SIMULATED PATIENTS: A model for leadership development

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The following report will focus on discussing how Occupational Therapists (OTs) learn and how standardized patients (SP) can be used as a tool to develop leadership skills in future OTs.

*Names are removed and standard patient situations have changed for confidentiality purposes

An examination of our approach to learning

How do student OTs learn?

The current teaching strategies employed within the OT program at the University of Toronto include professor- and clinician-led lectures, student seminars, role playing scenarios, field-work placement, class discussions, paper cases, video cases, mentorship and study group work, and live stimulated cases. Research indicates the use of a variety of modalities, such as those delivered in this program, are helpful in catering to the needs of diverse learning styles as well as consolidate information/knowledge being learnt (Stewert, 2004).

An impromptu survey of second year student OTs indicated that the majority preferred practical teaching strategies like fieldwork placement and SP exercises. If we focus on in-class teaching strategies, these results are comparable to a study examining the OT program in East Carolina University, where students rated the SP experience as the method that most enhanced their learning (Velde, Lane & Clay, 2008). Literature supports this notion that simulations are highly effective in clinical programs, which should come as no surprise given that medical schools have used this modality since 1963 (Wallace, 1997).

Simulations involve creating a situation for the intent of teaching (Kisner & Johnson-Anderson, 2010). The use of standardized patients (SPs) is one simulation style that involves a healthy person portraying characteristics of a client, providing the opportunity for students to practice skills in a safe environment that resembles an authentic clinical encounter (Wallace, 1997; Standardized Patient Program, 2009). Importantly, SPs are trained in providing feedback to students
from the perspective of the client they personify, allowing students insight into thoughts and feelings that they may not be privy to in actual clinical situations (Standardized Patient Program, 2009). This approach enriches the education process by providing students with an experiential learning opportunity to actually develop the soft skills always ‘talked’ about in class.

**Reflections of a Standardized Patient …**

Some SPs really get into character. I heard that a SP cried today during his interview. Perhaps it comes with practice, or perhaps it’s just how different people are able to regulate emotion. I was never able to make myself cry as an SP, but I believe I felt some of the emotions that my persona would have. *After all, what was she talking about anyway? I don’t care what time of day the pain is worse. I can’t play in the orchestra anymore. What else do I have? Do you even care? My family always thought music was a waste of time. And my boyfriend is halfway across the world. I just want someone on my side. No one understands. What am I going to do now? Are you still asking about my symptoms?* I could feel her anxiety building as I stopped looking at her and became more and more closed off. For a split second, I was no longer the SP; I was a concerned fellow student wishing I could just give her something … anything. But I couldn’t. I just sat there staring at my hands. Silent. Then the scene paused and discussion ensued. And … action. “Your career must have meant a lot to you. It sounds like you’re feeling lost and confused where to go from here.” *Everything changed. Yes, I do feel very helpless and confused. Maybe you do care.*

Was that how my character felt? Maybe I could not perfectly be my character and behaved exactly as she would have, but I was a real person with real feelings. Whatever they said, I reacted -mind, body, voice. And they responded to me- in that moment. No script, no discussion about what effect their words would have. *Right here, right now, this is me.*

I think that it reminds us that these types of interactions aren’t a prescriptive thing. That student interviewer anxiously sat there for twenty minutes, trying to establish this mystical thing
called rapport while I sat and stared at my hands. And I bet that experience was worth a hundred lectures on building rapport. You can't just tell a healthcare student "be empathetic" and then think they automatically comply.

   What is empathy anyway? What does it look like?
   Are you communicating the message you think you are? What effect will it have?
   Are you interpreting the reaction correctly?

   Well, let me tell you.

SP role in learning

Although we are not afforded many opportunities to engage with an SP in our graduate experience, we most recently had the opportunity to practice our interviewing skills on an SP simulating an individual with mental illnesses. Our experience involved an SP, Ronald, a 53 year old man with a diagnosis of schizoaffective disorder, who was going through a period of depressed mood. As a class we were informed the goal was to practice our interview skills, recap the client's assessment scores with him, and work on identifying and developing an action plan. The exercise was set up so there were two or three OT students co-facilitating a session with the client, while two or three fellow student and an OT facilitator observed the interaction to offer feedback on our 'performance.' Once the feedback was given, we were then given the opportunity to re-do the interaction, this time taking the feedback and incorporating it into our interaction.

Reflections of a Student Interviewer ...

   I will admit I walked into the room not as prepared as I had hoped to be, but at the same time convincing myself this was okay, because I had to let the client (SP) take the lead, right? I knew the case and the goals I had for the meeting, Lynn had told us as much, and I was sure that would be enough to get me through. Appearing more confident than I felt I greeted my client and asked how he was. His response of 'not well, nothings working...I just want to go home' threw me for a loop. That
was not what he was supposed to say! I paused awkwardly, slightly panicked and just stared at him. I hadn’t even sat down and things were already going off course. This guy was actually playing the part! Without being obvious I glanced at my co-facilitator and then at the OT in the room. No one was offering any help. I pulled the chair and sat down realizing this was going to be like the real thing, only this time there would be no preceptor to help me out. I was stuck...

This wasn’t the only instance in the 10 minutes that caused me to stumble. Statement of “I feel hopeless...like life isn’t worth living” also got my heart racing, and invoked feelings I couldn’t, and still can’t clearly identify. All I know is I just kept feeling things and the feelings were getting in the way of my thinking.

As intense and uncomfortable as these moments were, it was probably one of the most valuable experiences I’ve had over these past few weeks. Not knowing how to respond and not having anyone jump in to help actually forced me to pull on the skills I knew I had. I somehow remembered I had to be in tune with the client's feeling so I could adapt my approach and communication style to suit his needs and hopefully get him engaged. And when I did it, when I got the client who initially was not saying much more than ‘nothing is working, I want to go home’ to open up, I felt an absolutely great feeling of pride. My confidence levels rose a couple hundred notches and the rest of the meeting seemed to go by much more smoothly.

During the feedback, to have the SP confirm he felt this breakthrough - to have him say ‘I felt some hope because I realized that you got it...you understood what I was dealing with’ - really consolidated my faith in my knowledge and skills. So much so, that I was ready and wanting to repeat the exercise.

Although this experience allowed me to explore skills and become more attuned to my strengths it also highlighted areas in myself I need to improve. I’ve been told in numerous classes over the past two years how difficult having conversations on sensitive subject matters can be.
Actually engaging in one however allowed me to identify the areas I need to improve, some of which I had originally thought I would be ‘good’ at.

At first none of what I experienced today seemed to be directly related to leadership. Interestingly when we surveyed members of the class some also stated that although the lab itself was extremely helpful they did not see how what was experienced was related to leadership skills. Statements included, "I don't know if it related to leadership roles per say...", "The SP was a really valuable experience [but] because it was only a one time thing, I don't know how it would relate to leadership for me..." and " not really (leadership), more just clinical skills ...". (NOTE: These feelings are understandable given the purpose of the lab was to practice our interviewing and goal development skills).

**SP role in learning**

Although I felt the same way initially, upon further reflection it became apparent that much of what was highlighted and learnt during this experience was related to the qualities that make up a leader. I think sometimes an understanding of what leadership is gets lost in discussions of becoming a leader. The LEADS framework espouses that it is not position (e.g. CEO), but activity that determines a leader (Leadersforlife, 2010a). In OT, leadership might be as "simple" as coaching a client in creating and achieving his goals. Often to take action, individuals need a number of skills. How can you bring about change if you cannot communicate your ideas to someone? How can you shift a paradigm if you are not able to state your idea confidently?

A number of students directly related their SP experience as fostering qualities of a leader. One stated "as much as theory stuff is good, if you really want to be a leader, you need practice the skills integral to being a clinician and a leader ..."Another spoke of self management, "Yes, [the SP exercise] could foster leadership qualities because you're training yourself to be more comfortable in different situations and learning how to manage your own feelings and guide your clients to see
different perspectives and collaborate on plans" and another of self development, "[SPs] definitely can foster leadership. Especially since we were put in groups of four to complete the activity. We were able to learn from each other by watching and giving feedback to our peers."

Although the feelings on the direct relation to leadership were mixed, we feel that many of the comments were directly related to the skills and capabilities intrinsic to leadership as outlined by the Leadersforlife outline of the LEADS framework (2010b). It appears that students were working on fostering their leadership skills without being fully aware of it.

**LEADS: Lessons from the standardized patient exercises**

| L   | Two capabilities outlined in the Lead Self domain of the LEADS framework center on self-awareness and self-management (Leadersforlife, 2010b). Many fellow students spoke of becoming aware of their own emotional response, their impact on the client, and how to manage these while engaging with the client. One student discussed learning about gaining "insight into how [she] made the [SP] feel." SPs provided unique and valuable feedback on the impact of student actions; comments from observers suggested one student looked sad while communicating, but the SP clarified that "[the student was] more matching [his] mood which was helpful." We felt the exercise also served to highlight personal strengths and weaknesses, "holding a mirror up to [our] own skills" one student put it. Further comments spoke to developing the "soft skills" of being a leader, such as being versatile in approach and developing an effective communication style. One key soft skill that was mentioned by many of the students was the development of confidence. One student stated, "just being forced to be put on the spot was very beneficial. It gave me the confidence to know that in the moment, I can deal with situations that I would normally be scared of." This simulation added value above... |
and beyond previous classroom learning, being a "realistic experience to really feel how those skills feel as opposed to thinking about how they might feel ...." These experiences spoke to the personal growth that can be achieved through such exercises.

Leaders are those who are able to communicate effectively and encourage participation from their team (including the client). "[I was able to] utilize my communication skills," started one student, "and be able to change [my] tone of voice to match [the] clients." This emphasis on how a message is communicated emerged more than once, with another commenting, "The appropriateness of the language I was using was a big thing; being in tune with consumer language ... my mental health language." Communication is a "soft skill" specifically highlighted in the LEADS domain of Engage Others (Leadersforlife, 2010b), and was prevalent throughout feedback. This capability to engage in effective communication tied in to the abilities to establish relationships built on trust and encourage development in others. We found that combined feedback from the SP and observers provided a range of different, in-the-moment perspectives, but some students spoke to the educational value of the team even when not in the "hot seat: "Even being an observer was helpful ... more helpful than a video .... [You] get a sense of the mood in the room; watching the other students interact, [it] felt more real - - so quiet – [you] understand the need to be taking it seriously." Overall students appreciated the opportunity and were able to "learn from each other by watching and giving feedback to [their] peers," highlighting how the activity promoted students to foster the development of others, a key capability of leadership (Leadersforlife, 2010b).

Another aspect of LEADS is Achieving Results, and a few comments spoke to achieving results with respect to the capability of Set Direction; this looks at the ability to perform an environmental scan, listening to clients/patients and develop vision and results collaboratively (Leadersforlife, 2010b), which takes a much different form in practice than in theory. One
student commented, "[I learned] to let the patient take the conversation in a direction they wanted to go. I went in with a whole list (script) and the patient didn't even want to go there."

No matter how much we plan, in the moment, collaboration requires us to be flexible to our clients' needs and aspirations. Some students reflected a deep understanding to how this tied into leadership. "[I] learnt about shared leadership ... building a natural back and forth so the person feels like there is a natural conversation with people who have a common goal, which is very much related to the real world."

As we look at this framework, the Develop Coalitions and System Transformation domains look at leadership on a larger scale, beyond the walls of our school. Although at our level, comments were not directly related to these domains, we did find evidence of the exercise helping students identify and develop an appreciation for the principles that fall within these domains. For instance, recognition of the importance of having a clear understand of objectives was evident by" I would have liked to be more prepared ... maybe [I] should have collaborated more with my partner who I went in with and my whole group to discuss what each of us would address ... been a little more prepared." Additionally, the care that goes into selecting partner was apparent: "the group dynamic, with two other people ... [I] didn't find it very helpful, balancing a group dynamic of working with other people that you haven't worked with ...." However, appreciating how differences can be an asset was also evident, "having someone else interview with you was different...but you do get to see how they would handle it, which is sometimes different than your approach ... sometimes better ... it changes how you as a team approach it." As leaders, purposefully building partnerships and networks is key, and an understanding of how we approach collaborations helps us determine the most appropriate style of teamwork in addressing our mutual goals. This was further apparent as one student stated it was helpful "asking questions together, as a team, navigating our leadership roles
who's going to [talk next] ... in terms of your own skills." This recognition can be applied to small group dynamics, but also on a large scale in the near or distant future when we are faced with navigating the socio-political environments we are situated within to enact change at a systems level.

Taking leadership education to the next level

Extended SP exercise: A model advocacy in mental health

Although many of the skills utilized in the SP interaction on Friday were related to leadership, we polled the class to see if they believed having a simulation tailored to the facilitation of leadership skills would be helpful in developing these skills beyond the level of therapist-client interaction. The majority agreed that this would be a valuable experience. Taking this into consideration we brainstormed a few scenarios related to "advocacy," another skill we discuss, but have had limited opportunity to practice; some examples included advocating at rounds, lobbying to policymakers, and approaching an employer on behalf of a client. We chose the latter, with the purpose of the simulation being to facilitate development of leadership skills with a particular focus on mental health. Each student would take on the role of a mental health OT in a return to work program who was advocating to a simulated employer to partner with their program (Appendix A). A pre and post self assessment (Appendix B) would determine the students' perception on how the simulation added to their development of leadership skills. At the end of the exercise students would be asked to reflect on their experience to determine what feelings and insights the experience revealed (Appendix C).

"It could foster leadership qualities because you're training yourself to be more comfortable in different situations and learning how to manage your own feelings and guide your clients to see different perspectives and collaborate on plans."
How does it relate to occupation?

As occupational therapists, we have a strong understanding of the effect of context on occupational performance (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996). We know that a client excelling on a standardized cognitive assessment does not necessarily translate into them being able to plan their day or interact with family (Gillen, 2009). Context is everything. As such whenever possible OTs assess a client at home and if we cannot, we do our best to approximate their natural environment during assessments and interventions. This same principle (of ecological validity) applies to our understanding of the context of simulations.

One of the biggest limitations to using SPs is financial barriers. Another more economical method of simulation commonly used in our program is role playing. This approach, however, is often met with hesitation and resistance from our class, and in relation to leadership development, all students rated role playing as either 'not' or 'only somewhat' enhancing their abilities to become a leader. Many of our classmates stated that their resistance to engage in role play was related to not knowing how to respond as the client, feeling fake, contrived or awkward: "we don't want to be stereotyping and we don't want to wrongly portray things." Another factor was related to oven familiarity with peers: "Role play is fake or it's hard to fake it? When you put an actor in front of me, I can pretend it's a real situation and handle it like they are my client ... if it's a friend, there's only so much between the client and me that you could fake." Conversely, although many acknowledged it was a safe environment, all responses about the SP experience spoke to how real the situation felt, how it put them "on the spot," how it forced them to get "out of their comfort zone:" "So evident that as soon as the person isn't your friend and not going to break character (like a real client), [it is a] pretty realistic space to be working in ... people on the side were really blocked out; no matter how long I sit in silence, they aren't going to come out of character."
We can reflect on these responses from an occupational perspective, which suggests that a key difference in the two approaches to simulation was the difference in context. From our understanding of the transactional relationships determining occupational performance, we find it apparent that the social environment - the fellow classmate vs. a simulated patient - is a key determinant in students' occupational performance. We find it so difficult to get into the character, that we cannot complete a context that approximates a clinical situation. How can we optimize our occupational performance in interviewing a client, if what we are really doing is interviewing our friend? From our knowledge of occupation, we also understand that engagement within an activity is key to getting the most out of the experience. People will generally engage learn more during exercises they are motivated to be part of (Polatajko, Davis, Cantin, Claire- Jehanne, & Trentham, 2007). Although our survey and interviews were not conducted in a true experimental nature, the results indicate individual enjoyed and are better able to engage in the SP experience (compared to other methods like role play); this suggests that this modality may be one of the more effective ways to teach leadership skills like communication and build confidence in an approach. As one student so aptly put, "It gave me the confidence to know that in the moment, I can deal with situations that I would normally be scare of." But our understanding of occupation goes beyond the analysis of different methods of training students leaders.

Leadership in mental health occupational therapy needs to be based in a firm understanding of occupation. Occupation is our domain of practice (Polatajko, Davis, Stewart, Cantin, Amoroso, Purdie, & Zimmerman, 2007) and many of the goals we will create and challenges we will face will center around a client's occupations. As well as empowering and teaching our clients leadership strategies to advocate for themselves – which itself fits with our understanding of leadership – we may need to advocate on behalf of clients to improve opportunities for occupation and engagement. This may take the form of speaking with an employer to discuss accommodations for a specific
client, or partnering with policy makers to advocate to increase funding for the development of more community based mental health services.

We look at disability from the model of social disability, where it is features of society that create barriers to participation (Barnes, Mercer, & Shakespeare, 2010). In discussions of how we can adopt a leadership role in changing the system, some suggest that we share information and provide resources to key stakeholders (Dickinson, 2007). Our understanding of occupation informs our initiatives, what information we share, what resources we provide and, how we envision an inclusive and just society. We understand that although everyone has an equal right to participate in occupations, different individuals may need to be given different opportunities to participate in occupations (Stadnyk, Townsend, & Wilcock, 2010). And when we are challenged, a firm grasp of occupational rights and justice will provide the content supporting the voice for change:

"I personally find confidence when I know what I'm talking about. I can interact and enable my client best when I understand that each individual has a right to unique occupations. I can clearly advocate when I can break down the client's performance and go to the employer with what types of modifications need to be in place and the evidence to support these."

This understanding of occupation comes from and supports our occupational outlook on the world. Our understanding of occupation brings awareness, it provides us with our argument, and it gives us inspiration to be the driving force of change in the world.

**Situating Our Topic in the Continuums of Mental Health and Leadership**

The nature of our paper is such that it addresses leadership in the context of occupational therapy as a whole. We have discussed SP exercises as a valuable tool for contributing to leadership development, and indicated ways in which this tool can be structured within the context of mental health practice.
Conclusion

The SP experience integrated within the occupational therapy program adds an opportunity to practice our soft skills - skills which act as a vehicle to share our visions with the world. With the use of SPs and other simulations, we are afforded the opportunity to grapple with issues and work our way through them, developing skills that are key for leadership. The value of the SP is in the experience of working with the patient. These opportunities allow us to challenge our abilities and the many beliefs and feeling that engaging in this process can invoke. These experiences impact our development and growth as future clinicians, not only in terms of imparting skills, but by also promoting confidence in the delivery of these skills which edges us ever closer to our potential to become OT leaders in mental health.

"I feel that really fuelled my confidence to become a leader. You can't become a leader if you don't have confidence."

Some Final Words...

As this compendium demonstrates, occupational therapy students are budding visionaries equipped with knowledge, dreams and a fresh outlook on mental health and the healthcare system. We are standing on the doorstep of our future, our arms full of inspiration, justice, and proposals for change. Leadership begins with envisioning change, but translating this change into reality takes more than a dream. As so many of the students we interviewed said, working with simulated patients goes beyond the "what" to do and focuses on the "how" to do it. Leadership will naturally develop with experience, but this takes time. But maybe opportunities like engaging with an SP push us just a little bit further along in our development as leaders of tomorrow. Imagine if, instead of hesitating at that metaphorical threshold, we are filled with confidence – equipped with our OT toolbox filled with communication skills, empathy, a collaborative approach, and our advocacy hat – ready to take a bold step out into the unknown to change the world.
Appendix A

Handout for the OT Students

*This exercise will be adding on to the case on Ronald (with a new goal of finding a part time job) already used within the OCT1262 curriculum.

The purpose of this simulation is to facilitate the development of leadership skills with a particular focus on mental health. You are an OT working in the return to work program at CAMH. Sometimes, as part of your job, you contact employers to determine their willingness to hire your clients. You have been working with Ronald, now an outpatient, for the past month, and know that as a former math and science teacher, he has a relatively good understanding of health and safety (e.g. the impact of stress and strain on the body, safe practices). He was referred to your service because he expressed interest in taking on some part time work. He finds that he is less anxious during the days where he is busier and that he misses having structure to his life.

Ronald was discharged four months ago, and is still having some difficulty motivating himself. He is presently taking care of his BADLs relatively well, and the memory techniques the OT set up for him on the inpatient unit have lessened his anxiety. He still presents with physical symptoms of anxiety when he cannot remember things and when he is around large groups of people he does not know. Although this is the case, Ronald has told you he really wants to work in a setting with other people, but just does not want to deal with customers. You helped him set up two interviews earlier in the month, but he cancelled at the last minute because he said he felt sick.

Ronald has been working with the community OT around his anxiety, and just yesterday he brought in an ad from a local newspaper. The job posted was for a part time Safety-Officer for a local factory, beginning in two weeks.
You will be paired up with one simulated employer, Mr. David Jones. You will be approaching Mr. Jones to determine if he is open to interviewing and potentially hiring one of the clients from the program (Ronald) for the position of Safety Officer.
Handout for the Simulated Employer (SE)

Name: Mr. David Jones

Age: 47

Your family situation

You are married with two older children. You have been married to wife June, 51 years of age, for the past fifteen years. She worked full time as a dental assistant until two years ago and is now retired and an active member of the community. Your two step sons, Jake and Martin, are 20 and 18, respectively. You are helping support Jake through his second year of architecture at a top-notch school in New York state, and Martin will be attending college for broadcasting in the fall. You live a relatively comfortable life, but are very conscious of your budget with a second child going out of town to school in the fall.

Your experience with the mental health system

You know your wife had experienced post-partum depression after her first pregnancy, but in general, you have minimal experience with anyone living with a mental health diagnosis. You assume that when people get depressed or have nervous breakdowns they go to an institution until the medications start kicking in and then they return home. You're not really sure how stable they are when they return home or if the 'episodes' can randomly reoccur.

Your working environment

You work as manager at a mid-sized distribution centre for a local grocery chain. You have about 30 employees working under you and have been in charge for the past ten years. You work approximately 50-60 hours a week and are always available via blackberry to deal with situations should they arise when you are not in the office. You are punctual, self-directed, and take care of issues as they arise.

You pride yourself on being a very good employer. You take care to make sure your warehouse is always up to safety standards and have been generous in giving extra time off when
your workers are injured off the job, having family crises, or need to "sort some stuff out." You respect their privacy and never ask about their personal lives because you don't really want to know and feel that, quite honestly, they probably don't want to tell you anyway. You've even had special equipment ordered that was "ergonomic" to ensure the safety of your workers.

You put out an ad three days ago for the position of Safety Officer, a part time job.

The current meeting

Your secretary has set up a meeting with an occupational therapist to discuss this job opening for a client. You are not really sure why an occupational therapist is doing this because you've only ever dealt with individual applicants or recruitment agents before. You have had one experience with occupational therapy. You remember that when your brother had to have knee replacement surgery, an OT came in to give him a bath seat and stuff like that. As far as you know, occupational therapists have nothing to do with employment.
Some potential situations that would be discussed in the SE training:

- When the student states they from the CAMH return to work program, say "oh we're not hiring right now". When they ask about the job ad, admit that you haven't filled the position, but try to include something such as: "...but if they have a mental disorder, are they stable? Can they really actually work?"

- If the OT brings up a client they have in mind, you can ask them questions related to whether they would be a good hire (e.g. What did they do previously? Why did they stop working? When was their last job? Do they have references?)

- If the student uses "occupation" to refer to something other than a job or their own job title, or just uses it vaguely, assume that they mean a job and question them if it doesn't make sense in the context
  - E.g. OT: "I enable people to participate in occupations" ... David: "You help people get jobs? I guess that explains why you are here, I thought you gave out bath seats and stuff like that, not help people get jobs"

- If you are unclear about any of the language the student is using, ask them to clarify.

- If the student brings up a policy related to accommodations in the workforce or discrimination in hiring practices, you will become somewhat defensive and slightly aggravated (based on how much you feel they are accusing you). Respond with "Of course I take care of my workers. Some things just can't be "accommodated for," or something along those lines."
Appendix B

Self-Assessment

This assessment will be completed before and after engaging in the simulation

1) I am aware of the emotions I may feel when advocating with or on behalf of a client with a mental illness

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

2) I am aware of areas I need to develop to improve my ability to be a leader in OT mental health

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

3) I understand the emotions a client with a mental illness feels when going through the process of trying to find a job

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

4) I am comfortable/confident with my ability to communicate when advocating with or for clients with a mental illness

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

5) I feel confident in my ability to adapt my approach based on the response of my audience

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

6) I feel prepared to address conflict or disagreement when it arises

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

7) I am able to handle conflict in a sensitive and effective manner

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree

8) I am aware (have a good understanding) of how I can take on a leadership role as an OT working in the mental health sector

   Strongly disagree  Disagree  Neutral  Agree  Strongly agree
9) I feel comfortable/prepared to advocate with or on behalf of a client with a mental illness

   - Strongly disagree
   - Disagree
   - Neutral
   - Agree
   - Strongly agree

10) I feel this exercise contributed to my development as a leader in mental health

    - Strongly disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly agree
Appendix C

Reflection Exercise

Reflect on your experience as being a mental health OT trying to advocate for your client to get a job at a factory. Consider the feelings this experience invoked and how these may have affected your ability to advocate. What did you learn about your own communication skills and your ability to handle any conflicts that arose? Consider how you could have communicated differently? Did this experience offer any insights into the role and contributions of OT in mental health? Did you make any self-discoveries about how equipped you feel to function in a setting such as this? How prepared/comfortable do you feel to address these situations in the future? What did this experience teach you about your understanding of leadership in OT?
References


