empirical evidence" (Thorne, 2008; p. 35). The practical goal of this study was to inform the role-emerging placements and other fieldwork placements of SOTs in ASOs that would facilitate initiatives and involvement with PLWH in community setting and

introduce the roles of OT.This research design allowed better understanding of the

benefits and challenges of role-emerging placements of SOTs in ASOs and generated

evidence-informed recommendations for future role-emerging placements.

The available literature on role-emerging placements has predominantly employed

phenomenology or case study methodological approaches to explore the experiences of

students or supervisors in role-emerging placements (Boniface, Seymour, Polglase,

Lawrie, & Clarke, 2012; Dancza et al., 2013). This study aimed to understand the benefits

and challenges of role-emerging placements in ASOs from the perspectives of SOTs,

ASO staff, OT preceptor and PLWH. Interpretive description research method allowed

the researcher to co-create the knowledge in a naturalistic context and ensure that the

value of all expressed perceptions was recognized (Thorne, 2008).

Like other qualitative research designs, interpretive description method has strengths

and limitations. Ultimately, considering the advantages and limitations of other

qualitative approaches, this method was chosen as a flexible approach to guide all

sampling, data collection and analytic decisions.

3.2 Setting and Participants

This study was conducted in southern Ontario, Canada. Five students in the Masters

OT (MSc OT) program at McMaster University were placed in ASOs at four different

locations to fulfill final clinical fieldwork requirements. The eight-week placements took

place in The AIDS Network of Hamilton, Positive Living Niagara of St. Catharines,

AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA) of Kitchener,

and Fife House located in Toronto. These organizations provide a wide variety of

supportive services, education, and training including harm reduction program for PLWH and other vulnerable groups living with blood-borne infection (i.e., Hepatitis C). Among the five SOTs, two students were together in one organization and three students in three separate organizations.

Strategic participant sampling helps to ensure the collection of authentic, useful and rich data that represents the phenomenon under study (Morse, 1990). Student OTs, ASO staff, off-site OT preceptors and PLWH were considered as potential participants to represent the benefits and challenges of role-emerging placements of SOTs in ASOs.

3.3 Sampling

The concept of purposeful sampling was used to reflect the different perspectives about the phenomenon of interest of this study (Creswell, 2012). Under this sampling technique, particular individuals from specific settings were recruited to represent their experiences that helped to understand better the studied phenomenon (Thorne, 2008). Two principle criteria exist for purposeful sampling and have been employed for this study: to have experienced the phenomenon, and to be willing to talk about that phenomenon to the interviewer (Thomas & Pollio, 2002; Thorne, 2008). No other specific inclusion or exclusion criteria were considered for the selection of the participants.

Creswell (2012) considered sample size as an equally important sampling decision. However, as a flexible methodology interpretive description can be conducted on samples of almost any size (Thorne, 2008; p. 94). The study data collection plan was to interview all five SOT participants, one client and one staff member or one OT preceptor from each of the four ASOs. Therefore, the targeted sample size was 13 participants. The final

sample size was 11 participants as only two PLWH responded to be interviewed for this study.

3.4 Recruitment strategy

Different recruitment strategies were taken to recruit each type of participant. Sending invitations to participants involved different gatekeepers who controlled the access between the researcher and potential participants. In the last week of the placement, the program manager in the School of Rehabilitation Science sent an invitation email (Appendix A) to the SOTs along with a participant information sheet and consent form (Appendix C). All the ASO staff, OT preceptors and PLWH were invited by the Director of Clinical Education (DCE) in the MSc OT program of McMaster University. The DCE invited participants via email (Appendix B) that included two different participant information sheets and consent forms: one for ASO staff and OT preceptors (Appendix D) and another one for PLWH (Appendix E).

The principal investigator's contact information was provided in the participant information sheets. Interested ASO staff and OT preceptors were requested to respond via phone call or email. Participants were also required to return their signed consent forms via email if they agreed to participate. One staff member in each of the ASOs acted as a gatekeeper to initiate contact with the PLWH. They invited PLWH in person at first and provided the contact number of the interested clients to the student researcher with the permission of the clients. Then interested clients were contacted via telephone. To maintain confidentiality, the participant information sheets along with the consent forms

were sent via regular mail to the address of interested PLWH along with a self-addressed stamped envelope.

Participant information sheets briefly outlined the study, an introduction to the interview guide, strategies implemented to ensure confidentiality, and the benefits and risks associated with taking part in this study. Information about the option of voluntary withdrawal was also provided. Once the signed consent form was obtained, a face-to-face or telephone interview was scheduled via email or phone call according to the preference of the participants.

3.5 Data collection and management procedures

At the beginning of this study, the principal investigator had planned to conduct a focus group interview with SOTs. Other participants were going to be asked to engage in in-depth, individual interviews. After considering the advantage of individual in-depth interviews which help the researcher to co-create meaning with interviewees by reconstructing their perceptions of the experiences, all the participants were interviewed individually (DiCicco-Bloom & Crabtree, 2006). Three participants, including one SOT, who completed her placement in The AIDS Network, Hamilton, an offsite OT preceptor, and one ASO staff of The AIDS Network, Hamilton took part in individual face-to-face interviews. Interviews were conducted at a time and location of choice for each of these participants. The interview with the SOT was conducted at McMaster University while the OT preceptor and ASO staff each preferred to be interviewed in their respective workplaces. All other participants chose to be interviewed over the telephone. All interviews were conducted over a period of four months from August to November 2014.

Although participants returned their signed consent forms before participating in the interviews, verbal consent was confirmed before starting the interview. Participants were informed that at anytime during or after the interview they could choose to withdraw their involvement in the study. An honorarium of a $25 gift card was provided for PLWH as an appreciation for their time. Other participants were reimbursed for their parking fee if it was needed.

Different semi-structured interview guides (Appendix F, G, H) were used for different groups of participants. Interview guides were prepared mainly by considering the purpose and context of this study, and previous findings from the literature were also considered. The interview guides were finalized through consultation with the principal investigator's thesis supervisory committee. The principal investigator conducted all the interviews. One of the committee members was present during the interviews of the two PLWH. Her active involvement during the interview and feedback after the interview enabled the principal investigator to develop necessary skills for handling and directing interviews with the participants.

Interview guides contained open-ended questions with conversational probes that directed interviews towards understanding the phenomenon under study. Each interview session was approximately 30-35 minutes in length. An audio recording device was used to record each interview. After each interview, the principal investigator recorded thoughts and reflections about the interview in a written journal.

With a focus on establishing the rapport with the participants, all interviews started with a discussion of the intent of this study and opening questions to obtain general

information on participants' thoughts and feelings about being involved or working in ASOs. All audio recorded interviews were transcribed by the principal investigator and transcripts were checked against audio recordings for accuracy. Conducting the transcription and accuracy checks allowed the principal investigator to become immersed in the data and gain more confidence before starting the analysis through gaining a high level of familiarity with the data. QDA MINER LITE software was used to store, organize and analyze all data (QDA Miner, 2012). Interview transcripts were imported into the software for coding and organization of the codes, classifying these into subthemes and themes.

All digitally-recorded interviews were transferred from the recorder to the principal investigator's computer as soon as possible after the interview and a backup file was also saved. Recorded interviews were destroyed once the transcription of each interview was completed. All transcriptions have been stored with identifying codes to maintain the anonymity of the participants. Interview transcripts will be stored for ten years in a locked cabinet in the thesis supervisor's office as per the guidelines of the HIREB.

3.6 Data Analysis

Data analysis in qualitative research involves making sense of the collected data (Bradley, Curry, & Devers, 2007). This is an iterative process that starts from the early stages of data collection to reduce the data into themes through a process of coding and presenting data in figures, tables, or discussion (Bradley, Curry, & Devers, 2007; Creswell, 2012). Although there are some variations in the analysis steps in different traditional qualitative approaches, there is one consistent approach that every qualitative

researcher takes (Creswell, 2012). Miles, Huberman and Saldaña (2013) strongly advised that data analysis should occur concurrently with data collection to help the researcher think about the existing data and generate strategies to collect better data as the data collection progresses.

The interpretive description research design allows the researcher to choose a flexible approach for data analysis (Thorne, Kirkham, & O'Flynn-Magee, 2004). The principal investigator's approach was grounded on the analytical principle of Thorne et al. (1997) who mentioned that interpretive description analysis should occur as an inductive rather than deductive analysis process. Content analysis, a widely used method in health studies (Hsieh & Shannon, 2005), was chosen to guide inductive analysis for this interpretive description study. With this analytical approach, researchers are guided by the study research question in choosing the content that is analyzed (Elo & Kyngäs, 2008). Content analysis of this study followed the steps described by Graneheim and Lundman (2004). The principle of inductive analytic approach can be supported by "conventional content analysis" that was described by Hsieh and Shannon (2005) as a type of content analysis that allows the themes to flow from the data. The following section describes the steps of conventional content analysis that were followed to extract meaningful inductive interpretation of the data. Data analysis was conducted in three stages.

3.6.1 Description of the analysis procedure

Thorne (2008) described the initial phase of data analysis, "from pieces to patterns" that involves coding the pieces of data that can then be sorted into patterns based on similarity or meaning. Miles, Huberman and Saldaña (2013), described qualitative data

analysis as "first cycle coding, then second cycle or pattern codes and the process of deriving even more general themes through jottings and analytic memoing" (p. 71). Coding is the first step and most fundamental decision of content analysis, referred to as selecting the unit of analysis or a meaning unit that can be labeled with a code (Graneheim & Lundman, 2004).

Prior to coding, the principal investigator completed a number of readings of each interview to understand it initially as a whole. Then labeling a sentence or a statement or a paragraph of meaning units of the interviews was started with in-vivo coding. Creswell (2012) describes in-vivo codes as words used by the participants. In-vivo coding of all interviews was first done manually to become familiar with the meaning units of the interviews. It condensed the meaning unit with a code that represents the text content. The software was then used that provided the flexibility to review all quoted texts together from different interviews under a single code, facilitating deeper analysis.

The second step of coding involved construction of descriptive codes for the meaning units that were critically linked with the central research question. Descriptive coding allowed the investigator to engage in a higher level of thinking about the study allowing a deep analysis and interpretation of data (Miles, Huberman & Saldaña, 2013). Also, to address the research question from the findings, the principal investigator proceeded to "experiment with different angles of vision...." as suggested by Thorne (2008, p.147). Interpretation of underlying meaning of the meaning units with an inductive approach has been described by Graneheim and Lundman (2004) as "latent content analysis".

However, this analytical process also included expressing underlying meanings as descriptive codes.

After coding the first interview, a codebook was prepared with the lists of all the codes. Although this codebook was used to guide the coding of other interviews, emerging codes that evolved from each subsequent interview were added. Also, at the initial phase of analysis, memos were written to document changing ideas around the formation of codes. Memoing assists the researcher during the abstraction of raw data into meaningful codes or patterns in qualitative research (Birks, Chapman, & Francis, 2008).

During the second phase of data analysis, the focus was to understand the patterns of the codes and creation of subthemes. In this step of content analysis, different codes that are related and linked are sorted with an aim to create subthemes (Hsieh & Shannon, 2005). The steps of subtheme formation included a description, interpretation, or a combination of these (Creswell, 2012). In conjunction with interview data, memos were reviewed to track the evolving thoughts during coding. These were helpful in this phase of abstraction of similarly patterned codes into subthemes. Reviewing the journal entries helped to understand thoughts and assumptions and consider these during interpretation with an intention to preserve participants' experiences and not to bias the findings.

The third and final phase of data analysis focused on classifying subthemes into themes. Graneheim and Lundman (2004) considered themes as threads of underlying meaning which can be constructed by subthemes on an interpretive level. This phase of classifying subthemes into themes again required interpretation of the meaning units that required reflection on the subthemes in light of the principal investigator's view and

review of the literature (Creswell, 2012; Graneheim & Lundman, 2004). Also, the transcripts were repeatedly read to understand how these subthemes fitted into the emerging themes. Expert guidance of the supervisory committee was helpful to make sense of the emerging concepts and themes relevant to the study context.

Identified themes along with their subthemes were tabulated under the broad headings of *benefits and challenges* in accordance with the purpose of this study. The following figure shows the summary of conventional content analysis steps for this interpretive description study.

Figure 1: Summary of steps in conventional content analysis of this study

Coding
- In vivo coding of the meaning units.
- Interpretation of the underlying meaning and descriptive coding of the meaning units

Subtheme
- Finding relationships among the descriptive codes
- Interpretation of the underlying meaning of the meaning units and abstraction of similar patterned codes into subthemes

Theme
- Classifying subthemes into themes

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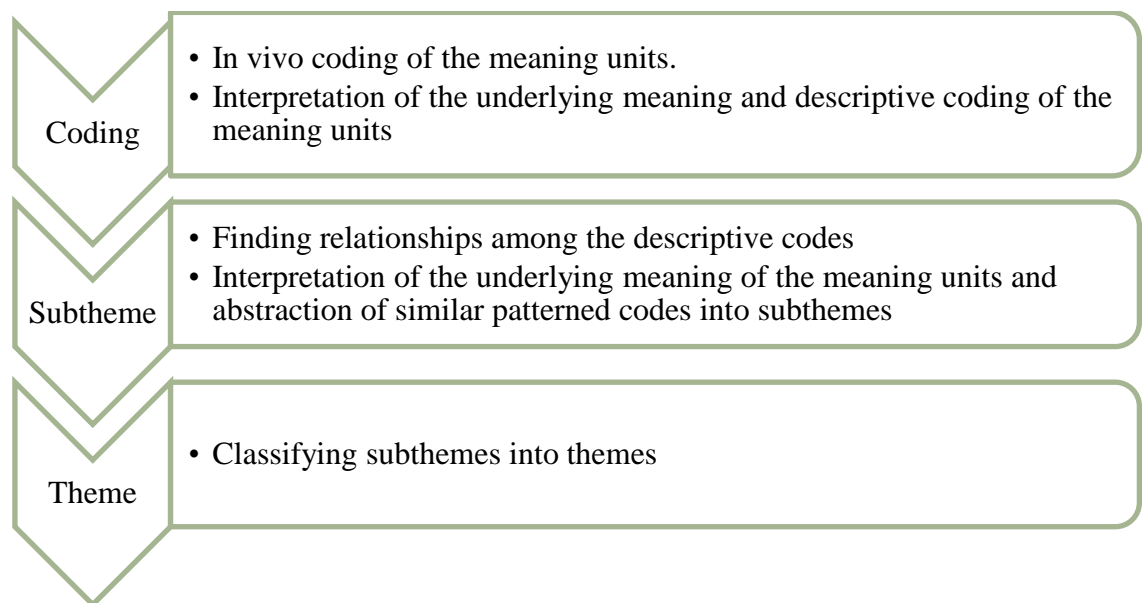
3.7 Ethical Considerations

Ethical dilemmas exist in all types of research and require careful consideration. Qualitative research is associated with more ethical issues than survey research (Holloway & Wheeler, 1995). In order to obtain ethical approval for this qualitative

study, a general research application including research proposal and associated

documents were submitted to the Student Research Committee (SRC) for review by the

McMaster Faculty of Health Science (FHS) and Hamilton Health Science (HHS)

Research Ethics Board (REB).

There were no anticipated risks associated with this study but some ethical issues

were considered carefully. It was assessed that the interview questionnaires did not

contain questions that would distress the participants. However, participants were

informed about their right not to answer any question or withdraw from the study if they

found it stressful to respond to any question. Confidentiality and anonymity were

protected throughout the study as anonymity is important in the HIV population due to

stigma. Anonymity was guaranteed by informing the participants that no names or any

identifying information would be revealed in any paper or publication of this study. To

maintain confidentiality, this study did not collect or present any demographic

information about the participants and no one other than the principal investigator had

access to the full interviews or transcripts.

Gatekeepers in the recruitment process ensured that participation in the study was

voluntary. The principal investigator had no access to any participant until he or she made

contact with the investigator either via email or phone call, at the invitation of gatekeeper.

Therefore, all ethical issues were considered carefully for this low-risk qualitative study.

3.8 Trustworthiness

Trustworthiness or rigor is an important factor in determining the acceptability of a

qualitative study. About the rigor and trustworthiness of qualitative research, Thorne

(2008) indicated that it is the responsibility of the researchers to ensure the quality of the study by providing a rationale for which the study has been conducted, the importance of the findings and the practical implication of these findings in the applied discipline. Lincoln and Guba (1985) presented a model that represents four aspects to identify the trustworthiness of a qualitative study: a) credibility, b) transferability, c) dependability, and d) confirmability. These four aspects of trustworthiness were considered to maintain the rigor of this interpretive description study.

Credibility of a study refers to the truth of the findings for the subjects or informants and the context in which the study was undertaken (Lincoln & Guba, 1985). A researcher's bias can threaten the credibility of a study. To ensure the credibility of this study by reducing bias, a reflective journal was maintained throughout the study that was examined during data analysis. Thorne (2008) also considered reflexive journaling as an attempt to confirm the validity of a study. Also, engagement in peer debriefing is a part of ensuring credibility (Graneheim & Lundman, 2004). Presenting the findings along with supportive data to the thesis supervisory committee helped to become engaged in peer debriefing and seek opinion and agreement among these experts.

Another aspect of trustworthiness is *transferability.* A study meets the criterion of transferability when the findings fit other contexts outside the study situation that are determined to be similar or have a goodness of fit between the two contexts (Krefting, 1991). Transferability is not the goal of this interpretive description study as interpretive description is a process of knowledge generation (Thorne, 2008). However, this study has provided a rich description of the study context: the role-emerging placements of SOT

participants in ASOs as their final fieldwork placement of the two-year MSc OT program. Also, the principal investigator has provided a description of the activities of ASOs. These descriptions may allow readers or other researchers to assess the transferability of these findings into other contexts.

Dependability refers to the consistency of the findings in the study (Lincoln & Guba, 1985). It refers to the degree of instability or change of data over time or during the analysis process (Lincoln & Guba, 1985). An extensive description of the methods may help to assess the consistency or dependability of this study. A thick description of the research design and its implementation, data collection and interviewing process, and data analysis through conventional content analysis procedure has been provided.

Confirmability can be described as the extent to which the findings of the study are guided by the participants' experience and not the researcher's pre-understandings (Lincoln & Guba, 1985). To ensure this component of trustworthiness, the most suitable representative data quotes that represent the research question have been chosen to present along with the subthemes. Representation of meaningful data quotes justified that the findings reflect participants' perspective.

Summary

The aim of this work was to generate new insight in the knowledge of role-emerging placements and roles of OT in the rehabilitation of PLWH. Interpretive description was chosen as the research design to guide this study. This chapter focused on presenting the distinct characteristics of interpretive description and understanding the applicability of this research design to this study. Participants' interviews were the primary source of

data. This study chose conventional content analysis for analyzing the data. Ethical issues were maintained carefully for this low-risk study and rigor was maintained following recommendations by Lincoln and Guba (1985).

The following chapter focuses on the study findings, and these are presented in relevance to the research question of this study.

Chapter 4

Findings

4.0 Overview

This chapter presents the findings that emerged from the analyzed data. Analysis of

the transcripts revealed themes and subthemes that evoked the perceived benefits and

challenges of role-emerging placements of SOTs in ASOs. Overall, five themes under the

heading of benefits and two themes under the heading of challenges emerged. Subthemes

under each theme identified specific benefits and challenges of these placements from the

perspective of four groups of participants.

This study represented the perspectives of students, PLWH, ASO staff and an offsite

OT preceptor who were involved with the students either directly or indirectly.

Table 2: Summary of the study participants

Participants	Number
Student occupational therapists	5
ASO staff: - Executive director of ASO - Service coordinators	 1 2
Offsite OT preceptor	1
People living with HIV	2
Total sample (N) =	11

Experiences of SOTs reflected their perceived benefits and challenges of these role-

emerging placements in ASOs where their main focus was to introduce OT's roles with

PLWH. ASO staff, an OT preceptor, and PLWH also reflected the perceived benefits and challenges by sharing their experiences of being involved with SOTs during these placements as well as understanding the roles of SOTs.

4.1 Overarching themes and subthemes

An overall schematic presentation of the findings is provided in the following *Table 3* and *Table 4* under the headings of benefits and challenges.

Table 3: Benefits of role-emerging placements in ASOs

Theme	Subthemes
1) Reinforcing professional skills of SOTs	1.1 Facilitated skills to be an autonomous practitioner 1.2 Developing advocacy 1.3 Adaptation to diversity in the workplace
2) Developing competency of SOTs to foster rehabilitation services for PLWH	2.1 Understanding the needs of PLWH 2.2 Widening views about HIV-associated issues 2.3 Client-centred practice for PLWH 2.4 Application of theory in the rehabilitation of PLWH
3) Shining a light on OT's roles	3.1 Promoting the potential of OT services 3.2 Wake-up call of OT's roles 3.3 Coordinating OT's roles with the needs of PLWH

4) Empowering ASO services	4.1 Enriching and bridging ASO resources
	4.2 Opportunity to assess daily life of PLWH
	4.3 Staff capacity building
5) Surprising role of OT	5.1 Filling the gaps in rehabilitation care for PLWH
	5.2 OT's roles in aging and mental health of PLWH

Table 4: Challenges of role-emerging placements in ASOs

Theme	Subthemes
1) Challenge of starting from grounding work	1.1 Duration of the placement
	1. 2 Lack of supervisor/student support
	1.3 Challenge of resources
	1. 4 Undefined boundaries of the role of SOTs
2) Challenge of building relationships	2.1 Building working relationships
	2.2 Rapport building with PLWH

4.2 Illustration of the themes and subthemes

An overall description of each theme and subtheme is provided. A detailed and balanced description of the participants' experiences and interpretation of the investigator following the description provides insight about the elements that make up the themes. Each subtheme is introduced and illustrated with representative quotes from the data to support the description and interpretation.

4.2.1 Benefits

Theme 1: Reinforcing professional skills of SOTs

This theme reflects how these placements reinforced skills, knowledge, and attitudes of SOTs to deliver competent OT services that could be applied to a wide range of settings. SOTs reported that these experiences increased their confidence level of working as an individual practitioner as they were preparing to enter their profession.

Subtheme 1.1 Facilitated skills to be an autonomous practitioner

This subtheme reflects the impact of role-emerging placements on SOT's confidence levels, self-directedness and independent thinking required to work autonomously as an individual practitioner. The skills acquired in ASOs through working with PLWH will help students to work more confidently and autonomously in the future in dealing with a vulnerable population and other groups of clients. Students expressed that working in ASOs improved their confidence levels and critical thinking skills of working in other community settings also.

"....The role-emerging placement did give me the confidence to work in the community...Because you are so independent in a role-emerging placement and you don't have a supervisor to immediately follow back on,....it really forces you to use your critical thinking skills and draw upon the knowledge that you have learned over two years in OT program." (P-5, SOT)

"The self-direction piece that I have been learning through the program, I will definitely carry this [skill]...I feel more confident about it." (P-1, SOT)

Besides the reflection of being more confident as an individual practitioner during these placements, one of the SOTs illustrated the importance of evidenced based practice to identify the best approaches for intervention for the clients while working independently.

"....this placement just forced me to be independent. That's really taught me to use own clinical reasoning, go to the research field to find the best evidence...and that forced me to be more independent. During my interaction, I really relied on the evidence that helped me to decide what I am going to do with these clients." (P-2, SOT)

One OT preceptor highlighted the importance for students to be confident and self-directed before entering a role-emerging placement without direct supervision from an OT or guidelines to understand the practice scope.

"[SOTs] need to be self-directed...They need to have a level of confidence for being able to represent what they bring to the table. I think as well they [should] have a level of confidence and understanding of the parameters of practice."(P-7, OT preceptor)

These role-emerging placements identified comprehensive opportunities for SOTs to gain professional skills for working as an autonomous practitioner as they were facilitated to practice in a setting where there was no OT previously.

Subtheme 1.2 Developing advocacy

SOTs highlighted that competency in advocacy is required in role-emerging settings, and there were considerable opportunities to develop advocacy skills. These opportunities were appreciated by the students as a good learning experience through these placements.

"There is an opportunity for a learning experience for people who are willing to learn or wish to be very independent and give their knowledge of OT in a new way......Given that no other OT had stepped in.....they are still able to advocate [for] what OT is and that was a good learning experience for me." (P-3, SOT)

SOTs stated that they were able to develop advocacy skills and provide OT services for PLWH although these requirements of them were initially challenging. These acquired skills were identified by SOTs as being integral to their future abilities to promote and advocate for OT services with PLWH and other vulnerable clients.

"....this placement really allowed me to gain a lot of skills and advocacies for OT in general and OT services for specific clients." (P-4, SOT)

"The nature of this placement really taught me how to advocate for clients to receive OT services. Specially at [the] starting....people would not necessarily think that OTs could provide health care that would benefit. We really had to fight [to] show people [that] OT is possible, and it can help PLWH on many different levels. That was really beneficial." (P-5, SOT)

The offsite OT preceptor also highlighted the importance of advocacy skills for SOTs to establish the roles of OT in a new setting. This participant stated that working in ASOs demands good advocacy skills as many other professionals are also involved in this community setting.

"Our students can act as advocates, and that's in those types of organizations, advocacy is a big deal." (P-7, OT preceptor)

Subtheme 1.3 Adaptation to diversity in the workplace

Fieldwork placements aim to prepare students to adjust to the evolving health care delivery system. As non-traditional settings, role-emerging placements in ASOs created opportunities for SOTs to experience the diversity of working in a community setting as well as adjusting to the evolving health care system. While their main focus was to introduce and establish OT services for PLWH, they reflected on the uniqueness and variation of their everyday work schedules. SOTs were also required to work with different professionals in ASOs.

"I would not say it's a typical day....Some days, I would be doing more research work and researching and developing a group work, looking up what I was going to do with a specific person. Some days I would be out in the community working with individuals, or I would be at the office with a couple of groups and it was not the same everyday." (P-3, SOT)

"We worked with a lot of different staff members at ASOs. We were able to work with the clinical director...and she helped us to coordinate our services and we also worked directly with her to identify clients that could benefit from our services. We worked very closely with the support service coordinator, and he introduced us to different clients that we could potentially be working with." (P-4, SOT)

The majority of the SOTs expressed that during these placements they learned to adjust to a wide range of activities in community settings, besides being directly involved with clients and introducing OT's roles for PLWH to a wide variety of people. The type

of the placement required students to think broadly and creatively to guide their roles in the ASOs.

"I am not sure if my experience was unique to this ASO in not being super busy with direct service provision, but I think that there is definitely a role within the community at a consultative level. So, being able to provide the direct services when it's needed, but also being able to support staff and help with consulting with different programming and perhaps more valid programming development." (P-4, SOT)

"To come into a setting where there was not previously an OT working and work from the bottom of the entire thing that was a great experience because you have to think about all the little details." (P-5, SOT)

Theme 2: Developing competency of SOTs to foster rehabilitation services for PLWH

As a benefit, this theme reflects through the subthemes, how these placements were a good opportunity for SOTs to develop their competency to work as rehabilitation professional for PLWH. These placements created opportunities to focus on understanding clients' needs and improving their overall knowledge about those unique needs. Students were also able to focus on client-centred practice and increase their understanding of the importance of client-centred practice for PLWH. As well, these placements provided opportunities to apply theory in the rehabilitation of this particular group of clients which allowed them to apply their prior learning to practice and improve the efficacy of OT interventions for PLWH.

Subtheme 2.1 Understanding the needs of PLWH

Role-emerging placements in ASOs created opportunities for SOTs to be exposed to the unique needs of PLWH associated with many complex physical, psychological and social issues. SOTs were able to get a deeper insight into these clients' needs, required supports and interventions to make their daily life an easier one.

"A lot of people who come in just need someone to talk, they are isolated. So, just having a smile or being a listening ear, that's been worked out really well." (P-1, SOT)

"It helped me to better understand the health care needs of PLWH specifically the long term complex health condition of who has HIV status..., who have progressed to AIDS. [I] learned about their occupational performance issues...specifically [their] experience and definite interventions that may be successful with them." (P-2, SOT)

Along with understanding clients' needs, SOTs were able to identify the issues which were making the daily life of PLWH more challenging and in which aspects of daily life they required the most support.

"..The whole cognition piece, safety at home and medication management is a huge issue in this population." (P-1, SOT)

"They wanted support with home safety, falls prevention, extra facility at their home...those types of things." (P-3, SOT)

Overall, these placements increased the awareness of SOTs about the diverse needs of PLWH, and they were also able to figure out how PLWH can benefit from OT services.

"Definitely prior to going into this placement, I was not as aware of the changes that can happen when someone is diagnosed with HIV particularly with their cognition, their physical status." (P-1, SOT)

"This placement has really increased my awareness of the diverse needs of this population and how many different ways that OT and rehabilitation could be providing support. For example, around stigma that this population faces, all of the different health challenges, medication side effects." (P-4, SOT)

Subtheme 2.2 Widening views about HIV-associated issues

Working with PLWH was an opportunity for SOTs to improve their knowledge about unique issues such as stigma, discrimination and the social isolation that are closely associated with HIV infection. Students demonstrated that being involved with PLWH through these placements helped to widen their views about these unique issues and to understand the importance of being open minded with a vulnerable group of people.

"Everyone is just really [a] unique case... [Their needs], it's just so diverse and I guess I underestimated that before I started the placement." (P-1, SOT)

"[This placement was an opportunity to] prepare [to work] with that specific population. Just getting the exposure and speak one on one about PLWH, the experience of health care and hearing about either the stigma or the difficulty that they had with people who are just not well informed about transmission." (P-3, SOT)

"...Being more aware of stigma which was at the forefront of this placement is going to be something that you bring to every other setting that you are working in or every other interaction that you have with other clients." (P-4, SOT)

Also, one of the participants living with HIV appreciated the positive attitude of SOTs while dealing with them. This appreciation from a client also reflects the importance of being open minded for health care providers or other professionals going to be involved with PLWH.

"I find that the [SOTs] are very open and careful....they did not seem to drag us....Most [of the] time [when an HIV positive person) is going to walk into the room, and people know [that] you are positive they just don't see your face. But she was great and smiling when I got in there....very polite." (P-11, PHA)

One of the ASO staff also pointed out the importance of choosing the right personality to work in ASOs such as those who are positive and more open minded. He highlighted it as an important issue particularly for working in ASOs as students need to work with PLWH with very different backgrounds.

"It's important [that the students] have the right personality fit for our population. We are careful to make sure that we have somebody who is fairly mature, open to working with a diverse population. Our clients are [mostly] from the LGBTQ (Lesbian, Gay, Bisexual, Transgendered or Questioning) community, newcomers to the country, victims of abuse or assault. They may also be having an issue with drugs and alcohol. So, [we] need someone who is pretty tolerant to that as a harm reduction philosophy." (P-6, ASO staff)

Overall, the majority of SOTs indicated the influence of these placements in widening their views about the diversity of PLWH and of the issues associated with them.

ASO staff and a client living with HIV also highlighted the importance of being open-minded for health professionals while working as a rehabilitation professional for PLWH.

Subtheme 2.3 Client-centred practice for PLWH

Role-emerging placements in ASOs provided an opportunity for SOTs to focus on client-centred practice and to understand the importance of client-centred practice, particularly for PLWH. One of the student participants described how focusing on client-centred practice during these placements helped her to question OT's role and improve her clinical reasoning.

"…. [It was a good opportunity of] being client centered and prioritization of time. [As] there is no role for OT currently, I found myself constantly questioning, "How does this link to OT? Is this really OT?" So, in the clinical reasoning component I will definitely bring that forward." (P-1, SOT)

This participant particularly mentioned issues such as *addictions, struggling with housing, food and transportation* that are very common in the daily living of PLWH and affect their daily life participation. She stated that a client-centred approach is very important for PLWH to improve their daily life participation and overall functional outcome as this approach makes the clients an equal part of their therapy or interventions program.

"Being client centered is so important and meeting clients where they are at; a lot of clients have so many things going on in their life whether it is addictions, multiple appointments, struggling with housing, food, and transportation too. [It is important] asking them about their experiences and making them feel like an equal part of the

relationship, they are kind of in the driver seat. So, where do they want to go and how can

you help them to get there." (P-1, SOT)

Another SOT provided an example of how this placement was a good opportunity

to focus on client-centred practice and provide goal-oriented interventions for PLWH.

"Some guys have recently bought power wheel chairs. They were not comfortable

with using them. So, I identified what their goal was with the power wheelchair and then

get training to get them comfortable [on] using it." (P-2, SOT)

Also one of the SOTs described that they were able to understand that clients value

the support and care of the health care providers when they focus on listening to clients,

understanding their experiences and goals rather than using hard measures or objectives

of interventions.

"We spent about an hour to an hour and a half just doing some structured

interviews with [the client] and [get] a sense of what was working well for her and what

was not. We were able to provide services, some suggestions, and recommendations." (P-

5, SOT)

Overall, these placements in ASOs provided SOTs with the opportunity to focus on

client-centred practice as well as understand how a client-centred approach can maximize

the effect of an intervention for PLWH.

Subtheme 2.4 Application of theory in the rehabilitation of PLWH

All the SOTs stated that the role-emerging placements in ASOs were a good

opportunity to integrate their prior learning from the university and particularly to see the

applicability of theories in the rehabilitation of PLWH. One of the students identified how

the application of theory during these placements helped her to understand the daily life experience of PLWH. She was also able to point out some theories that are relevant for working with PLWH.

"We focused on the episodic disability framework. That was kind of helpful to understand that there are ups and downs and a life-long experience [of] living. I have been pooling theories from our mental health session also. Definitely motivational interviewing, cognitive behavioural therapy techniques and theories of stigma have been kind of the predominant theories." (P-1, SOT)

Another SOT participant pointed out that application of theories during these placements helped her to understand clients' needs and identify the best possible role of OT to meet those needs.

"ICF (International Classification of Functioning, Disability and Health) which is from WHO (World Health Organization), use of that helped to identify the issues that clients are having. As well as the PEO which is a Person, Environment and Occupation model........ We used [those theories] to highlight clients' strengths and weakness to figure out where OT can help." (P-2, SOT)

SOTs highlighted that theories were also helpful in guiding their one on one services for the clients as well as working at the system level in the community organization. Application of prior learned theories during these role-emerging placements in ASOs helped students to understand the benefits of integrating theory in the practice and the applicability of theories in a non-traditional community setting.

"Theory of Person, Environment, and Occupation [was] used to guide the interaction with clients on one and one basis. We also used [a] consultative approach for different level of consultation. It did allow for direct service provision to the client and then also more services at the organizational level." (P-4, SOT)

"We used quite a lot of theories. PEO was one that we used very commonly for the direct service of clients. We also used a couple of models of practice that are based on consultation and different levels of consultation and the Canadian practice preferred framework too." (P-5, SOT)

These placements were an opportunity for SOTs to examine the usefulness of theories in the OT practice and find out predominant theories for working with PLWH.

Theme 3: Shining a light on OT's role

This theme reflects how the role-emerging placements of SOTs in ASOs provided an opportunity to "shine a different light" on OT's roles. These placements created opportunities for SOTs to promote the potential of OT services, particularly for PLWH. Moreover, these placements created awareness of a wide variety of people about the extensive roles of OT.

Subtheme 3.1 Promoting the potential of OT services

The majority of participants described role-emerging placements in ASOs as an opportunity to promote the role of OT and the importance of OT services for PLWH. One of the students stated that she was proud of her accomplishments during these placements particularly raising awareness of people about the extensive roles of OT in the rehabilitation of PLWH.

"[I am] proud of making people aware of what OT is and what the potential [of OT] is and where or how they can access services because role-emerging is time limited placement. The most important thing or the thing I [am] most proud of is sending that positive message." (P-1, SOT)

Other SOTs expressed that these placements allowed them to introduce details of OT services to a wide variety of people. They were proud of improving people's awareness about the importance of OT's roles for PLWH through these placements.

"We were able to inform people within the agency and the clients on what OT is and what they can offer. It seems like a lot of people that I was exposed to had a very narrow idea about what an OT does." (P-3, SOT)

"I was able to express and show the staff of the different ASOs what we are working at, what the role of OT's could look like with clients with HIV and to explain what OT is, why rehabilitation and OT is important for clients with HIV and how to access OT services and what we could offer them." (P-4, SOT)

Another SOT participant described how these placements created opportunities to display a wide range of activities of OT in non-traditional setting and differentiate OT services from other rehabilitation services.

"People knew about OT in traditional settings or had confused [it] with physiotherapy. So, when they realized that there is so much more that we could be doing in terms of environmental assessments and home safety and prescribing equipment; we could see the light bulb come on for people, like how many things we can do and how

valuable we could be and we can be accessible to this population, finding the right

avenues to go through for that." (P-5, SOT)

Other participants, including ASO staff and OT preceptor reinforced these

perspectives that the SOTs were able to clarify the roles of OT and familiarize others with

the potential roles of OT for PLWH. Integration of OT services in ASOs through these

placements with a focus to improve the rehabilitation care for PLWH was highly

appreciated by ASO staff.

"All of our staff, PSWs (Personal Support Workers) which we call home support

workers; particularly they appreciated hearing some of [the] ideas [from SOT] around

what we could do differently to support our clients as we are offering personal care and

support." (P-6, ASO staff)

"[SOTs] provided skills, knowledge and understanding in support of the activities.

They definitely provided some value." (P-7, OT preceptor)

Subtheme 3.2 Wake-up call of OT's role

Role-emerging placements in ASOs were a "wake-up call" of OT's role to a wide

variety of people including PLWH. During these placements, SOTs were surprised to find

that the majority of people had very limited or no idea about OT's role or even about the

existence of OT as a rehabilitation service.

"I was surprised by how many people were not aware that OT is a service that

exists and could be accessible to them. For those clients and people working at the ASOs,

it was like a big wake up call to them and had to do a lot of education and providing

information around what our profession is and the many different services that we can provide." (P-5, SOT)

One of the ASO staff stated that this placement created opportunities for him to get an overall idea about OT's role and understand the potential roles of OT both for clients and the organization. Another ASO staff reinforced this statement by mentioning that this placement helped him to understand the full scope of OT practice.

"One thing that really helped us is being able to articulate the role of OT both for staff and for clients." (P-6, ASO staff)

"At the beginning I thought OT was helping somebody [to] get a medical device and I thought that was specifically the role of an OT. Having the students that's really broadened my horizons and opened my eyes and [I] realized the full scope of the benefits of OT." (P-8, ASO staff)

One of the participants who is living with HIV also reflected that this placement was an opportunity for her to get ideas about the wide range of activities of OT as she had very narrow ideas about OT's role. This placement also helped her to gain a deeper understanding of how the involvement of OTs can make her daily living easier and how OT can assist in many different aspects of her life.

"I did not know what an OT was until I started talking to [the student OT]. I thought OT was movement of joints and stuff like this." (P-11, PLWH)

"I have found that to have an OT would be great especially if you can't keep your time straight. Because a lot of people would miss appointments, miss their drug, miss their food and stuff like this if they did not have an OT." (P-11, PLWH)

Subtheme 3.3 Coordinating OT's role with the needs of PLWH

SOTs stated that role-emerging placements in ASOs created opportunities to coordinate OT's role with the unique needs of PLWH to improve clients' daily life quality.

"Some of the guy's (Client's) cognition has been affected and that's the area where OT could play a role. Once the cognition status is declining, they start forgetting to take the medication and then it's a vicious cycle because the medication really helps them to remain healthy. [OT can] play an important role in trying to maintain the medication management and even the people with less complex health care needs just helping them to be able to self-manage their conditions." (P-2, SOT)

These placements also helped ASO staff to gain an understanding of what to expect from OTs in terms of supportive care for PLWH. ASO staff stated that they were able to match OT's roles with the diverse needs of this vulnerable group of people.

"We have got individuals who had multiple health issues, particularly mobility issues. We wanted OT students [to] assess some of those clients and give some ideas and recommendations around the configuration of their environment and specialized equipment as well." (P-6, ASO staff)

"There is a need for OT in an ASO. There are some medications that clients experience physical side effects and OTs can teach and empower clients to take some of their help into their hands and how to alleviate some of the symptoms and difficulties." (P-8, ASO staff)

Also, one SOT participant expressed that these placements helped her to coordinate the OT's role with both health and non-health related issues of the clients. She highlighted that involvement of OTs and effective OT interventions could improve clients' daily life participation to maintain an active life. One of the ASO staff reinforced this statement.

"OTs are really well positioned to help those who need help with extra planning and even retirement planning and how to manage finding assistance if you had to rely on social assistance for an extended period of time. Because of the fluctuating nature of the virus illness when they (PLWH) experience [that] they have to take some time off from work, [OT can help with] how to get that layoff and return to work planning. So, a lot of unique needs but the role of OT could help." (P-5, SOT)

"We had quite a few clients that have gone back to work in the last several while and what we found is it's been a real struggle for them. OT student is looking at strategies before people go back to work, preparing them before they go back." (P-9, ASO staff)

One SOT participant commented that OT can be involved both directly and indirectly to help PLWH and both individual and group support from OT are helpful to meet their needs. This participant also stated that along with helping with daily life issues, OT can help PLWH to understand their daily life challenges.

"PLWH can have a wide variety of conditions that can be supported by OTs either directly or indirectly. A lot of areas that OTs have already recognized where they would be able to help with occupation and their different symptoms. Barriers that this

population experiences OT would be helpful to address those barriers. They could work

in individual support [or] in group support." (P-3, SOT)

Theme 4: Empowering ASO services

This theme reflects the organizational benefits of these role-emerging placements of

SOTs in ASOs. In addition to enriching available resources of ASOs and educating ASO

staff, SOTs were also able to empower ASO services through the flexible roles of OT

with the clients.

Subtheme 4.1 Enriching and bridging ASO resources

Involvement of SOTs in the working team of ASOs helped to enrich the community

resources for PLWH through unique OT knowledge and potential OT resources. One

SOT participant reflected on how their involvement can improve the overall workforce of

ASOs.

"The ASO had service coordinators and support workers. But because of the unique

viewpoint the OTs have and their knowledge of so many resources in the community that

could just enhance what is being offered at ASOs." (P-5, SOT)

According to ASO staff, these placements were beneficial for ASOs as SOTs

introduced OT resources for program development and low-risk interventions for clients

that can be performed by ASO staff even without the presence of OTs.

"We have now got a complete framework around the OT in ASO. Now we can move

forward with what we have been created. We have already got half of the battle started."

(P-8, ASO staff)

"Some of the training sessions in terms of energy conservation and goal setting, she (SOT) started that process and she created tools and handouts. So, we can continue to use them in the future." (P-9, ASO staff)

The OT preceptor also reflected on this comment by stating that role-emerging placements helped to create an inventory of OT resources in ASOs.

"It not just having students for eight weeks but then having evidence that they (ASO workers) can use going forward even after the students are done. That was a great added opportunity for the organization." (P-7, OT preceptor)

Moreover, these role-emerging placements created opportunities for SOTs to connect community resources with other resources or organizations where ASOs have a minimum or no access. These placements also demonstrated that the bridging role of OT can fill up the gap between health care and supportive care for PLWH. One of the ASO staff reflected on the benefit of the bridging role of OTs.

"We are not health care providers. OT students can link ASOs to health care providers and different resources that perhaps the ASO may not have access. So, that's a really key thing that needs to be captured." (P-8, ASO staff)

"We have clients [who] had been released from the hospital with no follow-up care from the health care and the OT students kind of jumped in and helped. They have filled some of that gap and they direct some assessment works and came up with a plan and it was extremely helpful. And they connected us with some possible resources for these particular clients." (P-8, ASO staff)

Subtheme 4.2 Opportunity to assess daily life of PLWH

During these role-emerging placements, SOTs enjoyed the flexibility of working in a community setting that provided the opportunity to focus on clients' needs rather than being constrained by time restraints. The flexible community setting allowed SOTs to assess clients' home environment and focus on different aspects of their daily living. One of the SOTs reflected on her enjoyment of this flexibility of working in community setting through role-emerging placements.

"This placement, it's partly due to the setting, I had time to focus on what is fine, what do you really want to do, not what equipment do you need, and what services do you need before you can be discharged. That was really rewarding to have that flexibility." (P-1, SOT)

"I haven't had a previous placement in a community organization. I love the flexibility and seeing clients in a clinic as well as having the opportunity to go to their homes. I am not constrained by the time that I can visit clients, I can see clients as often as necessary and it's definitely more flexible that way." (P-1, SOT)

Moreover, people who are living with a chronic condition like HIV are in need of supportive care and recommendations around their home environment which can make their daily living easier and more manageable one. This need was also reflected by one of the participants living with HIV.

"There are a few people who need care at home." (P-11, PLWH)

One of the SOTs reinforced the necessity of meeting or assessing clients in their home environment.

"Being an OT when you are helping client, you want to get to see them in most aspects of their life. In a community setting you see how they are doing day to day, you can go to their home and see how they are managing around their homes. Clients can tell you a lot of things in their interview but having the opportunity to go in and observe is really important." (P-1, SOT)

ASO staff highly appreciated this opportunity of visiting clients' home by the SOTs and making recommendations around their home environment during these placements. ASO staff demonstrated that they were in need of assessing clients' daily lives and these placements helped to identify OT as the best fit to fulfill this need of supportive care from ASOs.

"[The SOT] went out and saw a number of our clients and was able to make some recommendations around their environment and things that we might want to consider in terms of reviewing what equipment or supplies might help that person to cope more effectively in their home." (P-6, ASO staff)

"We were able to identify several clients who we really wanted to have a look at and give some ideas about what are the better ideas to support those persons at their home and from OT perspectives." (P-6, ASO staff)

Subtheme 4.3 Staff capacity building

SOTs spoke of empowering the workforce of ASOs through effective communication and capacity building of the ASO staff. One SOT participant stated how they achieved more involvement in the staff capacity building rather than direct client interaction.

"We did a lot of staff capacity building, role development. We realized that we were not going to experience as much direct client interaction as we thought we were. So, we adapted our plan to involve more staff development, more programming and creating different tools and resources that could be used by ASO staff to provide services to clients." (P-4, SOT)

This student also felt that staff capacity building during these placements would have a long-lasting benefit.

"I think it's the lasting a path that we had with the staff at the ASO and increasing the awareness of the staff for OT and hopefully leaving behind something for them to be able to better serve their clients from the services that we were providing to them." (P-4, SOT)

As a part of staff capacity building, SOTs were involved in running workshops for ASO staff. These workshops focused on improving the overall knowledge of ASO staff about HIV-associated issues and challenges commonly faced by PLWH.

"We (SOTs) ran some workshops for [ASO staff] on compassion fatigue in the workplace and how to be aware of that and manage that. We also did a workshop on some cognitive challenges experienced by people with HIV and simple low-risk interventions for staff to be working with their clients." (P-5, SOT)

ASO staff expressed their appreciation of being involved with SOTs in ASOs through the role-emerging placements that were helpful to increase their overall workforce.

"That was a great benefit that she was able to create a program that we can continue to do, and it does not necessarily have to be an OT doing it because she has created the program." (P-9, ASO staff)

Thus, the majority of participants perceived role-emerging placements in ASOs as helpful as they maximize the workforce of ASOs through sharing knowledge and skills between SOTs and staff of ASOs.

Theme 5: Surprising role of OT

This theme reflects the surprising explorations about OT's role with PLWH during these role-emerging placements. SOTs were surprised to find a huge gap that exists in the rehabilitation care of this group of clients. Another surprise was related to the potential roles that OT can play in addressing aging with HIV and mental health issues of PLWH.

Subtheme 5.1 Filling the gaps in rehabilitation care for PLWH

During these role-emerging placements, SOTs found that a lot of supportive care is being provided for PLWH by the ASOs. Despite providing multiple services, the existence of a large gap in the supportive care of ASOs and the extensive role of OT to fill the gap surprised them.

"I was surprised [that] the organization considers multiple factors about the health of their clients; provide support from health information to social activities and personal care and just considering multiple factors rather than OT. That surprised me about the agency." (P-3, SOT)

"Previous to this placement I was aware that there was definite role of OT with clients with HIV. I just don't think I was aware of how extensive that role is and how

extensive that role should be because I saw so many gaps in services, supports and care

for these clients that could be really filled by OT." (P-4, SOT)

These placements also helped ASO workers to recognize the gap that exists in the

supportive care for PLWH and identify the extensive roles of OT in filling that gap.

"Between health care and doctors and the whole gamut of professional in the field

there is totally a place for OT." (P-8, ASO staff)

"OT student helps to fill a gap that all the ASOs are experiencing very extremely."

(P-8, ASO staff)

These placements in ASOs were an opportunity for SOTs to demonstrate how the

extensive roles of OT can fill up the gap in the supportive care for PLWH.

Subtheme 5.2 OT's roles in aging and mental health of PLWH

SOTs were surprised with the inquiries and concern of PLWH around the effect of

aging with HIV. A lot of inquiries from PLWH about aging and its effect on HIV made

them aware of the changing needs of this group and roles of OT with these changing

needs as HIV transformed from a fatal disease to a chronic condition.

"The biggest thing that surprised me was the role for OT with PLWH that are

aging. Just a lot of questions that we received about the aging process, aging with HIV

and how changing health needs, changing social circumstances and not really knowing

how to navigate the age-related changes and not knowing what to do. There was a huge

role for OT as the population is going to continue to age." (P-4, SOT)

Another SOT stated that these placements created opportunities to introduce OT's role both in health and non-health related issues of PLWH in HIV and aging which she considered to be a success of these placements in ASOs.

"We definitely found some brilliant areas that PLWH could really benefit from OT services. A big one was around those who are aging with HIV and how to manage physical and cognitive changes that they experience. OT is really well positioned to be the profession that starts to help those who need help around extra planning and retirement planning." (P-5, SOT)

These placements were also an opportunity for the ASO staff to increase their awareness about the roles of OT in aging with HIV. ASO staff members were also surprised to learn about OT's role in mental health issues experienced by this group of clients.

"[The students] offered some group activities that would be helpful for clients. Particularly, as they age and experience multiple illnesses and stuff. It really had the stage for us too." (P-6, ASO staff)

"That really surprised us to see the mental health work of OT. We were really not aware of it. It would be interesting to know [a] little bit more about what the OT can do around mental health issues." (P-6, ASO staff)

ASO staff members demonstrated their excitement and interest to know more about the unique and extensive roles of OT around the mental health issues of PLWH.

4.2.2 Challenges

Theme 1: Challenge of starting from grounding work

This theme reflects the challenges of starting from grounding work with a focus to introduce and establish OT's roles in a non-traditional setting. As a time limited placement, SOTs were conscious of the challenges to think about all the aspects around the establishment of role in a new setting. Also, SOTs who were placed alone in a setting faced the challenges of not having one more student or onsite supervision from an OT to bounce off their ideas. Experiencing the lack of resources in the community setting and negotiating the roles of OTs while being a student were also challenging for SOTs during these placements.

Subtheme 1.1 Duration of the placement

Duration of the placement was a challenge experienced by all the participants during their role-emerging placements in ASOs. It was the most commonly faced challenge for SOTs as they had to focus on introducing OT services for PLWH in a new setting and perform their role both for clients and the organization in a limited period. PLWH also mentioned this challenge of the duration of the placement in terms of getting enough time to have effective interaction with SOTs.

"It seems short like eight week for getting and understands something, really make an effective change, and do as much as you want to do." (P-1, SOT)

"One of the challenges was it takes sometime [for SOTs] to integrate themselves. It is a bit more challenging for a role-emerging opportunity to maximize its potential within eight-week period" (P-7, OT preceptor)

"Except the time [restriction] I support [OT] because I did not get a chance to spend that much time with the [SOTs]." (P-10, PLWH)

SOTs reflected that it was challenging to have effective interaction with clients and focus on the activities to promote and integrate OT's roles with the existing services of ASOs in this time-limited placement.

"There were some difficulties in accessing and getting one on one time with clients and being able to promote our services. It took a long time to show to the staff what we could offer and by the time they were on board with what we could offer there was only limited time left." (P-4, SOT)

"The time sensitive nature of the placement was really tricky to navigate and still be in a way that everyone benefits." (P-5, SOT)

ASO staff also highlighted that the time limited nature of these placements created challenges both for SOTs to maximize their potential roles and PLWH to have effective interaction with SOTs.

"The time frame was a bit of challenge on what the OT students could get from their placements and what clients could get from the OT because it was so time limited." (P-8, ASO staff)

Subtheme 1.2 Lack of supervisor/student support

At the beginning of the placements, one of the challenges experienced by the SOTs was the lack of on-site OT supervision or presence of another student to discuss or exchange their ideas with as only one student was placed in each setting except in one ASO where two students were placed.

"[It was a challenge] definitely at the beginning not having that initial direction [of] what the role might consist of, having an on-site preceptor to run through my

thinking with because I was by myself at the placement, not even having a colleague to just bounce ideas off " (P-1, SOT)

"This is challenging not having an OT on site review as in any other placement you have OT and see what they are doing [and] learn from that. The lack of on-site preceptor and the lack of a number of students to consult with, that adds challenge anyway. (P-2, SOT)

Placement of more than one student or in small groups in a setting allows students to support each other. One of the two SOTs who worked together reflected on the benefits of having more than one student in a setting.

"I was one of the students where there were two students at one location, and I found it a helpful learning experience to have another student. In a role-emerging placement, you don't have direct supervision from an OT preceptor. So, it was really nice to have someone else in that situation with you who had the same background and thinking the same things." (P-5, SOT)

Subtheme 1.3 Challenge of resources

One of the challenges faced by SOTs during these role-emerging placements in ASOs was lack of resources for OT practice in a community setting and navigating the available resources in a new setting. SOTs described that limited knowledge about the available resources in ASOs made it more challenging to look for available resources or equipment.

"One of the challenges is the lack of resources. In another setting, you may have access to certain equipment or tools that you can use with your clients but within this setting you don't have those treasures also to rely on." (P-2, SOT)

"I was not very familiar with [available] community resources. So, it was hard to make recommendations or suggestions when I was not familiar with all of the different things available in the community." (P-4, SOT)

On the other hand, SOTs described these placements as an opportunity to get an overall idea about community resources that are available for working in community settings. They considered the challenge of resources as a good learning opportunity to match the needs of the clients with the available limited resources in the community setting.

"It helped me to better understand community resources when you are at community work." (P-2, SOT)

"That was a big learning curve trying to figure out what services and supports are out there and to figure out PLWH's eligibility for those services." (P-4, SOT)

Subtheme 1.4 Undefined boundaries of the role of SOTs

It was a challenging experience for the SOTs to be involved in introducing and providing OT services in a new setting being in the stage of the student. One of the students expressed this as a challenge of getting across her role and understanding the range of her activities as an OT during these role-emerging placements in ASOs.

"The biggest challenge was getting across our role and the scope of our practice and the scope of what we can do with clients. We are almost entry level clinician; do not need to have a nurse or a doctor sitting with us while we are seeing clients." (P-4, SOT)

An offsite OT preceptor of these placements also indicated that SOTs faced difficulty in understanding the boundaries between the role of an SOT and an OT. It acted as a barrier for SOTs in providing maximum services for the clients and organization during these placements.

"It is unclear at times how far you could proceed with the client as far as given that limitation that they are not OT, they are just students. So, that was a challenge of understanding the fact that they are not able to do a full OT practice because they are not at that point." (P-7, OT preceptor)

These unclear boundaries of the roles added extra challenge for SOTs in the establishment of OT's role in a non-traditional setting through these placements when they were still in the phase of understanding the scope of practice of a licensed OT.

Theme 2: Challenge of building relationships

This theme focuses on the challenges that were faced by all the participants in terms of building a working relationship with each other in a time limited placement.

Subtheme 2.1 Building working relationships

Both the students and the OT preceptor perceived it as challenging for SOTs to become familiar with a new setting, and develop a working relationship with the ASO staff concurrently. This created challenges for SOTs to show the potential of OT services in a limited period.

"Little more of struggle was at the beginning orienting myself to the placement and even orienting with the staff and finding out what I was able to do. I did not have a lot of interactions with different staff members at the ASO."(P-3, SOT)

"It was challenging for students to be assertive and represent themselves clearly at the beginning." (P-7, OT preceptor)

SOTs experienced a protective attitude from ASO staff in regards to being involved with PLWH, which was a barrier to using their skills to help the clients during these placements. Also they mentioned the challenges of being involved with ASO staff with different backgrounds, negotiating their role with different professionals and showing the maximum potential of OT services in a short time frame.

"The biggest challenge was getting staff to understand our role and what we could do. Almost it was a very protective factor from the ASO staff for clients and wanting to make sure of our skills and competency before they would let us go and interact with clients." (P-4, SOT)

"That is challenging to negotiate working relationship. Staff have different background, different education, and training level. They were not entirely sure what they can expect in terms of what we could produce to them and a little amount of responsibility that is associated with our practice and the scope of our practice and what we are allowed to do." (P-5, SOT)

Subtheme 2.2 Rapport building with PLWH

SOTs demonstrated that one specific challenge of role-emerging placements in ASOs was rapport building with PLWH. The stigma associated with HIV infection was

always in the forefront, and that made it more challenging for SOTs to be involved with this vulnerable group of clients.

"Stigma and disclosure of HIV is a big topic, a big threat throughout my whole placement." (P-1, SOT)

"They (PLWH) were sort of not willing to share in the first time and it takes time to build the rapport and the stigma that they feel from society..... from health care professionals that were one of the biggest things." (P-2, SOT)

Both ASO staff and SOTs highlighted that previous experience of stigma faced by PLWH and other unique issues associated with this chronic condition was a barrier to building rapport and having effective interaction with this group of clients.

"They have faced a lot of stigma and prejudice from other health care professionals or medical professionals and that made them really very worried choosing to interact with health care professionals. That was hard to have a lot of information from the client and to encourage the interaction." (P-5, SOT)

"It takes time for clients to come out of their shell because a lot of people are dealing with isolation, loneliness, and some mental health issues. It takes a little bit for them [to] sort of open up and ask for help." (P-8, ASO staff)

One of the SOTs mentioned that different backgrounds of this vulnerable group of clients made it more challenging to build a rapport with them.

"A lot of these individuals come from difficult backgrounds. I did find it heavier sometimes individuals contemplating the purpose of life." (P-1, SOT)

Summary

As the benefits of role-emerging placements of SOTs in ASOs, the first theme "Reinforcing professional skills of SOTs", captured the influence of these placements in improving the professional skills of SOTs in order to adapt to the evolving health care system during their future practice. The second theme "Developing competency of SOTs to foster rehabilitation services for PLWH", explained how these placements were beneficial for them to become more competent to work for the rehabilitation of PLWH. They were able to improve their knowledge about HIV infection associated issues and identify the best possible OT interventions for this group of clients. The third theme "Shining a light on OT's role", reflected the benefits of these placements in terms of introducing OT's role for PLWH and displaying the potential of OT services to meet the needs of this group. The fourth theme "Empowering ASO services", captured the notion of improving the overall services of ASOs through including OT resources and introducing the extensive roles of OT to meet the needs of both the clients and organization. The fifth and final theme of the benefits of these placements is "Surprising role of OT", that highlighted the exploration of OT's role to fill the gaps in rehabilitation services for PLWH and meet the needs of this group of clients around aging and mental health issues.

Among the challenges of these role-emerging placements, the first theme "Challenge of starting from grounding work" reflected on the challenges of lack of time, lack of supervisor or student support, lack of resources and challenges of undefined boundaries of the role of SOTs. The second theme "Challenge of building relationships",

captured the challenge of building working relationships between SOTs and ASO workers and also the challenge of building rapport with PLWH through time limited role-emerging placements.

The results of this interpretive description study may help to understand particular benefits and challenges of engaging SOTs in ASOs to deal with PLWH through role-emerging placements along with common benefits and challenges of this type of placement in non-traditional setting.

The following chapter focuses on the discussion and interpretation of the themes as findings of this study.

Chapter 5

Discussion and interpretation

5.0 Overview

After analyzing the data, the literature were reviewed again to situate the study findings within a broader context that included both role-emerging placements of SOTs and the role of OT in the rehabilitation of PLWH. The previous chapter presented an analysis of the benefits and challenges of role-emerging placements of SOTs in ASOs including themes and subthemes. This chapter focuses on the discussion and interpretation of the findings under the headings *benefits and challenges*. In this chapter, the parallels between the findings of this study and the literature will be explored. Following the discussion, strengths and limitations of the study are provided. This chapter concludes with possible implications and recommendations for future role-emerging placements in ASOs.

5.1 Benefits

Benefits of role-emerging placements of SOTs in ASOs are presented from two aspects: person-level benefits and organizational benefits. For person-level benefits, the discussion focuses on the benefits of these placements for the participants of this study: SOTs, ASO staff, and PLWH. Organizational benefits highlight the positive experience of these placements for ASOs.

5.1.1 Person-level benefits: Benefits for SOTs, ASO staff, and PLWH

Role-emerging placements provide students with the opportunity to develop and reinforce a range of professional competencies that are necessary for future practice;

some authors argue that this reinforcement would not occur to the same extent in traditional settings (Fieldhouse & Fedden, 2009; Thew et al., 2008). In this study, SOTs discussed an extensive range of professional competencies that were reinforced through role-emerging placements in ASOs and that prepared them for entry-level practice.

Both SOTs and ASO staff indicated that role-emerging placements provided an opportunity for SOTs to work as independent student practitioners. SOTs viewed the role-emerging placements as a way to improve confidence levels, enhance self-directedness and critical or independent thinking. Such placements put SOTs in situations in which they had to think broadly and creatively while working independently. Other studies also have described role-emerging placements as an opportunity to promote autonomous skills (Dancza et al., 2013; Friedland, Polatajko & Gage, 2001). As highlighted by Clarke et al. (2014a), role-emerging placements allow students to develop their individuality and construct their identity to a degree that is not possible in traditional placements. This professional growth for the students is seen to be important as the students were nearing completion of the professional program.

SOTs acknowledged that these placements also created opportunities to develop advocacy skills. Rodger et al. (2007) highlighted the important role of role-emerging placements in improving students' advocacy and communication skills. Similarly, the current study showed that students developed and reinforced advocacy skills through the introduction of OT services to a variety of people. Beauregard and Solomon (2005) suggested that OT can play important roles in advocating for PLWH where community supports are limited. Also, in this current study, SOTs realized the importance of

advocacy skills in working with a vulnerable population that required assistance to navigate health and social services.

Role-emerging placements in ASOs provided an opportunity for SOTs to be exposed to the diversity of work and professionals involved in community settings. Dancza et al. (2013) described how role-emerging placements enable students to understand the complexity of the workforce and provide insight into the value of collaboration with a wide variety of people. Similarly, placements in ASOs allowed SOTs to gain experience in adjusting to concurrent diverse activities and interacting with diverse health professionals and social service providers. This highlights the potential of this placement to strengthen organizational, management, and interaction skills of the SOTs.

Along with the reinforcement of professional skills for future practice, role-emerging placements in ASOs prepared SOTs to work with PLWH. HIV infection is associated with distinct physiological, psychological and societal impacts that make this condition and the needs of PLWH unique (Worthington et al., 2005). In the guiding principles for best practices in HIV and rehabilitation, CWGHR (2015) emphasized the importance of understanding the diverse needs of PLWH and issues associated with HIV to ensure best practices for this vulnerable group of people. In a previous study describing an interprofessional role-emerging placement of occupational therapy and physiotherapy students in ASOs, students created a combined assessment process that enabled them to understand clients' unique needs from an interprofessional perspective (Solomon & Jung, 2006). SOTs of this study also perceived that role-emerging placements in ASOs

prepared them for best practices in HIV and rehabilitation as it enabled them to understand clients' needs through their direct interaction with both the clients and the ASO workers.

Physical and cognitive functional limitations, and the functional abilities of each person with HIV disease vary significantly (McReynolds & Garske, 2001). Revealed within the findings of this study is that role-emerging placements in ASOs provided SOTs with opportunities to feel more competent to work with PLWH in the future through broadening their views about HIV and its associated issues. SOTs acknowledged that having hands-on experience with PLWH during these placements and learning about their diverse and often challenging backgrounds widened their views about this group of clients. One study reported that nurses and social workers experienced stress in working with PLWH and expressed feelings of helplessness when involved with an HIV-infected person, dissatisfaction with work related to HIV, and worries about being HIV positive (Olivier & Dykeman, 2003). HIV-related stigma is a major barrier to effective HIV management (Mahajan et al., 2008). Therefore, role-emerging placements in ASOs were a creative approach for SOTs to have direct involvement with PLWH and helped to reduce HIV-associated stigma, widen their views, and, in the future, become involved in the service provision for this vulnerable group of clients.

Additionally, role-emerging placements in ASOs provided SOTs with the opportunity to be involved in client-centred practices through goal setting and ensuring equal participation of the clients in developing interventions. Client-centred care promotes optimal outcomes through improved interaction and participation of clients with

health care professionals as well as helps to improve the efficacy of the planned intervention (Law, Baptiste, & Mills, 1995). Worthington et al. (2005) suggests that client-centred care requires flexibility on the part of programs and professionals. Current study highlighted that there is freedom to shape the clinical context in role-emerging placements to avoid rigid schedules, enabling flexibility to focus on clients' needs in a client-centred way. These findings are in line with Bossers et al. (1997) who found that students learn to see the client as a person, rather than focusing on a diagnosis. This can facilitate a focus on clients' skill-building during role-emerging placements. Clients' skill-building improves the autonomy of clients' in goal-setting which is an important element of client-centred care (Fieldhouse & Fedden, 2009).

As a person-level benefit, SOTs acknowledged that role-emerging placements in ASOs created opportunities to transfer their theoretical knowledge from the academic setting to the practice setting. Theories are helpful in less structured clinical learning environment context, particularly to guide students' critical thinking and clinical reasoning when they work without on-site supervision or any established roles to follow (Fieldhouse &Fedden, 2009). In this study, SOTs felt that role-emerging placements encouraged them to integrate theory to guide their roles and it helped to identify the best possible OT intervention or role for PLWH. Moreover, using theories helped SOTs to understand the daily life experiences of PLWH. SOTs identified predominant theories such as International Classification of Functioning, Disability, and Health (ICF), Person, Environment and Occupation model (PEO) and cognitive behavioural therapy as useful in guiding emerging roles with PLWH.

Role-emerging placements in ASOs enabled SOTs to promote specific OT services with different professionals and clients involved in ASOs and expand the boundaries of OT practice for PLWH. These placements provided SOTs with the opportunity to shine a different light on OT's roles that could not have occurred in a traditional setting. Participants of this study considered these placements to be a "wake-up call" for the potential roles of OT for ASO staff, clients, and other ASO stakeholders. This finding is consistent with that of Bossers et al. (1997) who indicated that role-emerging placements made the agency staff fully aware of the roles of OT and scope of practice. Although OTs are well positioned to provide rehabilitation services with PLWH (Tran et al., 2007), it was evident through these placements that ASO staff and clients had little knowledge of the existence of OT as a rehabilitation service. These placements played a crucial part in educating a wide variety of people about the extensive roles of OT in general and how OT involvement can contribute positively to different aspects of life for PLWH.

A significant benefit of these placements was the exploration of OT's roles in aging and mental health issues with HIV. Lapointe et al. (2013) stated that PLWH are now seeking help in addressing issues related to successful aging and increasing independence. Likewise, these placements provided SOTs with the opportunity to increase their awareness of challenges experienced by PLWH, who are aging with HIV. ASO staff and clients were surprised to learn of the extensive roles of OT on issues of aging with HIV. Also, ASO staff and clients were unfamiliar with the roles of OT in mental health issues. This is of great importance because cognitive impairment, decreased concentration, depression, memory difficulties, and other affective disorders are very common among

individuals with advanced HIV infection (Sacktor et al., 2002). During these placements, SOTs were able to demonstrate extensive roles of OT in providing supportive mental health and functional restorative intervention with PLWH.

5.1.2 Organizational Benefits: Benefits for ASOs

In addition to the benefits for SOTs, ASO staff, and PLWH, this study highlighted organizational benefits of role-emerging placements in ASOs. A fundamental benefit of these role-emerging placements in ASOs was flexibility. The combination of the flexibility of the OT profession and the flexibility provided by the ASOs as a community setting contributed to the enhancement of overall services of ASOs during these placements. Within the flexible role-emerging placements, SOTs were able to introduce the potential OT resources that enriched pre-existing resources of ASOs. Also, these placements added value by connecting ASOs with the resources of other organizations. This bridging role of OT was seen as a great benefit for ASOs and helped to maximize services for PLWH. OTs are well suited to help community-based organizations that serve PLWH to distribute their resources fairly and to maximize resource utilization (Braveman & Suarez-Balcazar, 2009). Therefore, role-emerging placement provided SOTs enough flexibility to focus on empowering ASO services by enriching and bridging ASO resources through program development in addition to being involved in the direct client interaction.

It was evident from this study that all the participants appreciated the opportunity to assess clients in their home environment by the SOTs and make recommendations to maximize their functional ability. The introduction of this flexible role of OT during these

placements had a great impact on ASO services as ASO staff identified a lack of professional intervention in assessment of clients around their home environments. Fish and Rudman (1998) mentioned the limitations of OTs' roles in acute-care settings as the therapists are often unable to evaluate a client's home environment due to time or policy restrictions regarding home visits. It is evident from current study findings that the role-emerging placements provided an opportunity to combine flexible OT services and the flexible working environments of ASOs to overcome this limitation. This evidence suggests that continued provision of OT services can enhance the services of ASOs.

According to Jung, Solomon, and Cole (2005), expert services for the organization can be gained from role-emerging placements through the provision of staff education, workshops, and initiation of the program by students. During these role-emerging placements, SOTs were involved in running workshops for the ASO staff, and sharing knowledge about HIV and its associated issues. Staff capacity building through these placements enabled ASO staff to empower existing services of ASOs and continue some low-risk assessments and interventions with the clients initiated by SOTs. Both SOTs and ASO staff considered this contribution of role-emerging placements as a long lasting benefit of these placements that improved the work strategies of ASO staff and empowered the overall workforce of ASOs.

Along with benefits that are consistent with other role-emerging placements, these innovative placements were helpful in identifying gaps in the supportive care for PLWH in ASOs and the potential roles of OT to respond to these gaps. Pizzi (1990) and Salz (2001) also recognized that there are definite roles for OT in the supportive care of this

vulnerable group of people. However, the suitability of OT services to fulfill the large gaps that exist in ASOs surprised SOTs during these placements.

5.2 Challenges

Inevitably challenges were associated with introducing a new service into a non-traditional setting within a time-limited role-emerging placement. In this study, the duration of the placement was a challenge for SOTs as they had much to accomplish within a limited time frame. Although this placement provides flexibility, developing a new service in a new setting, educating staff and meeting clients' needs are difficult to accomplish in a six to eight-week timeframe. Solomon and Jung (2006) also reported that students found it challenging to explore their roles fully and establish effective programs in time-limited role-emerging placements.

Students also found it challenging to come into a new setting and work without direct supervision of an OT or student peer support. The SOTs missed the opportunities to share ideas and felt the absence of initial guidance or direction from an onsite OT to facilitate their thinking and help them to perform their roles confidently. The absence of onsite OT supervision during these placements is due to the nature of the role-emerging placement itself. Mulholland, Derdall, and Roy (2006) stated that the lack of onsite OT supervision reinforces the challenge of the unclear role of students in role-emerging placements. In this current study, SOTs mentioned similar challenges due to the absence of onsite OT specific supervision. In addition, students who were placed alone found it challenging to access immediate support on matters relating to day-to-day events which affected their problem solving outcomes. O'Connor, Cahill, and Mckay (2012) discussed

a collaborative model in which students work together to improve their problem solving skills. Furthermore, Solomon and Jung (2006) talked about the importance of students pairing up in supporting each other during role-emerging placements. Absence of student peer support in these role-emerging placements in ASOs created additional challenges for the SOTs in defining their roles.

 Availability and access to resources in community setting was a practical issue highlighted by the SOTs during role-emerging placements in ASOs. Most of the OT assessments and interventions require tools or equipment, and it was initially challenging for the students to work without potential resources. On the other hand, lack of resources was considered by some of the students as a learning experience which would help them cope with the limited resources likely to be encountered in future practice.

The SOTs of this study highlighted the challenge of negotiating the scope of roles and not to overstep existing boundaries of roles as a student. Other literature also raised the challenges of the lack of clearly defined roles and the need to explain OT roles in a role-emerging placement while the students were still in the phase of identifying these roles (Friedland et al., 2001; Solomon & Jung, 2006). Cooper and Raine (2009) described this challenge of undefined roles of the students as a crisis of professional identity in role-emerging placements. In alignment with these previous studies, the challenges of defining OT roles in an emerging setting or 'crises of professional identity' were remarkable, particularly at the beginning of the placements.

During role-emerging placements in ASOs, some challenges were encountered related to the specific setting and the vulnerability of its population. It was a struggle for

the SOTs to collaborate with all staff, to have enough interaction with the clients, and to introduce the maximum potential of OT services for PLWH. The challenge of building working relationships was described by Dancza et al. (2013) as the need to understand the complexity of collaboration with other staff during this type of placement. Specifically, in this setting, some ASO staff were reluctant to engage the students in direct service provision due to the confidentiality issues associated with PLWH. Therefore, the challenges for SOTs to integrate into a new setting and building working relationships with professionals from different backgrounds were more intense when working with a vulnerable and often stigmatized group of people.

Rapport building with PLWH was an added challenge as many clients had previous experiences of stigma making them reluctant to discuss their issues associated with HIV. Heubner and Tryssenaar (1996) highlighted the importance of rapport building between students and clients to gain trust with both clients and agency staff during role-emerging placements. Experiencing stigma from healthcare professionals has made PLWH more cautious about being involved with new people in the health care or supportive care team, and reluctant to disclose their diagnostic status or ask for specific support (Mahajan et al., 2008).

Summary:

In summary, this chapter highlights the benefits and challenges of role-emerging placements of SOTs in ASOs from the perspective of different groups of participants. With an interpretive descriptive approach, co-construction of the findings between participants and researcher through descriptions and interpretations of the study

phenomenon serve to represent a new understanding. Role-emerging placements in ASOs have both person-level and organization-level benefits. As person-level benefits, the learning experiences of SOTs in ASOs was similar to role-emerging placements in other settings. Likewise, these placements provided an opportunity for SOTs to develop competencies as rehabilitation professionals with PLWH through in-depth exploration of their unique needs. These placements provided opportunities for ASO staff and PLWH to become familiar with the roles of OT. Also, augmenting ASO resources and educating ASO staff to consider new approaches with clients were highlighted as organizational benefits of role-emerging placements. The introduction of roles of OT, specific to aging with HIV, and in mental health issues of PLWH were unique findings of this study.

The challenges of introducing OT's roles in ASOs included duration of the placement, and understanding the role expectations in an emerging setting. These were associated with starting from a novel and yet unshaped stage in an emerging setting. Also, building working relationships with other professionals and rapport building with PLWH were highlighted as the challenges of these placements.

5.3 Strengths and limitations of the study

This study's strengths are presented throughout the study. A sound explanation of interpretive description as the research design presents the methodological strengths of this study and how this approach aligns with this study question. Also, careful attention has been paid to necessary steps which promote rigor following Lincoln and Guba's (1985) recommendations. This study included different groups of participants from three

different constituents which has strengthened the findings. The following section focuses on the methodological critique and general limitations of this study.

In developing this interpretive description study, there were few resources to inform decisions about its research methodology. Hunt (2009) discussed the strengths and challenges of using interpretive description as a research method and mentioned the challenge of limited resources to guide this relatively new methodology in comparison to those that guide other qualitative approaches.

This study collected minimal background information of participants as it included a small number of participants from a limited field, and detailed demographic information would challenge the anonymity of the participants. Confidentiality issues were also considered as the study involved a vulnerable group of people in the participant groups.

Interpretive description method recommends multiple data collection methods (Thorne et al., 1997). Although noted memos by the principal investigator in the initial phase of analysis were helpful to inform the interpretation during data analysis, using reflective journals of SOTs as additional data source could enrich and augment the study findings.

As a novice qualitative researcher, it was a struggle to ensure an appropriate degree of interpretation and abstraction of the findings. Although selected meaning units of interviews were reviewed by the supervisory committee to justify the findings, full audio recordings or interviews were not reviewed by anyone due to time limitation.

Only two PLWH were interviewed who had interaction with the SOTs during these placements. The high level of confidentiality and the protective position of the ASO workers associated with this vulnerable group of people made it more challenging to recruit more clients for the interview.

5.4 Recommendations for future role-emerging placements in ASOs

The results of this study provide further supportive evidence for future placements of SOTs in ASOs. Based on the findings of this study, the following recommendations are provided for future role-emerging placements in ASOs:

Placement of students in pairs or small groups enables the students to provide immediate clinical learning support for each other and facilitate problem-solving skills. A minimum of two students in each setting are recommended for future placements.

Students should set goals and objectives for the placements. Setting objectives are important for any placement, and it is more important for role-emerging placements as students become involved in a setting without any clearly defined roles. The objectives should not limit the flexibility of performing their activities and testing new program or service initiatives during the placements, but guide undefined roles in emerging settings.

A pre-placement meeting between students and ASO staff may contribute to building trust between them. It can also help students to understand the available resources in the community setting. Before starting their actual placements, students could attend the regular orientation sessions organized by the ASOs for their volunteers to help familiarize them with the ASOs' services and activities.

At the beginning of the placements, more engagement in group intervention sessions may help to build a rapport between SOTs and PLWH and make the one on one interaction between them more comfortable for the clients as they are very careful about meeting new members of the health care team.

For future placements, ASOs should consider promotional activities to inform clients about the accessibility to OT services through role-emerging placements. This may help clients to start interacting with the SOTs from the beginning of the placements which will allow more interaction between SOTs and clients during these time-limited placements.

In addition to OT resources, SOTs can consider introducing useful resources to ASOs during their future placements that will be helpful for ASO staff to support PLWH, e.g., CWGHR resources.

This study concludes with implications for the study findings, final considerations and directions for future research.

Chapter 6

Conclusion

Role-emerging placements are on the rise in OT education due to the immense opportunities that these offer. This study set out to understand the benefits and challenges of role-emerging placements of OT students in ASOs through the exploration of the experiences of SOTs, ASO staff, OT preceptors and PLWH. The findings of this study confirm the usefulness of role-emerging placements in introducing and promoting OT's roles in ASOs for PLWH. Benefits include both those with this type of placement and those of working with PLWH in community setting. There were also challenges associated with working in a new setting and dealing with a stigmatized group.

Community responses to HIV management have evolved along with the changing epidemic of HIV (Cain et al., 2013). Findings from this study indicate that role-emerging placements of SOTs in ASOs can foster the integration of OT services in ASOs to maintain the optimum community responses. Also, the study findings suggest that the type of the placement facilitated personal growth and professional identity development of SOTs and prepared them with adequate skills and knowledge to work as competent rehabilitation professionals for PLWH.

The findings of this study can:

- Inform OT educators and increase the awareness of ASO staff and PLWH about potential roles of OT in the supportive care of PLWH.

- Increase the awareness of OT educators about the required preparation for future role-emerging placements in ASOs.

- Inform OT educators about the importance of emerging roles of OT in the rehabilitation of PLWH, which can encourage the inclusion of HIV management in the OT curriculum.

- Encourage SOTs, OT educators, and ASO staff to expand the roles of OT for PLWH through future role-emerging placements in ASOs and make OT as rehabilitation services more accessible for clients.

Future research can explore the long-term effect of role-emerging placements in ASOs. Examination of the impact of these placements on the occupational performance of this group of client illustrate the need for OT services in community settings and can contribute to the development of effective services during future placements. Understanding the needs of ASOs and PLWH through future study can inform OT's role for PLWH. As this study hoped to encourage SOTs to take the leadership roles in the rehabilitation of PLWH, future study also can explore the long-term effect on the professional competencies of SOTs.

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Appendix A

Invitation email for SOTs

Dear,

As a graduate student of McMaster University, I am conducting a study to fulfill the requirements of thesis based Masters Program of Rehabilitation Science. My supervisor is Dr. Patty Solomon, School of Rehabilitation Science. The objective of this study is to understand the benefits and challenges of role-emerging placements of student occupational therapists in AIDS service organizations. The study will involve your participation in an interview or focus group at the end or your fieldwork placement.

A participant information sheet along with a consent form has been attached with this email. The participant information sheet will provide you information about this study along with my contact information if you have further questions.

Your participation in this study is voluntary and the information that will be obtained through interview will be kept confidential. If you agree to take part in this study, you can let me know your decision either through email or over the telephone. Thank you for considering participating in this study.

Sincerely,
Rabeya Sharmin
MSc Student
School of Rehabilitation Science
McMaster University
Phone number: 905-923-7696
Email: sharmir@mcmaster.ca

Appendix B

Invitation email for ASO staff, OT preceptors and PLWH

Dear Executive Directors, Members of ASO Staff, People with HIV/AIDS and Occupational Therapy Preceptors,

As a graduate student of McMaster University, I am conducting a study to fulfill the requirements of thesis-based Master Program of Rehabilitation Science. The objective of this study is to understand the benefits and challenges of role-emerging placements in the form of 'pilot placements' of student occupational therapists in AIDS service organizations. The study will involve your participation in an interview based on your involvement with student occupational therapists during their placements.

A participant information sheet along with a consent form has been attached with this email. The participant information sheet will provide you information about this study along with my contact information if you have further questions. Please note that for the purpose of the consent documents, occupational therapy preceptors are included in the staff consent.

Your participation in this study is voluntary and the information that will be obtained through interview will be kept confidential. If you agree to take part in this study, you can let me know your decision either through email or over the telephone. Thank you for considering participation in this study.

Sincerely,

Rabeya Sharmin
MSc Student
School of Rehabilitation Science
McMaster University
Phone number: 905-923-7696
Email: sharmir@mcmaster.ca

Appendix C

Participant information sheet for SOTs

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Appendix B: PARTICIPANT INFORMATION SHEET– Student occupational therapists

Title of Study: Understanding the benefits and challenges of role-emerging placements of student occupational therapists in AIDS Service Organizations.

Local Principal Investigator: Dr. Patricia Solomon, Associate Dean, School of Rehabilitation Science, McMaster University

Principal Investigator: Rabeya Sharmin, Masters Student, School of Rehabilitation Science, McMaster University

What is the study about?
As part of my Masters degree in Rehabilitation science, I am planning to carry out a study to evaluate the phenomenon of role-emerging placements which is like 'trial' placements of student occupational therapists in AIDS service organizations. You are being invited to participate in this study as you are a student occupational therapist and have completed placement in an AIDS service organization as a part of clinical fieldwork placement of your Occupational Therapy Masters Program. The overall purpose of this study is to identify the benefits and challenges of the placements of student occupational therapists in AIDS service organizations. This placement focused on addressing the rehabilitation needs of people with HIV/AIDS and rehabilitation care by occupational therapists to improve their quality of daily living.

Who can take part in this study?
Five student occupational therapists from Occupational Therapy Masters Program of McMaster University will be invited to share their learning experiences during placements. As placements were in AIDS service organizations of different locations, one person diagnosed with HIV/AIDS and one staff from each AIDS service organization who were involved closely with the student occupational therapists will also participate in this study.

What will you be asked to do?
You will be asked to participate in a focus group interview with the principal investigator and other students who have completed their placements. The session will be about 1-1.5 hours in length. We can have the session in person if all the students are available in campus or we can set up an online focus group session by using Skype if it is hard to get everyone in person at the end of their placements. If you cannot manage to attend the focus group session then I can conduct an individual interview. You will be asked to share your experiences in the AIDS service organization where you got the opportunity to work with the people with HIV/AIDS and AIDS service organization staff in a community setting.
In order to explore the benefits and challenges of these placements which is the main objective of this study, you will be asked to answer some questions that will reflect your role during this placement. This focus group interview will be audio recorded.

What will happen to the information that I share?
Your individual data will not be shared with anyone without your consent or as required by law. Reporting of data will be done in aggregated form only. All personal information such as your name and email address will be removed and replaced with a number on any documentation. A list linking the number with your name will be kept in a secure place, separate from your file. Your focus group information will be securely stored in a locked office of the primary investigator with identifying information removed.
Audio recorded focus group interview will be listened to only by the principal investigator and if require by the local principal investigator. Recorded interview will be destroyed once it is transcribed and the transcriptions verified. The data will be held in a secure location for 10 years, and then destroyed.
In the results of this study, your name will not be used and no information that discloses your identity will be released or published without your specific consent to the disclosure.

What are the benefits of taking part in the study?
The findings from your feedback will help to understand how fieldwork placements in AIDS service organization can help student occupational therapists to facilitate the development of their professional learning and competencies to work in a community setting.

Are there any risks?
There are no identifiable risks to taking part in this study. If you find any question uncomfortable to answer during sharing your experiences, you have the right not to answer that question. Your interview will not be shared with your department. As this is the last fieldwork placement of your Masters program, so there is no risk that your final grades or future placements will be influenced by your shared experience.

Will I be paid for the participation?
If you agree to take part and come in person to attend the focus group session, you will be paid for parking.

What if I decide not to continue?
You may withdraw at any time with no academic penalty by letting know the principal investigator. You can choose to remove any or all of your information from the study, or keep it in.

What if I have questions about the study?
If you have any questions about the research now or later, please contact the principal investigator, Rabeya Sharmin, at +1 (905) 923-7696, or sharmir@mcmaster.ca

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CONSENT STATEMENT

Participant:

Please sign below if you agree with the following statements:

1. I have freely volunteered to participate in this study.

2. I have been informed in advance about the nature of the study, what my tasks will be, and what procedures will be followed.

3. I have been given the opportunity to ask questions and have had my questions answered to my satisfaction.

4. I understand that the information I provide will be treated confidentially and with anonymity. My identity will be not be revealed in the reporting of the study's results.

5. I am aware that I have the right to withdraw consent and discontinue participation at any time.

I have been given a signed copy of this form.

_____   Date: _____
Signature of Participant

_____   E-mail: _____
Printed Name of Participant

Investigator Signature:

_____   _____
Signature   Date

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

Appendix D

Participant information sheet for ASO staff

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Appendix D: PARTICIPANT INFORMATION SHEET – AIDS service organization staff

Title of Study: Understanding the benefits and challenges of role-emerging placements of student occupational therapists in AIDS service organizations.

Local Principal Investigator: Dr. Patricia Solomon, Associate Dean, School of Rehabilitation Science, McMaster University

Principal Investigator: Rabeya Sharmin, Masters Student, School of Rehabilitation Science, McMaster University

What is the study about?
As part of my Masters degree in Rehabilitation science, I am planning to carry out a study to explore the benefits and challenges of role-emerging placements that is 'trial' placements of student occupational therapists in AIDS service organizations. These placements focused on addressing the needs of people with HIV/AIDS and rehabilitation care by occupational therapists to improve their quality of daily living. You are being invited to participate in this study as you were involved with the student occupational therapists during their placements.

Who can take part in this study?
Students were placed in AIDS service organizations at different locations. One staff from each AIDS service organization who worked closely with the student occupational therapists will be invited to participate in this study. In addition, five students from the Occupational Therapy Masters Program of McMaster University who have completed their placements in AIDS service organizations will participate. One person with HIV/AIDS from each AIDS service organization who had interaction with the student occupational therapists will also be invited to reflect their perspectives.

What will you be asked to do?
You will be asked to participate in an individual interview for a single session with the principal investigator. The session will be about 30-45 minutes in length. You can participate in the interview session in person at your preferred time and location. You may also choose to have the interview over the phone if you prefer. You will be asked to share your experiences of working with the student occupational therapists during their placements in AIDS service organization.

What will happen to the information that I share?
Your individual data will not be shared with anyone without your consent or as required by law. Reporting of data will be done in aggregated form only. All personal information such as your name and email address will be removed and replaced with a number. A list linking the number with your name will be kept in a secure place, separate from your file. Your interview information will be securely stored in a locked office of the primary investigator with identifying information removed.
Your interview will be audio recorded and that will be listened to only by the principal investigator and if required by the local principal investigator. The recorded interview will be destroyed once it is transcribed and the transcription verified. The data will be held in a secure location for 10 years, and

then destroyed.

Your name will not be used and no information that discloses your identity will be released or published in the results of this study without your specific consent to the disclosure.

What are the benefits of taking part in the study?
The findings from your feedback will help to understand how placements of student occupational therapists in AIDS service organizations can be helpful to address the needs of people with HIV/AIDS and introduce the role of occupational therapists to improve their quality of daily living.

Are there any risks?
There are no potential risks to taking part in this study. If you find any question uncomfortable to answer during sharing your experiences, you have the right not to answer that question. Your interview will not be shared with the AIDS service organization and even in future the result of your shared experience will be released in aggregated form without any identifying information of you. So, there is no risk of participating in this study that might affect your job.

Will I be paid for the participation?
If you come in person to take part in the interview then you will be paid the parking fee.

What if I decide not to continue?
You may withdraw at any time with no academic penalty by letting know the principal investigator. You can choose to remove any or all of your information from the study, or keep it in.

What if I have questions about the study?
If you have any questions about the research now or later, please contact the principal investigator, Rabeya Sharmin, at +1 (905) 923-7696, or sharmir@mcmaster.ca

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CONSENT STATEMENT

Participant:

Please sign below if you agree with the following statements:

1. I have freely volunteered to participate in this study.

2. I have been informed in advance about the nature of the study, what my tasks will be, and what procedures will be followed.

3. I have been given the opportunity to ask questions and have had my questions answered to my satisfaction.

4. I understand that the information I provide will be treated confidentially and with anonymity. My identity will be not be revealed in the reporting of the study's results.

5. I am aware that I have the right to withdraw consent and discontinue participation at any time.

I have been given a signed copy of this form.

_____   Date:_____

Signature of Participant

_____   E-mail:_____

Printed Name of Participant

Investigator Signature:

_____   _____

Signature   Date

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

Consent of AIDS service organization staff, Version 2: 21st July, 2014   Page 3 of 3

Appendix E

Participant information sheet for PLWH

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Appendix C: PARTICIPANT INFORMATION SHEET – People with HIV/AIDS

Title of Study: Understanding the benefits and challenges of role-emerging placements of student occupational therapists in AIDS Service Organizations.

Local Principal Investigator: Dr. Patricia Solomon, Associate Dean, School of Rehabilitation Science, McMaster University

Principal Investigator: Rabeya Sharmin, Masters Student, School of Rehabilitation Science, McMaster University

What is the study about?
As part of my Masters degree in Rehabilitation science, I am planning to carry out a study to explore the benefits and challenges of role-emerging placements which is like 'trial' placements of student occupational therapists in AIDS service organizations. These placements focused on addressing the needs of people diagnosed with HIV/AIDS and rehabilitation care by occupational therapists to improve their quality of daily life. You are being invited to participate in this study as you had interaction with the student occupational therapists during their placements in AIDS service organization.

Who can take part in this study?
People with HIV/AIDS who had interaction with the student occupational therapists will be invited to participate in this study. In addition, five student occupational therapists from Masters Program of McMaster University who have completed their placements and AIDS service organization staff who worked closely with the students during this placement will also be invited to participate in this study.

What will you be asked to do?
You will be asked to participate in an individual interview for a single session with the principal investigator. The session will be about 30-45 minutes in length. You can participate in the interview session in person at your preferred time in the AIDS service organization. You may also choose to have the interview over the phone if you prefer. You will be asked to share the experiences of your interaction with the student occupational therapists during their placements in AIDS service organization.

What will happen to the information that I share?
Your individual data will not be shared with anyone without your consent or as required by law. Reporting of data will be done in aggregated form only. All personal information such as your name and email address will be removed and replaced with a number. A list linking the number with your name will be kept in a secure place, separate from your file. Your interview information will be securely stored in a locked office of the principal investigator with identifying information removed. Your interview will be audio recorded and will be listened to only by the principal investigator and if required by the local principal investigator. The recorded interview will be destroyed once it is transcribed and the transcription verified. The data will be held in a secure location for 10 years, and then destroyed. Your name will not be used and no information that discloses your identity will be released or published in the study results without your specific consent to the disclosure.

Consent of people with HIV/AIDS, Version 2: 21ˢᵗ July, 2014   Page 1 of 3

What are the benefits of taking part in the study?
The findings from your feedback will help to understand how occupational therapy can be helpful to address the rehabilitation needs of people with HIV/AIDS. Finally, your feedback will help to highlight the issues that are important to improve the interaction between people diagnosed with HIV/AIDS and occupational therapists in community setting.

Are there any risks?
There is no potential risk of participating in this study. If you find any question uncomfortable to answer during sharing your experiences, you have the right not to answer that question. Your participation in this study is voluntary and interview will be conducted at the end of the placement. So, your decision regarding participation in this study and shared experience in the interview will not affect your service from the student occupational therapists in AIDS service organization.

Will I be paid for the participation?
If you agree to take part, you will be paid $25 as a compensation for your time.

What if I decide not to continue?
You may withdraw at any time from this study. You can also choose to remove any or all of your information from the study.

What if I have questions about the study?
If you have any questions about the research now or later, please contact the principal investigator, Rabeya Sharmin, at +1 (905) 923-7696, or sharmir@mcmaster.ca

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CONSENT STATEMENT

<u>**Participant:**</u>

Please sign below if you agree with the following statements:

1. I have freely volunteered to participate in this study.

2. I have been informed in advance about the nature of the study, what my tasks will be, and what procedures will be followed.

3. I have been given the opportunity to ask questions and have had my questions answered to my satisfaction.

4. I understand that the information I provide will be treated confidentially and with anonymity. My identity will be not be revealed in the reporting of the study's results.

5. I am aware that I have the right to withdraw consent and discontinue participation at any time.

I have been given a signed copy of this form.

_____   Date: _____
Signature of Participant

_____
Printed Name of Participant   E-mail: _____

<u>**Investigator Signature:**</u>

_____   _____
Signature   Date

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

Consent of people with HIV/AIDS, Version 2: 21st July, 2014   Page 3 of 3

Appendix F

Interview guide for SOTs

Appendix E: Focus group interview guide for student occupational therapists (SOTs)

The focus group interview will start with an introduction to the participants. The interview guide has been prepared to explore the learning experiences of SOTs during role-emerging placements in AIDS service organizations (ASOs). The benefits and challenges of role-emerging placements of SOTs in ASOs will be explored through the exploration of their learning experiences. Additionally, the implications of introducing OT services for people with HIV/AIDS (PHAs) will be examined.

Before starting of the interview, I will confirm that participants give consent to the interview and to audio record their interview.

Interview questions:

1) Can you tell me about your role-emerging placement in ASOs?

Prompts: -Where it was, how long, did you work before with PHAs?

- What do you think went well? Describe a typical day.

2) Describe your role during this placement.

Prompts: - What was your main focus as a SOT during this placement?

- Did you use any theories to guide your role in this placement? If yes, please explain.

- What can you share about any situation in this placement where you feel you had a successful/unsuccessful experience with PHAs?

- What can you share about any experience where you made a difference in the client outcome? What did you do? What did you learn from that?

3) How has this placement helped you to prepare for future practice to work for the rehabilitation of PHAs as an OT?

Prompts: - Do you think this placement has helped you to identify some areas where PHAs require special attention from OTs? Please describe.

 - What do you think about this placement to increase your confidence working as an OT professional with others in community setting? Share any experiences of your interaction with ASO staff.

- In what ways the placement of SOTs in ASOs is a good opportunity for them to work in community setting? Please explain.

4) How has this placement changed the way you think about the role of OTs for PHAs?

Prompts: -Describe anything that surprised you regarding OT and PHAs during this placement.

-What are you most proud of OT services and rehabilitation of PHAs?

-What are the things that you have found different regarding the management of HIV/AIDS that you thought before this placement?

5) What challenges did you face during this placement?

 Prompts: -In what ways it was more challenging to interact with PHAs as OTs role is not fully defined and established yet in the management of HIV/AIDS?

-In what ways it was more challenging to work with PHAs in community setting?

- What challenges did you face to working with ASOs staff? Please describe.

--Is there anything that you anticipated doing during the placement that you did not do? Please describe, why?

6) Is there anything that you would like to add about role-emerging placements of SOTs in ASOs?

Prompts: - How role-emerging placement of SOTs in ASOs can help to introduce OT services for PHAs?

-Would you recommend this placement to other SOTs? Why or why not?

-What is your suggestion about the future placement of SOTs in ASOs? Can you describe some factors that need to consider enhancing the efficacy of such placements both for SOTs and PHAs?

-What do you think about the timing of this role-emerging placement as a part of your clinical fieldwork placement of your Masters Program? Do you prefer this timing for such placement? Why or why not?

Appendix G

Interview guide for PLWH

Appendix F: Interview guide for people with HIV/AIDS (PHAs)

This individual interview will start with an introduction to the participant. The interview guide has been prepared to understand the experiences of PHAs during their interactions with student occupational therapists (SOTs) in AIDS service organizations (ASOs). This interview guide aims to explore the benefits and challenges of role-emerging placements of SOTs in ASOs. Additionally, the implications of introducing occupational therapy (OT) services for PHAs will be examined.

Before starting of the interview, I will confirm that the participant gives consent to the interview and to audio record the interview.

Interview questions:

1) Tell me about your experiences of being involved with this ASO?

Prompts: - For how long have you been coming here? How frequently do you visit or use their services? What services have you used?

- How do the ASO services assisting with your daily life issues? Describe your experiences.

-What experiences or services with ASO work well for you? Please, describe.

- Do you have any needs that are not being met through the ASO? Please explain.

2) Do you think OT is helpful for people living with HIV? Why or why not?

Prompts: - Have you ever been to see an OTs? Tell me about your experiences of being involved with OTs.

- In what ways can OTs help you to improve your daily life quality? Describe your ideas.

- What is your view about providing OT services in ASO for PHAs? Please describe.

3) What are your experiences of being involved with SOTs in ASO during their placement?

Prompts: - Can you think of and share any situation in this placement where you feel you had a positive experience with SOTs (Use SOTs name during the interview)?

- What have you found beneficial about being involved with SOTs during their placement? Please describe.

- Do you feel this placement of SOTs was helpful to understand your needs and introduce the role OTs to help you with those needs? Please describe, in what ways?

-How has this placement of SOTs helped you to understand more about OT services that can improve your daily life quality? Explain.

-What achievements are you most proud of about your interaction with SOTs during this placement?

4) What can you share about the challenges that you faced interacting SOTs during this placement?

 Prompts: -Is there any service that you anticipated receiving from SOTs during this placement but you did not receive? Please, describe.

- Did you face any challenges interacting with SOTs as they were placed in ASO for few weeks only? What types of challenges?

5) What do you think about the placement of SOTs in ASOs to establish OT services for PHAs?

Prompts: -How has this placement of SOTs changed the way you think about OT services for PHAs?

- Describe anything that surprised you regarding OT for PHAs during this placement.

6) Is there anything that you would like to add about the placements of SOTs in ASOs?

Prompts: -Would you like to be involved with SOTs in future during their placement? Why or why not?

- Can you provide suggestions that may enhance services for PHAS in future during role-emerging placements of SOTs in ASOs?

Appendix H

Interview guide for ASO staff and OT preceptor

Appendix G: Individual interview guide for AIDS service organization (ASO) staff

This individual interview will start with an introduction to the participant. The interview guide has been prepared to understand the experiences of ASO staff (selected by the executive director and/or their assigned staff) who worked closely with the student occupational therapists (SOTs) during their role-emerging placements. Through understanding their experiences, the benefits and challenges of role-emerging placements of SOTs in ASOs will be explored. Additionally, the implications of introducing OT services for people with HIV/AIDS (PHAs) will be examined.

Before starting of the interview, I will confirm that the participant gives consent to the interview and to audio record the interview.

Interview questions:

1) What are your experiences of working in an ASO?

Prompts: - For how long have you been working in ASO? Describe a typical working day in ASO.

- How do ASO services improve the daily lives quality of PHAs? Describe.

- What are you most proud of working in ASO with PHAs?

2) What is your understanding about the role of OT for people living with HIV?

- How OTs can help PHAs to improve their daily lives quality?

- Do you have any experience of working with OTs in ASO? Describe your experiences.

3) What are your experiences of being involved with SOTs in ASO during their role-emerging placement?

Prompts: - What have you found beneficial about the integration of SOTs in ASO through role-emerging placement?

- What can you share about any situation in this placement in which you feel you had a successful/unsuccessful experience with SOTs?

- In what ways are the role-emerging placements of SOTs helpful to introduce OT services in ASO to improve the daily lives quality of PHAs?

4) What challenges did you experience regarding the involvement of SOTs in the ASO through role-emerging placement?

Prompts: - In what ways was it challenging to interact with SOTs as their role is not fully defined and established yet in ASO?

- What challenges did you face as this placement was for a period of 8 weeks only?

- What can you share about any specific challenges that you noticed about the involvement of SOTs through role-emerging placement in ASO?

-Did you notice any challenges about the interaction between SOTs and PHAs through this role-emerging placement? Please describe.

5) How has this placement changed the way you think about OT for PHAs?

Prompts: - What do you think about having "trial" placement of SOTs in ASO to establish the role of OTs in community setting?

- Describe anything that surprised you regarding OT services for PHAs during this placement.

- What can you share about what you expected from SOTs during this placement but that you did not observe? Please, describe.

6) What you would like to add about role-emerging placements of SOTs in ASOs?

Prompts: - Would you like to have SOTs in ASO in future? Why or why not?

- Can you provide suggestions that may enhance future placements of SOTs in ASOs?

- Please describe factors that would facilitate the involvement of PHAs with SOTs during role-emerging or any "trial" placements?

- Do you think role-emerging placements of SOTs might be helpful for the recruitment of OTs in ASOs in future? Why or why not?