Evaluation of a Coaching Experiential Learning Project on OT Student Abilities and Perceptions

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Abstract

Innovative teaching methods to address emerging practice needs are critical components of effective occupational therapy education. Experiential learning strategies can enhance skill development and translation of knowledge into OT clinical practice. In addition, skills such as coaching may provide important links to health promotion practices. Thirty-two occupational therapy students took part in an experiential project to connect occupational engagement and health for a community of older adults. A pretest/posttest design was used to evaluate program outcomes in student perceived abilities, and narrative reflection papers provided postexperience qualitative information. The students improved in all 10 areas of abilities self-assessment with mean total scores from pretest (M = 42) improving significantly at posttest (M = 58). Themes from reflection papers indicated a positive response to experiential learning and a desire for more opportunities to prepare for clinical practice, including the use of interprofessional training. The students improved in their abilities to use coaching and health promotion strategies through the use of experiential learning methods. Outcomes suggest that experiential learning opportunities are an effective way to enhance student competencies in coaching, improve readiness for wellness programming, and increase student confidence in application of skills in future clinical practice.

Keywords

health promotion, lifestyle management, occupational therapy education, prevention services

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Credentials Display

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Throughout the long history of occupational therapy (OT), the profession's core beliefs have supported health promotion and wellness (Hildenbrand & Lamb, 2013). Today, the profession is armed with strong women and men ready to listen carefully to the core beliefs of our past and ready to voice these values in the present. Ann Grady (1995) stated, "The promise of occupational therapy lies in our ability to continuously combine the mandates put forth in the early tenets of our discipline with our constantly changing practice" (p. 307). By taking a look back, the profession can ground itself in stability, as once again changes in health care create new educational demands and practice opportunities. In order to create a workforce ready to meet these demands and explore these opportunities, OT education needs to respond with substantiated outcomes. Coaching is a specific entry-level skill noted in the profession's *Blueprint for Entry-Level Education* (American Occupational Therapy Association [AOTA], 2010), a document outlining content knowledge for current and emerging practice preparation. This project demonstrates the implementation of a coaching experiential learning project to prepare OT students to position themselves as unique, occupationally focused team members in health care reform efforts to promote preventive services.

Literature Review

Health care changes are demanding a shift in practice and a focus on preventive care and healthy aging (National Prevention Council, 2011). The *National Prevention Strategy: America's Plan for Better Health and Wellness* (2011) outlines the objectives for empowering individuals, creating healthier communities, and establishing services for disease prevention. In summary, the goal of this initiative is to "increase the number of Americans who are healthy at every stage of life" (National Prevention Council, 2011, p. 3). Berwick, Nolan, and Whittington (2008), from the Institute for Health Care Improvement, defined a framework entitled the Triple Aim to improve the provision of health care services. In general, these aims suggest a need for improved patient care, improved population health, and reduced costs. The implementation of the Triple Aim initiative, however, will require a new look at health promotion and the provision of these services.

The current political climate is mandating that health care professionals develop preventive services, which may present as an "open window of opportunity" for the OT profession (Hildenbrand & Lamb, 2013, p. 270). Daily activities and habits contribute to health at every stage of life. While working adults may be experiencing the stress of multiple roles and responsibilities, the older adult population is experiencing health problems due to a loss of leisure competence and occupational roles (Chang & Yu, 2013). The number of adults over 65 years of age is expected to double by 2026, and a major concern is the increased demand for health care among this population (Wilson & Palha, 2007). A change in performance patterns or occupational deprivation may put some older individuals at risk for stress and associated illnesses. OT addresses the roles and patterns of daily life, and educators should leverage this expertise to educate students and create a workforce ready to address the health and

participation needs of society, including the specific needs of our aging population.

OT in Health Promotion

AOTA updated a position statement in 2008 titled *Occupational Therapy's Role in Health Promotion and Disease Prevention*. This statement advocates for wellness programming and defines the specific ways in which practitioners might provide these services. According to Filiatrault and Richard (2005), OT "could play a larger role on the side of prevention . . . not only to consumers of home care, but also to the entire population of a community, whether that is high-risk groups or healthy individuals" (p. 47). Radomski (2011) suggested that OT focus on adherence with lifestyle changes as a way to impact sustainable change, both on a direct service level and on a societal level. She commented that many of the health challenges we face as a society are a result of "people's inability to stick with health-promoting lifestyle changes even when they know better" (p. 475).

The role of OT in health promotion is well supported in the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014) and in the professional literature. Educational standards are proposed for the instruction of wellness and prevention knowledge in entry-level education (Accreditation Council for Occupational Therapy Education, 2012). However, there is limited information on whether this knowledge is being adequately translated into skills for clinical practice. Workforce trends indicate only 4.3% of clinicians work in community settings (AOTA, n.d.). Serwe and Schultz (2014) suggested fieldwork opportunities as a way to enhance student readiness

to take on the challenges of prevention services. In summary, in order to serve our clients and our society more effectively, OT educators must continue to create innovative educational models to develop a workforce ready and able to address health and wellness needs.

Coaching

Lifestyle change and adherence to professional recommendations may be the foundation of preventive care (Radomski, 2011). Coaching for lifestyle change is supported by the literature as a strategy to enhance health promotion programming and improve participation and health. Professional coaching is the process of engaging individuals in talk-based sessions in order to help them make changes in their daily activity patterns (Heinz & Pentland, 2009). The coach serves as the motivator, guide, and support to help people achieve their goals for healthier living. The literature presents emerging evidence for the use of coaching as an effective intervention for stress and associated illness, with the potential for application to an aging population. The evidence is inconsistent for the treatment fidelity of coaching as intervention; however, several key program themes emerge as consistent aspects of effective programming and the evidence-based use of coaching in the promotion of health. The themes are the use of a positive psychology approach to facilitate change, individualized goal setting, and use of a client-centered approach. These themes have been found to be effective coaching tools in creating positive health outcomes, and these strategies align with OT practice (AOTA, 2014).

Evidence shows that using a positive psychology approach to coaching interventions is an important feature of effective coaching programs. Solution-focused coaching uses a positive strengths approach to problem solving and goal setting (Grant, 2012; Green, Grant, & Rynsaardt, 2007). Researchers have focused on the solution to a self-selected problem, rather than the problem itself. Positive motivation and self-management are key to this type of programming. Several studies demonstrated the efficacy of motivational interviewing as a positive psychology approach to promote goal achievement (Butterworth, Linden, McClay, & Leo, 2006) and define it as a strategy focused on collaboration around a central goal in order to coach a client toward lifestyle change (Olsen & Nesbitt, 2010).

Individualized goal setting also emerged as a common thread to facilitate healthy living, and researchers found coaching programs that used solution-focused goal setting were able to achieve positive health outcomes and facilitate adherence and goal attainment (Graham, Rodger, & Ziviani, 2013; Grant, Curtanye, & Burton, 2009; Hebden, Chey, & Allman-Farinelli, 2012). In a randomized control trial, Grant et al. (2009) supported the use of value-centered goal setting to improve goal attainment, cognitive hardiness, and workplace well-being. The OT literature shows that using the therapist as coach was an effective way to assist mothers in valued goal setting, and the outcomes showed a positive impact on child performance and parenting perceptions (Graham et al., 2013). The recent work of Hilton, Ackermann, and Smith (2011) is also occupationally based. This study looked at

coaching efficacy to determine supports and barriers of goal setting and adherence. The findings suggested that having a mentor or coach and general peer support from others were positive ways to sustain goal-oriented behavior.

Finally, evidence suggests the use of a client-centered approach in coaching individuals toward lifestyle change. Recommendations from this evidence include the use of client-centered, one-on-one coaching sessions; personal support; and follow-up coaching by clinicians to achieve positive outcomes in health behavior changes (Giuseffi et al., 2011; Grant et al., 2009). The national guideline *Healthy Lifestyles*, from the Institute for Clinical Systems Improvement (2011), provides the recommendation that collaborative decision making will help to motivate individuals in making and sustaining changes to lifestyle behaviors. Coaching is effective when instituted one-on-one and may be combined with traditional therapeutic tools, like biofeedback, to enhance effectiveness (Kiffer & McKee, 2007).

These three coaching themes align with OT as foundational tools in clinical practice; however, they may not be adequately addressed in the OT curricula or applied in clinical practice. There is a gap between the national and professional initiatives for health care reform and the OT profile of national practice. According to an AOTA workforce survey, the majority of occupational therapists are employed in long-term care, hospitals, and schools (AOTA, n.d.). The skills of managing lifestyle behaviors and daily occupations are the tools of coaching and the tools of occupational therapists (Brachtesende, 2005). This implies that the

profession is well prepared to use coaching as a strategy to enhance interventions in the promotion of health for individuals, and that this process may be specifically applied to a population of older adults experiencing a transition of habits and routines.

Experiential Learning

Health professional andragogy demands creating student competency in current techniques while developing the clinical reasoning tools needed to advance practice into the future. OT is grounded in the concepts of engagement to facilitate performance skills, and it is from this perspective that health professionals should approach the educational model for students. How best can educators facilitate a translation of OT knowledge into clinical practice to address population health needs? Learning theory provides a link between occupational engagement and successful student outcomes through experiential learning strategies. Kolb (1984) defines experiential learning as a continuous cyclical process "whereby knowledge is created through the transformation of experience" (p. 41). Kolb's model suggests a four-stage cyclical process that includes concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb, 1984). With regard to academia, the student learner actively experiences learning by putting knowledge into action. The learner then reflects on the experience and generates concepts to inform future action. The final component is experimentation, where the new knowledge is applied to planning. The process is ongoing and represents an effective way to

construct knowledge and provide a path to translation into clinical practice.

Law (2010) supports learning by doing as she connects Kolb's work to the nature of OT practice:

> In education, we speak with student occupational therapists about lifelong learning. Yet we have not integrated this process into the creation, transfer and use of knowledge in our discipline. Occupational therapy values participation in meaningful occupation. Should we not focus on the experiential characteristics or the 'doing' of the learning process? (p. 15)

Additional evidence supports the use of experiential service-learning activities, specifically in OT training, as a cost-effective method of increasing student learning outcomes while supporting the Centennial Vision of the profession (Horowitz, 2012). In a study of experiential learning opportunities, results indicated that this is an effective method to enhance the understanding and application of OT knowledge in clinical practice (Knecht-Sabres, 2013). The authors suggested "additional experiential learning opportunities would serve to help 'bridge the gap' between academia and clinical practice" (Knecht-Sabres, 2013, p. 32). Supported by the evidence, the purpose of this article and study was to create a link between the coaching skills needed for emerging practice in health promotion and the

effectiveness of experiential teaching methods for OT students.

Methods

Participants

Thirty-two second year Master of Occupational Therapy (MOT) students who were enrolled in an established health promotion and wellness course at a Midwestern university participated in the project. All of the students were required to complete the course projects and assignments; however, allowing the use of course materials as data collection for this project was voluntary and confidential. The students were asked to complete a consent form on the first day of the semester to indicate their desire to participate in the research portion of the course experience by allowing the primary investigator, who was also the course instructor, access to survey responses and course reflection materials. In order to eliminate any chance of instructor bias, all consent forms were sealed and held until fall semester grades for this course were submitted to the university registrar. The aim of the work was identified as an attempt to better understand the impact of both an innovative education model and teaching methods on student learning and future practice.

Course Enhancement

Lifestyle Redesign (Clark et al., 2015) is an evidence-based program that can act as a scaffold to the development of health promotion programs intended to improve the health and quality of life in older adults. This program consists of a series of 12 modules related to aging, health, transportation, relationships, home and community safety, and community exploration. In general, the program is designed to inform older adults of the impact of activity performance on health. The current health promotion course was enhanced with the addition of three modules as an evidence-based approach to health and quality of life for older adults. These modules represent three content units focused on programming to increase older adult participation in meaningful activities.

In addition, course content was enhanced as the students were introduced to coaching-specific theory, principles, and strategies to promote healthy changes in occupational participation patterns. For example, coaching activities for values clarification, solution-focused goal setting, social circles of influence, and the use of powerful open-ended questions, were intervention tools that the students learned and applied to a community-based coaching relationship. Coaching tools were used with permission granted from Learning Journeys: The International Center of Coaching (www.learningjourneys.net).

Experiential Project

A 5-week health promotion program was developed for implementation at a local church community serving an independently living, well elderly population. Older adult parishioners, 65 years of age and older, were recruited for the program. Group presentations were prepared based on the three modules of the *Lifestyle Redesign* program (Clark et al., 2015), and eight OT students led each group. All of the older adult participants took part in the group presentations. Following each full group session, two MOT students paired up with a single older adult to provide individualized coaching on site.

In the first group module, titled Occupation, Health, and Aging, the older adults were introduced to the concepts of occupational roles and patterns and asked to reflect on how they were experiencing their daily activities. They were given an opportunity to meet with student coaches to outline an occupational profile and complete a values clarification exercise to allow for reflection on current patterns and desired patterns of engagement. In the second group module, titled Health through Occupation: Physical and Mental Activity, the older adults were asked to reflect on the link between activity and health. They were given an opportunity to meet with student coaches to create a plan for any areas that they would like to address in order to improve or maintain participation in the community. In the third group module, titled Relationships and Occupation, the older adults were encouraged to discuss how relationships impact health and our ability to stay active. Following this group session, the students provided an activity to help the older adults understand the presence of barriers and supports in their daily lives. The final 2 weeks of the project consisted of the students providing the older adults with individual coaching sessions over the phone or electronically, as determined by the older adult. These individual sessions were held once each week and the student coaching focused on the environmental context of change and progression toward the participant's goals. Outlines of suggested coaching content were provided to guide the sessions. The students were required to document field notes for each group and the individual sessions as structured self-reflection

journal entries, addressing each stage of the learning cycle: experience, reflection, summary, and plan.

Instrumentation

The Student Abilities Self-Assessment survey, a student pre-post experience instrument, was created to assess the students' perceived abilities. This survey was modeled after the essential OT competency evaluation developed by Knecht-Sabres (2013). The survey consisted of a 10-item questionnaire using a 7-point Likert scale. Scores range from 1 (*unable to perform a task*) to 7 (*I think I perform that very well*). Total score range was from 10 to 70. Survey questions were created from the course learning outcomes to reflect basic competencies related to the content of this project: health promotion programming and coaching strategies for evaluation and intervention. A copy of this survey is included in the Appendix. A final student reflection assignment was developed to provide a series of open-ended questions for student summary, reflection, and application of experiential learning.

Procedures

The students participated in a health promotion course and a five-week experiential learning project during the fall 2014 semester. All of the students were asked to complete pre-post course surveys evaluating their abilities related to health promotion and coaching skills. This information was used for course evaluation. Only those students who consented to allow their course materials to be used for research purposes were included in the quantitative data analysis of skill development and competencies. All of the students were asked to submit the final reflection summary

on the experiential project as part of the course requirements. For those consenting to participate in the research, the final reflection summary was used as data for qualitative analysis of learning themes and perceptions of the experience.

Data Analysis

Quantitative. Thirty-two students completed the Student Abilities Self-Assessment pretest and posttest pairs. Quantitative data for the students' responses on the skills self-assessment form were analyzed using SPSS (Version 19.0). The mean, standard deviation, and range were calculated for all 10 items using scores from the 7-point Likert scale. A paired sample t-test was used to test differences between preexperience and postexperience mean scores. The level of significance for each analysis was set at $p \leq 0.05$.

Qualitative. Final reflection summaries were collected at the end of the experiential project.

Thirty-two students submitted narrative information for qualitative analysis. The primary investigator performed a thematic analysis. Themes were identified with manual coding and validated with word frequencies using Nvivo software. Relevant passages from the students' narratives were collected using text search inquiries.

Results

Thirty-two second year MOT students participated in the project. The ages of the students ranged from 21 to 36 years (M = 24). Five males and 27 females participated.

Student Abilities Self-Assessment Survey

Quantitative data was collected from the Student Abilities Self-Assessment survey (see Appendix). Figure 1 shows the total mean scores for preexperience and postexperience for the 10 items on the survey.
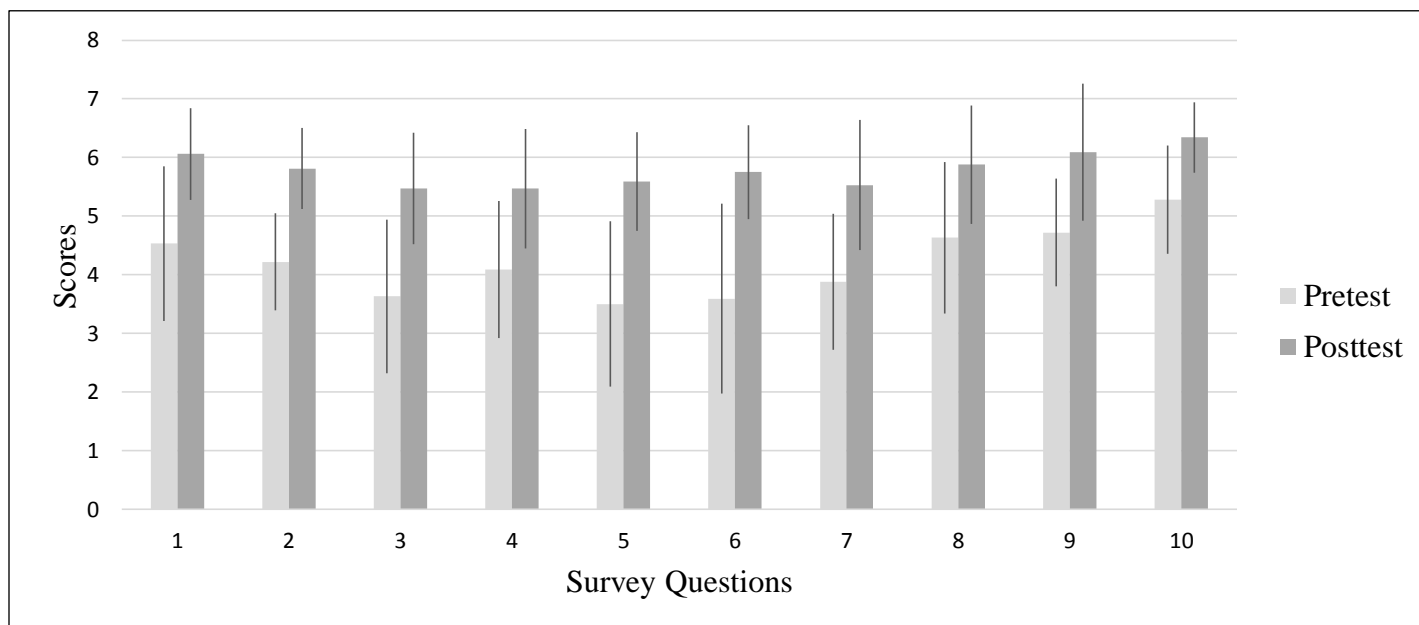

Figure 1. Paired mean scores on the Student Abilities Self-Assessment survey. N = 32. Horizontal axis represents questions from the survey (see Appendix). Error bars indicate ± one SD.

Table 1 shows the specific results for individual items on the Student Abilities Self-Assessment survey. Descriptive statistics for each question are shown. A paired-samples t-test was conducted to compare the change in mean scores for each question. The results indicate that the mean scores for each of the 10 questions were significantly greater at the postexperience (Time 2)

than at the preexperience of the experiential learning project (Time 1). The greatest improvements were demonstrated in the areas of use of coaching tools and use of coaching as intervention. These areas showed a 2-point change in mean scores of perceived abilities from pretest to posttest (M = 2.09 and M = 2.16, respectively).

Table 1

Paired Differences for Individual Items on Student Abilities Self-Assessment Survey

	Survey Questions	Time 1		Time 2				
		M	SD	M	SD	Change	t-value	Sig. (2-tailed)
Pair 1	Values	4.53	1.32	6.06	.76	1.53	5.77	.000
Pair 2	Goal setting	4.22	.83	5.81	.69	1.59	9.21	.000
Pair 3	MI	3.63	1.31	5.47	.95	1.84	7.75	.000
Pair 4	Powerful questioning	4.09	1.17	5.47	1.02	1.38	6.28	.000
Pair 5	Coaching strategies	3.50	1.41	5.59	.84	2.09	8.76	.000
Pair 6	Coaching intervention	3.59	1.62	5.75	.80	2.16	7.88	.000
Pair 7	Readiness to change	3.88	1.16	5.53	1.11	1.66	7.59	.000
Pair 8	Barriers	4.63	1.29	5.88	1.01	1.25	5.00	.000
Pair 9	Supports	4.72	.92	6.09	1.17	1.38	7.27	.000
Pair 10	Ethics	5.28	.92	6.34	.60	1.06	5.75	.000

Note. N = 32 and significance level set as *p < .05; MI = motivational interviewing

A paired-samples t-test was conducted to evaluate differences in total Student Abilities Self-Assessment survey scores over two testing periods. The results indicated that the mean total scores for abilities at the end of the teaching intervention (M = 58, SD = 6.44) were significantly greater than the mean total scores at the start of the course (M = 42.06, SD = 8.60). This outcome was statistically significant: t(31) = 11.259; p= .000. These outcomes represent a significant improvement in the

students' perceived abilities following coursework and experiential learning.

Student Reflection Narratives

Each of the five open-ended questions was analyzed separately and the outcomes were grouped according to general themes with branch categories and specific quotations from the students as supporting evidence. Table 2 includes themes for each question on the reflection assignment, categories that emerged in each theme, and examples of the students' comments.

Table 2

Qualitative Outcomes from Reflection Narratives

Question	Themes	Categories	Exemplar Statements
Do you feel like this was a successful coaching experience? What have you learned about coaching as a process for health lifestyle change?	Successful learning	Co-learning Intergenerational relationships Equal investment	*"On both sides of the coaching experience much was gained." "I believe this was a successful coaching experience because I learned from my client and he was able to learn from me."*
	Power of listening	Active listening Reflective listening	*"One of the most valued lessons I have learned throughout this experience is that sometimes all someone needs is a friend to listen."*
	Empowerment	Strengths perspective Students empowered to practice what we preach	*"Coaching is a great process...really helped my client realize how blessed she is in many areas." "May we be the example of what a healthy, well-balanced life is, may our example empower others to pursue it, and may our professional skills assist them."*
What were the barriers you encountered in this experience?	Healthy older adults from the parish	Decreased need; active lives; decreased motivation to change; difficult to coach	*"It appears that our client doesn't have anything in life he wants to accomplish that he isn't already doing...he reports being quite content with his life and very blessed!"*
	Need more time to practice	More MI; more coaching skills; more viewing instructor role play; strategies to redirect talkers	*"We had to work on how to word things and how to get done what we wanted to get done." "I struggled with MI but as the sessions progressed I got the hang of it."*
	Structure of work	5 weeks; 45 minute sessions; outline of activity choices; client readiness (not project outline) dictates how and when to move on	*"I found it difficult to get things done AND allow the client to lead!" "I think time was a barrier for us. My client just started becoming comfortable sharing personal information at week 4 and 5."*
What were the supports that made this successful?	Teamwork	Partner in coaching Comfortable process	*"Having a partner in this process gave me someone to bounce ideas off and gave me a different perspective."*
	Instructor	Weekly feedback Class resources	*"The course instructor was very active in how the coaching was going for us – she gave us advice and recommendations all throughout the process."*
	Structure of work	5 weeks; 45 minute sessions; outline of activity choices; group sessions to start weekly interactions	*"The weekly structure was comforting. Even when it did not all go as planned, we always had a place to start." "The group sessions were a great way to introduce a concept and start our coaching conversations."*

	Positive attitude of community	Very open; talkative; motivated	*"We were blessed to have awesome clients. We thought we were helping them, when all along they were helping us and being supportive."*
	Environment to support fellowship	Open space; meal shared together; prayer to start sessions	*"I really enjoyed the fact that we gathered as a group and had a meal together." "I think this created an atmosphere of comfort and community."*
How is coaching like the OT process and what is an example of use in future practice?	Coaching parallels OT process	Interview/rapport; evaluation tools for data collection; goal setting; and intervention	*"Coaching can be made to follow OT process: there is the stage of getting to know the person (occupational profile); identifying values, occupations, supports and barriers (assessment and evaluation); develop goals and implement them via lifestyle changes, compensation and adaptation (intervention); and finally following up on the client's progress…to refine interventions according to the client's needs."*
	Client centered OT practice	Listening; MI approach; individualized goal setting	*"When the individual is in charge…it can impact how they create goals and how they follow through with their desired change."*
What are suggestions for educational methods to increase your readiness to take on health, wellness services?	More practice	Role plays; mock interviews; case studies	*"Learning about the techniques is a good foundation, but seeing in it action was the most helpful."*
	Experiential learning	Hands-on learning effective; "realistic" learning helpful; community application	*"The best way for me to learn is hands-on because you are able to get more out of an experience than reading about it…"*
	Implement in traditional practice settings	Demonstrate use in current practice areas. Work with more "at risk" clients	*"I think it would be beneficial now to have another coaching experience in the community…or to have a FW assignment…all so I can feel ready to use it in my future practice as an OT."*
	Interprofessional training	Teamwork with others. Pro bono clinic	*"Experience this project working with a team composed of nurses and PA's?"*

Note: Thematic analysis performed with manual coding and supported with Nvivo software.

Several important themes emerged from the open-ended questions in the students' reflections. It was reported that successful learning occurred through application of coaching strategies and through mutual empowerment between the students and the older adults. Empowerment was seen as the use of a strengths perspective with the older adults and motivation for the students themselves to embrace healthy living. The students commented that coaching, as a client-led practice skill, allowed them to experience the power of listening. This involved the use of skills for active and reflective listening. Co-learning and intergenerational learning were also prominent themes in student

success. The students reported a sense of "equal investment" between generations, which included both teaching and learning from this community of older adults.

The students' suggestions for future learning included additional practice in coaching and application of coaching strategies in a variety of settings. Some of the ideas presented to create additional readiness for the community project were practice with mock role-plays and video transcript analysis. The students commented that they would like to have more hands-on experiences with coaching in traditional practice settings and with populations with increased need. Themes from question five reflect the students' self-assessment of their readiness to apply coaching strategies in clinical practice. These qualitative outcomes indicate an appreciation for this type of learning and a desire for additional experiential learning opportunities.

In order to learn from our work as educators, it is important to review the supports and barriers to a project in order to inform future efforts. The students reported supportive aspects of the experiential project and coursework, which were identified as the group activities prior to coaching, the use of student coaching partners, the positivity of the community, and class structure and resources. Barriers to student learning were identified as the overall health of the community, which made it difficult to identify a need for change; the time constraints of the project; and the email electronic coaching portion of the experience. The students, in general, preferred face-to-face interactions and found it difficult to translate coaching strategies to

an email format. Overall, the results indicated that the students' perceptions and abilities were impacted in a positive way by the experiential learning project involved in this course. Both quantitative and qualitative data support successful student learning and improved skills at the conclusion of the course and experiential project.

Discussion

The objective of this project was to expand student experiential learning opportunities with the use of evidence-based health promotion programming, enhanced with the introduction of coaching strategies. The need for this preparation is supported by the literature, which calls for OT professionals to define and expand a role in health prevention (Hildebrand & Lamb, 2013). Changes in the mean scores on the Student Abilities Self-Assessment Scale indicated a significant growth in the students' abilities to provide coaching strategies following the experience. This supports the use of innovative teaching methods in order to prepare OT students for future practice. The importance of skill building is a critical component of OT education, and this project illustrated how the students applied newly learned coaching skills in real life situations. The translation of skills to OT practice is a process discussed by Coker (2010) and Knecht-Sabres (2013). The authors emphasized that skill building should involve experiential learning as an effective method to "bridge the gap between academia and clinical practice" (Knecht-Sabres, 2013, p. 32) and "foster the skills needed for students to successfully enter today's healthcare environment" (Coker, 2010, p. 285).

The outcomes of this project indicate that the use of health promotion educational content enhanced with coaching strategies and experiential teaching methods can positively impact student learning outcomes. This innovative educational approach was shown to prepare students for application of preventive service interventions for older adults in community practice. This is an important contribution to the evidence to support OT education in health promotion programming and experiential learning, and suggests that coaching strategies, used in conjunction with evidence-based interventions, may assist older adults in lifestyle change to positively impact their health.

Limitations

Several limitations occurred in the preparation and implementation of this project. The project time frame was bound by the academic semester and may have limited the ability of the students to connect fully with the community before the experiential project. Strategies to improve this outcome might include introduction of the didactic content of motivational interviewing and coaching strategies in prior academic semesters for provision of a developmental process that would lead to community practice application. Another limitation is the recruitment of individuals for health promotion programming. The overall health of the older adults presented as a common barrier to the students in the coaching process, as the students found participants reported minimal desire for lifestyle change.

Implications for Future Research

Future research might include the application of similar community experiential projects with a variety of populations seeking lifestyle change to impact health, including at-risk populations for chronic disease, populations with low access to health promotion services, and well groups of individuals who are exploring maintenance of healthy lifestyles. In addition, work in this area might be explored as interprofessional education, incorporating a team approach to teaching and community application. Future research will need to follow these student learners as they transition into professional practice to document the long-term outcomes of this type of learning. The anticipated result would be increased participation and delivery of effective OT prevention services meeting societal needs.

Conclusion

It is apparent that experiential learning can assist OT graduates in gaining confidence for application of skills in future practice. The outcomes of this project have the following implications for OT education and practice: (a) the incorporation of specific health promotion content, including coaching strategies, can enhance student competencies in providing preventive care services and (b) experiential learning projects are effective methods to provide OT students with opportunities to apply classroom skills and facilitate the translation of those skills into future practice. This project used experiential methods to create opportunities to practice coaching strategies for health promotion. As educators and practitioners working in a dynamic health care system, it is important that we prepare for change and emerging practice areas. Education of future practitioners with health promotion and coaching opportunities

will increase student confidence and impact the services they will provide and, ultimately, the role of OT in preventive care.

As the profession moves forward, confidently embracing a unique and powerful role in health and wellness, the services of OT will be taught and practiced, and enhanced with a return to the client-centered, occupation-based foundation of our past. In this way, the proactive wisdom of Grady (1995) is honored as the profession responds to the changing needs of society and health care. The promise of OT lies in the educators' abilities to develop evidence for a new focus on experiential learning and the use of coaching strategies to promote healthy aging.

Erin Phillips, an Assistant Professor of Occupational Therapy at St. Ambrose University, earned her MSOT from Washington University and post-professional OTD from St. Catherine University. This paper is a culmination of her doctoral studies and research on coaching in OT education and practice. Erin, a certified life coach and yoga instructor, teaches a "coach approach" to OT practice in traditional settings, health promotion, and lifestyle management and she mentors the use of coaching in the university Student Led Interprofessional Clinic. Erin is married, with five children and a passion for OT and its powerful relevance in a changing health system.

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Appendix

Student Abilities Self-Assessment Survey

Please evaluate your current abilities by scoring the following statements from 1 to 7.
Circle the corresponding number.

Pretest-Posttest Evaluation Form   Last 4 digits of phone number: _____

1. **Ability to perform a client centered values assessment**

Unable   1   2   3   4   5   6   7   very well

2. **Ability to write solution focused and client centered goals**

Unable   1   2   3   4   5   6   7   very well

3. **Ability to use motivational interviewing techniques**

Unable   1   2   3   4   5   6   7   very well

4. **Ability to guide the client toward understanding their personal needs with regard to occupational performance using powerful open-ended questioning**

Unable   1   2   3   4   5   6   7   very well

5. **Ability to implement specific coaching strategies to impact lifestyle behaviors**

Unable   1   2   3   4   5   6   7   very well

6. **Ability to modify a coaching intervention plan before, during, or after a visit**

Unable   1   2   3   4   5   6   7   very well

7. **Ability to identify client readiness to change and choose appropriate interventions to match this stage**

Unable   1   2   3   4   5   6   7   very well

8. **Ability to identify barriers (personal and environmental) to change in lifestyle behavior and ultimate goal attainment**

Unable   1   2   3   4   5   6   7   very well

9. **Ability to identify supports (personal and environmental) to change in lifestyle behavior and ultimate goal attainment**

Unable   1   2   3   4   5   6   7   very well

10. **Ability to use ethical and non-judgmental guidance for individuals in a coaching relationship**

Unable   1   2   3   4   5   6   7   very well