

# Scientific letter

## Clinical Skills Centre:

### Training of South African Occupational Therapists

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#### Introduction

Personal communication with experienced academic staff members<sup>1</sup> of all the Occupational Therapy (OT) training centres in South Africa, revealed that most of them use practical sessions and video material to teach skills, although the concept of a formalised skills centre does not exist. A clinical skills centre (CSC) is viewed as a facility where students, physicians, nurses and other health care professionals learn clinical and communication skills to a specified level of competence prior to or coordinated with direct patient contact<sup>2</sup>. CSCs are well developed for the training of other health care professionals<sup>3</sup>. However, limited information was found on the training of occupational therapists through use of CSCs. Investigation into the use of CSCs was viewed by staff members at the South African training centres<sup>1</sup> as essential. Due to the lack of published research and the pressure of direct patient contact, a personal visit to the Hoge School Zuyd and Maastricht University<sup>4</sup> in the Netherlands, was undertaken to gain knowledge of their use of a CSC. Discussions with Ingrid Speth-Lemmens<sup>5</sup> of the Hoge School Zuyd revealed that this school along with other Universities in the Netherlands have had very favourable results using a CSC as part of the training of Occupational Therapy (OT) students over the last eight years. These results were particularly noticeable in quality assurance. The aim of this study was therefore to investigate the teaching and learning possibilities in using a CSC as part of training of skills development in OT students in South Africa, and the kind of learning environment needed.

#### Methods

The data for this descriptive study were obtained by means of two questionnaires. The lack of published literature<sup>4,5</sup> necessitated a preliminary questionnaire to gather data to compile the final questionnaire to be used in a Delphi survey of the occupational therapists employed at Universities in SA.

Eleven of the fifteen fulltime academic staff members of the Department of Occupational Therapy at the University of the Free State (UFS) completed the preliminary questionnaire. All items that occurred with a frequency of 50% or more in the preliminary questionnaire were included in the second questionnaire used to conduct a Delphi survey.

One member of staff (nominated by the Head of department) from six of the eight OT training centres in SA participated in the Delphi survey. A Delphi survey attempts to obtain the most reliable consensus of opinion of a group through a series of intensive questionnaires<sup>6</sup>. An electronic questionnaire with eleven statements and options under each statement was developed and distributed to all the participants by electronic mail. Statements dealt with the possibilities in terms of teaching and learning as well as the learning environment. The following were covered in the first round questionnaire:

- the main aims in general, of teaching skills in OT modules;
- the value of a CSC to teach students skills before patient/client contact;
- the application of a CSC with reference to teaching and learning;
- the OT procedures that can be successfully trained in a CSC;

- the OT assessment skills that can be taught in a CSC and
- the OT intervention skills that can be taught in a CSC.

With reference to the teaching environment questions were asked regarding:

- the facilities needed in a CSC;
- the equipment needed in a CSC;
- the application of simulated clients/patients to teach skills;
- the additional resource that will be needed;
- who the potential simulated clients/patients could be; and
- the teaching potential for different students in different years.

Eighty percent agreement by all participants on a statement and options represented consensus. The questionnaire was circulated until 80% consensus was reached on all the statements and options.

Both the preliminary questionnaire and the Delphi questionnaire were pilot-tested.

The study was approved by the Ethics Committee, Faculty of Health Sciences, UFS (ethics clearance number ETOVS 42/07).

#### Results

After the first round of the Delphi survey, adaptations were made to the statements as well as the options under each statement. Options were rephrased under statements one, two, four, five, nine and eleven.

- Statement 1 – The word “general” was added to the statement.
- The option *to teach students the integration of skills for a specific client/patient*, was changed to *teach the student clinical reasoning skills in terms of client and content.*”
- Statement 2 – The words “with reference to the teaching” were added to the statement.
- The opinion “*part of an entrance requirement to clinical exposure*” was added.
- Statement 4 – “*Basic steps of*” was added to communication skills.
- Statement 5 – The words “*tools of assessment*” were added to the statement.
- The following were added to the options: “*applying the tools for psychosocial problems; developmental assessment of play; applying the tools for work assessment; basic principles of the assessment of interpersonal skills; assessment skills of observation, interview and feedback on results; activity analysis and levels of occupational functioning, for example, the Model of Human Occupation.*”
- Statement 7 – Communication skills were changed to “*basic steps in communication skills*”.
- Statement 9 – The following was added to additional academic staff, “*to develop the roles of the simulated patients/clients.*”
- Statement 10 – Under options the following were changed:
- People from the community was changed to “*retired healthy people from the community*”, and fellow students from the same or other year groups was changed to “*senior year groups.*”
- Statement 11 – The word “*course work*” was added to post-graduate students.



Table 1. Opinions on Clinical skills centre (CSC): Training of undergraduate OT students.

STATEMENT	OPTIONS
1. The main aims in general teaching skills in OT modules	To introduce the different skills to students To teach students to apply skills in a specific situation To teach students to apply skills in divers situations To teach students the clinical reasoning skills in terms of client and content
2. The value of a CSC with reference to the teaching of skills before patient/client contact	Mistakes are allowed Direct feedback to the students is possible Skills can only be mastered through repetition Students can learn at their own tempo Learning is not dependant on the availability of patients/clients All students will have the same exposure Students will gain confidence to work with patients/clients Peer assessment will be possible Part of an entrance requirement to clinical exposure
3. Usage of a CSC	Demonstration of skills to students Practise skills after demonstration Reflect on own level of competence Give students more than one opportunity to practise their skills Assess the level of students before clinical rotations Integrate theory and skills
4. OT procedures that can be trained successfully in a CSC	Basic steps of communication skills Assessment skills Intervention skills
5. Application of tools for assessment that can be taught in a CSC	Biomechanical problems Cognitive perceptual problems Sensory motor problems Applying tools for psychosocial problems Developmental assessment of play Applying tools for the assessment of work Leisure Basic principles for the assessment of interpersonal skills Assessment skills of: observation; interview and feedback on results Activity analysis Levels of occupational functioning, e.g. Model of Human Occupation
6. Intervention skills that can be taught in a CSC	Basic techniques and application of principles Biomechanical problems Basic psychosocial problems Sensory motor problems Play Work Personal independence Leisure Interpersonal skills
7. Facilities needed in a CSC	An area to teach cognitive assessment skills An area to teach communication skills An area to teach sensory motor skills An area to teach leisure skills Small rooms for group work A simulated kitchen area A simulated bathroom area A simulated bedroom area
8. Equipment needed in a CSC	Video/DVD equipment for recording and displaying Wheelchairs A variety of assistive devices Plinths Beds Kitchen equipment Therapeutic balls; benches and gym mats Tests for occupational performance components Tests for occupational performance areas
9. Additional resources needed to use simulated patients/clients	Additional departmental funding Additional administrative staff Additional academic staff to develop the roles of simulated patients/clients Transport Consumable stock
10. Possible clients/ patients for the purpose of simulation	Retired healthy people from the community Fellow students from more senior year groups Students from other faculties/departments, e.g. Drama Manikins
11. Teaching potential	All undergraduate and postgraduate students (course work)



Eighty percent consensus was reached for statements three, six and eight. The second round questionnaire items included in the Delphi survey are represented in *Table 1*. After the second round of the Delphi survey, 80% consensus was reached on all the statements and options. These results reflected a reliable consensus of opinion of the participants.

## Discussion

Results showed that a CSC has teaching and learning possibilities in the training of Occupational Therapy students. These possibilities include the following: certain teaching and learning aims are possible; it will add value to the learning experience of OT students in South Africa; and it will create learning opportunities and environments ensuring the quality of teaching and learning of certain aspects of the curriculum. These results concur with the experience of the OT departments in the Netherlands<sup>4</sup> and the reasons for developing clinical skills centres in Great Britain.<sup>3</sup> It is important to acknowledge that the learning environment in the CSC has to be applicable to the South African population. Additional planning and resources will also be necessary to establish and fully utilise a CSC.

A limitation of the study could be that the participants in the Delphi survey, although experienced academics, were experts in certain fields of OT, which could have influenced their opinion.

## Acknowledgements

Daleen Struwig, medical writer, Faculty of Health Sciences, UFS, for technical and editorial preparation of the manuscript for publication.

Alwyn Hugo, assistant director professional services, Faculty of Health Sciences, UFS, for the development and management of the electronic questionnaire.

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